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

1. Timeline
2. OnBoard Administration
3. *DME Fee Schedule & CMS-1500*
4. Accessing OnBoard
5. Drafting/Submitting a Durable Medical Equipment (DME) PAR
6. Durable Medical Equipment Insurer Response
7. 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 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>
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 Bills (Form HP-1.0).

- View administration instructions on the Medical Portal web page to assign delegates.
Durable Medical Equipment PARs

- A new PAR category will be available to submit DME requests.
DME Fee Schedule & CMS-1500
DME Fee Schedule

- Lists the DME that may be supplied to an injured worker when medically necessary and in accordance with the applicable medical treatment guidelines.
- Items listed with a purchase/rental price do not require a PAR.
- PAR REQUIRED column indicates a required prior authorization.
- PAR is required if DME item is not listed on the fee schedule.
DME Fee Schedule

- Medical suppliers are not eligible to submit DME PARs in OnBoard.
- Must be requested by the provider who ordered or prescribed the DME item.
  - Chiropractor
  - Physician
  - Physician Assistant
  - Nurse Practitioner
  - Podiatrist
  - Dentist
  - Audiologist
  - Optometrist
DME Fee Schedule

- View detailed DME fee schedule information

Fee Schedules

The Official New York Workers’ Compensation Medical Fee Schedule may be purchased from OptumInsight 360 by writing to PO Box 88050, Chicago, IL 60680-8920, by calling (800) 464-3649 option 1 or online at https://www.optum360coding.com/ or by keying New York in the Reference Products/Workers’ Compensation field. The Fee Schedule may also be examined at the Office of the Department of Health, 162 Washington Ave, Albany, NY 12231, the Legislative Library, the libraries of the New York State Supreme Court, and the Workers’ Compensation Board District Offices.

- Inpatient & Outpatient Fee Schedules
- Workers’ Compensation Enhanced Ambulatory Patient Group (EAPG) Fee Schedules
- Podiatry Fee Schedule
- Dental Fee Schedule
- Private Psychiatric Hospital Fee Schedule
- Pharmacy Fee Schedule
- Durable Medical Goods Fee Schedule
- When Medical Treatment Takes Place in Another State
Form CMS-1500

- Providers and suppliers bill for DME items or services using *Form CMS-1500*.
- The Board has provided specific examples of using Form CMS-1500 for the billing of DME items, available at wcb.ny.gov/cms-1500/.
- For frequently asked questions on the durable medical equipment fee schedule, including billing with *Form CMS-1500*, visit the DME Frequently Asked Questions web page.

**Resources**

- DME Fee Schedule presentation for health care providers - July 2021: Video / Slides
- Official New York Workers’ Compensation DME Fee Schedule Frequently Asked Questions
Accessing OnBoard: Limited Release
How to Access OnBoard

1. Locate Online Services drop-down list on Board website
2. Select Medical Portal
How to Access OBLR - Providers

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 DME PAR
Submit a Request

<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>Assign</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0001-045</td>
<td>MTG Variance</td>
<td>03/03/2022</td>
<td></td>
<td></td>
<td>Provider Response Request</td>
<td>01/18/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA-00-0001-049</td>
<td>MTG Variance</td>
<td>03/03/2022</td>
<td></td>
<td></td>
<td>Insurer Level 1 Review</td>
<td>01/18/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Submit a Request

- Prior Authorization (PAR)
- Decision on Unpaid Medical Bill (HP-1.0)
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 [B,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

Search Results

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.

[Diagram of the search interface with fields for Patient First Name, Patient Last Name, Patient Address, Patient City, Patient State, Patient Zip Code, Patient Gender, etc.]
## Matched Claim

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

### Patient
- **Patient Name**
- **Patient DOB**
- **Patient SSN**
- **Patient Gender**
- **Patient Address**

### Case Information
- **WCB Case #**
- **Claim Admin Claim #**
- **Date of Injury**
- **Case Controverted**
- **Case Established**

### Employer
- **Employer Name**
- **Employer Address**

### Insurer
- **Insurer Name**
- **Insurer ID**

### Claim Administrator
- **Claim Admin Name**
- **Claim Admin ID**
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
HCPCS Code

Enter the HCPCS Code/Description:

L0012: Cranial cervical orthosis, congenital torticollis type, with or without s...
L0112: Cranial cervical orthosis, torticollis type, with or without joint, with or ...
L0120: Cervical, flexible, non-adjustable, prefabricated, off-the-shelf foam c...
L0130: Cervical, flexible, thermoplastic collar, molded to patient
L0140: Cervical, semi-rigid, adjustable (plastic collar)
L0150: Cervical, semi-rigid, adjustable molded chin cup (plastic collar with ...
L0160: Cervical, semi-rigid, wire frame occipital/mandibular support, prefab...
L0170: Cervical, collar, molded to patient model
L0172: Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricat...
L0174: Cervical, collar, semi-rigid, thermoplastic foam, two piece with thorac...
L0180: Cervical, multiple post collar, occipital/mandibular supports, adjusta...
L0190: Cervical, multiple post collar, occipital/mandibular supports, adjusta...
MTG Site

Enter the HCPCS Code/Description:
L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material

Select MTG Site associated with this PAR.:
Neck

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".:
NONE: Other - Not Addressed in MTG - Cervical Spine

Select body part associated with this PAR.:
Larynx Includes: cartilage and vocal cords

Side of Body:
Bilateral

Save
DME Item Added

Request(s) Added (1)

Request #1

<table>
<thead>
<tr>
<th>PAR Type:</th>
<th>Durable Medical Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Part:</td>
<td>Bilateral Larynx Includes: cartilage and vocal cords</td>
</tr>
<tr>
<td>CPT/HCPCS:</td>
<td>L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated</td>
</tr>
<tr>
<td>MTG:</td>
<td>Neck</td>
</tr>
</tbody>
</table>

Based on Items entered, the following PAR type(s) will be submitted.

- Durable Medical Equipment

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

Complete Request(s)
Save Draft
Complete Request

Request(s) Added (1)

Request #1
 PAR Type: Durable Medical Equipment
 Body Part: Bilateral Larynx Includes: cartilage and vocal cords
 CPT/HCPCS: L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
 MTG: Neck

Add Another Item

Based on items entered, the following PAR type(s) will be submitted.
- Durable Medical Equipment

Notice: Once you move on to the next screen, you won't be able to make changes to the request details.

Complete Request(s)
Add Details

PAR: Durable Medical Equipment

This PAR is for DME not on the WCB fee schedule or for an item on the fee schedule that requires prior authorization.

DME Request(s) (1)

Request #1

Status: Incomplete

HCPCS: L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

Code/Description:

MTG: Neck

Body Part: Bilateral Larynx Includes: cartilage and vocal cords

Add Details
Save Details
Details Added

PAR: Durable Medical Equipment
This PAR is for DME not on the WCB fee schedule or for an item on the fee schedule that requires prior authorization.

DME Request(s) (1)

Request #1
Status: Completed
HCPCS: L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
MTG: Neck
Body Part: Bilateral Larynx Includes: cartilage and vocal cords
Duration: 24
Rental Price: $0.00
Purchase Price: $1,265.35

Medical Necessity / Supporting Medical
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.

File Name | Type | Description | Actions
--- | --- | --- | ---
Statement of Medical Necessity / Supporting Medical Documentation | Statement of Medical Necessity / Supporting Medical Documentation | Upload Relevant Clinical Information | Upload Additional Documents

New York State Workers’ Compensation Board
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.

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<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, Remove</td>
</tr>
</tbody>
</table>

- **Update Description**
- **Remove**

[Upload Additional Documents]

- [Request Details]
- [Review and Submit]

- Your document has been uploaded successfully.

New York State Workers’ Compensation Board
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
Submission Confirmation

PAR: Durable Medical Equipment was successfully submitted. Allow 4 calendar days (but final day will move to the next business day if it falls on a weekend/holiday) for the insurer to respond.

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.
Delegated User

Confirmation

PAR: Durable Medical Equipment 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.

It is the responsibility of the requesting provider to share this information with the patient.
Prior Auth – Active Tab

### My Dashboard

**Prior Auth**

**Active**

**Resolved**

<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</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0002-879</td>
<td>Durable Medical Equipmen</td>
<td>10/11/2021</td>
<td></td>
<td></td>
<td>Insurer Level 1 Review</td>
<td>01/18/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA-00-0001-045</td>
<td>MTG Variance</td>
<td>03/03/2022</td>
<td></td>
<td></td>
<td>Provider Response Request</td>
<td>01/18/2018</td>
<td>HOWARD</td>
<td></td>
</tr>
</tbody>
</table>
Submitted eForms Tab

<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>Provider</th>
<th>Submitted Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>345378</td>
<td>PAR: Medication Level 1 Request</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>07/01/2021</td>
<td>Completed</td>
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<tr>
<td>345376</td>
<td>Request for Decision on Unpaid Medical Bill(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>06/28/2021</td>
<td>Completed</td>
</tr>
<tr>
<td>345373</td>
<td>PAR: Durable Medical Equipment Level 1 Request</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>06/25/2021</td>
<td>Completed</td>
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<tr>
<td>345370</td>
<td>PAR: Non-MTG Over $1000 Level 1 Request</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>06/22/2021</td>
<td>Completed</td>
</tr>
</tbody>
</table>
## Prior Auth Resolved Tab

### 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-00-0001-061</td>
<td>Durable Medical Equipment</td>
<td></td>
<td></td>
<td>L3 Granted - Final</td>
<td>10/19/2021 11:27:03 AM</td>
</tr>
</tbody>
</table>
### Prior Auth Active Tab

**My Dashboard**

<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</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0002-879</td>
<td>Durable Medical Equipment</td>
<td>10/11/2021</td>
<td>..........</td>
<td>..........</td>
<td>Insurer Level 1 Review</td>
<td>01/18/2018</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>PA-00-0001-045</td>
<td>MTG Variance</td>
<td>03/03/2022</td>
<td>..........</td>
<td>..........</td>
<td>Provider Response Request</td>
<td>01/18/2018</td>
<td>..........</td>
<td>HOWARD</td>
</tr>
</tbody>
</table>
Review Response

Durable Medical Equipment Request

Patient Name: [Redacted], WCB Case #: [Redacted], Status: L2 Denied, System ID: PA-00-0002-879

Related Entities

<table>
<thead>
<tr>
<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>

Overall Responses

<table>
<thead>
<tr>
<th>Overall L1 Insurer Response</th>
<th>L1 Reviewer Name - Title</th>
<th>L1 Response Date &amp; Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deny</td>
<td></td>
<td>10/12/2021 9:15 AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall L2 Insurer Response</th>
<th>L2 Reviewer Name - Title</th>
<th>L2 Response Date &amp; Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deny</td>
<td></td>
<td>10/13/2021 10:07 AM</td>
</tr>
</tbody>
</table>

Request Items

<table>
<thead>
<tr>
<th>Request #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Part</td>
</tr>
<tr>
<td>Bilateral Larynx</td>
</tr>
<tr>
<td>HCPSC Code &amp; Description</td>
</tr>
<tr>
<td>L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated</td>
</tr>
</tbody>
</table>

Additional Request Details

<table>
<thead>
<tr>
<th>Level 1 Insurer Response Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 Insurer Response Details</td>
</tr>
</tbody>
</table>
## My Dashboard

### Prior Auth
- Draft eForms
- Submitted eForms

### Active
- Resolved

### PAR ID | Type                  | Due Date    | Patient | DOB | Current Activity | Injury Date | WCB Case # | Assigned
--- | --- | --- | --- | --- | --- | --- | --- | ---
PA-00-0003-628 | Durable Medical Equipment | 01/18/2022 | ... | ... | Insurer Level 2 Review | ... | ... | ...}

The DME PARs have been escalated to Level 2 Review.
Escalating DME PARs to Level 3 Review (Board MDO)

<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>Assign</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0001-061</td>
<td>Durable Medical Equipment</td>
<td>10/28/2021</td>
<td></td>
<td></td>
<td>Review Insurer Level 2 Denial</td>
<td>01/18/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Escalating DME PARs to Level 3 Review (Board MDO)

<table>
<thead>
<tr>
<th>Durable Medical Equipment Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Name:</strong></td>
</tr>
<tr>
<td><strong>Patient DOB:</strong></td>
</tr>
</tbody>
</table>

<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>
</table>

**Actions**

- Request L3 Review
Escalating DME PARs to Level 3 Review (Board MDO)
Escalating DME PARs to Level 3 Review (Board MDO)
## Level 3 Response

### 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-00-0001-061</td>
<td>Durable Medical Equipment</td>
<td></td>
<td></td>
<td>L3 Granted - Final</td>
<td>10/19/2021 11:27:03 AM</td>
</tr>
</tbody>
</table>
# Level 3 Response

**Durable Medical Equipment Request**

Patient Name: [Redacted]

WCB Case #: [Redacted]

Status: System ID:

Patient DOB: [Redacted]

Date of Injury: [Redacted]

## Related Entities

## Request Details

## Medical Necessity

## Documents

<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</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO-00-0004-316</td>
<td>DME-L3G</td>
<td>PAR: Durable Medical Equipment Level 3 Grant</td>
<td>10/19/2021 11:27 AM</td>
<td>NYS WCB</td>
<td></td>
</tr>
</tbody>
</table>
## Health Care Providers

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

### OVERVIEW

#### TRAINING

#### RESOURCES

<table>
<thead>
<tr>
<th>Features</th>
<th>Links</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>
</tr>
<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>NEW!</td>
</tr>
</tbody>
</table>
A Durable Medical Equipment (DME) prior authorization request (PAR) will be required prior to prescribing DME items that are not included, or have “Yes” in the PAR Required column, on the DME Fee Schedule.

Learn more about the Official New York Workers’ Compensation Durable Medical Equipment Fee Schedule (DME Fee Schedule).

**Drafting/Submitting a DME 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 in the health care provider’s Draft eForms page for final submission.

To submit or draft a DME PAR, select the Submit a Request button on the top right of your dashboard.
What’s Next?

- Phase Three will add Other Treatment/Testing PARs to OnBoard: Limited Release on May 2, 2022.
- Other Treatment/Testing 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/