



2026 WORKERS' COMPENSATION CONFERENCE

COMMEMORATING THE 25TH ANNIVERSARY OF 9/11

OCTOBER 16 — ALBANY, NY



Workers'
Compensation
Board



Workers'
Compensation
Board

CLAIMS BEST PRACTICES



DEENA JONES, DIRECTOR OF CLAIMS OPERATIONS
OLEG TSYN, SENIOR WORKERS' COMPENSATION LAW JUDGE

AGENDA

- 1 Who we are
- 2 Recent accomplishments
- 3 Claim-related document submissions
- 4 RFA eForms
- 5 Objection to medical bills
- 6 Amending Board decisions





Who We Are





CLAIMS OPERATIONS

■ Quality Control

- Oversight of scanning operations, manual case assembly, and calendaring of hearings

■ Examining

- Processing over **3 million** claims work items per year with 98% of work items timely processed

■ Claims and Hearing Support

- Oversight of call center operations and online inquiries





Recent Accomplishments





RECENT ACCOMPLISHMENTS

Total pending inventory down **56%** since **January 2026**

Requests for Further Action (RFA) processed within **1-2 days** of receipt and team now scheduling requested hearings faster than ever before — within **35 days** of request on average

Increased staffing — **50 claims** examiners hired and trained

- Added dedicated examiners to assist the call center





Submission of Claim-Related Documents





SUBMIT CURRENT FORM VERSIONS

Submit only the current versions of Board forms

Workers' Compensation attorneys and licensed representative forms

Form number/ version date	Form title	Who files	Where to file	When to file
C-32 (8/25) The Board will only accept the current version of this form.	Waiver Agreement - Section 32 WCL	Parties in Interest	Form must be signed by all parties in interest and mailed to WCB (or presented at hearing).	Agreement may be filed at any time during an open and pending case, and may cover any and all issues
Translated forms: Español Русский Polski 中文 Italiano Kreyòl ayisyen 한국어 বাঙালি עברית Français اردو				

NYS WCL § 32: LEGAL REQUIREMENTS

- **Section 32 Waiver agreement (§ 32)** provides, in relevant part, that no agreement by an employee to waive the right to workers' compensation benefits is valid unless that agreement is approved by the Board.
- **§ 32(b)(3)** does provide the parties a 10-day cooling off period to withdraw from the settlement. If that happens, the Board panel is required to respect that decision: *Matter of Camillus Cutlery Company, 2012 NY Wrk Comp 60003803*.
 - Notably, party in this sense includes WAMO (*Matter of United Auto Supply of Syracuse, 2012 NY Wrk Comp 60503704*) and UEF (*Matter of Nanterne v Ahdoot, 136 AD3d 1126 [2016]*), where appropriate [but not the uninsured employer per same case]





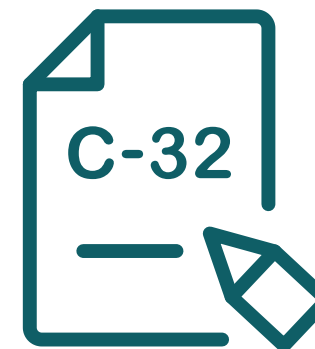
NYS WCL § 32: LEGAL ISSUES

Unindexed claims

Carrier's/Self-Insured Employer's Affidavit (Form C-32AF)

Waiver of claims in other jurisdictions

Job discrimination





NYS WCL § 32: LEGAL ISSUES (cont'd)

Hold harmless language

Child support liens

NYS WCL § 114-a

Outstanding medical bills

Wage expectancy





NYS WCL § 32: LEGAL ISSUES (cont'd)

Multiple cases

Finality

Attorney's fees

Medicare set-aside/Medical allocation

Timeliness of payment





SUBMITTING DOCUMENTS: WCB CASE ID

Identify the appropriate WCB Case ID



**Workers'
Compensation
Board**

Section 32: Waiver Agreement Claimant Release

Claimant's Name (please print)	WCB Case Number(s)
Hunter Jones	G4012345, G4598765 , G4805678
Claimant's Current Address	

SUBMITTING DOCUMENTS: NOT ACCEPTED

The following submissions cannot be imaged for scanning into the claims folder:

- Embedded images in emails
- Secure emails and links to documents, including links to external sites to retrieve documents





CONTACTING CLAIMS

How to contact Claims

- Customer Service: **877-632-4996**
- “Contact Claims Operations” online inquiry form on website

Workers' Compensation Board ABOUT WCB About the Board Careers Contact the Board Locations	Workers' Compensation Claims	General inquiries or requests for information about specific workers' compensation on-the-job injury/illness claims. Attachments and requests for the Board to take a specific action on a case should be submitted on the appropriate form. District Offices and Customer Service Centers	Contact Claims Operations <i>[Use this for submitting forms/attachments only]</i> wcbclaimsfilings@wcb.ny.gov	(877) 632-4996
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COMMON MISDIRECTED INQUIRIES

Ensure questions are sent to the proper departments

Case inquiries, including *Notice of Objection to a Payment of a Bill for Treatment Provided (Form C-8.1B)* questions, should be directed to Claims

CLAIMS

Status of PAR reviews by Medical Director's office

MD0@wcb.ny.gov

Claimant information updates — no response to *Claimant Name and Address Form (Form OC-966)*

OC966@wcb.ny.gov

Disability-related inquiries

NYS.Disability@wcb.ny.gov

Questions regarding Board forms

formsdepartment@wcb.ny.gov

Document submission, ONLY

WCBClaimsFiling@wcb.ny.gov

12 NYCRR § 324.3 applies:

- When there is no independent medical examination (IME) or records review, denial must be based on review by carrier's physician
- Five exceptions to the rule:
 1. When the PAR was submitted after the treatment was rendered
 2. If a substantially similar request was already made and denied
 3. Where a case was closed, disallowed, cancelled or fully resolved by a Section 32 Waiver agreement
 4. If the claim is controverted
 5. If the claimant fails to appear for an IME





RFA-1LC COMMON QUESTIONS

The issue/request reason	How to address in the current eForm
Case was marked No Further Action (NFA) pending [xyz], and now we have [xyz]	If the issue that is ready to move forward is available on the RFA-ILC, select the appropriate reason and include the update in the narrative text field.
Place another carrier on notice/case to travel with another case	Request to Update Employer, Insurer, TPA information, and/or Date of Injury. In the narrative text field, include a request for cases to travel together, if applicable.
Request carrier be penalized citing the applicable regulation/statute (e.g., installment payment, failure to make payment within 10 days after decision, etc.)	Select Claimant, Attorney, or Licensed Representative has not been paid per decision or was paid late. The request for penalty citing an applicable regulation/statute can be included in the narrative text field.



RFA-1LC COMMON QUESTIONS (cont'd)

The issue/request reason	How to address in the current eForm
First report of Injury (FROI)/Second Report of Injury (SROI) not up to date or properly completed by carrier (to determine benefits paid to date)	If there is a dispute for an award period, select request reason: Claimant has not been paid properly for lost time (current or past payments) and upload/reference supporting medical documentation.
PAR granted without prejudice to unestablished body part. Request claim be established to PAR body part.	Claimant has raised body part(s)/condition(s) that are (a) in dispute, or (b) not reported on a First Report of Injury (FROI), or (c) that should be added to an established case. When the treatment is for a site not accepted yet and the carrier hasn't disputed the treatment, use the sub-checkbox: Case is not established, and the body part(s)/condition(s) has not been accepted on a FROI filed by the Insurer. A request to accept the body part(s)/condition(s) was sent to the claim administrator and at least 7 days have passed with no response.



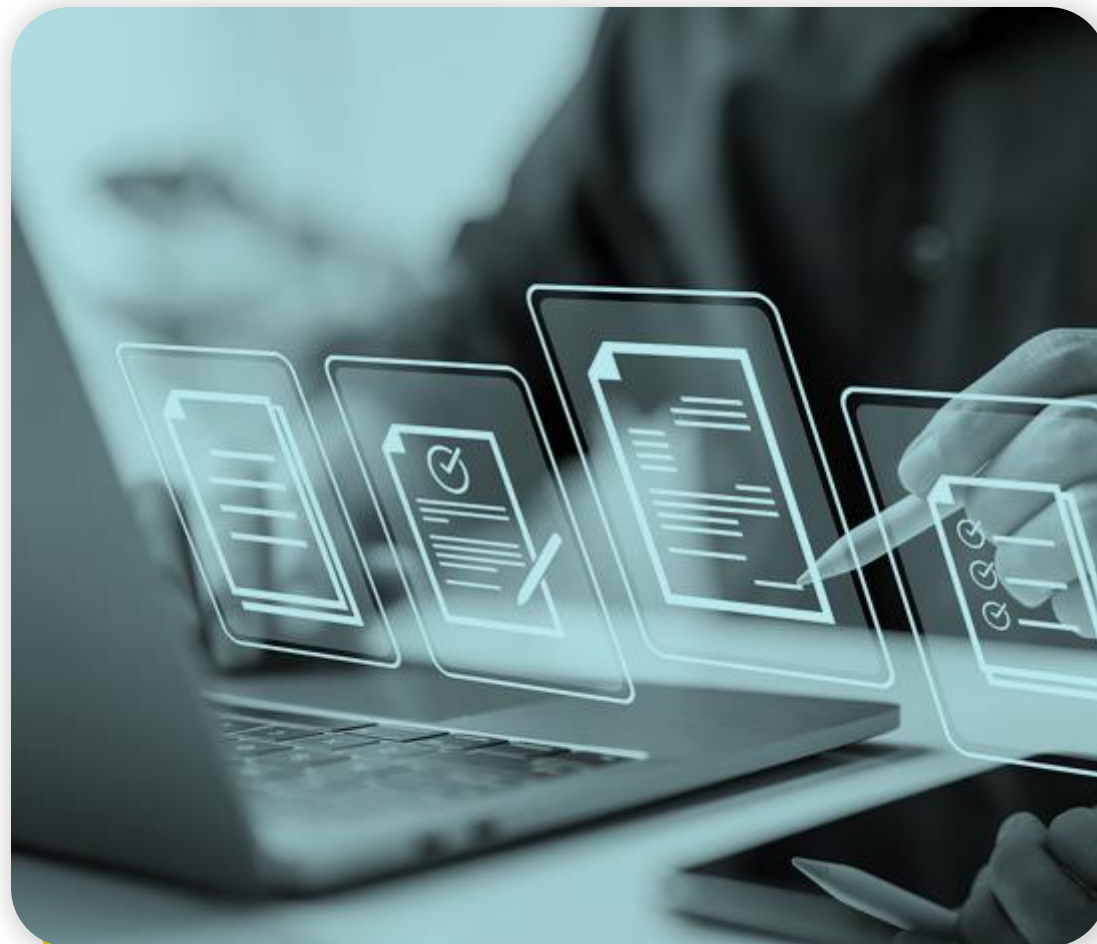
RFA-2 COMMON QUESTIONS

Request reason	How to submit
Request to cancel/combine cases	Online claims inquiry
Request for cases to travel together	Include this request in the free text option of the request reason. Otherwise, submit correspondence.
Request to be removed from notice	Indexed: File a <i>FROI-04</i> Not Indexed: file correspondence raising the issue and include any supporting documentation.



FROI/SROI^s: LEGAL REQUIREMENTS

- 2014: Carriers required to come into line with the EDI standards of the International Association of Industrial Accident Board of Commissioners
- FROI: 10/18 day rule
 - Medical-only claim
 - Controverted claim
 - Notice claim
 - Acquisition claim





FROI/SROI's: WHO TO SERVE AND WHEN TO FILE



All parties of interest must be served

Carriers receipt of a *notice of indexing*

- Controvert versus pay without prejudice



FROI/SROI_s: MEDICAL-ONLY CLAIMS AS OF 1/1/2027



- 12 NYCRR § 300.22 to implement and provide guidance on changes to NYS WCL § 21-a for medical-only claims
- Proposed regulations published in the 3/18/2026 edition of the State Register
 - Public comment period closed on 5/18/2026 with no comments
- Final reg was adopted on 8/5/2026 with an effective date of 1/1/2027



RFA PROCESSING EXCEPTIONS

- Request preclusion of medical report(s)
- Prior authorization request (PAR) was denied or granted in part by the insurer (applicable PARs)
- Claimant has concurrent employment
- Medical and transportation (M&T) reimbursement request has been denied by insurer
or has not been responded to within 60 calendar days
- Claimant is entitled to reduce earnings



RFA PROCESSING EXCEPTIONS

- Claimant is classified and has a change in condition and “Temporary total benefits due to a post-classification surgery”
- Claimant was convicted and has been released from incarceration (payments should resume)
- Claimant has raised a body part(s)/ condition(s) that are (a) in dispute, or (b) not accepted on a *First Report of Injury (FROI)*, or (c) that should be added to an established case
- Insurer requests to apply overpayment to ongoing payments [*Request for Further Action by Insurer/Employer (RFA-2)*]
- Payments should begin or be modified based on reduced earnings (*RFA-2*)

FROI/SROI — MEDICAL-ONLY CLAIMS AS OF TODAY

- 12 NYCRR § 300.22(b)(1)(i) specifies the requirements for submission of a First Report of Injury (FROI) when payment is being made only for medical expenses and states that “[w]hen the disability event has not resulted in any compensable lost time and the carrier does not controvert the claim, the carrier, special fund or [third party administrator] must electronically file a mandatory first report of injury [but] is not required to file a subsequent report of injury except as set forth in [12 NYCRR 300.22(f)(2)].”
- Thereafter, “[w]hen a carrier . . . takes action on the claim beyond payment of medical expenses, the action . . . must be electronically filed with the board in a subsequent report of injury as set forth in [12 NYCRR 300.22(c), (d) and (f)], or must be filed in accordance with [12 NYCRR 300.22(e)]” (12 NYCRR 300.22[b][1][i]).





RFA eFORM SUBMISSIONS

- What happens when an incorrect request reason is used?

RFA-1LC SUMMARY

Summary of selected request reason(s):

1. Request preclusion of medical report(s)

Additional proposed findings:

1. Attorney or Licensed Representative fee is requested per the OC-400.1 that is referenced or attached

RFA-1LC REQUEST DETAILS

1. Request preclusion of medical report(s)

Documentation to support your claim may be required.

Preclusion reason: Other - Stipulation processing

Additional information related to this reason: Stipulation processing

- Resource: [Request Reason Quick Guide](#) on the eForms/RFA-1LC webpage



FORM C-8.1B: NARRATIVE EXPLANATIONS

Notice of Objection to a Payment of a Bill for Treatment Provided (Form C-8.1B)

As of January 5, 2026, detailed narrative explanations of objections are required within Section C.

 **C-8.1B - Notice of Objection to a Payment of a Bill for Treatment Provided**



Section A: Claim Information

1. WCB Case Number	2. Claim Admin Claim Number	3. Insurer ID (W#)	4. Date of Injury/Illness	5. Last Four Digits of SSN
Name				
Address to which notices should be sent				

6. Claimant
7. Employer
8. Insurer
9. Health Care Provider
10. WCB Authorization #
11. Provider's NPI #

Section B: Medical Bill Information Note: If bill is not in the Board's file, it must be submitted with this form.

1. Date(s) of Treatment: 2. Date of Bill:
3. Amount of Bill: 4. Amount in Dispute: 5. WCB Document ID # of Bill:

Section C: Objection Reasons - Legal and Medical Treatment Guidelines

☐ The insurer is raising valuation objections simultaneously on the C-8.4.

The insurer raises the following legal objections to the above cited bill for treatment rendered (a detailed explanation is to be provided in box 12):

1. ☐ Claim has been controverted by a FROI-04 or SROI-04 dated: and: ☐ establishment is pending [P8]; or: ☐ the case has been disallowed [P4]
2. ☐ Prior authorization was not granted for: ☐ treatment (for non-MTG, non-emergency, special service) for over \$1,000.00 [198] RARC , or
☐ continuous course of treatment for PT/OT for over \$1,000.00 [198] RARC , or
☐ Medical Treatment Guideline procedure/treatment requiring pre-authorization [198] RARC
3. ☐ Request for treatment has been denied, withdrawn, or refused. [39] RARC
4. ☐ Treatment provided was: ☐ for a non-established body site or for a body site that the employer/insurer has not accepted liability for [P2], or
☐ for an established body site, but was not causally related to the compensable injury [50], or
☐ for a body site that is the subject of multiple claims and the injury is not related to claim at issue [109] WCB Case #:
5. ☐ Treatment provided within 30 days of initial treatment was outside of preferred provider organization (PPO). [279]
6. ☐ Medical Report for treatment was: ☐ not timely filed [164] RARC , or ☐ is incomplete [251] RARC
7. ☐ Medical appliance or program is not covered under the WCL ☐ letter of medical necessity not included [P13/M60], or
☐ insufficient documentation provided [P13/M135]
8. ☐ Provider is not authorized under the WCL and exceptions under WCL § 13-b do not apply [P16]
9. ☐ Bill is not for treatment, but for an evidentiary opinion/review of records or submission of a report made without physical examination as defined in 12 NYCRR 300.2 (b)(12) [96/N717]
10. ☐ Pharmacy used outside of network. [242] Date claimant notified: Date Rec'd by WCB:
11. ☐ Diagnostic test was performed outside of network. [243] Attach copy of form DT-1, or identify by WCB Doc. ID #: Date Rec'd by WCB:
12. Required detailed explanation of the basis of the objection(s) in Section C, 1-11 above. Failure to provide a detailed explanation may result in the C-8.1B being deemed incomplete and denied.

Compliance with Medical Treatment Guidelines (ONLY applies to an injury and/or condition covered by Medical Treatment Guidelines). A detailed explanation is required to be entered in box 20:

13. ☐ Treatment provided was not based on correct application of the Guidelines. [272]
14. ☐ Treatment not consistent with the approved Variance. [198] RARC
15. ☐ Treatment deviates from the Guidelines without securing a Variance. [197]
16. ☐ Urine drug screens: ☐ Insufficient documentation [272/N705]
☐ Incorrect testing method [272/N623]
17. ☐ Variance denied without claimant timely requesting review or Variance denied by Board decision. [39]
18. ☐ Exacerbation (exception to variance requirement for continued treatment) Information incomplete. [P30]
19. ☐ Exacerbation (exception to variance requirement for continued treatment) treatment exceeds guidelines. [P31]

20. MTG Ref Code Required detailed explanation of the basis for the objection(s) in Section C, 13-19 above. Failure to provide a detailed explanation may result in the C-8.1B being deemed incomplete and denied.

I hereby certify that, pursuant to 12 NYCRR 325-1.25 (c)(1), a copy of this form was sent to claimant's medical provider, claimant and claimant's attorney if applicable, and the Board.

Prepared By: Employer Name: Dated:
Official Title: Daytime Phone #: Email Address:

C-8.1B (9-25) www.wcb.ny.gov



C-8.1B: RELATIONSHIP TO MTGs



- The Workers' Compensation Board's *New York Medical Treatment Guidelines (MTGs)* were created to ensure treatment of injured workers using the most effective evidence-based modern diagnostic and treatment techniques
- See *Kigin v. State Workers' Compensation Bd.*, 109 A.D.3d 299 (2013); 12 NYCRR § 324.2; and 12 NYCRR § 324.3
- Carrier must pay for medical care to or for a part of the body or condition covered by the MTGs
- But see 12 NYCRR § 325-1.25(a)(2)



C-8.1B: BILLING AND OBJECTION PROCESS

Timeframe to bill

Who to serve

Carrier objection process



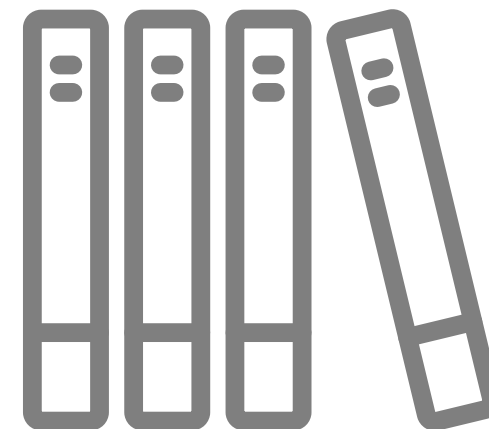


C-8.1B: OBJECTION TYPES

Legal objections — see 12 NYCRR 325-1.25(c)(6)

MTG objections — see 12 NYCRR 325-1.25(c)(7)

Miscellaneous



C-8.1B: WCB RESOLUTION OF MTG OBJECTIONS

Preliminary considerations:

- Was the objection timely?
- Did the carrier attach records or reference records in the file?
- Did the carrier complete all relevant fields of the *Form C-8.1B*/set forth the basis for its objection?





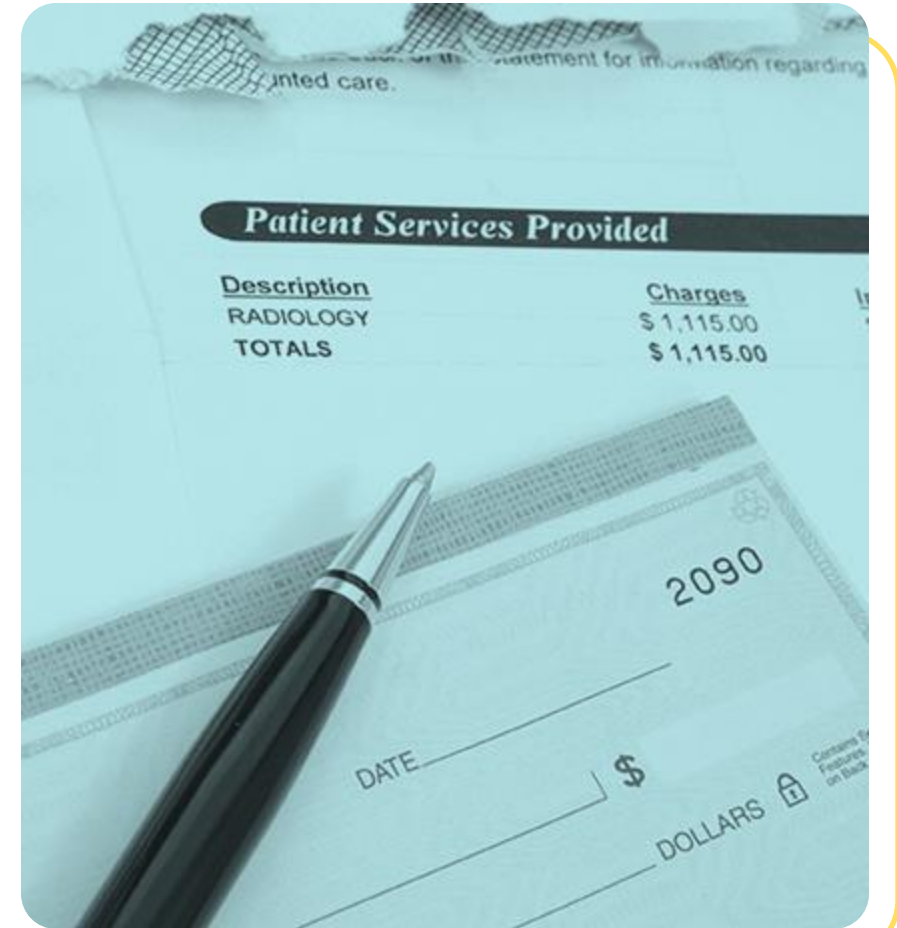
C-8.1B: EVALUATING THE OBJECTIONS



- Does the carrier contend that the treatment is outside the MTGs?
- Does the carrier contend that the treatment exceeded the frequency and duration permitted by the MTGs?
- How specific does the carrier have to be?
 - See *Matter of Camba, Inc.*, 2015 NY Wrk Comp G0577407 (June 16, 2015)
 - Also see *Matter of Sbarro, Inc.*, 2016 NY Wrk Comp G078 3951 (April 14, 2016)

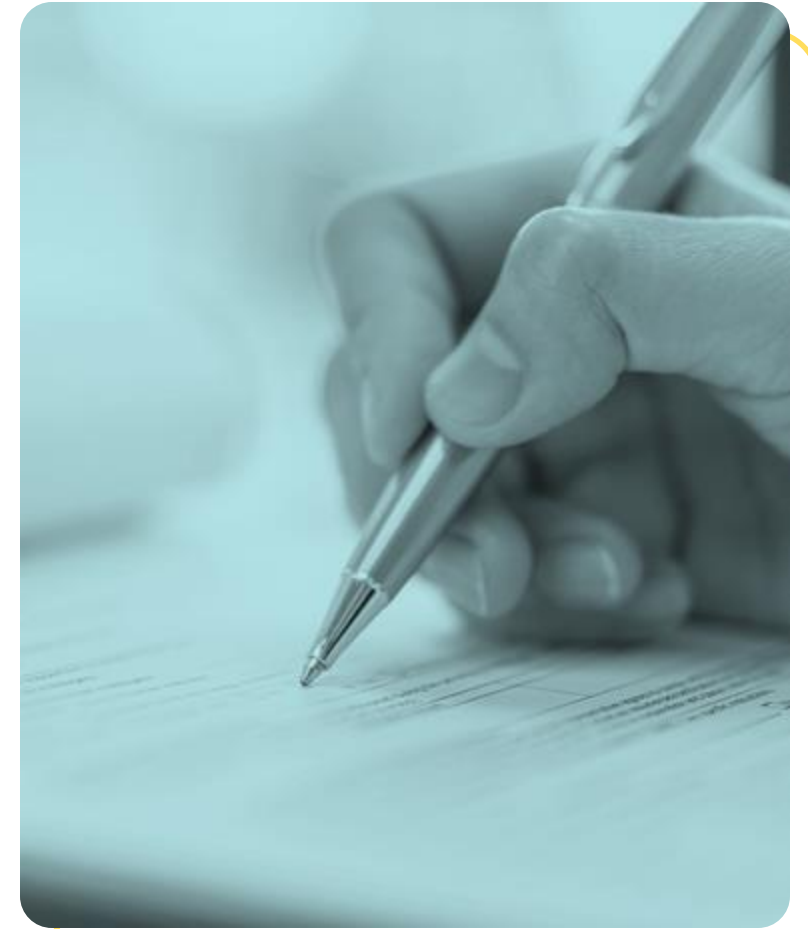
C-8.1B: POTENTIAL OUTCOMES

- *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0) process*
- Arbitration



Amending Board decisions for typographical or other minor edits

- In December 2025, process for addressing minor or typographical errors in Board decisions was revised
- *Minor or Typographical Correction Request for Decisions (Form C-763.8)* should be used to request minor or typographical errors in a decision
- Email form to adjudication@wcb.ny.gov



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THANK YOU

