



**Workers'
Compensation
Board**

BETTER FOR WORKERS

BETTER FOR BUSINESS

PAY TO THE
ORDER OF

BETTER FOR PAYERS



**What Payers
Need to Know**

AGENDA

- 1 Form Updates
- 2 Schedule Loss of Use (SLU)/EC-81.7 Process
- 3 OnBoard
- 4 New/Updated *New York Medical Treatment Guidelines (MTGs)*
- 5 Transitioning to the *CMS-1500* form

- 5 COVID-19
- 6 eClaims
- 7 National Arbitration and Mediation (NAM) Contract
- 8 Resources/Questions

A person is lying in a hospital bed, holding a smartphone. The phone screen shows a video call with a male doctor wearing a white lab coat and glasses. The background is a blurred hospital room. A large teal circle is overlaid on the right side of the image.

Form Updates

Form updates

- Forms updated to be more inclusive of the diverse public we serve.
- “X” designation added to 11 forms for people who do not wish to identify as male or female.
- Gendered pronouns have also been replaced with gender-neutral pronouns.



**Workers'
Compensation
Board**

Employee Claim

State of New York - Workers' Compensation Board

C-3

Fill out this form to apply for workers' compensation benefits because of a work injury or work-related illness. Type or print neatly. This form may also be filled out on-line at www.wcb.ny.gov.

WCB Case Number (if you know it): _____

A. YOUR INFORMATION (Employee)

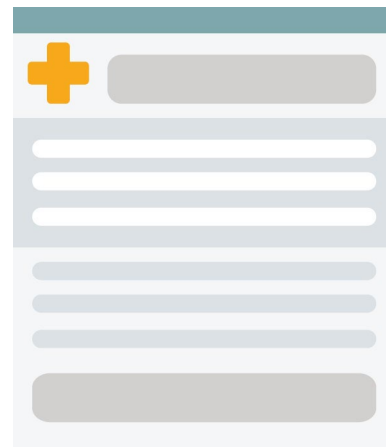
1. Name: _____ 2. Date of Birth: ____/____/____
First MI Last
3. Mailing address: _____
Number and Street/PO Box/Apartment No. City State Zip Code
4. Social Security Number: _____ 5. Phone Number: (____) _____
6. Gender: M F X
7. Will you need a translator if you have to attend a Board hearing? Yes No If yes, for what language? _____

A light blue-tinted background image of a medical office. In the foreground, a silver stethoscope lies on a white surface. To the left, there is a stack of papers or a folder. In the background, a pair of white gloves and a smartphone are visible. A large teal circle is overlaid on the right side of the image, containing white text.

Schedule Loss of Use (SLU)/EC-81.7 Process

Schedule Loss of Use (SLU)/EC-81.7 process

- **Schedule Loss of Use (SLU):** Cash benefit that pays injured workers for their loss of wage-earning capacity as a result of an on-the-job injury that caused a permanent functional impairment of a body part.
- New SLU process implemented on September 30, 2022.
- Includes language changes to EC-81.7 letter.



Schedule Loss of Use (SLU)/EC-81.7 process

The following changes were implemented on September 30, 2022:

- EC-81.7 has been revised to clarify and streamline the SLU process and expedite a resolution when the injured worker has permanent impairment resulting in an SLU of one or more established body parts.
- EC-81.7 now outlines the different paths a case can take for permanency resolution.
- Any action by parties of interest, or requests for an extension, must be received within 75 days of the injured worker's attorney's and the payer's receipt of the EC-81.7.
- Contact claims@wcb.ny.gov

ONBOARD

OnBoard

- The initial release of OnBoard was implemented in phases from March 7, 2022, through May 2, 2022.
- To date, more than 41,000 payers and reviewers have signed up for access.
- To date, more than 370,000 PARs have been processed.

Access

- Payers must use the Medical Portal to access OnBoard.
- Claim administrator access is granted using organizational profiles based on eClaims Trading Partner information.
- Payers are responsible for the review of PARs.
- Payers may designate a Medical Review Organization (MRO) to review PARs.
- Visit the Payer section at wcb.ny.gov/onboard for more information.

ONBOARD
Registration, access and administration for payers, pharmacy benefit managers and medical review organizations through the Medical Portal

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- VI. [Need help?](#)

I. Overview
Users need access to the Medical Portal to use OnBoard: Limited Release to submit and respond to prior authorization request (PAR) or Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0). Some users may already have access and will not need to request access again. The information in this guide details who needs access, how to request (or register) for access, and how to designate and manage user roles in the system.

II. Medical Portal access: who has it, and who needs it?

User Type	Details
Payers (insurers, third-party administrators, self-insured employers)	Payers who already have access to the Medical Portal for Drug Formulary prior authorizations are automatically registered for OnBoard. A second registration is not required.
Pharmacy benefit managers (PBMs)	PBMs who already have access to the Medical Portal are automatically registered for OnBoard. PBMs not registered for the Medical Portal must complete the online PBM Medical Portal Registration process.
Medical review organizations (MROs)	MROs must complete the online Medical Review Organization Medical Portal Registration process.

Who can do what in the workers' compensation system

		Prior Authorization Requests (PARs)						
	Request for Decision on Unpaid Medical Bill(s) (HP-1.0)	Medication	MTG Confirmation	MTG Variance	Non-MTG Under or = \$1000	Non-MTG Over \$1000	MTG Special Services	DME
Acupuncturist	x				x	x		
Chiropractor	x		x	x	x	x		x
Licensed Clinical Social Worker	x		x	x	x	x		
Physician	x	x	x	x	x	x	x	x
Physician Assistant	x	x	x	x	x	x		x
Nurse Practitioner	x	x	x	x	x	x	x	x
Podiatrist	x	x	x	x	x	x	x	x
Psychologists	x		x	x	x	x		
Physical Therapists	x				x	x		
Occupational Therapist	x				x	x		

PAR response time frames

MTG Confirmation	Eight business days
MTG Variance	15 calendar days (extends to 30 with IME request)
MTG Special Services	15 calendar days (extends to 30 with IME request)
Non-MTG Over \$1,000	30 calendar days
Non-MTG Under or = to \$1,000	Eight business days
Medication	Four calendar days
Durable Medical Equipment	Four calendar days



***New York
Medical Treatment
Guidelines (MTGs)***

New York Medical Treatment Guidelines (MTGs)

- In December 2010, the Board implemented legislatively mandated medical treatment guidelines that fundamentally changed the delivery of health care to injured workers.



New York Medical Treatment Guidelines (MTGs)

The following *MTGs* are effective for treatment as of May 2, 2022:

- *Knee Injury*
- *Mid and Low Back Injury*
- *Neck Injury*
- *Non-Acute Pain and Shoulder*
- *Ankle and Foot Disorders*
- *Elbow Injuries*
- *Hand, Wrist and Forearm Injuries (including Carpal Tunnel Syndrome)*
- *Hip and Groin Disorders*
- *Occupational Interstitial Lung Disease*
- *Occupational/Work-Related Asthma*
- *Post-Traumatic Stress Disorder and Acute Stress Disorder*
- *Work-Related Depression and Depressive Disorders*
- *Eye Disorders*
- *Traumatic Brain Injury*
- *Complex Regional Pain Syndrome*

New York Medical Treatment Guidelines (MTGs)

Training on each of the MTGs is available on the Board's website.

- Payers take non-CME trainings.
- Visit Health Care Providers section at wcb.ny.gov.

Medical Treatment Guidelines Training

SECTIONS

Overview

Available Courses

Overview

Since 2010, the Workers' Compensation Board has developed training programs designed to meet the needs of the different stakeholders who participate in the WC system and use the Medical Treatment Guidelines (MTGs). The training has courses for the treatment of injuries and illnesses for the the updated Mid and Low Back, Neck, Shoulder, Knee and Non-Acute Pain MTGs, as well as training for the new Ankle and Foot Disorders, Elbow Injuries, Hand, Wrist and Forearm Injuries (including Carpal Tunnel Syndrome), Hip and Groin Disorders, Occupational Interstitial Lung Disease, Occupational/Work-Related Asthma, Post-Traumatic Stress Disorder and Acute Stress Disorder and Work-Related Depression and Depressive Disorders.

To maintain your knowledge base, we recommend that you take all the courses.

Available Courses

- [New! MTG Lookup Tool overview](#) (8-minute recorded presentation). Learn how to use the Lookup Tool, accessed via the [Medical Portal](#) login, to search the Board's adopted Medical Treatment Guidelines by condition, treatment or test to determine whether a particular condition/treatment combination is "Recommended," "Not Recommended" or "Conditional."
- Medical professionals
- Non-medical personnel such as insurance adjusters, medical provider office staff, attorneys and licensed representatives, etc.



Transitioning to the *CMS-1500* Form

Diagnostic procedures

Differential diagnosis

MEDICAL

MEDICAL

CMS-1500 form

- Mandatory use became effective July 1, 2022.
- Electronic submission through an XML submission partner is strongly encouraged, though not currently required.
- Use of prior medical billing/reports including *Doctor's Initial Report (Form C-4)* and *Doctor's Progress Report (Form C-4.2)* have been discontinued.
- **Payers** are required to use the new *Notice of Treatment Issue/Disputed Bill (Form C-8.1B)* and *Notice to Health Care Provider and Injured Worker of a Carrier's Refusal to Pay All (or a Portion of) a Medical Bill Due to Valuation Objection(s) (Form C-8.4)* with applicable Claims Adjustment Reason Codes, or CARCs, to object to medical bills.
- **Providers** must prominently report the injured worker's temporary impairment percentage, work status, and the causal relationship of the injury at the top of the *CMS-1500* form medical narrative.

CMS-1500 Medical Narrative Report template and requirements

- Providers should use the medical narrative report template with their submissions.
- Template includes the three mandatory elements for most narratives:
 - Patient's work status
 - Causal relationship of the injury or illness to the patient's work activities
 - Temporary impairment percentage
- A medical narrative report may be found legally defective if these elements are missing.

Report template and Medical Narrative requirements can be found at:
wcb.ny.gov/CMS-1500/requirements.jsp

Explanation of Benefits/Explanation of Reviews (EOB/EOR)

Today (*Form C-8.1* excerpt)

Compliance with Medical Treatment Guidelines: (ONLY applies to an injury and/or condition covered by Medical Treatment Guidelines)

- Treatment provided was not based on correct application of the Guidelines.
- Treatment deviates from the Guidelines without securing a Variance.
- Treatment not consistent with the approved Variance.
- Variance denied without claimant timely requesting review or Variance denied by Board Decision filed: _____

Explain Reason(s)/MTG Reference: _____

Future (CARCs on EOB)

Payer uses CARC 197 (pre-certification/ authorization/notification/pre-treatment absent) to object to payment of a bill when treatment deviates from the *MTGs* without securing a variance.

Using CARCs

CARC and RARC Codes Required when Objecting to Payment of Medical Bills



Workers' Compensation Board

EFFECTIVE JULY 1, 2022, payers will be required to use the following **Claim Adjustment Reason Codes (CARCs)** and **Remittance Advice Remark Codes (RARCs)** on an explanation of benefits/explanation of review (EOB/EOR) sent to a health care provider to object to payment of a medical bill. The payer must send the New York State Workers' Compensation Board (Board) a timely filed *Notice of Treatment Issue/Disputed Bill Part B (Form C-8.1)* or *Notice to Health Care Provider and Injured Worker of a Carrier's Refusal to Pay All (or a Portion of) a Medical Bill Due to Valuation Objection(s) (Form C-8.4)* with the same objection reason noted to properly object to such payment. The objections listed are not the CARC descriptions, but are supporting information for the use of the CARC. CARC descriptions may be found at x12.org/codes/claim-adjustment-reason-codes.

Line #	Current Form C-8.1 Part B/C-8.4 Objections	Proposed EOB Objections	Objection Form	CARC RARC	Scenario	Law/Reg/Notes
1	Claim has been controverted by a denial dated _____ and liability has not been resolved	The claim has been controverted by a First Report of Injury (FROI) denial (FROI-04) or Subsequent Report of Injury (SROI) denial (SROI-04) dated _____ and establishment is pending.	C-8.1B	P8	Payer uses CARC P8 to object to payment of a bill for medical services. The payer has disputed liability for the claim by filing a Notice of Controversy pursuant to Workers' Compensation Law (WCL) 25(2)(b) AND the claim is being investigated for compensability.	WCL § 10
2	N/A	The claim has been controverted by a FROI-04 or SROI-04 dated _____ and the case has been disallowed.	C-8.1B	P4	Payer uses CARC P4 to object to payment of a bill for medical services. Payer has disputed liability for the claim by filing a Notice of Controversy pursuant to WCL 25(2)(b) AND the claim has been adjudicated and the payer has been found not liable for the claim (claim was disallowed).	WCL § 10

Using *Forms C-8.1B and C-8.4*

There are four scenarios when you should not file *Form C-8.1B* or *Form C-8.4*:

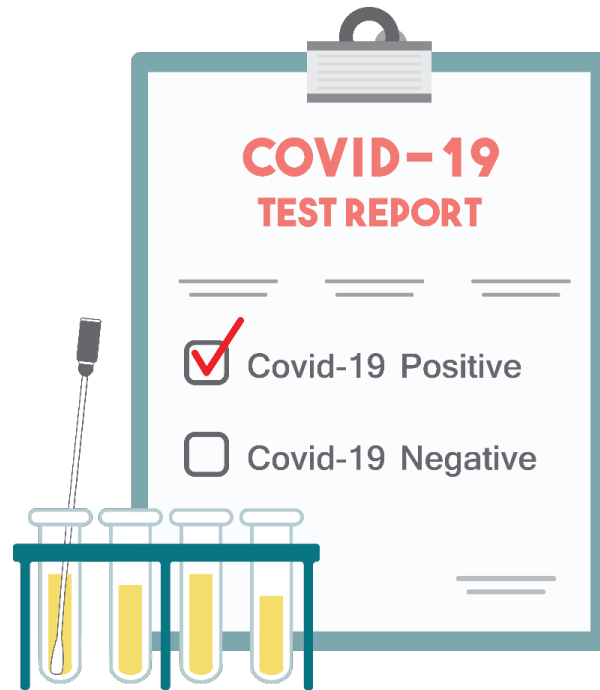
- When the amount billed for a CPT code exceeds the amount designated by the applicable fee schedule, and the payer pays the bill at the medical fee schedule amount.
- Payer reduces the amount of bill to 12, 15 or 18 relative value units for evaluation services and modalities, as set forth in the applicable medical fee schedule.
- Payer reduces the amount of the bill pursuant to a contractual agreement with the provider (e.g., network or PPO discount).
- There is a duplicate bill.

A grayscale photograph of a female doctor with short hair, wearing a white lab coat and a stethoscope, looking down at a tablet computer she is holding. The image is overlaid with a semi-transparent teal circle on the right side, which contains the title text in white. The overall background is a light teal color.

Workers' Compensation and COVID-19

Workers' compensation and COVID-19

- Payers provide crucial benefits to both employees and employers.
- Payers should:
 - Be proactive in distributing information about COVID-19 claims.
 - Encourage employees to file claims, and employers to help.
 - Review claims carefully and timely.
- Employers may not discipline or discriminate against employees who file COVID-19 claims.
- More information at wcb.ny.gov/covid-19.





eClaims

eClaims

- eClaims R3.1 requires payers to use DN0075 (Agreement to Compensate Code) (referred to as “ATC code”) on nearly all filings that are not a First Report of Injury denial (FROI-04).
- The following values are used:
 - **L:** accepting liability for indemnity and accepting liability for medical
 - **W:** without liability for indemnity and without liability for medical
- Legal significance of these filings must be interpreted within the framework of New York’s Workers’ Compensation Law (WCL).

eClaims

- **FROIs:** When a payer files a FROI, and the ATC code value is “L,” but the case is either not indexed or 25 days have not passed from the date of indexing:
 - The payer may file a Subsequent Report of Injury (SROI-04) in the case due to its rights under WCL 25(2)(b).
 - The payer may also file a SROI with an ATC code value of “W,” as WCL 21-a is not triggered until the payer begins to make benefit payments to the claimant.
- **SROIs:** When a payer files a SROI indicating payment to the claimant and enters an ATC code value of “L,” the insurer has accepted the case for the body parts listed on the SROI.
- Questions: eclaims@wcb.ny.gov



National Arbitration and Mediation (NAM)

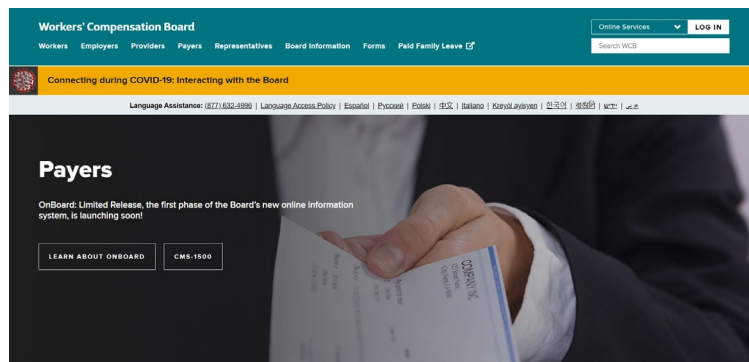
National Arbitration and Mediation (NAM)

- The Board and NAM have agreed to a three-year contract with two optional one-year extension periods.
- Contract takes effect November 1, 2022.
- NAM will continue to provide arbitration services for New York State Paid Family Leave.
- Paid Family Leave provides job-protected paid time off to:
 - Bond with a newly born, adopted or fostered child
 - Care for a family member with a serious health condition
 - Assist loved ones when a family member is deployed abroad
- More information: paidfamilyleave.ny.gov

Making the Board better for payers

As we continue to work on implementing improvements for payers, we're committed to:

- Increased communication
- Regular engagement regarding OnBoard



OnBoard resources

WEBSITE: wcb.ny.gov/onboard

- Walkthrough of registration process
- Video tutorials
- Recorded presentations

CMS-1500 resources

WEBSITE: wcb.ny.gov/CMS-1500

EMAIL: CMS1500@wcb.ny.gov

More information

HELPLINE: (877) 632-4996

WEBSITE: wcb.ny.gov (select 'Payers' link on top of page)

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wcb.ny.gov/notify



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Thank you

Questions?