STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

ATTENDING DOCTOR'S REQUEST FOR MEDICAL AUTHORIZATION DETERMINATION

INSTRUCTIONS**:**

This form may be used by an attending doctor whenever a carrier or self-insured employer has not responded within 30 days to the doctor's request for authorization for special services costing more than $1,000. File this form with the Workers' Compensation Board at the address on reverse, **and simultaneously with the claimant's workers' compensation insurance carrier.** Complete all items. Incomplete forms will not be processed. All of the following conditions must be met before you file this form:

1. You have contacted the carrier or self-insured employer by telephone and requested authorization for special services costing more than $1,000.
2. You have sent the carrier or employer and filed a copy with the Board Form C-4 with item 4 checked "Yes" requesting authorization for special services costing more than $1,000.
3. At least thirty (30) days have elapsed since your initial telephone contact with no response from the carrier or self-insured employer. Please note that any response from the carrier, such as a denial of your request, precludes the Board from issuing a determination authorizing such special services.
4. Please complete items 1. through 22. below, making sure that the doctor's signature and the signature of the person certifying the mailing date are original. Signatures in items 21 & 22 must be in ink only, blue ballpoint pen, if possible.

1. WCB CASE NO.	2. CARRIER CASE NO. (IF KNOWN)	3. DATE OF INJURY	4. & TIME	5. ADDRESS WHERE INJURY OCCURRED (CITY, TOWN OR VILLAGE)	6. INJURED PERSON'S SOCIAL SECURITY NUMBER

	(First Name)	(Middle Initial)	(Last Name)	8. ADDRESS (Include Apt. No.)	9. TELEPHONE NO.
7. INJURED PERSON					
10. EMPLOYER*					11. PATIENT'S DATE OF BIRTH
12. INSURANCE CARRIER					
13. SUPER-VISING PHYSICIAN (if any)					

14. *If treatment was under the VFBL or VAWBL show as "Employer" the liable political subdivision and check one: ☐ VFBL ☐ VAWBL

15. SPECIAL SERVICES REQUESTED

16. VERBAL REQUEST FOR AUTHORIZATION FROM CARRIER:

a. NAME OF EMPLOYEE CONTACTED_____

b. DATE OF TELEPHONE CALL REQUESTING AUTHORIZATION_____ c. TELEPHONE NO._____

17. DATE FORM C-4 WAS SENT REQUESTING AUTHORIZATION

18. DOCTOR'S NAME AND ADDRESS

19. DOCTOR'S TELEPHONE NUMBER	20. DOCTOR'S WCB AUTHORIZATION NUMBER

21. I SUBSCRIBE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THESE STATEMENTS ARE TRUE AND CORRECT.

DOCTOR'S SIGNATURE_____ DATE_____

(ink only -- use blue ballpoint pen if possible)

22. I hereby certify that a copy of this form was mailed to the carrier/self-insured employer named above on_____.

*Signature*_____ ***(ink only -- use blue ballpoint pen if possible)***

MD-1 (1-11)

12 NYCRR 325-1.4 Authorization for Special Services

(a)(1) When it is necessary for the attending physician to engage the services of a specialist, consultant, or a surgeon, or to provide for X-ray examinations or occupational therapy or physical therapy or special diagnostic laboratory tests costing more than $1,000, he or she must request and secure authorization from the employer or insurance carrier or the chair, by setting forth the medical necessity of the special services required. For example, when the total fees for occupational or physical therapy treatment approach the sum of $1,000, the physician shall file an additional C-4 report and request authorization as prescribed in subdivision (5) of section 13-a of the Workers' Compensation Law.

(2) This section also applies to hospitals, specialists, consultants and surgeons, who are actually engaged to perform such services.

(3) Such request for authorization should be by telephone to the employer or carrier and later confirmed by letter.

(4) In order to process such requests expeditiously and within the time limits specified hereunder, the insurance carrier shall designate a qualified employee in its office, and the self-insured employer shall designate a qualified employee in its office or an authorized employee of its licensed representative, to receive and act upon such requests. To assure compliance within the time limits prescribed, qualified persons shall be specially designated, within each office of the Workers' Compensation Board, to deal with complaints relative to such authorizations.

(5) In response to requests for authorization, the self-insured employer or insurance carrier may have the patient examined within four business days if patient is hospitalized or thirty days if patient is not hospitalized, by an appropriate medical board-certified specialist who is also authorized in such specialty, by the chair, to treat workers' compensation claimants. If such specialist is not available, consultation may be rendered by an authorized physician who is acceptable to both the self-insured employer or insurance carrier and the physician requesting authorization, or in the event the parties cannot agree, a physician may be selected by the chair.

(6) The self-insured employer or insurance carrier shall grant or deny the requested authorization within four working days if the claimant is hospitalized, or within thirty days if the claimant is not hospitalized, by orally notifying the physician or hospital of its action. It shall confirm such action in writing by sending a notice to the physician, claimant's attorney or licensed representative and/or hospital within five days after the examination of the claimant when the four-day provision applies. When the 30 day provision applies, the written confirmation shall be mailed within such period. Written notice of denial must be based on a conflicting second opinion rendered by a physician authorized to treat workers' compensation claimants. Nothing herein shall relieve the carrier from complying with the provisions of 12 NYCRR 300.23.

(7) If such authorization or denial is not forthcoming within four working days if patient is hospitalized, the chair may issue an order, after investigation, authorizing the special services, on the ground that such authorization has been unreasonably withheld and the employer or carrier shall be liable for the payment for such special services and investigation. If such authorization or denial is not forthcoming within thirty calendar days if patient is not hospitalized, such request shall be deemed authorized and the employer or carrier shall be liable for payment for such special services. The chair may issue an order stating that such request is deemed authorized or requiring the employer or carrier to provide written authorization, if such documentation is required by the claimant to secure necessary medical treatment.

(8) Such authorization is not required in an emergency under the provisions of subdivision (5) of section 13-a of the Workers' Compensation Law.

(b) Authorization for medical care when the right to compensation is controverted.

(1) Whenever medical care or special services are required in cases when the right to compensation is controverted or the time to controvert has not expired, the attending physician or the hospitals, specialists, consultants and surgeons engaged to perform such services shall request authorization from the employer or insurance carrier who would become responsible in the event the claim is adjudicated compensable; and all provisions of subdivision (a) of this section are applicable to such requests.

(2) The authorization herein referred to, if granted by the self-insured employer or insurance carrier, is limited to the question only of medical necessity of the services requested, and such authorization shall not be construed as an admission that the condition for which these services are required is compensable.

(3) When the chair issues an order, pursuant to paragraph (a)(7) of this section in a controverted case, the carrier shall not be responsible for the payment of such services until the question of compensability is resolved.

HIPAA NOTICE - In order to adjudicate a workers' compensation claim, WCL13-a(4)(a) and 12 NYCRR 325-1.3 require health care providers to regularly file medical reports of treatment with the Board and the carrier or employer. Pursuant to 45 CFR 164.512 these legally required medical reports are exempt from HIPAA's restrictions on disclosure of health information.

Inquiries, medical and other reports should be sent directly to the Workers' Compensation Board at the address listed below:

NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

Customer Service Toll-Free Line: 877-632-4996