

New York State Workers' Compensation Board

Navigating Medical Treatment Guidelines

Presentation to:

NYS Business Council

Fall, 2010



1, 2, 3, 5, 7 and 11 of the 'A Guide to a Healthy Lifestyle' health promotion workbook

Goals of the Medical Treatment Guidelines

- Establish a standard of medical care for injured workers
- Expedite quality care
- Improve medical outcomes
- Speed return to work by injured workers

Goals of the Medical Treatment Guidelines Con't

- Reduce disputes between payers and medical providers over treatment issues
- Ensure timely payments to medical providers
- Reduce unnecessary medical care and overall system costs

History of Process

- Medical Treatment Guidelines were developed by a task force that included the Business Council and its medical advisors.
- The Board updated the proposed Guidelines based on the latest medical evidence in 2009 and 2010.
- The Board designed its processes to achieve the goals of the Medical Treatment Guidelines
- Worked with carriers and physicians to refine the process
- Created a pilot to test the process
- Used what we learned from the pilot and outreach to stakeholders to draft the regulations

Status of Implementation

Implementation scheduled for December 1

- Requests by carriers and providers to have more time for implementation
- Coincides with the implementation of the revised Medical Fee Schedule

Training Opportunities Offered

- Free web based training scheduled to be available on Monday, October 4
 - Free medical course with Continuing Medical Education (CME) – 5.5 credits
 - Free Continuing Chiropractic Education (CCE) Accreditation (Anticipated)
- Live course for lawyers on November 3 (Board to close hearing parts) - Continuing Legal Education (CLE) credits available

New Regulations and Procedures

- Covers medical treatment dates of service on or after December 1, 2010 for knee, low & mid-back, neck and shoulder.
- All medical procedures performed consistent with the Guidelines are deemed authorized.

Exceptions:

- 1) Twelve surgical procedures, and
- 2) Second or subsequent performance of a surgical procedure to the same body part due to failure of prior procedure

Procedures

- Pre-Authorization
- Optional Prior Approval
- Variances
- Billing Procedures

Procedures

Pre-Authorization

- Exceptions to the Medical Treatment Guidelines - 12 procedures + repeat surgeries
- Use the existing prior authorization C-4AUTH procedure
- Disputes are resolved through the hearing process

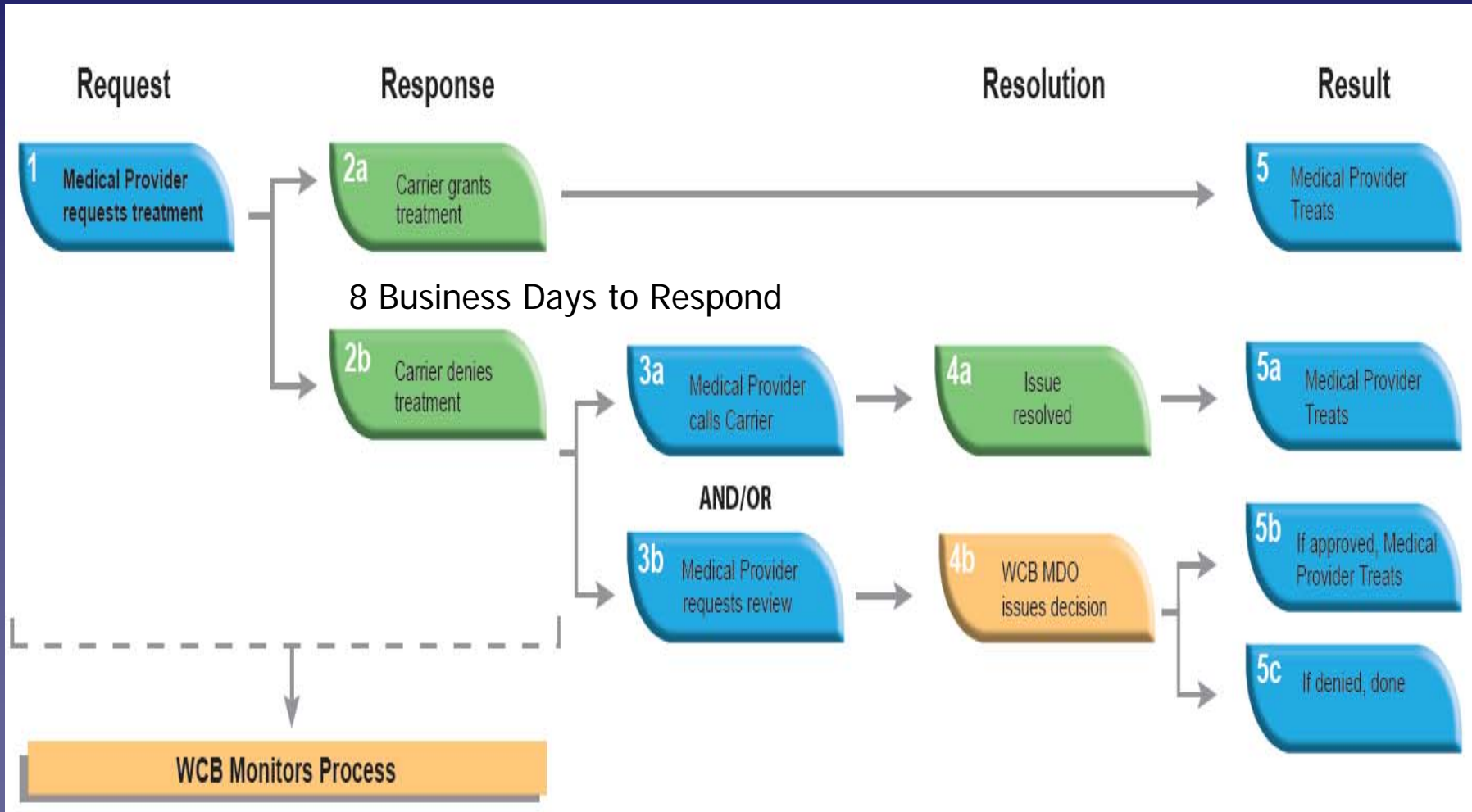
Procedures

Optional Prior Approval

- Confirmation from Payer that medical treatment is consistent with Guidelines.
- Forms: MG-1 and MG-1.1
- Disputes are resolved by Medical Directors' Office
- Payer may opt-out
 - Prior to implementation (12/1/10)
 - After implementation – wait 60 days to be effective

Procedures

Optional Prior Approval (con't)



Procedures

Variances

- Allows for treatment outside or in excess of the Guidelines, when special conditions are met
- Forms- MG-2 & MG-2.1
- Provider must justify the variance

Procedures

Variances (con't)

- Reasons for Variances:
 - Individual circumstances, such as other medical conditions, may delay an individual's response to treatment, or make certain treatment inappropriate.
 - Extend duration of treatment when patient is continuing to show objective functional improvement.
 - Actual treatment not addressed by guidelines.
 - Peer reviewed studies may provide evidence supporting new/alternative treatments.

Procedures

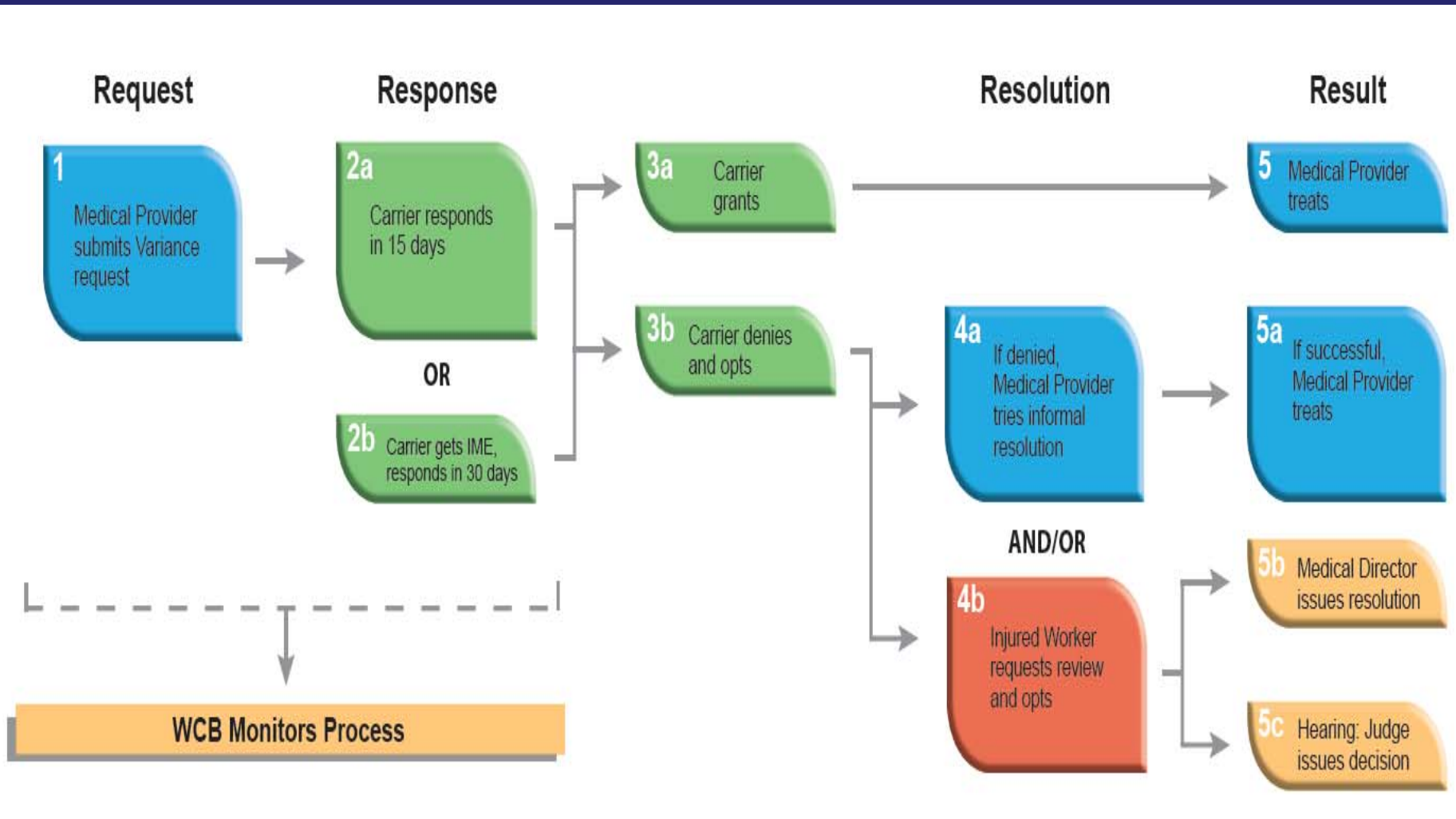
Variances (con't)

- Elect resolution by Medical Director
 - First 6 months – case by case
 - No later than 6 months – Carrier decides Medical Director or Hearing

Note: Both injured worker and carrier have to agree to have issue resolved by Medical Director.

Procedures

Variances (con't)



Procedures

Billing Procedures

- The medical provider submits the bill to the carrier.
- The carrier has 45 days to respond.
- The carrier does not pay or object to the bill timely. The provider may request an Administrative Award on form HP-1.
- The carrier objects to the bill timely raising a valuation issue by submitting a C-8.4 form to the provider and the Board. The provider may request Arbitration on form HP-1.
- The carrier objects to the bill timely raising a legal issue by submitting a C-8.1 form to the provider and the Board. This must be adjudicated by the Board.

Other Revised Forms

- C-8.1
- Medical Reporting Requirements (ongoing indemnity benefits requires medical report within 90 days (increased from 45 days). Providers can see claimant more often as necessary.
- C-5, Ophthalmologist's Report
- PS-4, Psychologist's Report
- OT/PT-4, Occupational/Physical Therapy Report
- C-4.2, Doctor Progress Report

Required Insurer Information to Workers' Compensation Board

■ Contact Information

- Optional Prior Approval
- Variances
- Preauthorization

■ Notification to Board

- Certify Medical Treatment Guidelines are incorporated into Policies & Procedures
- Opt-out of Optional Prior Approval
- Variance (choosing Medical Director instead of hearing)

Outreach to Medical Providers

- Partnered with Medical Provider Associations
- Three scheduled mailings to all providers who have treated in last three years

Navigation Software

- Solicited vendors for navigation software for the Workers' Compensation Board.
- Will map diagnosis codes (ICD-9), appropriate procedure and testing codes (CPT), and Medical Fee Schedule to the correct section of the Guidelines.
- Similar products will be available for carriers and medical providers that can be tailored for their use.

Medical Fee Schedule Updates

- 30% increase to Evaluation & Management (E&M) Codes.
- Addition of Chiropractic Modalities to fee schedule.
- Proposed Regulations adopting new fee schedule, effective December 1, 2010, published on September 15 for public comment.

Web Site Changes

- New section on website for Medical Treatment Guidelines -- Links to specific topics of interest i.e. Regulations, Training, FAQs, Forms
- On-line capability for insurers to notify the Board for requirements specified in the Regulations
- On-line search capability for medical providers, insurance carriers and others requiring information for carriers who have certified, opted out of prior approval and/or waived right to expedited hearing.