

## Direct Treatment Approval – Initial Care Guidelines

**Approved provider:**

**Clinic Locations:**

**Employer approved:**

Upon confirmation with the employer that the injury report has been made, this designated provider is approved to initiate the following medical treatment without submitting a Request for Authorization form. Subsequent treatment requests beyond the initial visit will be submitted to CorVel in compliance with the California Utilization Review plan.

Criteria for Initial Treatment of work related injuries only:

- Initial 12 visits of Physical therapy, acupuncture, or chiropractic treatment
- X-rays performed on site at provider facilities
- Soft DME or medical supplies required to stabilize patient pending referral to consult or for immediate medical needs (not to exceed \$500)
- First fill (10 day supply) of medications reasonable to cure or relieve acute injury (designated as preferred or exempt by CA MTUS Formulary)
- Referrals to specialists for emergency evaluation or treatment
- Any procedures needed for wound care, inclusive of emergency surgery, sutures, casting or splinting as medically appropriate.
- Injections: anesthetic as needed for procedures above, or tetanus booster
- If bilingual staff are not onsite or available, Interpreters can be scheduled and will be reimbursed at the approved fee schedule.
- Request for Authorization is not required for a follow up visit with the primary treating physician.

Services must be completed at the assigned facility or approved designated emergency care facility. For services not provided within the facility, referrals can be made to CareIQ 866-866-1101 [orders@corvel.com](mailto:orders@corvel.com).

Treatment requests on a Request for Authorization form can be faxed to: 866-449-0449

Request for Authorization is not required for a follow up visit with the primary treating physician.

CorVel / Care West Insurance MPN provider look up:

Visit <https://app.caremc.com/webproviderlookup/> and type **CorvelKselect** in the Login field to view a complete listing of MPN providers. You may also contact the MPN Coordinator at Driscoll's third-party administrator, CorVel at (855) 857-7556.

All Provider / Medical Bills should be submitted to the below PO Box for handling:

CorVel Corporation  
PO Box 6966  
Portland, OR 97288  
Fax: (888) 851-9191  
Ebill Payor ID: E1751