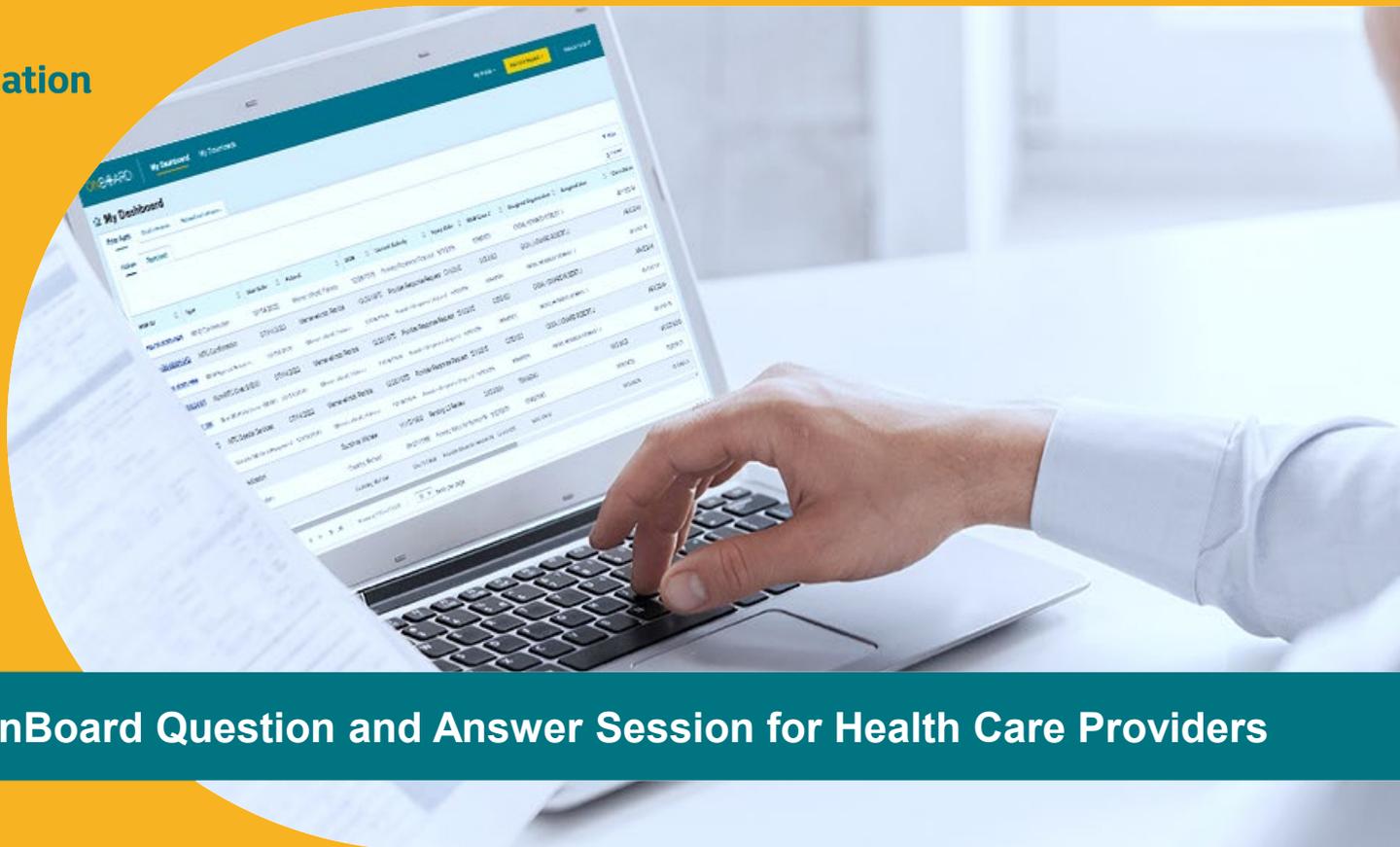




**Workers'
Compensation
Board**



OnBoard Question and Answer Session for Health Care Providers

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

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?”

REQUEST FOR DECISION ON UNPAID MEDICAL BILLS (RFP-1.0)

- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1B or Denial**
- Medical Bill
- Documents

Form C-8.1B or Denial Information

Please Note: This information will be subject to independent verification by the WCB upon submission.

If you have received one of the following notices from the claim administrator, then these issues must be resolved in your favor through the adjudication process before you can proceed with your RFP-1 request:

- Notice of Treatment Issue/Disputed Bill (Form C-8.1B) raising legal issues within 45 days of your submission of the medical bill, or
- Final Report of Injury (FROI-04) or Subsequent Report of Injury (SROI-04) indicating the claim administrator denied the claim.

Have you received either Form C-8.1B or a FROI-04/SROI-04-Denial from the claim administrator?*

No

Enter the issue date of Form C-8.1B or FROI-04/SROI-04-Denial; if both Form C-8.1B and a Denial were issued, enter the Form C-8.1B issue date.

When was the Form C-8.1B or FROI-04/SROI-04-Denial issued by the claim administrator?*

04/12/2022

mm/dd/yyyy

Once a resolution is determined, an official notice (Form EC-23 or PD-NSL) is issued with the ruling.

Have you received a notice of decision (Form EC-23 or PD-NSL) that was not appealed or objected to by any party?*

Yes

No

Was it resolved in your favor?*

Yes

No

What is the filing date of the notice of decision? *You can find this date by looking at the lower-right hand corner of the decision.*

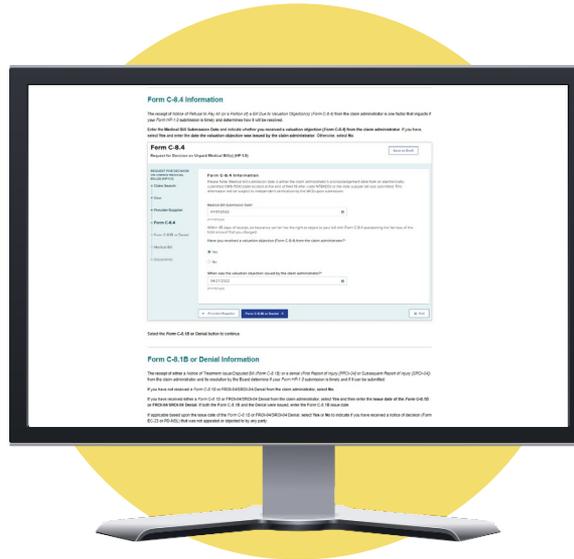
04/18/2022

mm/dd/yyyy

- *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.

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*

0 / 3500

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 (.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	Type	Description	Actions
	Statement of Medical Necessity / Supporting Medical Documentation	Statement of Medical Necessity / Supporting Medical Documentation	Upload Relevant Clinical Information

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.

Enter the CPT code/description.*

Manipulat

-Begin Typing-

21073: Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (e, general or monitored anesthesia care)

21310: Closed treatment of nasal bone fracture without manipulation

21355: Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation

21400: Closed treatment of fracture of orbit, except blowout; without manipulation

21401: Closed treatment of fracture of orbit, except blowout; with manipulation

21450: Closed treatment of mandibular fracture; without manipulation

21451: Closed treatment of mandibular fracture; with manipulation

22310: Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

22315: Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation o...

22505: Manipulation of spine requiring anesthesia, any region

23500: Closed treatment of clavicular fracture; without manipulation

23505: Closed treatment of clavicular fracture; with manipulation

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.

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Request Items**

COMPLETE REQUEST(S)

Request #2 [Edit](#) [Remove](#)

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

Request #3 [Edit](#) [Remove](#)

PAR Type: MTG Special Services

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

CPT/HCPCS: 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

MTG: Mid and Low Back - E.4: Surgical/Operative - Spinal Fusion

[+ Add Another Item](#)

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.

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.

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	Provider	Submitted Date	Status	Actions
345376	Request for Decision on Unpaid Med	[REDACTED]	[REDACTED]	[REDACTED]	UB-00-0001-015	[REDACTED]	06/28/2021	Completed	Actions
345373	PAR: Durable Medical Equipment Lev	[REDACTED]	[REDACTED]	[REDACTED]	PA-00-0001-630	[REDACTED]	06/25/2021	Completed	Actions
345370	PAR: Non-MTG Over \$1000 Level 1 R	[REDACTED]	[REDACTED]	[REDACTED]	PA-00-0001-629	[REDACTED]	06/22/2021	Completed	Actions

Page 1 of 1 | 1 | Showing 1-3 of 3 | 10 items per page

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.

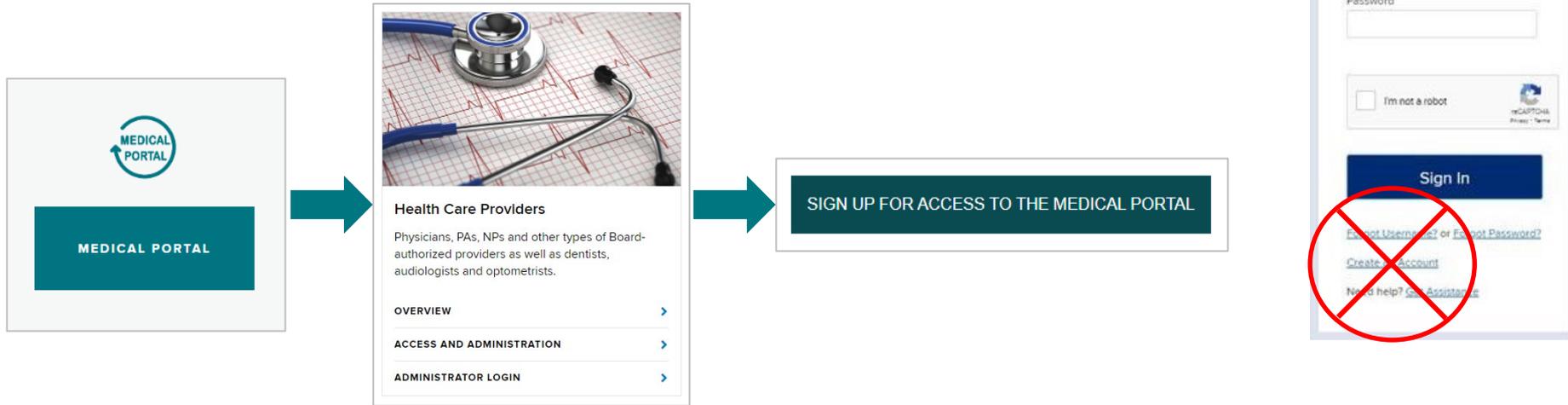
Documents

Document ID	Form ID	Form Name	Received Date	Submitting User
DO-00-0007-034	EC-325-MG2	PAR: MTG Variance Order of the Chair	04/22/2022 12:00 AM	System Generated

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.

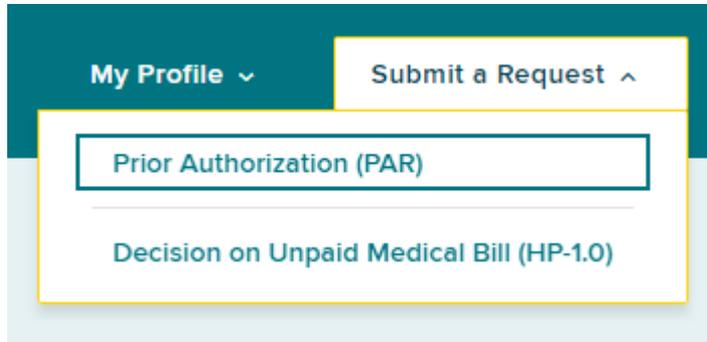


The image shows a screenshot of the NY.GOV ID login page. At the top, there is a lock icon followed by the text "NY.GOV ID" and "Secure Access to New York State Services". Below this, there are two input fields: "Username" and "Password". Under the password field, there is a checkbox labeled "I'm not a robot" and a reCAPTCHA logo. A large blue "Sign In" button is positioned below the checkbox. At the bottom of the page, there are three links: "Forgot Username? or Forgot Password?", "Create an Account", and "Need help? Get Assistance".

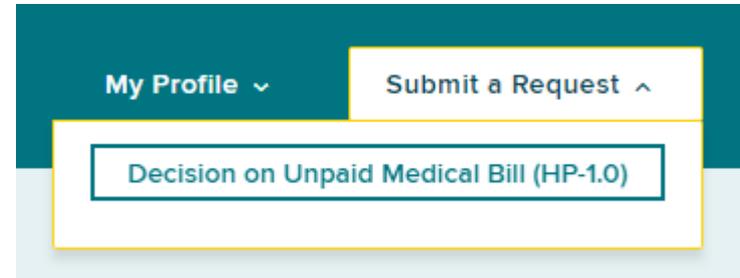
8. Will third-party billing companies be able to obtain their own usernames and passwords for PARs or *Request for Decision on Unpaid Medical Bills (Form HP-1.0)*?

- 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.

Provider Delegate



Billing Delegate



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.

If the worker's compensation insurance carrier hasn't paid you yet within 15 days of submission and there are no outstanding legal claims 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 #

Match or approximate claim. The full provider may be used to search for EMPLOYER ID'S. For exact results, use the full provider number (EMPLOYER ID'S) with no trailing zeros or other spaces.

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

DATE OF INJURY

LAST FOUR OF SSN

EMPLOYER ID'S: Four digits of employer's claim number, no other search

DATE OF BIRTH

PATIENT LAST NAME

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](#).

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.