NEW YORK STATE Workers' Compensation Board

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

C-8.1B 7-22

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			Apt. No.
7. Employer			
8. Insurer			
9. Claimant's 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:

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 ☐ **Request for treatment** has been denied, withdrawn, or refused.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: _____
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. ☐ **Other (specify) or explain below:** CARC _____ RARC _____

Compliance with Medical Treatment Guidelines (ONLY applies to an injury and/or condition covered by Medical Treatment Guidelines)**:**

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. **Explain Reason(s) and provide MTG Reference:**

IT IS HEREWITH CERTIFIED THAT A COPY OF THIS FORM WAS SENT THIS DATE TO THE HEALTH PROVIDER.

Prepared By: _____ Employer Name: _____ Dated: _____

Official Title: _____ Daytime Phone #: _____ Email Address: _____

Information Concerning Medical Treatment and Bills for Injured Employees, Insurers, and Health Care Providers

Answer all questions fully. Notice of Legal Objection must be filed within 45 days of receipt of the medical bill. Failure to pay the undisputed portion of the bill may subject the insurer to interest on that portion. Attach the Explanation of Benefits (using applicable Claims Adjustment Reason Codes (CARCs) and Remittance Advice Reason Codes (RARCs) with C-8.1B form submission to the Board.

Section A: Claim Information: Fields 1 -11 Enter claim demographic information including: WCB case number, carrier case number, insurer ID, date of injury as well as name and address of claimant, employer, insurer and health care provider. Also enter the WCB Authorization # and NPI # of the health care provider. Note: in volunteer firefighters' and volunteer ambulance workers' benefit cases, the liable political subdivision (or unaffiliated ambulance service as defined in Sec. 30 VAWBL) is deemed to be the "Employer".

Section B: Medical Bill Information: Fields 1-5 Enter medical bill information including: Date of Service; Date billed; amount of bill; amount in dispute and WCB Document ID#. Note: if bill is not in the Board's file, it must be submitted with this form.

Section C: Objection Reasons - Legal and Medical Treatment Guidelines: Fields 1-20 Payer must identify all objection reasons within one C-8.1B form submission. Select the applicable box for each objection reason. Objection reasons must be identical to Explanation of Benefits sent to provider, using same Claims Adjustment Reason Codes (CARC) and Remittance Advice Reason Codes (RARC). Enter the RARC code, where indicated, for objections where multiple codes may be applicable. Clarifying information for legal objections and CARC/ RARC codes should be included in field 12; this field should only be used to identify valid legal objection reasons not otherwise listed on the form. For Medical Treatment Guideline objections, identify the applicable MTG reference in field 20.

The objections listed are not the CARC descriptions, but are supporting information for the use of the CARC. CARC descriptions may be found at: (https://x12.org/codes/claim-adjustment-reason-codes)

If the insurer is also raising valuation objections simultaneously on the C-8.4, please check the applicable box at the top of Section C.

Fraud

Section 114 of the Workers' Compensation Law provides, in part, that any employer or insurer, or any employee, agent, or person acting on behalf of an employer or insurer, who knowingly makes a false statement or representation as to a material fact for the purpose of avoiding provision of any payment or benefit under this chapter shall be guilty of a felony.