OnBoard: Limited Release Phase Three Training for Payers
Agenda

1. Overview/Timeline
2. Accessing OnBoard: Limited Release (OBLR)
3. Phase Three Prior Authorization Requests (PARs)
4. Responding to Treatment/Testing PARs in OnBoard
   1. Level 1 Response
   2. Level 2 Response
5. **New York Medical Treatment Guidelines (MTGs)**
6. Training 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>
</tr>
</thead>
<tbody>
<tr>
<td>Phase Two</td>
<td>Durable Medical Equipment (DME) PARs</td>
<td>April 4, 2022 (complete)</td>
</tr>
<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 Workers’ Compensation Board’s *New York Medical Treatment Guidelines (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
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

Select Prior Authorization Request PAR
Workload Administrators
Workload Admin Dashboard
Workload Admin Assignee
### Workload Admin Assigned User

**My Dashboard**

<table>
<thead>
<tr>
<th>Prior Auth</th>
<th>Draft eForms</th>
<th>Submitted eForms</th>
</tr>
</thead>
</table>

**My Organization's PARs**

<table>
<thead>
<tr>
<th>Select All</th>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
<th>Injury Date</th>
<th>Assigned Organization</th>
<th>Claim Admin</th>
<th>Insurer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>J. Admin: 12345</td>
<td>123</td>
<td>12/31/20XX</td>
<td>Assigned User: Jordan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Select All
- Filter
- Export

Page 1 of 1

Showing 1-1 of 1

Items per page 10
## Workload Admin Reassign

### My Dashboard

#### Prior Auth

- Draft eForms
- Submitted eForms

#### My Organization's PARs

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
<th>RFI</th>
<th>Patient</th>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
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</thead>
<tbody>
<tr>
<td>PA-00-0003-503</td>
<td>Medication</td>
<td>01/08/2022</td>
<td>L2 - Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 item(s) selected

- Select All
- Assign

---

**New York State Workers’ Compensation Board**

13

---

**Better for Workers**

**Better for Business**
Workload Admin Assignee

Assign

Assign work to Reviewer

Reviewer Type
Medication

Assignee*
- Select -

, Jordan
, Tod

Unassigned
### Workload Admin Assigned User

#### My Dashboard

<table>
<thead>
<tr>
<th>Prior Auth</th>
<th>Draft eForms</th>
<th>Submitted eForms</th>
</tr>
</thead>
</table>

#### My Organization's PARs

<table>
<thead>
<tr>
<th>Assign</th>
<th>Patient</th>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
<th>Injury Date</th>
<th>Assigned Organization</th>
<th>Assigned User</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tod</td>
</tr>
</tbody>
</table>

- **Patient**: [redacted]
- **Claim Admin Claim #**: [redacted]
- **WCB Case #**: [redacted]
- **Injury Date**: [redacted]
- **Assigned Organization**: Cycle 8 Insurance
- **Assigned User**: Tod
Workload Admin Unassigned
Responding to Treatment/Testing PARs
## Level 1 Review

### My Dashboard

#### Prior Auth
- Draft eForms
- Submitted eForms

#### My PARs
- Resolved

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
<th>RFI</th>
<th>Patient</th>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
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</thead>
<tbody>
<tr>
<td>PA-00-0002-900</td>
<td>MTG Special Services</td>
<td>12/17/2021</td>
<td>L1 - Requested</td>
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<td></td>
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<td></td>
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<tr>
<td>PA-00-0001-642</td>
<td>MTG Confirmation</td>
<td>07/14/2022</td>
<td>L1 - Requested</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PA-00-0001-642</td>
<td>Non-MTG Over $1000</td>
<td>07/14/2022</td>
<td>L1 - Requested</td>
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<td>Sent</td>
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<td></td>
</tr>
</tbody>
</table>
Request for Further Information
Request for Further Information
## Request for Further Information

<table>
<thead>
<tr>
<th>Accessing OnBoard</th>
<th>Claim Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dashboard Overview</td>
<td>Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)</td>
</tr>
<tr>
<td>Notifications for Updates to Dashboard</td>
<td>Medication PAR</td>
</tr>
<tr>
<td>Generated Documents</td>
<td>DME Submission</td>
</tr>
</tbody>
</table>

- **Respond to Request for Further Information (RFI)**
Level 1 Response
## Level 1 Insurer Response

### MTG Special Services Request

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>WCB Case #:</th>
<th>Status:</th>
<th>System ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>L1 - Requested</td>
<td>PA-00-0003-489</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Injury:</th>
<th>System ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PA-00-0003-489</td>
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</tbody>
</table>

### Actions
- Respond To Request
- Request for Further Information

### Patient Details

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

### Claim Details

<table>
<thead>
<tr>
<th>WCB Case #</th>
<th>Date of Injury</th>
<th>Claim Admin Claim #</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Controverted</th>
<th>Body Part(s)/Condition(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>to the left knee</td>
</tr>
</tbody>
</table>
Insurer Response

Grant

Prior Authorization request: PA-00-0003-489 / Step 1 of 4

PAR Summary and Insurer Response
Insurer Response to Prior Authorization: SS

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.

Please provide your response for each line item below.

Body Part:

CPT Code & Description:

MTG:

Insurer Response
- Select:
  - Grant
  - Grant In Part
  - Deny

Overall Response to PAR
Insurer Response
Grant without Prejudice
Insurer Response
Grant without Prejudice
Insurer Response
Grant in Part
**Insurer Response**

**Grant in Part without Prejudice**
Insurer Response
Grant in Part without Prejudice
Insurer Response
Grant in Part without Prejudice
Insurer Response
Deny
Insurer Response

Deny
## Insurer Response

### Deny – Administrative & Jurisdiction

#### Denial Category
- Administrative Reasons Related To Claim Status

#### Denial Reason
- Select:
  - Claim Cancelled
  - Claim or Body Part/Condition Disallowed
  - Claim Closed By Section 32 or Board Decision
  - Claim Withdrawn
  - Claim Currently Controverted
  - Treatment/Test/Medication/DME Already Provided
  - Claim Subject to Full Offset Pursuant to Approved Third Party Settlement

#### Denial Category
- Jurisdiction Related Reasons

#### Denial Reason
- No Jurisdiction

Complete the following fields regarding the WCB Determination or upload a copy in the Supporting Documents section of this eform:

- WCB Determination Date
- WCB Document ID Number
- Reasons for Denial
**Insurer Response**

**Deny**

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Bilateral Lower Back Aree</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code &amp; Description</td>
<td>22633: 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>
</tr>
<tr>
<td>MTG</td>
<td>Mid and Low Back - E.A.A: Surgical/Operative - Spinal Fusion with Third Discectomy</td>
</tr>
</tbody>
</table>

**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

Deny
Insurer Response
Deny - Other

- Other

Other Reason

Rationale for Denial

Overall Response to PAR
Denied

Insurer Response Details
Claim Apportionment

- Insurer Response to Prior Authorization: SS
- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

- Is this Claim apportioned?
  - Yes
  - No

- Request Items
  - Insurer Response: Deny
  - MTG Reference: Mid and Low Back - E.4.a
  - MTG Description: Surgical/Operative - Spinal Fusion with Third Discectomy
  - Show Descriptions

- PAR Summary and Insurer Response
- Supporting Documentation
- Exit
Claim Apportionment
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.
Supporting Documentation
Supporting Documentation

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.

File Name
Supporting Medical Documentation

Type

Description
Supporting medical documentation is attached.

Actions

Update Description
Remove

Review and Submit

Your document has been uploaded successfully.
FROI/SROI Documents
Granted or Granted in Part Without Prejudice
Review PAR Response

Please review the following information for accuracy prior to submission.

Insurer Responses

<table>
<thead>
<tr>
<th>Body Part:</th>
<th>Edit/View Lower Back Aorta</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code &amp; Description:</td>
<td>22833: Atherosclerosis, combined posterior or posterior lateral technique with posterior lateral technique including laminectomy or laminotomy and discectomy sufficient to prepare interspace (other than for decompression), single interspace and segmental, lumbar</td>
</tr>
<tr>
<td>MTG:</td>
<td>M1 and Low Back - E4.8 Surgical Operative - Spinal Fusion with Third Discordant</td>
</tr>
<tr>
<td>LT Insurer Response:</td>
<td>Deny</td>
</tr>
<tr>
<td>Denial Category:</td>
<td>Medical Reasons</td>
</tr>
<tr>
<td>Denial Reasons:</td>
<td>Treatment Goals - no documentation of it</td>
</tr>
<tr>
<td>Rationale for Denial:</td>
<td>Treatment gaps need to be shown for special services approval.</td>
</tr>
</tbody>
</table>

Overall Response to P&R

Denied

Insurer Response Details

Is this Claim appropriate? No

Title of the Reviewer: LT Reviewer

Supporting Documentation

Supporting Medical Documentation
Medical documentation attached: - Medication Documentation.pdf

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

PAR: MTG Special Services 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 #
348980

PAR Details
PA-00-0003-493

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

<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>PAR: MTG Special Services Insurer Grant</td>
<td>3490976</td>
<td></td>
<td></td>
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<td></td>
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<td>PAR: MTG Special Services Insurer Grant in Part</td>
<td>4400489</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>PAR: MTG Special Services Insurer Denial</td>
<td>990003493</td>
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</table>
**Resolved**

### My Dashboard

<table>
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<th>PAR ID</th>
<th>Type</th>
<th>Patient</th>
<th>DOB</th>
<th>PAR Status</th>
<th>PAR Status Date</th>
<th>Injury Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-489</td>
<td>MTG Special Services</td>
<td></td>
<td></td>
<td>L1 Granted - Final</td>
<td>12/16/2021 14:22:02</td>
<td></td>
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</tbody>
</table>
Level 2 Response
## Level 2 Insurer Response

### My Dashboard

<table>
<thead>
<tr>
<th>My PARs</th>
<th>Resolved</th>
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</table>

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
<th>RFI</th>
<th>Patient</th>
<th>Claim Admin</th>
<th>Claim #</th>
<th>WCB Case #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-493</td>
<td>MTG Special Services</td>
<td>12/31/2021</td>
<td>L2 - Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Level 2 Insurer Response

MTG Special Services Request

Patient Name: [redacted]  WCB Case #: [redacted]  Status: L2 - Requested
Patient DOB: [redacted]  Date of Injury: [redacted]  System ID: PA-00-0003-493

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

Actions

- Respond To Request
- Request for Further Information

PAR ID  Type

PA-00-0003-493  MTG Special Services
# Level 2 Insurer Response

![Image of Level 2 Insurer Response interface]

**Related PARs**

**Correspondence History**

**Related Activity**

Response Date & Time

---

**Actions**

- Respond To Request
- Request for Further Information
Level 2 Insurer Response
Level 2 Insurer Response
Grant without Prejudice

MTG:

L1 Insurer Response:

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 form.

FROI-Denial or SROI-Denial Date

WCB Document ID Number

Rationale for Granting without Prejudice

Overall Response to PAR
Grant □
Level 2 Claim Apportionment
Level 2 Claim Apportionment

- Insurer Response Details
  - Supporting Documentation
  - Review and Submit

- Insurer Response to Prior Authorization
  - P&I Summary and Insurer Response

- Request Items
  - Insurer Response:
    - Grant
  - MTG Reference:
    - Mid and Low Back - E-A-E
  - MTG Description:
    - Surgical/Operative - Spinal Fusion with Third Diskectomy
    + Show Descriptions

- Is this Claim apportioned?
  - Yes □ No □

- Amount or Percentage covered?
  - 0/10

- Additional apportionment information:
  - 0/200

- Is Diagnostic Testing Network applicable?
  - Yes □ No □

- Provide information about DTN
  - 0/200

- Is Preferred Provider Organization applicable?
  - Yes □ No □

- Provide information about PPO
  - 0/200

- Title of the Reviewer
  - Select:
Supporting Documentation

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
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 PAR Items in One Submission
DME PAR with Multiple Requests

<table>
<thead>
<tr>
<th>Request Items</th>
<th>Request #1</th>
<th>Request #2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Part</strong></td>
<td>Bilateral Larynx</td>
<td>Bilateral Larynx</td>
</tr>
<tr>
<td><strong>HCPSC Code &amp; Description</strong></td>
<td>L0112: Cranial cervical orthosis; congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated</td>
<td>A6513: Compression burn mask; face and/or neck, plastic or equal, custom fabricated</td>
</tr>
<tr>
<td><strong>MTG Reference</strong></td>
<td>Neck - NONE; Other - Not Addressed in MTG - Cervical Spine</td>
<td>Neck - NONE; Other - Not Addressed in MTG - Cervical Spine</td>
</tr>
</tbody>
</table>

**Additional Request Details**
DME PAR with Multiple Requests

- Respond To Request
- Request for Further Information
DME PAR with Multiple Requests
DME PAR with Multiple Requests

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
DME PAR with Multiple Requests
**Insurer Responses**

<table>
<thead>
<tr>
<th>Body Part</th>
<th></th>
<th>Medical Treatment Guideline:</th>
<th>Neck - NONE; Other - Not Addressed in MFG - Cervical Spine</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS Code &amp; Description:</td>
<td></td>
<td>D5272</td>
<td>Corded cervical orthosis, congruent to specific type, with or without soft interface material, adjustable range of motion joint custom fabricated</td>
</tr>
<tr>
<td>DME Duration:</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Estimated Purchase Price:</td>
<td></td>
<td>$1,265.35</td>
<td></td>
</tr>
<tr>
<td>Estimated Rental Price:</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>L1 Insurer Response:</td>
<td></td>
<td>Grant</td>
<td></td>
</tr>
<tr>
<td>Is this request granted without Prejudice?</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Granted For?</td>
<td></td>
<td>Purchase Price</td>
<td></td>
</tr>
</tbody>
</table>

---

**Overall Response to FMC**

Denied

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**Insurer Response Details**

- Is the Claim apportioned? No
- Title of the Reviewer L1 review

**Supporting Documentation**

- No Supporting Documentation attached

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Since the FMC has been denied for medical reasons there will be no document generated. The FMC will get auto-escalated to Level 2 Review.
DME PAR with Multiple Requests

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 #
349973

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.
### DME PAR with Multiple Requests

#### 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>
</tr>
</thead>
<tbody>
<tr>
<td>PAR: Durable Medical Equipment Insurer Denial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0003-492</td>
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Independent Medical Exam Request Notification
<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
<th>RFI</th>
<th>Patient</th>
<th>Claim Admin Claim #</th>
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<tbody>
<tr>
<td>PA-00-0002-885</td>
<td>MTG Special Services</td>
<td>11/10/2021</td>
<td>L1 - Requested</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# IME Requested Notification

## MTG Special Services Request

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>WCB Case #:</th>
<th>Status:</th>
<th>System ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>L1 - Requested</td>
<td>PA-00-0002-885</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Injury:</th>
<th>Patient DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Related Entities

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

### Patient Details

<table>
<thead>
<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>
Notification Popup

Notification that IME has been Requested

This PAR will be updated to reflect that an IME has been requested. The date to respond to this PAR will be changed to 11/25/2021. An IME-4 must be submitted within 30 days of the date of this Prior Authorization Request.

Reviewer Name

Submission Date

10/26/2021

Submit  Cancel
IME Request Notification
Submission Confirmation

✅ Response Submitted. The due date for Insurer response to this Prior Authorization request has been extended to 11/25/2021
Due Date Updated

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0002-885</td>
<td>MTG Special Services</td>
<td>11/25/2021</td>
<td>L1 - Requested</td>
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</tbody>
</table>
## MTG Special Services Request

### Related Entities

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Form ID</th>
<th>Form Name</th>
<th>Received Date</th>
<th>Submitting User</th>
<th>On Behalf Of</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO-00-0004-327</td>
<td>SS-CP</td>
<td>PAR: MTG Special Services InsurerIME Scheduled</td>
<td>10/26/2021 8:43 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DO-00-0004-326</td>
<td>SS-L1</td>
<td>PAR: MTG Special Services Level 1 Request</td>
<td>10/26/2021 8:25 AM</td>
<td></td>
<td></td>
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</tbody>
</table>
Generated Document
PAR Denial for IME Scheduling Related Issues
Changing a PAR Response
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>348965</td>
<td>PAR: Durable Medical Equipment Insurer Denial</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0003-487</td>
<td>Cycle 8 Insurance</td>
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</tbody>
</table>
## PAR Details

### Durable Medical Equipment Request

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Patient Name</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td>WCB Case #</td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td>Status</td>
<td>Denied - Final</td>
</tr>
<tr>
<td>System ID</td>
<td>PA-00-0003-487</td>
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</table>

### Related Entities

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</table>

### Request Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
</table>

### Medical Necessity

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</table>

### Documents

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
</table>

### Related PARs

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
</table>

### Correspondence History

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
</table>

### Related Activity

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
</table>

---

**Note:** This PAR has been denied for administrative, jurisdiction, or EER-Related reasons, and it cannot be escalated for review.

**Possible Actions:**
- **Change Response**
Change Insurer Response

Body Part: Not Applicable Artificial Appliance
Medical Treatment Guideline: Knee - B.4.a: Imaging Studies - Radionuclide Scanning (Other) - Knee Injury
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

L1 Insurer Response:
- Grant
- Deny

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

New York State Workers’ Compensation Board
## Claim Apportionment Details

<table>
<thead>
<tr>
<th>INSURER RESPONSE TO PRIOR AUTHORIZATION: DME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAR Summary and Insurer Response</td>
</tr>
<tr>
<td>Insurer Response Details</td>
</tr>
<tr>
<td>Supporting Documentation</td>
</tr>
<tr>
<td>Review and Submit</td>
</tr>
</tbody>
</table>

### Is this Claim apportioned?*

- Yes
- No

### Request Items

- **Insurer Response:**
  - Grant

- **MTG Reference:**
  - Knee - B.4.a.v

- **MTG Description:**
  - Imaging Studies - Radionuclide Scanning (Other) - Knee Injury

[Show Descriptions]
Upload Supporting Attachments

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.
## Confirm Details

Please review the following information for accuracy prior to submission.

### Insurer Responses

**Body Part:**
- Not Applicable - Artificial Appliance

**Medical Treatment Guideline:**
- Knee - B 4.x.x: Imaging Studies - Reproducible Scanning Others - Knee Injury

**HCPCS Code & Description:**
- L5842: Cerebral spinal fusion, congenital torticollis type, with or without soft tissue material, adjustable range of motion joint, custom fabricated

**DME Duration:** 90

**Estimated Purchase Price:** $1,265.33

**Estimated Rental Price:** $0.00

**L1 Insurer Response:**
- Deny

**L1 Insurer Response:**
- Grant

**Is this request granted without Prejudice?**
- No

**Granted for?**
- Purchase Price

**Is model or version on WCB Price List?**
- Yes

### Overall Response to PAR

**Granted**

### Insurer Response Details

**Is this Claim apportioned?**
- No

**Title of the Reviewer**
- L1 Reviewer

### Supporting Documentation

**No Supporting Documentation attached.**
Submission Confirmation

PAR: Durable Medical Equipment Insurer Grant After Denial - DME-GAD 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 #
348966

PAR Details
PA-00-0003-487
Submitted eForms

## 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>
</tr>
</thead>
<tbody>
<tr>
<td>348966</td>
<td>PAR: Durable Medical Equipment Insurer Grant After Denial</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0000-487</td>
</tr>
</tbody>
</table>
Medical Treatment Guidelines
New Training
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

- Trainings are available to non-medical professionals.
- Designed for claims adjusters, billing specialists, and other administrative staff who regularly deal with the *New York Medical Treatment Guidelines (MTGs).*
- Individuals are welcome to take additional courses for more information.
- Visit the Medical Treatment Guidelines web page on the Board’s website for more information.
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

NEW!
System Requirements

- 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/