



**Workers'
Compensation
Board**

BETTER FOR WORKERS

BETTER FOR BUSINESS

PAY TO THE
ORDER OF

BETTER FOR PAYERS



**What payers
need to know**

AGENDA

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OnBoard

2

New/Updated *New York Medical Treatment Guidelines (MTGs)*

3

Transitioning to the *CMS-1500* form

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COVID-19

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Resources/questions

ONBOARD

OnBoard

- The initial release of OnBoard was implemented in phases from March 7, 2022 through May 2, 2022
- To date: over 35,000 payers and reviewers have signed up for access
- To date: nearly 100,000 PARs have been processed

Access

- Payers must use the Medical Portal to access OnBoard
- Claim administrator access is granted using organizational profiles based on eClaims Trading Partner information
- Payers are responsible for the review of PARs
- Payers may designate a Medical Review Organization (MRO) to review PARs
- Visit the Payer section at wcb.ny.gov/onboard for more information

ONBOARD
Registration, access and administration for payers, pharmacy benefit managers and medical review organizations through the Medical Portal

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I. Overview
Users need access to the Medical Portal to use OnBoard: Limited Release to submit and respond to prior authorization request (PAR) or Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0). Some users may already have access and will not need to request access again. The information in this guide details who needs access, how to request (or register) for access, and how to designate and manage user roles in the system.

II. Medical Portal access: who has it, and who needs it?

User Type	Details
Payers (insurers, third-party administrators, self-insured employers)	Payers who already have access to the Medical Portal for Drug Formulary prior authorizations are automatically registered for OnBoard. A second registration is not required.
Pharmacy benefit managers (PBMs)	PBMs who already have access to the Medical Portal are automatically registered for OnBoard. PBMs not registered for the Medical Portal must complete the online PBM Medical Portal Registration process.
Medical review organizations (MROs)	MROs must complete the online Medical Review Organization Medical Portal Registration process.

Who can do what

		Prior Authorization Requests (PARs)						
	Request for Decision on Unpaid Medical Bill(s) (HP-1.0)	Medication	MTG Confirmation	MTG Variance	Non-MTG Under or = \$1000	Non-MTG Over \$1000	MTG Special Services	DME
Acupuncturist	x				x	x		
Chiropractor	x		x	x	x	x		x
Licensed Clinical Social Worker	x		x	x	x	x		
Physician	x	x	x	x	x	x	x	x
Physician Assistant	x	x	x	x	x	x		x
Nurse Practitioner	x	x	x	x	x	x	x	x
Podiatrist	x	x	x	x	x	x	x	x
Psychologists	x		x	x	x	x		
Physical Therapists	x				x	x		
Occupational Therapist	x				x	x		

PAR response time frames

MTG Confirmation	Eight business days
MTG Variance	15 calendar days (extends to 30 with IME request)
MTG Special Services	15 calendar days (extends to 30 with IME request)
Non-MTG Over \$1,000	30 calendar days
Non-MTG Under or = to \$1,000	Eight business days
Medication	Four calendar days
Durable Medical Equipment	Four calendar days



***New York
Medical Treatment
Guidelines (MTGs)***

New York Medical Treatment Guidelines (MTGs)

- In December 2010, the Board implemented legislatively mandated Medical Treatment Guidelines (MTGs) that fundamentally changed the delivery of health care to injured workers



New York Medical Treatment Guidelines (MTGs)

The following *MTGs* are effective for treatment as of May 2, 2022:

- *Knee Injury*
- *Mid and Low Back Injury*
- *Neck Injury*
- *Non-Acute Pain and Shoulder*
- *Ankle and Foot Disorders*
- *Elbow Injuries*
- *Hand, Wrist and Forearm Injuries (including Carpal Tunnel Syndrome)*
- *Hip and Groin Disorders*
- *Occupational Interstitial Lung Disease*
- *Occupational/Work-Related Asthma*
- *Post-Traumatic Stress Disorder and Acute Stress Disorder*
- *Work-Related Depression and Depressive Disorders*
- *Eye Disorders*
- *Traumatic Brain Injury*
- *Complex Regional Pain Syndrome*

MTG training

Medical Treatment Guidelines training is available on the Board's website

- Payers take non-CME trainings
- Visit Health Care Providers section at wcb.ny.gov

Medical Treatment Guidelines Training

SECTIONS

- Overview
- Available Courses

Overview

Since 2010, the Workers' Compensation Board has developed training programs designed to meet the needs of the different stakeholders who participate in the WC system and use the Medical Treatment Guidelines (MTGs). The training has courses for the treatment of injuries and illnesses for the updated Mid and Low Back, Neck, Shoulder, Knee and Non-Acute Pain MTGs, as well as training for the new Ankle and Foot Disorders, Elbow Injuries, Hand, Wrist and Forearm Injuries (including Carpal Tunnel Syndrome), Hip and Groin Disorders, Occupational Interstitial Lung Disease, Occupational/Work-Related Asthma, Post-Traumatic Stress Disorder and Acute Stress Disorder and Work-Related Depression and Depressive Disorders.

To maintain your knowledge base, we recommend that you take all the courses.

Available Courses

- [New! MTG Lookup Tool overview](#) (8-minute recorded presentation). Learn how to use the Lookup Tool, accessed via the [Medical Portal](#) login, to search the Board's adopted Medical Treatment Guidelines by condition, treatment or test to determine whether a particular condition/treatment combination is "Recommended," "Not Recommended" or "Conditional."
- [Medical professionals](#)
- Non-medical personnel such as insurance adjusters, medical provider office staff, attorneys and licensed representatives, etc.



Transitioning to the *CMS-1500* form

SEARCH

WWW.

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PLATFORM

Medical diagnosis

SEARCH

WWW.

MEDICAL

MEDICAL

Diagnostic procedures

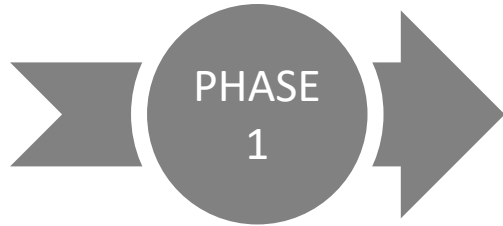
Differential diagnosis

MEDICAL

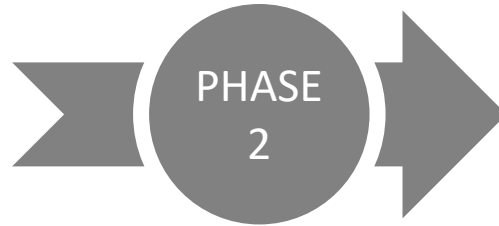
MEDICAL

Clinical decision support system

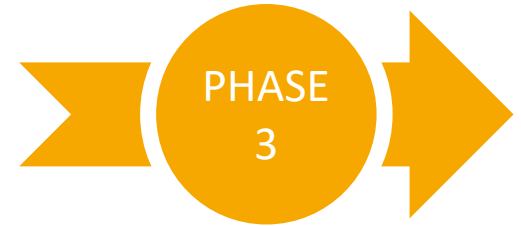
Transitioning to the *CMS-1500* form



- Voluntary Submission



- Payers mandated to accept electronic medical bills and Explanation of Benefit/Explanation of Review (EOB/EOR) transmittal



- **PAYERS:** Mandatory use of specific Claims Adjustment Reason Codes (CARCs), *Notice of Treatment Issue/Disputed Bill (Form C-8.1B)* and *Notice to Health Care Provider and Injured Worker of a Carrier's Refusal to Pay All (or a Portion of) a Medical Bill Due to Valuation Objection(s) (Form C-8.4)*
- **PROVIDERS:** Mandatory use of *CMS-1500* form

CMS-1500 Medical Narrative Report template and requirements

- The Board has developed a medical narrative report template that providers should use with their submissions
- Template includes the three mandatory elements to include with most narratives
- A medical narrative report may be found legally defective if these elements are missing

Report template can be found at:
wcb.ny.gov/CMS-1500/requirements.jsp



Explanation of Benefits/Explanation of Reviews (EOB/EOR)

Today (*Form C-8.1* excerpt)

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

- Treatment provided was not based on correct application of the Guidelines.
- Treatment deviates from the Guidelines without securing a Variance.
- Treatment not consistent with the approved Variance.
- Variance denied without claimant timely requesting review or Variance denied by Board Decision filed: _____

Explain Reason(s)/MTG Reference: _____

Future (CARCs on EOB)

Payer uses CARC 197 (precertification/authorization/notification/pre-treatment absent) to object to payment of a bill when treatment deviates from the *MTGs* without securing a variance

EOB/EOR and CARCs

CARC and RARC Codes Required when Objecting to Payment of Medical Bills



Workers' Compensation Board

EFFECTIVE JULY 1, 2022, payers will be required to use the following **Claim Adjustment Reason Codes (CARCs)** and **Remittance Advice Remark Codes (RARCs)** on an explanation of benefits/explanation of review (EOB/EOR) sent to a health care provider to object to payment of a medical bill. The payer must send the New York State Workers' Compensation Board (Board) a timely filed *Notice of Treatment Issue/Disputed Bill Part B (Form C-8.1)* or *Notice to Health Care Provider and Injured Worker of a Carrier's Refusal to Pay All (or a Portion of) a Medical Bill Due to Valuation Objection(s) (Form C-8.4)* with the same objection reason noted to properly object to such payment. The objections listed are not the CARC descriptions, but are supporting information for the use of the CARC. CARC descriptions may be found at x12.org/codes/claim-adjustment-reason-codes.

Line #	Current Form C-8.1 Part B/C-8.4 Objections	Proposed EOB Objections	Objection Form	CARC RARC	Scenario	Law/Reg/Notes
1	Claim has been controverted by a denial dated _____ and liability has not been resolved	The claim has been controverted by a First Report of Injury (FROI) denial (FROI-04) or Subsequent Report of Injury (SROI) denial (SROI-04) dated _____ and establishment is pending.	C-8.1B	P8	Payer uses CARC P8 to object to payment of a bill for medical services. The payer has disputed liability for the claim by filing a Notice of Controversy pursuant to Workers' Compensation Law (WCL) 25(2)(b) AND the claim is being investigated for compensability.	WCL § 10
2	N/A	The claim has been controverted by a FROI-04 or SROI-04 dated _____ and the case has been disallowed.	C-8.1B	P4	Payer uses CARC P4 to object to payment of a bill for medical services. Payer has disputed liability for the claim by filing a Notice of Controversy pursuant to WCL 25(2)(b) AND the claim has been adjudicated and the payer has been found not liable for the claim (claim was disallowed).	WCL § 10

EOB/EOR and CARCs

There are four scenarios when neither *Form C-8.1B* nor *Form C-8.4* is required:

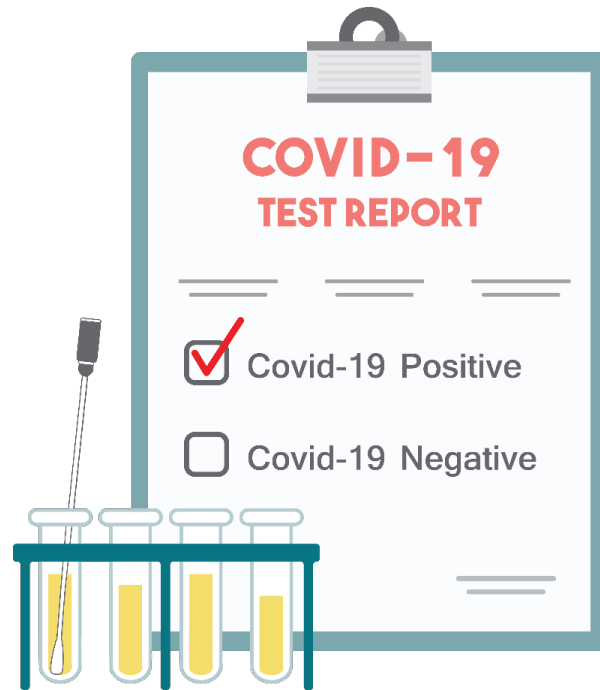
- When the amount billed for a CPT code exceeds the amount designated by the applicable medical fee schedule, and the payer pays the bill at the medical fee schedule amount
- Payer reduces the amount of bill to 12, 15 or 18 relative value units for evaluation services and modalities, as set forth in the applicable medical fee schedule
- Payer reduces the amount of the bill pursuant to a contractual agreement with the provider (e.g., network or PPO discount)
- There is a duplicate bill



**Workers' compensation
and COVID-19**

Workers' compensation and COVID-19

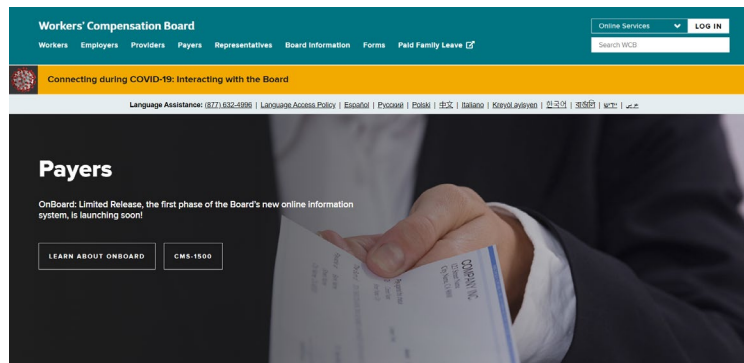
- Payers provide crucial benefits to both employees and employers
- Be pro-active in distributing information about COVID-19 claims
- Encourage employees to file claims, and employers to help
- Employers may not discipline or discriminate against employees who file COVID-19 claims
- Review claims carefully and timely
- More information at wcb.ny.gov/covid-19



Making the Board better for payers

As we continue to work on implementing improvements for payers, we're committed to:

- Increased communication
- Regular engagement regarding OnBoard



OnBoard resources

WEBSITE: wcb.ny.gov/onboard

- Walkthrough of registration process
- Video tutorials
- Recorded presentations

CMS-1500 resources

WEBSITE: wcb.ny.gov/CMS-1500

EMAIL: CMS1500@wcb.ny.gov

More information

HELPLINE: (877) 632-4996

WEBSITE: wcb.ny.gov (select 'Payers' link on top of page)

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wcb.ny.gov/notify



**Workers'
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Thank you

Questions?