



**Workers'
Compensation
Board**



***CMS-1500* Q&A for Health Care Providers**

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

Agenda

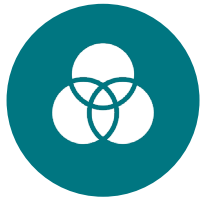
- 1** *CMS-1500* transition overview
- 2** Top questions
- 3** Additional resources

***CMS-1500* transition overview**

Improve injured workers' access to timely, quality medical care



Reduce administrative burden for providers

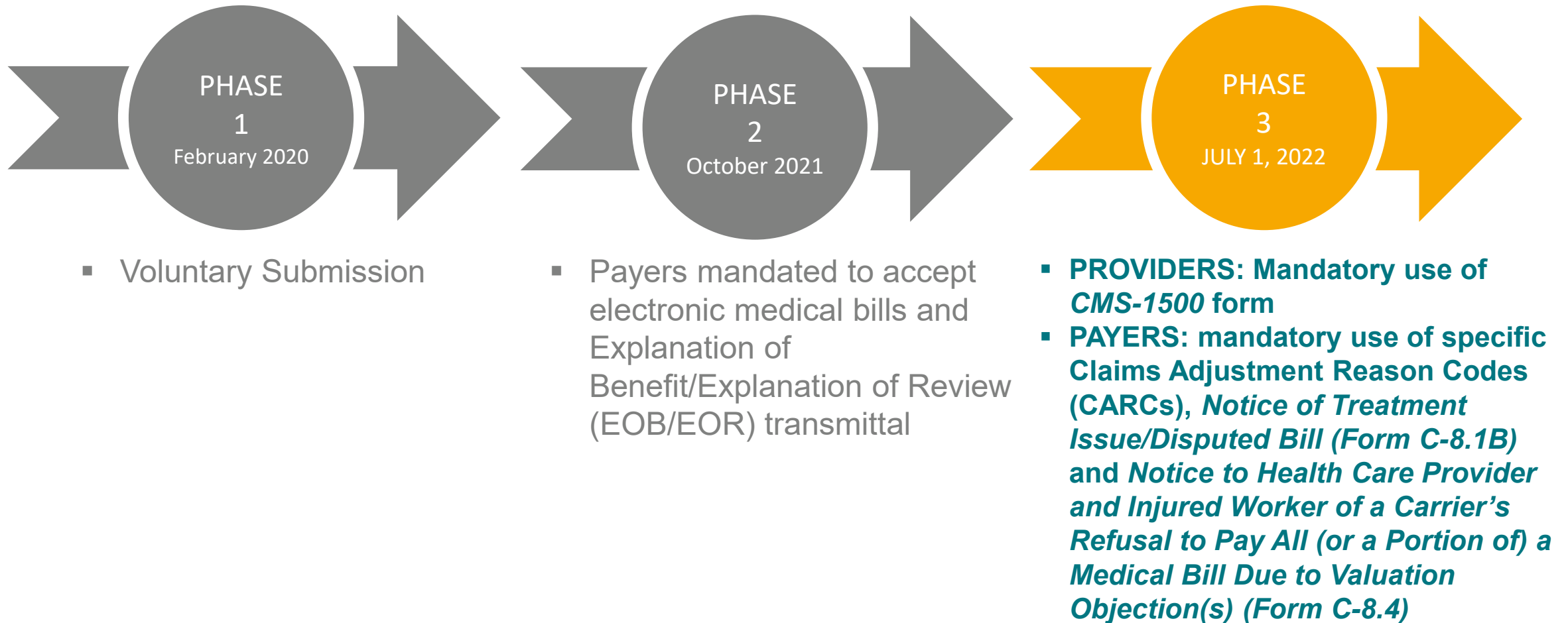


Leverage billing systems/forms providers already use



Make it easier for providers to treat injured workers

CMS-1500 transition timeline



CMS-1500 Medical Narrative Report Template and Requirements

It is imperative to include the three mandatory elements with the narrative:

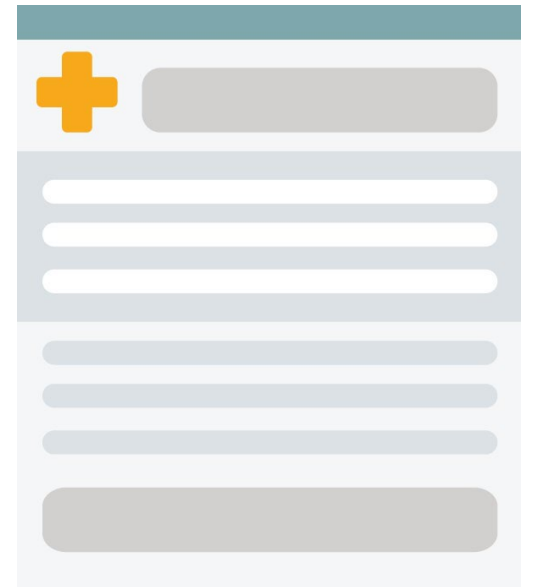
- Patient's work status
- Causal relationship of the injury to the patient's work activities
- Temporary impairment percentage
- Report template and attachments can be found in the 'Requirements' section of wcb.ny.gov/CMS-1500



CMS-1500 Medical Narrative Report Template and Requirements

Providers must attach a narrative report with examination findings, including:

- The history of the injury/illness
- Any objective findings based on the clinical evaluation
- The diagnosis(es)/assessment of the patient
- Plan of care



***CMS-1500* Medical Narrative Report Template and Requirements**

The provider's own medical narrative report is acceptable if it includes and prominently displays:

- Work status
- Causal relationship
- Temporary impairment percentage
- Visit the 'Requirements' section at wcb.ny.gov/CMS-1500

Becoming a Board-authorized healthcare provider

- Sign up to use the NYS Workers' Compensation Board Medical Portal and/or login with the credentials that have been assigned to you
- Complete the required training specific to your profession
- Complete the *New Provider Authorization Request* online application
- Certain urgent care, emergency room, out-of-state and durable medical equipment providers are not required (and some are not eligible) to be Board-authorized for treatment
- All providers are required to register for XML submission if they choose to bill electronically

Accessing the Medical Portal

- To access the Medical Portal and new provider training, you must have an NY.gov ID
- The NY.gov User ID and temporary password will be generated for you when you submit a request for Medical Portal access
- More information is available by visiting the Providers page on the Board's website at wcb.ny.gov and selecting "Medical Portal" under the Quick Links section

Keep your information up-to-date

If any information changes during an authorization period, please inform the Board:

- Log in to the Medical Portal
- Visit the “Medical Providers” section
- Select one of the following:
 - New Provider Authorization Request
 - Authorization Renewal
 - Update Authorization Information

Top questions



Question 1: Where can I find instructions for completing the *CMS-1500* form?

- Visit wcb.ny.gov and search “*CMS-1500* examples”
- On that same page, there are also sample forms showing how information transfers to the *CMS-1500* form
- Detailed requirements are located in the *CMS-1500* field table matrix

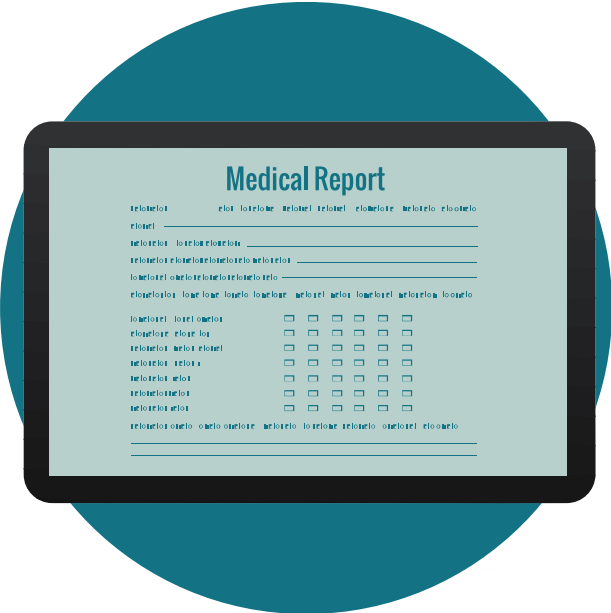


Question 2: Where can I obtain insurer information for billing purposes?

- Obtain the employer's name and address from the patient
- If the patient is unaware of the correct entity they work for, they should contact their human resources office or supervisor
- Employers are required to post the *Notice of Compliance - Workers' Compensation Law (Form C-105)* in a conspicuous place in the workplace identifying the employer's workers' compensation insurance insurer name, address, phone number and policy number
- You may also obtain insurer information by visiting wcb.ny.gov and searching for “employer coverage”

Question 3: Can I send an electronic medical bill through an XML submission partner if I don't know the WCB case number or claim administrator claim number (insurer number)?

- An electronic medical bill may be sent through an XML submission partner if the WCB case number and/or the insurer claim number is unknown



Question 4: How do I know which clearinghouses are approved *CMS-1500* XML submission partners?

- The Board has published a listing of clearinghouses who are interested, testing or approved to become an XML submission partner for the *CMS-1500*
- Visit the Providers page at wcb.ny.gov
- Select “XML form submission” under the Billing tab of the Resources section



Question 5: How do I sign up with a clearinghouse?

- Contact one of the approved clearinghouses from the list
- Please note: The Board does **not endorse** any of the XML submission partners who have shown interest in or who have been approved to provide these services



Question 6: Do I need to partner with multiple XML submission partners in order to get my electronic medical bills to all payers?

- You only need to choose one XML submission partner, but you may partner with multiple if that is preferred



Question 7: Do I need to register with the Board to start submitting the *CMS-1500* and required medical narrative and/or attachments?

- Health care providers must first complete the online Medical Portal registration process and then accept the terms of the legal agreement by selecting the "Agreement for XML submission of *CMS-1500*" found under the Billing section of the Medical Portal
- Any provider who has already completed an XML Submission Agreement to submit XML data to the Board (for EC-4Narr, for example) does not need to complete a new agreement to begin submitting the *CMS-1500* electronically

Question 8: How will I know when my bill has been accepted by the payer?

- By submitting electronically, there is verifiable acknowledgement data on record to show when the bill was received by the payer
- The payer has seven business days to accept or reject a medical bill submitted through an approved XML submission partner (clearinghouse)
- The payer must remit payment or object to the bill within 45 days from the acknowledgement date

Question 9: I received acknowledgement that the payer received my electronic medical bill. I have not received payment or an EOB explaining why payment was withheld, and 45 days have passed. What can I do?

- Once 45 days have passed subsequent to the payer's acknowledgement of the medical bill, the provider may contact the Board's Call Center to see if there is a legal objection
- Bills should not be resubmitted
 - This will restart the clock and offer the payer another 45 days to respond/pay
- **Call center: (800) 781-2362**

Question 10: When submitting *Form HP-1.0*, what should I do if I am unaware of a legal objection and have not yet received a Notice of Decision?

- If there is missing information about whether *Form C-8.1* has been resolved, a representative from the Board's call center can provide the following information:
 - Whether the *Form C-8.1* has been resolved
 - Whose favor it was resolved in
 - The filing date of the decision
- If the call center representative does not have this information, they will forward onto a Level 2 reviewer
- **Call center: (800) 781-2362**
- ***Form HP-1.0* submissions are now done through OnBoard: Limited Release**

Question 11: How do I know when a legal issue has been resolved and how long should I wait for payment?

- Providers should receive non-schedule loss of permanent disabilities (PD-NSL) if they have been placed on notice
- An insurer has 30 days to pay from the PD-NSL date
- If the provider does not get paid within 30 days, they should file *Form HP-1.0* through OnBoard: Limited Release



Question 12: Will I be able to see patients' medical records through eCase, the Board's medical portal or clearinghouses?

- Providers do not currently have access to view medical records in eCase
- Providers can view any electronic prior authorization requests (PARs) submitted through OnBoard in the 'Resolved' tab
- Clearinghouses provide their own array of services to medical providers with whom they contract
- Please confirm services offered directly with the clearinghouse

Question 13: If I send my medical bill electronically through an XML submission partner to the payer, do I also need to send a copy to the Board?

- When providers submit the *CMS-1500* electronically through an XML submission partner, the XML submission partner will submit to the insurer and the Board



Question 14: Which forms are being discontinued when the *CMS-1500* form is mandatory?

- The Board will replace the following forms with the *CMS-1500*:
 - *Doctor's Initial Report (Forms C-4, EC-4)*
 - *Continuation to Carrier/Employer Billing Section (Form C-4.1)*
 - *Doctor's Progress Report (Forms C-4.2, EC-4.2)*
 - *Ancillary Medical Report (Forms C-4AMR, EC-4AMR)*
 - *Doctor's Narrative Report (Form EC-4NARR)*
 - *Occupational/ Physical Therapist's Report (Forms OT/PT-4, EOT/PT-4)*
 - *Psychologist's Report (Form PS-4)*
 - *Ophthalmologist's Report (Form C-5)*

Question 15: If *Form C-4.3* is not being replaced by the *CMS-1500*, will I be able to submit *Form C-4.3* electronically using an XML submission partner?

- The *CMS-1500* form may be used to electronically submit medical bills for permanency evaluations using an XML submission partner so long as medical providers:
 - Only use CPT codes 99243 or 99245
 - Only use **one** CPT code (99243 or 99245) on the medical bill
 - Attach a completed *Form C-4.3* to the *CMS-1500* form as the medical narrative
 - Do not separately send *Form C-4.3* to the Board

Additional *CMS-1500* resources



wcb.ny.gov/CMS-1500

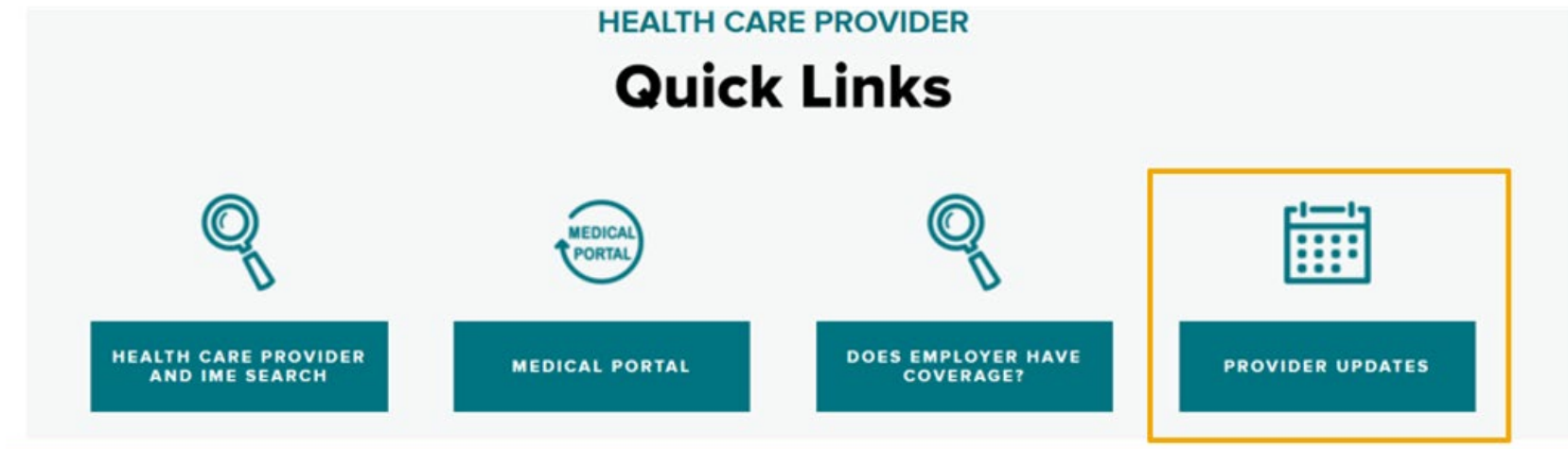


CMS1500@wcb.ny.gov

Making the Board better for providers

As we continue to work on implementing improvements for health care providers, we're committed to:

- Increased communication
- Regular engagement



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Thank you...

Questions?