



Zenith Insurance Company Pre-service Evaluation Requirements

Zenith requires that Pre-Service Evaluations be completed before certain services are performed or authorized consistent with evidence based medicine and accepted medical practices. Zenith requires that Pre-Service Evaluations be performed by a ZMPN physician that has no financial or personal conflict of interest that would potentially impact the appearance of impartiality of the Pre-Service Evaluation. Zenith expects Pre-Service Evaluations to be free from bias caused by the Pre-Service Evaluator's own financial interests or the financial interests of persons or entities with whom the reviewer is affiliated or related. Conflicts can arise due to financial interests in medical groups and practices and through personal relationships. Pre-Service Evaluations by family members of either the requesting provider or provider performing the medical service will not be permitted.

The following services require Pre-Service Evaluation:

- 1) Spine Fusions- All
- 2) Spinal Cord Stimulator
- 3) Functional Restoration Program
- 4) Bariatric Surgery (Gastric Bypass)
- 5) Pain Pump Insertion

This list may change without notice. Therefore it is the provider's duty to periodically check the Pre-Service Evaluation List posted at www.TheZenith.com on the Medical Providers section, under Policies & Procedures. Zenith may also request a Pre-Service evaluation for other unlisted services if medically appropriate to do so. If a service requires a Pre-service Evaluation, Zenith may, at its sole discretion, defer utilization review and request the Pre-service Evaluation or issue either a conditional approval or conditional denial until the required Pre-service Evaluation is completed. If a service is conditionally approved, failure to obtain the required Pre-service Evaluation may result in denial of payment for the medical service.

Emergency medical services are not subject to preauthorization but are subject to retrospective review.

Treatment requests must be submitted to Zenith using DWC Form RFA. The form must be correctly and completely filled out and submitted with documentation substantiating the medical necessity of the treatment at one of the following:

BY MAIL:

ZENITH INSURANCE COMPANY
PO BOX 769
WOODLAND HILLS, CA 91367

BY FAX:

818-227-3057

Zenith will not accept nor respond to treatment requests submitted to other addresses or through other means, including RFAs submitted through an electronic billing system. Requests for treatment and bills for services should be submitted separately. Failure to submit documentation substantiating medical necessity may result in the RFA being rejected as INCOMPLETE.