



**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 Regulation updates

3 OnBoard

4 New/Updated *New York Medical Treatment Guidelines (MTGs)*

5 *CMS-1500* form

6 COVID-19

7 First Report of Injury (FROI) filings

8 Resources

9 Questions

A group of diverse people in a meeting, with a teal overlay on the right containing the text 'Form updates'. The background image shows a man in a plaid shirt looking at a smartphone, a woman in a black top holding a coffee cup, and a man in a light shirt sitting at a table with a laptop and coffee. Other people are partially visible in the foreground and background.

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)

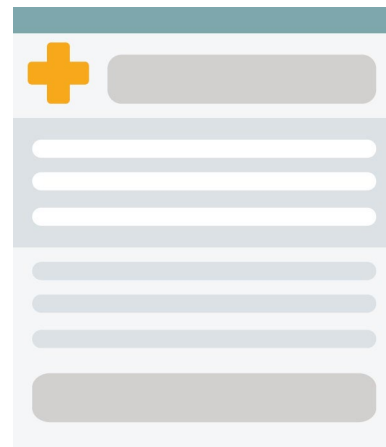
1. Name: _____ 2. Date of Birth: ____/____/____
First MI Last
3. Mailing address: _____
Number and Street/PO Box/Apartment No. City State Zip Code
4. Social Security Number: _____ 5. Phone Number: (____) _____
6. Gender: M F X
7. Will you need a translator if you have to attend a Board hearing? Yes No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



Regulation updates

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.

Disability regulations updates

- **October 4, 2022:** Proposed amendments to sections 355.4, 363.1, 363.13, and additions to sections 363.15 and 363.16 of Title 12 NYCRR.
- Updated and clarified the disability benefits regulations and disability benefits claims process.
- Conformed the regulations to the statute.
- Aligned several sections with Paid Family Leave.
- Published in the October 12, 2022, edition of the State Register.

A person is shown from the side, working at a desk. They are using a laptop and holding a document. The image has a teal overlay on the right side. The text 'OnBoard' is written in white on the teal background. The laptop screen shows a dashboard with a table of data. The table has columns for 'Name', 'Status', 'Date', 'Location', 'Type', 'Value', 'Department', and 'Region'. The table contains several rows of data, including names like 'John Doe', 'Jane Smith', and 'Bob Johnson', and values like '1000', '2000', and '3000'.

OnBoard

OnBoard

- The initial release of OnBoard was implemented in phases from March 7, 2022, through May 2, 2022.
- To date, more than 44,500 payers and reviewers have signed up for access.
- To date, more than 550,000 prior authorization requests (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

Table of contents

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- V. [Managing roles](#)
- 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 OnBoard

		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*
- *Shoulder Injury*
- *Ankle and Foot Disorders*
- *Elbow Injury*
- *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*

SEARCH

WWW.

TUE 12:30 PM

WWW.

PLATFORM

Medical diagnosis

SEARCH

WWW.

MEDICAL

MEDICAL

Diagnostic procedures

Differential diagnosis

MEDICAL

MEDICAL

Clinical decision support system

CMS-1500 form

- Mandatory use became effective July 1, 2022.
- Electronic submission through an XML submission partner is **strongly** encouraged.
- 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 Objection to a Payment of a Bill for Treatment Provided (Form C-8.1B)* and *Notice to Health Care Provider and Claimant of an Insurer'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 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, though payers should not routinely file *Form C-8.1B* to deny payment.

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

Form C-8.1B and Form C-8.4 updates

- Effective July 1, 2022, payers are required to use updated *Form C-8.1B* and *Form C-8.4* to notify the Board of legal and valuation objections.
- Payers must use the same CARCs and Remittance Advice Remark Codes (RARCs) on explanation of benefits/explanation of reviews (EOB/EORs) sent to providers.

Compliance with Medical Treatment Guidelines (ONLY applies to an injury and/or c

13. Treatment provided was not based on correct application of the Guidelines. [272]
14. Treatment not consistent with the approved Variance. [198] RARC
15. Treatment deviates from the Guidelines without securing a Variance. [197]
16. Urine drug screens: Insufficient documentation [272/N705]
 Incorrect testing method [272/N623]

20. Explain Reason(s) and provide MTG Reference:

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 <i>Notice of Controversy</i> pursuant to Workers' Compensation Law (WLC) 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 <i>Notice of Controversy</i> 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*:

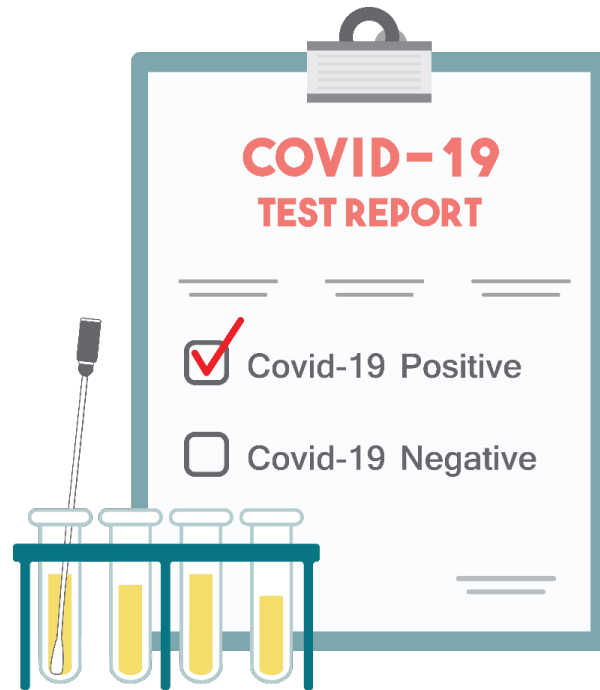
- When the amount billed for a CPT code exceeds the amount designated by the applicable fee schedule, and the payer pays the bill at the medical fee schedule amount.
- Payer reduces the amount of the bill to 12, 15 or 18 relative value units for evaluation services and modalities, as set forth in the 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 person in a white lab coat is shown in profile, holding a smartphone. The phone screen displays a video call with a smiling male doctor wearing glasses and a white lab coat. The background is a blurred clinical setting. A large teal circular graphic is overlaid on the right side of the image, containing the title text.

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.





**First Report of Injury
(FROI) filings**

Reminder: timely FROI filings

Claim administrators should:

- Ensure timely filing of FROIs so the Board has the proper claim administrator on notice.

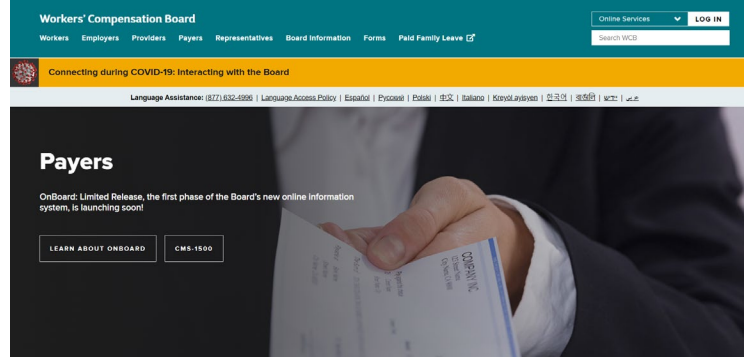
Prompt filing:

- Avoids untimely filing penalties assessed by the Board's Monitoring unit.
- Provides accurate information to OnBoard, ensuring PARs are given to the correct claim administrator.

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)

CLAIM INQUIRIES: wcb.ny.gov/contactclaims/

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youtube.com/NewYorkStateWorkersCompensationBoard



wcb.ny.gov (“Get WCB Notifications”)



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Thank you

Questions?