



Health care benefits



Workers' Compensation Board

Health care to treat your work-related injury or illness is a workers' compensation benefit that is provided at no cost to you for your lifetime, unless you reach a settlement stating otherwise.

OVERVIEW

Health care for your work-related injury or illness is covered whether or not you lose time from work or are receiving a benefit for lost wages. Medical bills are paid directly to your health care providers by your employer's workers' compensation insurer.

If you're injured or made ill at work, notify your employer, in writing, within **30 days**. You should also file an **Employee Claim (Form C-3)** with the NYS Workers' Compensation Board (Board). Forms are found on the Board's website, wcb.ny.gov.

Health care providers must be authorized by the Board to treat injured workers. You can search for an authorized health care provider on the Board's website, wcb.ny.gov. If you have issues with your care or need help finding an authorized health care provider, call the Board's Medical Director's Office at **(800) 781-2362**. You can receive care from your own doctor if they are authorized by the Board.

Health care providers will bill the insurer directly. Don't pay any medical bills unless the Board does not accept your claim or you don't pursue it. Your doctor(s) may ask you to sign a notice of responsibility, known as a **Form A-9**, stating that you'll pay the medical bills if the Board does not allow your claim, or if you drop your claim before it's accepted.

Preauthorization for treatment is sometimes required, and will be obtained by your provider(s).

ASSURANCE OF HIGH-QUALITY CARE

Treatment for certain conditions and injuries to particular body parts are covered under the Workers' Compensation Board's **New York Medical Treatment Guidelines (MTGs)**. The **MTGs** were created to ensure that you get the best medical care for your injury, so you can get well, get back to work, and get on with your life. They were developed with the expertise of doctors around the country who specialize in helping people who've been injured on the job. The **MTGs** can also reduce red tape because most of the recommended treatments are pre-approved. That means less time waiting for treatment — so you can start feeling better sooner.

Your health care provider(s) will know which injuries and illnesses are addressed by the **MTGs**. They will ensure that your treatment is consistent with the best practices contained in them.

Search for a Board-authorized health care provider at wcb.ny.gov/health-care-provider-search. For additional help finding an authorized health care provider, please contact the Medical Director's Office at **(800) 781-2362**.

Types of services covered

Medical and Osteopathic	Psychological (by referral)	Hospital Care	Nursing Services
Dental	Chiropractic Treatment	Laboratory Tests	Surgical Appliances
Podiatric	Surgery	Prescribed Drugs	Prosthetic Devices

PROVIDER NETWORKS

In addition to using authorized health care providers, insurers can establish networks that you may be required to use.

- **Diagnostic Networks:** Insurers may require you to use their facility network for diagnostic tests (except in a medical emergency). Tell your providers if the insurer has this requirement.
- **Pharmacy Network:** Insurers may require you to use a network pharmacy. If so, tell the pharmacist you have a workers' compensation case; the pharmacy will bill the insurer directly. There are no copayments. However, the pharmacy can ask you to pay for the prescription at the time of service. The insurer must reimburse you in accordance with regulation and the pharmaceutical fee schedule. In a medical emergency, you do not have to use the network pharmacy of your employer's insurer. You also cannot be required to receive prescriptions via mail order. If mail order prescriptions are not available, a network pharmacy must be within 15 miles of your home or employment if you live in a rural area, or within five miles if your home is in a city, town, or village that has a population of 2,500 or more.
- **Preferred Provider Organizations (PPO):** Insurers may require you to use their PPO for your medical care. The insurer must notify you if it uses a provider network. If you aren't satisfied with the PPO care, you may select an authorized health care provider outside the PPO after 30 days of treatment.

CARE OUTSIDE NEW YORK STATE

You can continue to receive medical care for your claim even if you are outside New York State. Treatment provided out of state must be consistent with the recommendations in the *MTGs*.

TRAVEL AND OTHER EXPENSES

You may be reimbursed for mileage, public transportation, or other necessary expenses incurred when traveling for treatment or independent medical examinations. Submit receipts for those expenses at least every six months to the Board and to the insurer using the *Claimant's Record of Medical and Travel Expenses and Request for Reimbursement (Form C-257)*, found on the Board's website, wcb.ny.gov.

VOCATIONAL REHABILITATION & SOCIAL WORK

The Board offers free rehabilitation services that can help you return to work and lead a more full and active life. Specific services are explained below.

- **Vocational Rehabilitation:** Vocational rehabilitation can help you if your disability prevents you from returning to your usual job. Board counselors help you to find employment that fits your abilities. They also help develop a plan for you to return to work. This may include vocational counseling and referrals for training and selective job placement.
- **Social Workers:** Board social workers can help you cope with your disability and discuss concerns about rehabilitation. Board social workers can also assist you when family or financial problems interfere with your return to work. This may include advocating for you with creditors, such as landlords or utility companies, providing referrals for social services, including food and heating assistance programs, and making referrals for counseling and treatment.

The Board has counselors, social workers, and claims examiners who coordinate and follow up on medical and physical rehabilitation services. If you could benefit from these services, contact the Board.

LANGUAGE ASSISTANCE

The Board will translate documents into any language you need. It will also provide an interpreter for your hearing, at no cost to you.

Please call **(877) 632-4996** to arrange translation or interpretation. If you are using virtual hearings, you also have the option of requesting an interpreter during the check-in process.

