



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 denied all or part of the request; please carefully review all items.

To the claimant: For any treatment/test that was **Denied**, if Denial Category is **Administrative** or **Jurisdiction** you or your legal representative may request review by filing *Request for Assistance by Injured Worker* (Form RFA-1W) or *Request for Further Action by Legal Counsel* (Form RFA-1LC) respectively. These forms are available under the "Forms" section of the WCB's website: www.wcb.ny.gov. If you do not have access to the internet, please call (877) 632-4996 or visit our nearest Customer Service Center to obtain a copy of the form.

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

CLAIM INFORMATION

WCB Case #	Date of Injury	Claim Admin Claim #
G3229543	04/08/2022	2230542333

Patient Name Serrano, Francisco

Address 130 WEST 183RD ST, APT 6H
Bronx, NY 10453

SSN XXX-XX-4279

DOB 12/15/1982

Gender Male

Employer Name CBRE INC

Address 2100 ROSS AVE STE 1500
DALLAS, TX 75201-6714

Insurer Name AMERICAN ZURICH INSURANCE CO

Insurer ID W036636

Address 1299 ZURICH WAY
SCHAUMBURG, IL 60196-1056

Claim Admin Name AMERICAN ZURICH INSURANCE CO

Claim Admin ID W036636

Address 1299 ZURICH WAY
SCHAUMBURG, IL 60196-1056

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 Knee	Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reduction/Patellar Button/Patellectomy - Retropatellar Pain Syndrome	29870: Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
2.	Body Part	MTG Reference Code and Description	CPT Code and Description
	Right Knee	Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reduction/Patellar Button/Patellectomy - Retropatellar Pain Syndrome	29870: Arthroscopy, knee, 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** 07/30/2022

LEVEL 1 INSURER RESPONSE

1.	<table><tr><th colspan="2">Authorization Requested</th></tr><tr><td>Body Part</td><td>Left Knee</td></tr><tr><td>MTG Reference Code and Description</td><td>Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reducation/Patellar Button/Patellectomy - Retropatellar Pain Syndrome</td></tr><tr><td>CPT Code and Description</td><td>29870: Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</td></tr></table>	Authorization Requested		Body Part	Left Knee	MTG Reference Code and Description	Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reducation/Patellar Button/Patellectomy - Retropatellar Pain Syndrome	CPT Code and Description	29870: Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	<table><tr><th colspan="2">Insurer Response</th></tr><tr><td>Insurer Response</td><td>Deny</td></tr><tr><td>Denial Category</td><td>Administrative Reasons Related To Claim Status</td></tr><tr><td>Denial Reason</td><td>Claim or Body Part/Condition Disallowed</td></tr><tr><td>WCB Determination Date</td><td></td></tr><tr><td>WCB Document ID #</td><td></td></tr><tr><td>Rationale</td><td>procedures are for contested, no established sites</td></tr></table>	Insurer Response		Insurer Response	Deny	Denial Category	Administrative Reasons Related To Claim Status	Denial Reason	Claim or Body Part/Condition Disallowed	WCB Determination Date		WCB Document ID #		Rationale	procedures are for contested, no established sites
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Claim Apportioned No

Supporting documentation was provided as a part of this request.

Name of the Reviewer Kiezylene Ancheta**Date** 08/01/2022**Reviewer Title** L1 Reviewer, RN