



NEW YORK
STATE OF
OPPORTUNITY.

Workers'
Compensation
Board



OnBoard: Limited Release Phase Two Training for Payers

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

Agenda

1. Overview/Timeline
2. DME Fee Schedule
3. Accessing OnBoard: Limited Release (OBLR)
4. Workload Administrator Instructions
5. Responding to a Durable Medical Equipment (DME) Prior Authorization Request (PAR)
 1. Level 1 Response
 2. Level 2 Response
6. Training Resources
7. What's Next

Timeline

Phase One	Medication PARs & Form HP-1.0 Submissions	March 7, 2022 (complete)
Phase Two	Durable Medical Equipment PARs	April 4, 2022
Phase Three	Other Treatment/Testing PARs	May 2, 2022

DME Fee Schedule

- **Becomes effective on April 4, 2022.**
- **Chair adopted the DME Fee Schedule and PAR processes that were published in the State Register on March 3, 2021.**
- **DME Fee Schedule was later updated on December 22, 2021, and another proposed update was published January 19, 2022.**
- **Information regarding all of these adoptions and proposals is available on the Regulations page of the Board's website.**

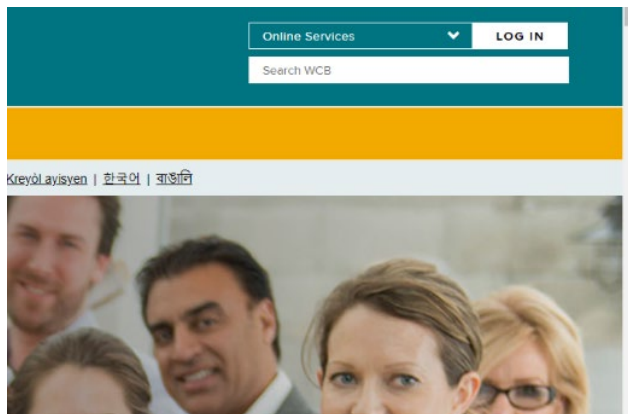


Accessing OnBoard: Limited Release

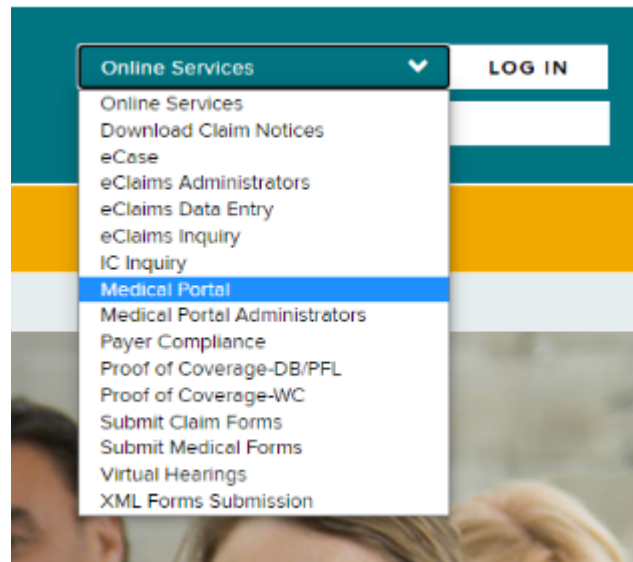


How to Access OnBoard

Locate Online Services dropdown on Board website



Select Medical Portal



How to Access OnBoard

Enter NY.GOV ID Username and Password



The image shows the NY.GOV ID login interface. At the top, it says "NY.GOV ID Secure Access to New York State Services". Below this are two input fields: "Username" and "Password". There is a checkbox for "I'm not a robot" with a reCAPTCHA logo. A blue "Sign In" button is at the bottom. Below the button are links for "Forgot Username? or Forgot Password?", "Create an Account", and "Need help? Get Assistance".



Select  **Prior Authorization PAR**



Payers

- Training
- Physician Specialty Classification Codes
- New Provider Legislation
- Independent Medical Examinations
- Learn more about the Impartial Specialist Program
- Preferred Provider Organizations
- Medical Portal Administration



Treatment

- Medical Treatment Guidelines
- MTG Lookup Tool
- Drug Formulary Overview
- Drug Formulary Lookup
-  **Prior Authorization Request (PAR)**
- Prior Authorization Request (PAR) Overview
- Guidelines for Determining Impairment
- Diagnostic Testing Network Lookup
- Medical Treatment Guidelines - Insurer Requirements
- Drug Formulary Prior Authorization - *VIEW ONLY



Billing

- Medical Fee Schedules
- Employer Coverage Search
- Web Submission of Claim Forms
- CMS-1500 Initiative
- XML Forms Submission

Workload Administrators



Workload Admin Dashboard

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

Select All

Assign 1 item(s) selected

<input type="checkbox"/>	PAR ID	Type	Due Date	PAR Status	Assigned User
<input checked="" type="checkbox"/>	PA-00-0003-476	Medication	12/12/2021	1 - Requested	

Page 1 of 1 | < > 1 | Showing 1-1 of 1 | 10 Items per page

The screenshot shows a dashboard interface for managing PARs. A table lists a single PAR with ID PA-00-0003-476, type Medication, and due date 12/12/2021. The status is '1 - Requested'. The 'Assigned User' column is currently empty. Red boxes highlight the 'My Organization's PARs' header, the 'Assign' button, the 'Due Date' column, and the 'Assigned User' column.

This image shows a partial view of the dashboard, focusing on the 'Assigned User' column of the PAR table. The column header is 'Assigned User' and the cell below it is empty. A red box highlights this area.

Workload Admin Assignee

Assign ✕

Assign work to Reviewer

Reviewer Type
Medication

Assignee*

-Select-

- [blurred], Jordan
- [blurred], Tod
- [blurred]
- [blurred]
- [blurred]
- [blurred]
- [blurred]

Unassigned

Workload Admin Assigned User

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

Select All

Filter | Export

Claim Admin Claim #	WCB Case #	Injury Date	Assigned Organization	Assigned User	Claim Admin	Insurer
				Jordan		

Page 1 of 1 | < 1 > | Showing 1-1 of 1 | 10 Items per page

Level 1 or 2 Reviewer Dashboard

The screenshot displays the ONBOARD user interface. The top navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', and 'Medical Portal'. The main content area is titled 'My Dashboard' and features tabs for 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'My PARs' and 'Resolved'. A 'Filter' button is located in the top right of the table area, and an 'Export' button is below it. The table has columns for PAR ID, Type, Due Date, PAR Status, RFI, Patient, Claim Admin Claim #, and WCE. A single row is visible with the following data: PAR ID: PA-00-0003-480, Type: Medication, Due Date: 12/18/2021, PAR Status: L1 - Requested. The footer of the table shows 'Page 1 of 1', navigation arrows, 'Showing 1-1 of 1', and a dropdown for '10 Items per page'.

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCE
PA-00-0003-480	Medication	12/18/2021	L1 - Requested				

Workload Admin Reassign

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

Select All

1 item(s) selected

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #
<input checked="" type="checkbox"/> PA-00-0003-503	Medication	01/08/2022	L2 - Requested				

Page 1 of 1 | Showing 1-1 of 1 | 10 Items per page

Workload Admin Assignee

Assign ✕

Assign work to Reviewer

Reviewer Type
Medication

Assignee*

-Select-

- [blurred], Jordan
- [blurred], Tod
- [blurred]
- [blurred]
- [blurred]
- [blurred]

Unassigned

Workload Admin Assigned User

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

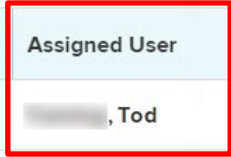
My Organization's PARs | Resolved

Select All

Assign

Patient	Claim Admin Claim #	WCB Case #	Injury Date	Assigned Organization	Assigned User
				Cycle 8 Insurance	[Redacted], Tod

Page 1 of 1 | < 1 > | Showing 1-1 of 1 | 10 Items per page



Workload Admin Unassigned

My Dashboard

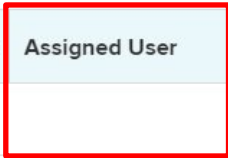
Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

Select All

Patient	Claim Admin Claim #	WCB Case #	Injury Date	Assigned Organization	Assigned User	Cl
				Cycle 8 Insurance		

Page 1 of 1 | < 1 > | Showing 1-1 of 1 | 10 Items per page



Responding to a DME Prior Authorization Request



Level 1 Review

The screenshot shows the ONBOARD My Dashboard interface. The top navigation bar includes the ONBOARD logo, "My Dashboard" (underlined), "My Downloads", "My Profile", and "Medical Portal". The main content area is titled "My Dashboard" and contains tabs for "Prior Auth", "Draft eForms", and "Submitted eForms". Under "Prior Auth", there are sub-tabs for "My PARs" and "Resolved". A "Filter" button is located in the top right of the table area, and an "Export" button is below it. The table has columns for PAR ID, Type, Due Date, PAR Status, RFI, Patient, Claim Admin Claim #, and WCB Cas. A single row is visible with the following data: [PA-00-0003-481](#), Durable Medical Equipment, 12/20/2021, L1 - Requested, and redacted patient and claim information. A yellow arrow points to the PAR ID. The bottom of the table shows pagination: "Page 1", navigation arrows, "Showing 1-1 of 1", and a dropdown menu set to "10" items per page.

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Cas
PA-00-0003-481	Durable Medical Equipment	12/20/2021	L1 - Requested				

PAR Details

Durable Medical Equipment Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L1 - Requested
Patient DOB: 01/09/1972 | Date of Injury: [REDACTED] | System ID: PA-00-0003-481

Actions ^
Respond To Request
Request for Further Information

Related Entities **Request Details** **Medical Necessity** **Documents** **Related PARs** **Correspondence History** **Related Activity**

Patient Details

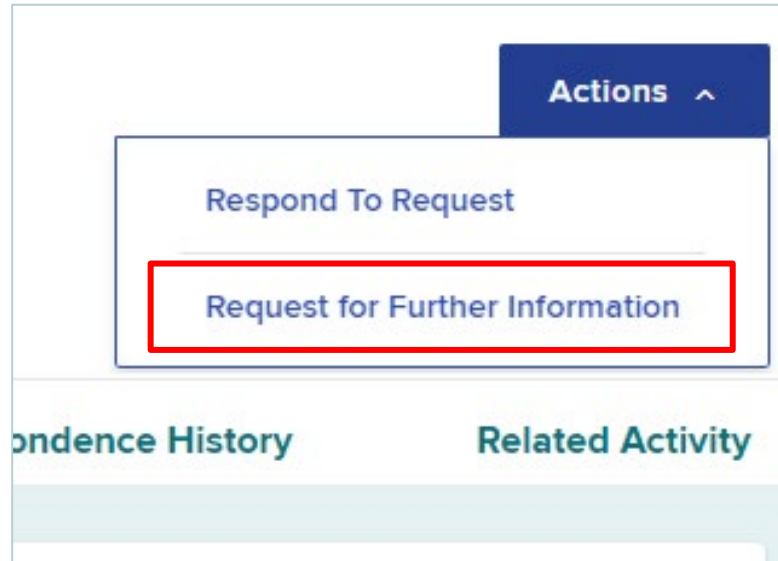
Patient Name	Last four of Patient SSN	Patient DOB
[REDACTED]	[REDACTED]	[REDACTED]

Claim Details

WCB Case #	Date of Injury	Claim Admin Claim #
[REDACTED]	[REDACTED]	[REDACTED]

Case Controverted: No Body Part(s)/Condition(s): to the left knee

Request For Further Information



Request For Further Information

The image shows a web application interface. In the background, there is a 'Modification Request' form with various input fields and a 'Submit' button. Overlaid on top of this form is a modal dialog box titled 'Request for Further Information (RFI)'. The dialog box has a close button (X) in the top right corner. Inside the dialog, there is a text input field with the placeholder text 'Request for Further Information*'. Below the input field, there is a character count '0 / 1000'. At the bottom of the dialog, there are two buttons: 'Submit' and 'Cancel'.

Request For Information

The screenshot shows the ONBOARD My Dashboard interface. At the top, there are navigation links for "My Dashboard", "My Downloads", "My Profile", and "Medical Portal". Below the navigation, the "My Dashboard" section is active, with sub-tabs for "Prior Auth", "Draft eForms", and "Submitted eForms". Under "Prior Auth", there are sub-tabs for "My PARs" and "Resolved". A table of PARs is displayed, with columns for PAR ID, Type, Due Date, PAR Status, RFI, Patient, Claim Admin Claim #, and WCB Cas. The first row shows a PAR ID of PA-00-0003-481, Type of Durable Medical Equipment, Due Date of 12/20/2021, and PAR Status of L1 - Requested. Below the table, there are two red boxes highlighting the RFI status options: "Sent" and "Rec'd".










PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Cas
PA-00-0003-481	Durable Medical Equipment	12/20/2021	L1 - Requested	RFI ?			

Page 1 of 1 | < 1 > | Showing 1-1 of 1

RFI ? Sent

RFI ? Rec'd

Request For Further Information

 Accessing OnBoard	 Claim Search
 Dashboard Overview	 Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)
 Notifications for Updates to Dashboard	 Medication PAR
 Generated Documents	 DME Submission
 Respond to Request for Further Information (RFI)	

Level 1 Response



Level 1 Insurer Response

Durable Medical Equipment Request

Actions ^

Respond To Request

Request for Further Information

Patient Name: [REDACTED] | **WCB Case #:** [REDACTED] | **Status:** L1 - Requested
Patient DOB: 01/09/1972 | **Date of Injury:** [REDACTED] | **System ID:** PA-00-0003-481

Related Entities | **Request Details** | **Medical Necessity** | **Documents** | **Related PARs** | **Correspondence History** | **Related Activity**

Patient Details

Patient Name	Last four of Patient SSN	Patient DOB
[REDACTED]	[REDACTED]	[REDACTED]

Claim Details

WCB Case #	Date of Injury	Claim Admin Claim #
[REDACTED]	[REDACTED]	[REDACTED]

Case Controverted
No

Body Part(s)/Condition(s)
to the left knee

Insurer Response Grant

Prior Authorization request: PA-00-0003-481 | Step 1 of 4

PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: DME

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	60
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

Insurer Response

Grant without Prejudice

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Medical Treatment Guideline:

HCPCS Code & Description:

DME Duration: 60

Estimated Purchase Price: \$1,265.35

Estimated Rental Price: \$0.00

Insurer Response

Grant

Is this request granted without Prejudice?*

Yes No

Granted for?*

Purchase Price Rental Price

Is model or version on WCB price list?*

Yes No

Overall Response to PAR

Granted

Insurer Response Details →

Exit

Diagnosis: Neck - NONE: Other - Not Addressed in MTG - Cervical Spine

L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

Insurer Response

Grant without Prejudice

INSURER RESPONSE TO
PRIOR AUTHORIZATION:
DME

● PAR Summary and
Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Insurer Response

Grant

Is this request granted without Prejudice?*

Yes No

Reason for Granting without Prejudice*

Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-Denial or SROI-Denial Date

(mm/dd/yyyy)

WCB Document ID Number

Rationale for Granting without Prejudice

0 / 1000

Granted for?*

Purchase Price Rental Price

Is model or version on WCB price list?*

Yes No

Insurer Response

Grant in Part

Prior Authorization request: PA-00-0003-485 | Step 1 of 4

PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: DME

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

INSURER RESPONSE TO
PRIOR AUTHORIZATION: DME

PAR Summary and
Insurer Response

Insurer Response Details

Supporting
Documentation

Review and Submit

Please provide your response for each line item below.

Body Part:	Bilateral Vertebrae
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	60
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

Insurer Response

Grant in Part without Prejudice

INSURER RESPONSE TO
PRIOR AUTHORIZATION: DME

PAR Summary and
Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Body Part:	Bilateral Vertebrae
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	60
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00

Insurer Response
Grant In Part

Is this request Granted without Prejudice?*

Yes No

Reason for Partial Grant*

-Select-

Rationale for Grant in part*

0 / 1000

Insurer Response

Grant in Part without Prejudice

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Insurer Response
Grant In Part

Is this request Granted without Prejudice?*

Yes No

Reason for Granting without Prejudice*
Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-Denial or SROI-Denial Date 📅 (mm/dd/yyyy) WCB Document ID Number

Rationale for Granting without Prejudice 0 / 1000

Reason for Partial Grant*
-Select-

Rationale for Grant in part* 0 / 1000

Insurer Response Deny

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

Body Part:	Bilateral Vertebrae
Medical Treatment Guideline:	Neck - D.7.c: Treatment - Orthotics/Cervicothoracic Orthosis - Cervical Spine
HCPCS Code & Description:	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	60
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

Insurer Response

Deny

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

HCPCS Code & Description: L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

DME Duration: 60

Estimated Purchase Price: \$1,265.35

Estimated Rental Price: \$0.00

Insurer Response

Deny

Denial Category*

- Select-
- Administrative Reasons Related To Claim Status
- Jurisdiction Related Reasons
- Medical Reasons

Rationale for Denial*

0 / 1000

Overall Response to PAR

Denied

[Insurer Response Details →](#) [Exit](#)

Insurer Response

Deny

INSURER RESPONSE TO
PRIOR AUTHORIZATION: DME

● PAR Summary and
Insurer Response

○ Insurer Response Details

○ Supporting
Documentation

○ Review and Submit

HCPCS Code & Description:

L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

DME Duration:

60

Estimated Purchase Price:

\$1,265.35

Estimated Rental Price:

\$0.00

Insurer Response

Deny

Denial Category*

Medical Reasons

Denial Reason*

- Medical Necessity - documentation absent
- WCB Fee Schedule Item - meets patient requirement
- Other

Rationale for Denial*

0 / 1000

Claim Apportioned

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- **Insurer Response Details**
- Supporting Documentation
- Review and Submit

Is this Claim apportioned?*

Yes No

Title of the Reviewer*

L1 Reviewer ▾

Request Items

Insurer Response: Deny

MTG Reference: Neck - D.7.c

MTG Description: Treatment - Orthotics/Cervicothoracic Orthosis - Cervical Spine

+ Show Descriptions

← PAR Summary and Insurer Response **Supporting Documentation** → Exit

Claim Apportioned

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Is this Claim apportioned?*

Yes No

Amount or Percentage covered?*

0 / 10

Additional apportionment information?*

0 / 250

Title of the Reviewer*

Request Items

Insurer Response: Deny

MTG Reference: Neck - D.7.c

MTG Description: Treatment - Orthotics/Cervicothoracic Orthosis - Cervical Spine

+ Show Descriptions

← PAR Summary and Insurer Response Supporting Documentation → Exit

Supporting Documentation

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

● PAR Summary and Insurer Response

● Insurer Response Details

● **Supporting Documentation**

○ Review and Submit

Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

 Upload

← Insurer Response Details

Review and Submit →

 Exit

Supporting Documentation

Upload Document

Type*

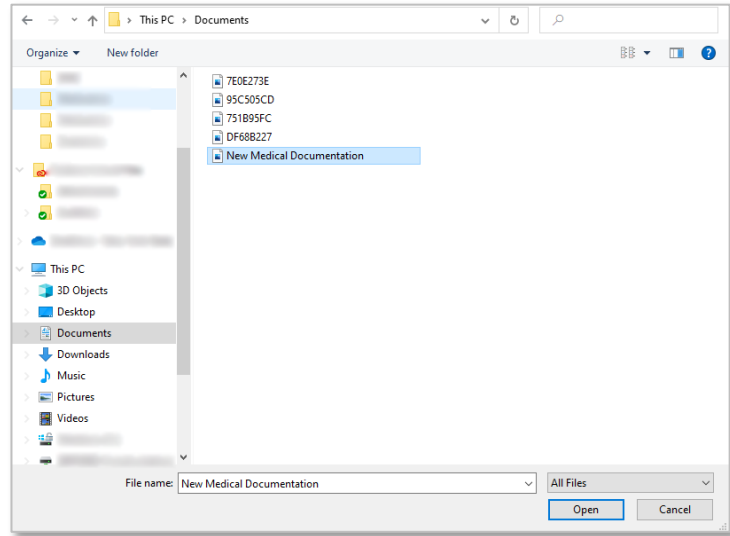
Description*

0 / 256

Browse

No File Selected

Upload **Cancel**



Supporting Documentation

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- **Supporting Documentation**
- Review and Submit

Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

[Upload](#)

File Name	Type	Description	Actions
New Medical Documentation.pdf	Supporting Medical Documentation	Supporting medical documentation is attached.	Update Description Remove

[← Insurer Response Details](#) [Review and Submit →](#) [Exit](#)

✔ Your document has been uploaded successfully.

FROI/SROI Documents

Granted or Granted in Part Without Prejudice

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- **Supporting Documentation**
- Review and Submit

Upload Required Documentation

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

File Name	Type	Description	Actions
	FROI-Denial	FROI-Denial	Upload
	SROI-Denial	SROI-Denial	Upload

Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

[Upload](#)

[← Insurer Response Details](#) [Review and Submit →](#) [Exit](#)

Review PAR Response

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

• PAR Summary and Insurer Response

• Insurer Response Details

• Supporting Documentation

• Review and Submit

Insurer Responses [Edit](#)

Body Part:	Bilateral Vertebrae
Medical Treatment Guideline:	Neck - D7c: Treatment - Orthotics/Cervicothoracic Orthosis - Cervical Spine
HCPCS Code & Description:	L012: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	60
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00
L1 Insurer Response:	Deny
Denial Category:	Medical Reasons
Denial Reasons:	Medical Necessity - documentation absent
Rationale for Denial:	Medical necessity documentation absent.

Overall Response to PAR
Denied

Insurer Response Details [Edit](#)

Is this Claim apportioned?
No

Title of the Reviewer
L1 Reviewer

Supporting Documentation [Edit](#)

Supporting Medical Documentation
Supporting medical documentation attached. - New Medical Documentation.pdf

Since the PAR has been denied for medical reasons; there will be no document generated. The PAR will get auto-escalated for Level 2 Review.

[← Supporting Documentation](#)

[Submit →](#)

[Preview](#)

[Exit](#)

Submission Confirmation

PAR: Durable Medical Equipment Insurer Denial Successfully Submitted

Your response was created. This submission has been added to your Submitted eForms.

From [My Dashboard](#) you can check the status of the PAR and view, print, or download the completed eForm.

eForm Confirmation

348962

PAR Details

[PA-00-0003-483](#) XXXXXXXXXX

Since the PAR has been Denied for Medical reasons there will be no document generated. The PAR will get auto - escalated for Level 2 Review.

Submitted eForms

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
348952	PAR: Durable Medical Equipment Insurer Grant				PA-00-0003-481	Cycle 8

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
	PAR: Durable Medical Equipment Insurer Grant in Part				PA-00-0003-485	Cycle 8 Ins

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
	PAR: Durable Medical Equipment Insurer Denial				PA-00-0003-483	Cycle 8 Insura

Resolved

My Dashboard

Prior Auth Draft eForms Submitted eForms

My PARs **Resolved**

Filter

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date	Injury Date
PA-00-0003-481	Durable Medical Equipment	[REDACTED]	[REDACTED]	L1 Granted - Final	12/14/2021 13:58:32	[REDACTED]

Level 2 Response



Level 2 Response

The screenshot shows the ONBOARD My Dashboard interface. The top navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', and 'Medical Portal'. The main content area is titled 'My Dashboard' and contains three tabs: 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'My PARs' and 'Resolved'. A table displays one row of data for a Level 2 Requested PAR. The table has columns for PAR ID, Type, Due Date, PAR Status, RFI, Patient, Claim Admin Claim #, and WCB C. The footer of the table shows 'Page 1 of 1', navigation arrows, 'Showing 1-1 of 1', and a dropdown for '10 Items per page'.

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB C
PA-00-0003-482	Durable Medical Equipmen	12/20/2021	L2 - Requested				

Level 2 Response

Durable Medical Equipment Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 - Requested
Patient DOB: 01/09/1972 | Date of Injury: [REDACTED] | System ID: PA-00-0003-482

Related Entities | Request Details | Medical Necessity | Documents | Related PARs | Correspor

PAR ID	Type
PA-00-0003-482	Durable Medical Equipmen

Patient Details

Patient Name

Last four of Patient SSN

Patient DOB

Claim Details

WCB Case #

Date of Injury

Claim Admin Cla

Case Controverted
No

Body Part(s)/Condition(s)
to the left knee

Level 2 Response

Related Entities Request Details Medical Necessity Documents Related PARs Correspondence History Related Activity

Request Details

Overall Insurer Responses

Overall L1 Insurer Response	L1 Reviewer Name- Title	L1 Response Date & Time
Deny	L1 Reviewer	02/09/2022 11:21 AM

Overall L2 Insurer Response	L2 Reviewer Name - Title	L2 Response Date & Time
-----------------------------	--------------------------	-------------------------

Request Items

Request #1

Body Part	HCPSC Code & Description	MTG Reference
Bilateral Vertebrae	L0113: Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine

+ Expand All

Additional Request Details

Level 1 Insurer Response Details

L1 Insurer Response

Deny

Denial Category	Denial Reason
Medical Reasons	Medical Necessity - documentation absent

Denial Rationale

not sufficient medical necessity provided

Level 2 Response

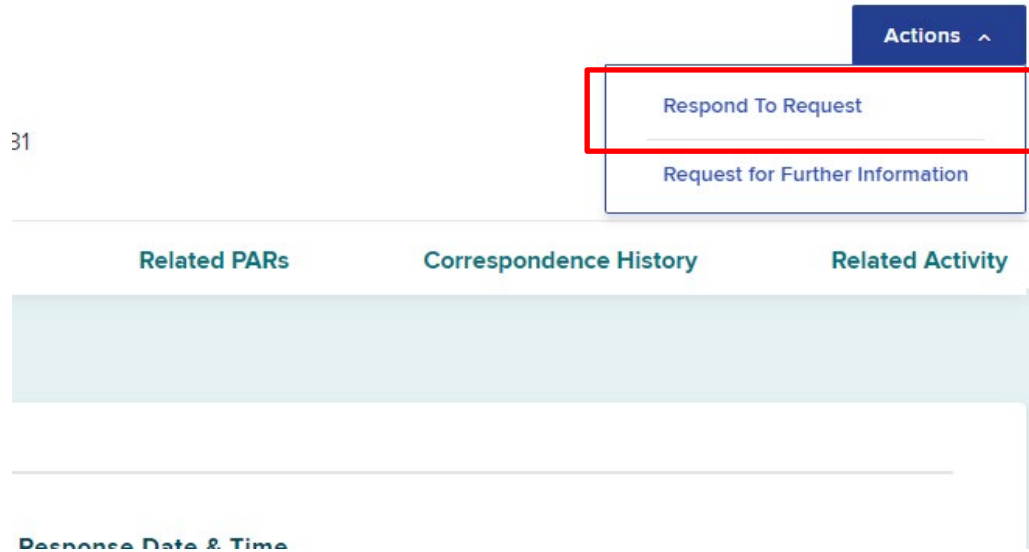
31

Actions ^

- Respond To Request
- Request for Further Information

Related PARs Correspondence History Related Activity

Response Date & Time



Level 2 Response

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

PAR Summary and Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPSC Code & Description:	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	60
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00
L1 Insurer Response:	Deny

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

Level 2 Grant without Prejudice

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

L1 Insurer Response: Deny

Insurer Response
Grant

Is this request granted without Prejudice?
 Yes No

Reason for Granting without Prejudice*
-Select-

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-Denial or SROI-Denial Date
 (mm/dd/yyyy)

WCB Document ID Number

Rationale for Granting without Prejudice
 0 / 1000

Granted for?
 Purchase Price Rental Price

Is model or version on WCB price list?
 Yes No

Reason for Granting without Prejudice*
Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-Denial or SROI-Denial Date
 (mm/dd/yyyy)

WCB Document ID Number

Rationale for Granting without Prejudice
 0 / 1000

Reason for Granting without Prejudice*
Body Part/Condition Not Accepted or Established

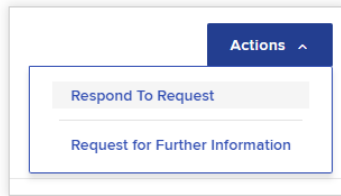
Rationale for Granting without Prejudice
 0 / 1000

Level 2 Responses

- Level 1 Review
- Level 1 Responses
- Level 2 Review
- Level 2 Responses

Level 2 Insurer Response

To issue a determination on the submitted PAR, select the Actions button at the top right of the PAR Details page and select **Respond to Request**.



A Level 2 reviewer can grant the request, grant part of the request or deny the request. Select the option you would like to take on the PAR to see the steps to respond.

- > Grant
- > Grant in Part
- > Deny

Multiple DME Items in One Submission



Multiple DME PARs

Related Entities **Request Details** Medical Necessity Documents Related PARs Correspondence History Related Activity

Request Items

Request #1		
Body Part Bilateral Larynx	HCPSC Code & Description L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	MTG Reference Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
+ Expand All		
Additional Request Details ▼		

Request #2		
Body Part Bilateral Larynx	HCPSC Code & Description A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated	MTG Reference Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
+ Expand All		
Additional Request Details ▼		

Multiple DME PARs

A screenshot of a user interface element. At the top right is a dark blue button labeled "Actions" with a small upward-pointing triangle icon. Below this button is a white dropdown menu with a thin blue border. The menu contains two text options: "Respond To Request" and "Request for Further Information", separated by a horizontal line. The text is in a dark blue font.

Multiple DME PARs

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	30
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00
Insurer Response	<input type="text" value="-Select-"/>

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated
DME Duration:	30
Estimated Purchase Price:	\$0.00
Estimated Rental Price:	\$0.00
Insurer Response	<input type="text" value="-Select-"/>

Multiple DME PARs

INSURER RESPONSE TO
PRIOR AUTHORIZATION:
DME

PAR Summary and
Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	30
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00

Insurer Response

Grant

Is this request granted without Prejudice?*

Yes No

Granted for?*

Purchase Price Rental Price

Is model or version on WCB price list?*

Yes No

Multiple DME PARs

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated
DME Duration:	30
Estimated Purchase Price:	\$0.00
Estimated Rental Price:	\$0.00

Insurer Response
Deny

Denial Category*
Medical Reasons

Denial Reason*

Medical Necessity - documentation absent

WCB Fee Schedule Item - meets patient requirement

Other

Rationale for Denial*
Medical necessity absent.

26 / 1000

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

PAR Summary and Insurer Response

Insurer Response Details

Supporting Documentation

Review and Submit

Please review the following information for accuracy prior to submission.

Insurer Responses

Edit

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	L012: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
DME Duration:	30
Estimated Purchase Price:	\$1,265.35
Estimated Rental Price:	\$0.00
L1 Insurer Response:	Grant
Is this request granted without Prejudice?	No
Granted for?	Purchase Price
Is model or version on WCB price list?	Yes

Body Part:	Bilateral Larynx
Medical Treatment Guideline:	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
HCPCS Code & Description:	A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated
DME Duration:	30
Estimated Purchase Price:	\$0.00
Estimated Rental Price:	\$0.00
L1 Insurer Response:	Deny
Denial Category:	Medical Reasons
Denial Reasons:	Medical Necessity - documentation absent
Rationale for Denial:	Medical necessity absent.

Overall Response to PAR
Denied

Insurer Response Details

Edit

Is this Claim apportioned?
No

Title of the Reviewer
L1 Reviewer

Supporting Documentation

Edit

No Supporting Documentation attached.

Since the PAR has been denied for medical reasons, there will be no document generated. The PAR will get auto-escalated for Level 2 Review.

Supporting Documentation

Submit

Preview

Exit

Multiple DME PARs

PAR: Durable Medical Equipment Insurer Denial Successfully Submitted


Your response was created. This submission has been added to your Submitted eForms.

From [My Dashboard](#) you can check the status of the PAR and view, print, or download the completed eForm.

eForm Confirmation


348973

PAR Details

[PA-00-0003-492](#) 

Since the PAR has been Denied for Medical reasons there will be no document generated. The PAR will get auto - escalated for Level 2 Review.

Multiple DME PARs

 **My Dashboard**

Prior Auth Draft eForms **Submitted eForms**

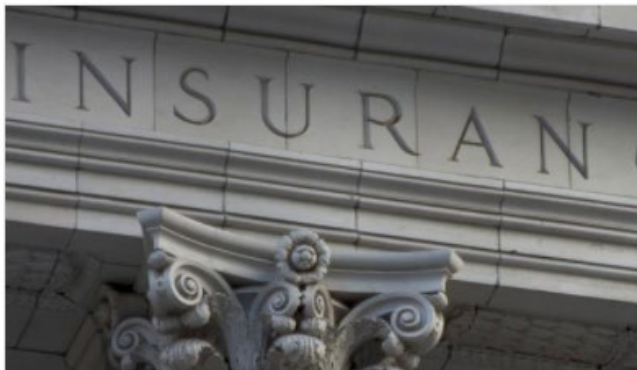
Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details
	PAR: Durable Medical Equipment Insurer Denial				PA-00-0003-492



OnBoard Training Resources





Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW >

TRAINING >

RESOURCES >



Training & Resources

Training

- [Training for Payers](#)

Videos

- Intro to OnBoard: [Video](#)

Guides

- OnBoard: Registration Guide - Payers, Pharmacy Benefit Managers and Medical Review Organizations: [Guide](#) / [Video](#)

Fact Sheets

- OnBoard: [Limited Release – What Insurers Need to Know](#)

Webinars

- OnBoard: Limited Release for Insurers Webinar – April 2021: [Video](#) / [Slides](#)

Questions about OnBoard: Limited Release?

- Email onboard@wcb.ny.gov.

Technical Assistance

- Contact [WCB Customer Support](#)



Payers













Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW >

TRAINING >

RESOURCES >



 Accessing OnBoard	 Notifications for Updates to Dashboard
 Dashboard Overview	 Pharmacy Benefit Managers PAR Determination Email Notification
 Workload Administrator: Dashboard	 Multiple Requests with Same PAR Type
 Workload Administrator: Assigning PARs	 Changing PAR Response
 Generated Documents	 Medication PAR
 Request for Further Information	 DME PAR NEW!

What's Next?

- Phase Three will add Other Treatment/Testing PARs to OnBoard: Limited Release on May 2, 2022.
- Other Treatment/Testing PAR training webinars will be announced via WCB Notifications.



General Questions: OnBoard@wcb.ny.gov

Other Questions: (877) 632-4996

News and Updates: [Subscribe to WCB Notifications](#)

Instructions: wcb.ny.gov/onboard/