

New York Medical Treatment Guidelines

Category of treatment quick reference



Workers' Compensation Board

This quick reference aid, regarding the Workers' Compensation Board's *New York Medical Treatment Guidelines (MTGs)*, helps to clarify the differences between treatment categories and summarizes requirements related to authorization and treatment, as well as the recommended frequency and duration of care within the categories.

Categories of treatment	Definition	Authorization requirements	Treatment requirements	Recommended visits
Treatment of original injury	The course of treatment for the original injury according to the applicable MTGs .	Care provided that is consistent with the MTGs is pre-authorized. Certain exceptions apply (e.g., special services that always require prior authorization).	Care must conform to MTGs . Must perform reevaluation to ensure that treatment is producing benefit (documented objective functional improvement/gains as a result of treatment).	Varies according to treatment modality. See specific MTG recommendations.
Treatment requiring a variance	Treatment that exceeds the frequency/ durations recommended in the MTGs or treatment not recommended or not addressed in the MTGs .	Variance request must be granted by the claim administrator or WCB before requested care is performed.	Must demonstrate objective functional improvement/gains as a result of previously provided treatment when request is for treatment that is beyond recommended frequency, duration, or total number of visits. For treatments that are not recommended or not addressed by the MTGs , must provide the evidence-based medical rationale for the treatment.	Variance is permitted when objective functional improvement/ gains toward ultimate functional goals are documented.
Ongoing maintenance care	Treatment that is part of a functional maintenance program for patient with a chronic condition who has reached maximum medical improvement (MMI).	Physical therapy, occupational therapy, or spinal manipulation performed according to MTGs is pre-authorized.	Patient must have reached MMI and specific objective goals should be identified and measured. Treatment must be part of a comprehensive self-maintenance program, which includes: a home based, self-directed, self-management program; periodic (at least once annually) treatment withdrawal; and documented loss of function during treatment withdrawal.	Up to 10 visits per calendar year. No variance permitted.
Treatment of exacerbation	Properly documented treatment of an objective change from baseline function to restore patient to such baseline function, if possible.	Care provided according to MTGs for treatment of original injury or Non-Acute Pain is pre-authorized. Certain exceptions apply (e.g., special services that always require prior authorization).	Provider must document: when and how the exacerbation occurred; objective changes from baseline function; type and frequency of treatment to return patient to baseline function, if possible; and patient's response to treatment through documented measures of functional improvement.	See limits on treatment for original injury or Non-Acute Pain, including applicability of variance.