



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288
503-947-7810
www.wcd.oregon.gov

BULLETIN NO. 309 (Revised) March 15, 2019

TO: Medical providers, insurers, and other interested parties

SUBJECT: Elective surgery notification and response forms

EFFECTIVE: April 1, 2019

This bulletin provides a new form the provider may use to notify the insurer of a proposed elective surgery and changes the name of the existing Form 3228 to “Elective Surgery Response.” (OAR 436-010-0250). Form 5425, “Elective Surgery Notification,” allows providers to notify the insurer of a proposed elective surgery. Providers may no longer use chart notes to notify the insurer. This bulletin replaces Bulletin No. 309 dated Sep. 21, 2015.

Unless otherwise provided by a managed care organization contract, the provider must notify the insurer when they propose elective surgery. To notify the insurer of the proposed surgery, the provider has the option of using Form 5425 or their own form that includes all the information requested on Form 5425. Providers may no longer use chart notes to notify an insurer of an elective surgery request.

Within seven days of receiving the notice of intent to perform surgery, the insurer must notify the provider, the worker, and the worker’s representative using Form 3228 if the insurer disapproves the surgery, or if the surgery is not approved and a consultation is requested. The insurer may use Form 3228 to meet the requirement to advise the provider that the proposed surgery is approved.

If the insurer and provider disagree on the need for surgery, the provider may use Form 3228 or other written notification to inform the insurer, the worker, and the worker’s representative that an agreement cannot be reached.

You can download the forms from the division’s website:
<http://wcd.oregon.gov/forms/Pages/forms.aspx>.

If you have any questions about this bulletin, call 503-947-7606 and ask to speak with a medical reviewer.

/s/ Louis Savage

Louis Savage, Administrator
Workers’ Compensation Division

Attachments: [Form 3228](#) (rev. 04/19)
[Form 5425](#) (04/19)

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