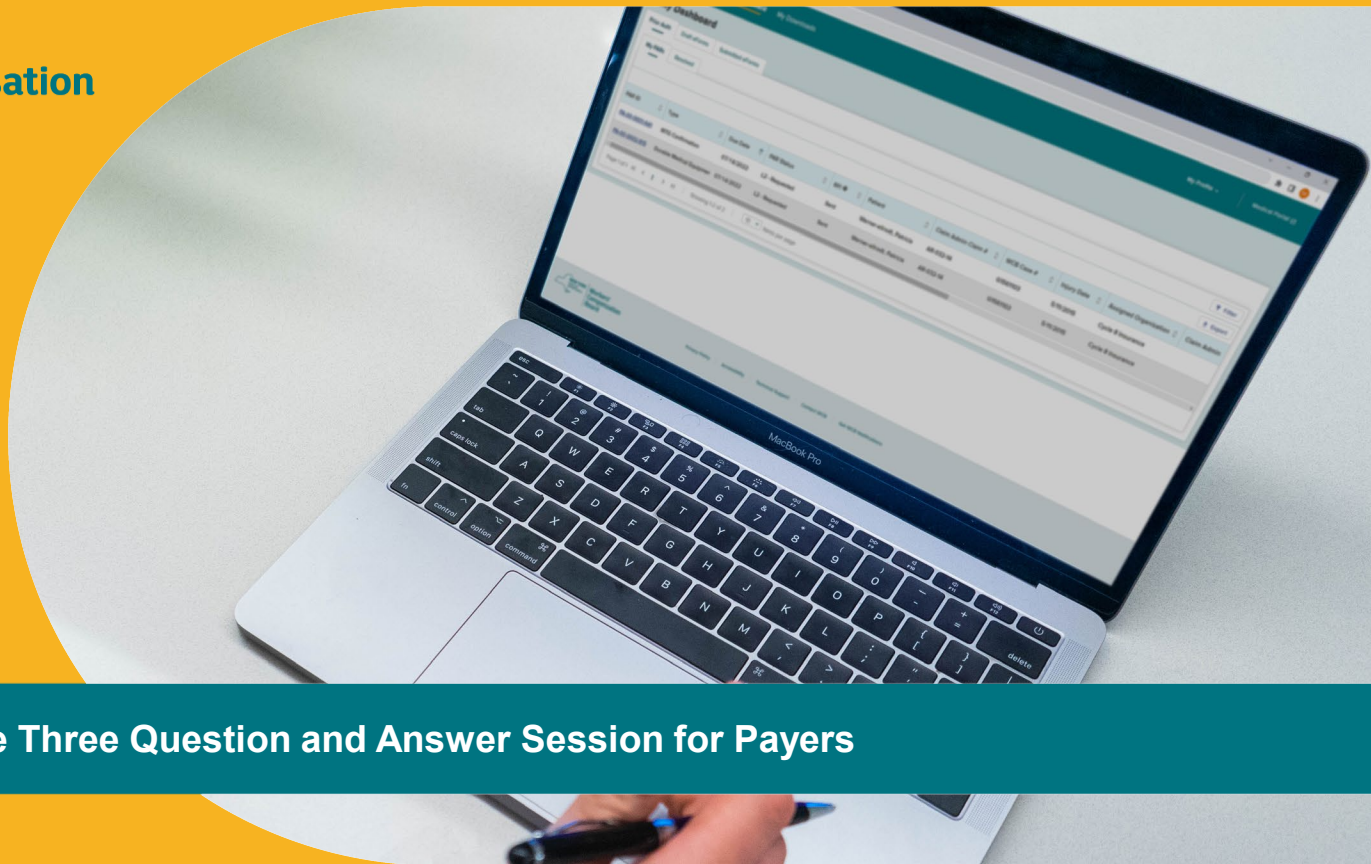




**Workers'  
Compensation  
Board**



## Phase Three Question and Answer Session for Payers

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**



## Who can submit what in OnBoard?



	Request for Decision on Unpaid Medical Bill(s) (HP-1.0)	Prior Authorization Requests (PARs)						
		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		



What is the required time frame for PAR responses?

**A**

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



Can medical suppliers submit PARs?



No, medical suppliers can only submit a *Request for Decision on Unpaid Medical Bills (Form HP-1.0)* in OnBoard.

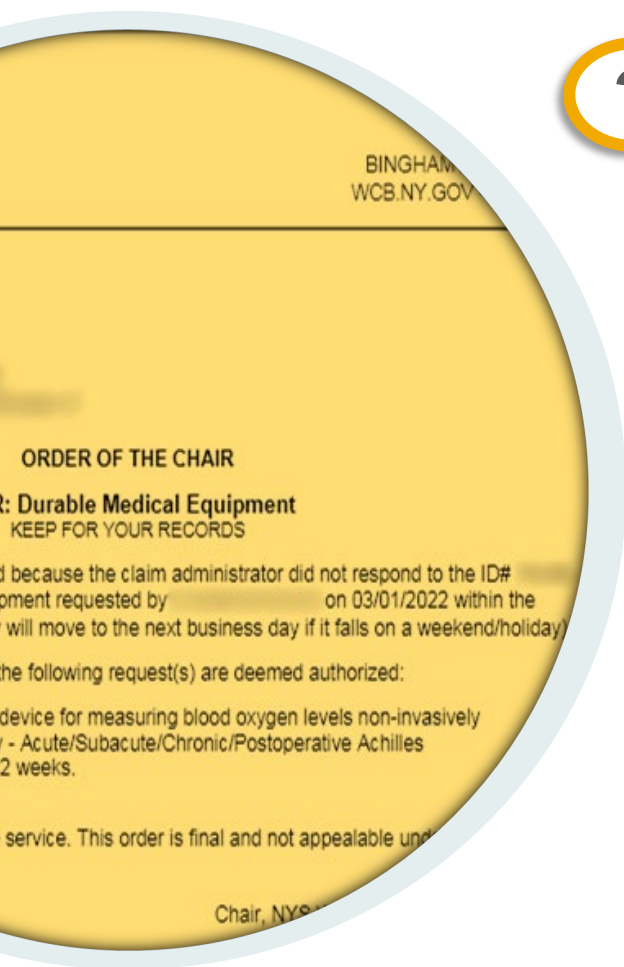


What should we do if we receive a paper request?



Payer responses to *C-4AUTH*, *MG-1* and *MG-2* forms submitted prior to May 2, 2022, will continue follow the process used prior to OnBoard: Limited Release. Payers should advise the requesting health care provider that submissions need to be done in OnBoard if they receive a paper form.





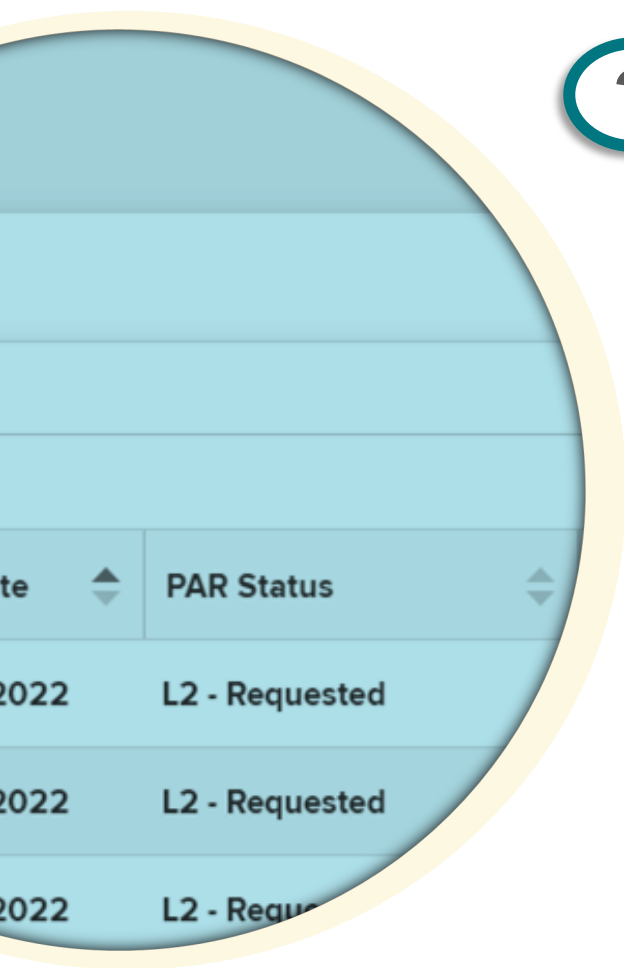
Will an Order of the Chair generate a document in OnBoard?



Yes. The form name will be “PAR [PAR Type] Order of the Chair”. You can download or print the document directly in the documents section or you can select the Document ID to view the Order of the Chair in OnBoard.

Documents

Document ID	Form ID	Form Name	Received Date	Submitting User
<a href="#">DO-00-0007-001</a>	EC-325-DME	PAR: Durable Medical Equipment Order of the Chair	03/08/2022 12:00 AM	System Generated



Do administrative denials automatically escalate to Level 2?



If all items on a PAR are denied administratively or granted then the PAR will not auto escalate. If any item is denied for medical reasons or granted in part then the entire PAR will auto escalate.



What can a payer do if a PAR is for a body part or condition that has not been accepted or established?



If the payer does not wish to grant the PAR, then they have two options: grant without prejudice or deny with a medical rationale. Unless the claim is currently controverted, both of these actions must be completed by the Level 2 reviewer.





What can a payer do if they receive a PAR for a response that is not for their claim?



If the payer believes that they have received a submission that is not their claim, the payer should controvert the claim, and then deny the PAR on that basis.

If the payer does not dispute their liability but argues that a different third-party administrator (TPA) is handling the case, they can either coordinate with the payer and/or the other TPA to respond or fail to respond and allow an Order of the Chair to be generated. Timely First and Subsequent Report of Injury filings will ensure PARs are routed to the correct payer.



If an IME is being obtained, must the PAR be denied in the Portal first, and noted to be pending an IME?



No, you will not provide a response to that PAR until the IME has been conducted to assist in rendering a decision. Payers will need to send the IME Requested Notification in OnBoard. When sending the “IME Requested Notification,” the PAR response due date will be extended to 30 days.

**Notification that IME has been Requested** ×

This PAR will be updated to reflect that an IME has been requested. The date to respond to this PAR will be changed to 11/25/2021. An IME-4 must be submitted within 30 days of the date of this Prior Authorization Request.

Reviewer Name	Submission Date
<input style="background-color: #f0f0f0; border: 1px solid #ccc;" type="text" value="Reviewer Name"/>	<input style="background-color: #f0f0f0; border: 1px solid #ccc;" type="text" value="10/26/2021"/>

Date of Injury: \_\_\_\_\_ Claim Admin: \_\_\_\_\_

ed  
21

Response Submitted. The due date for Insurer response to this Prior Authorization request has been extended to 11/25/2021



If denying for medical reasons, can you check off more than one if multiple apply?



Yes. After selecting “Deny” and “Medical Reasons,” all medical reason options will appear for selection. You can select as many as applicable, including “other,” which will then open a text field for the other medical reason to be entered.

The screenshot shows a web form with the following sections:

- Insurer Response:** A dropdown menu with "Deny" selected.
- Denial Category\*:** A text input field containing "Medical Reasons".
- Denial Reason\*:** A list of checkboxes with the following options:
  - Red Flags - making treatment urgent/emergent absent
  - Medical Necessity - documentation absent
  - Diagnosis/Plan - not supported by clinical exam
  - Diagnosis/Plan - not supported by diagnostic studies
  - Non-Invasive Treatment - use and efficacy not documented
  - Previous Therapy - documentation of use absent
  - Previous Therapy - documentation of results absent
  - Previous Injections - documentation of injections to same site absent
  - Previous Injections - documentation of outcome absent
  - Other



Is the provider required to add a medical report as part of their PAR submission?



Yes. Every PAR submission in OnBoard requires the health care provider to enter a Statement of Medical Necessity into a text box and/or upload a Statement of Medical Necessity/Supporting Medical Documentation.



**General Questions: [OnBoard@wcb.ny.gov](mailto:OnBoard@wcb.ny.gov)**

**Other Questions: (877) 632-4996**

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