



**Workers'  
Compensation  
Board**

**BETTER FOR WORKERS**

**BETTER FOR BUSINESS**

**BETTER FOR HEALTH CARE PROVIDERS**



# What Providers Seeking Authorization Need to Know

# AGENDA

- 1 Expanded Provider Law
- 2 Different Disciplines – What Each Can and Can't Do
- 3 Fee Schedules and Treatment Guidelines
- 4 *CMS-1500* and OnBoard
- 5 Three Musts for Most Workers' Compensation Medical Reports
- 6 Telehealth Update
- 7 Becoming a Board-Authorized Provider
- 8 Resources/Questions

A photograph of a female doctor with short blonde 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 circular graphic on the right side. Inside this circle, the text "Expanded Provider Law" is written in white, bold, sans-serif font.

# Expanded Provider Law

# Expanded Provider Law

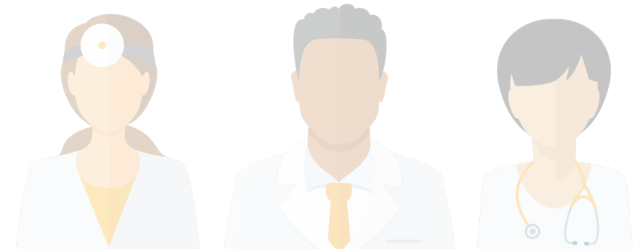
- Expands the types of medical providers that can be authorized to treat injured workers.
- More providers may now become Board-authorized:
  - Licensed clinical social workers
  - Nurse practitioners
  - Acupuncturists
  - Physician assistants
  - Occupational therapists
  - Physical therapists



# Expanded Provider Law

## Expanded Provider Law and authorizations since January 2020:

- More than 22,000 health care provider applications processed for Board authorization as a result of the Expanded Provider Law.
- Up to 250 applications currently processed per month; approximately 50% are new provider types.
  - To ensure high authorization standards, each application is thoroughly vetted
- Around 400 emails, calls and letters responded to per week.



# Becoming a Board-authorized health care provider

- All providers who **can** be authorized by the Board to treat injured workers under the Expanded Provider Law **must** be Board-authorized to continue treating injured workers.
- Becoming a Board-authorized health care provider will allow you to treat and bill for workers' compensation services.





A photograph of a female doctor with short blonde hair, wearing a white lab coat and a stethoscope. She is looking down at a tablet computer she is holding with both hands. The image is overlaid with a semi-transparent teal circle on the right side, which contains white text. The background is a soft, out-of-focus clinical setting.

**Different Disciplines –  
What Each Can and  
Can't Do**



# Who can do what in the workers' compensation system

Provider Type	Can be authorized	Treat	Initial C/R and diagnosis	Initial Disability	Ongoing Disability	Permanency	Depositions	IMEs	Prior Authorization Requests (PARs)
Acupuncturists	YES	YES with referral	NO	NO	NO	NO	NO	NO	U1K, O1K
Chiropractors	YES	YES	YES	YES	YES	YES	YES	YES	C, V, U1K, O1K, DME
Licensed Clinical Social Workers	YES	YES	YES	YES	YES	YES	YES	NO	C, V, U1K, O1K
Nurse Practitioners	YES	YES	YES	YES	YES	YES	YES	NO	All PARs
Occupational Therapists	YES	YES with referral	NO	NO	NO	NO	NO	NO	U1K, O1K
Physical Therapists	YES	YES with referral	NO	NO	NO	NO	NO	NO	U1K, O1K
Physicians	YES	YES	YES	YES	YES	YES	YES	YES	All PARs
Physician Assistants*	YES	YES	YES*	YES*	YES	YES*	Upon Board direction	NO	M, C, V, U1K, O1K, DME
Podiatrists	YES	YES	YES	YES	YES	YES	YES	YES	All PARs
Psychologists	YES	YES	YES	YES	YES	YES	YES	YES	C, V, U1K, O1k

\*PA services may only be supplied under the direct supervision of a physician.

Key for PARs	M = Medication PAR	U1K = Non-MTG Under or = to \$1,000	SS = MTG Special Services
	C = Confirmation PAR	O1K = Non-MTG Over \$1,000	DME = Durable Medical Equipment
	V = Variance PAR		

# Providers not eligible to become Board-authorized

The following providers are not eligible for Board-authorization, but can treat injured workers and submit for assistance with disputed bills:


- Audiologists
- Dentists
- Optometrists
- Durable medical equipment suppliers
- Laboratories
- Pharmacies
- Speech pathologists

# Providers not eligible to treat injured workers

The following providers cannot treat injured workers:

- Massage therapists
- Occupational therapy assistants
- Physical therapy assistants



A light blue, semi-transparent background image featuring a medical setting. In the foreground, a silver stethoscope is visible. Behind it, there are stacks of white papers or books, and a pair of white gloves. The overall aesthetic is clean and professional.

## **Fee Schedules and Treatment Guideline Basics**

# *NYS 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



# *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*
- *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*



# New York Medical Treatment Guidelines (MTGs) Training

- CME credits are temporarily unavailable but are expected to resume soon.
- Non-credit bearing CME courses are still available.

## 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 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.


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### 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.](#)

# New York Medical Treatment Guidelines (MTGs)

- For full details, visit [wcb.ny.gov](http://wcb.ny.gov).
  - Providers
  - Resources
  - Medical Treatment Guidelines



**Health Care Providers**

Become an authorized provider, find fee schedules, access medical treatment and impairment guidelines.

**MEDICAL TREATMENT GUIDELINES** >

**IMPAIRMENT GUIDELINES** >

> **LEARN MORE**

## Medical Treatment Guidelines Overview

In December 2010, the New York State Workers' Compensation Board implemented legislatively mandated Medical Treatment Guidelines (MTG) that fundamentally changed the delivery of health care to injured workers. The MTGs initially included four evidence-based guidelines for the treatment of injuries involving the neck, back, shoulder and knee. These became the mandatory standard of care for dates of service on or after December 1, 2010. On March 1, 2013, the Carpal Tunnel Syndrome MTG and updated versions of the then existing MTGs, including a new maintenance care program, were adopted. The Non-Acute Pain MTG, as well as updated versions of the existing MTGs, were implemented for dates of treatment on or after December 15, 2014.

The following updated MTGs and new MTGs are effective for treatment on or after May 2, 2022:

- **Updated MTGs**  
Knee, Mid and Low Back, Neck, Non-Acute Pain and Shoulder
- **New MTGs**  
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, and Complex Regional Pain Syndrome

Please contact the Medical Director's Office at 1 (800) 781-2362 or [NYCBMedicalDirectorsOffice@wcb.ny.gov](mailto:NYCBMedicalDirectorsOffice@wcb.ny.gov) with any questions regarding the Medical Treatment Guidelines.

**WHAT'S NEW TO**  
**Medical Treatment Guidelines Program**

**February 11, 2021**

The Chair has adopted amendments to 12 NYCRR 324.2, incorporating three new *New York Medical Treatment Guidelines (MTGs)* by reference:

- [New York Eye Disorders Medical Treatment Guidelines](#)
- [New York Traumatic Brain Injury Medical Treatment Guidelines](#)
- [New York Complex Regional Pain Syndrome Medical Treatment Guidelines](#)

**RELATED PAGES**

- Current Effective Treatment Guidelines
- Training
- Frequently Asked Questions
- OnBoard
- Medical Portal
- Insurer Designated Contact for C-4Auth, MG-2, MG-1 Forms
- Resources
- Insurer Requirements

# 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* and  
OnBoard**

# CMS-1500 form

- Universal claim form used by medical providers to bill the Centers for Medicare and Medicaid Services (CMS) as well as payers.
- Reduces administrative burden on Board-authorized health care providers.




# CMS-1500 form

- Took effect 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.
- **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.
- **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.

# Register for access

- Take advantage of *CMS-1500* electronic submission through the Medical Portal.
  - Contact an approved XML submission partner to discuss details.
  - Register for electronic submission through an approved XML submission partner.



The image displays three panels of a website interface. The first panel, titled 'Medical Providers', lists various services for healthcare providers. The second panel, titled 'Treatment', lists resources for medical treatment and drug formulary. The third panel, titled 'Billing', lists resources for medical billing, with the link 'Agreement for XML submission of CMS-1500' highlighted by a yellow box.

Medical Providers	Treatment	Billing
<a href="#">Training</a> <a href="#">New Provider Authorization Request</a> <a href="#">Authorization Renewal</a> <a href="#">Update Authorization Information</a> <a href="#">Specialty Classification Codes</a> <a href="#">New Provider Legislation</a> <a href="#">Independent Medical Examinations</a> <a href="#">Learn more about the Impartial Specialist Program</a> <a href="#">Preferred Provider Organizations</a>	<a href="#">Medical Treatment Guidelines</a> <a href="#">MTG Lookup Tool</a> <a href="#">Drug Formulary Overview</a> <a href="#">Drug Formulary Lookup</a> <a href="#">Drug Formulary Prior Authorization</a> <a href="#">Authorization Request (C4-AUTH)</a> <a href="#">Variance Request (MG-2)</a> <a href="#">Guidelines for Determining Impairment</a> <a href="#">Diagnostic Testing Network Lookup</a> <a href="#">NYS DOH I-STOPiPMP</a>	<a href="#">Medical Fee Schedules</a> <ul style="list-style-type: none"> <li>What To Do When a Bill for Treatment Isn't Paid (HP-1 and HP-J1 Forms)</li> </ul> <a href="#">Employer Coverage Search</a> <a href="#">Web Submission of Medical Forms</a> <a href="#">CMS-1500 Initiative</a> <a href="#">Agreement for XML submission of CMS-1500</a> <a href="#">XML Forms Submission</a>



# CMS-1500 electronic submission

- Electronic submission through an XML submission partner is strongly encouraged but not required.
- When providers submit *CMS-1500* forms electronically, the XML submission partner will submit to the carrier and the Board.
- Most medical billing software vendors partner with one or more XML submission partners.
- For more information, contact:  
**[CMS1500@wcb.ny.gov](mailto:CMS1500@wcb.ny.gov)**



# CMS-1500 electronic submission benefits

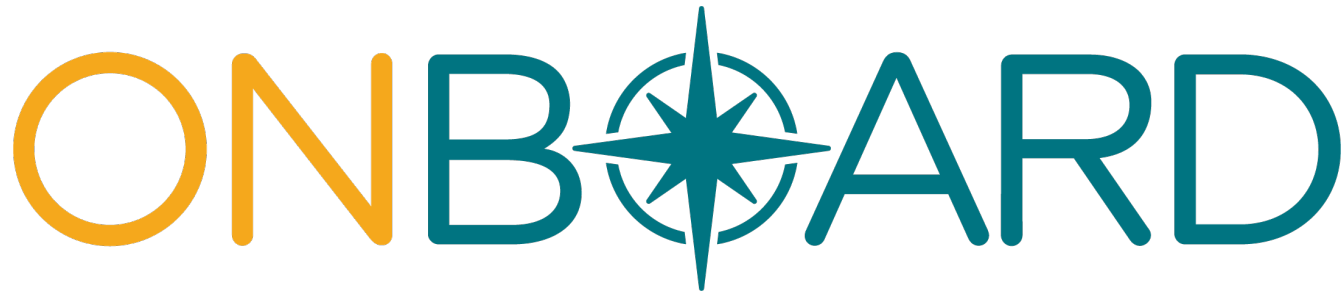
- Providers receive confirmation within seven days that their bill was accepted or rejected by the payer.
- Providers typically get paid quicker.
- With acknowledgement of receipt from the payer, the provider is aware that they do not need to resubmit the bill.
- Technical errors are identified quickly so they can be corrected and resubmitted, instead of waiting for the payer to deny the bill.

For more information, visit [wcb.ny.gov/CMS-1500](https://wcb.ny.gov/CMS-1500) or email [CMS1500@wcb.ny.gov](mailto:CMS1500@wcb.ny.gov).



# OnBoard

- Launched March 7, 2022
- Offers stakeholders—including health care providers—an easier and more efficient way of interacting with the Board.
- Replaces paper-based claims system with a single web-based platform.
- **OnBoard: Limited Release (OBLR):** Designed to move key processes for health care providers and claim administrators from paper to online.



# OnBoard

- To date, more than 48,000 providers have registered for OBLR and more than 31,000 delegates have been added.
- Since Phase One of OBLR launched, nearly 615,000 prior authorization requests (PARs) have been filed.
- **Stay tuned:** OnBoard full program preparations are underway!

# Register for access

- Health care providers must use the Medical Portal to access OnBoard.
- NY.gov user ID and password required.
- Visit the Provider section at [wcb.ny.gov/onboard](https://wcb.ny.gov/onboard) for registration instructions specific to providers.

**ONBOARD**  
Registration, access and administration for health care providers

**Table of contents**

- [Overview](#)
- [Medical Portal access: who has it, and who needs it?](#)
- [Role types](#)
- [Requesting access to the Medical Portal for health care providers](#)
- [Managing your profile and Medical Portal delegates for health care providers](#)
- [Need help?](#)

**I. Overview**  
Users need access to the Medical Portal to use OnBoard: Limited Release to submit and respond to a 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
Health care providers with Medical Portal access	Providers who already have access to the Medical Portal are automatically registered for OnBoard.
Health care providers without Medical Portal access	If you are an acupuncturist, chiropractor, licensed clinical social worker, physician, physician assistant, nurse practitioner, podiatrist, psychologist, physical therapist, occupational therapist, dentist, audiologist, or optometrist, you will follow the <a href="#">health care provider registration instructions</a> .
Medical suppliers	If you are not an acupuncturist, chiropractor, licensed clinical social worker, physician, physician assistant, nurse practitioner, podiatrist, psychologist, physical therapist, occupational therapist, dentist, audiologist, or optometrist, you will follow

1

# Assign delegates

## Delegates can assist you by:

- Drafting PARs to be reviewed and submitted by the health care provider,
- Drafting escalations to Level 2 Medication PARs to be reviewed and submitted by the health care provider,
- Drafting PAR escalations to Level 3 for Medical Director's Office review, and submitted by the health care provider to be reviewed,
- Responding to payer requests for information, and
- Drafting and submitting *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)*.
- Visit [wcb.ny.gov/onboard/#resources](https://wcb.ny.gov/onboard/#resources) to view a registration guide.

# Assign delegates

## Delegates cannot assist with the following:

- Accepting the XML submission partner agreement,
- Registering for the Medical Portal, or
- Reporting on a provider's status.





# Who can do what in OnBoard: Limited Release

		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		



**Three Musts for Most  
Workers' Compensation  
Medical Reports**

# CMS-1500 Medical Narrative Report template and requirements

It is important to include these three elements with most narratives:

- Patient's work status
- Causal relationship of the injury or illness to the patient's work activities
- Temporary impairment percentage
- Report template and attachments can be found in the 'Requirements' section of [wcb.ny.gov/CMS-1500](http://wcb.ny.gov/CMS-1500)



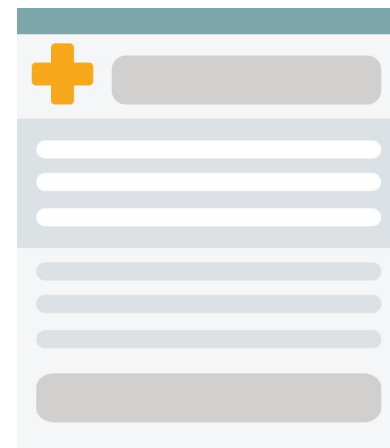
# CMS-1500 Medical Narrative Report template and requirements

Provider Type	Causal Relationship	Temporary Impairment Percentage	Work Status
Acupuncturists	NO*	NO	YES
Chiropractors	YES	YES	YES
Nurse Practitioners	YES	YES	YES
Occupational Therapists	NO*	NO	YES
Physical Therapists	NO*	NO	YES
Physicians	YES	YES	YES
Physician Assistants	NO*	YES	YES
Podiatrists	YES	YES	YES
Psychologists	YES	YES	YES
Social Workers	YES	YES	YES

# CMS-1500 Medical Narrative Report template and requirements

The narrative report must also report the clinic visit history and examination findings, including:

- The history of the injury/illness
- Any objective findings based on the clinical evaluation
- The diagnosis(es)/assessment of the patient
- Plan of care





# Telehealth Update

# Telehealth update

- Emergency telehealth regulations were extended in October 2022.
- Future permanent telehealth regulations will be forthcoming.
- Stay informed at [wcb.ny.gov](https://www.wcb.ny.gov).







**Becoming a Board-  
authorized provider**

# How to apply

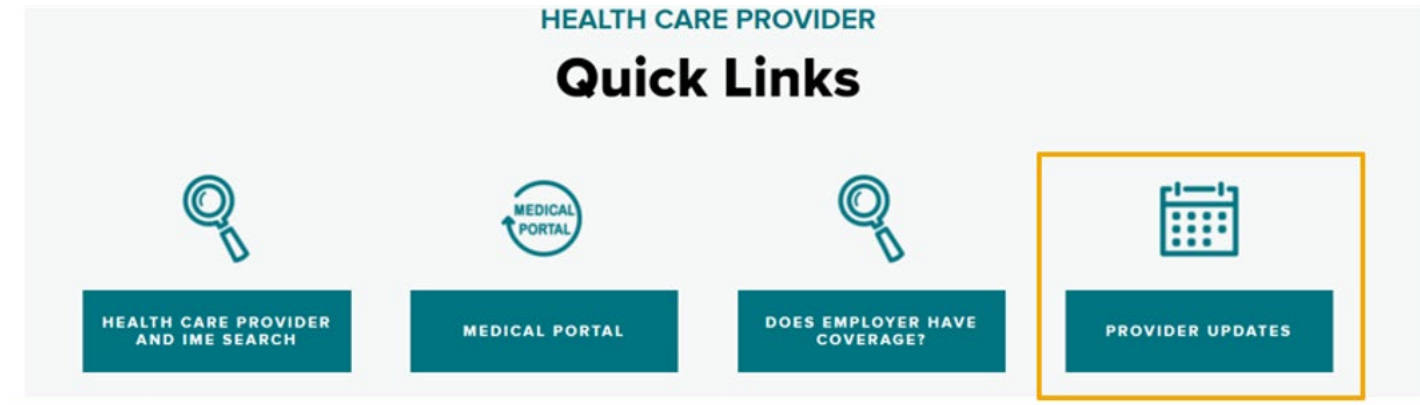
- Sign up to use the NYS Workers' Compensation Board Medical Portal and/or log in with the credentials that have been assigned to you.
- Complete the required training specific to your profession.
- Complete the *New Provider Authorization Request* online application.
- **Physicians:** Applications will be reviewed by a medical society.
- Providers must renew authorization every two or three years.



# 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.



# Additional resources

## BOARD AUTHORIZATION RESOURCES:

- [wcb.ny.gov/newprovider](https://wcb.ny.gov/newprovider)
- [Provider@wcb.ny.gov](mailto:Provider@wcb.ny.gov)

## CMS-1500 RESOURCES:

- [wcb.ny.gov/CMS-1500](https://wcb.ny.gov/CMS-1500)
- [CMS1500@wcb.ny.gov](mailto:CMS1500@wcb.ny.gov)

## ONBOARD RESOURCES:

- [wcb.ny.gov/onboard](https://wcb.ny.gov/onboard)

# More information

## Contact the Medical Director's Office

**HELPLINE:** (800) 781-2362

**EMAIL:** [MDO@wcb.ny.gov](mailto:MDO@wcb.ny.gov)

**WEBSITE:** [wcb.ny.gov/provider](https://wcb.ny.gov/provider) *(see the 'Provider Updates' quick link)*

# Follow the Board



@NYSWorkersComp



@NYSWCB



@NYSWorkersCompBoard



youtube.com/@nyswcb



wcb.ny.gov/notify



**Workers'  
Compensation  
Board**

**Thank you**

**Questions?**