

Send To:  
 DWC Field Office Handling Claim, if known, or  
 Division of Workers' Compensation  
 7551 Metro Center Drive, Suite 100  
 Austin, Texas 78744-1609



CLAIM# \_\_\_\_\_

**TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION**  
**REQUEST FOR PROSPECTIVE REVIEW OF MEDICAL CARE NOT REQUIRING PREAUTHORIZATION**

1. Employee's Name (Last, First, M. I.)		7. Treating Doctor's Name (Last, First, M. I.) and Title	
2. Employee's Mailing Address (Street or P. O. Box)		8. Treating Doctor's Mailing Address	
City	State	ZIP Code	City State ZIP Code
3. Employee's Telephone #	Fax #	9. Treating Dr.'s Telephone #	Fax #
4. Employee's Social Security Number		10. Insurance Carrier's Name	10a. Insurance Carrier Claim #
5. Date of Injury		11. Adjuster's Name	Adjuster's Telephone #
6. Name of Representative (if any)		12. Signature of Employee or Representative	
<b>This section to be completed by the doctor proposing the medical care in question:</b>			
13. Proposing Doctor's Name, License Number, License Type		15. Telephone #	Fax #
14. Mailing Address		16. Email Address	
17. Specific medical care, requested number of sessions, and duration of care being proposed to treat the employee's current medical condition (include treatment codes):			
18. Thorough explanation of the medical necessity of the care being proposed (include diagnosis codes):			
19. Basis for the medical opinion that the compensable injury is a producing cause of the current medical condition that is the subject of the proposed care:			
20. Factually substantiated rationale that establishes the carrier's intent to deny reimbursement for the proposed care:			
21. Proposing Doctor's Signature		22. Treating Doctor's Signature (indicating concurrence with the proposed care, if not the proposing Doctor)	



**INSTRUCTIONS FOR COMPLETING THE DWC FORM-49  
REQUEST FOR PROSPECTIVE REVIEW OF MEDICAL CARE NOT REQUIRING  
PREAUTHORIZATION**

The DWC FORM-49 is used to initiate the process of Prospective Review of Medical (PRM) Care Not Requiring Preauthorization\* established by Rule 134.650, effective October 1, 2004. This process addresses the **medical necessity** of medical care that does not require preauthorization, **prior** to that care being provided.

The proposing doctor (the doctor requesting the specific care in question) must simultaneously submit the documentation to the insurance carrier and the commission (the local field office handling the claim).

**Important Information on the DWC FORM-49:**

- All information must be legible and completed in its entirety and all telephone and facsimile numbers must include the area code
- **Box 17.** Provide detailed description of the **specific medical care** being proposed, including requested **number of sessions, duration of the proposed care**, and the **treatment codes**
  - ◆ During first three months after an injury, doctor may request treatment for a time period **up to one month** in duration
  - ◆ After the first three months, doctor may request treatment for a period **no longer than three months** in duration
  - ◆ Proposed treatment must be within the proposing doctor's licensure authority
- **Box 18.** Explain why the **proposed care is medically necessary** for the current medical condition, include **diagnosis codes**
- **Box 19.** State how the **compensable injury** is a **producing cause** of the **current medical condition to be treated** (*Examples: examination of the injured worker, history given by the injured worker, diagnostics/medical reviewed.*)
- **Box 20.** State **factual basis** for the proposing doctor's belief that the insurance carrier intends to deny reimbursement for the proposed medical care. (*Examples: denial based on peer review, RME report, EOB, or verbal denial.*)
- **Signatures Required:**
  - **Box 12.** The injured worker (if the injured worker is represented, the representative's signature is required)
  - **Box 21.** The proposing doctor
  - **Box 22.** The treating doctor, indicating his/her concurrence with the proposed care (if the treating doctor is different from the proposing doctor)

The DWC FORM-49 is available on the Texas Department of Insurance, Division of Workers' Compensation forms page. The form is "fillable" and can be completed on your computer, then printed out for submission to the Division.

*\*The list of treatments and services requiring preauthorization is found in Rule 134.600, Preauthorization, Concurrent Review, and Voluntary Certification of Health Care. (If the treatment being proposed is contained in that list, the PRM process is not available.)*

