# C-8.4 - Notice to Health Care Provider and Claimant of an Insurer's Refusal to Pay All (or a portion) of a Medical Bill Due to Valuation Objection(s)

## 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. Date Bill Received: _____

4. Amount of Bill: _____ 5. Amount Paid: _____ 6. Amount in Dispute: _____ 7. WCB Document ID # of Bill: _____

## Section C: REASON(S) FOR OBJECTION TO MEDICAL BILL: Please check all that apply.

Amount of Bill:

1. ☐ is excessive or not in accordance with pertinent Medical Fee Schedule [P12]
2. ☐ has not been properly pro-rated or apportioned between providers [B20]
3. ☐ uses improper CPT codes [P13/M51]
4. ☐ is not in accordance with Ground Rules limitation [P13/N130]
5. ☐ for dental treatment or treatment outside NYS exceeds community standard [P5]

Treatment:

6. ☐ is inappropriate for the clinical situation [150]
7. ☐ involves concurrent or overlapping services [59]
8. ☐ is duplicative, excessive or rendered too frequently [151]
9. ☐ involves unnecessary or excessive hospitalization [151]
10. ☐ involves a provider treating outside scope of practice [185]

**FAILURE TO PAY UNDISPUTED PORTION OF BILL WITH THIS NOTIFICATION SHALL NOT BE CONSIDERED A TIMELY NOTIFICATION.**

**IT IS HEREWITH CERTIFIED THAT A COPY OF THIS FORM WAS SENT THIS DATE TO THE HEALTH CARE PROVIDER AND THE WORKERS' COMPENSATION BOARD.**

_____ Dated

_____ Prepared By

_____ Tel. No. & Ext.

_____ Official Title



SEE REVERSE SIDE

# Information Concerning Medical Treatment and Bills For Claimant, Insurers, and Health Care Providers

This form must be used for all valuation objections to medical bills*. Notice of Valuation 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 Form C-8.4 submission to the Board.

**Valuation Objection Issues** - Valuation issues relate to the dollar amount of the medical bill or the medical appropriateness of the treatment provided. Applicable valuation issues and the associated CARCs/RARCs are listed on the front of this form. This form cannot be used for objections relating to Forms FROI-04/SROI-04 or C-8.1B legal issues.

**Section A: Claim Information:** Fields 1 -11 Enter the claim information including: WCB Case Number, Claim Admin Claim number, Insurer ID, Date of Injury as well as the name and address of the 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 1-7 Enter the medical bill information including: Date of Service, Date of Bill, Date Bill Received, amount of medical bill, amount paid, amount in dispute and WCB Document ID#. Note: if bill is not in the Board's file, it must be submitted with this form. If a legal objection has been simultaneously filed on Form C-8.1B, the amount entered in item 5 (“amount paid”) should be the proposed payment amount to be paid by the carrier, in the event that the legal objection is resolved in favor of the provider. If the legal issue is resolved in favor of the carrier, the payable amount will be $0.

**Section C: Valuation Objection Reasons:** Fields 1-10 The insurer must identify all valuation objection reasons within one Form C-8.4 submission. Select the applicable box for each objection reason. Valuation objection reasons must be identical to the Explanation of Benefits sent to the provider, using the same CARCs and RARCs.

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)

*Note: valuation objections should not be submitted by the insurer in the following scenarios:

1) the amount billed for the particular CPT code is in excess of the amount designated by the applicable medical fee schedule, and the insurer pays the bill at the appropriate medical fee schedule amount;

2) the insurer reduces the amount of the bill to 12, 15 or 18 relative value units for evaluation services and modalities, as set forth in the applicable medical fee schedule; or

3) the insurer reduces the amount of the bill pursuant to a contractual agreement with the provider (i.e., network or PPO discount). Such reductions should be included on the Explanation of Benefits and may be provided to an arbitrator in the event an HP-1 is filed.

**Information for Health Care Providers: Form HP-1.0 Health Provider's Request For Decision On Unpaid Medical Bill(s) -** If no legal issues relating to the medical bill are pending, and the medical provider or hospital has received a valuation issue objection, the provider may request arbitration by proper submission of Form HP-1.0. Details of the Form HP-1.0 process can be obtained by telephoning 1(800) 781-2362 or by visiting the Board's website at www.wcb.ny.gov.

**Information for Claimant:** Workers' Compensation insurance provides medical, surgical, optometric or other attendance or treatment necessitated by the work-related injury or illness without cost to the claimant. The cost is paid by the employer or its insurance carrier, and the health care provider may not collect a fee from the patient. Sometimes, the insurance carrier may object to the length or type of treatment or to the amount the provider has billed for treatment. The claimant should not pay the provider for services rendered until the Board rules that the services are not covered by workers' compensation.

## 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 in the course of, or adjusting a claim for any benefit or payment under this chapter for the purpose of avoiding provision of such payment or benefit shall be guilty of a felony.