



Listed below are details of a Prior Authorization Request (PAR) that was submitted to request confirmation that the proposed treatment(s)/test(s) are based on a correct application of the Medical Treatment Guidelines. The claim administrator has granted the request.

To the claimant: This is a copy for your records. No action is required at this time; if you have any questions, please follow up with SINHA UPENDRA K.

Note: If present, a Level 2 Insurer Response supersedes a Level 1 Insurer Response.

CLAIM INFORMATION

WCB Case #	Date of Injury	Claim Admin Claim #
G3104542	09/17/2021	FTR2898

Patient Name Charlemagne, Jean-Louis

Address 534 S 9th Ave
Mount Vernon, NY 10550

SSN XXX-XX-5189

DOB 07/28/1982

Gender Male

Employer Name Lippolis Electric

Address 25 7th St
Pelham, NY 10803

Insurer Name CHARTER OAK FIRE INS CO

Insurer ID W054001

Address ONE TOWER SQUARE, CR12-CORPORATE FINANCE
HARTFORD, CT 06115

Claim Admin Name CHARTER OAK FIRE INS CO

Claim Admin ID W054001

Address ONE TOWER SQUARE, CR12-CORPORATE FINANCE
HARTFORD, CT 06115

HEALTH CARE PROVIDER INFORMATION

Name SINHA UPENDRA K

Address 57-23 141st Street
Flushing, NY 11355

Type Physician

WCB Auth # 138337-1

NPI 1063520336

PRIOR AUTHORIZATION REQUEST DETAILS

1.	Body Part	MTG Reference Code and Description	CPT Code and Description
	Right Ankle	Foot and Ankle - C.17.c.iii.m: Surgical/Operative - Arthroscopy Assisted ORIF - Distal Fibular Fractures	29895: Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial

STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION

Supporting documentation was provided as a part of this request.

PROVIDER'S ATTESTATION

By submission of this request for prior authorization, I certify that my statements are true and correct, and I do not have a substantially similar request pending.

Provider Name SINHA UPENDRA K

Date 06/21/2022

LEVEL 1 INSURER RESPONSE

1.	Authorization Requested		Insurer Response	
	Body Part	Right Ankle	Insurer Response	Grant
	MTG Reference Code and Description	Foot and Ankle - C.17.c.iii.m: Surgical/Operative - Arthroscopy Assisted ORIF - Distal Fibular Fractures		
	CPT Code and Description	29895: Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial		

Claim Apportioned No

Name of the Reviewer Brittany Pazda

Date 06/21/2022

Reviewer Title L1 Reviewer, RN