pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

UTILIZATION REVIEW DETERMINATION FACE SHEET

(To be completed by URO)

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER ☐☐☐ - ☐☐ - ☐☐☐☐ ☐☐☐☐☐☐☐☐☐

DATE OF INJURY ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY)

WCAIS CLAIM NUMBER ☐☐☐☐☐☐☐

Review was requested by: ☐ Employee or ☐ Insurer/Employer

_____
Review Number (For Official Use Only)

URO INFORMATION

Name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____

PROVIDER UNDER REVIEW

First name _____
Last name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____
Professional Licensure and Specialty
_____

INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____
Telephone _____ FEIN _____
NAIC code _____ or Insurer code _____
Insurer/TPA claim # _____

EMPLOYEE INFORMATION

First name _____
Last name _____
Date of birth _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
County _____
Telephone _____

Date URO received assignment from the bureau: ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY)

Date Utilization Review Determination Face Sheet package was mailed to all parties and provided to the bureau: ☐☐ - ☐☐ - ☐☐☐☐ (MM - DD - YYYY)

Was an employee statement received? ☐ Yes ☐ No

Review Number _____

DETERMINATION

Is the health care reviewed reasonable and necessary?

- ☐ Yes
- ☐ Yes in part, no in part.
- ☐ No
- ☐ No, pursuant to 34 Pa. Code §127.464 relating to effect of failure of the provider under review to supply records.

☐ Utilization Review Request was withdrawn.

☐ A review could not be performed because the requestor did not file the request in accordance with the Workers' Compensation Act, section 109, definition of "health care provider" (77 P.S. § 29).

☐ A review could not be performed because the requestor did not file the request in accordance with 34 Pa. Code §127.452(d) which states that "The request for UR shall identify the provider under review. Except as specified in subsection(e), the provider under review shall be the provider who rendered the treatment or service which is the subject of the UR request."

☐ A review could not be performed because the requestor did not file the request in accordance with 34 Pa. Code §127.452(e) which states that "When the treatment or service requested to be reviewed is anesthesia, incident to surgical procedures, diagnostic tests, prescriptions or durable medical equipment, the request for UR shall identify the provider who made the referral, ordered or prescribed the treatment or service as the provider under review."

Signature of Authorized Representative of URO	Name of Reviewer (Type or print)
Name of Authorized Representative of URO (Type or print)	Professional Licensure and Specialty of Reviewer

NOTICE TO ALL PARTIES: **Enclosed is the UR Determination rendered in your case. If you disagree with the determination, you may file a Petition for Review of Utilization Review Determination before a Workers' Compensation Judge. The appropriate form is attached and must be filed with the Bureau of Workers' Compensation WITHIN THIRTY (30) DAYS OF THE DATE OF RECEIPT OF THE URO'S DETERMINATION. You must also send a copy of the petition to each party involved (employee, insurer, employer and health care provider).**

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services	**Claims Information Services**	**Hearing Impaired**	**Email**
717.772.3702	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-li-bwc-helpline@pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program