
NEW YORK STATE
Workers' Compensation Board
BETTER FOR WORKERS
BETTER FOR BUSINESS
BETTER FOR HEALTH CARE PROVIDERS
WCB.NY.GOV

What authorized providers need to know

AGENDA

1. Official New York Workers' Compensation Fee Schedules
2. Telehealth regulations
3. OnBoard
4. The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)
5. *CMS-1500* form: reducing paperwork for providers
6. Workers' compensation and COVID-19
7. Resources
8. Questions

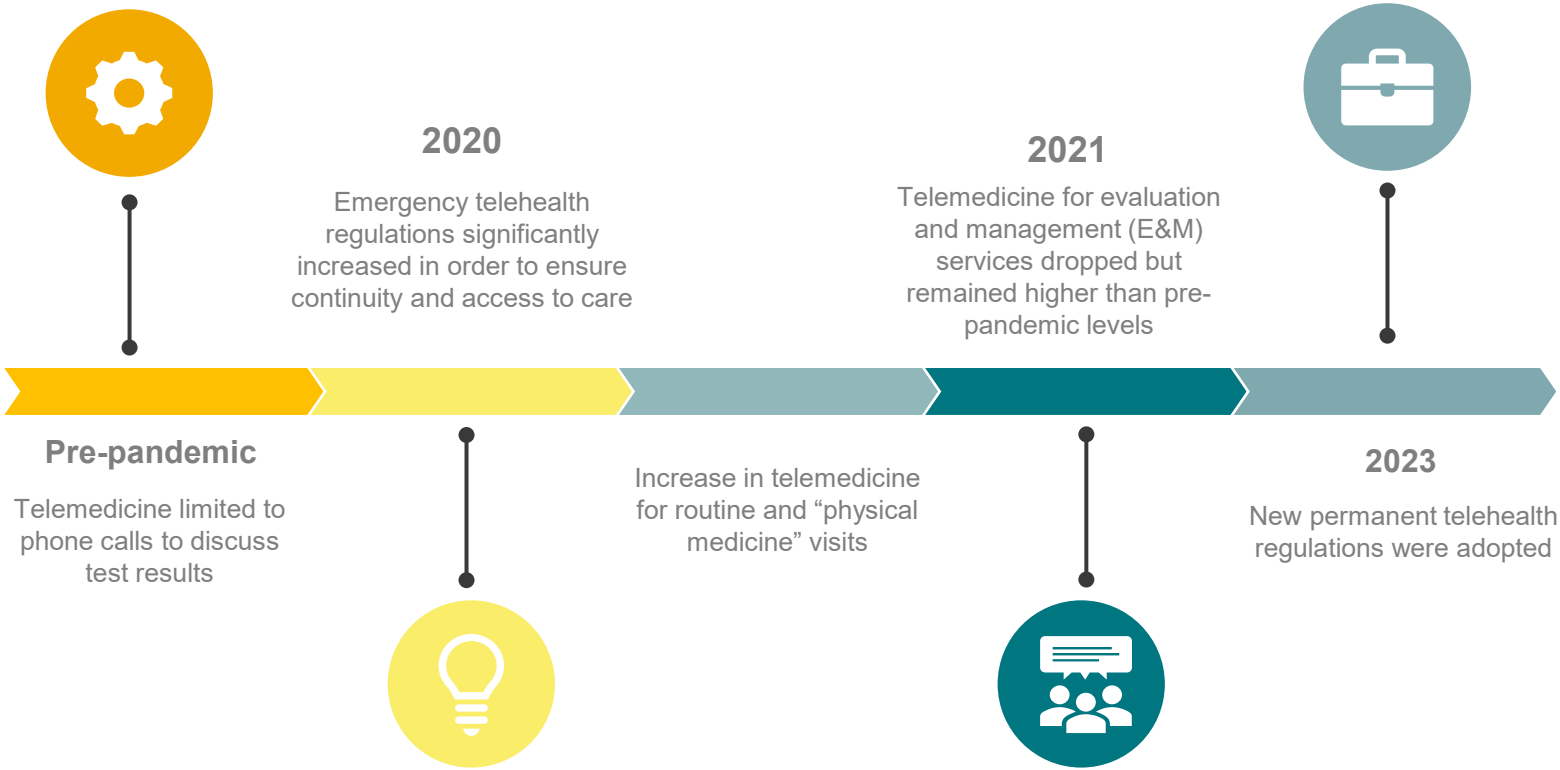
Official New York Workers' Compensation Fee Schedules

Coming soon: new Official New York Workers' Compensation Fee Schedules

- Implemented to improve the workers' compensation system for providers.
- Higher reimbursement rates for all provider types.
- Increases for certain specialty groups.

Telehealth regulations

Telehealth in workers' compensation



Telehealth: overview of the new NYS regulation

Telehealth:

- Physicians, podiatrists, psychologists, nurse practitioners, physician assistants, licensed clinical social workers.
- Audio/visual or audio-only communication.
- In-person within a reasonable travel time, if necessary.

In-person requirements for MD, DO, DPM, NP, PA:

- Initial visit.
- Every third visit (acute / subacute).
- Every three months (if chronic, but not at MMI).
- Annually (if chronic and at MMI).

Telehealth: overview of new NYS regulation

Telehealth in-person requirements (cont'd):

- **Psychologists** and **licensed clinical social workers (LCSWs)**:
  - Telehealth should be permitted for first and subsequent visits.
- Remote behavioral health visits should be limited to situations when there is no additional benefit compared to in-person services, or where in-person visit poses undue risk or hardship.
- In-person within a reasonable travel time, if necessary.
- Reason for visit should be documented with each use of a telehealth visit.
- Treatment may not be rendered via telehealth for chiropractors, acupuncturists, physical therapists, or occupational therapists.
- Telehealth appointments scheduled prior to July 11, 2023 need not be changed to in-person visits.
- Any appointments scheduled after July 11, 2023 must conform with the new regulation.

Telehealth: in-person considerations

- Factors indicating in-person exam **may not be necessary**:
  - Routine follow-up after comprehensive initial in-person exam.
  - Discuss test results / counsel on clinical options.
- Factors indicating in-person exam **is necessary**:
  - Procedures, emergencies, eye conditions, nuanced or complex issues.
  - Affects assessment, treatment, or recommendations.
- Factors **requiring** in-person visit:
  - Urine drug testing, permanency, disability, initiation of chronic medication.
  - Patient lacks technology, capacity, or desire for telehealth.
- Independent Medical Exams:
  - Permissible if parties agree, and not for permanency.

OnBoard

OnBoard updates

- OnBoard: Limited Release (OBLR) was fully launched May 2, 2022.
- To date, nearly 52,000 providers have registered for OnBoard and more than 37,000 delegates have been added.
- **More than one million PARs have flowed through the system!**
- 100% of medication, behavioral health, and Durable Medical Equipment PARs are resolved within three days.
- Most other PARs are resolved within approximately 30 days.
- 95% of PARs were processed without escalation to Level 3 review.
- More than 45 enhancements were made in direct response to user feedback.

PAR type breakdown

Request Type	Request Count
Durable Medical Equipment	42,396
MTG Confirmation	377,399
MTG Special Services	51,473
MTG Variance	290,800
Medication	401,470
Non-MTG Over $1000	1,927
Non-MTG Under or = $1000	10,330
Grand Total	**1,175,795**

Benefits of OnBoard

- Increased accuracy, paperless transactions, and a user-friendly interface for interacting with insurers and the Board.
- Ability of health care providers to request Board action on unpaid medical bills through submission of *Request for Decision on Unpaid Medical Bills* (*Form HP-1.0)* to ensure accuracy and timely receipt.
- Electronic submission of PARs for treatment, medication, DME, and complicated and/or invasive medical procedures (Special Services).
- No confusion on which forms to use.
- Automatic routing with time/date stamp.

Assign delegates

Delegates can assist you by:

- Drafting PARs to be reviewed and submitted by the health care provider.
- Monitoring provider OBLR dashboards for insurer responses to PARs
- Drafting escalations to Level 2 Medication PARs to be reviewed and submitted by the health care provider.
- Drafting and submitting PAR escalations to Level 3 for Medical Director's Office review.
- Responding to insurer requests for information.
- Drafting **and submitting** *Form HP-1.0.*
- Visit **wcb.ny.gov/onboard/#resources** to view a registration guide.

Assigned delegates may not

- Accept the XML submission partner agreement.
- Register with the Medical Portal.
- Report on a provider’s authorization status / renewal.

PAR timeframes

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

Tips to expedite the PAR process

- Submit the correct PAR type.
- Submit supporting documentation.
- Use the MTG Look-Up Tool in the Medical Portal, or search / cut / paste your MTG reference in the published MTGs.
- Check - or have your delegate check - the OBLR dashboard regularly for insurer responses, and request Level 2 and Level 3 reviews in a timely manner.
- Include a clear clinical rationale for the request in the medical narrative section.
- When escalating a PAR to Level 3 MDO review, include a rebuttal that addresses the insurer's Level 2 denial rationale in the "Escalation Reason" field.
- Use appropriate MTG reference codes.
- Include frequency and duration (if applicable).

Keep your information up to date

If any information changes during an authorization period, please inform the Board:

- Log into the Medical Portal.
- Visit the “Medical Providers” section.
- Select one of the following:
  - New Provider Authorization Request,
  - Authorization Renewal, or
  - Update Authorization Information.

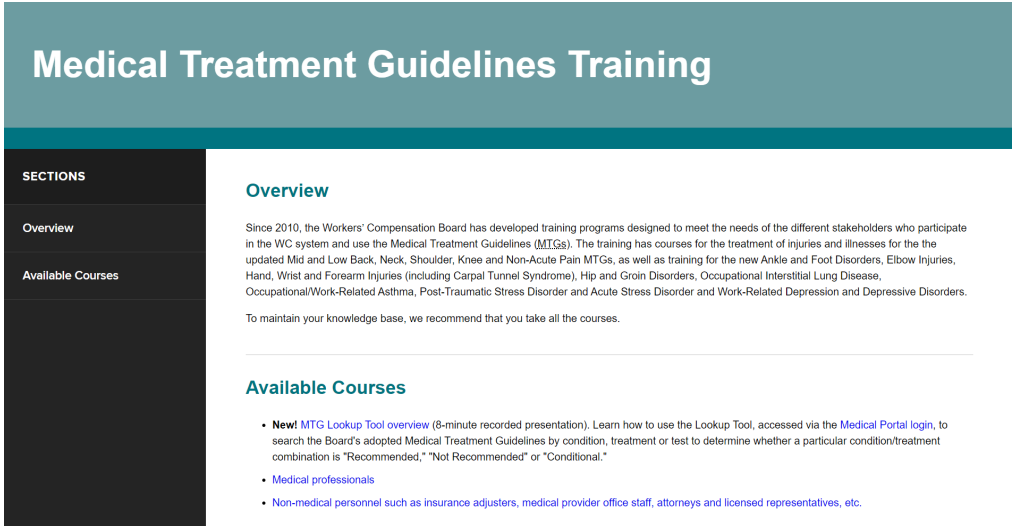
The Worker's Compensation Board's New York Medical Treatment Guidelines (MTGs)

The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)

- In December 2010, the Board implemented legislatively mandated Medical Treatment Guidelines (MTGs) that fundamentally changed the delivery of health care to injured workers.

The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)

- CME credits are available again.
- Updated training modules and completion certificates.



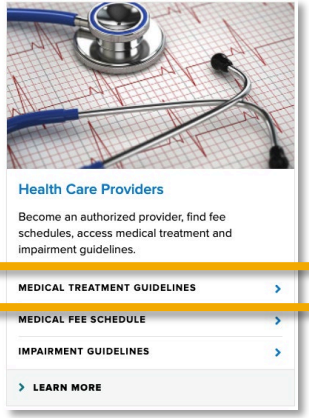
The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)

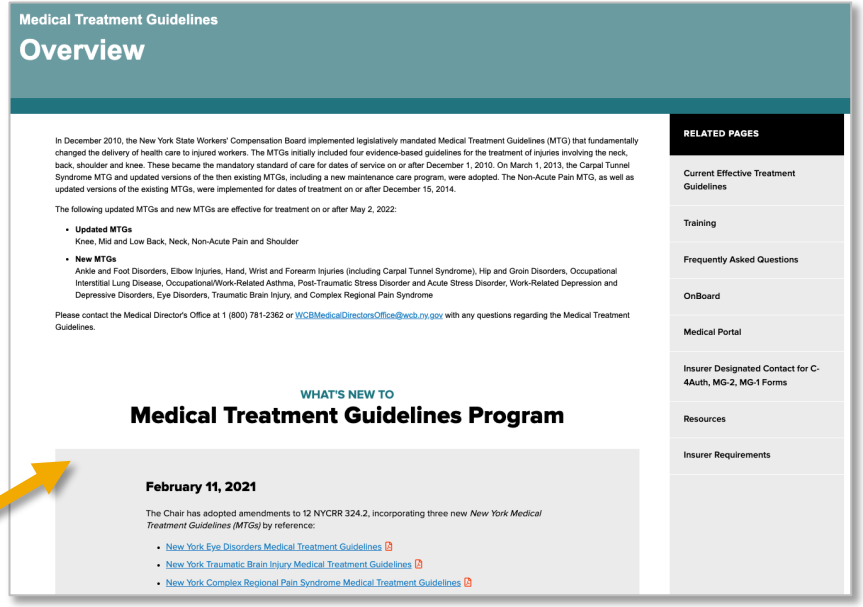
The following *MTG*s are effective for treatment as of May 2, 2022:

- *Knee Injury*
- *Mid and Low Back Injury*
- *Neck Injury*
- *Shoulder Injury*
- *Non-Acute Pain*
- *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*

The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)

- For full details, visit **wcb.ny.gov**
  - Providers
  - Resources
  - Medical Treatment Guidelines





MTG Lookup Tool

- Available in the Medical Portal.
- Helps speed treatment decisions.
- Confirms lookup was completed.
- Provides treatment recommendations.
- Displays patient-specific case information.

CMS-1500 form

Reducing paperwork for providers

CMS-1500 form

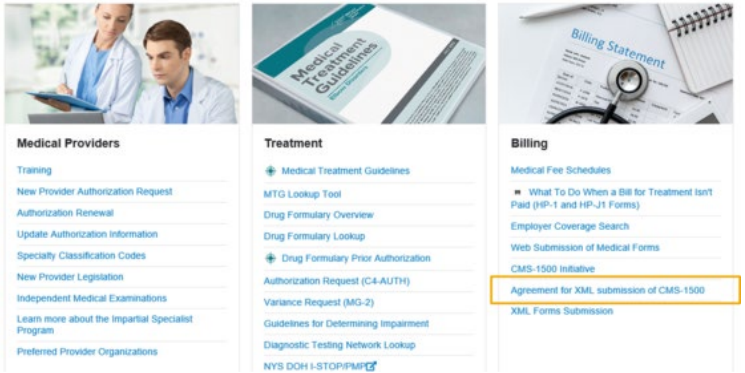
- **Since July 1, 2022, the Board has received more than six million *CMS-1500* forms!**
- 1.4 million electronic submissions.
- More than 10,000 providers have submitted *CMS-1500* forms electronically through an XML submission partner.

CMS-1500 form

- Consolidate / eliminate certain medical forms in exchange for *CMS-1500* form.
- Electronic submission through an XML submission partner is **strongly** encouraged.
- 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.

Register: Medical Portal / electronic submission

- Take advantage of online services through the Medical Portal.
- Contact an approved XML submission partner to discuss details.
- Register for electronic billing through an approved XML submission partner:
  - Log in to Medical Portal,
  - Select “Agreement for XML submission of CMS-1500,”
  - Accept agreement.



CMS-1500 electronic submission benefits

- Providers typically get paid quicker.
- When providers submit *CMS-1500* forms electronically, the XML submission partner will submit to the insurer and the Board.
- Providers will have confirmation within seven days that their bill was accepted or rejected by the insurer.
- With acknowledgement of receipt from the insurer, the provider is aware that they do not need to resubmit the bill.
- Technical errors are identified quickly so they may be corrected and resubmitted, instead of waiting for the insurer to deny the bill.
- Makes billing process easier!

CMS-1500 medical narrative report template and requirements

Providers must attach a narrative report with clinic visit history and examination findings, including:

- History of the injury/illness,
- Any objective findings based on the clinical evaluation,
- Diagnosis(es)/assessment of the patient,
- Plan of care.

CMS-1500 medical narrative report template and requirements

It is imperative (for providers who are expected to do so) to include these three elements with the narrative:

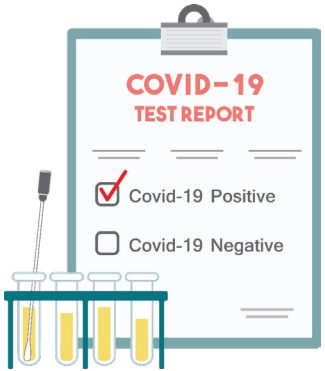
- Patient's work status,
- Causal relationship of the injury or illness to the patient's work activities, and
- Temporary impairment percentage.

Report template and attachments can be found in the 'Requirements' section of wcb.ny.gov/CMS-1500.

Workers' compensation and COVID-19

Workers' compensation and COVID-19

- Filing a claim for COVID-19 is strongly encouraged.
- Insurance carrier must notify the Board of incident.
- Workers have two years from the onset of illness to file a claim.
- A positive PCR test is needed for a worker to file a claim.
- Board holding informational webinars on workers compensation and COVID-19: **wcb.ny.gov/webinars**.



Resources

Making the Board better for providers

As we continue to work on implementing improvements for health care providers, we're committed to:

- Increased communication.
- Regular engagement.

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

Contact the Medical Director's Office

HELPLINE: (800) 781-2362

EMAIL: MDO@wcb.ny.gov

WEBSITE: wcb.ny.gov

(see 'Provider Updates' quick link on Providers section)

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 wcb.ny.gov (“Get WCB Notifications”)

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Thank you

Questions?