OnBoard: Limited Release Phase Two Training for Payers
Agenda

1. Overview/Timeline
2. DME Fee Schedule
3. Accessing OnBoard: Limited Release (OBLR)
4. Workload Administrator Instructions
5. Responding to a Durable Medical Equipment (DME) Prior Authorization Request (PAR)
   1. Level 1 Response
   2. Level 2 Response
6. Training Resources
7. What’s Next
### 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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<tbody>
<tr>
<td>Phase Two</td>
<td>Durable Medical Equipment PARs</td>
<td>April 4, 2022</td>
</tr>
<tr>
<td>Phase Three</td>
<td>Other Treatment/Testing PARs</td>
<td>May 2, 2022</td>
</tr>
</tbody>
</table>
DME Fee Schedule

- Becomes effective on April 4, 2022.
- Chair adopted the DME Fee Schedule and PAR processes that were published in the State Register on March 3, 2021.
- DME Fee Schedule was later updated on December 22, 2021, and another proposed update was published January 19, 2022.
- Information regarding all of these adoptions and proposals is available on the Regulations page of the Board's website.
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 PAR
Workload Administrators
Workload Admin Dashboard

My Dashboard

- Prior Auth
- Draft eForms
- Submitted eForms

My Organization's PARs

- Select All
- Assign

1 item(s) selected

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-476</td>
<td>Medication</td>
<td>12/12/2021</td>
<td>1 - Requested</td>
</tr>
</tbody>
</table>

Assigned User

New York State Workers’ Compensation Board
Workload Admin Assignee

Assign

Assign work to Reviewer

Reviewer Type
Medication

Assignee*
- Select -

, Jordan
, Tod

Unassigned
### Workload Admin Assigned User

#### My Dashboard

![My Dashboard Screenshot]

**Assigned User:** Jordan

---

**New York State Workers’ Compensation Board**

**Page 11**

---
# Level 1 or 2 Reviewer Dashboard

## My Dashboard

### Prior Auth
- Draft eForms
- Submitted eForms

### My PARs
- Resolved

## PAR Details

<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>WCE</th>
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<tr>
<td>PA-00-0003-480</td>
<td>Medication</td>
<td>12/18/2021</td>
<td>L1 - Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Filter
- Export

Page 1 of 1  |  <  | 1  |  >  | Showing 1-1 of 1  | 10 | Items per page
Workload Admin Reassign
Workload Admin Assignee

Assign
Assign work to Reviewer

Reviewer Type
Medication

Assignee*
- Select-

, Jordan
, Tod

Unassigned
Workload Admin Assigned User

<table>
<thead>
<tr>
<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>Cycle 8 Insurance</td>
<td></td>
<td></td>
<td>Tod</td>
</tr>
</tbody>
</table>

Page 1 of 1 | < | 1 | > | >1 | Showing 1-1 of 1 | 10 | Items per page
## My Dashboard

### My Organization's PARs

- **Resolved**

### Workload

<table>
<thead>
<tr>
<th>Patient</th>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
<th>Injury Date</th>
<th>Assigned Organization</th>
<th>Assigned User</th>
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<tr>
<td></td>
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<td>Cycle 8 Insurance</td>
</tr>
</tbody>
</table>

**Page 1 of 1**  
Showing 1-1 of 1  
10 items per page
Responding to a DME Prior Authorization Request
Level 1 Review
## PAR Details

### Durable Medical Equipment 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>
<tbody>
<tr>
<td>Patient Details</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Name</td>
<td>Last four of Patient SSN</td>
<td>Patient DOB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WCB Case #</td>
<td>Date of Injury</td>
<td>Claim Admin Claim #</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>System ID</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case Controverted:** No

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

---

### Actions

- Respond To Request
- Request for Further Information
Request For Further Information
Request For Further Information
Request For Information
<table>
<thead>
<tr>
<th>Request For Further Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing OnBoard</td>
<td>Claim Search</td>
</tr>
<tr>
<td>Dashboard Overview</td>
<td>Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)</td>
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<tr>
<td>Notifications for Updates to Dashboard</td>
<td>Medication PAR</td>
</tr>
<tr>
<td>Generated Documents</td>
<td>DME Submission</td>
</tr>
<tr>
<td>Respond to Request for Further Information (RFI)</td>
<td></td>
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</table>
Level 1 Response
### Durable Medical Equipment Request

**Patient Name:** [redacted]  
**Patient DOB:** 01/09/1972

**Status:** L1 - Requested  
**System ID:** PA-00-0003-481

---

<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>

#### 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>[redacted]</td>
<td>[redacted]</td>
<td>[redacted]</td>
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</tbody>
</table>

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#### 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>[redacted]</td>
<td>[redacted]</td>
<td>[redacted]</td>
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</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 without Prejudice
Insurer Response
Grant without Prejudice

- Insurer Response Details
- Supporting Documentation
- Review and Submit

- Is this request granted without Prejudice?
  - Yes  ○ No

- Reason for Granting without Prejudice:
  - Claim Controverted

- 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

  - Granted for:
    - ○ Purchase Price  ○ Rental Price
    - ○ Yes  ○ No
Insurer Response
Grant in Part

Please provide your response for each line item below.

- **Body Part:** Bilateral Vertebrae
- **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:** 60
- **Estimated Purchase Price:** $1,265.35
- **Estimated Rental Price:** $0.00

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

**Overall Response to PAR**
Insurer Response

Grant in Part without Prejudice
Insurer Response
Grant in Part without Prejudice

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
- Reason for Granting without Prejudice
- Rationale for Granting in Part
Insurer Response
Deny
Insurer Response

Deny
Insurer Response

Deny

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: $1,205.35
Estimated Rental Price: $0.00

Insurer Response: Deny

Denial Category: Medical Reasons

Denial Reason:
- Medical Necessity - documentation absent
- WCB Fee Schedule Item - meets patient requirement

Rationale for Denial:

0 / 1000
Claim Apportioned
Claim Apportioned
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.
Supporting Documentation

![Upload Document](image1)

![Directory Explorer](image2)
### Supporting Documentation

#### INSURER RESPONSE TO PRIOR AUTHORIZATION: DME
- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

#### 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.

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>New Medical Documentation.pdf</td>
<td>Supporting Medical Documentation</td>
<td>Supporting medical documentation is attached.</td>
<td>Update Description</td>
</tr>
</tbody>
</table>

- Your document has been uploaded successfully.

[Review and Submit]
# FROI/SROI Documents

Declared or Granted in Part Without Prejudice

---

## Upload Required 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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<th>Description</th>
<th>Actions</th>
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<td>FROI-Denial</td>
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<td><img src="#" alt="Upload" /></td>
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</tbody>
</table>

## 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](#)
Review PAR Response
Submission Confirmation

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 #
348962

PAR Details
PA-00-0003-483

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

<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>
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<td>Cycle 8</td>
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<td></td>
<td>PAR: Durable Medical Equipment Insurer Grant in Part</td>
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<td>PAR: Durable Medical Equipment Insurer Denial</td>
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Resolved

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<td>Durable Medical Equipment</td>
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<td></td>
<td>L1 Granted - Final</td>
<td>12/14/2021 13:58:32</td>
<td></td>
</tr>
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</table>
Level 2 Response
Level 2 Response
Level 2 Response

Durable Medical Equipment Request

Patient Name: [Redacted]  |  WCB Case #: [Redacted]  |  Status: L2 - Requested
Patient DOB: 01/09/1972  |  Date of Injury: [Redacted]  |  System ID: PA-00-0003-482

Patient Details

Patient Name
Last four of Patient SSN
Patient DOB

Claim Details

WCB Case #
Date of Injury
Claim Admin Clie

Case Controverted
No
Body Part(s)/Condition(s)
to the left knee

New York State Workers’ Compensation Board
### Level 2 Response

#### Request Details

**Overall Insurer Responses**

<table>
<thead>
<tr>
<th>Overall L1 Insurer Response</th>
<th>L1 Reviewer Name - Title</th>
<th>L1 Response Date &amp; Time</th>
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</thead>
<tbody>
<tr>
<td>Deny</td>
<td>L1 Reviewer</td>
<td>02/09/2022 11:21 AM</td>
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<table>
<thead>
<tr>
<th>Overall L2 Insurer Response</th>
<th>L2 Reviewer Name - Title</th>
<th>L2 Response Date &amp; Time</th>
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</thead>
</table>

#### Request Items

**Request #1**

- **Body Part**: Bilateral Cervical Lesion
- **HCPSC Code & Description**: C5540C, Cervical spinal stenosis, type w/ or w/o spondylolisthesis, w/ or w/o spondylolysis, includes fitting and adjustment
- **MTG Reference**: Neck - NONE: Other - Not Addressed in MTG - Cervical Spine

**Additional Request Details**

- **Level 1 Insurer Response Details**
  - **Denial Category**: Medical Reasons
  - **Denial Reason**: Medical Necessity - documentation absent
  - **Denial Rationale**: not sufficient medical necessity provided
Level 2 Response

31

Related PARs | Correspondence History | Related Activity

Response Date & Time

Actions
- Respond To Request
- Request for Further Information

New York State Workers’ Compensation Board
Level 2 Response

Please provide your response for each line item below.

**Body Part:** Bilateral Larynx

- Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
- 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:**
- Deny

**Overall Response to PAR:**
- Insurer Response:
  - Select:
    - Grant
    - Grant In Part
    - Deny
Level 2 Grant without Prejudice
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 DME Items in One Submission
Multiple DME PARs
Multiple DME PARs

- Respond To Request
- Request for Further Information
Multiple DME PARs
Multiple DME PARs
Multiple DME PARs

<table>
<thead>
<tr>
<th>Body Part:</th>
<th>Bilateral Larynx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Treatment Guideline:</td>
<td>Neck - NONE: Other - Not Addressed in MTG - Cervical Spine</td>
</tr>
<tr>
<td>HCPCS Code &amp; Description:</td>
<td>AB52E: Compression burn mask, face and/or neck, plastic or equal. custom fabricated</td>
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<tr>
<td>DME Duration:</td>
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<tr>
<td>Estimated Purchase Price:</td>
<td>$0.00</td>
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<tr>
<td>Estimated Rental Price:</td>
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<table>
<thead>
<tr>
<th>Denial Category*</th>
<th>Medical Reasons</th>
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<tbody>
<tr>
<td>Denial Reason*</td>
<td></td>
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<tr>
<td>Medical Necessity - documentation absent</td>
<td></td>
</tr>
<tr>
<td>WCB Fee Schedule Item - meets patient requirement</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Rationale for Denial* |
Medical necessity absent.
Please review the following information for accuracy prior to submission.

**Insurer Responses**

- **Body Part:** Bilateral Larynx
- **Medical Treatment Guideline:** Neck - NONE - Other - Not Addressed in MTG - Cervical Spine
- **ICD10 Code & Description:** L66.02 Compression burn mask, face socket, neck, plastic or metal, custom fabricated
- **DME Duration:** 30
- **Estimated Purchase Price:** $1,200.00
- **Estimated Rental Price:** $300.00
- **L1 Insurer Response:** Denial
- **Is this request granted without prejudice?** No
- **Is model or version on WCB price list?** Yes

**Overall Response to FAK**

- **Denied**

**Insurer Response Details**

- **Is this Claim apportioned?** No
- **Title of the Reviewer**
- **LT ionized**

**Supporting Documentation**

- **Since the FAK has been denied for medical reasons there will be no document generated. The FAK will get auto-escalated for Level 2 Review.**

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New York State Workers’ Compensation Board
Multiple DME PARs

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 #
348973

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.
Multiple DME PARs

<table>
<thead>
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<th>Patient Name</th>
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<th>eForm Details</th>
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<td>PA-00-0003-492</td>
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Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers, and medical review organizations.

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!
What’s Next?

- Phase Three will add Other Treatment/Testing PARs to OnBoard: Limited Release on May 2, 2022.
- Other Treatment/Testing PAR training webinars will be announced via WCB Notifications.
General Questions: OnBoard@wcb.ny.gov

Other Questions: (877) 632-4996

News and Updates: Subscribe to WCB Notifications

Instructions: wcb.ny.gov/onboard/