

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.**

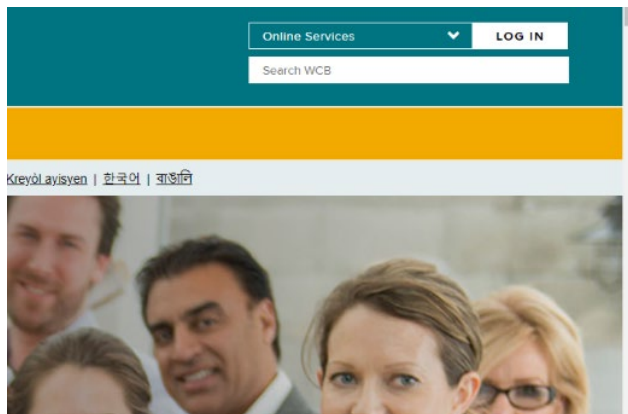


Accessing OnBoard: Limited Release

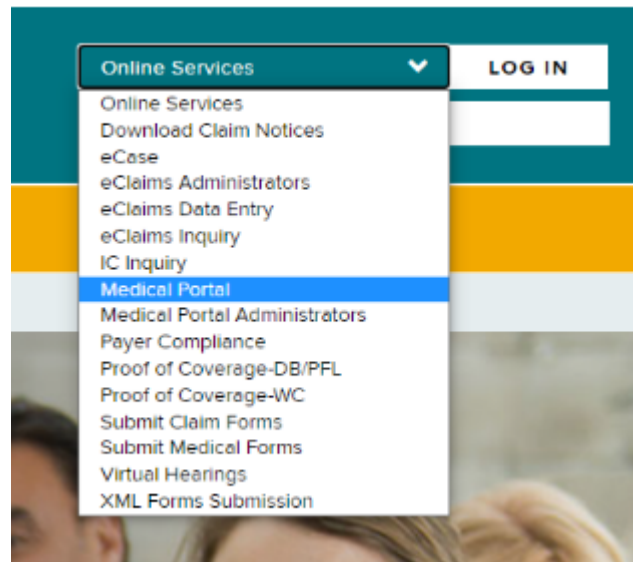


How to Access OBLR

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/PMPLA
- 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

Drafting/Submitting a Treatment/Testing PAR



Submit a Request

The screenshot shows the ONBOARD web application interface. The top navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', 'Submit a Request' (highlighted), and 'Medical Portal'. A dropdown menu for 'Submit a Request' is open, showing 'Prior Authorization (PAR)' and 'Decision on Unpaid Medical Bill (HP-1.0)'. Below the navigation, the 'My Dashboard' section has tabs for 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'Active' and 'Resolved'. A table displays a list of requests with columns: PAR ID, Type, Due Date, Patient, DOB, Current Activity, Injury Date, and WCB Case #. The table includes three rows of data.

ONBOARD | My Dashboard | My Downloads | My Profile | **Submit a Request** | Medical Portal

Submit a Request dropdown:

- Prior Authorization (PAR)
- Decision on Unpaid Medical Bill (HP-1.0)

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 #
PA-00-0003-478	Medication	12/23/2021	[REDACTED]	[REDACTED]	Review Insurer Level 2 Deni	[REDACTED]	[REDACTED]
PA-00-0003-479	Medication	12/23/2021	[REDACTED]	[REDACTED]	Review Insurer Level 2 Gar	[REDACTED]	[REDACTED]
PA-00-0001-993	MTG Special Services	07/14/2022	[REDACTED]	[REDACTED]	Provider Response Request	[REDACTED]	[REDACTED]

Request Items

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Request Items

COMPLETE REQUEST(S)

Provider:

Please select License for this request:*

WCB Authorization Number

Claim Search →

A screenshot of a web application interface. On the left is a sidebar with a vertical list of options: 'Requester Information' (selected), 'Claim Search', and 'Request Items'. Below this is a section titled 'COMPLETE REQUEST(S)'. The main content area contains three input fields: 'Provider:' (with a lock icon), 'Please select License for this request:*' (a dropdown menu showing 'B12408 Physician'), and 'WCB Authorization Number' (with a lock icon). At the bottom of the main area, a blue button labeled 'Claim Search →' is highlighted with a red rectangular border.

Claim Search

If the workers' compensation insurance carrier hasn't paid your bill within 45 days of submission and there are no outstanding legal issues regarding your bill's compensability, the Board may be able to assist you. Use the wizard below to request help.

Claim Search

1. Enter either WCB Case # or Claim Administrator Claim #. The search uses exact values to locate a claim.

WCB Case #

Claim Admin Claim #

Must be 8 characters in length. The first character may be any number or letter EXCEPT [B,C,E,I,O], the second character may be any number or letter EXCEPT [I,O], and the remaining 6 must be numbers

2. Enter only two of the below fields to search for this claim.

Date of Injury

(MM/DD/YYYY). If exact date of injury/illness is not known, use other search criteria.

Last Four of SSN

Date of Birth

(MM/DD/YYYY)

Patient Last Name

🔍 Search for Claim

🗑️ Clear Search

Unmatched Claim

Search Results

No case matching the search criteria entered can be located in WCB records. Please review the criteria and search again or [proceed without a matching case.](#)

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Enter Claim Details**
- Request Items

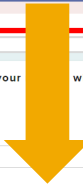
COMPLETE REQUEST(S)

Enter known claim details. After submission of this PAR, the Board will attempt to match your request with a claim. If a claim is found, your request will be forwarded to the insurer for response. If a matching claim is not found within five days, your request will be closed.

Patient Details

Patient First Name*	Patient Last Name*
<input type="text"/>	<input type="text"/>
Patient Address Line 1*	Patient Address Line 2
<input type="text"/>	<input type="text"/>
Patient City*	Patient State
<input type="text"/>	<input type="text"/>
Patient Zip Code	Patient Country
<input type="text"/>	<input type="text"/>
Patient SSN	
<input type="text"/>	
Patient DOB*	Date of Injury*
<input type="text"/>	<input type="text"/>
<small>MM/DD/YYYY</small>	<small>MM/DD/YYYY</small>
Patient Gender	
<input type="text"/>	
Body Part(s)/Condition(s)	
<input type="text"/>	
<small>Enter the body part you are looking for.</small>	

[proceed without a matching case.](#)



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

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Request Items**

COMPLETE REQUEST(S)

Request Items

Provide the information below to add one or more items that you will be requesting prior authorization for on this claim.

Request #1

Select category of PAR for this item*

- Treatment/Testing
- Medication
- Durable Medical Equipment
- Non-Medical

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.*

-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...

More Details

Enter the CPT code/description.*

20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial l

Select MTG Site associated with this PAR.*

Knee

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".*

D.3.e: Therapeutic Injection - Intra-Capsular Acid Salts/Viscosupplementation

Select body part associated with this PAR.*

Knee Patella

Side of Body*

Left

Is requested treatment/testing addressed by and consistent with the MTGs?*

Treatment/Testing Addressed by MTGs and Consistent with MTG's

Save

← Claim Search

Complete Request(s) →

Exit

Confirmation Added

Request(s) Added (1)

Request #1 [Edit](#) [Remove](#)

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

[+ Add Another Item](#)

Based on Items entered, the following PAR type(s) will be submitted.

- MTG Confirmation

Notice: Once you move on to the next screen, you won't be able to make changes to the request details.

[← Claim Search](#) [Complete Request\(s\) →](#) [Exit](#)

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

Enter the CPT code/description.*

97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength e

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".*

D.8.b: Therapy/Active - Therapeutic Exercise

Select body part associated with this PAR.*

Lower Back Area (Lumbar Area and Lumbo Sacral

Side of Body*

Bilateral

Is requested treatment/testing addressed by and consistent with the MTGs?*

Treatment/Testing Addressed by MTGs but not Consistent with M... ▾

Save

Cancel

Based on items entered, the following PAR type(s) will be submitted.

- MTG Confirmation

Notice: Once you move on to the next screen, you won't be able to make changes to the request details.

Complete Request

Request(s) Added (2)

Request #1 [Edit](#) [Remove](#)

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 [Edit](#) [Remove](#)

PAR Type: MTG Variance

Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord

CPT/HCPCS: 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

MTG: Mid and Low Back - D.8.b: Therapy/Active - Therapeutic Exercise

[+ Add Another Item](#)

Based on items entered, the following PAR type(s) will be submitted.

- MTG Confirmation
- MTG Variance

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 laminectomy

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) Lower

Side of Body*

Bilateral

Save Details

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Request Items

COMPLETE REQUEST(S)

Request #2 [Edit](#) [Remove](#)

PAR Type: MTG Variance

Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord

CPT/HCPCS: 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

MTG: Mid and Low Back - D.8.b: Therapy/Active - Therapeutic Exercise

Request #3 [Edit](#) [Remove](#)

PAR Type: MTG Special Services

Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord

CPT/HCPCS: 22633: Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar

MTG: Mid and Low Back - E.4: Surgical/Operative - Spinal Fusion

+ Add Another Item

Based on items entered, the following PAR type(s) will be submitted.

- MTG Confirmation
- MTG Variance
- MTG Special Services

Notice: Once you move on to the next screen, you won't be able to make changes to the request details.

Details Added

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Request Items**

COMPLETE REQUEST(S)

Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord

CPT/HCPCS: 22633; Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar

MTG: Mid and Low Back - E.4: Surgical/Operative - Spinal Fusion

Request #4 [Edit](#) [Remove](#)

PAR Type: MTG Variance

Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord

CPT/HCPCS: 97010; Application of a modality to 1 or more areas; hot or cold packs

MTG: Mid and Low Back - D.10.f: Therapy/Passive - Superficial Heat and Cold

[+ Add Another Item](#)

Based on items entered, the following PAR type(s) will be submitted.

- MTG Confirmation
- MTG Variance
- MTG Special Services

Notice: Once you move on to the next screen, you won't be able to make changes to the request details.

[← Claim Search](#) [Complete Request\(s\) →](#) [Exit](#)

Safe as Draft

Prior Authorization

Is

Save as Draft

CLAIM DETAILS

A screenshot of a web form interface. The form has a white background with a light blue footer bar. At the top left, the text 'Prior Authorization' is visible. Below it, the text 'Is' is partially visible. On the right side of the form, there is a button labeled 'Save as Draft' with a blue border, which is highlighted by a red rectangular box. At the bottom right of the form, there is a tab labeled 'CLAIM DETAILS'.

Statement of Medical Necessity

COMPLETE REQUEST(S)

PAR: MTG CONFIRMATION

Medical Necessity / Supporting Medical

Review and Submit

PAR: MTG SPECIAL SERVICES

PAR: MTG VARIANCE

PAR: MTG Confirmation

Statement of Medical Necessity

Provide / attach all relevant clinical information to support this prior authorization request. Include narrative, progress notes and other supporting documentation (e.g. symptoms, justification for initial or ongoing treatment, diagnostic testing, equipment, etc.), any contraindications or adverse effects experienced, and if applicable, evaluation of efficacy of previous treatment or medication.

Statement of Medical Necessity*

0 / 3500

AND / OR

Supporting Medical Documentation

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

File Name	Type	Description	Actions
	Statement of Medical Necessity / Supporting Medical Documentation	Statement of Medical Necessity / Supporting Medical Documentation	Upload Relevant Clinical Information

[Upload Additional Documents](#)

[Review and Submit](#) →

[Exit](#)

Statement of Medical Necessity

Upload Document [X]

Form Name: Statement of Medical Necessity / Supporting Medical Documentation

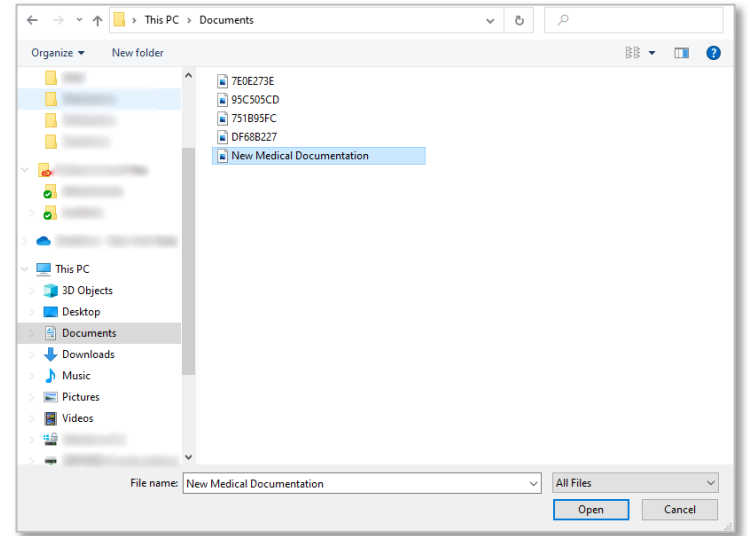
Description*

Statement of Medical Necessity / Supporting Medical Documentation

Browse

No File Selected

Upload **Cancel**



Statement of Medical Necessity

Supporting Medical Documentation

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.


File Name	Type	Description	Actions
New Medical Documentation.pdf	Statement of Medical Necessity / Supporting Medical Documentation	Statement of Medical Necessity / Supporting Medical Documentation	Update Description Remove

 Upload Additional Documents

[← Request Details](#)

[Review and Submit →](#)

[Exit](#)

 Your document has been uploaded successfully.

Review and Submit

← Medical Necessity / Supporting Medical

Attest and Submit →

Preview

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

PAR: MTG CONFIRMATION

- Medical Necessity / Supporting Medical
- Review and Submit**

PAR: MTG SPECIAL SERVICES

PAR: MTG VARIANCE

CPT Code: 20610

CPT Description: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance

Body Part: Left Knee Patella

MTG Reference Code: D.3.e

MTG Reference Description: Therapeutic Injection - Intra-Capsular Acid Salts/Viscosupplementation

MTG Site: Knee

Addressed Consistent: Treatment/Testing Addressed by MTGs and Consistent with MTG's

Statement of Medical Necessity / Supporting Medical Documentation [Edit](#)

Statement of Medical Necessity

Enter the MTG Confirmation medical necessity here.

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controversial	Case Established
			No	Yes

Established For: to the left knee

Filed Date: 04/26/2018

Employer

Employer Name

Employer Address

Insurer

Insurer Name

Insurer ID

Claim Administrator

Claim Admin Name

Claim Admin ID

Requester

Provider

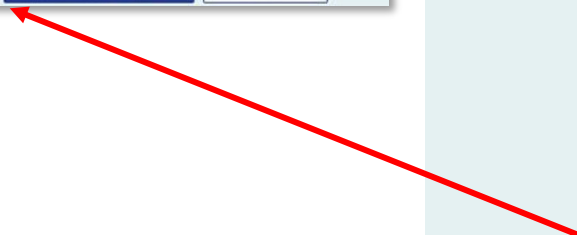
License: B12370 Physician

← Medical Necessity / Supporting Medical

Ready to Submit →

Preview

Exit



Health Care Provider

← Medical Necessity / Supporting Medical

Attest and Submit →

🔍 Preview

Attestation and Submission

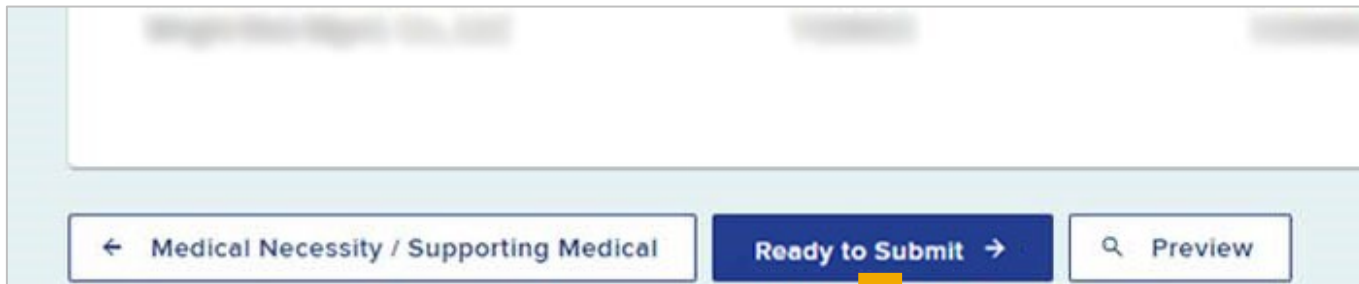


By submission of this request for prior authorization I certify that: (1) my statements are true and correct, (2) I do not have a substantially similar request pending, (3) the patient understands and agrees to undergo/use the proposed treatment/test/medication/DME, and (4) I accept that the use of my password to submit a Prior Authorization Request to the Workers' Compensation Board is equivalent to placing my signature on the request, affirming the information contained herein.

Submit

Cancel

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 [\[Redacted\]](#).

Processing Multiple PAR Types

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)
PAR: MTG CONFIRMATION

PAR: MTG SPECIAL SERVICES

- Medical Necessity / Supporting Medical
- Review and Submit

PAR: MTG VARIANCE

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 [XXXXX XXXXX](#).

PAR: MTG Special Services

Statement of Medical Necessity

Provide / attach all relevant clinical information to support this prior authorization request. Include narrative, progress notes and other supporting documentation (e.g. symptoms, justification for initial or ongoing treatment, diagnostic testing, equipment, etc.), any contraindications or adverse effects experienced, and if applicable, evaluation of efficacy of previous treatment or medication.

Statement of Medical Necessity*

MTG Special Services medical necessity entered here.

53 / 3500

AND / OR

Supporting Medical Documentation

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods) and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

File Name	Type	Description	Actions
	Statement of Medical Necessity / Supporting Medical Documentation	Statement of Medical Necessity / Supporting Medical Documentation	Upload Relevant Clinical Information

[Upload Additional Documents](#)

[Review and Submit](#) → [Exit](#)

Processing Multiple PAR Types

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)
 PAR: MTG CONFIRMATION
 PAR: MTG SPECIAL SERVICES
MTG VARIANCE
 Medical Necessity / Supporting Medical
[Review and Submit](#)

Patient

Patient Name	Patient DOB	Patient SSN	Patient Gender	Patient Address

Request Items: MTG Variance

Request #1

CPT Code: 97110

CPT Description: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord

MTG Reference Code: D.8.b

MTG Reference Description: Therapy/Active - Therapeutic Exercise

MTG Site: Mid and Low Back

Addressed Consistent: Treatment/Testing Addressed by MTGs but not Consistent with MTG's

Request #2

CPT Code: 97010

CPT Description: Application of a modality to 1 or more areas; hot or cold pack

Body Part: Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord

MTG Reference Code: D.10.f

MTG Reference Description: Therapy/Passive - Superficial Heat and Cold

MTG Site: Mid and Low Back

Addressed Consistent: Treatment/Testing Addressed by MTGs but not Consistent with MTG's

Addressed Consistent: Treatment/Testing Addressed by MTGs but not Consistent with MTG's

Statement of Medical Necessity / Supporting Medical Documentation [Edit](#)

Statement of Medical Necessity
 MTG Variance medically necessity entered here.

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted	Case Established
			No	Yes

Established For: to the left knee **Filed Date:** 04/26/2018

Employer **Insurer**

Employer Name	Employer Address	Insurer Name	Insurer ID

Claim Administrator **Requester**

Claim Admin Name	Claim Admin ID	Provider	License
			B12370 Physician

[Medical Necessity / Supporting Medical](#)
[Ready to Submit](#)
[Preview](#)
[Exit](#)

Processing Multiple PAR Types

Confirmation

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

PAR: MTG CONFIRMATION

PAR: MTG SPECIAL SERVICES

PAR: MTG VARIANCE

⊖ **Confirmation**

Confirmation

PAR: MTG Variance 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 **[REDACTED]**

Finish → Exit

Draft eForms

My Dashboard

Prior Auth **Draft eForms** Submitted eForms

If you want to resume an existing draft of an eForm, do so from the link in the 'Draft eForm Name' column.

Filter

Draft eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For	Status	Last Updated By
PAR: MTG Variance Level 1 Request						Ready To Submit	
PAR: MTG Special Services Level 1 Request						Ready To Submit	
PAR: MTG Confirmation Level 1 Request						Ready To Submit	

Draft eForms

Review and Submit

PAR: MTG Variance MG2-L1

Save as Draft

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

MTG VARIANCE

Claim Details

Medical Necessity / Supporting Medical

Review and Submit

Please review the following information for accuracy prior to submission.

Patient

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

Request Items: MTG Variance

Request #1

CPT Code:	97110
CPT Description:	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
Body Part:	Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord
MTG Reference Code:	D.8.b
MTG Reference Description:	Therapy/Active - Therapeutic Exercise
MTG Site:	Mid and Low Back
Addressed Consistent:	Treatment/Testing Addressed by MTGs but not Consistent with MTG's

Request #2

CPT Code:	97010
CPT Description:	Application of a modality to 1 or more areas; hot or cold packs
Body Part:	Bilateral Lower Back Area (Lumbar Area and Lumbo Sacral) Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord
MTG Reference Code:	D.10.f
MTG Reference Description:	Therapy/Passive - Superficial Heat and Cold
MTG Site:	Mid and Low Back
Addressed Consistent:	Treatment/Testing Addressed by MTGs but not Consistent with MTG's

Statement of Medical Necessity / Supporting Medical Documentation

Edit

Statement of Medical Necessity / Supporting Medical Documentation

Statement of Medical Necessity / Supporting Medical Documentation - New Medical Documentation.pdf

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted	Case Established
[REDACTED]	[REDACTED]	[REDACTED]	No	Yes
Established For		Filed Date		
to the left knee		[REDACTED]		

Employer

Employer Name
[REDACTED]

Employer Address
[REDACTED]

Insurer

Insurer Name
[REDACTED]

Insurer ID
[REDACTED]

Claim Administrator

Claim Admin Name
[REDACTED]

Claim Admin ID
[REDACTED]

Requester

Provider
[REDACTED]

License
[REDACTED]

← Medical Necessity / Supporting Medical

Attest and Submit →

Preview

Exit

Prior Auth Active Tab

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 O
PA-00-0049-455	MTG Variance	01/20/2022			Insurer Level 1 Review			

Page 2 of 2 | < > 1 2 > | Showing 11-11 of 11 | 10 Items per page

Submitted eForms Tab

The screenshot displays the ONBOARD user interface. At the top, there is a navigation bar with the ONBOARD logo, a 'My Dashboard' tab (which is underlined), 'My Downloads', 'My Profile' with a dropdown arrow, a yellow 'Submit a Request' button with a dropdown arrow, and a 'Medical Portal' link with an external icon. Below the navigation bar is the 'My Dashboard' section with a home icon and three tabs: 'Prior Auth', 'Draft eForms', and 'Submitted eForms' (which is selected and highlighted). A 'Filter' button is located in the top right corner of the table area. The table has six columns: 'eForm Document', 'eForm Name', 'Patient Name', 'Patient DOB', 'WCB Case #', and 'eForm Details'. Each column has a small double-headed arrow icon. The table contains three rows of data, each representing a submitted eForm.

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details
348969	PAR: MTG Variance Level 1 Request	[REDACTED]	[REDACTED]	[REDACTED]	PA-00-0003-490
348968	PAR: MTG Special Services Level 1 Request	[REDACTED]	[REDACTED]	[REDACTED]	PA-00-0003-489
348967	PAR: MTG Confirmation Level 1 Request	[REDACTED]	[REDACTED]	[REDACTED]	PA-00-0003-488

Submitted eForms Tab

ONBOARD | **My Dashboard** | My Downloads | My Profile | Submit a Request | Medical Portal

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms** | Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details
348969	PAR: MTG Variance Level 1 Request				PA-00-0003-490
348968	PAR: MTG Special Services Level 1 Request				PA-00-0003-489
348967	PAR: MTG Confirmation Level 1 Request				PA-00-0003-488

Submitted eForms Tab

MTG Variance Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L1 - Requested
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: PA-00-0003-490

Related Entities	Request Details	Medical Necessity	Documents	Related PARs	Correspondence History	Related Activity
Overall L2 Insurer Response	L2 Reviewer Name - Title	L2 Response Date & Time				
Request Items						
Request #1						
Body Part Bilateral Lower Back Area	CPT Code & Description 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	MTG Reference Mid and Low Back - D.8.b: Therapy/Active - Therapeutic Exercise				
Request #2						
Body Part Bilateral Lower Back Area	CPT Code & Description 97010: Application of a modality to 1 or more areas; hot or cold packs	MTG Reference Mid and Low Back - D.10.f: Therapy/Passive - Superficial Heat and Cold				

Submitted eForms Tab

The screenshot shows the ONBOARD user interface. At the top, there is a teal navigation bar with the ONBOARD logo on the left, and links for 'My Dashboard' (underlined), 'My Downloads', 'My Profile' with a dropdown arrow, a yellow 'Submit a Request' button with a dropdown arrow, and a 'Medical Portal' link with an external icon. Below the navigation bar, the 'My Dashboard' section is active, with three tabs: 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. The 'Submitted eForms' tab is selected. Within this tab, there are two sub-tabs: 'Active' and 'Resolved', with 'Resolved' being the active sub-tab. A 'Filter' button is located in the top right corner of the table area. The table below has columns for 'PAR ID', 'Type', 'Patient', 'DOB', 'PAR Status', and 'PAR Status Date'. A single row is visible with the following data: 'PA-00-0003-498', 'MTG Variance', a blurred patient name, a blurred DOB, 'L3 Granted - Final', and '12/17/2021 12:08:56'.

ONBOARD | My Dashboard | My Downloads | My Profile ▾ | Submit a Request ▾ | Medical Portal ↗

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

Filter

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date
PA-00-0003-498	MTG Variance	[REDACTED]	[REDACTED]	L3 Granted - Final	12/17/2021 12:08:56

Insurer Response & Escalating to Level 3 Review



Prior Auth Active Tab

My Dashboard

Prior Auth **Active** Draft eForms Submitted eForms Resolved

Filter Export

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #	Assigned O
PA-00-0049-455	MTG Variance	01/20/2022			Insurer Level 1 Review			

Page 2 of 2 | Showing 11-11 of 11 | 10 Items per page

Prior Auth Active Tab

MTG Special Services Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 Granted - Final
Patient DOB: 01/09/1972 | Date of Injury: [REDACTED] | System ID: PA-00-0003-493

[Related Entities](#) | [Request Details](#) | [Medical Necessity](#) | [Documents](#) | [Related PARs](#) | [Correspondence History](#) | [Related Activity](#)

Request Details

Overall Responses

Overall L1 Insurer Response	L1 Reviewer Name - Title	L1 Response Date & Time
Deny	[REDACTED]	12/16/2021 2:51 PM
Overall L2 Insurer Response	L2 Reviewer Name - Title	L2 Response Date & Time
Grant	[REDACTED]	12/17/2021 9:33 AM

Request Items

Request #1

Body Part	CPT Code & Description	MTG Reference
Bilateral Lower Back Area	22633: Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Mid and Low Back - E.4.a: Surgical/Operative - Spinal Fusion with Third Discectomy

Subsequent Surgical Procedure? Yes

+ Expand All

- Level 1 Insurer Response Details
- Level 2 Insurer Response Details

PARs Escalated to Level 2

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
PA-00-0001-641	MTG Confirmation	07/14/2022			Insurer Level 2 Review			Cycle 8 Ir

PARs Escalated to Level 2

MTG Confirmation Request

Patient Name: ██████████ | WCB Case #: ██████ | Status: L2 - Requested
Patient DOB: ████████ | Date of Injury: ██████ | System ID: PA-00-0001-641

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

Request Details

Overall Responses

Overall L1 Insurer Response	L1 Reviewer Name - Title	L1 Response Date & Time
Deny	████████████████████	12/14/2021 3:21 PM
Overall L2 Insurer Response	L2 Reviewer Name - Title	L2 Response Date & Time

Request Items

Request #1

Body Part	CPT Code & Description	MTG Reference
Left Knee	20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	Knee - E.3.e: Intra-Capsular Acid Salts / Viscosupplementation for knee injury

+ Expand All

Level 1 Insurer Response Details ▾

Escalating to Level 3 Review

My Dashboard

Prior Auth

Draft eForms

Submitted eForms

Active

Resolved

Filter

Export

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Ca
PA-00-0003-498	MTG Special Services	12/27/2021			Review Insurer Level 2 Denial		
PA-00-0003-494	MTG Special Services	12/27/2021			Review Insurer Level 2 Grant in Part		

Escalating to Level 3 Review

MTG Special Services Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 Denied
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: PA-00-0003-498

Actions ^

[Request L3 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]

Claim Details

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

Escalating to Level 3 Review

Request for MDO Prior Auth Review: SS-L3

Please select which item(s) you would like to escalate.

<input checked="" type="checkbox"/>	Body Part Disc	MTG Reference Code E.4.a	MTG Reference Description Surgical/Operative - Spinal Fusion with Third Discectomy
	Insurer Response Deny	Denial Reason Conservative Therapy - not attempted	L2 Rationale Rationale for denial entered here.

Level 3 Escalation Reason*

Level 3 escalation reason entered here.

40 / 4000

Submit **Cancel**

Escalating to Level 3 Review

PAR: MTG Special Services Level 3 Request - SS-L3 Successfully Submitted

Your submission has been added to your [Submitted eForms](#).

Your Request for Review has been Submitted.

It is the responsibility of the requesting provider to share this information with the patient.

eForm Confirmation

348993

Submitted On

12/17/2021 10:20 AM

PAR Details

[PA-00-0003-498](#)


Associated Document(s)

 Print Completed eForm

 Download Completed eForm

 View Completed eForm

Escalating to Level 3 Review

 **My Dashboard**

Prior Auth | Draft eForms | **Submitted eForms**

[Filter](#)

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
348993 	PAR: MTG Special Services Level 3 Request				PA-00-0003-498	

Level 3 Response

The screenshot displays the ONBOARD user interface. At the top, the navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', a 'Submit a Request' button, and a 'Medical Portal' link. Below the navigation bar, the 'My Dashboard' section is active, with sub-tabs for 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'Active' and 'Resolved'. A table with a 'Filter' button shows one entry:

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date
PA-00-0003-498	MTG Special Services	[REDACTED]	[REDACTED]	L3 Granted - Final	12/17/2021 12:08:56

Level 3 Response

Document: DO-00-0005-739

1 of 2
Automatic Zoom

Actions ^

NEW YORK STATE Workers' Compensation Board

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

Issue date: [REDACTED]
In Regard to 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

Document Details

Document ID	Attachment(s)
DO-00-0005-739	No
Created	Created By
12/17/2021	NYS WCB
Form ID	Form ID Version
SS-L3G	02/22
Form Name	
PAR: MTG Special Services Level 3 Grant	
Description	Source
	eForm
Viewable Date	Received Date
12/17/2021	12/17/2021
Related Information	
Related ID	Related Object Name
PA-00-0003-498	MTG Special Services Request for [REDACTED]'s injury/illness on [REDACTED]

Converting an MTG Confirmation to an MTG Variance



Confirmation Denial

The screenshot shows the ONBOARD My Dashboard interface. At the top, there is a navigation bar with the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', a yellow 'Submit a Request' button, and a 'Medical Portal' link. Below the navigation bar, the 'My Dashboard' section is active, with tabs for 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'Active' and 'Resolved'. A table of PAR requests is displayed, with columns for PAR ID, Type, Due Date, Patient, DOB, Current Activity, and Injury Date. The row for PAR ID PA-00-0003-638 is highlighted with a red box. The table also includes 'Filter' and 'Export' buttons.

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date
PA-00-0003-194	Medication	03/28/2022	[REDACTED]	[REDACTED]	Review Insurer Level 1 Denial	[REDACTED]
PA-00-0003-637	Medication	04/01/2022	[REDACTED]	[REDACTED]	Review Insurer Level 2 Denial	[REDACTED]
PA-00-0003-638	MTG Confirmation	04/04/2022	[REDACTED]	[REDACTED]	Review Insurer Level 2 Denial	[REDACTED]

Request Variance

The screenshot displays the ONBOARD system interface. At the top, there is a navigation bar with the ONBOARD logo, links for 'My Dashboard' and 'My Downloads', a 'My Profile' dropdown, a yellow 'Submit a Request' button, and a 'Medical Portal' link. Below the navigation bar, the breadcrumb 'Dashboard > PA-00-0003-638' is visible. The main content area is titled 'MTG Confirmation Request'. It contains a summary of patient and claim information: Patient Name, Patient DOB, WCB Case #, Date of Injury, Status (L2 Denied), and System ID (PA-00-0003-638). A red box highlights an 'Actions' dropdown menu on the right side of the page, which contains two options: 'Request L3 Review' and 'Request Variance'. Below the summary, there are tabs for 'Related Entities', 'Request Details', 'Medical Necessity', 'Documents', 'Related PARS', 'Correspondence History', and 'Related Activity'. The 'Request Details' tab is active, showing a table with two sections: 'Patient Details' and 'Claim Details'. The 'Patient Details' section includes fields for Patient Name, Last four of Patient SSN, and Patient DOB. The 'Claim Details' section includes fields for WCB Case #, Date of Injury, Claim Admin Claim #, Case Controverted, and Body Part(s)/Condition(s).

ONBOARD | My Dashboard | My Downloads | My Profile | Submit a Request | Medical Portal

Dashboard > PA-00-0003-638

MTG Confirmation Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 Denied
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: PA-00-0003-638

Actions

- Request L3 Review
- Request Variance

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 #
[REDACTED]	[REDACTED]	[REDACTED]
Case Controverted	Body Part(s)/Condition(s)	
[REDACTED]	[REDACTED]	

Select Items

Select Request Items for Conversion ✕

Select the relevant Request Items for conversion into the MTG Variance PAR. Note that only items that have been fully denied by an insurer can be converted.

IMPORTANT: Once you select 'Convert to Variance', you can no longer escalate Request Items to MDO for review. Upon submission for conversion, you will be directed to a separate tab to complete standard MTG Variance PAR input process.

Select All

MTG Reference Code	Denial Reason
<input checked="" type="checkbox"/> D.3 - Treatment - Bed Rest	MTGs - treatment not consistent with

Body Part(s)/Condition(s)

Claim Details

Dashboard > Request for Prior Authorization

Complete Request(s)

Claim Details

PAR: MTG Variance MG2-L1

Save as Draft

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

MTG VARIANCE

◉ Claim Details

○ Medical Necessity / Supporting Medical

○ Review and Submit

Matching claim found:

Please review. Claim details may have changed. If any claim details are incorrect, please exit this submission, discard the draft from your queue, and start a new PAR.

Patient

Patient Name	Patient DOB	Patient SSN	Patient Gender

Patient Address

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted
			No

Case Established

Yes

Established For	Filed Date
	04/25/2018

Employer

Employer Name	Employer Address

Insurer

Insurer Name	Insurer ID	Claim Admin Name	Claim Admin ID

Claim Administrator

CLAIM DETAILS

Patient Name

Patient DOB

Provider

WCB Case #

Case Controverted
No

Case Established
Yes

Established For

04/25/2018 04/25/2018

Medical Necessity / Supporting Medical →

Exit

Supporting Documentation

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)
MTG VARIANCE

- Claim Details
- Medical Necessity / Supporting Medical**
- Review and Submit

(ii) For appropriate claims:

(a) a description of any signs or symptoms which have failed to improve with previous treatments provided in accordance with the Medical Treatment Guidelines; or

(b) if the variance involves frequency or duration of a particular treatment, a description of the functional outcomes that, as of the date of the variance request, have continued to demonstrate objective improvement from that treatment and are reasonably expected to further improve with additional treatment.

Statement of Medical Necessity*

0 / 3500

AND / OR

Supporting Medical Documentation

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

File Name	Type	Description	Actions
	Statement of Medical Necessity / Supporting Medical Documentation	Statement of Medical Necessity / Supporting Medical Documentation	Upload Relevant Clinical Information

[Upload Additional Documents](#)

[← Claim Details](#)[Review and Submit →](#)[Exit](#)

CLAIM DETAILS

Patient Name
[Redacted]

Patient DOB
[Redacted]

Provider
[Redacted]

WCB Case #
[Redacted]

Case Controverted
No

Case Established
Yes

Established For
[Redacted]

Ready to Submit



Attest and Submit

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

MTG VARIANCE

- Claim Details
- Medical Necessity / Supporting Medical
- Review and Submit**

Request #1

CPT Code: 20206

CPT Description: Biopsy, muscle, percutaneous needle

Body Part: Body Systems and Multiple Body Systems, such as poisoning, corrosive action, inflammation, affecting internal organs, damage to nerve centers, etc.

MTG Reference Code: D.3

MTG Reference Description: Treatment - Bed Rest

MTG Site: Mid and Low Back

Addressed Consistent: Treatment/Testing Addressed by MTGs but not Consistent with MTGs

Statement of Medical Necessity / Supporting Medical Documentation [Edit](#)

Statement of Medical Necessity
Statement of medical necessity entered here.

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted	Case Established
Established For	Filed Date			
	04/26/2018			

Employer

Employer Name	Employer Address	Insurer Name	Insurer ID

Claim Administrator

Claim Admin Name	Claim Admin ID	Provider	License

[← Medical Necessity / Supporting Medical](#) [Attest and Submit →](#) [Preview](#) [Exit](#)

Attestation and Submission

Attestation and Submission



By submission of this request for prior authorization I certify that: (1) my statements are true and correct, (2) I do not have a substantially similar request pending, (3) the patient understands and agrees to undergo/use the proposed treatment/test/medication/DME, and (4) I accept that the use of my password to submit a Prior Authorization Request to the Workers' Compensation Board is equivalent to placing my signature on the request, affirming the information contained herein.

Submit

Cancel

Submission Confirmation

Submission Confirmation

PAR: MTG Variance was successfully submitted. Allow 15 calendar days (final day will move to the next business day if it falls on a weekend/holiday) for the insurer to respond. It is the responsibility of the requesting provider to share this information with the patient.

Your submission has been added to your Submitted eForms. From [My Dashboard](#) you can check the status of your submission and view, print, or download the completed eForm.

Finish →

Exit

Submitted eForms

ONBOARD | **My Dashboard** | My Downloads | My Profile | Submit a Request | Medical Portal

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
350297	PAR: MTG Variance Level 1 Request				PA-00-0003-639	
350294	PAR: MTG Confirmation Level 1 Request				PA-00-0003-638	

Active Tab

The screenshot shows the ONBOARD web application interface. The top navigation bar includes the ONBOARD logo, a 'My Dashboard' tab (underlined), 'My Downloads', 'My Profile' with a dropdown arrow, a yellow 'Submit a Request' button with a dropdown arrow, and a 'Medical Portal' link with an external icon. Below the navigation bar, the 'My Dashboard' section is titled with a home icon. It features three tabs: 'Prior Auth' (underlined), 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are two sub-tabs: 'Active' (underlined) and 'Resolved'. The 'Active' sub-tab contains a table with columns: PAR ID, Type, Due Date, Patient, DOB, Current Activity, Injury Date, WCB Case #, and Assigned Orga. A 'Filter' button is in the top right of the table area, and an 'Export' button is below it. The table has one row of data.

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #	Assigned Orga
PA-00-0003-639	MTG Variance	04/11/2022	[REDACTED]	[REDACTED]	Insurer Level 1 Review	1/18/2018	[REDACTED]	[REDACTED]

Independent Medical Exam Request Notification



Original Due Date

The screenshot shows a web dashboard titled "My Dashboard" with a home icon. It features several filter tabs: "Prior Auth" (selected), "Draft eForms", and "Submitted eForms" in the first row; and "Active" (selected), and "Resolved" in the second row. Below the filters is a "Select All" checkbox. A table displays one row of data. The table has columns for "PAR ID", "Type", and "Due Date". The "Due Date" column is highlighted with a red box. The data row shows a checkbox, the PAR ID "PA-00-0002-885", the type "MTG Special Services", and the due date "11/10/2021".

	PAR ID	Type	Due Date
<input type="checkbox"/>	PA-00-0002-885	MTG Special Services	11/10/2021

IME Request Notification Sent

The screenshot shows a web dashboard titled "My Dashboard" with a home icon. It features three tabs: "Prior Auth" (selected), "Draft eForms", and "Submitted eForms". Below these are two sub-tabs: "Active" (selected) and "Resolved". A table displays one row of data with columns for "PAR ID", "Type", and "Due Date". The "Due Date" cell is highlighted with a red box. The footer of the table shows "Page 1 of 1" and "Showing 1-1 of 1".

PAR ID	Type	Due Date
PA-00-0002-885	MTG Special Services	11/25/2021

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	[REDACTED]	Last four of Patient SSN	[REDACTED]	Patient DOB	[REDACTED]	
Claim Details						
WCB Case #	[REDACTED]	Date of Injury	[REDACTED]	Claim Admin Claim #	[REDACTED]	Case Controverted No
Body Part(s)/Condition(s) to the left knee						
Prior Authorization Request						
Prior Authorization Request Type	MTG Special Services	Requested Date	10/26/2021	IME Requested	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	[User Name]
DO-00-0004-326	SS-L1	PAR: MTG Special Services Level 1 Request	10/26/2021 8:25 AM	[User Name]

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

IME Updated in Document

Document: DO-00-0004-327

Actions ▾

2 of 2 Automatic Zoom

SS-CP Page 1 of 2 PAR ID PA-00-0002-885

PRIOR AUTHORIZATION REQUEST DETAILS		
1. Body Part	MTG Reference Code and Description	CPT Code and Description
	NONE: Not Addressed in MTG	

STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION

Statement of Medical Necessity:

PROVIDER'S ATTESTATION

By submission of this request for prior authorization, I certify that my statements are true and correct, and I do not have a substantially similar request pending.

Provider Name: _____ Date: 10/28/2021

NOTIFICATION THAT IME HAS BEEN REQUESTED

The insurer hereby gives notice that it will have the claimant examined by an Independent Medical Examiner or the claimant's medical records reviewed by a Records Reviewer and submit "Form IME-4" within 30 calendar days of the Prior Authorization Request.

Reviewer Name: _____ Submission Date: 10/28/2021

Document Details

Document ID DO-00-0004-327	Attachment(s) No
Create Date 10/26/2021	Created By _____
Form ID SS-CP	Form ID Version _____
Form Name PAR: MTG Special Services Insurer IME Scheduled	
Description	Source eForm
Viewable Date 10/26/2021	Received Date 10/26/2021
Related Information	
Related ID	Related Object Name

PAR Denial for IME Scheduling Related Issues



Denied – IME Related

My Dashboard

Prior Auth

Draft eForms

Submitted eForms

Active

Resolved

Filter

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date
PA-00-0002-899	MTG Variance			Denied - IME Related	11/17/2021 13:18:06

PAR Details

MTG Variance Request

Patient Name: [REDACTED]

WCB Case #: [REDACTED]

Status: Denied - IME Related

Patient DOB: [REDACTED]

Date of Injury: [REDACTED]

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

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	[Redacted]
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

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

SECTIONS	Medical Treatment Guidelines Courses (3 CME Credits Per Course)
Overview	The effective date for these MTGs will coincide with the launch of OnBoard: Limited Release Phase Three
Accessing the Training on CourseMill	Course Catalog ID for Course
Training (CME Credits)	<ul style="list-style-type: none">• 2022 Updates — MTG-2022Updates • Ankle and Foot Disorders — MTG-2020AnkleFootDisorders • Complex Regional Pain Syndrome — MTG-ComplexRegionalPainSyndrome • Elbow Injuries — MTG-2020ElbowInjuries • Eye Disorders — MTG-EyeDisorders • Hand, Wrist and Forearm Injuries (including Carpal Tunnel Syndrome) — MTG-2020HandWristForearmInjuries • Hip and Groin Disorders — MTG-2020HipGroinDisorders • Knee Injury — MTG-KneeInjury • Mid and Low Back Injury — MTG-MidLowBackInjury • Neck Injury — MTG-NeckInjury • Non-Acute Pain — MTG-NonAcutePain • Occupational Interstitial Lung Disease — MTG-2020InterstitialLungDisease • Occupational/Work-Related Asthma — MTG-2020Asthma • Post-Traumatic Stress Disorder and Acute Stress Disorder — MTG-2020PTSDAcuteStressDisorder • Shoulder Injury — MTG-ShoulderInjury • Traumatic Brain Injury — MTG-TraumaticBrainInjury • Work-Related Depression and Depressive Disorders — MTG-2020DepressiveDisorders 
Training (No CME Credits)	



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



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/



General Questions: OnBoard@wcb.ny.gov

Other Questions: (877) 632-4996

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