

## OK CWMP

### Dispute Resolution for Medical Care and Change of Treating Physician

In accordance with Title 85A, you may submit a dispute for the following reasons: 1) appeal a non-certification recommendation, 2) dispute any component of medical care, or 3) request a change of treating physician.

Below are instructions for completing this form based on dispute type.

1. If you wish to file a dispute **to appeal a non-certification recommendation**, follow the instructions that accompany the non-certification recommendation or contact the Genex Utilization Review department at (800) 407-0704; fax (855) 287-4028; or via email at .
2. If you wish to file a dispute **for any other component of medical care or to request a change of treating physician** utilize the below dispute form. You may obtain a dispute form from your employer or contact Coventry's Network Administration at (866) 272-9609 or via email at [TX\\_Network\\_Admin@cvtv.us.com](mailto:TX_Network_Admin@cvtv.us.com). Completed dispute forms should be emailed to [TX\\_Network\\_Admin@cvtv.us.com](mailto:TX_Network_Admin@cvtv.us.com) or faxed to Coventry Network Administration at (520) 534-2150.

### Disputes Involving Medical Care and Utilization Review Non-Certification Appeals

1. Coventry will gather all information pertinent to evaluate your dispute.
2. Disputes will be evaluated by an appropriate peer or another licensed health professional as mutually agreed by the parties. If the dispute involves a non-certification recommendation, the evaluating professional will not have been involved in the initial decision that resulted in the non-certification.
3. Coventry will render its decision within ten (10) days of receipt of your Dispute Form unless necessary information is not available in the normal course of business. If you require emergency services and have filed a dispute you may receive the emergency care you need without regard for the ten (10) day dispute resolution period.
4. Coventry will notify you and your physician of its decision on the dispute. If you have questions about the dispute process, you may call Coventry at the appropriate numbers listed above.
5. **NOTE:** To appeal a non-certification recommendation for drugs excluded from the closed formulary, the requestor may request a hearing before an Administrative Law Judge of the Commission by filing form CC-Form-9 with the Commission. The form may be obtained from the Commission at <https://www.ok.gov/wcc/Forms/index.html>.

### Change of Treating Physician

You may request one (1) change of treating physician through the dispute resolution process. Coventry will render its decision on the dispute within ten (10) days of receipt of your request. Please note, treating outside the CWMP or changing within the CWMP without prior approval may result in the denial of payment for your medical treatment.

Coventry will make every reasonable effort to resolve your dispute in a timely manner so that you may continue to receive medical care for your injury.

## Oklahoma CWMP Dispute Form

*Use this form for 1) requests for Change of Treating Physician or 2) to dispute any medical component of the injury. For disputes to appeal a non-certification recommendation, please follow the dispute instructions that are attached to the non-certification recommendation.*

(Please Print Clearly)

DATE:	INITIATOR'S NAME:	INITIATOR'S PHONE #: (    )
CLIENT NAME:		EMPLOYER NAME:
INJURED WORKER'S NAME (FIRST, M, LAST):	DATE OF INJURY:	SSN#:
PHYSICIAN NAME (FIRST, M, LAST or Facility Name):	PHYSICIAN TITLE:	PHYSICIAN PHONE #: (    )
PHYSICIAN OR FACILITY ADDRESS (Street, City, State and Zip):		
PHYSICIAN OR FACILITY TAX ID #:	DATE OF DISSATISFACTION:	
<p>Please describe your complaint in detail below. Include dates, names, and the specific resolutions which you feel might remedy the situation. <b>PLEASE ATTACH COPIES OF APPLICABLE MEDICAL RECORDS TO THIS FORM.</b></p> <p>THIS ISSUE INVOLVES:    Medical Care _____                      Request for Change of Treating Physician _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>REQUESTED ACTION:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
SIGNATURE:		
<p>Forward this completed form to Coventry's Network Administration via email at <a href="mailto:TX_Network_Admin@cvty.us.com">TX_Network_Admin@cvty.us.com</a> or fax it to Coventry Network Administration at Fax (520) 534-2150.</p>		