

Frequently Asked Questions

Prospective Review of Medical Care Not Requiring Preauthorization (PRM)

1. How long will it take to process a Prospective Review of Medical Care Not Requiring Preauthorization (PRM) request? How long will it take to get the patient scheduled to see the PRM Evaluation (PRME) doctor for an examination?

The Division has seven days to review the request, and will either schedule an appointment or close it without scheduling an appointment (and send a letter explaining the reason for closure). If the Division determines that the scheduling is appropriate, the goal is to schedule the PRM examination within approximately two weeks (when possible).

2. Can the proposing doctor be the treating doctor? If the proposing doctor is also the treating doctor, where does he sign the form DWC-49?

Yes, the proposing doctor will often be the same as the treating doctor. In that instance, there will only be one doctor's signature necessary on the DWC-49, in the "proposing doctor's signature" block (box 21). Only when the proposing doctor is someone different, (for example, a referral doctor) will two doctors need to sign the form. The treating doctor's signature indicates that he or she is "on board" in support of the proposed treatment. (Remember that the injured worker also must sign to form to show their agreement with the proposed treatment.)

3. Is there a fee that the proposing/treating doctor can bill for completing the DWC-49?

No. There's no fee associated with completing the DWC-49. The purpose of the process is to help the proposing doctor communicate with the carrier.

4. Who is considered the "proposing doctor" when the treating doctor requests a referral to a specialist (such as a surgeon) for a consultation?

The one who wants to get paid for the office visit is the one who needs initiate the request as the proposing doctor. In this case, the proposing doctor would need to be the referral (consulting) doctor. The DWC-49 should be filed by that doctor, who is seeking our assistance in determining if an office visit (of a particular type in the treatment codes), is medically necessary to treat the injured worker's condition. The treating doctor also needs to show their agreement by signing. The proposing doctor needs to indicate why they think the carrier is going to deny the bill for the referral visit.

5. How much does the PRM exam cost? Who pays for it?

Currently the fee for a PRM exam is \$350. The insurance carrier pays the fee.

6. What kind of records can the insurance carrier and proposing doctor send to the PRME doctor?

All relevant records, both medical and other appropriate records, may be sent to the PRME doctor. When they are sent to the PRME doctor, they should be simultaneously sent to the opposing party as well.

7. Does the PRME doctor need a medical release to get the injured worker's medical records?

No. The PRME doctor is authorized to receive the injured worker's confidential medical records to assist in the resolution of a dispute without a signed release from the injured worker.

8. Can the parties contact the PRME doctor?

No, except in limited situations. The PRME doctor is intended to provide an unbiased opinion; therefore, contact with the parties, verbally or in writing, must be limited. The parties may only contact the PRME doctor to discuss appointment time/rescheduling, records receipt and billing.

9. If the PRME doctor has not received the records by the time of the exam, should the exam be rescheduled?



No, unlike in the case of a designated doctor examination, the PRME exam would take place without the records. The purpose of this process is to get a timely, independent opinion regarding the necessity of the proposed medical treatment. The examination should not be delayed if records have not been provided.

10. What happens if an injured worker has an emergency and cannot attend the PRM exam on the scheduled date and time?

When possible, the injured worker should contact the PRME doctor 24 hours in advance. The rescheduled exam should be set within seven days (or as soon as possible) of the original examination date.

11. Will the treating doctor be able to review the PRME medical narrative?

This process does not provide for "narrative" responses from the PRME doctor. The questions posed to the PRME doctor require "yes" or "no" answers on a form DWC-50 (on the back of the PRME appointment letter). A copy of this form is also sent to the injured worker, the insurance carrier and the proposing doctor. If the response is unclear, Division staff will seek clarification under the guidance of the Division's Medical Advisor.

12. The PRME doctor found that the specific medical care being proposed WAS medically appropriate. The parties were unable to reach a written agreement, and a Medical Interlocutory Order (MIO) was issued. Does the proposing doctor have to bill for the care in order to be reimbursed?

Yes. The bill for the care must be submitted to the carrier in the normal course after the care is provided. The carrier is required (pursuant to the MIO) to reimburse the provider for the care in accordance with the Division's fee guidelines.