

**Medical Treatment Guidelines Addition and Improvements  
Form Revisions Summary  
February 2013**

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**Form MG-2 and MG-2.1**

**Treating Medical Provider's Request (Section C):**

➤ **Removed Fields**

- 'Date Variance Requested and Method of Transmission on/by' fields were removed

➤ **Guideline Reference**

- Added 'C=Carpal Tunnel'
- Added that if the treatment is not addressed by the Guidelines, use NONE in the remaining guideline reference boxes.

➤ **Statement of Medical Necessity**

- Instructions added on what the provider's explanation for medical necessity should include.
- New field for date of previously denied variance request. If the variance request for treatment, procedure or test has been previously denied by the carrier, the Treating Medical Provider shall submit the date of such denial and additional documentation or justification in support of the new variance request. A variance request may not be resubmitted, until the carrier or Special Fund has denied any previous variance request.
- Form MG-2.1 only- Added medical necessity section under each additional request.

➤ **Treating Medical Provider Certification**

- Language added that the Treating Medical Provider does not have a substantially similar request pending and that the request contains additional supporting medical evidence if it is substantially similar to a prior denied request.
- Language changed for timing of variance signature and fax transmission (within two business days).

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### **Carrier's/Employer's Response Section (Section E):**

#### ➤ **Carrier Response Checkboxes**

- Carrier response checkboxes were moved to Section E.
- New carrier response checkboxes added for Granted in Part, Burden of Proof Not Met, and Substantially Similar Request Pending or Denied.
- Clarified that carrier must sign Section E regardless of their response to the variance request

#### ➤ **Carrier Certification**

- Revised resolution path language. If neither party opts for resolution at a hearing, the issue will be decided by a medical arbitrator.
- Removed reference to informally resolving issue within 8 business days

### **Informal Resolution between Provider and Carrier (now Section F)**

- Changed form section title

### **Claimant/Claimant Representative Request For Review (now Section G):**

#### ➤ **Revised Language**

- Added 'Claimant Representative' to the heading, note and signature line in this section.
- Added note that this section of the form should only be completed after a denial is received and not at the time of the initial request.
- Revised language for request for review on a denial or partial grant by carrier/employer.
- Revised resolution path language. If neither party opts for resolution at a hearing, the issue will be decided by a medical arbitrator.

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**Form Instructions/Other Changes:**

➤ **Provider Instructions**

- Added language to instruction #4 that the provider must satisfy the burden of proof that it is appropriate and medical necessary to vary from the Medical Treatment Guidelines.
- Added language to instruction #4 that no variance will be permitted for claimants who exceed the 10 visit annual maximum for on-going maintenance care.
- Added instructions on Substantially Similar Requests.

➤ **Carrier Instructions**

- Moved carrier instructions to second page.
- Added an additional instance under the 'Denial of the Variance Request' when a medical report supporting a denial does not need to be submitted.
- Revised language under 'Failure to Timely Respond to Variance Report.'

➤ **Identifying Information**

- Added three fields to the top of page 2 in the event the first page is separated from the second.

**Form MG-1 and MG-1.1**

**Optional Prior Approval Request Section (Section C):**

➤ **Guideline Reference**

- Added C=Carpal Tunnel

➤ **Provider's Certification**

- Fax number or email address must be provided in first certification checkbox.

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- Removed second certification box that the Provider is not equipped to send forms by same day transmission.

**Form C-4AUTH**

**Authorization Request (Section C)**

- **Medical Treatment Guidelines Procedures Requiring Pre-Authorization**
  - Removed Chondroplasty and Anterior Acromioplasty of the Shoulder

**Form C-8.1**

**Part B:**

- **Compliance with Medical Treatment Guidelines:**
  - Revised the wording in parenthesis after section heading. Removed references to specific body parts covered by the Guidelines.
  - Revised fourth checkbox to read “Variance denied without claimant timely requesting review or variance denied by Board Decision filed:”
  - Revised language in instruction #4.