



**Workers'
Compensation
Board**

BETTER FOR WORKERS

BETTER FOR BUSINESS

BETTER FOR HEALTH CARE PROVIDERS

WCB.NY.GOV

A woman in a white lab coat stands behind a man in a wheelchair in a physical therapy gym. The woman has her hand on the man's shoulder, and both are smiling. The background shows exercise equipment and large windows with blinds. A large teal circle on the right side of the image contains the text.

What authorized providers need to know

AGENDA

- Official New York Workers' Compensation Fee Schedules
- Telehealth regulations
- OnBoard
- The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)
- CMS-1500* form: reducing paperwork for providers
- Workers' compensation and COVID-19
- Resources
- Questions

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Official New York Workers' Compensation Fee Schedules



Coming soon: new Official New York Workers' Compensation Fee Schedules

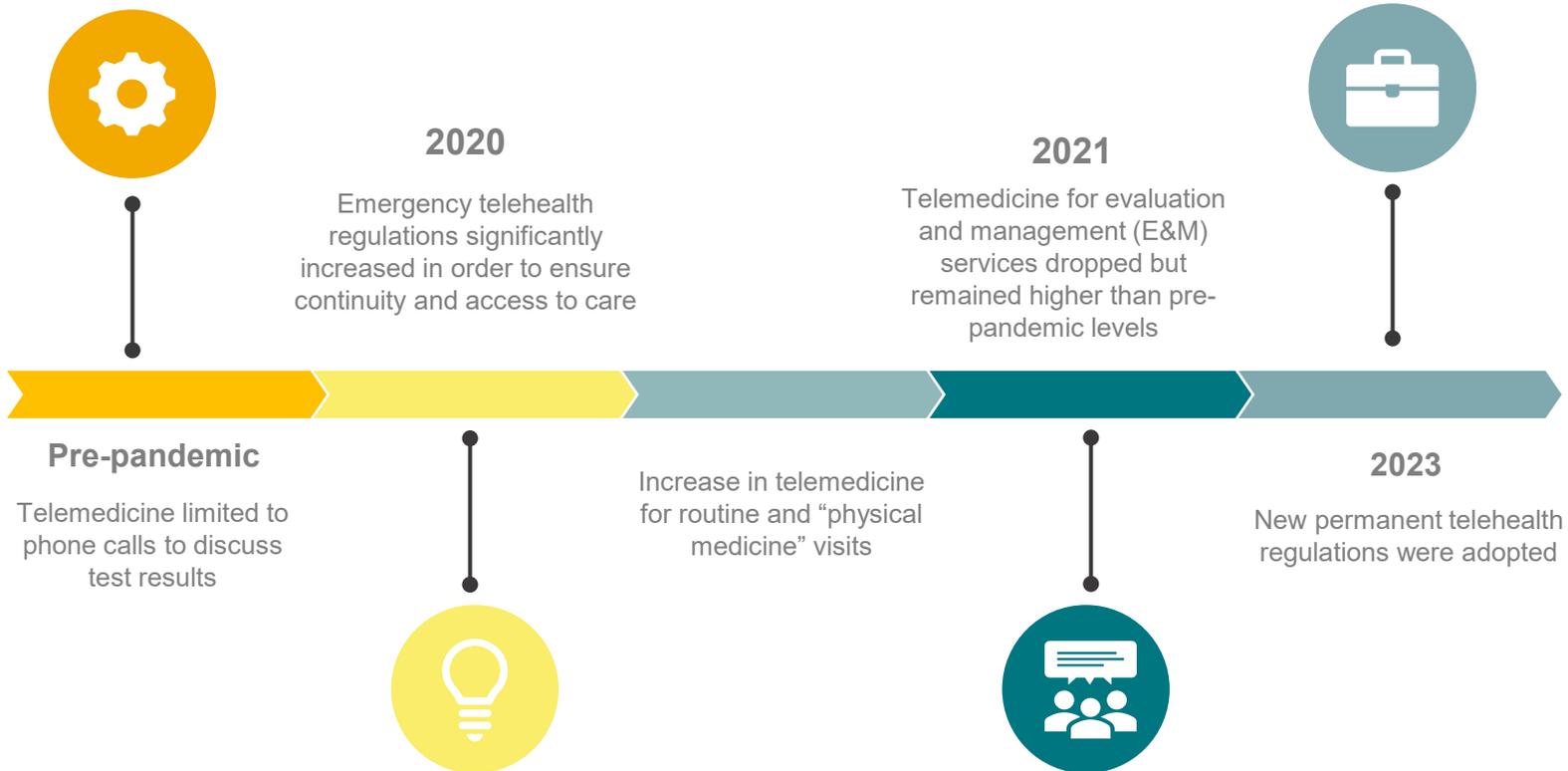
- Implemented to improve the workers' compensation system for providers.
- Higher reimbursement rates for all provider types.
- Increases for certain specialty groups.



A photograph of a male doctor in a white lab coat sitting at a desk, looking at a computer monitor. The image is overlaid with a teal circular graphic on the right side. The text 'Telehealth regulations' is written in white inside this circle.

Telehealth regulations

Telehealth in workers' compensation



Telehealth: overview of the new NYS regulation

Telehealth:

- Physicians, podiatrists, psychologists, nurse practitioners, physician assistants, licensed clinical social workers.
- Audio/visual or audio-only communication.
- In-person within a reasonable travel time, if necessary.

In-person requirements for MD, DO, DPM, NP, PA:

- Initial visit.
- Every third visit (acute / subacute).
- Every three months (if chronic, but not at MMI).
- Annually (if chronic and at MMI).

Telehealth: overview of new NYS regulation

Telehealth in-person requirements (cont'd):

- **Psychologists and licensed clinical social workers (LCSWs):**
 - Telehealth should be permitted for first and subsequent visits.
- Remote behavioral health visits should be limited to situations when there is no additional benefit compared to in-person services, or where in-person visit poses undue risk or hardship.
- In-person within a reasonable travel time, if necessary.
- Reason for visit should be documented with each use of a telehealth visit.
- Treatment may not be rendered via telehealth for chiropractors, acupuncturists, physical therapists, or occupational therapists.
- Telehealth appointments scheduled prior to July 11, 2023 need not be changed to in-person visits.
- Any appointments scheduled after July 11, 2023 must conform with the new regulation.

Telehealth: in-person considerations

- Factors indicating in-person exam **may not be necessary**:
 - Routine follow-up after comprehensive initial in-person exam.
 - Discuss test results / counsel on clinical options.
- Factors indicating in-person exam **is necessary**:
 - Procedures, emergencies, eye conditions, nuanced or complex issues.
 - Affects assessment, treatment, or recommendations.
- Factors **requiring** in-person visit:
 - Urine drug testing, permanency, disability, initiation of chronic medication.
 - Patient lacks technology, capacity, or desire for telehealth.
- Independent Medical Exams:
 - Permissible if parties agree, and not for permanency.

A person is working at a laptop in an office setting. The laptop screen displays a dashboard with a table of data. A hand is holding a document in the foreground. A large teal circle is overlaid on the right side of the image, containing the text 'OnBoard'.

OnBoard

OnBoard updates

- OnBoard: Limited Release (OBLR) was fully launched May 2, 2022.
- To date, nearly 52,000 providers have registered for OnBoard and more than 37,000 delegates have been added.
- **More than one million PARs have flowed through the system!**
- 100% of medication, behavioral health, and Durable Medical Equipment PARs are resolved within three days.
- Most other PARs are resolved within approximately 30 days.
- 95% of PARs were processed without escalation to Level 3 review.
- More than 45 enhancements were made in direct response to user feedback.

PAR type breakdown

Request Type	Request Count
Durable Medical Equipment	42,396
MTG Confirmation	377,399
MTG Special Services	51,473
MTG Variance	290,800
Medication	401,470
Non-MTG Over \$1000	1,927
Non-MTG Under or = \$1000	10,330
Grand Total	1,175,795

Benefits of OnBoard

- Increased accuracy, paperless transactions, and a user-friendly interface for interacting with insurers and the Board.
- Ability of health care providers to request Board action on unpaid medical bills through submission of *Request for Decision on Unpaid Medical Bills (Form HP-1.0)* to ensure accuracy and timely receipt.
- Electronic submission of PARs for treatment, medication, DME, and complicated and/or invasive medical procedures (Special Services).
- No confusion on which forms to use.
- Automatic routing with time/date stamp.

Assign delegates

Delegates can assist you by:

- Drafting PARs to be reviewed and submitted by the health care provider.
- Monitoring provider OBLR dashboards for insurer responses to PARs
- Drafting escalations to Level 2 Medication PARs to be reviewed and submitted by the health care provider.
- Drafting and submitting PAR escalations to Level 3 for Medical Director's Office review.
- Responding to insurer requests for information.
- Drafting **and submitting** *Form HP-1.0*.
- Visit wcb.ny.gov/onboard/#resources to view a registration guide.

Assigned delegates may not

- Accept the XML submission partner agreement.
- Register with the Medical Portal.
- Report on a provider's authorization status / renewal.



PAR timeframes

MTG Confirmation	Eight business days
MTG Variance	15 calendar days (extends to 30 with IME request)
MTG Special Services	15 calendar days (extends to 30 with IME request)
Non-MTG Over \$1,000	30 calendar days
Non-MTG Under or = to \$1,000	Eight business days
Medication	Four calendar days
Durable Medical Equipment	Four calendar days

Tips to expedite the PAR process

- Submit the correct PAR type.
- Submit supporting documentation.
- Use the MTG Look-Up Tool in the Medical Portal, or search / cut / paste your MTG reference in the published MTGs.
- Check - or have your delegate check - the OBLR dashboard regularly for insurer responses, and request Level 2 and Level 3 reviews in a timely manner.
- Include a clear clinical rationale for the request in the medical narrative section.
- When escalating a PAR to Level 3 MDO review, include a rebuttal that addresses the insurer's Level 2 denial rationale in the "Escalation Reason" field.
- Use appropriate MTG reference codes.
- Include frequency and duration (if applicable).

Keep your information up to date

If any information changes during an authorization period, please inform the Board:

- Log into the Medical Portal.
- Visit the “Medical Providers” section.
- Select one of the following:
 - New Provider Authorization Request,
 - Authorization Renewal, or
 - Update Authorization Information.



**The Worker's
Compensation Board's
New York Medical
Treatment Guidelines
(MTGs)**

The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)

- In December 2010, the Board implemented legislatively mandated Medical Treatment Guidelines (MTGs) that fundamentally changed the delivery of health care to injured workers.



The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)

- CME credits are available again.
- Updated training modules and completion certificates.

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.

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.](#)

The Workers' Compensation Board's 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*

The Workers' Compensation Board's New York Medical Treatment Guidelines (MTGs)

- For full details, visit 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 >

MEDICAL FEE SCHEDULE >

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 WCBMedicalDirectorsOffice@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.



The image shows a stack of papers, likely medical forms, with a teal overlay on the right side. The text is white and bold, set against the teal background. The background image is a close-up of a stack of papers, with some papers slightly offset to show depth. The teal overlay is a semi-circle on the right side of the image.

***CMS-1500* form**
Reducing paperwork
for providers

CMS-1500 form

- Since July 1, 2022, the Board has received more than six million *CMS-1500* forms!
- 1.4 million electronic submissions.
- More than 10,000 providers have submitted *CMS-1500* forms electronically through an XML submission partner.

CMS-1500 form

- Consolidate / eliminate certain medical forms in exchange for *CMS-1500* form.
- Electronic submission through an XML submission partner is **strongly** encouraged.
- 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.

Register: Medical Portal / electronic submission

- Take advantage of online services through the Medical Portal.
- Contact an approved XML submission partner to discuss details.
- Register for electronic billing through an approved XML submission partner:
 - Log in to Medical Portal,
 - Select “Agreement for XML submission of CMS-1500,”
 - Accept agreement.



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

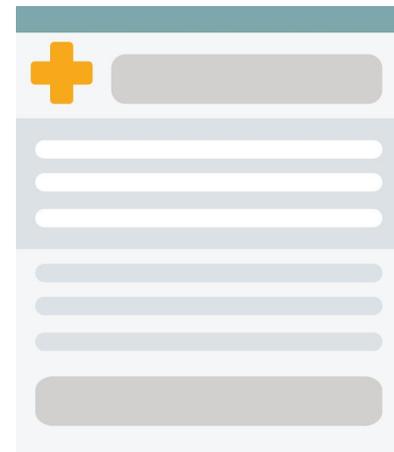
CMS-1500 electronic submission benefits

- Providers typically get paid quicker.
- When providers submit *CMS-1500* forms electronically, the XML submission partner will submit to the insurer and the Board.
- Providers will have confirmation within seven days that their bill was accepted or rejected by the insurer.
- With acknowledgement of receipt from the insurer, the provider is aware that they do not need to resubmit the bill.
- Technical errors are identified quickly so they may be corrected and resubmitted, instead of waiting for the insurer to deny the bill.
- Makes billing process easier!

CMS-1500 medical narrative report template and requirements

Providers must attach a narrative report with clinic visit history and examination findings, including:

- History of the injury/illness,
- Any objective findings based on the clinical evaluation,
- Diagnosis(es)/assessment of the patient,
- Plan of care.



CMS-1500 medical narrative report template and requirements

It is imperative (for providers who are expected to do so) to include these three elements with the narrative:

- Patient's work status,
- Causal relationship of the injury or illness to the patient's work activities, and
- Temporary impairment percentage.

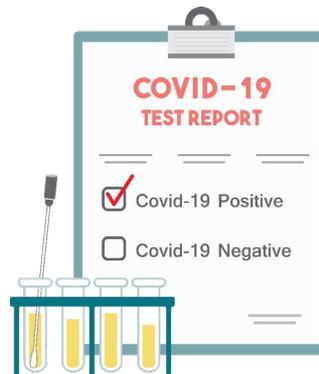
Report template and attachments can be found in the 'Requirements' section of wcb.ny.gov/CMS-1500.

A person wearing a white lab coat is shown in profile, holding a smartphone. The phone screen displays a video call with a male doctor wearing glasses and a white lab coat. The background is a blurred hospital or clinic setting. A large teal circle is overlaid on the right side of the image, containing the text.

Workers' compensation and COVID-19

Workers' compensation and COVID-19

- Filing a claim for COVID-19 is strongly encouraged.
- Insurance carrier must notify the Board of incident.
- Workers have two years from the onset of illness to file a claim.
- A positive PCR test is needed for a worker to file a claim.
- Board holding informational webinars on workers compensation and COVID-19: wcb.ny.gov/webinars.





Resources

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.



OnBoard resources

WEBSITE: wcb.ny.gov/onboard

- Walkthrough of registration process
- Video tutorials
- Recorded presentations

CMS-1500 resources

WEBSITE: wcb.ny.gov/CMS-1500

EMAIL: CMS1500@wcb.ny.gov

More information

Contact the Medical Director's Office

HELPLINE: (800) 781-2362

EMAIL: MDO@wcb.ny.gov

WEBSITE: wcb.ny.gov

(see 'Provider Updates' quick link on Providers section)

Follow the Board



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wcb.ny.gov (“Get WCB Notifications”)



**Workers'
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Thank you

Questions?