



**Workers' Compensation Board**



**OnBoard: Limited Release Phase Three Training for Payers**

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**

# Agenda

1. Overview/Timeline
2. Accessing OnBoard: Limited Release (OBLR)
3. Phase Three Prior Authorization Requests (PARs)
4. Responding to Treatment/Testing PARs in OnBoard
  1. Level 1 Response
  2. Level 2 Response
5. *New York Medical Treatment Guidelines (MTGs)*
6. Training 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 Workers' Compensation Board's *New York Medical Treatment Guidelines (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

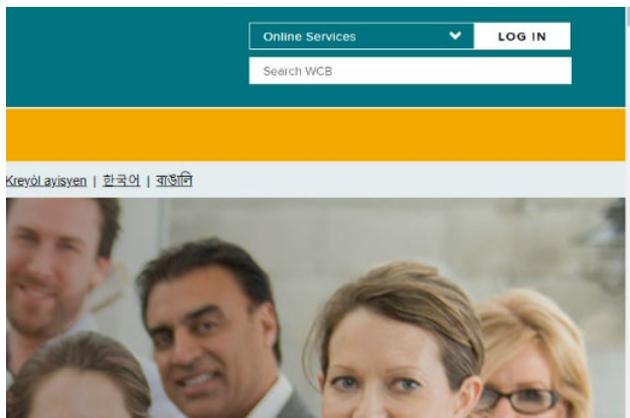


# Accessing OnBoard: Limited Release

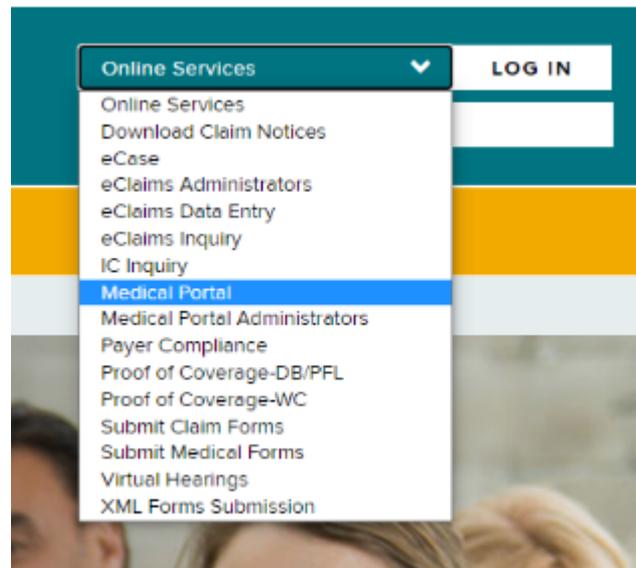


# How to Access OnBoard

Locate Online Services dropdown on Board website



Select Medical Portal



# How to Access OnBoard

Enter NY.GOV ID Username and Password



The image shows the NY.GOV ID login page. At the top, it says "NY.GOV ID Secure Access to New York State Services". Below this are two input fields: "Username" and "Password". There is a checkbox for "I'm not a robot" and a reCAPTCHA logo. A blue "Sign In" button is at the bottom. Below the button are links for "Forgot Username? or Forgot Password?", "Create an Account", and "Need help? Get Assistance".



Select  **Prior Authorization Request PAR**



## Payers

- Training
- Physician 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
- Medical Treatment Guidelines - Insurer Requirements
- Drug Formulary Prior Authorization - \*VIEW ONLY



## Billing

- Medical Fee Schedules
- Employer Coverage Search
- Web Submission of Claim Forms
- CMS-1500 Initiative
- XML Forms Submission

# Workload Administrators



# Workload Admin Dashboard

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

**My Organization's PARs** | Resolved

Select All

**Assign** 1 item(s) selected

<input type="checkbox"/>	PAR ID	Type	Due Date	PAR Status	Assigned User
<input checked="" type="checkbox"/>	<a href="#">PA-00-0003-476</a>	Medication	12/12/2021	1 - Requested	

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

The screenshot shows a dashboard interface for managing PARs. A table lists a single PAR with ID PA-00-0003-476, type Medication, and due date 12/12/2021. The status is '1 - Requested'. The 'Assigned User' column is currently empty. Red boxes highlight the 'My Organization's PARs' header, the 'Assign' button, the 'Due Date' column, and the 'Assigned User' column.

This image shows a partial view of the dashboard, focusing on the 'Assigned User' column of the PAR table. The column header is 'Assigned User' and the cell below it is empty. A red box highlights this area.

# Workload Admin Assignee

## Assign ✕

Assign work to Reviewer

**Reviewer Type**  
Medication

**Assignee\***

-Select-

- [blurred], Jordan
- [blurred], Tod
- [blurred]
- [blurred]
- [blurred]
- [blurred]
- [blurred]

Unassigned

# Workload Admin Assigned User

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

**My Organization's PARs** | Resolved

Select All

Filter | Export

Claim Admin Claim #	WCB Case #	Injury Date	Assigned Organization	Assigned User	Claim Admin	Insurer
				Jordan		

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

# Level 1 or 2 Reviewer Dashboard

The screenshot displays the ONBOARD 'My Dashboard' interface. At the top, there is a teal navigation bar with the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile' with a dropdown arrow, and 'Medical Portal' with an external link icon. Below the navigation bar, the main content area is titled 'My Dashboard' with a home icon. There are two tabs: 'Prior Auth' (selected) and 'Draft eForms / Submitted eForms'. Under 'Prior Auth', there is a sub-tab 'My PARs' and a 'Resolved' tab. The main content area contains a table of PARs with columns: PAR ID, Type, Due Date, PAR Status, RFI, Patient, Claim Admin Claim #, and WCE. A single row is visible with the following data: [PA-00-0003-480](#), Medication, 12/18/2021, L1 - Requested, [blurred], [blurred], [blurred]. The table has 'Filter' and 'Export' buttons in the top right. At the bottom, there is a pagination bar showing 'Page 1 of 1', navigation arrows, '1', 'Showing 1-1 of 1', a dropdown for '10' items per page, and 'Items per page'.

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

**My PARs** | Resolved

Filter | Export

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCE
<a href="#">PA-00-0003-480</a>	Medication	12/18/2021	L1 - Requested		[blurred]	[blurred]	[blurred]

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

# Workload Admin Reassign

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

Filter | Export

Select All

Assign 1 item(s) selected

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #
<input checked="" type="checkbox"/> PA-00-0003-503	Medication	01/08/2022	L2 - Requested				

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

# Workload Admin Assignee

## Assign ✕

Assign work to Reviewer

**Reviewer Type**  
Medication

**Assignee\***

-Select-

- [blurred], Jordan
- [blurred], Tod
- [blurred]
- [blurred]
- [blurred]
- [blurred]
- [blurred]

Unassigned

# Workload Admin Assigned User

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

Select All

Assign

Patient	Claim Admin Claim #	WCB Case #	Injury Date	Assigned Organization	Assigned User
				Cycle 8 Insurance	[Redacted], Tod

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

# Workload Admin Unassigned

**My Dashboard**

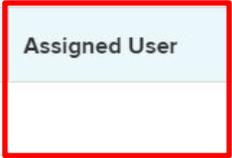
Prior Auth | Draft eForms | Submitted eForms

**My Organization's PARs** | Resolved

Select All

Patient	Claim Admin Claim #	WCB Case #	Injury Date	Assigned Organization	Assigned User	Cl
				Cycle 8 Insurance		

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



# Responding to Treatment/Testing PARs



# Level 1 Review

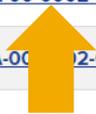
**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

My PARs | Resolved

Filter | Export

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #
<a href="#">PA-00-0002-900</a>	MTG Special Services	12/17/2021	L1 - Requested				
<a href="#">PA-00-0002-061</a>	Non-MTG Over \$1000	07/14/2022	L1 - Requested	Sent			
<a href="#">PA-00-0001-642</a>	MTG Confirmation	07/14/2022	L1 - Requested				



# PAR Details

## MTG Special Services Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L1 - Requested  
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: PA-00-0003-489

**Actions** ^  
Respond To Request  
Request for Further Information

**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]

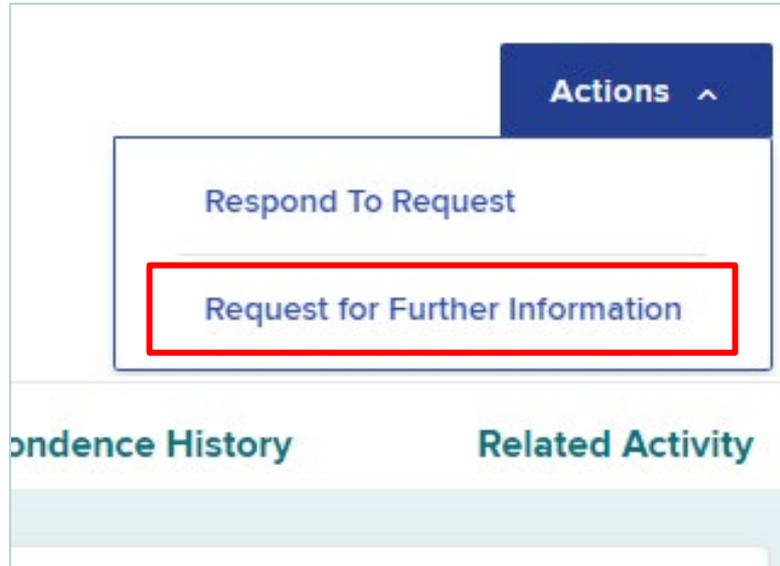
---

### Claim Details

WCB Case #	Date of Injury	Claim Admin Claim #
[REDACTED]	[REDACTED]	[REDACTED]

Case Controverted	Body Part(s)/Condition(s)
No	to the left knee

# Request for Further Information



# Request for Further Information

The image shows a 'Modification Request' form in the background with a 'Request for Further Information (RFI)' dialog box in the foreground. The dialog box has a title bar with a close button (X) and a main heading 'Request for Further Information (RFI)'. Below the heading is a text input field with the placeholder text 'Request for Further Information\*'. The input field has a character count '0 / 1000' at the bottom right. At the bottom of the dialog box are two buttons: 'Submit' (a blue button) and 'Cancel' (a white button with a blue border). The background form is partially obscured and contains various fields and labels, including 'Modification Request' at the top left.

# Request for Further Information

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

My PARs | Resolved

Filter | Export

PAR ID	Type	Due Date	PAR Status	RFI ?	Patient	Claim Admin Claim #	WCB Case #
<a href="#">PA-00-0002-900</a>	MTG Special Services	12/17/2021	L1 - Requested				
<a href="#">PA-00-0002-061</a>	Non-MTG Over \$1000	07/14/2022	L1	RFI ?			
<a href="#">PA-00-0001-642</a>	MTG Confirmation	07/14/2022	L1	RFI ?			

Two red boxes highlight the RFI dropdown menus for the second and third rows. The first dropdown is labeled "Sent" and the second is labeled "Rec'd".

# Request for Further Information

 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
 Respond to Request for Further Information (RFI)	

# Level 1 Response



# Level 1 Insurer Response

## MTG Special Services Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L1 - Requested  
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: PA-00-0003-489

**Actions** ^  
Respond To Request  
Request for Further Information

**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)
No	to the left knee

# Insurer Response Grant

Prior Authorization request: PA-00-0003-489 | Step 1 of 4

## PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: SS

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

**INSURER RESPONSE TO PRIOR AUTHORIZATION: SS**

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

**Please provide your response for each line item below.**

<b>Body Part:</b>	Bilateral Lower Back Area
<b>CPT Code &amp; Description:</b>	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
<b>MTG:</b>	Mid and Low Back - E.4: Surgical/Operative - Spinal Fusion

**Insurer Response**

- Select-
- Grant
- Grant In Part
- Deny

**Overall Response to PAR**

Insurer Response Details →

Exit

# Insurer Response

## Grant without Prejudice

**INSURER RESPONSE TO PRIOR AUTHORIZATION: SS**

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

**Please provide your response for each line item below.**

<b>Body Part:</b>	Bilateral Lower Back Area
<b>CPT Code &amp; Description:</b>	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
<b>MTG:</b>	Mid and Low Back - E.4: Surgical/Operative - Spinal Fusion

Insurer Response  
Grant

**Is this request granted without Prejudice?\***

Yes  No

**Overall Response to PAR**  
Granted

[Insurer Response Details →](#) [Exit](#)

# Insurer Response

## Grant without Prejudice

**INSURER RESPONSE TO PRIOR AUTHORIZATION: SS**

- PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Body Part:</b>	Bilateral Lower Back Area
<b>CPT Code &amp; Description:</b>	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
<b>MTG:</b>	Mid and Low Back - E.4: Surgical/Operative - Spinal Fusion

Insurer Response  
Grant

Is this request granted without Prejudice?  
 Yes  No

Reason for Granting without Prejudice\*  
Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-Denial or SROI-Denial Date  WCB Document ID Number

(mm/dd/yyyy)

Rationale for Granting without Prejudice

0 / 1000

# Insurer Response

## Grant in Part

Prior Authorization request: PA-00-0003-494 | Step 1 of 4

### PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: SS

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

PAR Summary and Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

Body Part:

Bilateral Lower Back Area

CPT Code & Description:

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

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

# Insurer Response

## Grant in Part without Prejudice

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

### PAR Summary and Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

**Body Part:**

Bilateral Lower Back Area

**CPT Code & Description:**

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

Insurer Response

Grant In Part

Is this request Granted without Prejudice?\*

Yes  No

Reason for Partial Grant\*

Medical Documentation - insufficient for full approval

Other

Rationale for Grant in part\*

0 / 1000

# Insurer Response

## Grant in Part without Prejudice

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

PAR Summary and Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Insurer Response

Grant In Part

Is this request Granted without Prejudice?\*

Yes  No

Reason for Granting without Prejudice\*

Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-04 or SROI-04 Date  WCB Document ID Number

(mm/dd/yyyy)

Rationale for Granting without Prejudice

Reason for Partial Grant\*

Medical Documentation - insufficient for full approval

Other

Rationale for Grant in part\*

0 / 1000

# Insurer Response

## Grant in Part without Prejudice

**INSURER RESPONSE TO PRIOR AUTHORIZATION: SS**

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Insurer Response  
Grant In Part

Is this request Granted without Prejudice?  
 Yes  No

Reason for Granting without Prejudice\*  
Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-04 or SROI-04 Date  WCB Document ID Number   
(mm/dd/yyyy)

Rationale for Granting without Prejudice

0 / 1000

Reason for Partial Grant\*

Medical Documentation - insufficient for full approval

Other

Rationale for Grant in part\*

# Insurer Response Deny

Prior Authorization request: PA-00-0003-493 | Step 1 of 4

## PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: SS

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Body Part:</b>	Bilateral Lower Back Area
<b>CPT Code &amp; Description:</b>	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
<b>MTG:</b>	Mid and Low Back - E.4.a: Surgical/Operative - Spinal Fusion with Third Discectomy

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

# Insurer Response

## Deny

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

**Body Part:** Bilateral Lower Back Area

**CPT Code & Description:** 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.a: Surgical/Operative - Spinal Fusion with Third Discectomy

Insurer Response  
Deny

**Denial Category\***

- Select-
- Administrative Reasons Related To Claim Status
- Jurisdiction Related Reasons
- Medical Reasons

**Rationale for Denial\***

0 / 1000

**Overall Response to PAR**  
Denied

Insurer Response Details →

Exit

# Insurer Response

## Deny – Administrative & Jurisdiction

**Insurer Response**

Deny

**Denial Category\***

Administrative Reasons Related To Claim Status

**Denial Reason\***

-Select-

- Claim Cancelled
- Claim or Body Part/Condition Disallowed
- Claim Closed By Section 32 or Board Decision
- Claim Withdrawn
- Claim Currently Controverted
- Treatment/Test/Medication/DME Already Provided
- Claim Subject to Full Offset Pursuant to Approved Third Party Settlement.

**Insurer Response**

Deny

**Denial Category\***

Jurisdiction Related Reasons

**Denial Reason**

No Jurisdiction

Complete the following fields regarding the WCB Determination or upload a copy in the Supporting Documents section of this eform.

**WCB Determination Date**

(mm/dd/yyyy)

**WCB Document ID Number**

**Rationale for Denial\***

0 / 1000

# Insurer Response

## Deny

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

**Body Part:** Bilateral Lower Back Area

**CPT Code & Description:** 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.a: Surgical/Operative - Spinal Fusion with Third Discectomy

Insurer Response  
Deny

Denial Category\*

- Select-
- Administrative Reasons Related To Claim Status
- Jurisdiction Related Reasons
- Medical Reasons

Rationale for Denial\*

0 / 1000

Overall Response to PAR  
Denied

Insurer Response Details →

Exit

# Insurer Response

## Deny

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Insurer Response  
Deny

Denial Category\*  
Medical Reasons

Denial Reason\*

- Conservative Therapy - not attempted
- Previous Treatment - no documentation of it
- Treatment Goals - no documentation of it
- Treatment Goals - partial approval would not address it
- Protocol for Treatment/Surgery - not provided
- Other

Rationale for Denial\*

0 / 1000

# Insurer Response

## Deny - Other

Other

Other Reason\*

0 / 250

Rationale for Denial\*

0 / 1000

**Overall Response to PAR**  
Denied

[Insurer Response Details →](#)

# Claim Apportionment

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

● PAR Summary and Insurer Response

● Insurer Response Details

○ Supporting Documentation

○ Review and Submit

Is this Claim apportioned?\*

Yes  No

Title of the Reviewer\*

L1 Reviewer

## Request Items

**Insurer Response:** Deny

**MTG Reference:** Mid and Low Back - E.4.a

**MTG Description:** Surgical/Operative - Spinal Fusion with Third Discectomy

+ Show Descriptions

← PAR Summary and Insurer Response

Supporting Documentation →

Exit

# Claim Apportionment

INSURER RESPONSE TO PRIOR AUTHORIZATION: 55

- PAR Summary and Insurer Response
- Insurer Response Details**
- Supporting Documentation
- Review and Submit

Is this Claim apportioned?\*

Yes  No

Amount or Percentage covered?\*

0 / 10

Additional apportionment information?\*

0 / 250

Title of the Reviewer\*

-Select- ▼

Request Items

Insurer Response: Deny

MTG Reference: Mid and Low Back - E.4.a

MTG Description: Surgical/Operative - Spinal Fusion with Third Discectomy

Show Descriptions

← PAR Summary and Insurer Response Supporting Documentation → Exit

# Supporting Documentation

## Upload Supporting Attachment(s)

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.

 Upload

[← Insurer Response Details](#)

[Review and Submit →](#)

[Exit](#)

# Supporting Documentation

## Upload Document

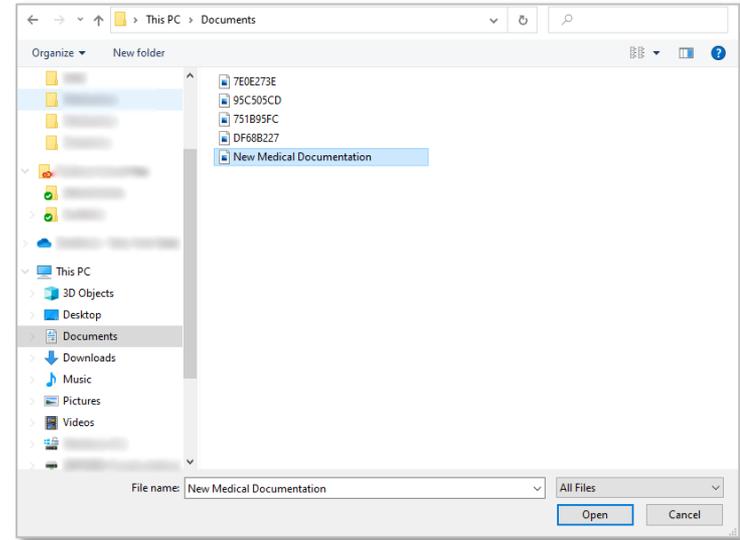
Type\*

Description\*

0 / 256

**Browse**

No File Selected



# Supporting Documentation

● PAR Summary and Insurer Response

● Insurer Response Details

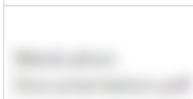
● **Supporting Documentation**

○ Review and Submit

## Upload Supporting Attachment(s)

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.

 Upload

File Name	Type	Description	Actions
	Supporting Medical Documentation	Supporting medical documentation is attached.	<a href="#">Update Description</a> <a href="#">Remove</a>

[← Insurer Response Details](#)

[Review and Submit →](#)

[Exit](#)

 Your document has been uploaded successfully.

# FROI/SROI Documents

## Granted or Granted in Part Without Prejudice

### Upload Required 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
	FROI-Denial	FROI-Denial	<a href="#">Upload</a>
	SROI-Denial	SROI-Denial	<a href="#">Upload</a>

### Upload Supporting Attachment(s)

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.

[Upload](#)

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

# Review PAR Response

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please review the following information for accuracy prior to submission.

### Insurer Responses [Edit](#)

<b>Body Part:</b>	Bilateral Lower Back Area
<b>CPT Code &amp; Description:</b>	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
<b>MTG:</b>	Mid and Low Back - E.4.a: Surgical/Operative - Spinal Fusion with Third Discectomy
<b>L1 Insurer Response:</b>	Deny
<b>Denial Category:</b>	Medical Reasons
<b>Denial Reasons:</b>	Treatment Goals - no documentation of it
<b>Rationale for Denial:</b>	Treatment goals need to be shown for special services approval.

**Overall Response to PAR**  
Denied

### Insurer Response Details [Edit](#)

**Is this Claim apportioned?**  
No

**Title of the Reviewer**  
L1 Reviewer

### Supporting Documentation [Edit](#)

**Supporting Medical Documentation**  
Medical documentation attached. - Medication Documentation.pdf

Since the PAR has been denied for medical reasons, there will be no document generated. The PAR will get auto-escalated for Level 2 Review.

[← Supporting Documentation](#) [Submit →](#) [Preview](#) [Exit](#)

# Submission Confirmation

## PAR: MTG Special Services Insurer Denial Successfully Submitted

**Your response was created. This submission has been added to your Submitted eForms.**

From [My Dashboard](#) you can check the status of the PAR and view, print, or download the completed eForm.

---

### eForm Confirmation #

348980

### PAR Details

[PA-00-0003-493](#)  

Since the PAR has been Denied for Medical reasons there will be no document generated. The PAR will get auto - escalated for Level 2 Review.

# Submitted eForms

**My Dashboard**

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

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
<a href="#">348976</a>	PAR: MTG Special Services Insurer Grant				<a href="#">PA-00-0003-489</a>	Cycle 8 Insur

**My Dashboard**

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

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
	PAR: MTG Special Services Insurer Grant in Part				<a href="#">PA-00-0003-494</a>	Cycle 8 Insur

**My Dashboard**

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

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
	PAR: MTG Special Services Insurer Denial				<a href="#">PA-00-0003-493</a>	Cycle 8 Insur

# Resolved

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | **Resolved**

Filter

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date	Injury Date
<a href="#">PA-00-0003-489</a>	MTG Special Services			L1 Granted - Final	12/16/2021 14:22:02	

# Level 2 Response



# Level 2 Insurer Response

**ONBOARD** | **My Dashboard** | My Downloads | My Profile | Medical Portal

## My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My PARs | Resolved

Filter | Export

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #
<a href="#">PA-00-0003-493</a>	MTG Special Services	12/31/2021	L2 - Requested				

# Level 2 Insurer Response

## MTG Special Services Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 - Requested  
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: PA-00-0003-493

Actions ^

- Respond To Request
- Request for Further Information

Related Entities	Request Details	Medical Necessity	Documents	Related PARs	Correspondence History	Related Activity
<b>Patient Details</b>						
Patient Name		Last four of Patient SSN		Patient DOB		
<b>Claim Details</b>						
WCB Case #		Date of Injury		Claim Admin Claim #		Case Controverted
Body Part(s)/Condition(s) to the left knee						

PAR ID	Type
<a href="#">PA-00-0003-493</a>	MTG Special Services

# Level 2 Insurer Response

31

Actions ^

- Respond To Request
- Request for Further Information

Related PARs      Correspondence History      Related Activity

---

Response Date & Time

# Level 2 Insurer Response

Prior Authorization request: PA-00-0003-493 | Step 1 of 4

## PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: SS

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

**INSURER RESPONSE TO PRIOR AUTHORIZATION: SS**

- PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

**Please provide your response for each line item below.**

<b>Body Part:</b>	Bilateral Lower Back Area
<b>CPT Code &amp; Description:</b>	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
<b>MTG:</b>	Mid and Low Back - E.4.a: Surgical/Operative - Spinal Fusion with Third Discectomy
<b>L1 Insurer Response:</b>	Deny

**Insurer Response**

- Select-
- Grant
- Grant In Part
- Deny

**Overall Response to PAR**

Insurer Response Details →

Exit

# Level 2 Insurer Response

## Grant without Prejudice

INSURER RESPONSE TO  
PRIOR AUTHORIZATION: SS

PAR Summary and  
Insurer Response

Insurer Response Details

Supporting  
Documentation

Review and Submit

MTG:

Mid and Low Back - E.4.a: Surgical/Operative - Spinal Fusion  
with Third Discectomy

L1 Insurer Response:

Deny

Insurer Response

Grant

Is this request granted without Prejudice?\*

Yes  No

Reason for Granting without Prejudice\*

-Select-

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents  
portion of this eform.

FROI-Denial or SROI-Denial Date

(mm/dd/yyyy)

WCB Document ID Number

Rationale for Granting without Prejudice

0 / 1000

Overall Response to PAR

Granted

Insurer Response Details →

Exit

Reason for Granting without Prejudice\*

Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents  
portion of this eform.

FROI-Denial or SROI-Denial Date

(mm/dd/yyyy)

WCB Document ID Number

Rationale for Granting without Prejudice

0 / 1000

Reason for Granting without Prejudice\*

Body Part/Condition Not Accepted or Established

Rationale for Granting without Prejudice

0 / 1000

# Level 2 Claim Apportionment

## INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

◉ PAR Summary and Insurer Response

◉ **Insurer Response Details**

○ Supporting Documentation

○ Review and Submit

Is this Claim apportioned?\*

Yes  No

Is Diagnostic Testing Network applicable?\*

Yes  No

Is Preferred Provider Organization applicable?\*

Yes  No

Title of the Reviewer\*

-Select- ▼

### Request Items

#### Insurer Response:

Grant

#### MTG Reference:

Mid and Low Back - E.4.a

#### MTG Description:

Surgical/Operative - Spinal Fusion with Third Discectomy

+ Show Descriptions

← PAR Summary and Insurer Response

Supporting Documentation →

Exit

# Level 2 Claim Apportionment

INSURER RESPONSE TO PRIOR AUTHORIZATION: SS

- PAR Summary and Insurer Response
- **Insurer Response Details**
- Supporting Documentation
- Review and Submit

Is this Claim apportioned?\*

Yes  No

Amount or Percentage covered?\*

0 / 10

Additional apportionment information?\*

0 / 250

Is Diagnostic Testing Network applicable?\*

Yes  No

Provide information about DTN\*

0 / 200

Is Preferred Provider Organization applicable?\*

Yes  No

Provide information about PPO\*

0 / 200

Title of the Reviewer\*

▼

---

**Request Items**

**Insurer Response:**

Grant

**MTG Reference:**

Mid and Low Back - E.4.a

**MTG Description:**

Surgical/Operative - Spinal Fusion with Third Discectomy

+ Show Descriptions

# Supporting Documentation

## Upload Supporting Attachment(s)

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.

 Upload

[← Insurer Response Details](#)

[Review and Submit →](#)

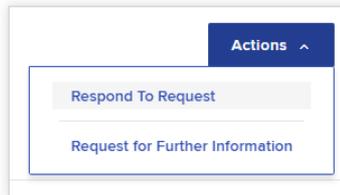
[Exit !\[\]\(1200947b91a089a06b14ca18ce09b242\_img.jpg\)](#)

# Level 2 Responses

- Level 1 Review
- Level 1 Responses
- Level 2 Review
- Level 2 Responses

## Level 2 Insurer Response

To issue a determination on the submitted PAR, select the Actions button at the top right of the PAR Details page and select **Respond to Request**.



A Level 2 reviewer can grant the request, grant part of the request or deny the request. Select the option you would like to take on the PAR to see the steps to respond.

- > Grant
- > Grant in Part
- > Deny

# Multiple PAR Items in One Submission



# DME PAR with Multiple Requests

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

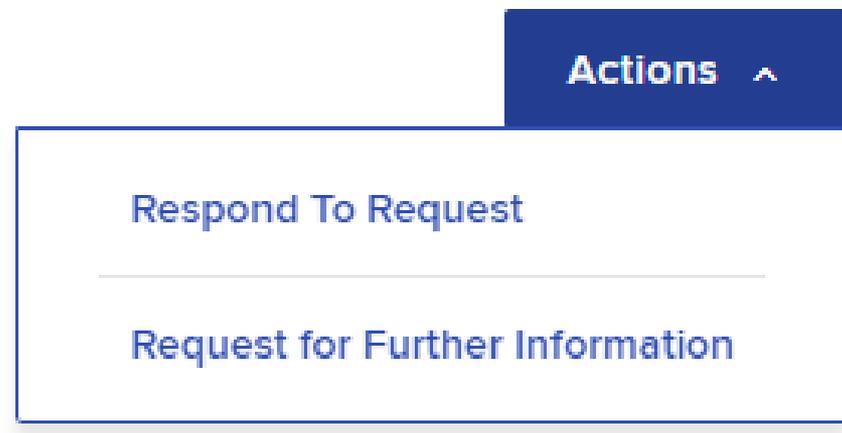
## Request Items

Request #1		
<b>Body Part</b> Bilateral Larynx	<b>HCPSC Code &amp; Description</b> L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	<b>MTG Reference</b> Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
+ Expand All		
Additional Request Details ▾		

Request #2		
<b>Body Part</b> Bilateral Larynx	<b>HCPSC Code &amp; Description</b> A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated	<b>MTG Reference</b> Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
+ Expand All		
Additional Request Details ▾		

# DME PAR with Multiple Requests



# DME PAR with Multiple Requests

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Body Part:</b>	Bilateral Larynx
<b>Medical Treatment Guideline:</b>	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
<b>HCPCS Code &amp; Description:</b>	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
<b>DME Duration:</b>	30
<b>Estimated Purchase Price:</b>	\$1,265.35
<b>Estimated Rental Price:</b>	\$0.00
<b>Insurer Response</b>	<input type="text" value="-Select-"/>

<b>Body Part:</b>	Bilateral Larynx
<b>Medical Treatment Guideline:</b>	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
<b>HCPCS Code &amp; Description:</b>	A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated
<b>DME Duration:</b>	30
<b>Estimated Purchase Price:</b>	\$0.00
<b>Estimated Rental Price:</b>	\$0.00
<b>Insurer Response</b>	<input type="text" value="-Select-"/>

# DME PAR with Multiple Requests

INSURER RESPONSE TO  
PRIOR AUTHORIZATION:  
DME

## PAR Summary and Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Body Part:</b>	Bilateral Larynx
<b>Medical Treatment Guideline:</b>	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
<b>HCPCS Code &amp; Description:</b>	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
<b>DME Duration:</b>	30
<b>Estimated Purchase Price:</b>	\$1,265.35
<b>Estimated Rental Price:</b>	\$0.00

Insurer Response

Grant

Is this request granted without Prejudice?\*

Yes  No

Granted for?\*

Purchase Price  Rental Price

Is model or version on WCB price list?\*

Yes  No

# DME PAR with Multiple Requests

**INSURER RESPONSE TO PRIOR AUTHORIZATION: DME**

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

<b>Body Part:</b>	Bilateral Larynx
<b>Medical Treatment Guideline:</b>	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
<b>HCPCS Code &amp; Description:</b>	A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated
<b>DME Duration:</b>	30
<b>Estimated Purchase Price:</b>	\$0.00
<b>Estimated Rental Price:</b>	\$0.00

Insurer Response

Deny

Denial Category\*

Medical Reasons

Denial Reason\*

Medical Necessity - documentation absent

WCB Fee Schedule Item - meets patient requirement

Other

Rationale for Denial\*

Medical necessity absent.

26 / 1000

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

PAR Summary and Insurer Response

Insurer Response Details

Supporting Documentation

Review and Submit

Please review the following information for accuracy prior to submission.

Insurer Responses

Edit

<b>Body Part:</b>	Bilateral Larynx
<b>Medical Treatment Guideline:</b>	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
<b>HCPCS Code &amp; Description:</b>	L012: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
<b>DME Duration:</b>	30
<b>Estimated Purchase Price:</b>	\$1,265.35
<b>Estimated Rental Price:</b>	\$0.00
<b>L1 Insurer Response:</b>	Grant
<b>Is this request granted without Prejudice?</b>	No
<b>Granted for?</b>	Purchase Price
<b>Is model or version on WCB price list?</b>	Yes

<b>Body Part:</b>	Bilateral Larynx
<b>Medical Treatment Guideline:</b>	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine
<b>HCPCS Code &amp; Description:</b>	A6513: Compression burn mask, face and/or neck, plastic or equal, custom fabricated
<b>DME Duration:</b>	30
<b>Estimated Purchase Price:</b>	\$0.00
<b>Estimated Rental Price:</b>	\$0.00
<b>L1 Insurer Response:</b>	Deny
<b>Denial Category:</b>	Medical Reasons
<b>Denial Reasons:</b>	Medical Necessity - documentation absent
<b>Rationale for Denial:</b>	Medical necessity absent.

Overall Response to PAR  
Denied

Insurer Response Details

Edit

**Is this Claim apportioned?**  
No

**Title of the Reviewer**  
L1 Reviewer

**Supporting Documentation**  
No Supporting Documentation attached.

Edit

Since the PAR has been denied for medical reasons, there will be no document generated. The PAR will get auto-escalated for Level 2 Review.

Supporting Documentation

Submit

Preview

Exit

# DME PAR with Multiple Requests

## PAR: Durable Medical Equipment Insurer Denial Successfully Submitted

Your response was created. This submission has been added to your Submitted eForms.

From [My Dashboard](#) you can check the status of the PAR and view, print, or download the completed eForm.

---

### eForm Confirmation #

348973

### PAR Details

[PA-00-0003-492](#) 

Since the PAR has been Denied for Medical reasons there will be no document generated. The PAR will get auto - escalated for Level 2 Review.

# DME PAR with Multiple Requests

 **My Dashboard**

Prior Auth   Draft eForms   **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details
	PAR: Durable Medical Equipment Insurer Denial				<a href="#">PA-00-0003-492</a>

# Independent Medical Exam Request Notification



# PAR ID Link

**My Dashboard**

Prior Auth   Draft eForms   Submitted eForms

My PARs   Resolved

Select All   [Filter](#)   [Export](#)

	PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #
<input type="checkbox"/>	<a href="#">PA-00-0002-885</a>	MTG Special Services	11/10/2021	L1 - Requested			

# IME Requested Notification

## 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

Actions ^

Respond To Request

Request for Further Information

IME Requested Notification

Related Entities

Request Details

Medical Necessity

Documents

Related PARs

Correspondence

### Patient Details

Patient Name

Last four of Patient SSN

Patient DOB

# Notification Popup

## Notification that IME has been Requested ×

This PAR will be updated to reflect that an IME has been requested. The date to respond to this PAR will be changed to 11/25/2021. An IME-4 must be submitted within 30 days of the date of this Prior Authorization Request.

Reviewer Name	Submission Date
<input type="text" value="XXXXXXXXXX"/>	<input type="text" value="10/26/2021"/>

Date of Injury Claim Admin CI

# IME Request Notification Submission Confirmation



Response Submitted. The due date for Insurer response to this Prior Authorization request has been extended to 11/25/2021

# Due Date Updated

**My Dashboard**

Prior Auth   Draft eForms   Submitted eForms

My PARs   Resolved

Select All   [Filter](#)   [Export](#)

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #
<input type="checkbox"/> <a href="#">PA-00-0002-885</a>	MTG Special Services	11/25/2021	L1 - Requested			

# PAR ID Link

## MTG Special Services Request

Actions ▾

Patient Name: ██████████ | WCB Case #: ██████████ | Status: L1 - Requested  
Patient DOB: ██████████ | Date of Injury: ██████████ | System ID: PA-00-0002-885

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

### Documents

Document ID	Form ID	Form Name	Received Date	Submitting User	On Behalf C
<a href="#">DO-00-0004-327</a>	SS-CP	PAR: MTG Special Services Insurer IME Scheduled	10/26/2021 8:43 AM	██████████	
<a href="#">DO-00-0004-326</a>	SS-L1	PAR: MTG Special Services Level 1 Request	10/26/2021 8:25 AM	██████████	██████████

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

# Generated 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 10/26/2021

**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 10/26/2021

### Document Details

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

# PAR Denial for IME Scheduling Related Issues

INSURER RESPONSE TO PRIOR AUTHORIZATION: MG-2

● **PAR Summary and Insurer Response**

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Body Part:</b>	Not Applicable Artificial Appliance
<b>CPT Code &amp; Description:</b>	67113: Repair of complex retinal dx detachment, retinopathy of prema including, when performed, air, ga fluid, scleral buckling, and/or remc
<b>MTG:</b>	Hand, Wrist and Forearm - C.11.a.iv

Insurer Response

Deny

Denial Category\*

-Select-

Administrative Reasons Related To Claim Status

IME Scheduling Related Reasons

Jurisdiction Related Reasons

Medical Reasons

Rationale for Denial\*

0 / 1000

# Changing a PAR Response



# Submitted eForms

## My Dashboard

Prior Auth

Draft eForms

**Submitted eForms**

Filter

eForm Document

eForm Name

Patient Name

Patient  
DOB

WCB Case #

eForm Details

For

[348965](#)

PAR: Durable Medical Equipment Insurer Denial

[PA-00-0003-487](#)

Cycle 8 Insurance

# PAR Details

## Durable Medical Equipment Request

Patient Name: [REDACTED]      WCB Case #: [REDACTED]      Status: Denied - Final  
Patient DOB: 01/09/1972      Date of Injury: [REDACTED]      System ID: PA-00-0003-487

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

Actions ^  
Change Response

Related Entities	Request Details	Medical Necessity	Documents	Related PARs	Correspondence History	Related Activity
<b>Patient Details</b>						
Patient Name	[REDACTED]	Last four of Patient SSN	[REDACTED]	Patient DOB	[REDACTED]	
<b>Claim Details</b>						
WCB Case #	[REDACTED]	Date of Injury	[REDACTED]	Claim Admin Claim #	[REDACTED]	Case Controverted No

# Change Insurer Response

## INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

### PAR Summary and Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

**Body Part:** Not Applicable Artificial Appliance

**Medical Treatment Guideline:** Knee - B.4.a.v: Imaging Studies - Radionuclide Scanning (Other) - Knee Injury

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

**DME Duration:** 60

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

**Estimated Rental Price:** \$0.00

**L1 Insurer Response:** Deny

Insurer Response

Grant

Is this request granted without prejudice?\*

Yes  No

Granted for?\*

Purchase Price  Rental Price

Is model or version on WCB price list?\*

Yes  No

Overall Response to PAR

Granted

[Insurer Response Details](#) →

[Exit](#)

# Claim Apportionment Details

**INSURER RESPONSE TO PRIOR AUTHORIZATION: DME**

- PAR Summary and Insurer Response
- **Insurer Response Details**
- Supporting Documentation
- Review and Submit

Is this Claim apportioned?\*

Yes  No

Title of the Reviewer\*

L1 Reviewer

**Request Items**

**Insurer Response:**

Grant

**MTG Reference:**

Knee - B.4.a.v

**MTG Description:**

Imaging Studies - Radionuclide Scanning (Other) - Knee Injury

+ Show Descriptions

← PAR Summary and Insurer Response

Supporting Documentation →

Exit

# Upload Supporting Attachments

INSURER RESPONSE TO PRIOR  
AUTHORIZATION: DME

● PAR Summary and Insurer  
Response

● Insurer Response Details

● **Supporting  
Documentation**

○ Review and Submit

## Upload Supporting Attachment(s)

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.

 Upload

[← Insurer Response Details](#)

[Review and Submit →](#)

[Exit](#)

# Confirm Details

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please review the following information for accuracy prior to submission.

### Insurer Responses [Edit](#)

<b>Body Part:</b>	Not Applicable Artificial Appliance
<b>Medical Treatment Guideline:</b>	Knee - B.4.a.v: Imaging Studies - Radionuclide Scanning (Other) - Knee Injury
<b>HCPCS Code &amp; Description:</b>	L0112: Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
<b>DME Duration:</b>	60
<b>Estimated Purchase Price:</b>	\$1,265.35
<b>Estimated Rental Price:</b>	\$0.00
<b>L1 Insurer Response:</b>	Deny
<b>L1 Insurer Response:</b>	Grant
<b>Is this request granted without Prejudice?</b>	No
<b>Granted for?</b>	Purchase Price
<b>Is model or version on WCB price list?</b>	Yes

**Overall Response to PAR**  
Granted

### Insurer Response Details [Edit](#)

**Is this Claim apportioned?**  
No

**Title of the Reviewer**  
L1 Reviewer

### Supporting Documentation [Edit](#)

No Supporting Documentation attached.

[← Supporting Documentation](#) [Submit →](#) [Preview](#) [Exit](#)

# Submission Confirmation

## PAR: Durable Medical Equipment Insurer Grant After Denial - DME-GAD Successfully Submitted

Your response was created. This submission has been added to your Submitted eForms.

From [My Dashboard](#) you can check the status of the PAR and view, print, or download the completed eForm.

---

### eForm Confirmation #

348966

### PAR Details

[PA-00-0003-487](#)

# Submitted eForms

 **My Dashboard**

Prior Auth   Draft eForms   **Submitted eForms**

[Filter](#)

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details
<a href="#">348966</a> 	PAR: Durable Medical Equipment Insurer Grant After Denial				<a href="#">PA-00-0003-487</a>

# Medical Treatment Guidelines New Training



# 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

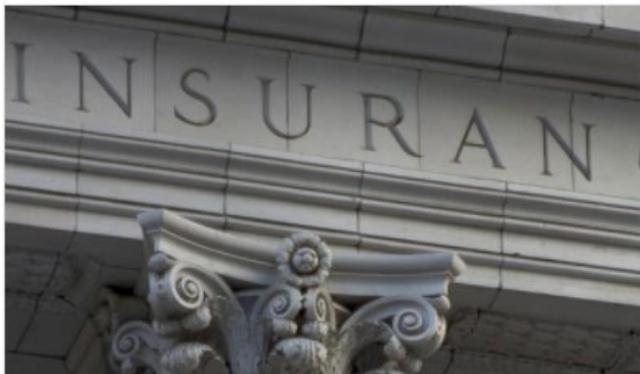
# New Training

- Trainings are available to non-medical professionals.
- Designed for claims adjusters, billing specialists, and other administrative staff who regularly deal with the *New York Medical Treatment Guidelines (MTGs)*.
- Individuals are welcome to take additional courses for more information.
- Visit the Medical Treatment Guidelines web page on the Board's website for more information.



# OnBoard Training Resources





## Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW >

TRAINING >

RESOURCES >



## Training & Resources

### Training

- [Training for Payers](#)

### Videos

- Intro to OnBoard: [Video](#)

### Guides

- OnBoard: Registration Guide - Payers, Pharmacy Benefit Managers and Medical Review Organizations: [Guide](#) / [Video](#)

### Fact Sheets

- OnBoard: Limited Release – What Insurers Need to Know

### Webinars

- OnBoard: Limited Release for Insurers Webinar – April 2021: [Video](#) / [Slides](#)

### Questions about OnBoard: Limited Release?

- Email [onboard@wcb.ny.gov](mailto:onboard@wcb.ny.gov).

### Technical Assistance

- Contact [WCB Customer Support](#)



## Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW >

**TRAINING** >

RESOURCES >



	Medical Portal Access and Administration		Request for Further Information
	Accessing OnBoard		Independent Medical Exam Request Notification
	Dashboard Overview		Multiple Requests with Same PAR Type
	Workload Administrator: Dashboard		Changing PAR Response
	Workload Administrator: Assigning PARs		Medication PAR
	Generated Documents		DME PAR
	Notifications for Updates to Dashboard		Treatment/Testing PAR <b>NEW!</b>
	Pharmacy Benefit Managers PAR Determination Email Notification		

# 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/](http://wcb.ny.gov/onboard/)



**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/)**