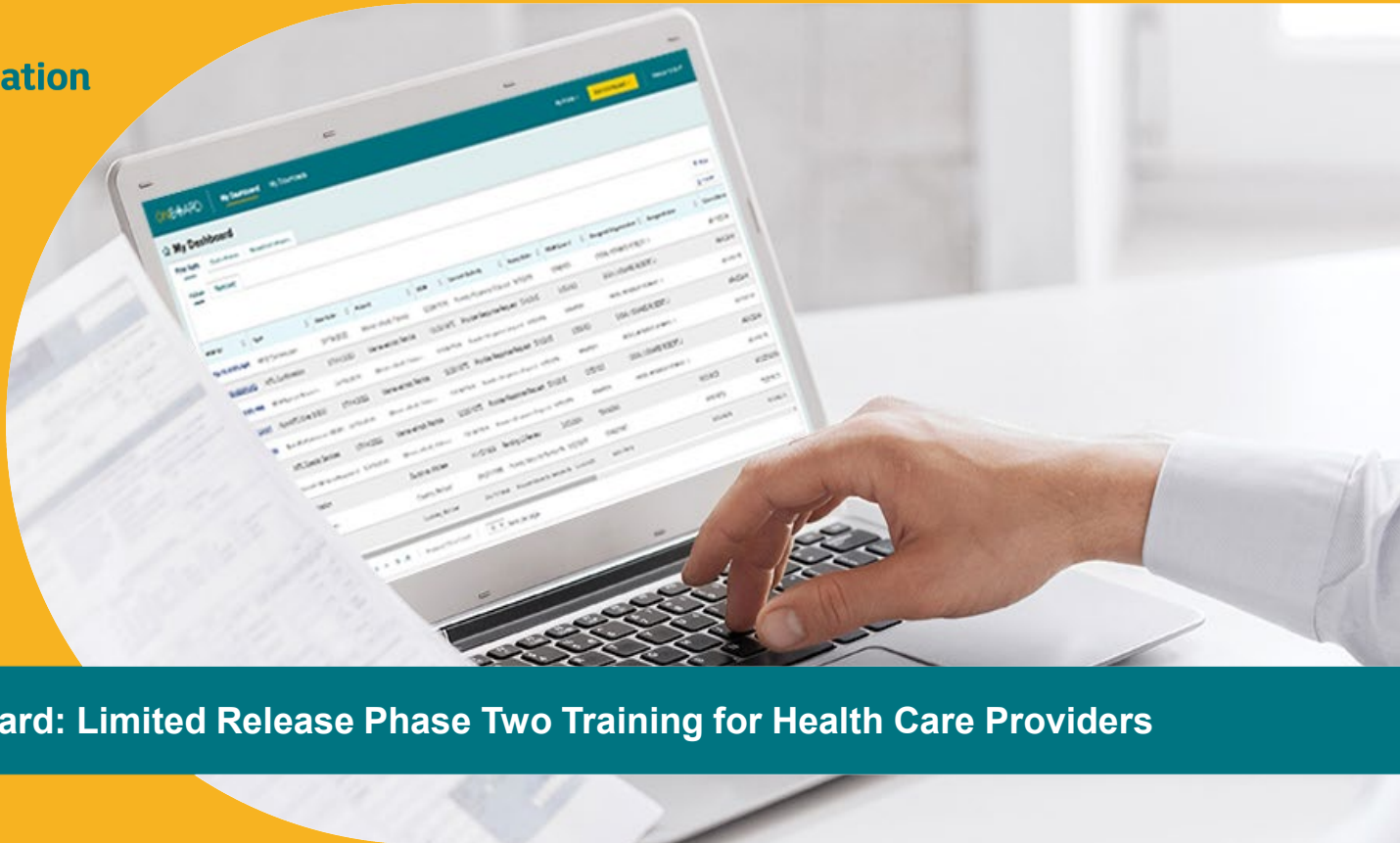




**Workers'  
Compensation  
Board**



**OnBoard: Limited Release Phase Two Training for Health Care Providers**

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**

# Agenda

1. Timeline
2. OnBoard Administration
3. *DME Fee Schedule & CMS-1500*
4. Accessing OnBoard
5. Drafting/Submitting a Durable Medical Equipment (DME) PAR
6. Durable Medical Equipment Insurer Response
7. Resources

# Timeline

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

# 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 Bills (Form HP-1.0).
- **View administration instructions on the Medical Portal web page to assign delegates.**

# Durable Medical Equipment PARs

- A new PAR category will be available to submit DME requests.

**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\*

Medication

Durable Medical Equipment

# ***DME Fee Schedule & CMS-1500***



# DME Fee Schedule

- Lists the DME that may be supplied to an injured worker when medically necessary and in accordance with the applicable medical treatment guidelines.
- Items listed with a purchase/rental price do not require a PAR.
- PAR REQUIRED column indicates a required prior authorization.
- PAR is required if DME item is not listed on the fee schedule.

CODE	SHORT DESCRIPTION	FULL DESCRIPTION	PURCHASE	RENTAL PER WEEK	PAR REQUIRED
E0294	Hosp bed semi-elect w/ mattr	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	\$609.84	\$14.18	
E0296	Hosp bed total elect w/ matt	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	\$1,033.18	\$24.03	PAR

# *DME Fee Schedule*

- Medical suppliers are not eligible to submit DME PARs in OnBoard.
- Must be requested by the provider who ordered or prescribed the DME item.
  - Chiropractor
  - Physician
  - Physician Assistant
  - Nurse Practitioner
  - Podiatrist
  - Dentist
  - Audiologist
  - Optometrist



# DME Fee Schedule

- View detailed DME fee schedule information



**Health Care Providers**



Become an authorized provider, find fee schedules, access medical treatment and impairment guidelines.

- MEDICAL TREATMENT GUIDELINES >
- MEDICAL FEE SCHEDULE >**
- IMPAIRMENT GUIDELINES >

> **LEARN MORE**



## Fee Schedules

The Official New York Workers' Compensation Medical Fee Schedule may be purchased from OptumInsight 360 by writing to PO Box 88050, Chicago, IL 60680-9920, by calling (800) 464-3649 option 1 or online at <https://www.optum360coding.com/> , keyword New York, or <https://www.optum360coding.com/reference-products/workers-compensation/> . The Fee Schedule may also be examined at the Office of the Department of State, 162 Washington Ave., Albany, NY 12231, the Legislative Library, the libraries of the New York State Supreme Court, and the [Workers' Compensation Board District Offices](#).

- Inpatient & Outpatient Fee Schedules
- Workers' Compensation Enhanced Ambulatory Patient Group (EAPG) Fee Schedules
- Podiatry Fee Schedule
- Dental Fee Schedule
- Private Psychiatric Hospital Fee Schedule
- Pharmacy Fee Schedule
- Durable Medical Goods Fee Schedule**
- When Medical Treatment Takes Place in Another State

# Form CMS-1500

- Providers and suppliers bill for DME items or services using *Form CMS-1500*.
- The Board has provided specific examples of using Form CMS-1500 for the billing of DME items, available at [wcb.ny.gov/cms-1500/](http://wcb.ny.gov/cms-1500/).
- For frequently asked questions on the durable medical equipment fee schedule, including billing with *Form CMS-1500*, visit the DME Frequently Asked Questions web page.

- [Inpatient & Outpatient Fee Schedules](#)
- [Workers' Compensation Enhanced Ambulatory Patient Group \(EAPG\) Fee Schedules](#)
- [Podiatry Fee Schedule](#)
- [Dental Fee Schedule](#)
- [Private Psychiatric Hospital Fee Schedule](#)
- [Pharmacy Fee Schedule](#)
- [Durable Medical Goods Fee Schedule](#)
- [When Medical Treatment Takes Place in Another State](#)

## Resources

- DME Fee Schedule presentation for health care providers - July 2021: [Video](#) / [Slides](#)
- [Official New York Workers' Compensation DME Fee Schedule Frequently Asked Questions](#)

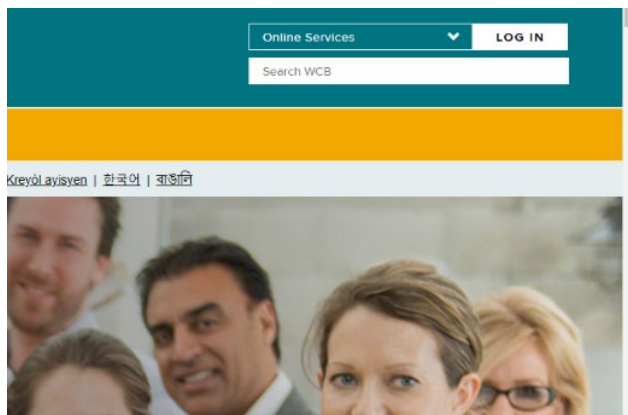


# Accessing OnBoard: Limited Release

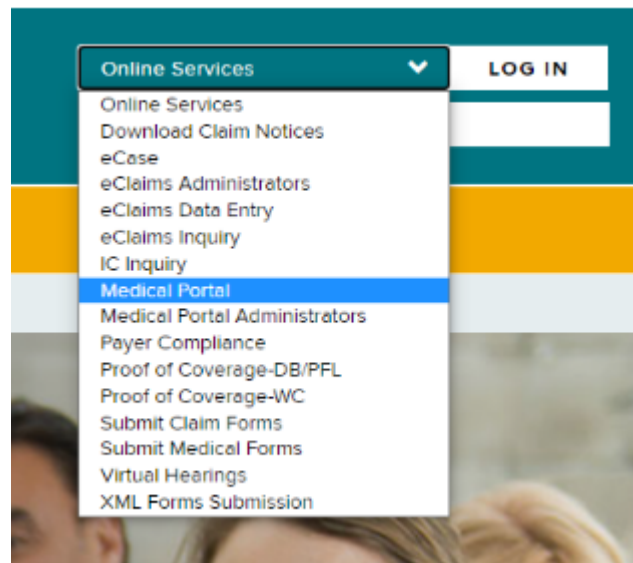


# How to Access OnBoard

Locate Online Services drop-down list on Board website

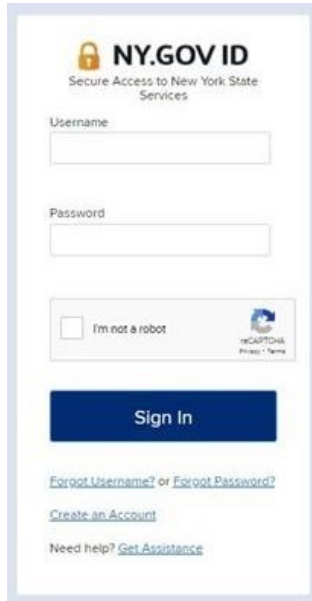


Select Medical Portal



# How to Access OBLR - Providers

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
-  **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-11 Forms)
- Employer Coverage Search
- Web Submission of Medical Forms
- CMS-1500 Initiative
- XML Forms Submission

# Drafting/Submitting a DME PAR



# Submit a Request

The screenshot shows the ONBOARD user interface. The top navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', a highlighted 'Submit a Request' button, and 'Medical Portal'. Below the navigation bar is the 'My Dashboard' section with tabs for 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'Active' and 'Resolved'. A table displays active requests with columns for PAR ID, Type, Due Date, Patient, DOB, Current Activity, Injury Date, WCB Case #, and Assign. Two rows are visible, both for 'MTG Variance' requests due on 03/03/2022. The first row is for 'Provider Response Request' and the second for 'Insurer Level 1 Review', both with an injury date of 01/18/2018. Filter and Export buttons are located in the top right of the table area.

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

## My Dashboard

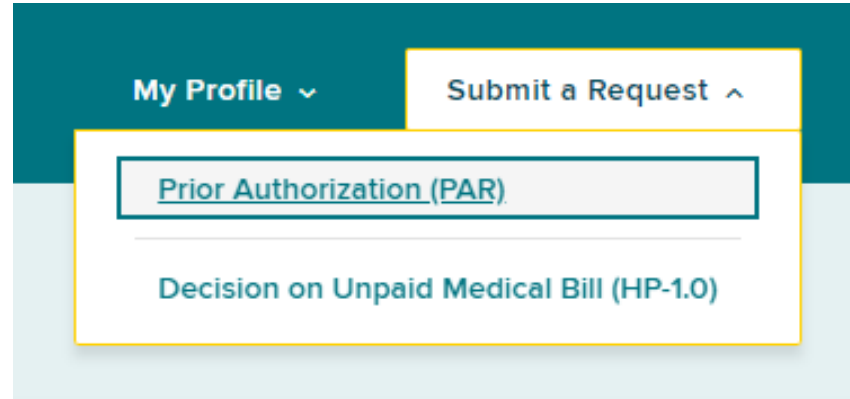
Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

Filter | Export

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #	Assign
<a href="#">PA-00-0001-045</a>	MTG Variance	03/03/2022	[REDACTED]	[REDACTED]	Provider Response Request	01/18/2018	[REDACTED]	[REDACTED]
<a href="#">PA-00-0001-049</a>	MTG Variance	03/03/2022	[REDACTED]	[REDACTED]	Insurer Level 1 Review	01/18/2018	[REDACTED]	[REDACTED]

# Submit a Request





# 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 labeled '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

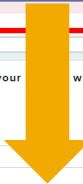
COMPLETE REQUEST(S)

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

# HCPCS Code

Durable Medical Equipment    Request #1  
 Non-Medical    Select category of PAR for this item\*

COMPLETE REQUESTS  
Treatment/Testing  
Medication

Enter the HCPCS Code/Description\*

L01

- L0112: Cranial cervical orthosis, congenital torticollis type, with or without s...
- L0113: Cranial cervical orthosis, torticollis type, with or without joint, with or ...
- L0120: Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam c...
- L0130: Cervical, flexible, thermoplastic collar, molded to patient
- L0140: Cervical, semi-rigid, adjustable (plastic collar)
- L0150: Cervical, semi-rigid, adjustable molded chin cup (plastic collar with ...
- L0160: Cervical, semi-rigid, wire frame occipital/mandibular support, prefab...
- L0170: Cervical, collar, molded to patient model
- L0172: Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricat...
- L0174: Cervical, collar, semi-rigid, thermoplastic foam, two piece with thorac...
- L0180: Cervical, multiple post collar, occipital/mandibular supports, adjusta...
- L0190: Cervical, multiple post collar, occipital/mandibular supports, adjusta...

Workers' Compensation    Privacy Policy    Accessibility    Technical Support    Contact WCB

# MTG Site

Enter the HCPCS Code/Description\*

L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material

Select MTG Site associated with this PAR.\*

Neck

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".\*

NONE: Other - Not Addressed in MTG - Cervical Spine

Select body part associated with this PAR.\*

Larynx Includes: cartilage and vocal cords

Side of Body\*

Bilateral

Save

# DME Item Added

**Request(s) Added (1)**

**Request #1** Edit Remove

**PAR Type:** Durable Medical Equipment

**Body Part:** Bilateral Larynx Includes: cartilage and vocal cords

**CPT/HCPCS:** L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

**MTG:** Neck

[Add Another Item](#)

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

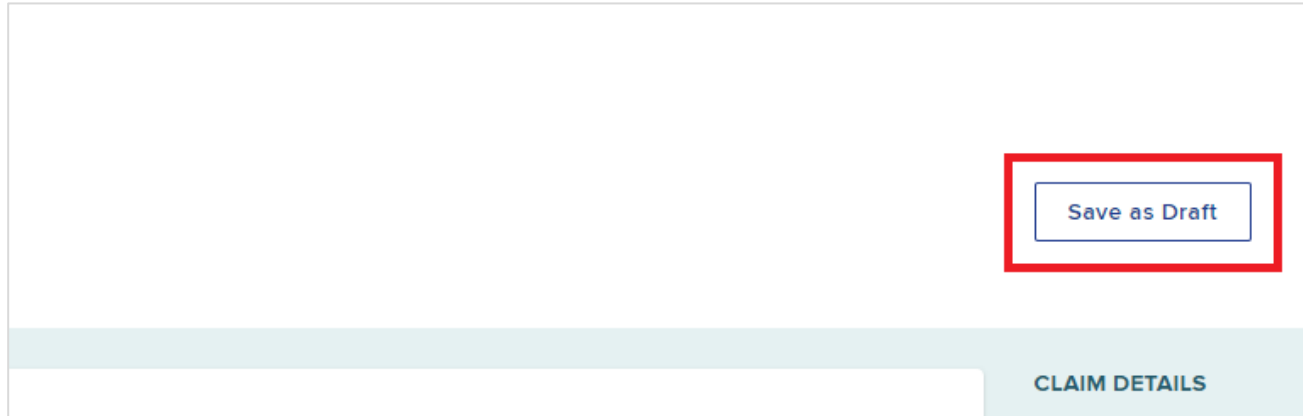
- Durable Medical Equipment

**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



# Save Draft



# Complete Request

**Request(s) Added (1)**

**Request #1** Edit Remove

**PAR Type:** Durable Medical Equipment

**Body Part:** Bilateral Larynx Includes: cartilage and vocal cords

**CPT/HCPCS:** L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

**MTG:** Neck

[Add Another Item](#)

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

- Durable Medical Equipment

**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

# Add Details

## PAR: Durable Medical Equipment

This PAR is for DME not on the WCB fee schedule or for an item on the fee schedule that requires prior authorization.

### DME Request(s) (1)

#### Request #1

**Status:** Incomplete

**HCPCS Code/Description:** L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

**MTG:** Neck

**Body Part:** Bilateral Larynx Includes: cartilage and vocal cords

Add Details

# Save Details

**PAR: Durable Medical Equipment**

This PAR is for DME not on the WCB fee schedule or for an item on the fee schedule that requires prior authorization.

**DME Request(s) (1)**

**Request #1**

**Status:** Incomplete

**HCPCS Code/Description:** L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated


**MTG:** Neck

**Body Part:** Bilateral Larynx Includes: cartilage and vocal cords


**Duration\***

Enter required duration (in weeks)

**Estimated Rental Price**

**Estimated Purchase Price**

**Save Details**

# Details Added

## PAR: Durable Medical Equipment

This PAR is for DME not on the WCB fee schedule or for an item on the fee schedule that requires prior authorization.

### DME Request(s) (1)

#### Request #1

**Status:** Completed

**HCPCS Code/Description:** L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

**MTG:** Neck

**Body Part:** Bilateral Larynx Includes: cartilage and vocal cords

[Edit](#)

**Duration:** 24

**Rental Price:** \$0.00

**Purchase Price:** \$1,265.35

[Medical Necessity / Supporting Medical](#) →

[Exit](#)

# Statement of Medical Necessity

### 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	<div style="border: 2px solid red; padding: 2px;"><a href="#">Upload Relevant Clinical Information</a></div>

[Upload Additional Documents](#)

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

# Statement of Medical Necessity

**Upload Document** [X]

Form Name: Statement of Medical Necessity / Supporting Medical Documentation

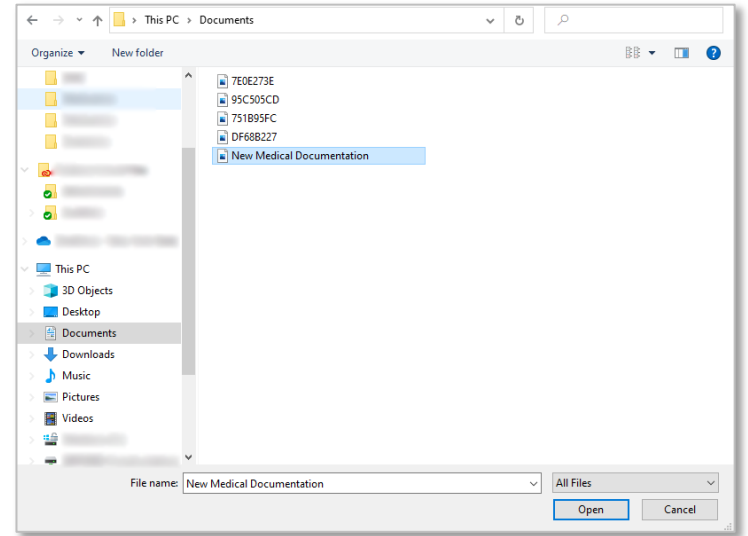
Description\*

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	<a href="#">Update Description</a> <a href="#">Remove</a>

 Upload Additional Documents

[← Request Details](#)

[Review and Submit →](#)

[Exit](#)

 Your document has been uploaded successfully.



# Review and Submit

- PAR QUESTIONNAIRE
- COMPLETE REQUEST(S)
- PAR: DURABLE MEDICAL EQUIPMENT
  - Request Details
  - Medical Necessity / Supporting Medical
  - Review and Submit**

Please review the following information for accuracy prior to submission.

### Patient

<b>Patient Name</b>	<b>Patient DOB</b>	<b>Patient SSN</b>	<b>Patient Gender</b>	<b>Patient Address</b>
Liliana Aristizabal	01/09/1972	***-**-7327	F	PO Box 1006 WHITE PLAINS, NY 10602 US

### Request Items: Durable Medical Equipment

**Request #1**

**Status:** Completed

**HCPCS Code/Description:** L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

**MTG:** Neck

**Body Part:** Bilateral Larynx Includes: cartilage and vocal cords

---

**Duration:** 24

**Rental Price:** \$0.00

**Purchase Price:** \$1,265.35

### Statement of Medical Necessity / Supporting Medical Documentation

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

### Case Information

<b>WCB Case #</b>	<b>Claim Admin Claim #</b>	<b>Date of Injury</b>	<b>Case Controverted</b>	<b>Case Established</b>
		1/18/2018	No	Yes

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

### Employer

<b>Employer Name</b>	<b>Employer Address</b>	<b>Insurer Name</b>	<b>Insurer ID</b>

### Claim Administrator

<b>Claim Admin Name</b>	<b>Claim Admin ID</b>	<b>Provider</b>	<b>License</b>

← Medical Necessity / Supporting Medical

**Attest and Submit** →

Preview



# 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

# Submission Confirmation

## Submission Confirmation

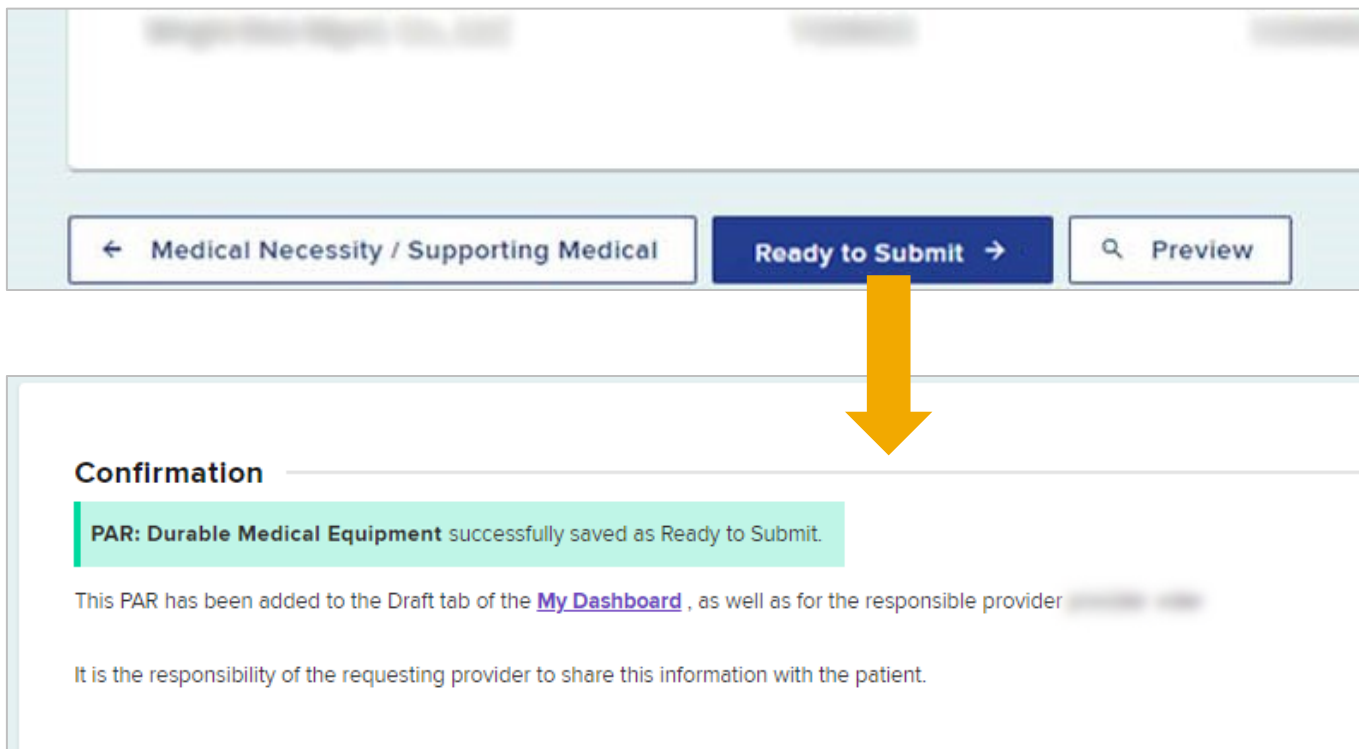
**PAR: Durable Medical Equipment** was successfully submitted. Allow 4 calendar days (but final day will move to the next business day if it falls on a weekend/holiday) for the insurer to respond.

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

# Delegated User



The screenshot displays a web interface with a navigation bar at the top. The navigation bar contains three buttons: a back button labeled 'Medical Necessity / Supporting Medical', a central blue button labeled 'Ready to Submit' with a right-pointing arrow, and a search button labeled 'Preview'. A large orange arrow points from the 'Ready to Submit' button down to a confirmation message. The confirmation message is titled 'Confirmation' and contains the following text: 'PAR: Durable Medical Equipment successfully saved as Ready to Submit.' Below this, it states: 'This PAR has been added to the Draft tab of the [My Dashboard](#), as well as for the responsible provider [redacted]'. The final line of the message reads: 'It is the responsibility of the requesting provider to share this information with the patient.'

# 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
<a href="#">PA-00-0002-879</a>	Durable Medical Equipmen	10/11/2021	[REDACTED]	[REDACTED]	Insurer Level 1 Review	01/18/2018	[REDACTED]	
<a href="#">PA-00-0001-045</a>	MTG Variance	03/03/2022	[REDACTED]	[REDACTED]	Provider Response Request	01/18/2018	[REDACTED]	HOWARD

# Submitted eForms Tab

**My Dashboard**

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

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	Provider	Submitted Date	Status	
<a href="#">345378</a>	PAR: Medication Level 1 Request	[REDACTED]	[REDACTED]	[REDACTED]	<a href="#">PA-00-0001-631</a>	[REDACTED]	07/01/2021	Completed	Act
<a href="#">345376</a>	Request for Decision on Unpaid Medical Bill(s)	[REDACTED]	[REDACTED]	[REDACTED]	<a href="#">UB-00-0001-015</a>	[REDACTED]	06/28/2021	Completed	Act
<a href="#">345373</a>	PAR: Durable Medical Equipment Level 1 Request	[REDACTED]	[REDACTED]	[REDACTED]	<a href="#">PA-00-0001-630</a>	[REDACTED]	06/25/2021	Completed	Act
<a href="#">345370</a>	PAR: Non-MTG Over \$1000 Level 1 Request	[REDACTED]	[REDACTED]	[REDACTED]	<a href="#">PA-00-0001-629</a>	[REDACTED]	06/22/2021	Completed	Act

Page 1 of 1 | < 1 > | Showing 1-4 of 4 | 10 Items per page

# Prior Auth Resolved Tab

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

Active | **Resolved**

Filter

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date
<a href="#">PA-00-0001-061</a>	Durable Medical Equipment	[REDACTED]	[REDACTED]	L3 Granted - Final	10/19/2021 11:27:03 AM

# DME Insurer Response





# 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
<a href="#">PA-00-0002-879</a>	Durable Medical Equipmen	10/11/2021	[REDACTED]	[REDACTED]	Insurer Level 1 Review	01/18/2018	[REDACTED]	
<a href="#">PA-00-0001-045</a>	MTG Variance	03/03/2022	[REDACTED]	[REDACTED]	Provider Response Request	01/18/2018	[REDACTED]	HOWARD

# Review Response

## Durable Medical Equipment Request

Actions ▾

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 Denied  
Patient DOB: [REDACTED] | Date of Injury: 01/18/2018 | System ID: PA-00-0002-881

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

### Overall Responses

#### Overall L1 Insurer Response

Deny

#### L1 Reviewer Name - Title

[REDACTED]

#### L1 Response Date & Time

10/12/2021 9:15 AM

#### Overall L2 Insurer Response

Deny

#### L2 Reviewer Name - Title

[REDACTED]

#### L2 Response Date & Time

10/13/2021 10:07 AM

### Request Items

#### Request #1

##### Body Part

Bilateral Larynx

##### HCPSC Code & Description

L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated

##### MTG Reference

Neck - NONE: Other - Not Addressed in MTG - Cervical Spine

+ Expand All

#### Additional Request Details ▾

Level 1 Insurer Response Details ▾

Level 2 Insurer Response Details ▾

PAR ID	Type
<a href="#">PA-00-0002-879</a>	Durat



# DME PARs Escalated to Level 2 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 Case #	As:
<a href="#">PA-00-0003-628</a>	Durable Medical Equipment	01/18/2022			Insurer Level 2 Review			Cyc

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

# Escalating DME PARs to Level 3 Review (Board MDO)

**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 #	Assign
<b>PA-00-0001-061</b>	Durable Medical Equipmen	10/28/2021			Review Insurer Level 2 Denial	01/18/2018		

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

# Escalating DME PARs to Level 3 Review (Board MDO)

**Durable Medical Equipment Request**

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 Denied  
Patient DOB: [REDACTED] | Date of Injury: 01/18/2018 | System ID: PA-00-0001-061

**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]

# Escalating DME PARs to Level 3 Review (Board MDO)

**Request for MDO Prior Auth Review: DME-L3**  
Please select which item(s) you would like to escalate.

<input checked="" type="checkbox"/>	<b>Body Part</b> Elbow	<b>HCPCS Code</b> A4215	<b>HCPCS Description</b> Needle, sterile, any size, each
	<b>MTG Reference Code</b> D10.e.ii	<b>MTG Reference Description</b> Surgical Release for Treatment of Subacute or Chronic Ulnar Neuropathies (Anterior submuscular transposition)	<b>Insurer Response</b> Deny
	<b>Denial Reason</b> Medical necessity - documentation absent	<b>L2 Rationale</b> Appropriate medical requirements were not submitted.	<b>Without Prejudice</b>

Level 3 Escalation Reason\*

0 / 4000

Submit Cancel


# Escalating DME PARs to Level 3 Review (Board MDO)

**My Dashboard**

Prior Auth   Draft eForms   **Submitted eForms**

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For	Submitted Date	Status	Actions
<a href="#">348007</a>	PAR: Durable Medical Equipment Level 3 Request				<a href="#">PA-00-0001-061</a>		10/18/2021	Completed	<a href="#">Actions</a>

# Level 3 Response

 **My Dashboard**

Prior Auth   Draft eForms   Submitted eForms

Active   **Resolved**

[Filter](#)

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date
<a href="#">PA-00-0001-061</a>	Durable Medical Equipment	[REDACTED]	[REDACTED]	L3 Granted - Final	10/19/2021 11:27:03 AM



# Level 3 Response

[Dashboard](#) › PA-00-0002-889

## Durable Medical Equipment Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: [REDACTED]  
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: [REDACTED]

[Related Entities](#)

[Request Details](#)

[Medical Necessity](#)

[Documents](#)

[Related PARs](#)

[Correspondence History](#)

[Related Activity](#)

### Documents

Filter

Document ID	Form ID	Form Name	Received Date	Submitting User	On Beha
<a href="#">DO-00-0004-316</a>	DME-L3G	PAR: Durable Medical Equipment Level 3 Grant	10/19/2021 11:27 AM	NYS WCB	



# 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 >

	Accessing OnBoard		Claim Search
	Dashboard Overview		Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)
	Notifications for Updates to Dashboard		Medication PAR
	Generated Documents		DME Submission <b>NEW!</b>
	Respond to Request for Further Information (RFI)		



Training: Health Care Providers

## DME Submission

### SECTIONS

Submitting a DME PAR

Insurer Response

DME PARs Escalated to Level 2 Review

Escalating DME PARs to Level 3 Review

Level 3 Response

← TRAINING: HEALTH CARE PROVIDERS

A Durable Medical Equipment (DME) prior authorization request (PAR) will be required prior to prescribing DME items that are not included, or have "Yes" in the PAR Required column, on the [DME Fee Schedule](#).

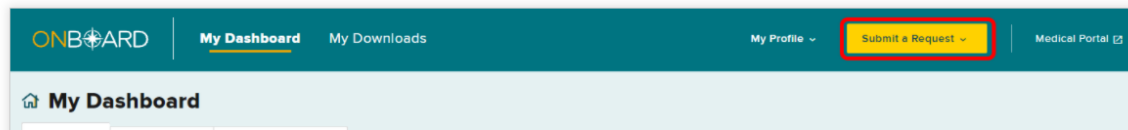
Learn more about the [Official New York Workers' Compensation Durable Medical Equipment Fee Schedule \(DME Fee Schedule\)](#).

### Drafting/Submitting a DME 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 in the health care provider's Draft eForms page for final submission.

To submit or draft a DME PAR, select the **Submit a Request** button on the top right of your [dashboard](#).



# What's Next?

- Phase Three will add Other Treatment/Testing PARs to OnBoard: Limited Release on May 2, 2022.
- Other Treatment/Testing training webinars will be announced via WCB Notifications!



**General Questions: [OnBoard@wcb.ny.gov](mailto:OnBoard@wcb.ny.gov)**

**Other Questions: (877) 632-4996**

**News and Updates: [Subscribe to WCB Notifications](#)**

**Instructions: [wcb.ny.gov/onboard/](http://wcb.ny.gov/onboard/)**