



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 #
G3226885	03/31/2022	22000495

Patient Name Obaid, Mohammad

Address 777 East 31st Street, Apt. 70
Brooklyn, NY 11210

SSN XXX-XX-9547

DOB 05/25/1998

Gender Male

Employer Name NEW YORK BLACK CAR OPERATORS

Address 30 WALL ST FL 10
NEW YORK, NY 10005-2201

Insurer Name NEW YORK BLACK CAR OPERATORS' INJURY
COMPENSATION FUND, INC.

Insurer ID W549976

Address 2833 JACKSON AVENUE, FLOOR 6
LONG ISLAND CITY, NY 11101-0000

Claim Admin Name NEW YORK BLACK CAR OPERATORS' INJURY
COMPENSATION FUND, INC.

Claim Admin ID W549976

Address 2833 JACKSON AVENUE, FLOOR 6
LONG ISLAND CITY, NY 11101-0000

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
	Left Shoulder	Shoulder - D.6.f: Surgical/Operative - Operative Procedures - Impingement Syndrome	29805: Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)

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 07/26/2022

LEVEL 1 INSURER RESPONSE

1.	Authorization Requested		Insurer Response	
	Body Part	Left Shoulder	Insurer Response	Grant
	MTG Reference Code and Description	Shoulder - D.6.f: Surgical/Operative - Operative Procedures - Impingement Syndrome		
	CPT Code and Description	29805: Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)		

Claim Apportioned No

Name of the Reviewer Carol Merriman

Date 07/26/2022

Reviewer Title L1 Reviewer, RN