Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0) Process Enhancement

- Allows health care providers and medical suppliers to submit Form HP-1.0 when:
  - the claim was previously controverted via a First Report of Injury (FROI-04)/Subsequent Report of Injury (SROI-04) Denial,
  - the Notice of Treatment Issue/Disputed Bill (Form C-8.1) was never received, and
  - the claim is now established.
Field Label Changes

- The section where information about a legal objection is entered has been relabeled from “Form C-8.1” to “Form C-8.1B or Denial.”
- The question “Have you received Form C-8.1B from the claim administrator?” has been changed to “Have you received either Form C-8.1B or a FROI-04/SROI-04-Denial from the claim administrator?”
- *Please note: Beginning in July 2022, the Form C-8.1 will be renamed to Form C-8.1B.*
Updated Instructions

- Health care provider and medical supplier training webpages updated with new *Form HP-1.0* enhancements.
Frequently Asked Questions
1. Where should frequency and/or duration be entered for applicable treatment?

**A.** If your request includes therapeutic modalities, including physical therapy, occupational therapy, chiropractic and/or acupuncture services, include the specific frequency and duration of the requested treatment in the Medical Necessity field highlighted below. If your request includes spinal levels, include the specific spinal levels applicable to the request in the Medical Necessity field highlighted below.
2. How do we find the CPT codes?

A. The provider just needs to know the modality. As with previous *Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)* requests, the provider would need to submit the request for individual modalities. By entering the modality, the drop-down will provide a list of choices that includes the word. You will need to choose the code that best describes the treatment modality you entered. If the reference code noted in the question is for the MTG reference code, then you would need to enter the specific modality (example: Manipulation) that you are seeking.
3. Can multiple CPT Codes be added to the same submission?

A. Yes. To add multiple CPT Codes, you will add additional Request Items to your submission. Each request item will require a CPT Code to be entered. If the PAR types are the same, they will navigate the system together under a single PAR ID. If they are different PAR types, they will each be assigned their own unique PAR ID to navigate the system.
4. Can you edit *Form HP-1.0* if it was filed incorrectly?

A. You cannot edit *Form HP-1.0* that has already been submitted. A new one will need to be submitted.
5. Do I have to request an Order of the Chair or does one automatically generate?

A. Orders of the Chair are automatically generated for non-Medication PARs in OnBoard.
6. How do I register?

A. Select Medical Portal from the Board’s homepage. Then select Access and Administration, followed by Sign Up for Access to the Medical Portal.

DO NOT use the Create Account link on the NY.GOV ID sign in page.
7. Can one organization with multiple providers use one account to process all requests?

A. Every health care provider and assigned delegate will need their own Board-assigned username and password; a single username and password cannot be provided to a provider group (under a single Tax ID number) to be used by all providers and delegates who are part of that group.
8. Will third-party billing companies be able to obtain their own usernames and passwords for PARs or Request for Decision on Unpaid Medical Bills (Form HP-1.0)?

A. Providers will be required to designate their Provider Delegates and Billing Delegates within the system, which may include third-party billing companies. Users assigned the Billing Delegate role may draft and submit HP-1s. Users assigned to the Provider Delegate role may draft and submit HP-1.0s and draft PARs.
9. How do providers link to their submission to a claim?

A. Providers are required to complete a claim search prior to submitting a PAR. To match to a claim, you will first need the WCB Case Number OR Claim Admin Claim Number. Next, you are required to enter two of the next four fields, which are Date of Injury, Last Four of Social Security Number, Date of Birth, or Patient Last Name. If you do not match to a claim after two attempts, you may proceed without matching to a claim and the Board will attempt to locate the claim for your submission. To proceed, you will need the Patient First Name, Patient Last Name, Patient Address, Patient City, Patient Date of Birth, Patient Date of Injury, Employer Name, Employer Address, Employer City, Employer Zip Code.
10. Should providers submit post-operative PARs along with a surgery PAR? For example, a Special Services PAR for surgery, a DME PAR for post-operative DME, and an MTG Confirmation PAR for post-operative physical therapy.

A. For the efficient delivery of care, we recommend that once a PAR for surgery has been approved and the surgery has been scheduled (but before the surgery is performed), the provider should submit an additional PAR for any necessary post-operative physical therapy (whether provided in the home, or provided on an ambulatory basis), as well as for any necessary post-operative durable medical equipment. The hope is that doing so will reduce the likelihood of any PAR-related delays in obtaining necessary goods and services during the post-operative period.
For full details and instructions, please see the updated training webpages for health care providers and medical suppliers.

If you need assistance with OnBoard registration or technical support, email WCBCustomerSupport@wcb.ny.gov.

If you need assistance with OnBoard processes, email the Board's Medical Director's Office at WCBMedicalDirectorsOffice@wcb.ny.gov.

For all other questions, please email OnBoard@wcb.ny.gov.