OnBoard: Limited Release Phase Three Training for Health Care Providers
Agenda

1. Timeline
2. Phase Three Overview
3. OnBoard Administration
4. Accessing OnBoard: Limited Release (OBLR)
5. Drafting/Submitting Treatment/Testing Prior Authorization Requests (PARs)
6. Insurer Response
7. Converting a Confirmation PAR to Variance PAR
8. Independent Medical Exam Request Notifications
9. New York Medical Treatment Guidelines (MTGs)
10. Resources
## Timeline

<table>
<thead>
<tr>
<th>Phase One</th>
<th>Medication PARs &amp; Form HP-1.0 Submissions</th>
<th>March 7, 2022 (complete)</th>
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</thead>
<tbody>
<tr>
<td>Phase Two</td>
<td>Durable Medical Equipment (DME) PARs</td>
<td>April 4, 2022 (complete)</td>
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<tr>
<td>Phase Three</td>
<td>Treatment/Testing PARs</td>
<td>May 2, 2022</td>
</tr>
</tbody>
</table>
Phase Three – Treatment/Testing PARs

1. MTG Confirmation
   - Attending Doctor’s Request for Optional Prior Approval and Carrier’s/Employer’s Response (Form MG-1)

2. MTG Variance
   - Attending Doctor’s Request for Approval of Variance and Carrier’s Response (Form MG-2)

3. MTG Special Services
   - Includes 13 procedures and second or subsequent procedures related to the MTGs on the Attending Doctor’s
     Request for Authorization and Carrier’s Response (Form C-4 AUTH)

4. Non-MTG Over $1,000
   - Includes any treatments/tests for a body part not covered by applicable MTGs costing more than $1,000

5. Non-MTG Under or Equal to $1,000
OnBoard Administration

- Health care providers can register delegates to:
  - Draft PARs, which must be reviewed and submitted by the health care provider.
  - Draft escalations to Level 2 Medication PARs, which must be reviewed and submitted by the health care provider.
  - Draft PAR escalations to Level 3 for Medical Director's Office review.
  - Respond to insurer requests for information (must be designated by the health care provider from within OnBoard).
  - Draft and submit Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0).

- View administration instructions on the Medical Portal webpage to assign delegates.
Accessing OnBoard: Limited Release
How to Access OBLR

Locate Online Services drop-down list on Board website

Select Medical Portal
How to Access OBLR

Enter NY.GOV ID
Username and Password

Health Care Providers will select Prior Authorization Request (PAR) or Request for Decision on Unpaid Medical Bill (Form HP-1.0)
Drafting/Submitting a Treatment/Testing PAR
Submit a Request
Claim Search

If the workers' compensation insurance carrier hasn't paid your bill within 45 days of submission and there are no outstanding legal issues regarding your bill's compensability, the Board may be able to assist you. Use the wizard below to request help.

Claim Search

1. Enter either WCB Case # or Claim Administrator Claim #. The search uses exact values to locate a claim.

WCB Case #

Claim Admin Claim #

Must be 8 characters in length. The first character may be any number or letter EXCEPT (B,C,E,I,O); the second character may be any number or letter EXCEPT (0, O) and the remaining 6 must be numbers

2. Enter only two of the below fields to search for this claim.

Date of Injury

Last Four of SSN

Date of Birth

Patient Last Name

(MM/DD/YYYY) If exact date of injury/illness is not known, use other search criteria.

Search for Claim

Clear Search
Unmatched Claim

No case matching the search criteria entered can be located in WCB records. Please review the criteria and search again or proceed without a matching case.
Matched Claim

Search Results
Matching Claim found. Please review the information populated here before proceeding with the Request.

<table>
<thead>
<tr>
<th>Patient</th>
<th></th>
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<tbody>
<tr>
<td>Patient Name</td>
<td>Patient DOB</td>
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<table>
<thead>
<tr>
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<td>Claim Admin Claim #</td>
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<table>
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<tr>
<td>Employer Name</td>
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<table>
<thead>
<tr>
<th>Insurer</th>
<th>Claim Administrator</th>
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<tbody>
<tr>
<td>Insurer Name</td>
<td>Insurer ID</td>
<td>Claim Admin Name</td>
</tr>
</tbody>
</table>
Request Items

Provide the information below to add one or more items that you will be requesting prior authorization for on this claim.

Request #1
Select category of PAR for this item*

- Treatment/Testing
- Medication
- Durable Medical Equipment
- Non-Medical
CPT Code

Request #1
Select category of PAR for this item*

- Treatment/Testing
- Medication
- Durable Medical Equipment
- Non-Medical

Enter the CPT code/description.*

- Begin Typing-
  20612: Aspiration and/or injection of ganglion cyst(s) any location
  20615: Aspiration and injection for treatment of bone cyst
  20650: Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)

More Details

Enter the CPT code/description.*
20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial)

Select MTG Site associated with this PAR.*
Knee

Enter the Medical Treatment Guide Reference (e.g. "B.3.a.ii"). If the requested treatment/testing is not addressed by an MTG, enter "NONE".*
D.3.e: Therapeutic Injection - Intra-Capsular Acid Salts/Viscosupplementation

Select body part associated with this PAR.*
Knee Patella

Side of Body*
Left

Is requested treatment/testing addressed by and consistent with the MTGs?*
Treatment/Testing Addressed by MTGs and Consistent with MTG's

Save

← Claim Search  Complete Request(s) →

Exit
Confirmation Added

Request(s) Added (1)

Request #1
PAR Type: MTG Confirmation
Body Part: Left Knee Patella
CPT/HPCPS: 20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
MTG: Knee - D.3.e: Therapeutic Injection - Intra-Capsular Acid Salts/Viscosupplementation

Add Another Item

Based on items entered, the following PAR type(s) will be submitted.
- MTG Confirmation

Notice: Once you move on to the next screen, you won’t be able to make changes to the request details.
Request Item #2

Request(s) Added (1)

Request #1
PAR Type: MTG Confirmation
Body Part: Left Knee Patella
CPT/HCPCS: 20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
MTG: Knee - D.3.e: Therapeutic Injection - Intra-Capsular Acid Salts/Viscosupplementation

Request #2
Select category of PAR for this item:

- Treatment/Testing
- Medication
- Durable Medical Equipment
- Non-Medical
Complete Request

Enter the CPT code/description.*
97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength

Select MTG Site associated with this PAR.*
Mid and Low Back

Enter the Medical Treatment Guide Reference (e.g. "B.3.a.8"). If the requested treatment/testing is not addressed by an MTG, enter “NONE”.*
D.8.b: Therapy/Active - Therapeutic Exercise

Select body part associated with this PAR.*
Lower Back Area (Lumbar Area and Lumbosacral

Side of Body*
Bilateral

Is requested treatment/testing addressed by and consistent with the MTGs?*
Treatment/Testing Addressed by MTGs but not Consistent with M...
Complete Request

Request(s) Added (2)

Request #1
- PAR Type: MTG Confirmation
- Body Part: Left Knee Patella
- CPT/HCPCS: 20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g. shoulder, hip, knee, subacromial bursa); without ultrasound guidance
- MTG: Knee - D.3.e: Therapeutic Injection - Intra-Capsular Acid Salts/Viscosupplementation

Request #2
- PAR Type: MTG Variance
- Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord
- CPT/HCPCS: 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- MTG: Mid and Low Back - D.8.b: Therapy/Active - Therapeutic Exercise

Based on items entered, the following PAR type(s) will be submitted:
- MTG Confirmation
- MTG Variance
Add Details

**PAR Questionnaire**
- Requester Information
- Claim Search
- Request Items

**Request #3**
Select category of PAR for this item:
- Treatment/Testing
- Medication
- Durable Medical Equipment
- Non-Medical

Enter the CPT code/description.*
22633: Arthrodesis, combined posterior or posterolateral technique with posterior interbody procedure including laminctomy

Select MTG Site associated with this PAR.*
Mid and Low Back

Enter the Medical Treatment Guide Reference (e.g. "B.3.a.i"). If the requested treatment/testing is not addressed by an MTG, enter "NONE".*
E.4: Surgical/Operative - Spinal Fusion

Select body part associated with this PAR.*
Lower Back Area (Lumbar Area and Lumbar Sacral) Lower

Side of Body*
Bilateral

Save  Cancel
Save Details

**Request #2**

**PAR Type:** MTG Variance

**Body Part:** Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebral, disc, spinal cord

**CPT/HCPCS:** 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

**MTG:** Md and Low Back - D.B.b: Therapy/Active - Therapeutic Exercise

**Request #3**

**PAR Type:** MTG Special Services

**Body Part:** Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebral, disc, spinal cord

**CPT/HCPCS:** 22632: Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar

**MTG:** Md and Low Back - E.4: Surgical/Operative - Spiral Fusion

---

Based on items entered, the following PAR type(s) will be submitted:

- MTG Confirmation
- MTG Variance
- MTG Special Services

**Notice:** Once you move on to the next screen, you won’t be able to make changes to the request details.
Statement of Medical Necessity

Provide / attach all relevant clinical information to support this prior authorization request. Include narrative, progress notes and other supporting documentation (e.g. symptoms, justification for initial or ongoing treatment, diagnostic testing, equipment, etc.), any contraindications or adverse effects experienced, and if applicable, evaluation of efficacy of previous treatment or medication.

Statement of Medical Necessity:

AND / OR

Supporting Medical Documentation

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

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Statement of Medical Necessity / Supporting Medical Documentation</td>
<td>Statement of Medical Necessity / Supporting Medical Documentation</td>
<td>Upload Relevant Clinical Information</td>
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</tr>
</tbody>
</table>
Statement of Medical Necessity
Statement of Medical Necessity

Supporting Medical 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.

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<tr>
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<th>Type</th>
<th>Description</th>
<th>Actions</th>
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<tbody>
<tr>
<td>New Medical Documentation.pdf</td>
<td>Statement of Medical Necessity / Supporting Medical Documentation</td>
<td>Statement of Medical Necessity / Supporting Medical Documentation</td>
<td>Update Description</td>
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</table>

Upload Additional Documents

Your document has been uploaded successfully.

Request Details  Review and Submit

Exit
Review and Submit
Health Care Provider

Attestation and Submission

By submission of this request for prior authorization I certify that: (1) my statements are true and correct, (2) I do not have a substantially similar request pending, (3) the patient understands and agrees to undergo/use the proposed treatment/test/medication/DME, and (4) I accept that the use of my password to submit a Prior Authorization Request to the Workers’ Compensation Board is equivalent to placing my signature on the request, affirming the information contained herein.

Submit  Cancel
Delegated User

Confirmation

PAR: MTG Confirmation was successfully saved as Ready to Submit.

This PAR has been added to the Draft tab of the My Dashboard, as well as for the responsible provider.
Processing Multiple PAR Types

Confirmation

PAR: MTG Confirmation was successfully saved as Ready to Submit.

This PAR has been added to the Draft tab of the My Dashboard, as well as for the responsible provider.

PAR: MTG Special Services

Statement of Medical Necessity

Provide/attach all relevant clinical information to support this prior authorization request. Include narrative, progress notes, and other supporting documentation (e.g., symptoms, justification for initial or ongoing treatment, diagnostic testing, equipment, etc.), any contraindications or adverse effects experienced, and if applicable, evaluation of efficacy of previous treatment or medication.

Statement of Medical Necessity

MTG Special Services medical necessity entered here.

AND / OR

Supporting Medical Documentation

Recommended document format is PDF. Other acceptable formats are text (.txt), doc, docx, rtf, txt, spreadsheet (.xls, .xlsx, .ods), and image (.gif, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined size for all uploaded documents is 20 MB.

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<td></td>
<td>Statement of Medical Necessity</td>
<td>[Upload Relevant Clinical Information]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statement of Medical Necessity</td>
<td>[Upload Additional Documents]</td>
</tr>
</tbody>
</table>

Review and Submit →

[Exit]
Processing Multiple PAR Types
Processing Multiple PAR Types

Confirmation

PAR QUESTIONNAIRE
COMPLETE REQUEST(S)
PAR: MTG CONFIRMATION
PAR: MTG SPECIAL SERVICES
PAR: MTG VARIANCE

Confirmation

PAR: MTG Variance was successfully saved as Ready to Submit.

This PAR has been added to the Draft tab of the My Dashboard, as well as for the responsible provider...
## Draft eForms

### My Dashboard

- **Prior Auth**
- **Draft eForms**
- **Submitted eForms**

If you want to resume an existing draft of an eForm, do so from the link in the ‘Draft eForm Name’ column.

<table>
<thead>
<tr>
<th>Draft eForm Name</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>WCB Case #</th>
<th>eForm Details</th>
<th>For</th>
<th>Status</th>
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<tbody>
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<td>PAR: MTG Variance Level 1 Request</td>
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</table>
# Prior Auth Active Tab

## My Dashboard

<table>
<thead>
<tr>
<th>Prior Auth</th>
<th>Draft eForms</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Resolved</td>
<td></td>
</tr>
</tbody>
</table>

### PAR ID: PA-00-0049-455

- **Type**: MTG Variance
- **Due Date**: 01/20/2022
- **Patient**: [Redacted]
- **DOB**: [Redacted]
- **Current Activity**: Insurer Level 1 Review
- **Injury Date**: [Redacted]
- **WCB Case #**: [Redacted]
- **Assigned To**: [Redacted]

---

New York State Workers’ Compensation Board
Submitted eForms Tab

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<th>Patient Name</th>
<th>Patient DOB</th>
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<tbody>
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Submitted eForms Tab

My Dashboard

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### MTG Variance Request

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<tr>
<th>Related Entities</th>
<th>Request Details</th>
<th>Medical Necessity</th>
<th>Documents</th>
<th>Related PARs</th>
<th>Correspondence History</th>
<th>Related Activity</th>
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<tbody>
<tr>
<td>Overall L2 Insurer Response</td>
<td>L2 Reviewer Name - Title</td>
<td>L2 Response Date &amp; Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Request Items

| Request #1 | | | |
|------------|----------------|-----------------|-------------|-------------|----------------------|------------------|
| **Body Part** | **CPT Code & Description** | **MTG Reference** | | | | |
| Bilateral Lower Back Area | 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | Mid and Low Back - D.B.b: Therapy/Active - Therapeutic Exercise |

| Request #2 | | | |
|------------|----------------|-----------------|-------------|-------------|----------------------|------------------|
| **Body Part** | **CPT Code & Description** | **MTG Reference** | | | | |
| Bilateral Lower Back Area | 97010: Application of a modality to 1 or more areas; hot or cold packs | Mid and Low Back - D.I.0.f: Therapy/Passive - Superficial Heat and Cold |
Submitted eForms Tab

My Dashboard

<table>
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<tr>
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Filter

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<th>PAR Status</th>
<th>PAR Status Date</th>
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<tbody>
<tr>
<td>PA-00-0003-498</td>
<td>MTG Variance</td>
<td></td>
<td></td>
<td>L3 Granted - Final</td>
<td>12/17/2021 12:08:56</td>
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</table>
Insurer Response & Escalating to Level 3 Review
## Prior Auth Active Tab

### My Dashboard

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<th>Due Date</th>
<th>Patient</th>
<th>DOB</th>
<th>Current Activity</th>
<th>Injury Date</th>
<th>WCB Case #</th>
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<tbody>
<tr>
<td>PA-00-0049-455</td>
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<td>Insurer Level 1 Review</td>
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**Page 2 of 2** | Showing 11-11 of 11 | Items per page
Prior Auth Active Tab

### MTG Special Services Request

<table>
<thead>
<tr>
<th>Related Entities</th>
<th>Request Details</th>
<th>Medical Necessity</th>
<th>Documents</th>
<th>Related PARs</th>
<th>Correspondence History</th>
<th>Related Activity</th>
</tr>
</thead>
</table>

### Request Details

#### Overall Responses

- **Overall L1 Insurer Response**
  Deny

- **Overall L2 Insurer Response**
  Grant

#### Request Items

<table>
<thead>
<tr>
<th>Request #1</th>
<th>Body Part</th>
<th>CPT Code &amp; Description</th>
<th>MTG Reference</th>
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<tbody>
<tr>
<td></td>
<td>Bilateral Lower Back Area</td>
<td>22638: Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar</td>
<td>Mid and Low Back - E.4.a. Surgical/Operative - Spinal Fusion with Third Discectomy</td>
</tr>
</tbody>
</table>

**Subsequent Surgical Procedure?**

- Yes

- **Level 1 Insurer Response Details**

- **Level 2 Insurer Response Details**
### My Dashboard

#### Active

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<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>Patient</th>
<th>DOB</th>
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<td>MTG Confirmation</td>
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<td>Insurer Level 2 Review</td>
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PARs Escalated to Level 2
Escalating to Level 3 Review

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<th>Due Date</th>
<th>Patient</th>
<th>DOB</th>
<th>Current Activity</th>
<th>Injury Date</th>
<th>WCB Ca</th>
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<tbody>
<tr>
<td>PA-00-0003-498</td>
<td>MTG Special Services</td>
<td>12/27/2021</td>
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<td></td>
<td>Review Insurer Level 2 Denial</td>
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<tr>
<td>PA-00-0003-494</td>
<td>MTG Special Services</td>
<td>12/27/2021</td>
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<td></td>
<td>Review Insurer Level 2 Grant in Part</td>
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Escalating to Level 3 Review

**MTG Special Services Request**

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<th>Patient Name:</th>
<th>WCB Case #:</th>
<th>Status:</th>
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<tbody>
<tr>
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<td>L2 Denied</td>
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<th>Patient DOB:</th>
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<tbody>
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### Actions

- Request L3 Review

### Related Entities

### Request Details

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<tr>
<th>Patient Name</th>
<th>Last four of Patient SSN</th>
<th>Patient DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Necessity

### Documents

### Related PARs

### Correspondence History

### Related Activity

### Claim Details

<table>
<thead>
<tr>
<th>WCB Case #:</th>
<th>Date of Injury:</th>
<th>Claim Admin Claim #:</th>
<th>Case Controverted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
Escalating to Level 3 Review

Request for MDO Prior Auth Review: SS-L3

Please select which item(s) you would like to escalate.

- **Body Part**: Disc
- **MTG Reference Code**: E-4.a
- **MTG Reference Description**: Surgical/Operative - Spinal Fusion with Third Discectomy
- **Insurer Response**: Deny
- **Denial Reason**: Conservative Therapy - not attempted
- **L2 Rationale**: Rationale for denial entered here.

**Level 3 Escalation Reason**

Level 3 escalation reason entered here.

Submit  Cancel
Escalating to Level 3 Review

PAR: MTG Special Services Level 3 Request - SS-L3 Successfully Submitted

Your submission has been added to your Submitted eForms.
Your Request for Review has been Submitted.
It is the responsibility of the requesting provider to share this information with the patient.

eForm Confirmation #
348993

Submitted On
12/17/2021 10:20 AM

PAR Details
PA-00-0003-498

Associated Document(s)

Print Completed eForm
Download Completed eForm
View Completed eForm
# Escalating to Level 3 Review

## My Dashboard

<table>
<thead>
<tr>
<th>eForm Document</th>
<th>eForm Name</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>WCB Case #</th>
<th>eForm Details</th>
<th>For</th>
</tr>
</thead>
<tbody>
<tr>
<td>348993</td>
<td>PAR: MTG Special Services Level 3 Request</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0003-498</td>
<td></td>
</tr>
</tbody>
</table>
## Level 3 Response

### My Dashboard

**Prior Auth**
- Draft eForms
- Submitted eForms

**Active**
- Resolved

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Patient</th>
<th>DOB</th>
<th>PAR Status</th>
<th>PAR Status Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-498</td>
<td>MTG Special Services</td>
<td></td>
<td></td>
<td>L3 Granted - Final</td>
<td>12/17/2021 12:08:56</td>
</tr>
</tbody>
</table>
Document: DO-00-00005-739

NOTICE OF RESOLUTION REGARDING TREATMENT MTO Special Services Prior Authorization Request

This resolution is being issued in the above cited case in accordance with the Board’s medical treatment guidelines for work-related injuries of these.

The Workers’ Compensation Board Medical Directors Office (MDO) has reviewed the carriers’ or self-insured employer (claimant’s) treating provider and the clinical information submitted with the prior authorization request for the MTO Special Services by the MTO Special Services Level 3 Grant.

Based upon the review of the applicable medical treatment guidelines and the clinical information submitted to the above cited case, the Workers’ Compensation Board issues the following:

- **Body Part Def.**: MTO Reference Code 616.2a.1
- **MTO Decision**: Grant
- **MTO Decision Reason**: The burden of proof has been met for the request. Criteria was met to grant.

**Related Information**

- **Received Date**: 12/17/2021
- **Related Object Name**: MTO Special Services Request for "..."
Converting an MTG Confirmation to an MTG Variance
Confirmation Denial

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>Patient</th>
<th>DOB</th>
<th>Current Activity</th>
<th>Injury Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-194</td>
<td>Medication</td>
<td>03/28/2022</td>
<td></td>
<td></td>
<td>Review Insurer Level 1 Denial</td>
<td></td>
</tr>
<tr>
<td>PA-00-0003-637</td>
<td>Medication</td>
<td>04/01/2022</td>
<td></td>
<td></td>
<td>Review Insurer Level 2 Denial</td>
<td></td>
</tr>
<tr>
<td>PA-00-0003-638</td>
<td>MTG Confirmation</td>
<td>04/04/2022</td>
<td></td>
<td></td>
<td>Review Insurer Level 2 Denial</td>
<td></td>
</tr>
</tbody>
</table>
Request Variance
Select Request Items for Conversion

Select the relevant Request Items for conversion into the MTG Variance PAR. Note that only items that have been fully denied by an insurer can be converted.

IMPORTANT: Once you select ‘Convert to Variance’, you can no longer escalate Request Items to MDO for review. Upon submission for conversion, you will be directed to a separate tab to complete standard MTG Variance PAR input process.

- MTG Reference Code: D.3 - Treatment - Bed Rest
- Denial Reason: MTGs - treatment not consistent with

Submit  Cancel
Supporting Documentation

For appropriate claims:

(a) a description of any signs or symptoms which have failed to improve with previous treatments provided in accordance with the Medical Treatment Guidelines; or

(b) if the variance involves frequency or duration of a particular treatment, a description of the functional outcomes that, as of the date of the variance request, have continued to demonstrate objective improvement from that treatment and are reasonably expected to further improve with additional treatment.

Statement of Medical Necessity

AND / OR

Supporting Medical Documentation

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

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Medical Necessity / Supporting Medical Documentation</td>
<td></td>
<td>Statement of Medical Necessity / Supporting Medical Documentation</td>
<td>Click to upload relevant clinical information</td>
</tr>
</tbody>
</table>

Upload Additional Documents
Ready to Submit
Attest and Submit
Attestation and Submission

By submission of this request for prior authorization I certify that: (1) my statements are true and correct, (2) I do not have a substantially similar request pending, (3) the patient understands and agrees to undergo/use the proposed treatment/test/medication/DME, and (4) I accept that the use of my password to submit a Prior Authorization Request to the Workers’ Compensation Board is equivalent to placing my signature on the request, affirming the information contained herein.
Submission Confirmation

PAR: MTG Variance was successfully submitted. Allow 15 calendar days (final day will move to the next business day if it falls on a weekend/holiday) for the insurer to respond. It is the responsibility of the requesting provider to share this information with the patient.

Your submission has been added to your Submitted eForms. From My Dashboard you can check the status of your submission and view, print, or download the completed eForm.
Submitted eForms

<table>
<thead>
<tr>
<th>eForm Document</th>
<th>eForm Name</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>WCB Case #</th>
<th>eForm Details</th>
<th>For</th>
</tr>
</thead>
<tbody>
<tr>
<td>350297</td>
<td>PAR: MTG Variance Level 1 Request</td>
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<td></td>
<td>PA-00-0003-639</td>
<td></td>
<td></td>
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<tr>
<td>350294</td>
<td>PAR: MTG Confirmation Level 1 Request</td>
<td></td>
<td></td>
<td>PA-00-0003-638</td>
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<td></td>
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</table>
### My Dashboard

**Active**

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>Patient</th>
<th>DOB</th>
<th>Current Activity</th>
<th>Injury Date</th>
<th>WCB Case #</th>
<th>Assigned Org</th>
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</thead>
<tbody>
<tr>
<td>PA-00-0003-639</td>
<td>MTG Variance</td>
<td>04/11/2022</td>
<td></td>
<td></td>
<td>Insurer Level 1 Review</td>
<td>1/19/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Independent Medical Exam Request Notification
Original Due Date

11/10/2021
IME Request Notification Sent

My Dashboard

Prior Auth
- Draft eForms
- Submitted eForms

Active
- Resolved

PAR ID | Type | Due Date
---|---|---
PA-00-0002-885 | MTG Special Services | 11/25/2021
IME Requested

MTG Special Services Request

Patient Name: [Redacted]  WCB Case #: [Redacted]  Status: L1 - Requested  System ID: PA-00-0002-885

Patient DOB:  Date of Injury:  

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

Patient Details

Patient Name  Last four of Patient SSN  Patient DOB

Claim Details

WCB Case #  Date of Injury  Claim Admin Claim #  Case Controverted

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

Prior Authorization Request

Prior Authorization Request Type  Requested Date  IME Requested

MTG Special Services  10/26/2021  Yes

New York State Workers’ Compensation Board
IME Updated in Document
PAR Denial for IME Scheduling Related Issues
Denied – IME Related

My Dashboard

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Patient</th>
<th>DOB</th>
<th>PAR Status</th>
<th>PAR Status Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0002-899</td>
<td>MTG Variance</td>
<td>**********</td>
<td>**********</td>
<td>Denied - IME Related</td>
<td>11/17/2021 13:18:06</td>
</tr>
</tbody>
</table>
This PAR has been denied for administrative, jurisdiction, or IME-Related reasons, and it cannot be escalated for review.
### Request Items

<table>
<thead>
<tr>
<th>Request #1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Part</strong></td>
</tr>
<tr>
<td>Not Applicable Artificial Appliance</td>
</tr>
</tbody>
</table>

### Level 1 Insurer Response Details

<table>
<thead>
<tr>
<th>L1 Insurer Response</th>
<th>Denial Category</th>
<th>Denial Reason</th>
<th>Denial Rationale</th>
<th>IME Scheduling Reason</th>
<th>Notification Date</th>
<th>WCB Document ID #</th>
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<tbody>
<tr>
<td>Deny</td>
<td>IME Scheduling Related Reasons</td>
<td>Claimant Did Not Appear for IME</td>
<td>Claimant did not appear for IME</td>
<td>Claimant Did Not Appear for IME</td>
<td>11/1/2021</td>
<td>12345</td>
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</table>

### Documents

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Form ID</th>
<th>Form Name</th>
<th>Received Date</th>
<th>Submitting User</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO-00-0004327</td>
<td>SS-CP</td>
<td>PAR: MTG Special Services Insurer IME Scheduled</td>
<td>10/26/2021 8:43 AM</td>
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<tr>
<td>DO-00-0004326</td>
<td>SS-L1</td>
<td>PAR: MTG Special Services Level 1 Request</td>
<td>10/26/2021 8:25 AM</td>
<td></td>
</tr>
</tbody>
</table>
Medical Treatment Guidelines

1. 2022 Updates
2. Ankle and Foot Disorders
3. Complex Regional Pain Syndrome
4. Elbow Injuries
5. Eye Disorders
6. Hand, Wrist, and Forearm Injuries (including Carpal Tunnel Syndrome)
7. Hip and Groin Disorders
8. Knee Injury
9. Mid and Low Back Injury
10. Neck Injury
11. Non-Acute Pain
12. Occupational Interstitial Lung Disease
13. Occupational/Work-Related Asthma
14. Post-Traumatic Stress Disorder and Acute Stress Disorder
15. Shoulder Injury
16. Traumatic Brain Injury
17. Work-Related Depression and Depressive Disorders
New Training

1. **Medical Treatment Guidelines** courses (3 CME credits per course)
2. Accessed via CourseMill
3. Training access and full details available on the Medication Treatment Guidelines page on the Board’s website
OnBoard Training Resources
Health Care Providers

Physicians, PAs, NPs and other types of Board-authorized providers as well as dentists, audiologists and optometrists.

NEW!

- Medical Portal Access and Administration
- Accessing OnBoard
- Dashboard Overview
- Notifications for Updates to Dashboard
- Generated Documents
- Respond to Request for Further Information (RFI)
- Independent Medical Exam Request Notification
- Claim Search
- Request for Decision on Unpaid Bill(s) (Form HP-1.0)
- Medication PAR
- DME Submission
- Treatment/Testing PAR
- Change Confirmation PAR to Variance PAR
Treatment/Testing prior authorization requests (PARs) are replacing paper forms Attending Doctor’s Request for Optional Prior Approval and Carrier’s/Employer’s Response (Form MG-1), Attending Doctor’s Request for Approval of Variance and Carrier’s Response (Form MG-2) and Attending Doctor’s Request for Authorization and Carrier’s Response (Form C-4AUTH). These forms can no longer be used to request authorization for treatment or testing. Health care providers will not need to know what type of PAR to submit, instead they will answer questions based on the treatment/testing needed and the type of PAR will be determined based upon the information they provide. Treatment/Testing PARs submitted through OnBoard, will automatically route the request to the appropriate claim administrator for review.

Drafting/Submitting Treatment/Testing Prior Authorization Request (PAR)

Provider delegates can draft a PAR to be reviewed and submitted by the health care provider. To learn more about the role of the provider delegate, visit the Medical Portal Access and Administration, Health Care Providers page.

Health care providers are required to submit the PAR, whether drafted by themselves or drafted by their delegates. Any PAR drafted by a delegate will appear on the health care providers Draft eForms tab for final submission.

The following is an example of a delegated user creating PARs to be submitted by the health care provider. The process of creating PARs is the same for a health care provider, except for the actual submission step.

Creating a PAR
OnBoard will run on Windows, Mac and Linux operating systems via a supported web browser. Supported browsers include the latest versions of Google Chrome, Mozilla Firefox, Microsoft Edge (Chromium) or Safari. OnBoard: Limited Release is not supported on mobile devices at this time; however, OnBoard will include mobile device capability when the system is fully implemented.

- Internet Explorer 11 will not be supported for OnBoard use.
- wcb.ny.gov/onboard/
General Questions: OnBoard@wcb.ny.gov

Other Questions: (877) 632-4996

News and Updates: Subscribe to WCB Notifications

Instructions: wcb.ny.gov/onboard/