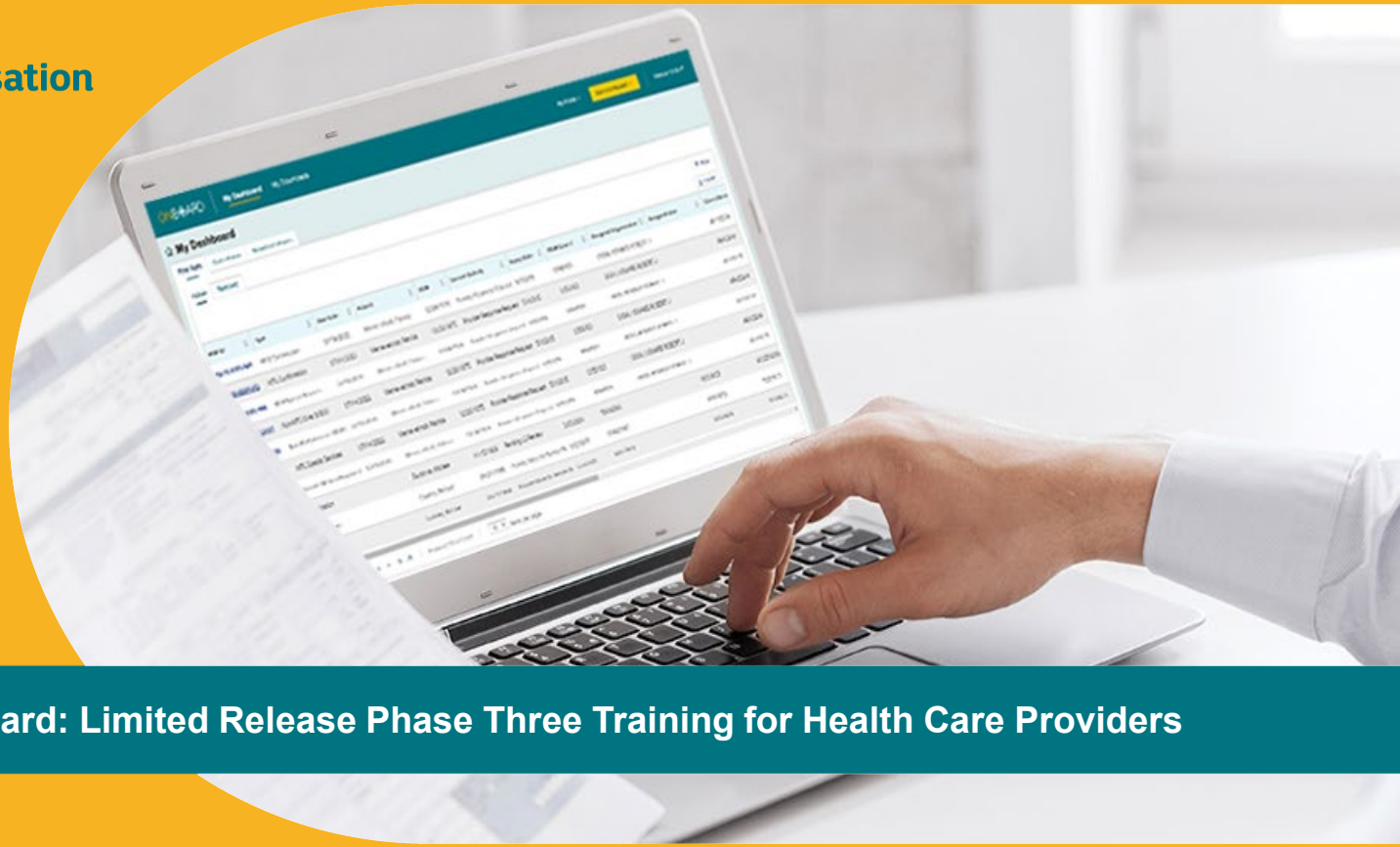
NEW YORK STATE OF OPPORTUNITY.

Workers' Compensation Board



OnBoard: Limited Release Phase Three Training for Health Care Providers

Agenda

1. Timeline
2. Phase Three Overview
3. OnBoard Administration
4. Accessing OnBoard: Limited Release (OBLR)
5. Drafting/Submitting Treatment/Testing Prior Authorization Requests (PARs)
6. Insurer Response
7. Converting a Confirmation PAR to Variance PAR
8. Independent Medical Exam Request Notifications
9. *New York Medical Treatment Guidelines (MTGs)*
10. Resources

Timeline

Phase One	Medication PARs & Form HP-1.0 Submissions	March 7, 2022 (complete)
Phase Two	Durable Medical Equipment (DME) PARs	April 4, 2022 (complete)
Phase Three	Treatment/Testing PARs	May 2, 2022

Phase Three – Treatment/Testing PARs

1. **MTG Confirmation**
   - *Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response* (*Form MG-1*)
2. **MTG Variance**
   - *Attending Doctor's Request for Approval of Variance and Carrier's Response* (*Form MG-2*)
3. **MTG Special Services**
   - Includes 13 procedures and second or subsequent procedures related to the *MTGs* on the *Attending Doctor's*
   - *Request for Authorization and Carrier's Response* (*Form C-4 AUTH*)
4. **Non-MTG Over $1,000**
   - Includes any treatments/tests for a body part not covered by applicable *MTGs* costing more than $1,000
5. **Non-MTG Under or Equal to $1,000**

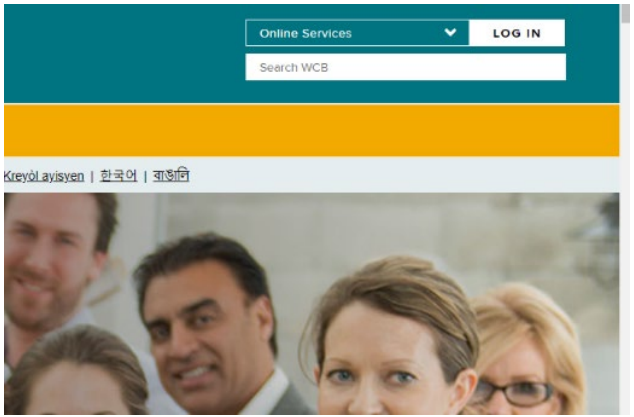
OnBoard Administration

- **Health care providers can register delegates to:**
  - Draft PARs, which must be reviewed and submitted by the health care provider.
  - Draft escalations to Level 2 Medication PARs, which must be reviewed and submitted by the health care provider.
  - Draft PAR escalations to Level 3 for Medical Director's Office review.
  - Respond to insurer requests for information (must be designated by the health care provider from within OnBoard).
  - Draft and submit *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0).*
- **View administration instructions on the Medical Portal webpage to assign delegates.**

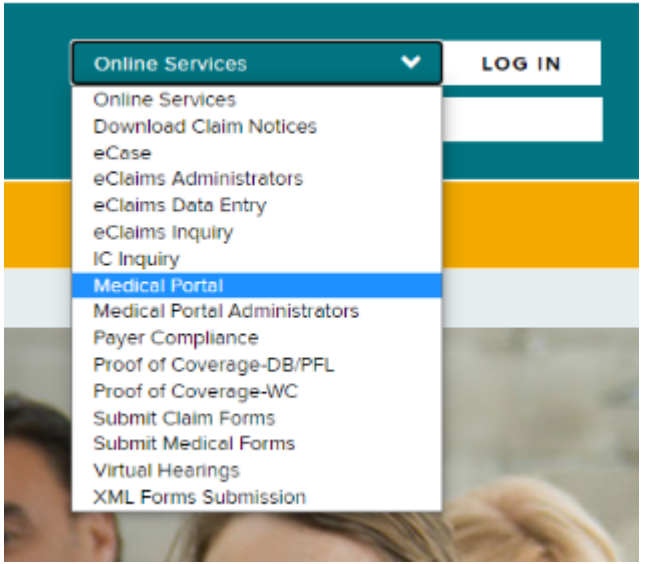
Accessing OnBoard: Limited Release

How to Access OBLR

Locate Online Services drop-down list on Board website



Select Medical Portal



How to Access OBLR

Enter NY.GOV ID
Username
and Password

Health Care Providers will select **Prior Authorization Request (PAR)**
or **Request for Decision on Unpaid Medical Bill (Form HP-1.0)**

Medical Providers

- Training
- New Provider Authorization Request
- Authorization Renewal
- Update Authorization Information
- Specialty Classification Codes
- New Provider Legislation
- Independent Medical Examinations
- Learn more about the Impartial Specialist Program
- Preferred Provider Organizations
- Medical Portal Administration

Treatment

- Medical Treatment Guidelines
- MTG Lookup Tool
- Drug Formulary Overview
- Drug Formulary Lookup
- Prior Authorization Request (PAR)
- Prior Authorization Request (PAR) Overview
- Guidelines for Determining Impairment
- Diagnostic Testing Network Lookup
- NYS DOH I-STOP/PMP
- Drug Formulary Prior Authorization - *VIEW ONLY

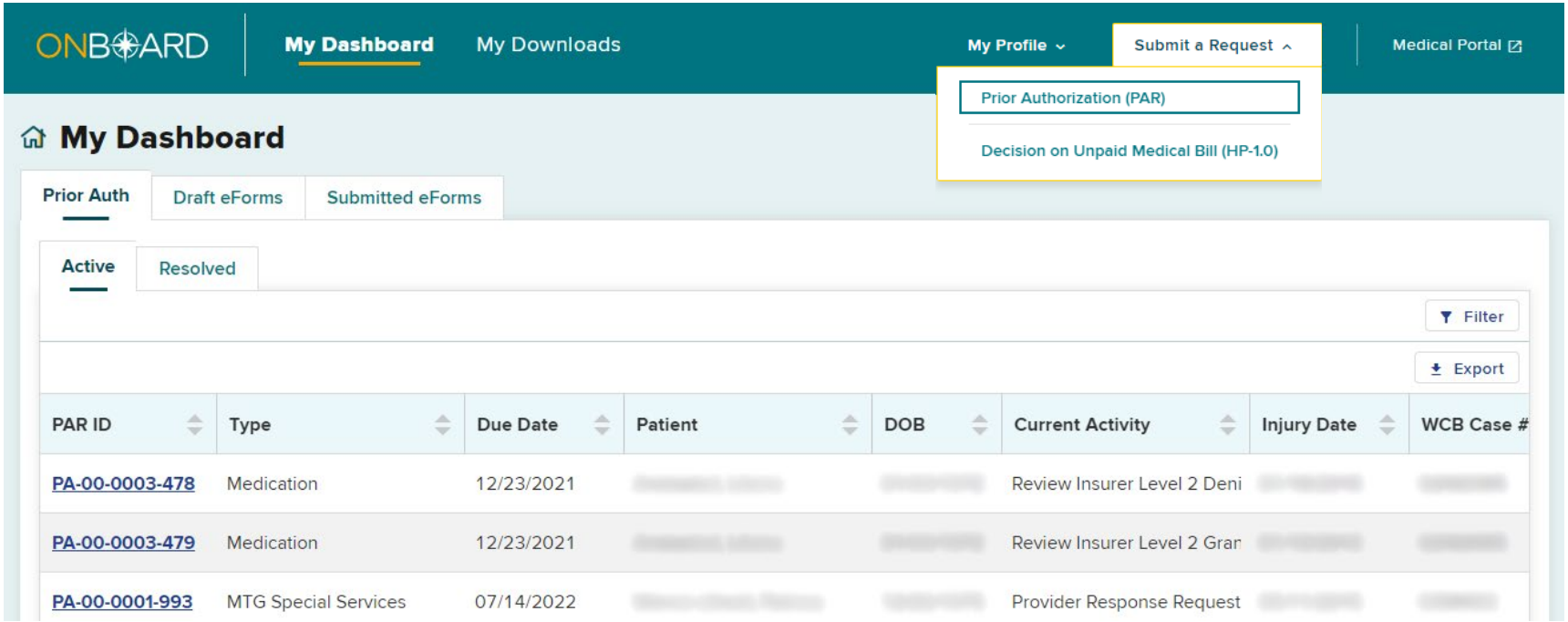
Billing

- Medical Fee Schedules
- Request for Decision on Unpaid Medical Bill (Form HP-1.0)
- What To Do When a Bill for Treatment Isn't Paid (HP-1 and HP-J1 Forms)
- Employer Coverage Search
- Web Submission of Medical Forms
- CMS-1500 Initiative
- XML Forms Submission

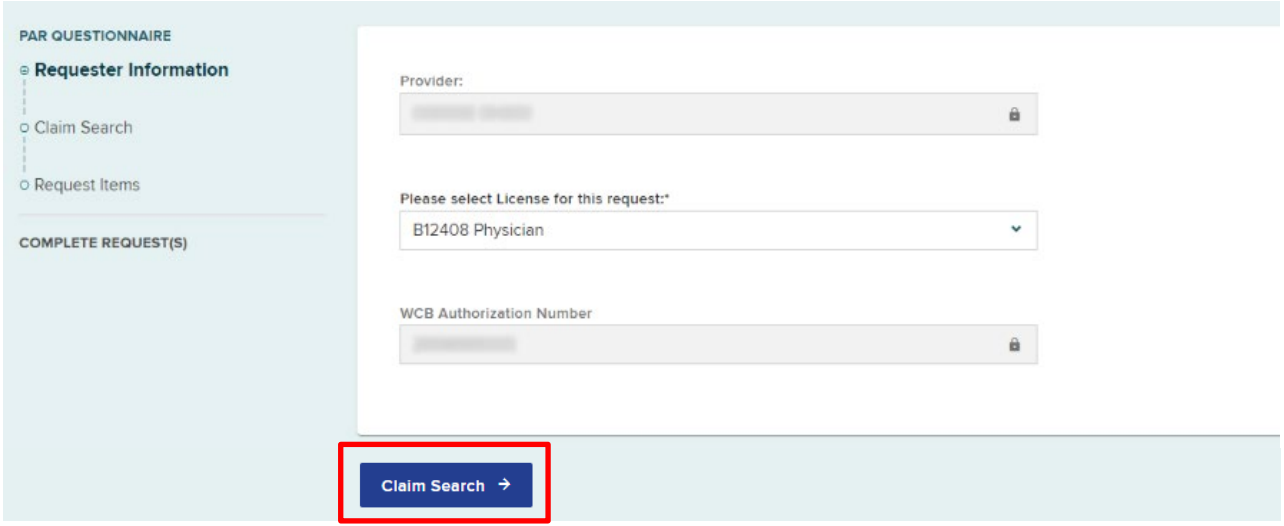
ONBOARD

Drafting/Submitting a Treatment/Testing PAR

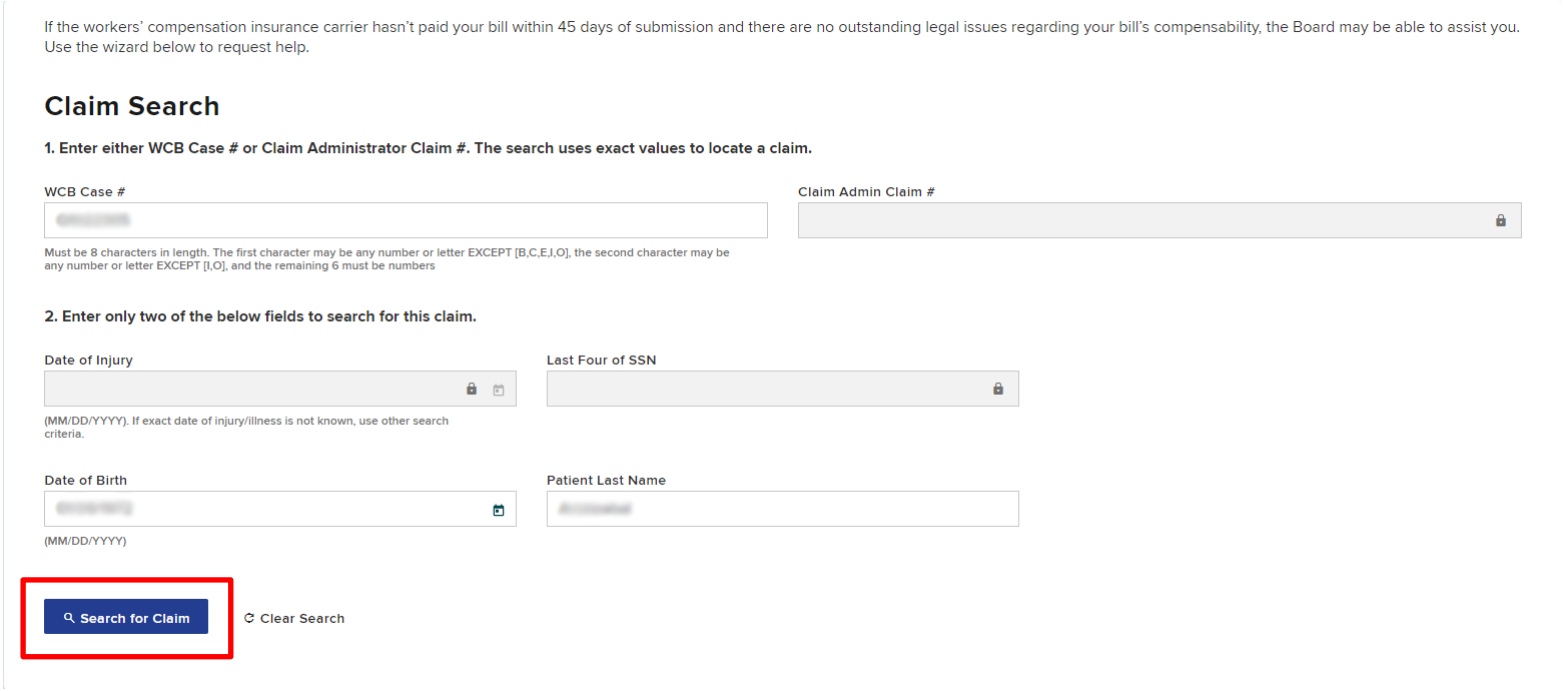
Submit a Request



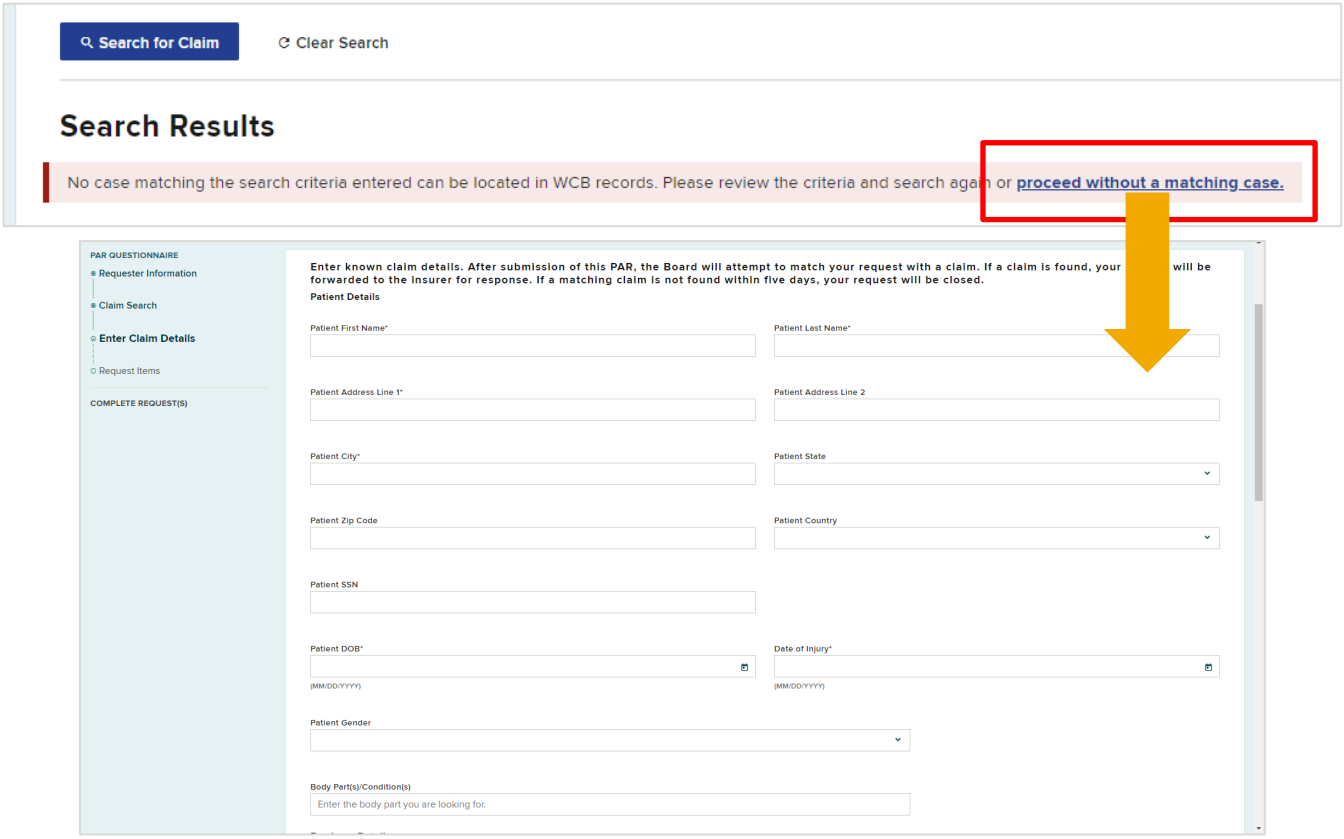
Request Items



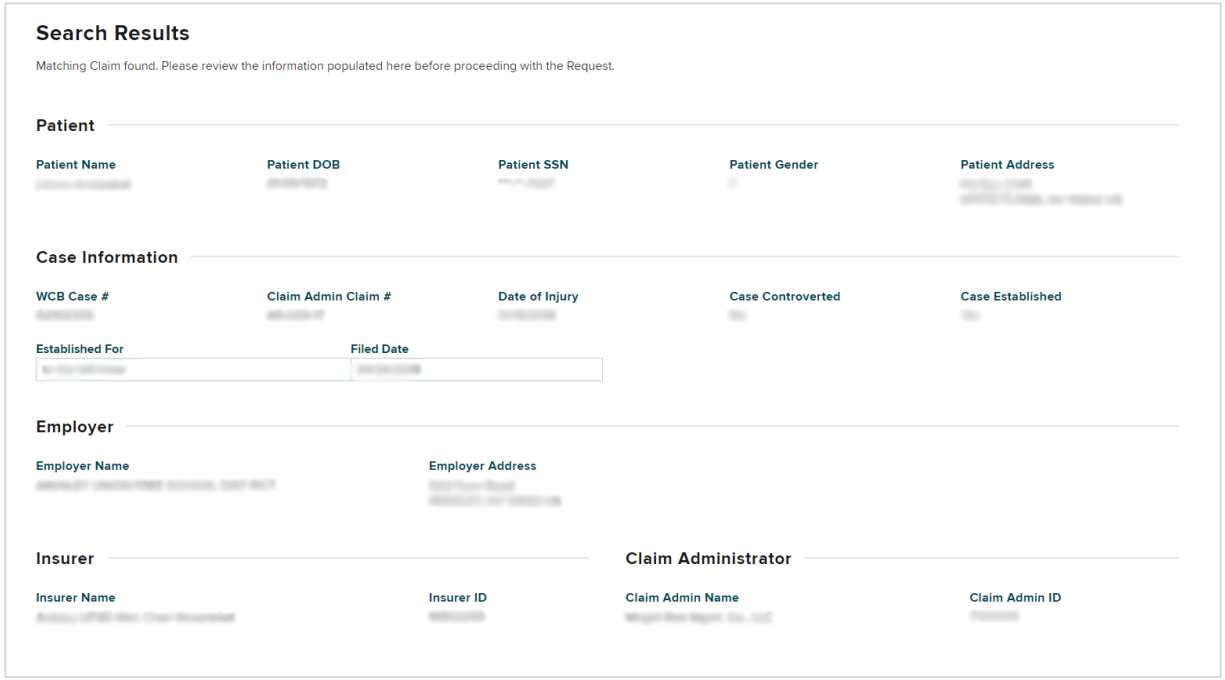
Claim Search



Unmatched Claim



Matched Claim



Search Results

Matching Claim found. Please review the information populated here before proceeding with the Request.

Patient

Patient Name	Patient DOB	Patient SSN	Patient Gender	Patient Address
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted	Case Established
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Established For	Filed Date
[redacted]	[redacted]

Employer

Employer Name	Employer Address
[redacted]	[redacted]

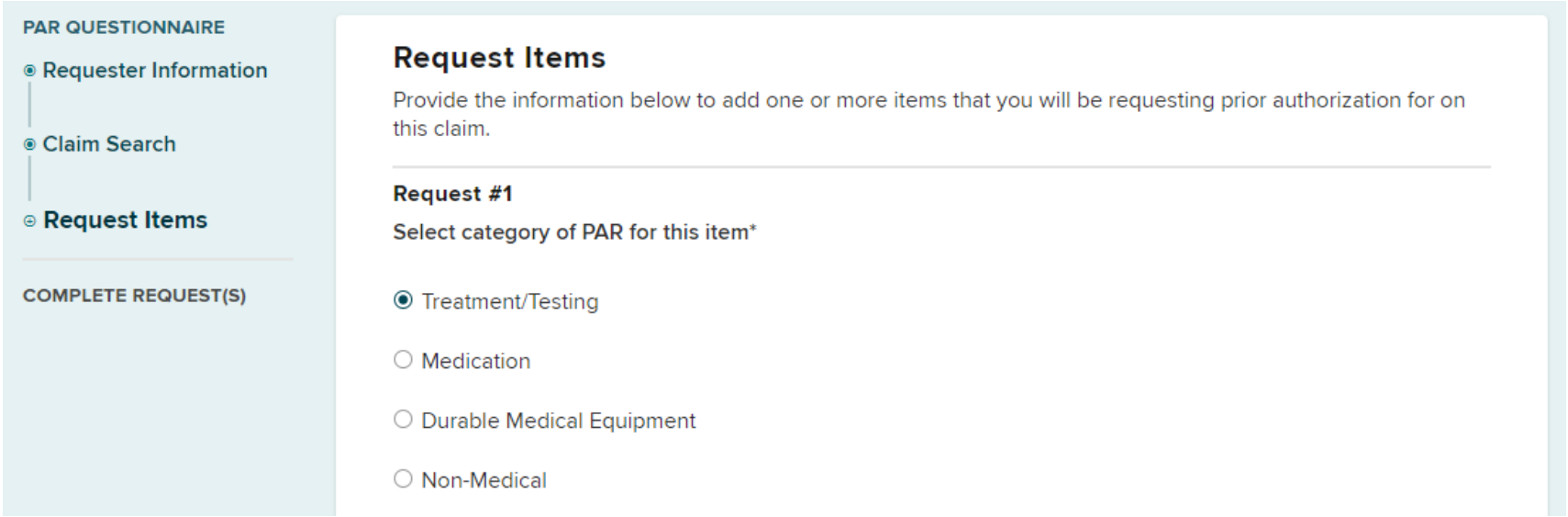
Insurer

Insurer Name	Insurer ID
[redacted]	[redacted]

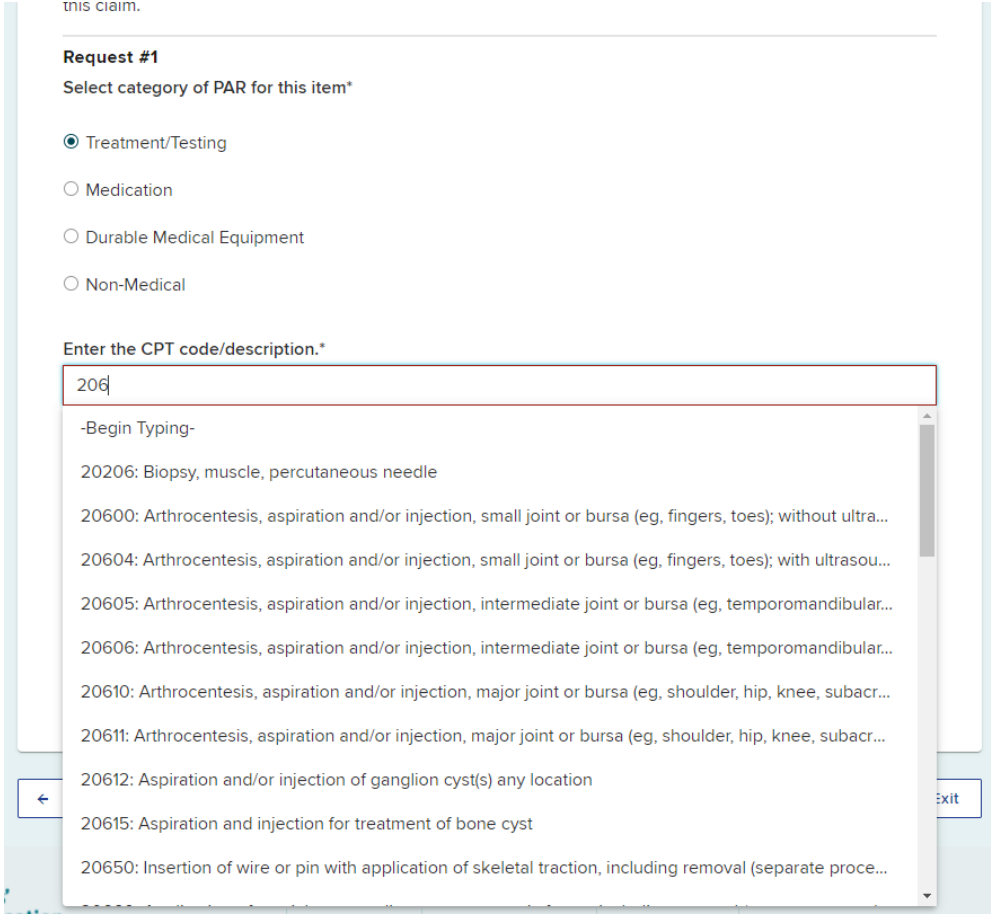
Claim Administrator

Claim Admin Name	Claim Admin ID
[redacted]	[redacted]

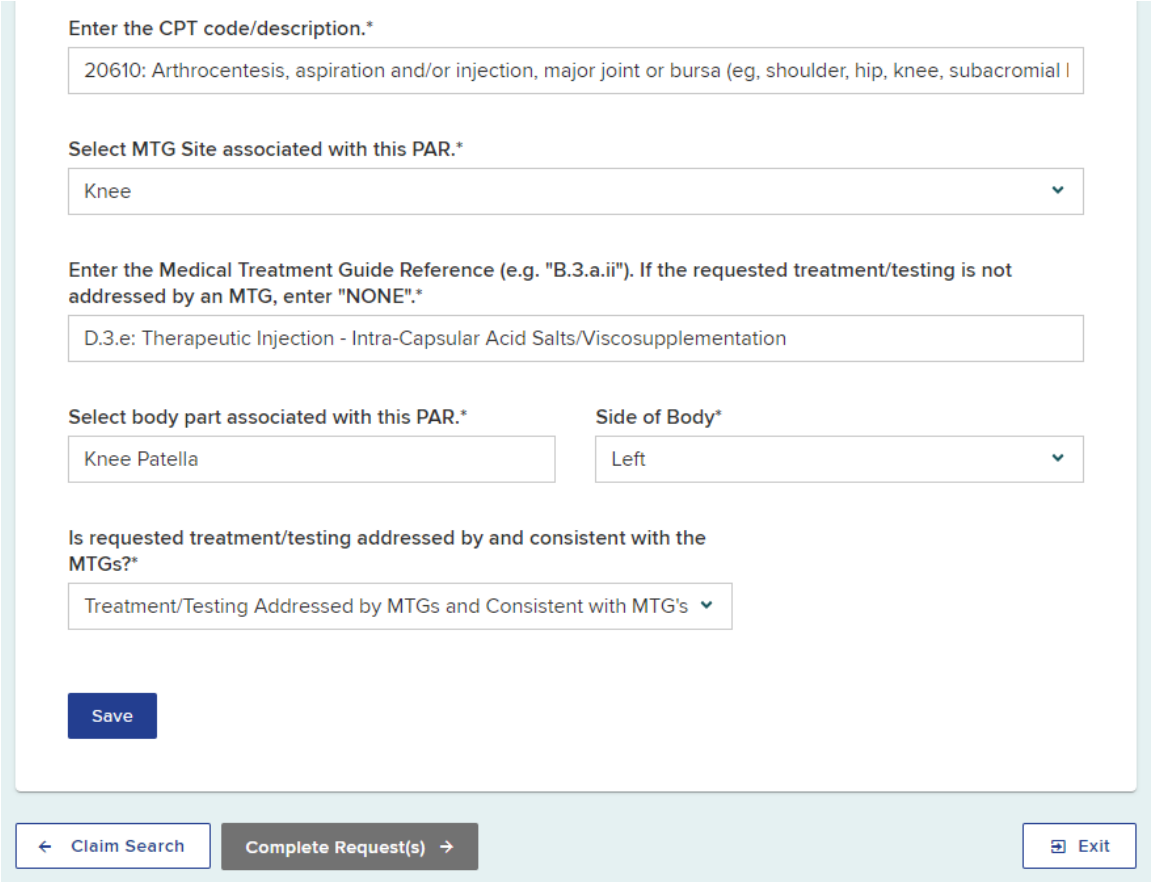
Request Items



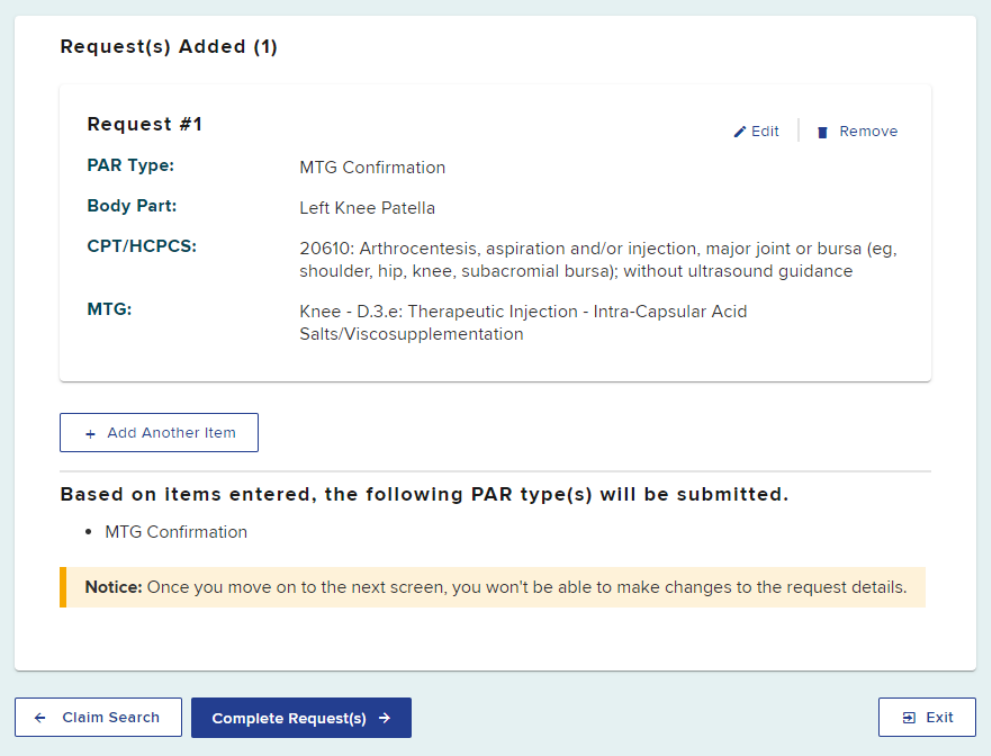
CPT Code


this claim.
Request #1
Select category of PAR for this item*
Treatment/Testing
Medication
Durable Medical Equipment
Non-Medical
Enter the CPT code/description.*
206
-Begin Typing-
20206: Biopsy, muscle, percutaneous needle
20600: Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultra...
20604: Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasou...
20605: Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular...
20606: Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular...
20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacr...
20611: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacr...
20612: Aspiration and/or injection of ganglion cyst(s) any location
20615: Aspiration and injection for treatment of bone cyst
20650: Insertion of wire or pin with application of skeletal traction, including removal (separate proce...
Exit

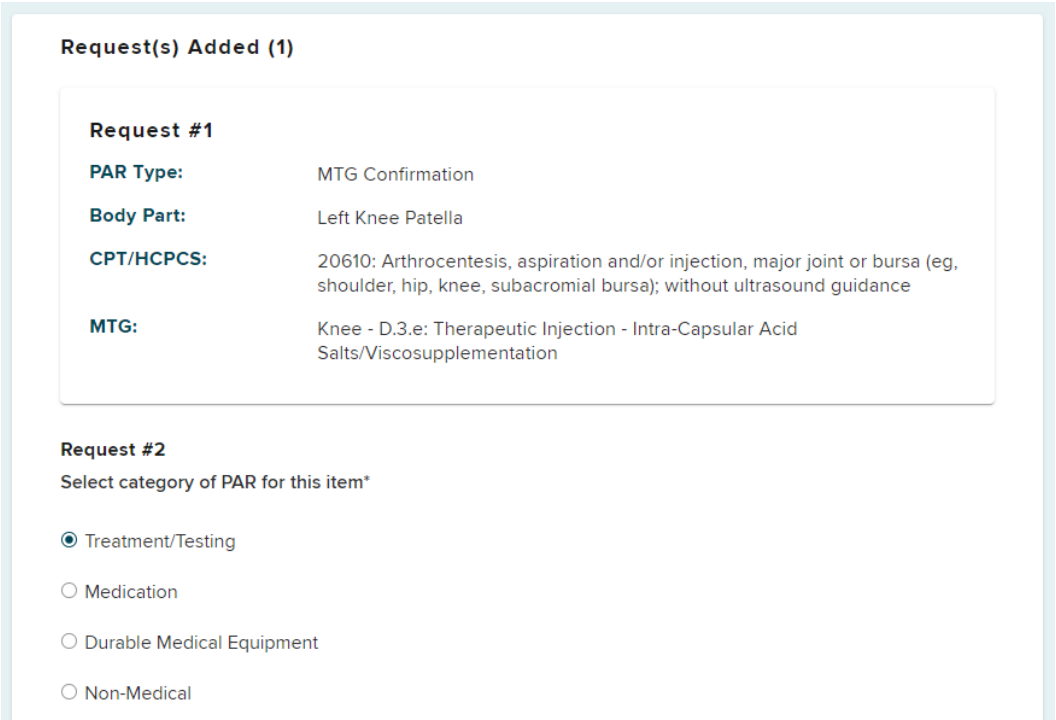
More Details



Confirmation Added



Request Item #2



Request(s) Added (1)

Request #1

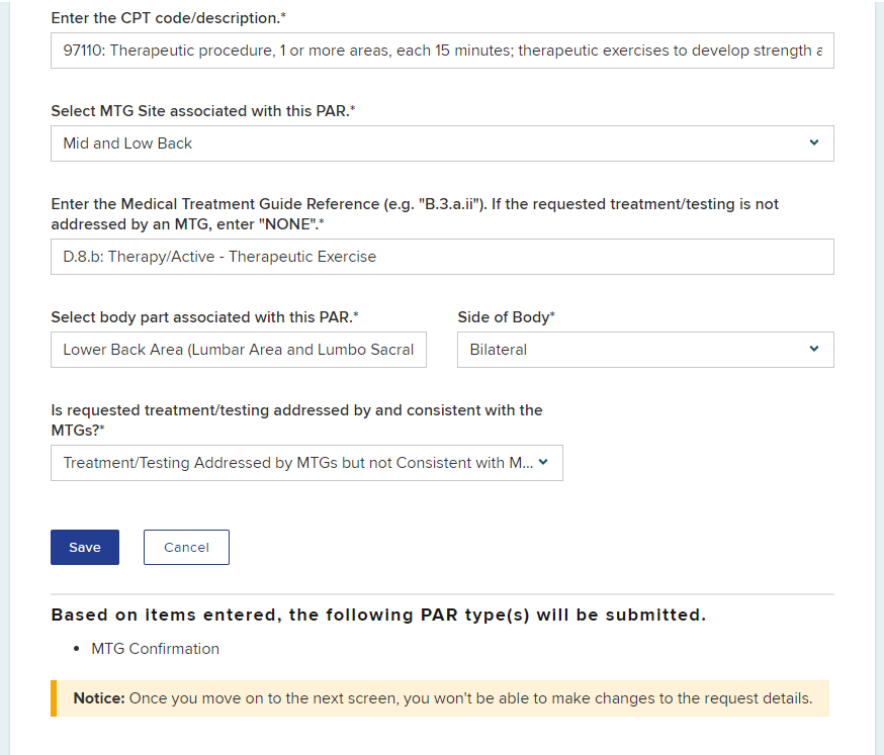
PAR Type:	MTG Confirmation
Body Part:	Left Knee Patella
CPT/HCPCS:	20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
MTG:	Knee - D.3.e: Therapeutic Injection - Intra-Capsular Acid Salts/Viscosupplementation

Request #2

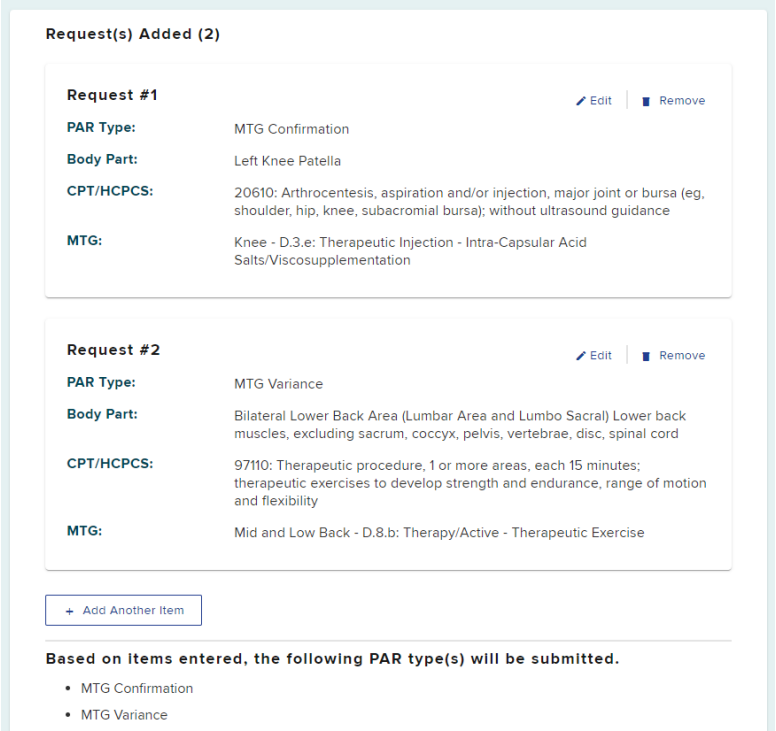
Select category of PAR for this item*

- (•) Treatment/Testing
- ( ) Medication
- ( ) Durable Medical Equipment
- ( ) Non-Medical

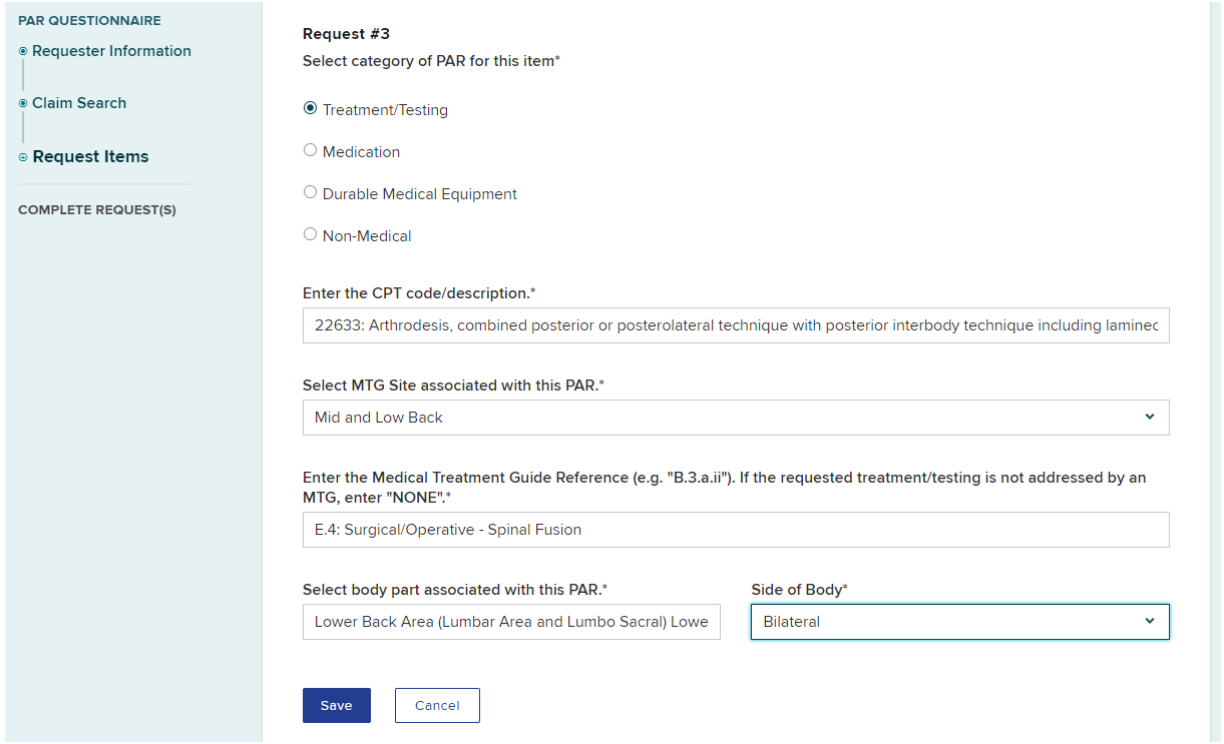
Complete Request



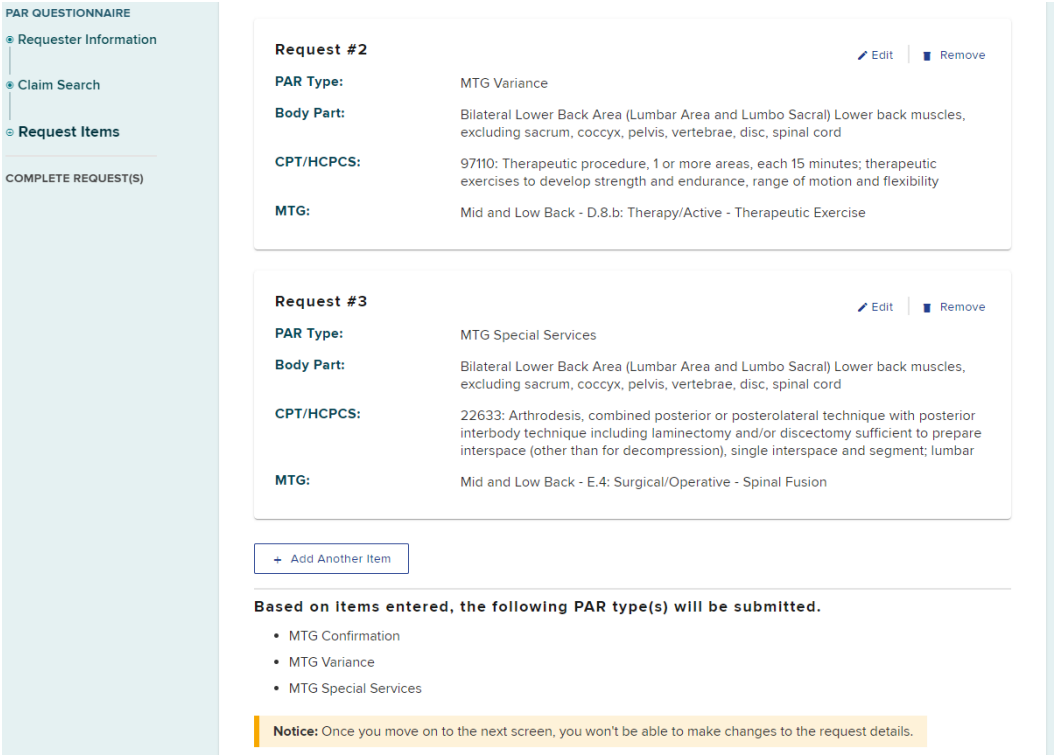
Complete Request



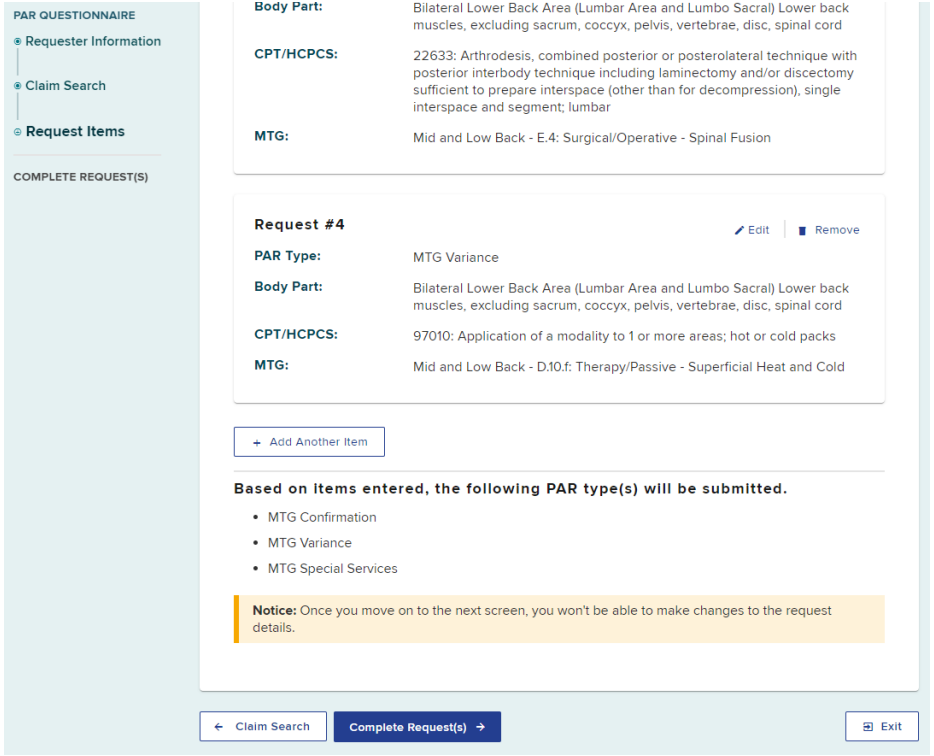
Add Details


PAR QUESTIONNAIRE
Requester Information
Claim Search
Request Items
COMPLETE REQUEST(S)
Request #3
Select category of PAR for this item*
Treatment/Testing
Medication
Durable Medical Equipment
Non-Medical
Enter the CPT code/description.*
22633: Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminec
Select MTG Site associated with this PAR.*
Mid and Low Back
Enter the Medical Treatment Guide Reference (e.g. "B.3.a.ii"). If the requested treatment/testing is not addressed by an MTG, enter "NONE".*
E.4: Surgical/Operative - Spinal Fusion
Select body part associated with this PAR.*
Lower Back Area (Lumbar Area and Lumbo Sacral) Lowe
Side of Body*
Bilateral
Save
Cancel

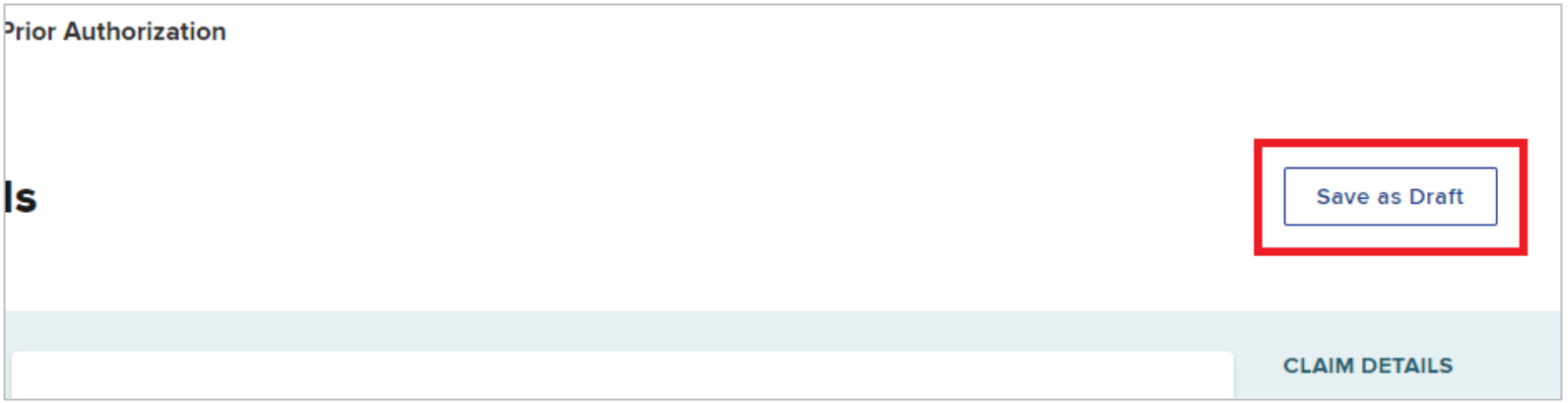
Save Details



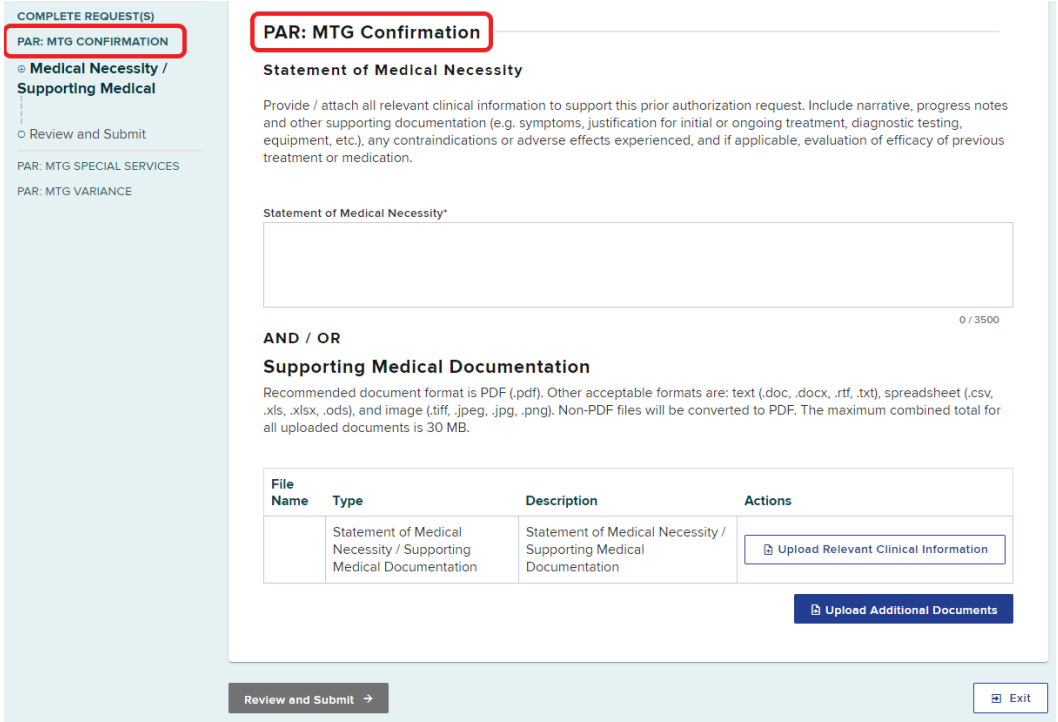
Details Added



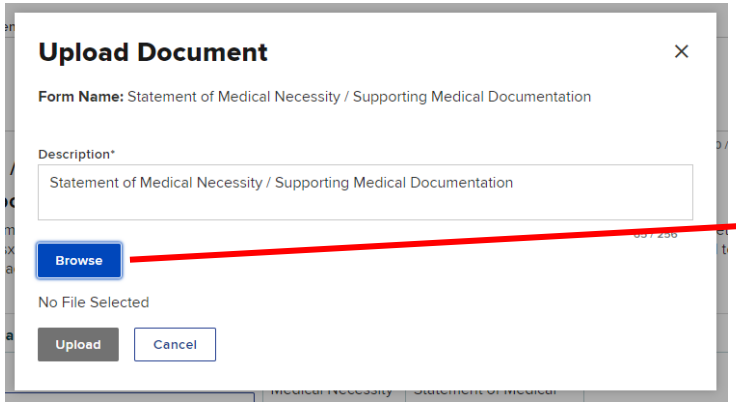
Safe as Draft

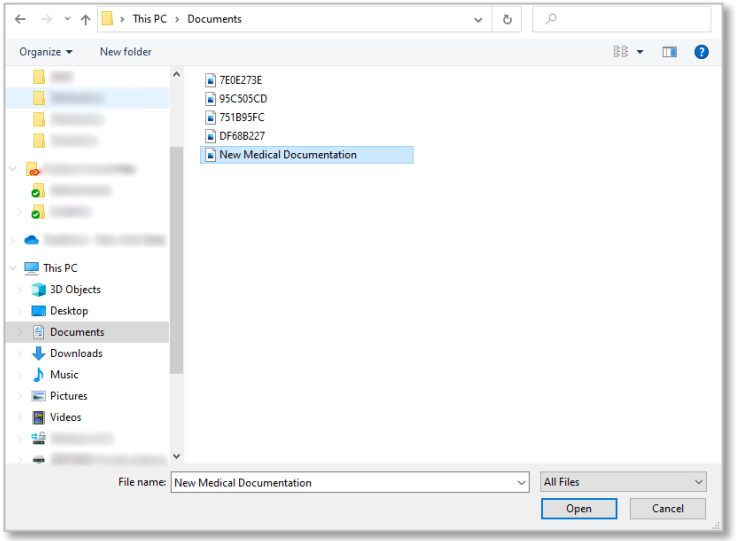


Statement of Medical Necessity

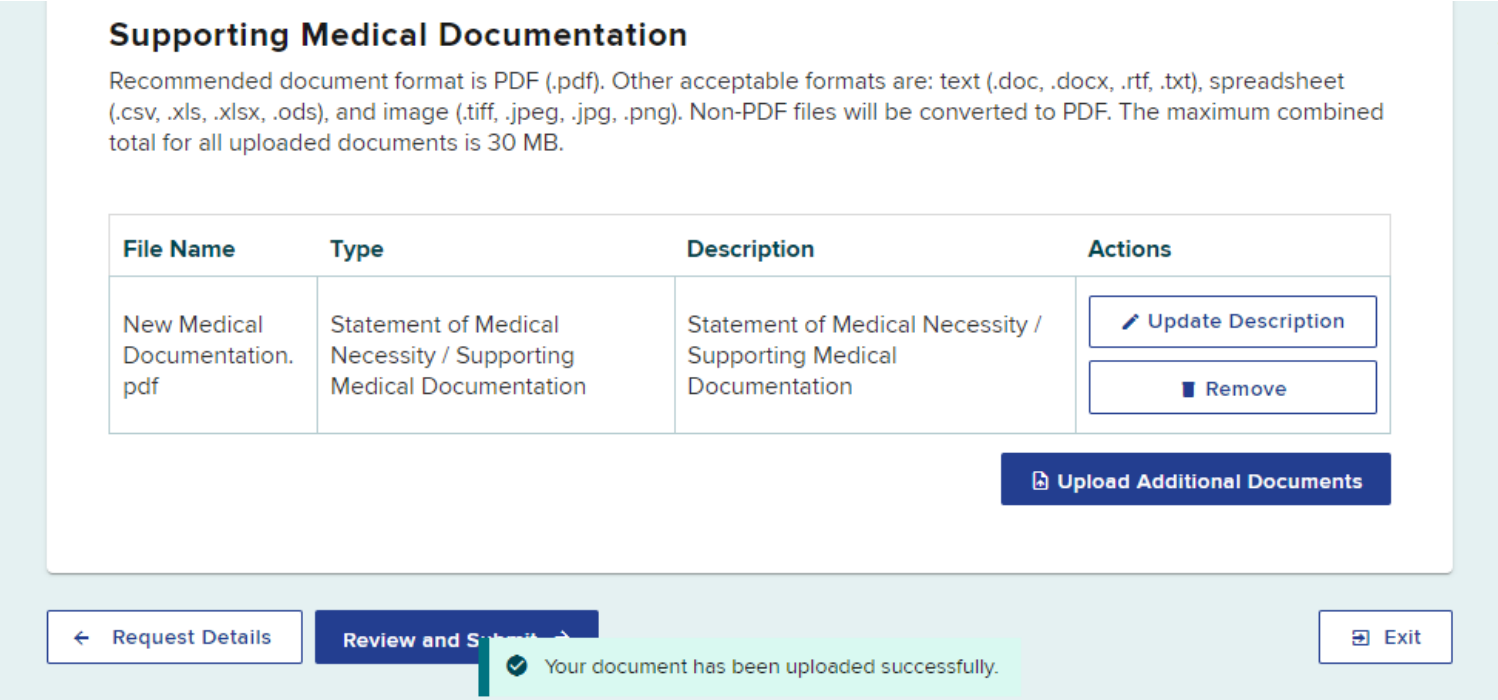


Statement of Medical Necessity

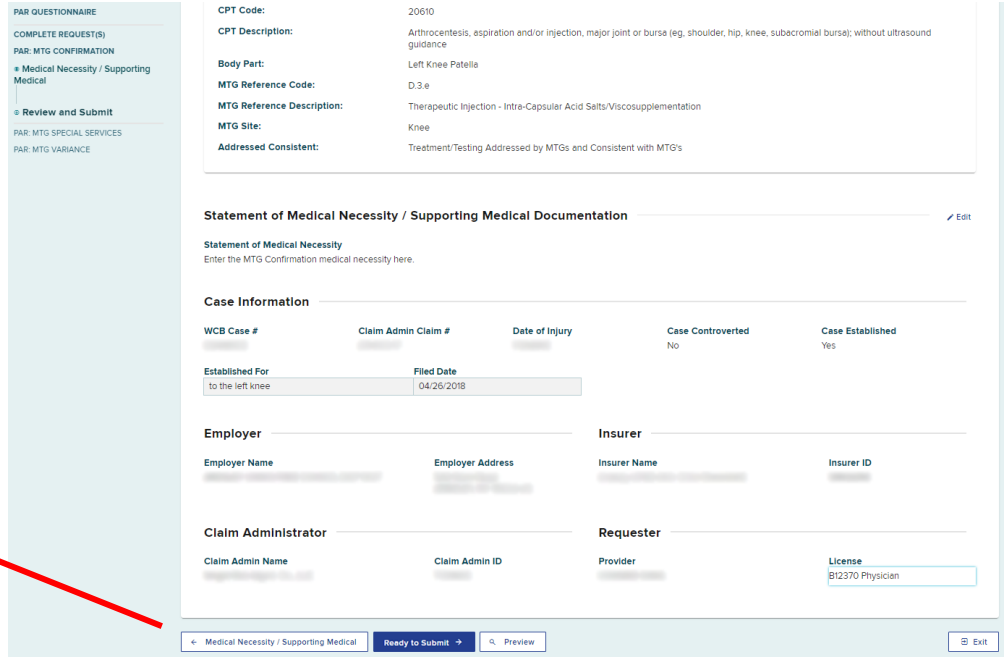




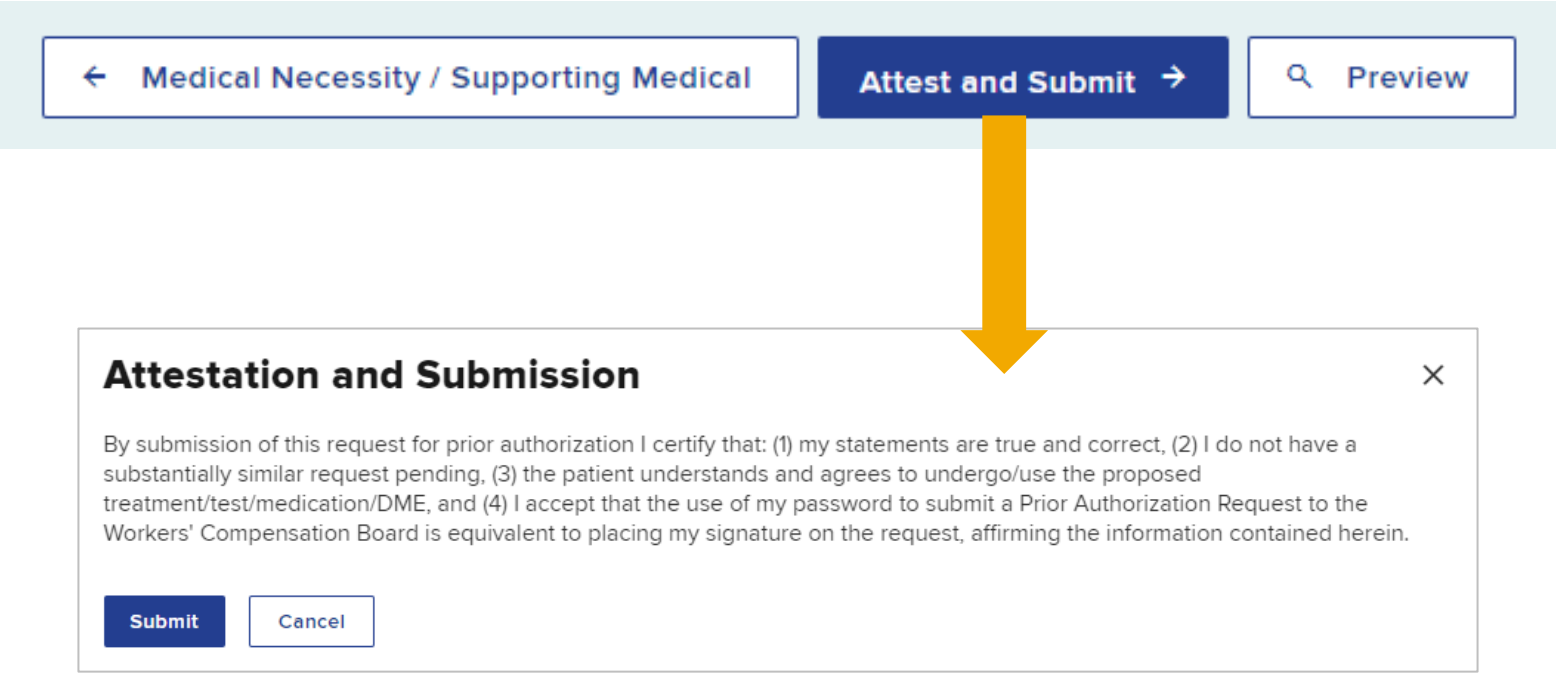
Statement of Medical Necessity



Review and Submit



Health Care Provider



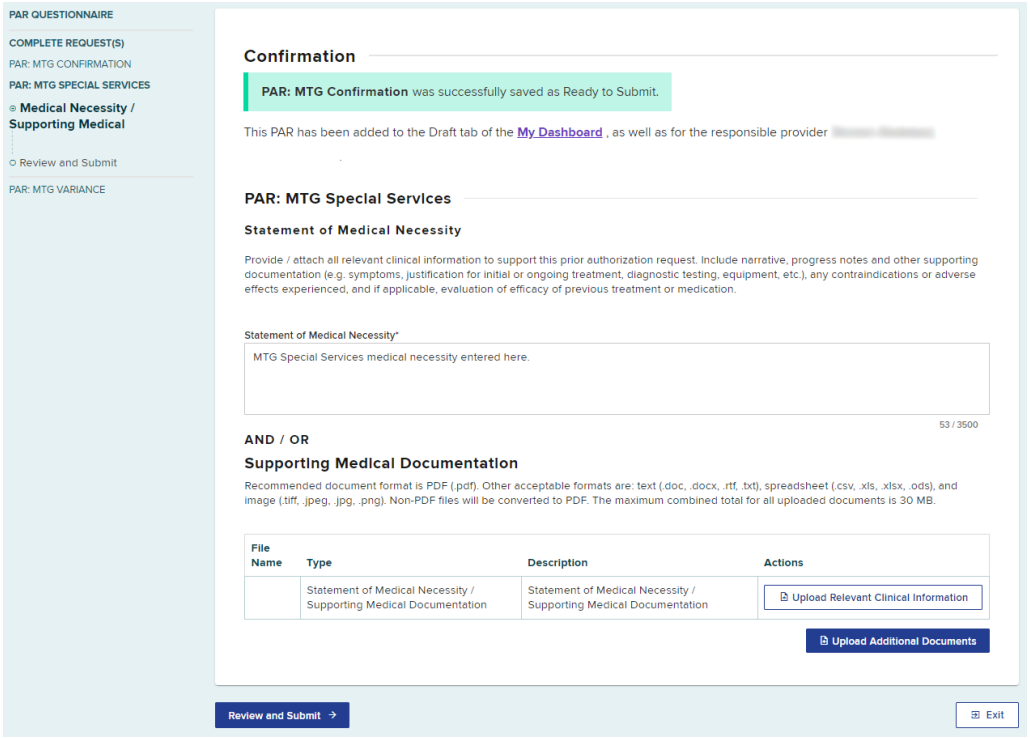
Delegated User

Confirmation

PAR: MTG Confirmation was successfully saved as Ready to Submit.

This PAR has been added to the Draft tab of the My Dashboard , as well as for the responsible provider

Processing Multiple PAR Types



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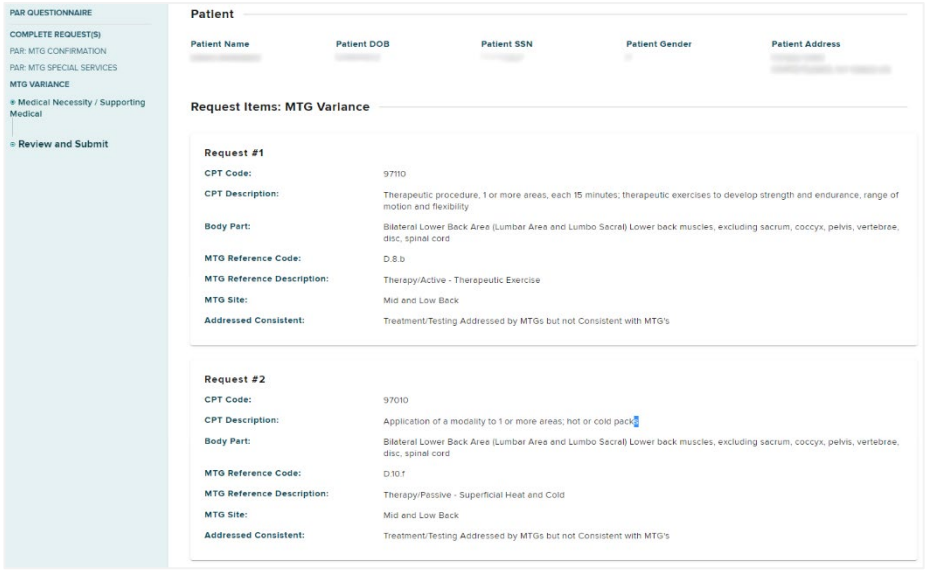

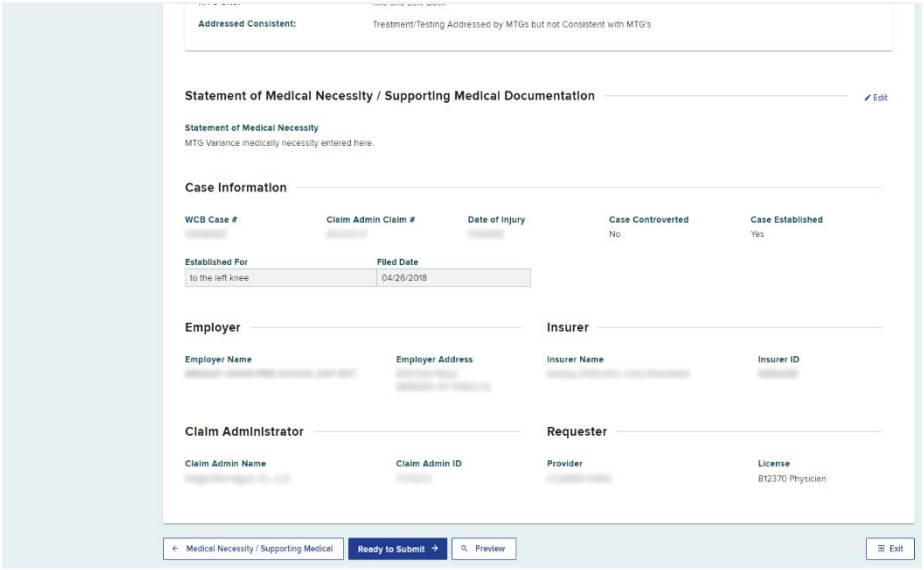

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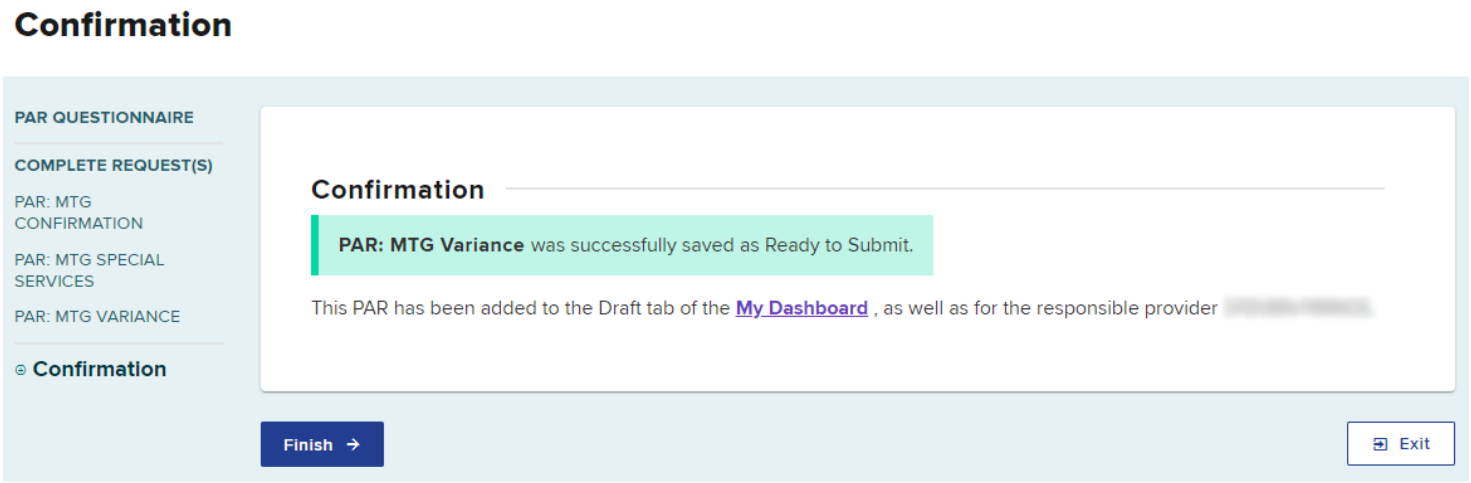
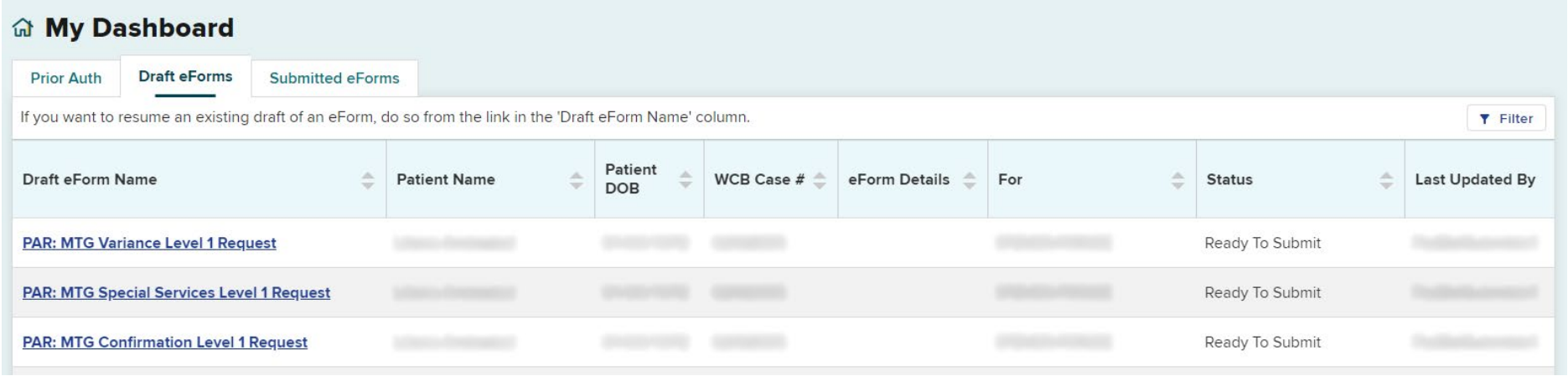


Draft eForms



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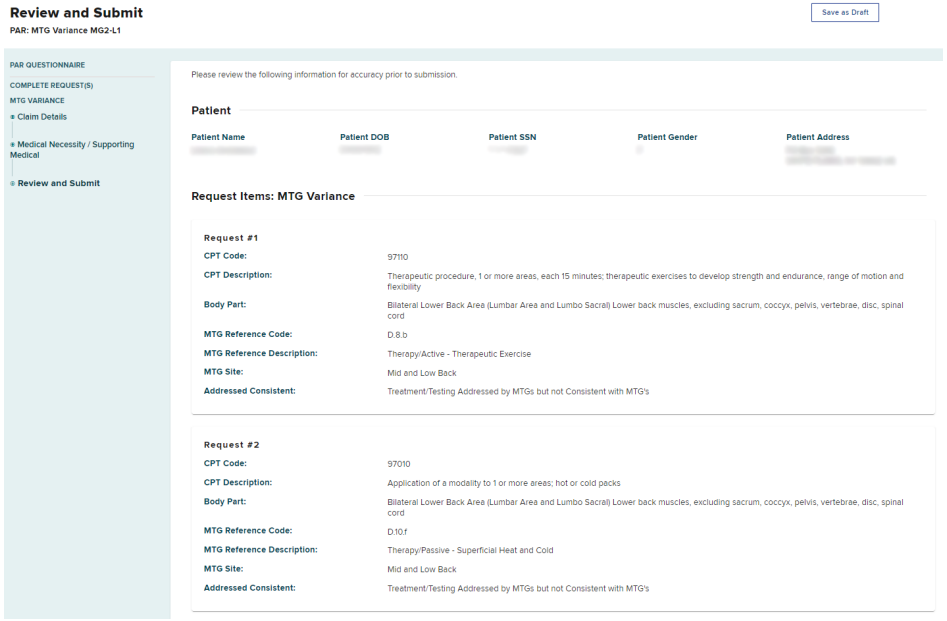
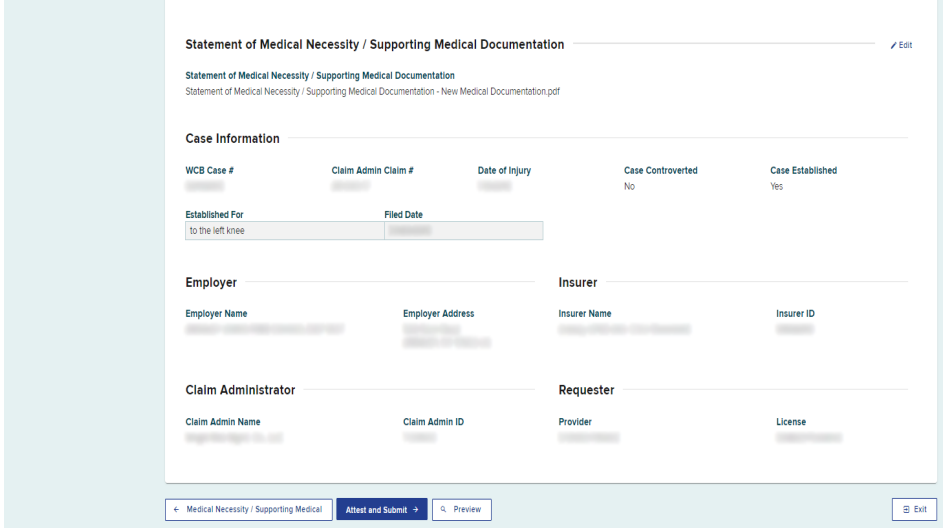
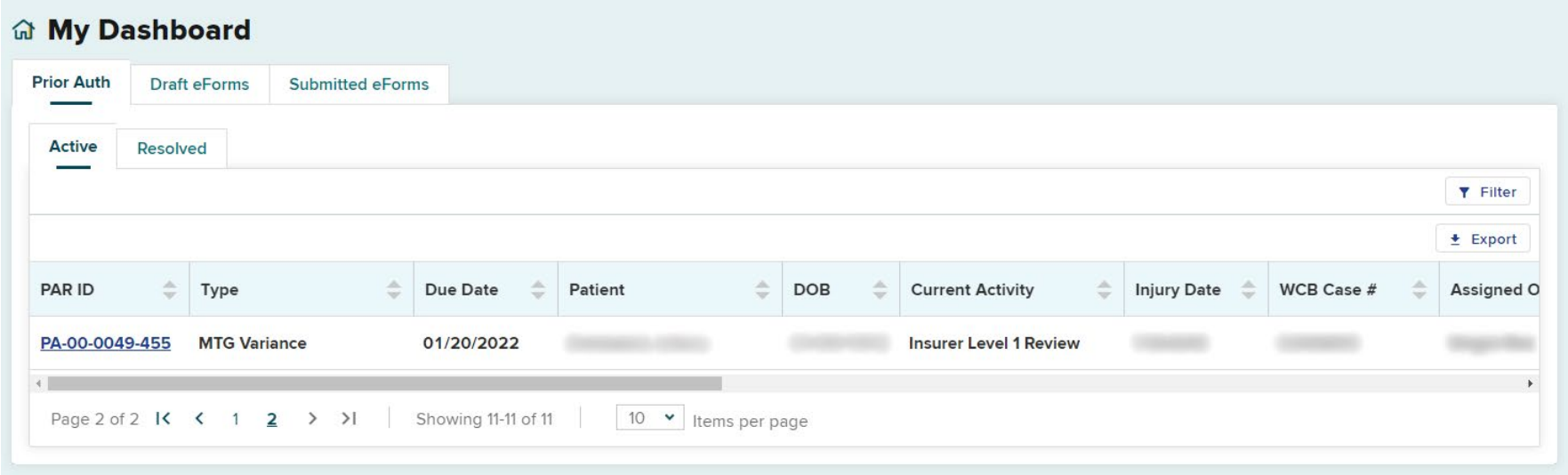
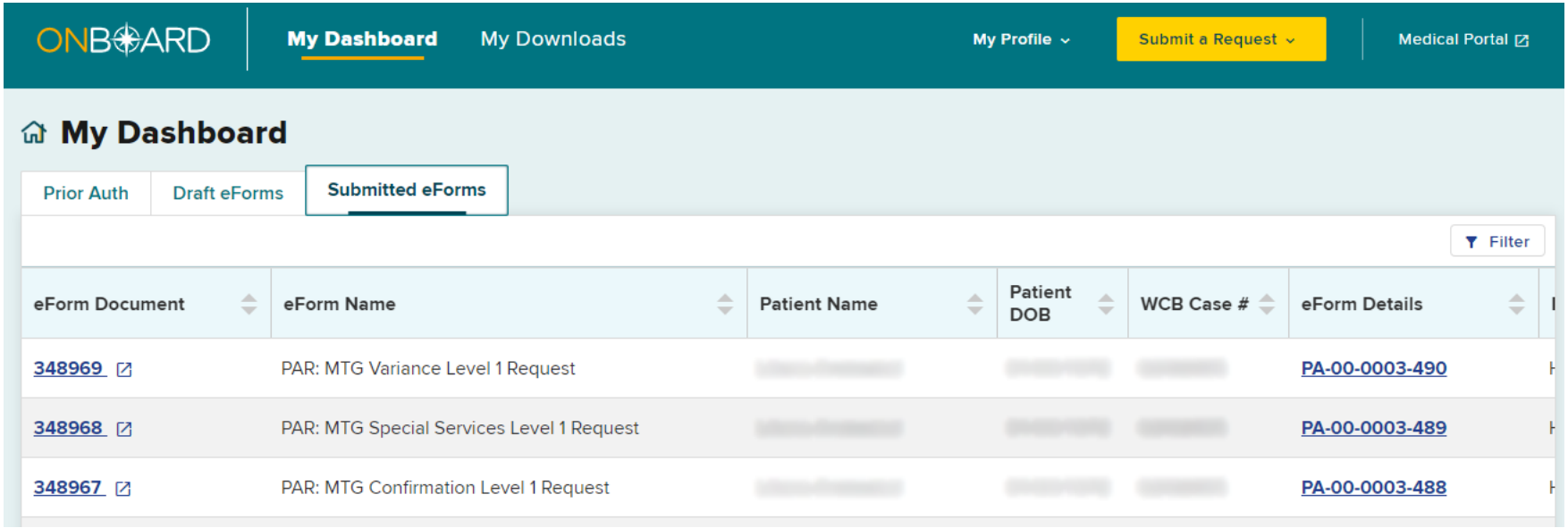




Prior Auth Active Tab



Submitted eForms Tab



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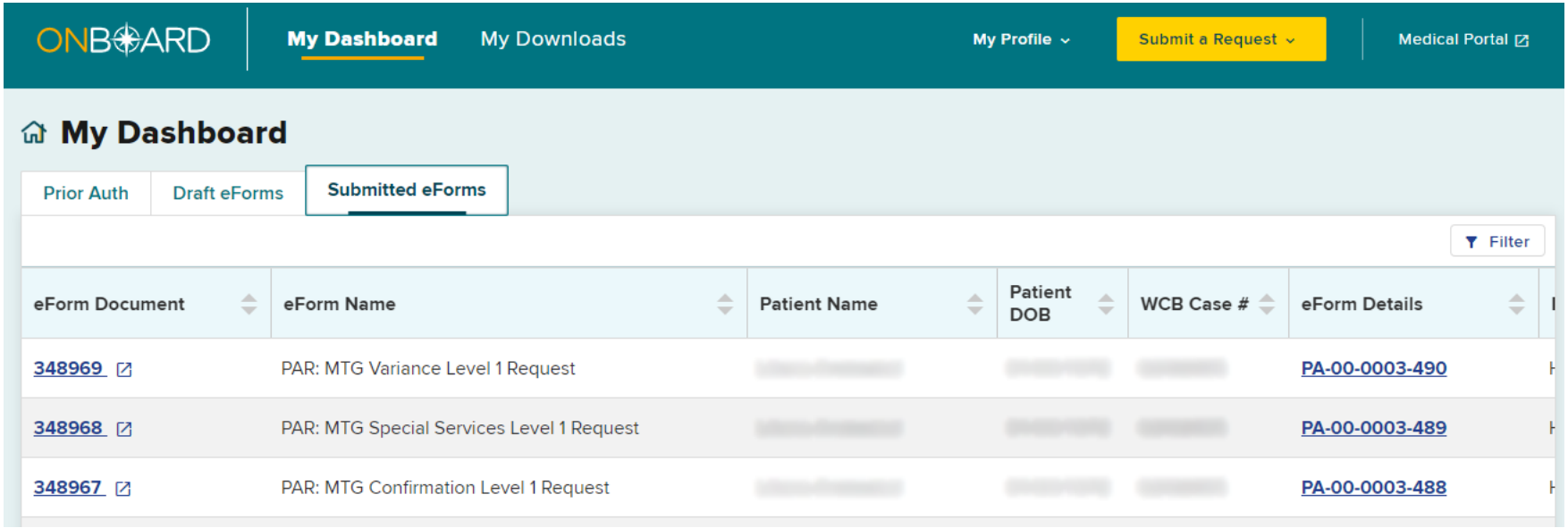

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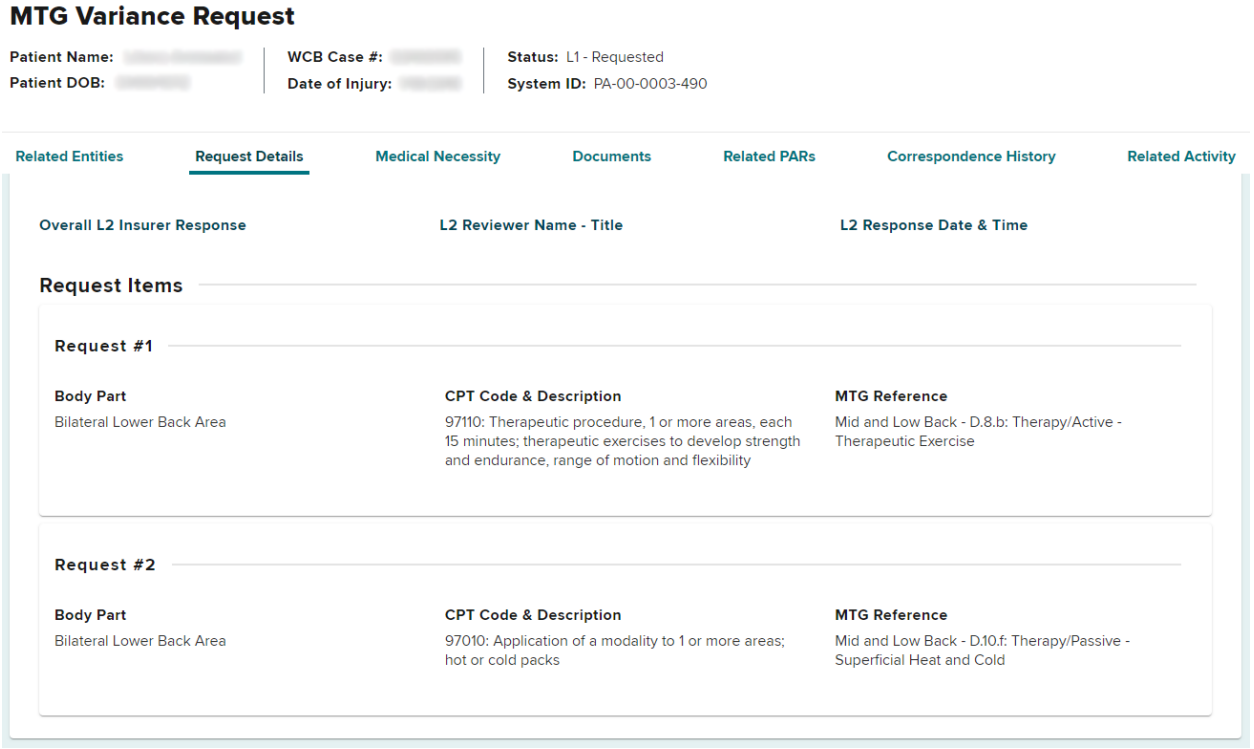

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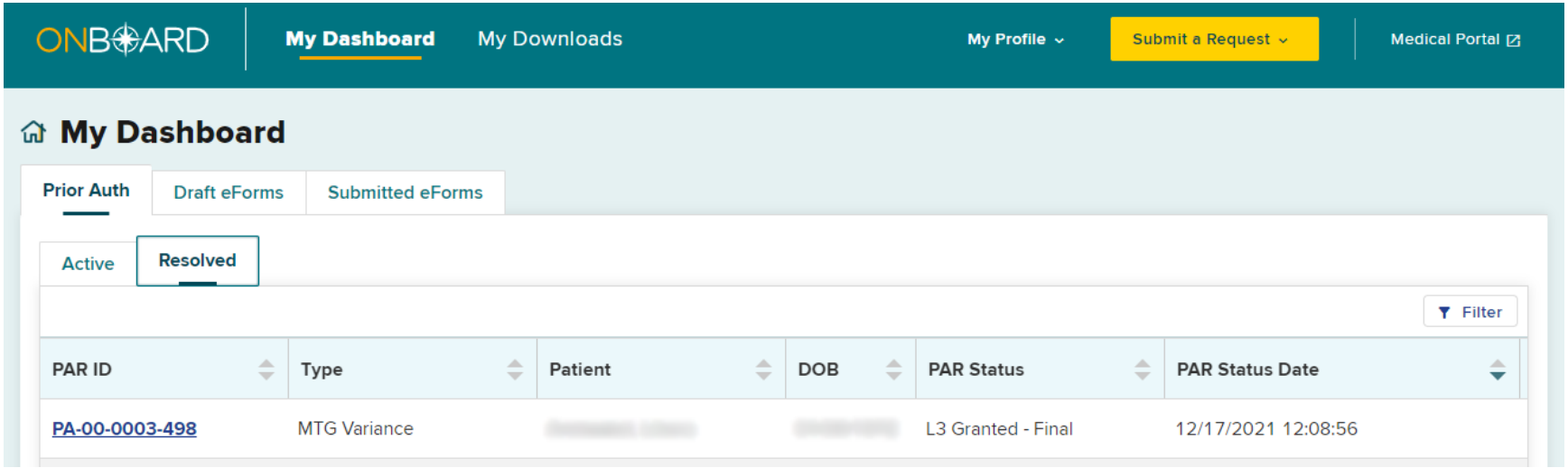
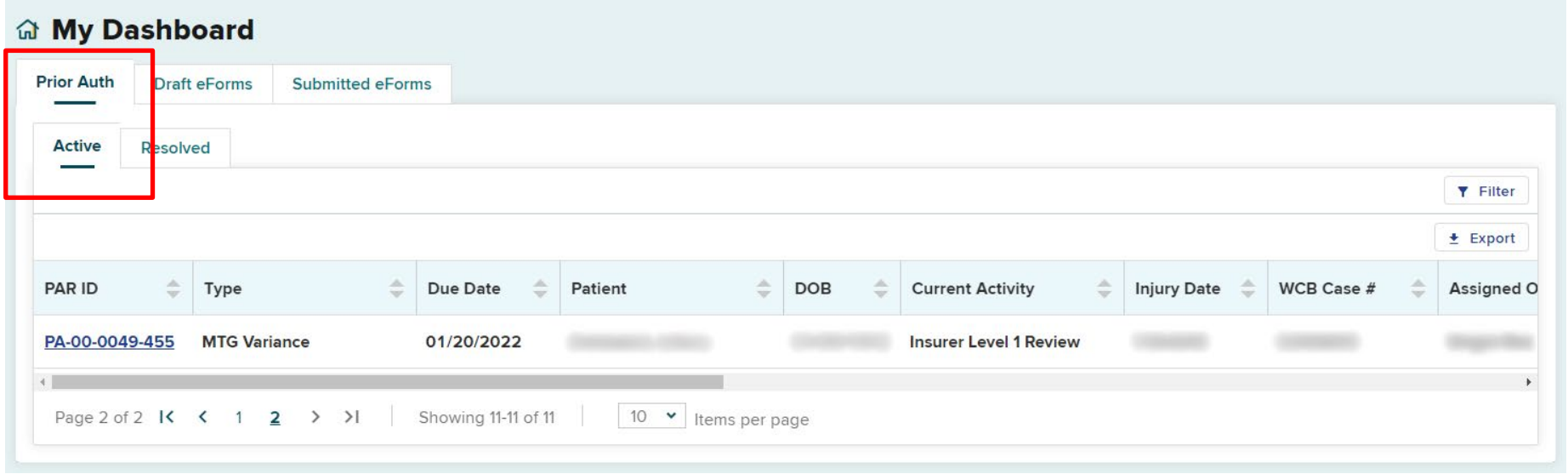


Insurer Response & Escalating to Level 3 Review

Prior Auth Active Tab



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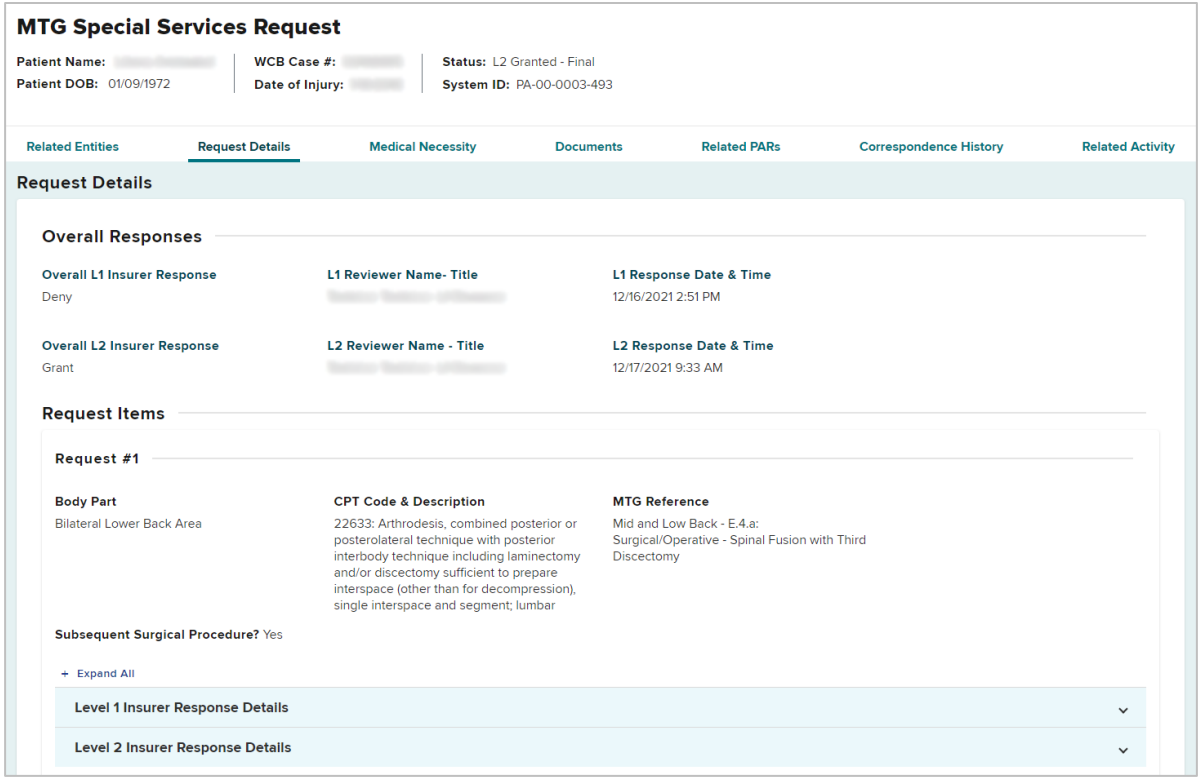
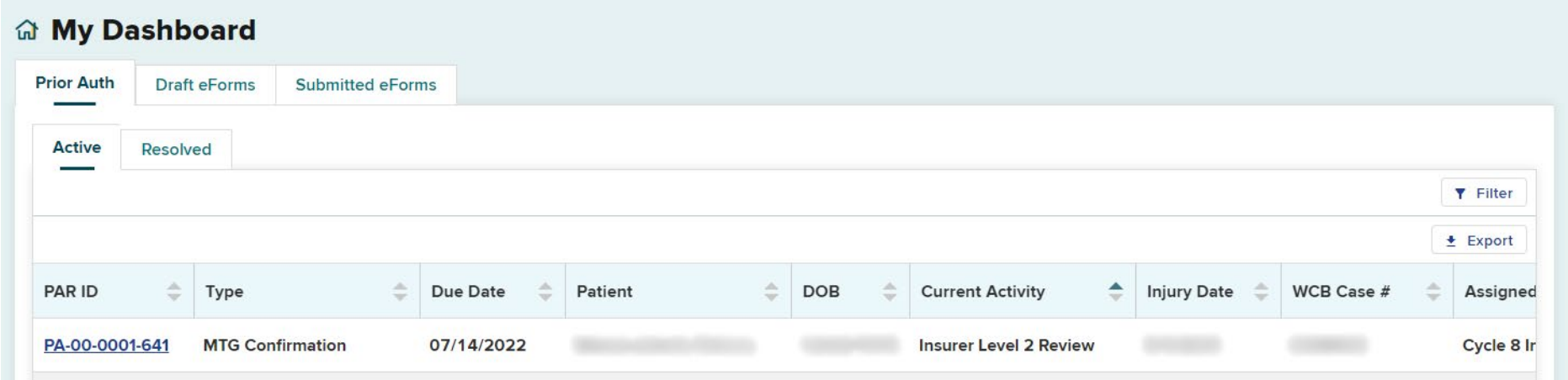
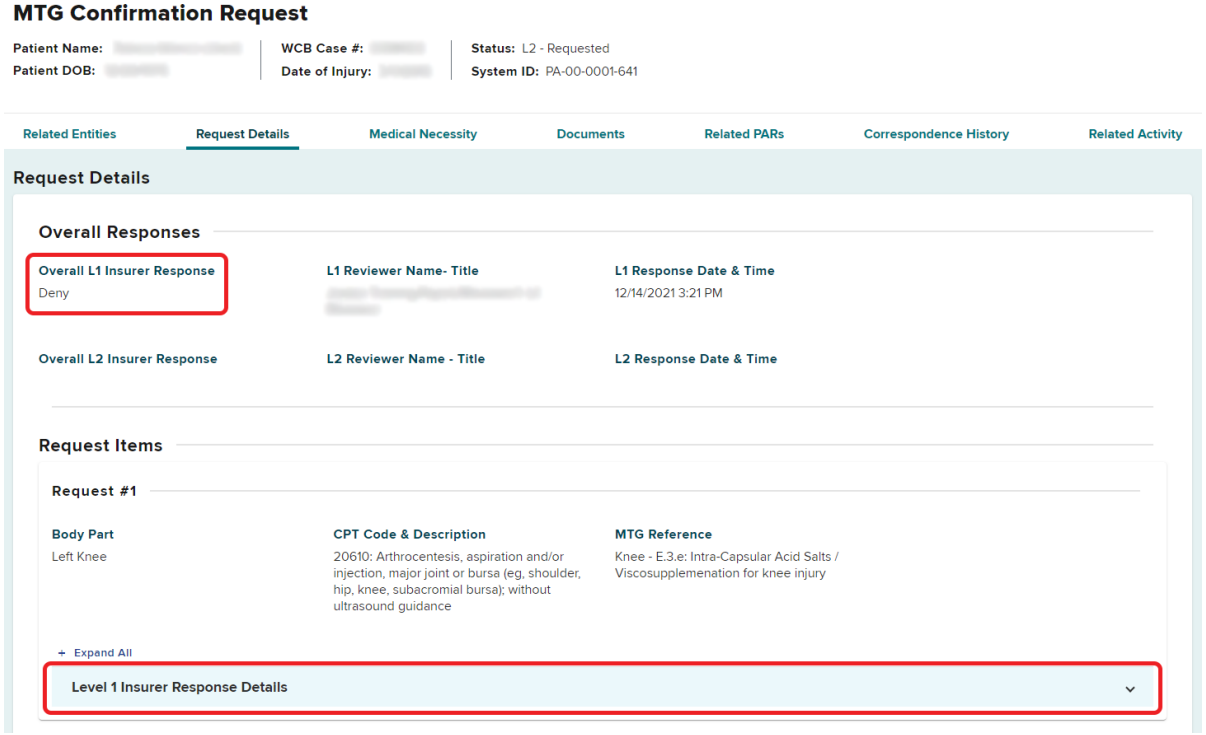


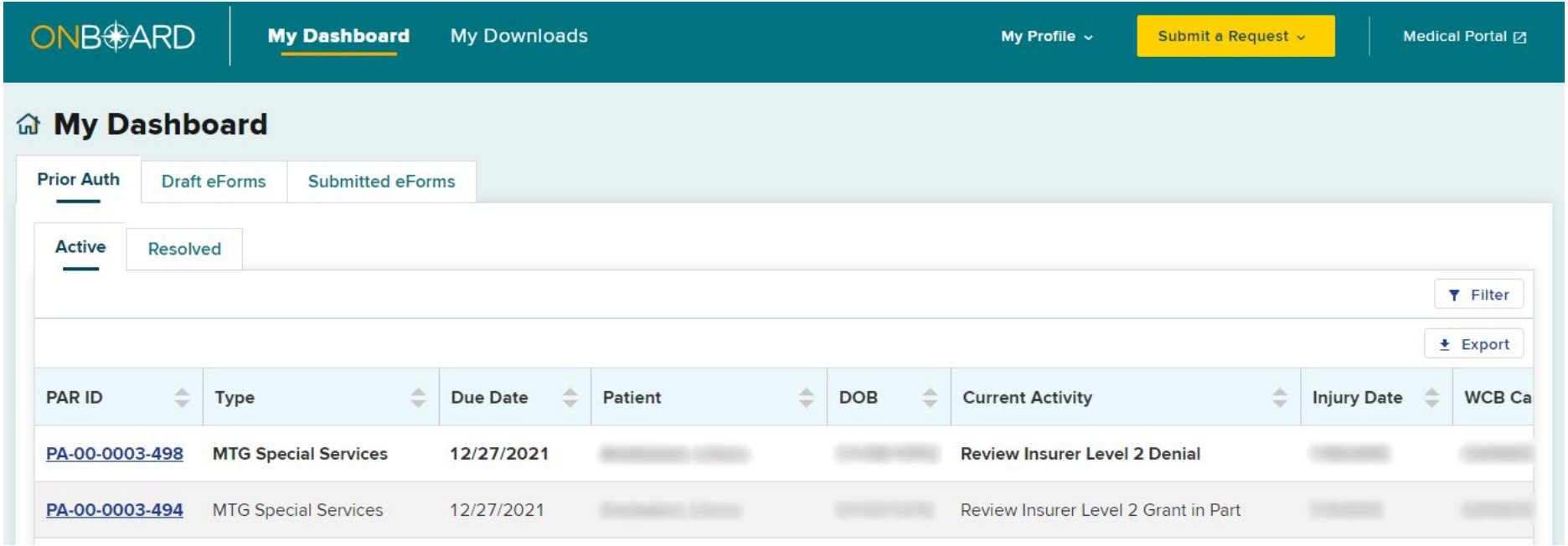
PARs Escalated to Level 2



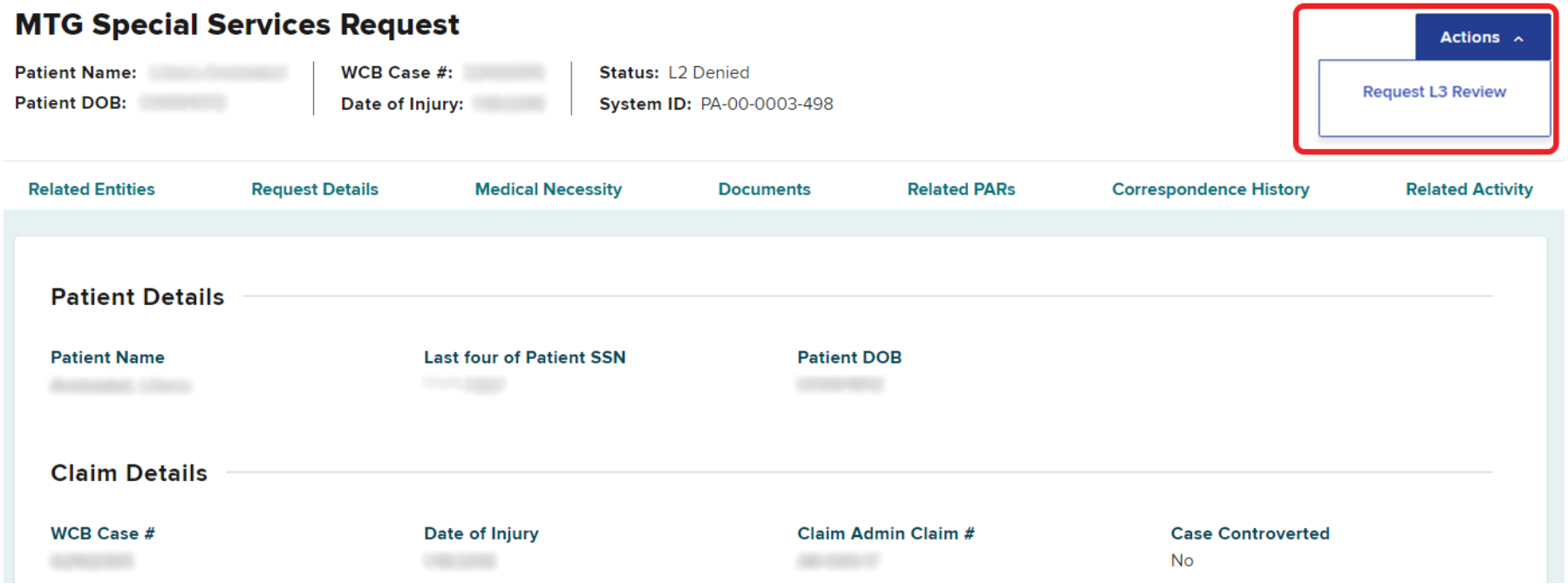
PARs Escalated to Level 2



Escalating to Level 3 Review



Escalating to Level 3 Review



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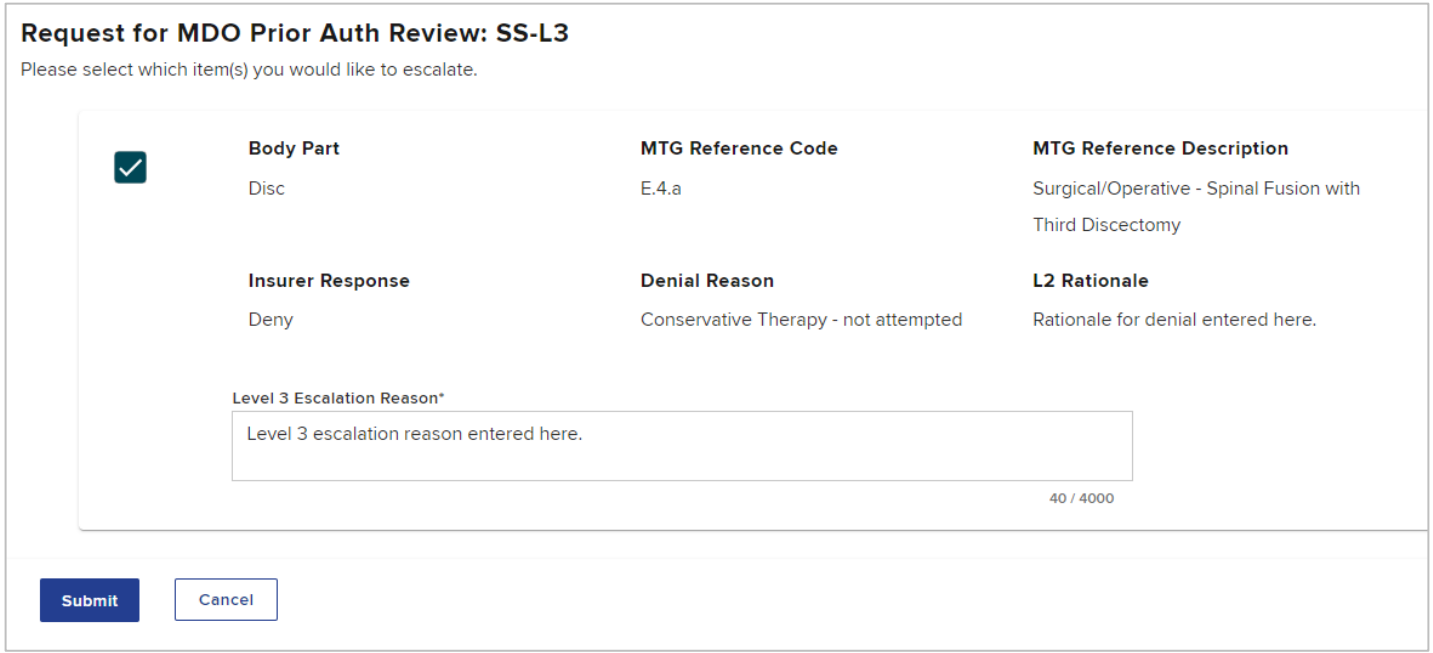

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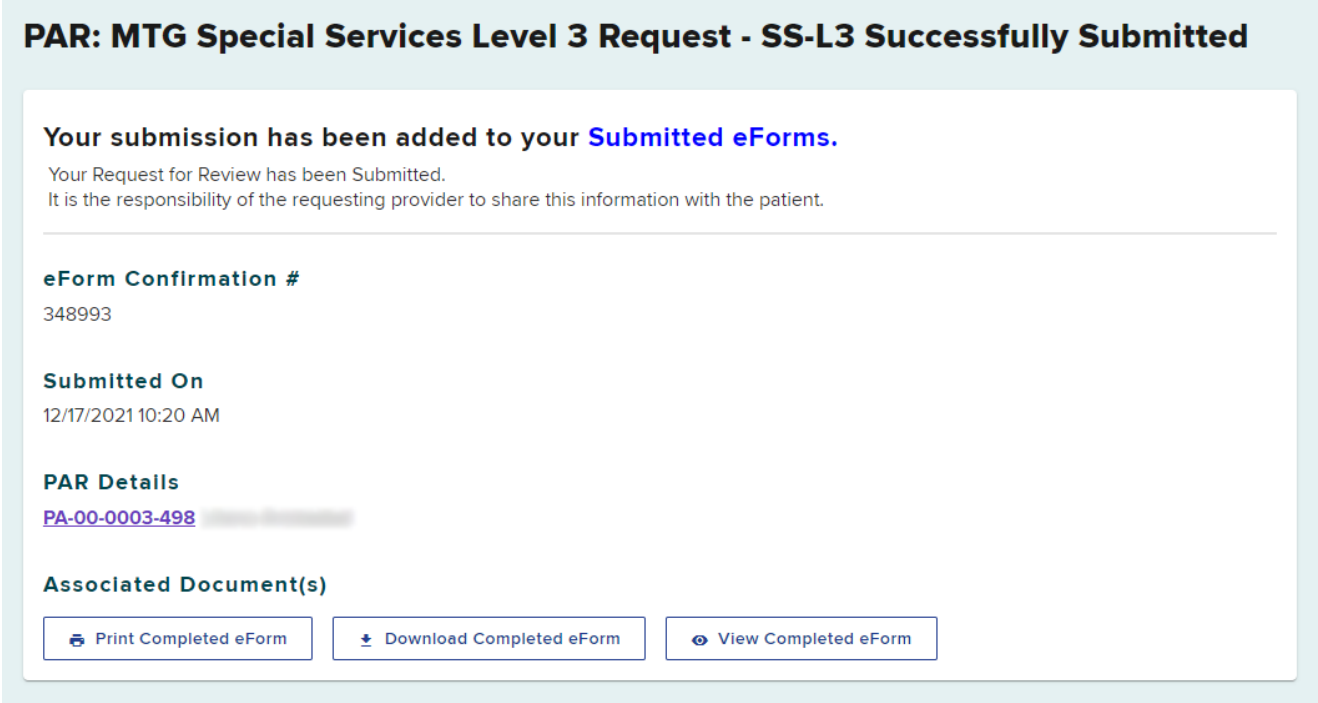
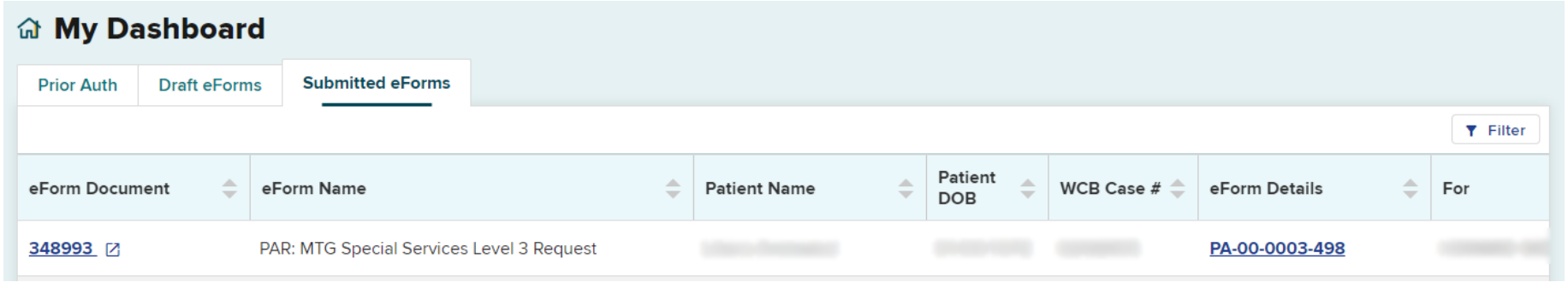
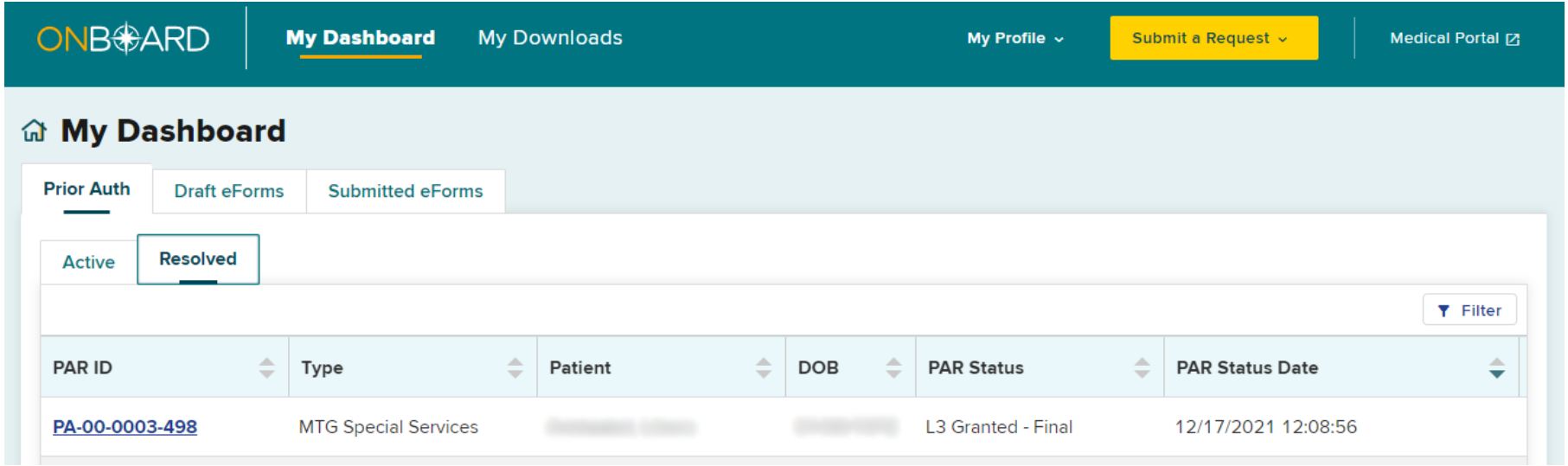


Escalating to Level 3 Review

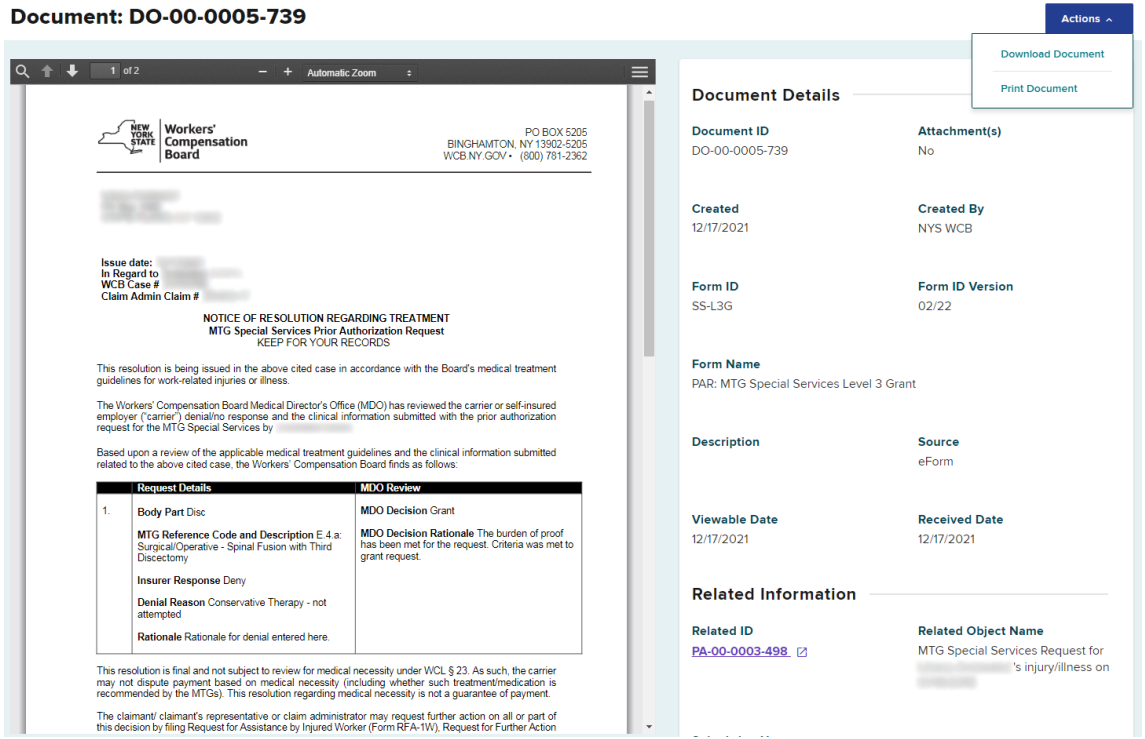


Level 3 Response



Level 3 Response

Document: DO-00-0005-739



1 of 2 — Automatic Zoom

NEW YORK STATE Workers' Compensation Board

PO BOX 5205
BINGHAMTON, NY 13902-5205
WCB.NY.GOV • (800) 781-2362

[redacted]

Issue date: [redacted]
In Regard to [redacted]
WCB Case # [redacted]
Claim Admin Claim # [redacted]

NOTICE OF RESOLUTION REGARDING TREATMENT
MTG Special Services Prior Authorization Request
KEEP FOR YOUR RECORDS

This resolution is being issued in the above cited case in accordance with the Board's medical treatment guidelines for work-related injuries or illness.

The Workers' Compensation Board Medical Director's Office (MDO) has reviewed the carrier or self-insured employer ("carrier") denial/no response and the clinical information submitted with the prior authorization request for the MTG Special Services by [redacted]

Based upon a review of the applicable medical treatment guidelines and the clinical information submitted related to the above cited case, the Workers' Compensation Board finds as follows:

	Request Details	MDO Review
1.	**Body Part** Disc **MTG Reference Code and Description** E.4.a: Surgical/Operative - Spinal Fusion with Third Discectomy **Insurer Response** Deny **Denial Reason** Conservative Therapy - not attempted **Rationale** Rationale for denial entered here.	**MDO Decision** Grant **MDO Decision Rationale** The burden of proof has been met for the request. Criteria was met to grant request.

This resolution is final and not subject to review for medical necessity under WCL § 23. As such, the carrier may not dispute payment based on medical necessity (including whether such treatment/medication is recommended by the MTGs). This resolution regarding medical necessity is not a guarantee of payment.

The claimant/ claimant's representative or claim administrator may request further action on all or part of this decision by filing Request for Assistance by Injured Worker (Form RFA-1W), Request for Further Action

Actions
- Download Document
- Print Document

Document Details

Document ID
DO-00-0005-739

Attachment(s)
No

Created
12/17/2021

Created By
NYS WCB

Form ID
SS-L3G

Form ID Version
02/22

Form Name
PAR: MTG Special Services Level 3 Grant

Description

Source
eForm

Viewable Date
12/17/2021

Received Date
12/17/2021

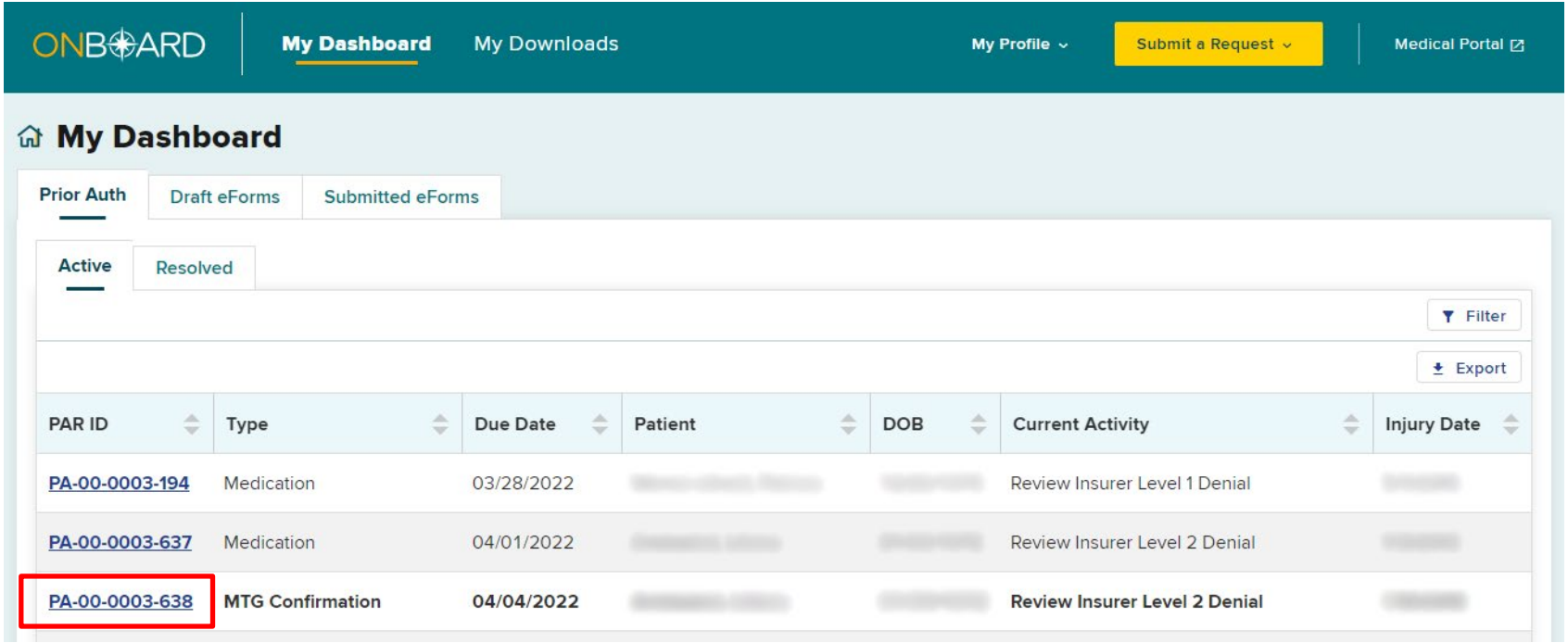
Related Information

Related ID
PA-00-0003-498

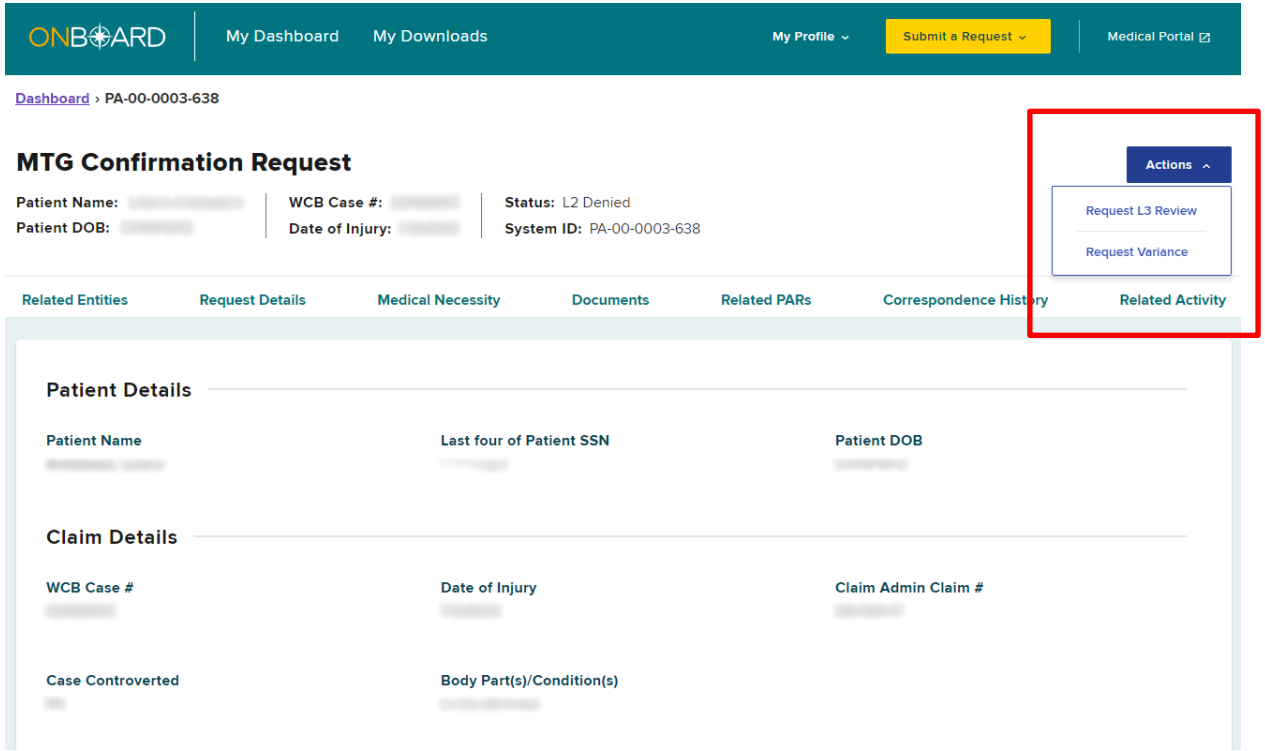
Related Object Name
MTG Special Services Request for [redacted]'s injury/illness on [redacted]

Converting an MTG Confirmation to an MTG Variance

Confirmation Denial



Request Variance



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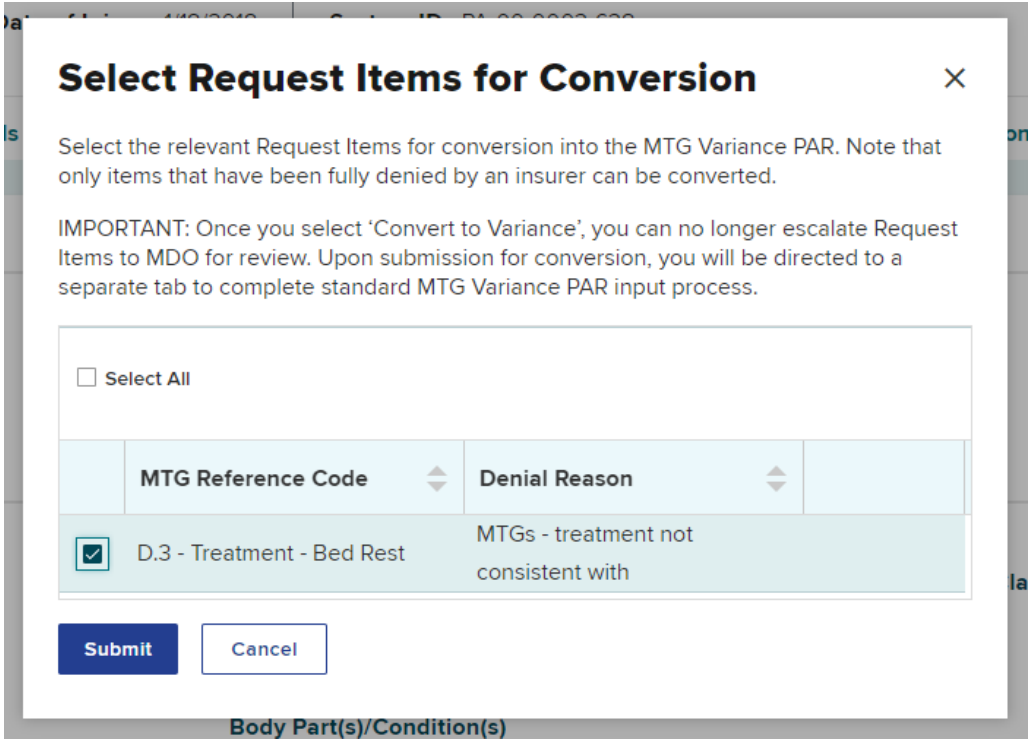
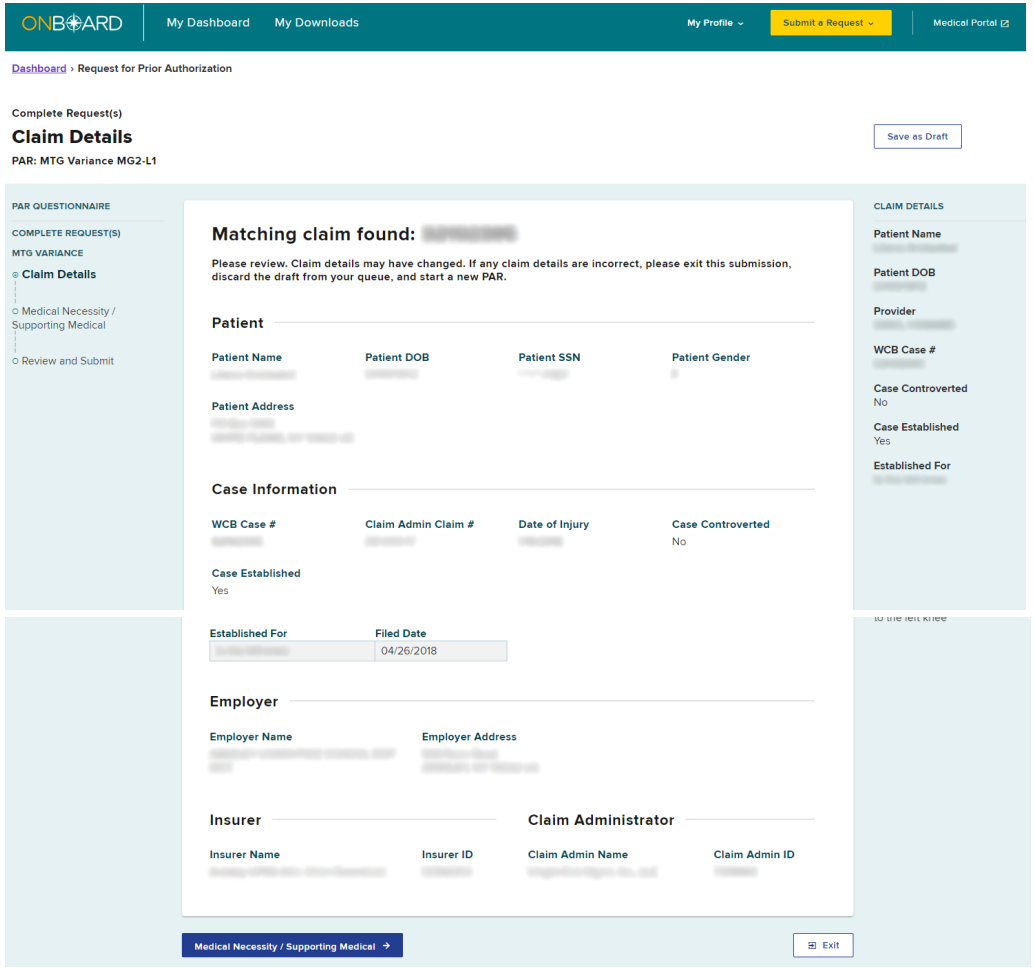
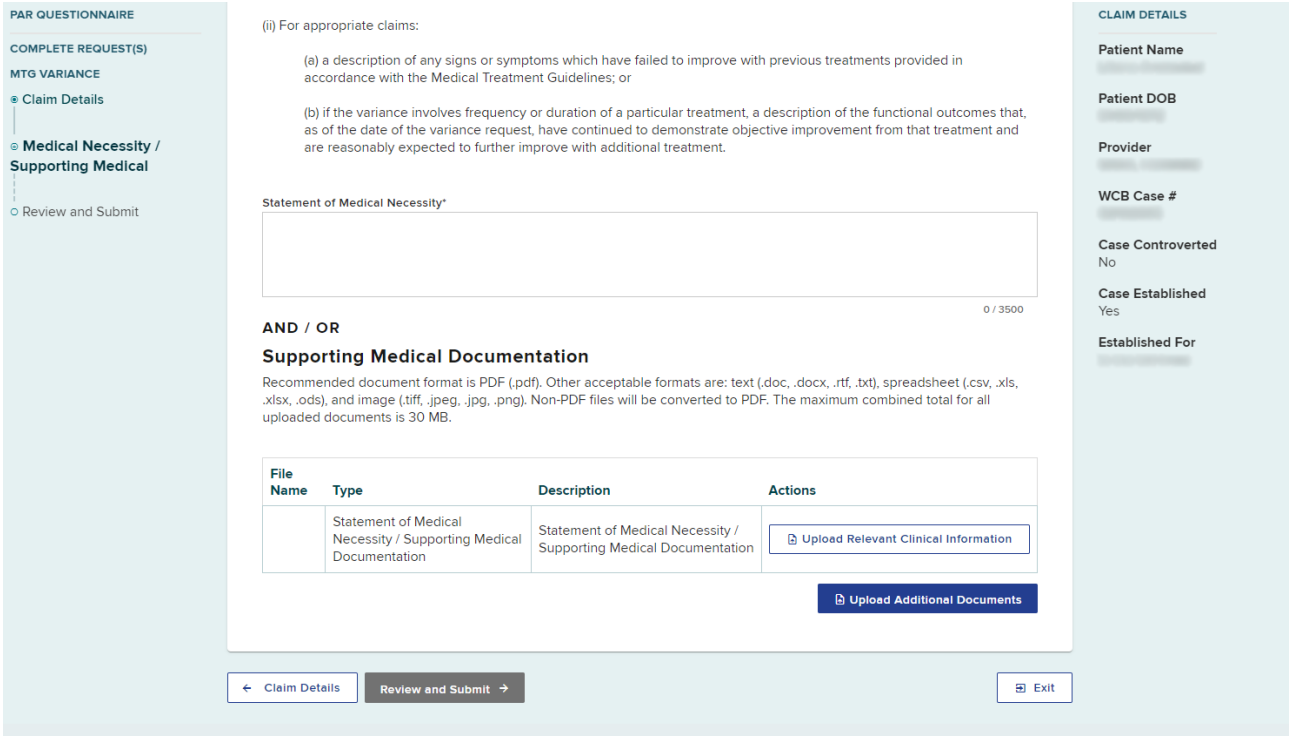


Claim Details

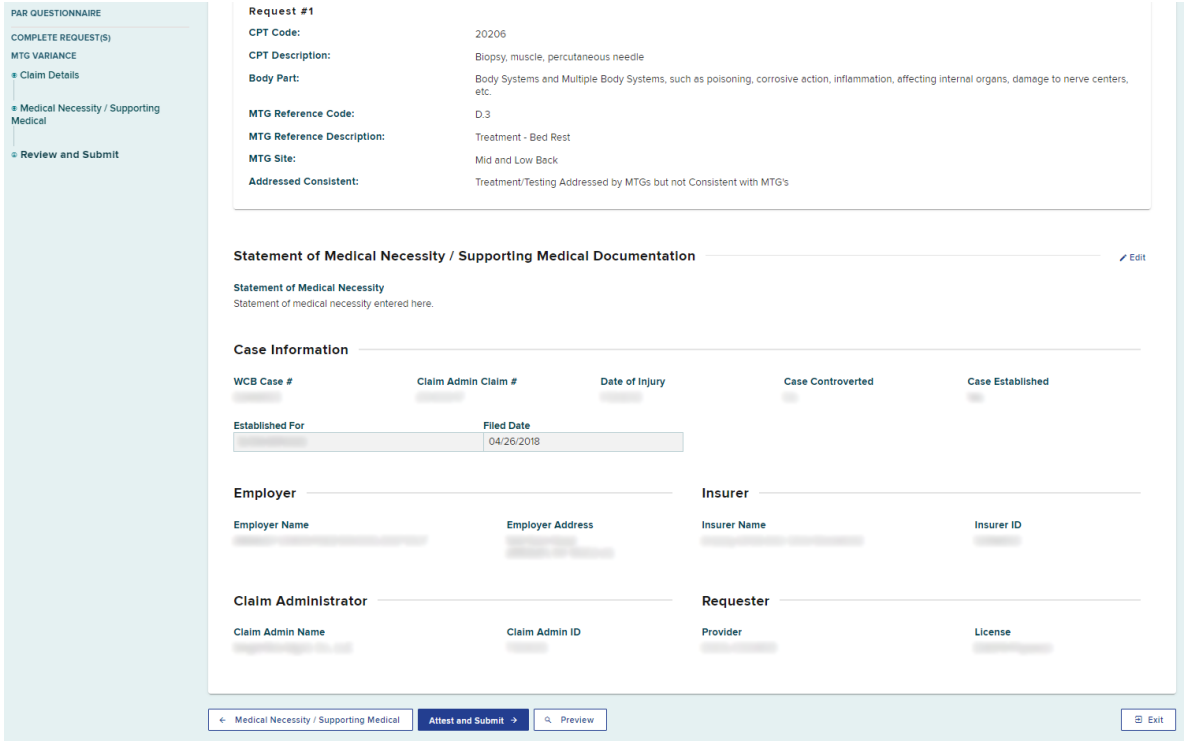


Supporting Documentation

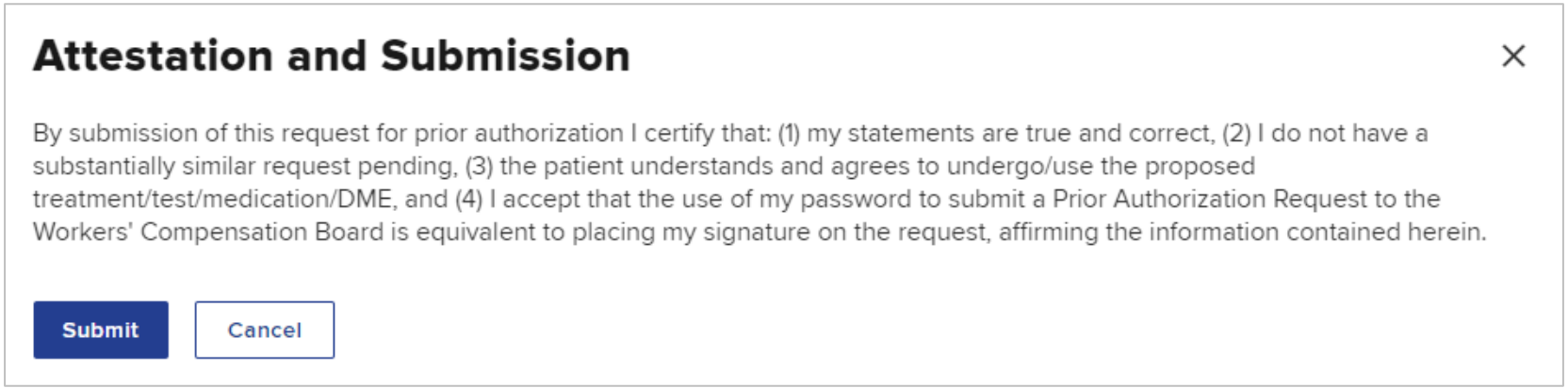


Ready to Submit

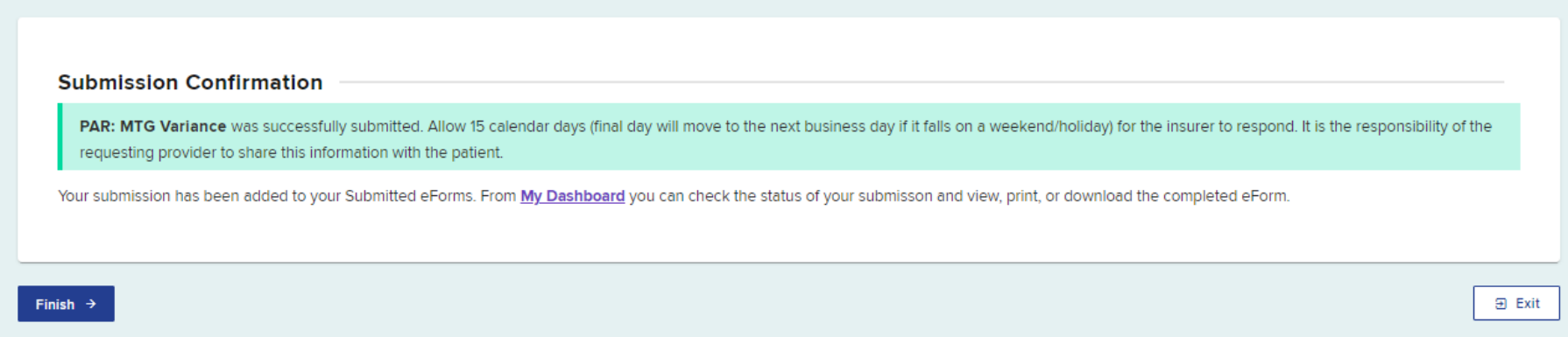
Attest and Submit



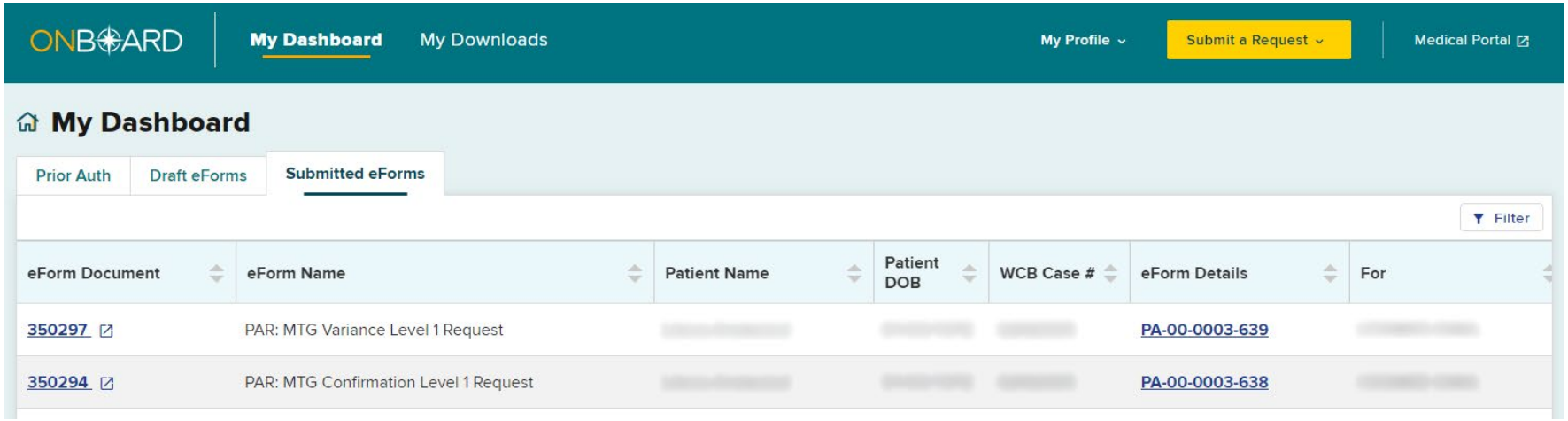
Attestation and Submission



Submission Confirmation



Submitted eForms



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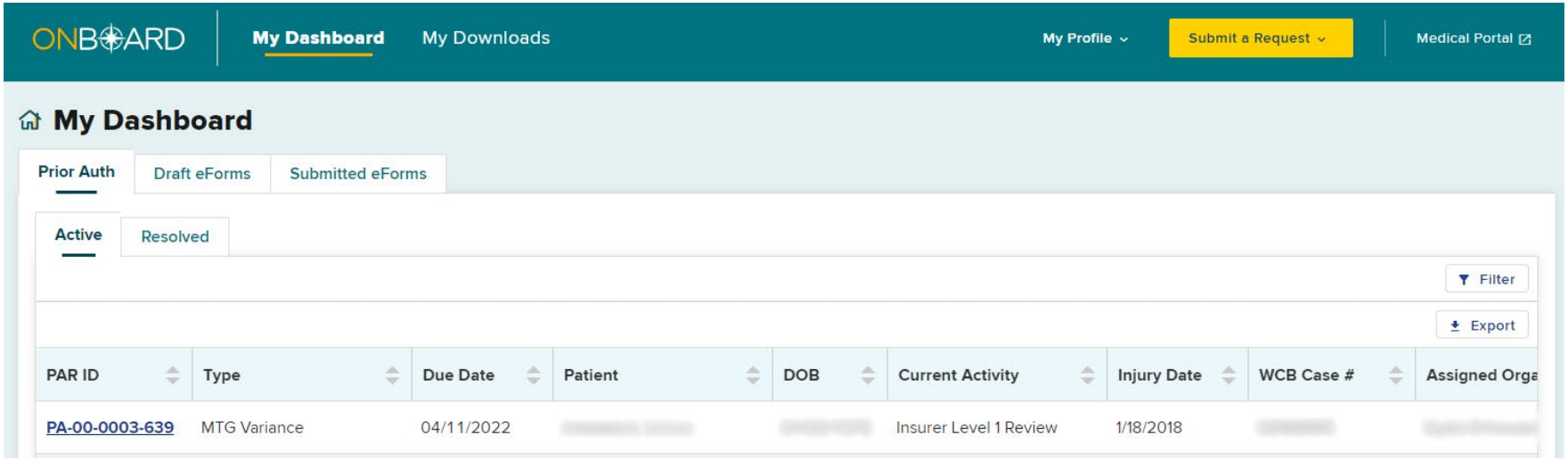
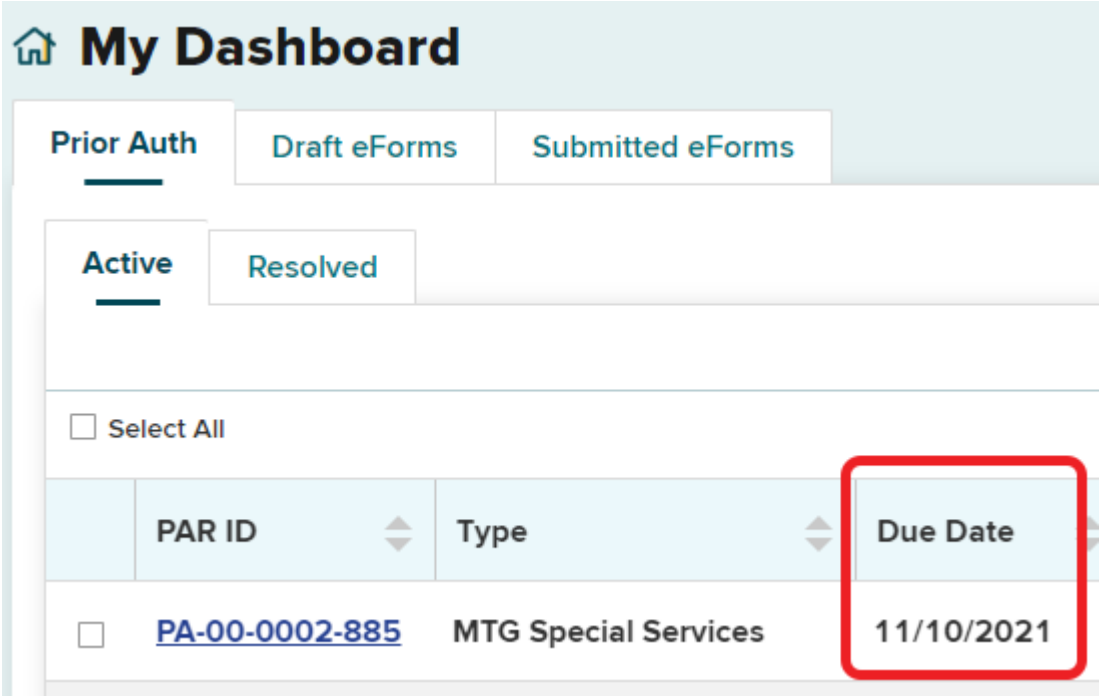
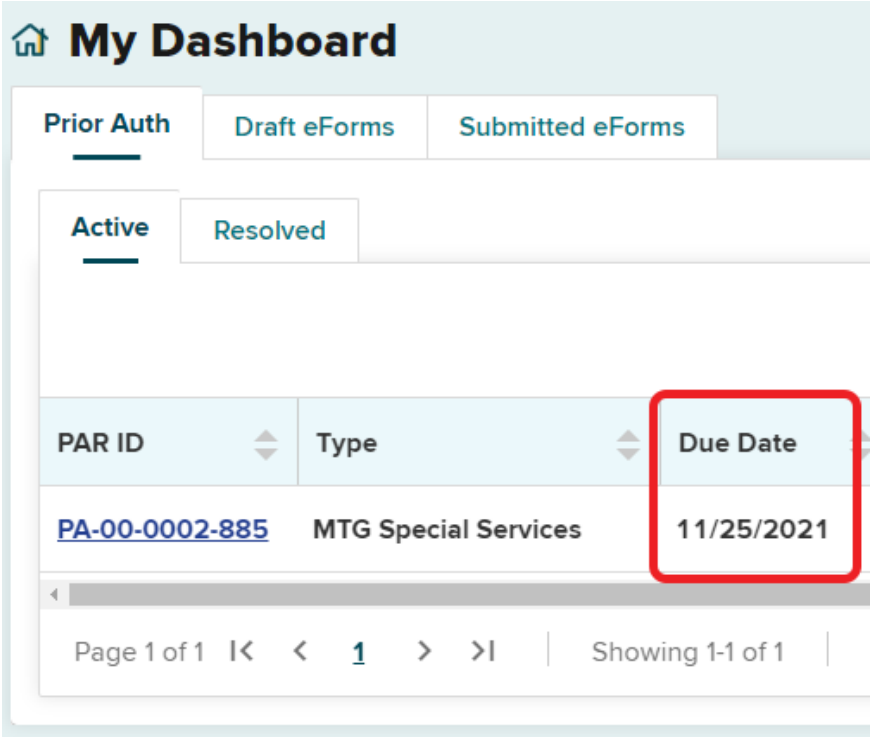

ONBOARD
My Dashboard
My Downloads
My Profile
Submit a Request
Medical Portal
My Dashboard
Prior Auth
Draft eForms
Submitted eForms
Active
Resolved
Filter
Export
PAR ID
Type
Due Date
Patient
DOB
Current Activity
Injury Date
WCB Case #
Assigned Orga
PA-00-0003-639
MTG Variance
04/11/2022
Insurer Level 1 Review
1/18/2018

Independent Medical Exam Request Notification

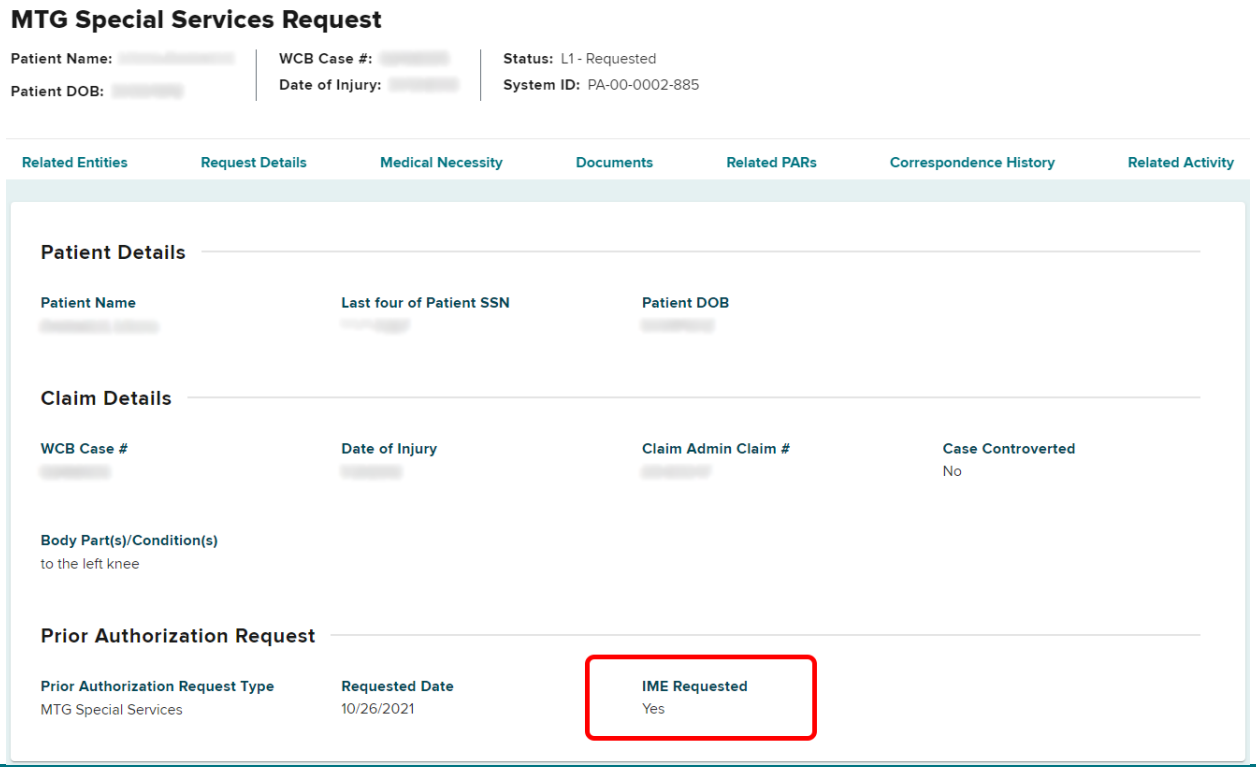
Original Due Date



IME Request Notification Sent



IME Requested



MTG Special Services Request

Patient Name: [redacted] | WCB Case #: [redacted] | Status: L1 - Requested

Patient DOB: [redacted] | Date of Injury: [redacted] | System ID: PA-00-0002-885

Related Entities | Request Details | Medical Necessity | Documents | Related PARs | Correspondence History | Related Activity

Patient Details

Patient Name	Last four of Patient SSN	Patient DOB
[redacted]	[redacted]	[redacted]

Claim Details

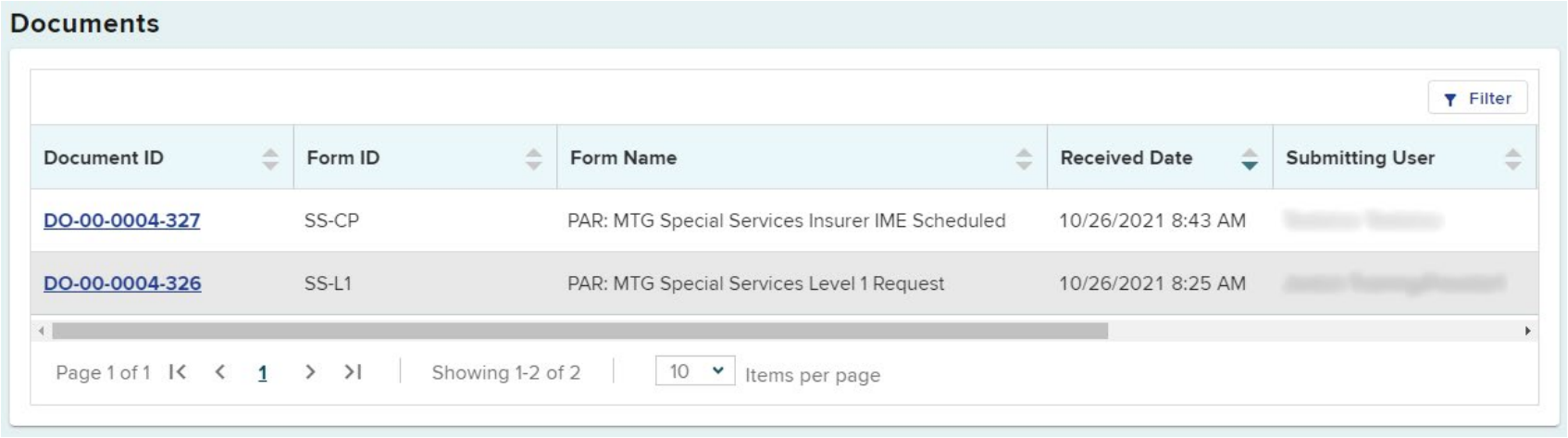
WCB Case #	Date of Injury	Claim Admin Claim #	Case Controverted
[redacted]	[redacted]	[redacted]	No

Body Part(s)/Condition(s)
to the left knee

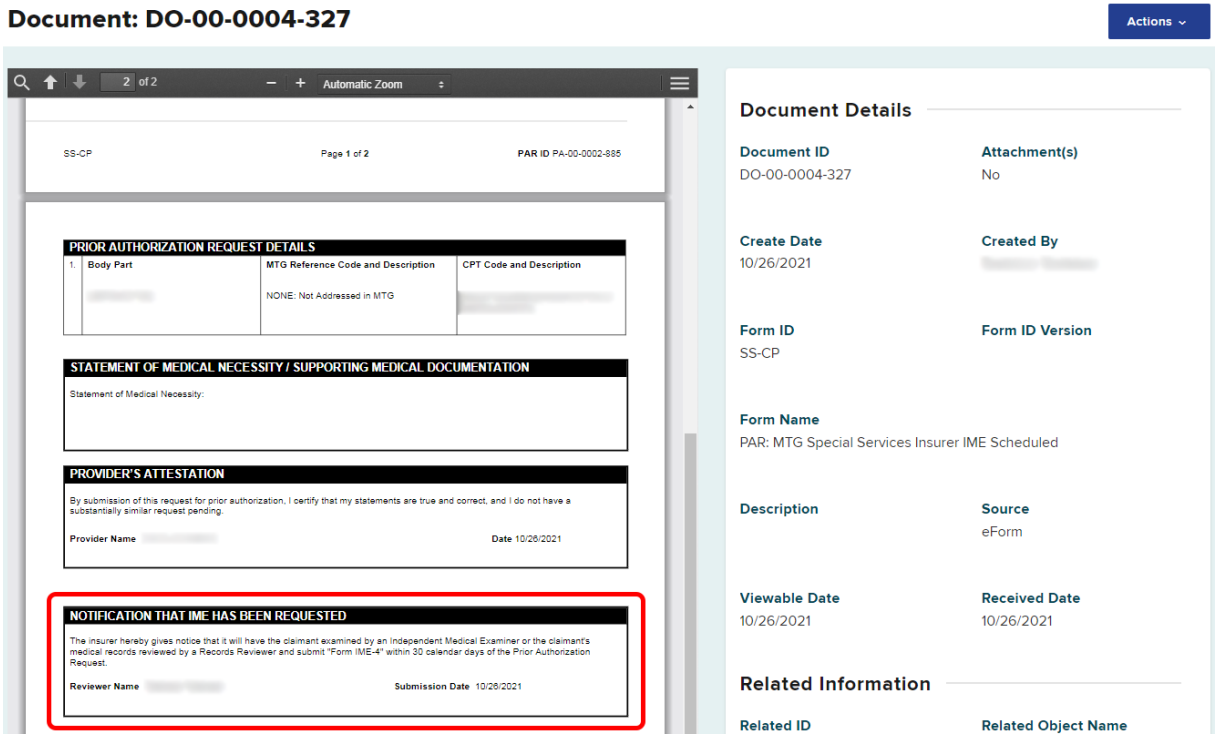
Prior Authorization Request

Prior Authorization Request Type	Requested Date	IME Requested
MTG Special Services	10/26/2021	Yes

Documents

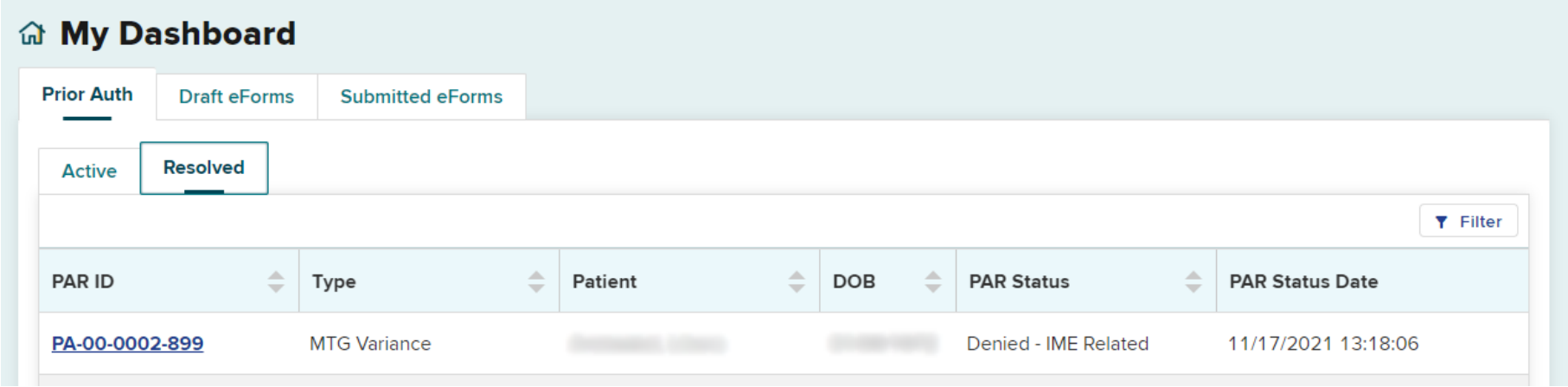

Documents
Filter
Document ID
Form ID
Form Name
Received Date
Submitting User
DO-00-0004-327
SS-CP
PAR: MTG Special Services Insurer IME Scheduled
10/26/2021 8:43 AM
DO-00-0004-326
SS-L1
PAR: MTG Special Services Level 1 Request
10/26/2021 8:25 AM
Page 1 of 1
1
Showing 1-2 of 2
10
Items per page

IME Updated in Document



PAR Denial for IME Scheduling Related Issues

Denied – IME Related



PAR Details

MTG Variance Request

Patient Name: [redacted]
Patient DOB: [redacted]

WCB Case #: [redacted]
Date of Injury: [redacted]

Status: Denied - IME Related
System ID: PA-00-0002-899

This PAR has been denied for administrative, jurisdiction, or IME-Related reasons, and it cannot be escalated for review.

Related Entities | Request Details | Medical Necessity | Documents | Related PARs | Correspondence History | Related Activity

Patient Details

Patient Name	Last four of Patient SSN	Patient DOB
[redacted]	[redacted]	[redacted]

Request Items

Request #1

Body Part
Not Applicable Artificial Appliance

CPT Code & Description
63003: Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic

MTG Reference
Depression - NONE: Other - Not Addressed in MTG

– Collapse All

Level 1 Insurer Response Details

L1 Insurer Response
Deny

Denial Category
IME Scheduling Related Reasons

Denial Reason
Claimant Did Not Appear for IME

Denial Rationale
Claimant did not appear for IME

IME Scheduling Reason
Claimant Did Not Appear for IME

Notification Date
11/11/2021

WCB Document ID #
12345

Documents

Filter

Document ID	Form ID	Form Name	Received Date	Submitting User
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DO-00-0004-326	SS-L1	PAR: MTG Special Services Level 1 Request	10/26/2021 8:25 AM	[redacted]

Page 1 of 1 | 1 | Showing 1-2 of 2 | 10 Items per page

ONBOARD

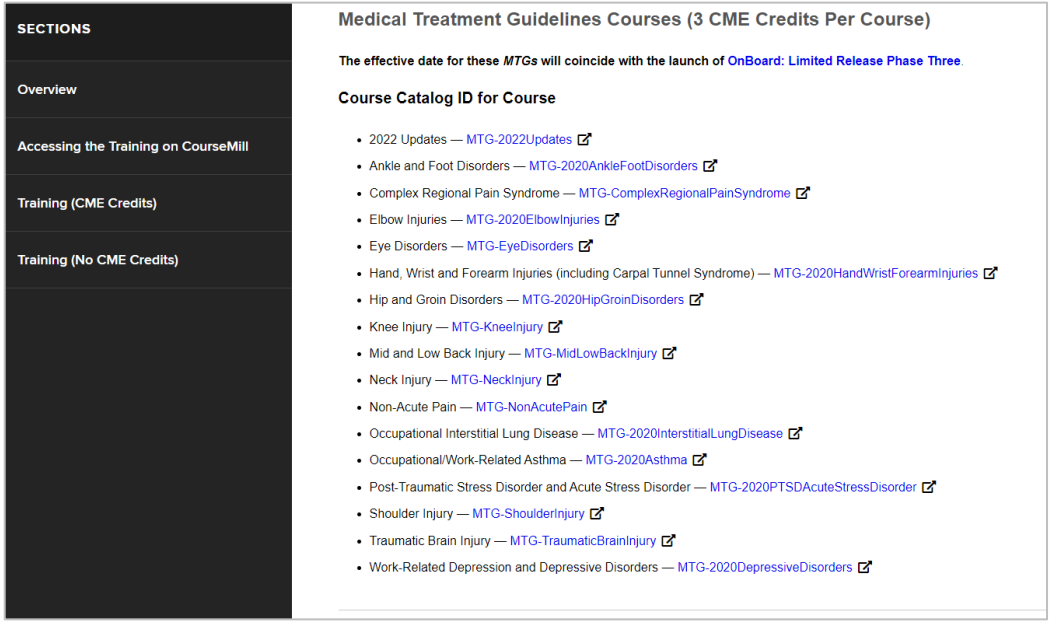
Medical Treatment Guidelines Updates

Medical Treatment Guidelines

1. 2022 Updates
2. Ankle and Foot Disorders
3. Complex Regional Pain Syndrome
4. Elbow Injuries
5. Eye Disorders
6. Hand, Wrist, and Forearm Injuries (including Carpal Tunnel Syndrome)
7. Hip and Groin Disorders
8. Knee Injury
9. Mid and Low Back Injury
10. Neck Injury
11. Non-Acute Pain
12. Occupational Interstitial Lung Disease
13. Occupational/Work-Related Asthma
14. Post-Traumatic Stress Disorder and Acute Stress Disorder
15. Shoulder Injury
16. Traumatic Brain Injury
17. Work-Related Depression and Depressive Disorders

New Training

1. *Medical Treatment Guidelines* courses (3 CME credits per course)
2. Accessed via CourseMill
3. Training access and full details available on the Medication Treatment Guidelines page on the Board's website



OnBoard
Training Resources

Health Care Providers

Physicians, PAs, NPs and other types of Board-authorized providers as well as dentists, audiologists and optometrists.

OVERVIEW >

TRAINING >

RESOURCES >

SECTIONS

- Overview
- Access
- What is a PAR?
- eForms
- OnBoard Dashboard
- Claim Search
- PAR Process
- Request for Decision on Unpaid Medical Bills (*Form HP-1.0*)
- Training & Resources

Training & Resources

- Latest Provider Updates

Training

- Training for Health Care Providers

Guides

- OnBoard: Registration Guide - Health Care Providers: Guide / Video

Videos

- Intro to OnBoard: Video

Fact Sheets

- OnBoard: Limited Release – What Health Care Providers Need to Know

Webinars

- OnBoard: Limited Release Training for Health Care Providers – February 2022: Video / Slides
- OnBoard: Limited Release for Nurse Practitioners Webinar – June 2021: Video / Slides
- OnBoard: Limited Release for Health Care Providers Webinar – May 2021: Video / Slides
- OnBoard: Limited Release for Physical Therapists Webinar for the NYPTA – December 2020: Video / Slides

Health Care Providers

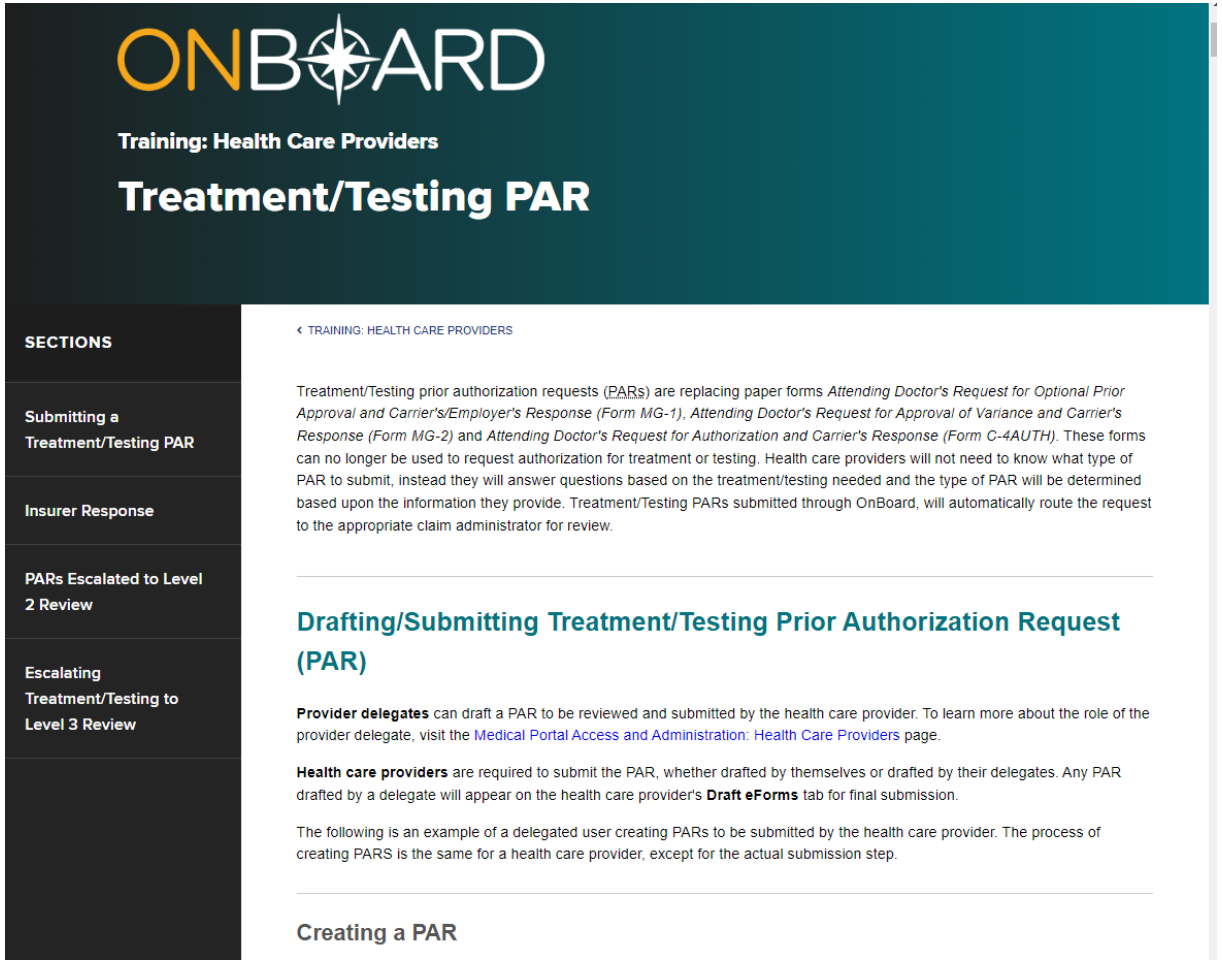
Physicians, PAs, NPs and other types of Board-authorized providers as well as dentists, audiologists and optometrists.

OVERVIEW >

TRAINING

RESOURCES >

- Medical Portal Access and Administration
- Accessing OnBoard
- Dashboard Overview
- Notifications for Updates to Dashboard
- Generated Documents
- Respond to Request for Further Information (RFI)
- Independent Medical Exam Request Notification
- Claim Search
- Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)
- Medication PAR
- DME Submission
- Treatment/Testing PAR **NEW!**
- Change Confirmation PAR to Variance PAR


ONBOARD
Training: Health Care Providers
Treatment/Testing PAR
SECTIONS
Submitting a Treatment/Testing PAR
Insurer Response
PARs Escalated to Level 2 Review
Escalating Treatment/Testing to Level 3 Review
‹ TRAINING: HEALTH CARE PROVIDERS
Treatment/Testing prior authorization requests (PARs) are replacing paper forms Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response (Form MG-1), Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2) and Attending Doctor's Request for Authorization and Carrier's Response (Form C-4AUTH). These forms can no longer be used to request authorization for treatment or testing. Health care providers will not need to know what type of PAR to submit, instead they will answer questions based on the treatment/testing needed and the type of PAR will be determined based upon the information they provide. Treatment/Testing PARs submitted through OnBoard, will automatically route the request to the appropriate claim administrator for review.
Drafting/Submitting Treatment/Testing Prior Authorization Request (PAR)
Provider delegates can draft a PAR to be reviewed and submitted by the health care provider. To learn more about the role of the provider delegate, visit the Medical Portal Access and Administration: Health Care Providers page.
Health care providers are required to submit the PAR, whether drafted by themselves or drafted by their delegates. Any PAR drafted by a delegate will appear on the health care provider's Draft eForms tab for final submission.
The following is an example of a delegated user creating PARs to be submitted by the health care provider. The process of creating PARS is the same for a health care provider, except for the actual submission step.
Creating a PAR

System Requirements

- OnBoard will run on Windows, Mac and Linux operating systems via a supported web browser. Supported browsers include the latest versions of Google Chrome, Mozilla Firefox, Microsoft Edge (Chromium) or Safari. OnBoard: Limited Release is not supported on mobile devices at this time; however, OnBoard will include mobile device capability when the system is fully implemented.
- Internet Explorer 11 will not be supported for OnBoard use.
- wcb.ny.gov/onboard/

ONBOARD

General Questions: OnBoard@wcb.ny.gov

Other Questions: (877) 632-4996

News and Updates: Subscribe to WCB Notifications

Instructions: wcb.ny.gov/onboard/