



Workers'  
Compensation  
Board

# FEE SCHEDULE OVERVIEW

FOR PROVIDERS SEEKING BOARD AUTHORIZATION

JUNE 3, 2025

# AGENDA

1 Overview

2 Durable Medical Equipment  
(DME) Fee Schedule

3 Calculating a fee

4 Medical billing disputes

5 Resources

# Overview



# FEESCHEDULES

***The NYS Workers' Compensation Board's Fee Schedules are set by the Chair of the Board.***



# PROVIDER TYPES

Each health care provider (provider) and service type has a fee schedule. The Provider/Billing section of the Board's website lists all the available fee schedules. Several fee schedules are free, including:

- *Pharmacy Fee Schedule*
- *Durable Medical Equipment (DME) Fee Schedule*
- *Dental Fee Schedule*



# INDIVIDUAL OR GROUP FEE SCHEDULES

- Fee schedules can be purchased individually or as a group.
- Certain fee schedules can be purchased separately from **RefMed** rather than requiring a provider to purchase the full *Official New York Workers' Compensation Medical Fee Schedule*, including:

1 Acupuncture

4 Behavioral Health

2 Physical and Occupational Therapy

5 Podiatric

3 Chiropractic

6 Psychology

# INDIVIDUAL OR GROUP FEE SCHEDULES (cont'd)

- Medical fee schedules may be purchased from **RefMed**:
  - Call **(863) 222-4071**
  - Visit [marketplace.refmed.com](http://marketplace.refmed.com), keyword **New York**
- Board's *DME Fee Schedule* does not need to be purchased and is available on the WCB website here: [Official New York Official Workers' Compensation Durable Medical Equipment \(DME\) Fee Schedule](#)

# FREE VIEWING SITES



**Health care providers can also review the fee schedules at the Department of State, the Legislative Library, the libraries of the Supreme Court of the State of New York, or at the Board's district offices.**

# FEESCHEDULE ALIGNMENT

- In recent years, the Board's fee schedules have been updated with increased fees to be more in line with regular health insurance.
- The increased fees help ensure that health care providers in New York receive fair reimbursement for quality treatment of our injured workers.



# FEESCHEDULE REMINDERS

- Don't forget to take advantage of the enhanced reimbursement for certain provider types when billing for evaluation and management.
- More information on each fee schedule is available on the **Health Care Providers** section of the Board's website at [wcb.ny.gov](http://wcb.ny.gov).

Health Care Providers

Onboard: Limited Release, the first phase of the Board's new online information system, is now available!

LEARN ABOUT ONBOARD PROVIDER TOOLKIT

HEALTH CARE PROVIDER Quick Links

SEARCH MEDICAL PORTAL DOSE EMPLOYER HAVE COVERAGE PROVIDER UPDATES

Medical Portal

Learn about features of the Board's web-based application that enables health care providers to request and renew authorization to treat injured workers, submit medical information electronically, and access lookup tools for the Board's Medical Treatment Guidelines and Drug Formulary. Health care providers can also manage diagnoses, use the Medical Portal to access [Onboard](#) to submit new authorization requests (NARs) for Medications, DME, medical reimbursement and request for Doctor on Demand on [Onboard Medical Billing Form \(PMF\)](#).

MEDICAL PORTAL OVERVIEW VIDEO: SIGNING UP TO ACCESS THE MEDICAL PORTAL (5 MIN)

RESOURCES

Health Care Providers

Providers

Learn about different health care provider roles to find or become an authorized provider.

EXPANDED PROVIDER LAW

TRAINING

APPLY FOR AUTHORIZATION

RENEW AUTHORIZATION

SPECIALTY CLASSIFICATION CODES

PROVIDER TOOLKIT

Treatment

View information on Medical Treatment and Impairment Guidelines, Treatment Authorization Requests and diagnostic testing networks.

MEDICAL TREATMENT GUIDELINES

DRUG FORMULARY

IMPAIRMENT GUIDELINES

TELEHEALTH

ONBOARD

DIAGNOSTIC TESTING NETWORK LOOKUP

Billing

Access medical fee schedules, electronic bill submission tools and other resources to assist with medical billing.

DOES EMPLOYER HAVE COVERAGE

MEDICAL FEE SCHEDULES

MEDICAL AND BILLING FORM UPDATES/CLARIFICATIONS (5/2/22)

WEB SUBMISSION OF MEDICAL FORMS

CMS-1500 INITIATIVE

CMS-1500 ELECTRONIC FORMS SUBMISSION

ONLINE SERVICES AVAILABILITY

MEDICAL BILLING DISPUTES

CLAIM ADJUSTMENT REASON CODES (CARCS) AND REMITTANCE ADVICE

OPIOD EXCISE TAX

# WHAT PROVIDERS NEED TO KNOW

Providers/suppliers should always check the *Medical Treatment Guidelines (MTGs)* and *Fee Schedules* to ensure the medical treatment/testing or medical equipment being prescribed is recommended in the applicable *MTG* and is listed in the applicable *fee schedule*.

- If appropriately consistent with the applicable *MTG* and *fee schedule*, the provider/supplier sends a bill to the payer for payment at the fee schedule rate.
- If not consistent, the provider/supplier must submit a prior authorization request (PAR) via OnBoard for approval.

# PHARMACY FEE SCHEDULE

- The *Pharmacy Fee Schedule* lists current regulations.
- All prescribed medication should be in accordance with applicable *MTGs* and with the currently posted [New York Workers' Compensation Drug Formulary](#).
- Medications not listed or used beyond *Drug Formulary* recommendations require PAR approval.



# WHAT IS A PAR?



- A PAR is a request by an injured worker's health care provider to obtain prior approval from the claim administrator (e.g., payer) to approve treatment associated with a specific diagnostic study or treatment under workers' compensation insurance. There are several categories of treatment that require prior authorizations.
- Visit the [What is a PAR](#) webpage for more details.

# WHAT IS ONBOARD?

- OnBoard is an application accessed from the Board's Medical Portal.
- It's designed to move key processes for health care providers and claim administrators from paper to online.
- The PAR process for medication, durable medical equipment (DME), and medical treatment/testing, as well the submission of *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)* are completed within OnBoard.
- Learn more about OnBoard by visiting the Board's [website](#). Access [OnBoard training](#) for health care providers.



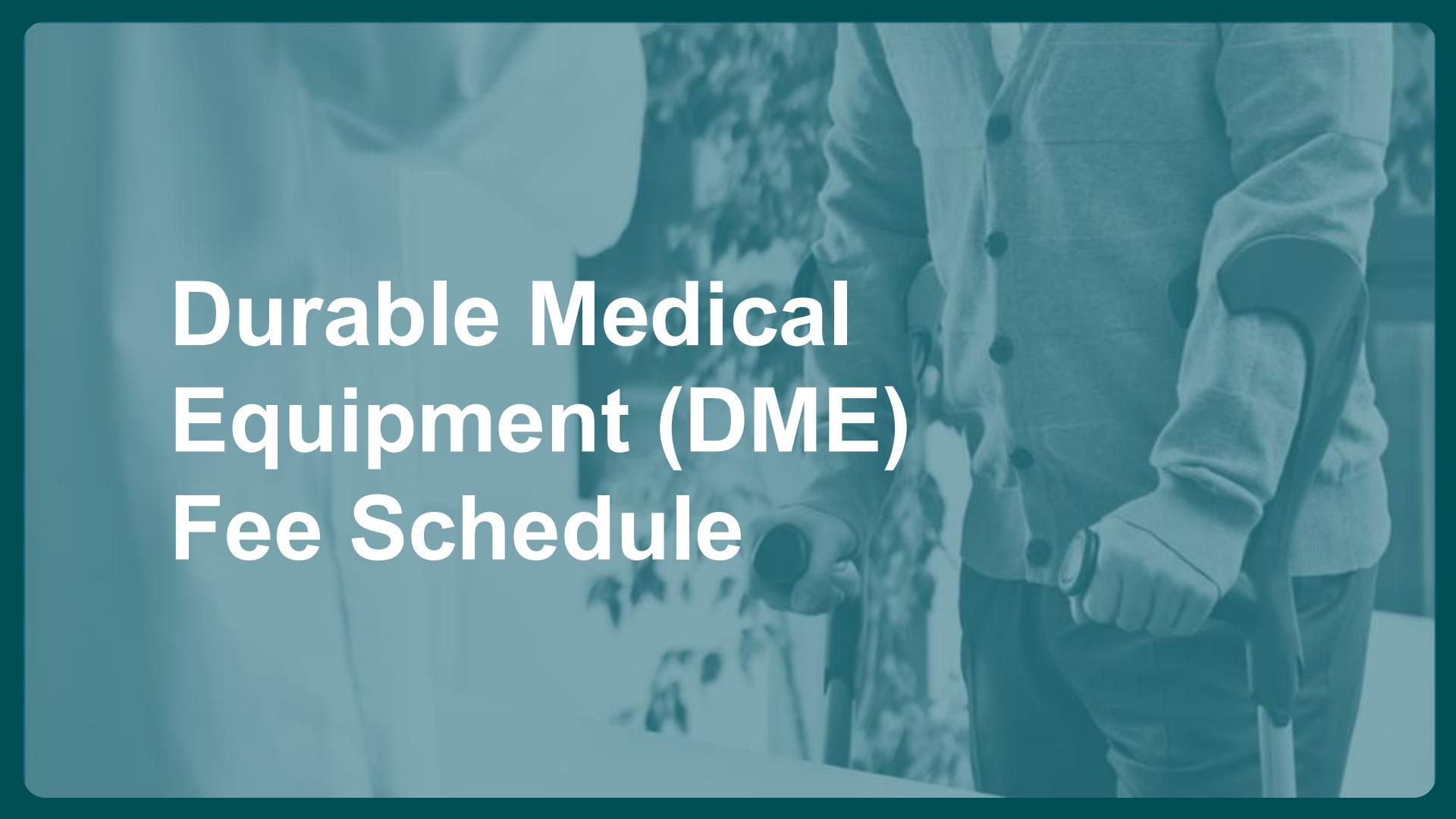
# MEDICAL FEE SCHEDULE GROUND RULES 17 & 18 (MODS 1B and 1D)

- Included in the *2019 Medical Fee Schedule*
- Effort to increase the number of Board-authorized providers in the primary care medicine and behavioral health specialties
- **Family medicine, general practice, internal medicine, behavior health**
- Establishment of specific modifiers which provide a **20% reimbursement increase**
- Modifier **1D and 1B** used for appropriate/applicable **Evaluation and Management** services
- Only providers with designated Board-assigned rating codes and working in these primary care and/or behavioral health fields

# SAMPLE GROUND RULE

### 3. **Multiple Physical Medicine Procedures and Modalities**

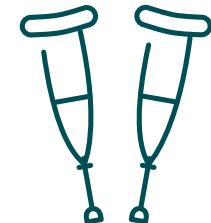
When multiple physical medicine procedures and/or modalities are performed on the same day, reimbursement is limited to 12.0 RVUs per patient per day per accident or illness or the amount billed, whichever is less. **Note:** When a patient receives physical medicine procedures, acupuncture and/or chiropractic modalities from more than one provider, the patient may not receive more than 12.0 RVUs per day per accident or illness from all providers



# Durable Medical Equipment (DME) Fee Schedule

# USING THE DME FEE SCHEDULE

- In addition to the other fee schedules for provider reimbursement, the *DME Fee Schedule* is available on the Board's [website](#).
- Providers should always check the *DME Fee Schedule* to ensure that medical equipment is covered.
  - If covered, the provider sends a bill to the payer for payment at the *DME Fee Schedule* rate.
  - If the *DME Fee Schedule* notes a PAR is required, or if not included on the *DME Fee Schedule*, the provider must submit a PAR via OnBoard for approval.



# USING THE DME FEE SCHEDULE (CONT'D)

- Providers should always check the *DME Fee Schedule* to ensure that medical equipment is listed and determine the proposed fee.
  - Always check the applicable *MTGs* for appropriate and medically necessary prescription of DME.
- As noted previously, PARs for DME are handled via OnBoard.



# USING THE DME FEE SCHEDULE (cont'd)

- A DME PAR is required prior to prescribing DME items from the *DME Fee Schedule* that are labeled as PAR or not included in the *DME Fee Schedule*.
- Codes should be chosen that best describe the item prescribed by the provider.
- Multiple codes should **not** be used to bill a single item.



# THE CODING SYSTEM

The *DME Fee Schedule* is based on the Healthcare Common Procedure Coding System (HCPCS):

- The *DME Fee Schedule* indicates if a PAR is required.
- Some items requiring a PAR provide pricing and others do not.

CODE	SHORT DESCRIPTION	FULL DESCRIPTION	PURCHASE	RENTAL PER WEEK	PAR REQUIRED
A6540	Gc stocking waistlength 30-40	Gradient compression stocking, waist length, 30-40 mmhg, each	\$101.23		
A6541	Gc stocking waistlength 40-50	Gradient compression stocking, waist length, 40-50 mmhg, each	\$104.94		
A6544	Gc stocking garter belt	Gradient compression stocking, garter belt	\$15.00		
A6545	Grad comp non-elastic bk	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	\$77.97		
A6549	G compression stocking	Gradient compression stocking/sleeve, not otherwise specified			PAR
A7000	Disposable canister for pump	Canister, disposable, used with suction pump, each	\$4.35		
A7001	Nondisposable pump canister	Canister, non-disposable, used with suction pump, each	\$27.31	\$0.64	
A7002	Tubing used w suction pump	Tubing, used with suction pump, each	\$0.92		
A7003	Nebulizer administration set	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	\$2.23		
A7004	Disposable nebulizer sml vol	Small volume nonfiltered pneumatic nebulizer, disposable	\$1.29		
A7005	Nondisposable nebulizer set	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	\$16.19		
A7006	Filtered nebulizer admin set	Administration set, with small volume filtered pneumatic nebulizer	\$5.37		
A7007	Lg vol nebulizer disposable	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$2.89		
A7008	Disposable nebulizer prefill	Large volume nebulizer, disposable, pre-filled, used with aerosol compressor	\$10.06	\$0.23	
A7009	Nebulizer reservoir bottle	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	\$34.69	\$0.81	
A7013	Disposable compressor filter	Filter, disposable, used with aerosol compressor or ultrasonic generator	\$0.11		

# DME ITEMS WITH NO PRICE

## For a PAR on an item with no price:

- The *DME Fee Schedule* indicates if a PAR is required.
- The payer may approve the price.

# DME ITEMS WITH NO PRICE (cont'd)

- If the payer response is a grant in part (e.g., for a lower price):
  - The payer must provide two locations (with contact information) where the injured worker can get the item at that lower price. Items requiring a PAR provide pricing, others do not.
  - The locations must be within 15 miles of the injured worker's home.
  - The payer must drop ship with a place for fittings identified.
  - The rental price cannot exceed purchase price.

CODE	SHORT DESCRIPTION	FULL DESCRIPTION	PURCHASE	RENTAL PER WEEK	PAR REQUIRED
A6540	Gc stocking waistlength 30-40	Gradient compression stocking, waist length, 30-40 mmhg, each	\$101.23		
A6541	Gc stocking waistlength 40-50	Gradient compression stocking, waist length, 40-50 mmhg, each	\$104.94		
A6544	Gc stocking garter belt	Gradient compression stocking, garter belt	\$15.00		
A6545	Grad comp non-elastic bk	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	\$77.97		
A6549	G compression stocking	Gradient compression stocking/sleeve, not otherwise specified			PAR
A7000	Disposable canister for pump	Canister, disposable, used with suction pump, each	\$4.35		

# PURCHASE OR RENTAL

- When submitting a DME PAR, the health care provider will request the item for “x” number of weeks. The payer will decide whether it is a purchase or a rental.
- Billing is based on the *DME Fee Schedule* — no invoices are required with proper billing of codes that have prices on the fee schedule.
- Invoices should be included for any “miscellaneous” codes, or items listed on the fee schedule without prices.

CODE	SHORT DESCRIPTION	FULL DESCRIPTION	PURCHASE	RENTAL PER WEEK	PAR REQUIRED
A6540	Gc stocking waistlngth 30-40	Gradient compression stocking, waist length, 30-40 mmhg, each	\$101.23		
A6541	Gc stocking waistlngth 40-50	Gradient compression stocking, waist length, 40-50 mmhg, each	\$104.94		
A6544	Gc stocking garter belt	Gradient compression stocking, garter belt	\$15.00		
A6545	Grad comp non-elastic bk	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	\$77.97		
A6549	G compression stocking	Gradient compression stocking/sleeve, not otherwise specified			PAR
A7000	Disposable canister for pump	Canister, disposable, used with suction pump, each	\$4.35		
A7001	Nondisposable pump canister	Canister, non-disposable, used with suction pump, each	\$27.31	\$0.64	

# BILLING



If a health care provider accepts an injured worker as a patient, the provider or supplier may not bill in excess of the *DME Fee Schedule*.

# Medical Billing Disputes

## Patient Services Provided

### Description

RADIOLOGY  
TOTALS

### Charges

\$ 1,115.00  
\$ 1,115.00

### Pending Insurance

\$ 00  
\$ 00

Pending  
Insurance  
\$ 157.18  
\$ 157.18

# ARBITRATION & ADMINISTRATIVE AWARDS

- The Board resolves all disputes for medical bills and services (including prescriptions and DME), unpaid or paid.
- *Form HP-1.0* is used by health care providers, medical suppliers, and pharmacies to ask the Board to determine whether a claim administrator should pay a medical bill, which they previously declined to pay in full, or in part, for services rendered to a patient who has a workers' compensation case.
- The Board has decreased the backlog — turn around times for the resolution of these forms is now significantly shorter.

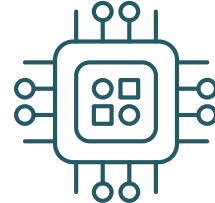
Note: The Board does not arbitrate any contract disputes involving networks.

# SUBMITTING FORM HP-1.0

## Submit a complete bill along with attachments

- A complete medical bill **must, by definition, include:**
  - A CMS-1500.
  - The supporting medical narrative.
- When submitting *Form HP-1.0*, providers must also attach:
  - Basis for provider belief that the clinical intervention was medically necessary.
  - Payer denial communications (if received).
  - Scenario-specific documentation.





# RESOURCES

# MEDICAL DIRECTOR'S OFFICE

**HELPLINE: (800) 781-2362**

**EMAIL: MDO@wcb.ny.gov**

**WEBSITE: wcb.ny.gov**

# FOLLOW THE BOARD

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f @NYSWCB

o @NYSWorkersCompBoard

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in linkedin.com/company/nswcb

✉ wcb.ny.gov (“Get WCB Notifications”)