

New York Medical Treatment Guidelines

The state of New York revised Medical Treatment Guidelines (MTG), effective December 1, 2010. The guidelines establish how medical care is provided to injured workers. The following is a summary of the announcement and CorVel's actions to ensure compliance to these regulations.

Overview

The Medical Treatment Guidelines were enacted to establish a standard of medical care for injured workers that live in or receive treatment in the state of New York. The goal of the MTG is to help reduce disputes between the payers and providers over treatment issues and expediting quality care for injured workers that result in improved overall medical outcomes. By minimizing unnecessary care, timely payments to providers will increase and reduce overall system costs. The initial guidelines will be utilized for injuries or illnesses to the mid and low back, knee, shoulder and neck. The MTG does not apply to emergency care. The guidelines apply to all carriers and self insured employers affecting their TPA's, managed care organizations, and attorneys or licensed representatives handle claims on their behalf.

Summary of Regulations

Pre-Authorization

Required when one of the 12 procedures or subsequent surgical procedure to the same body part due to failure of prior procedure are being conducted.

- C-4 AUTH form applies
- Denial process using C-8.1 and timeframes remain the same
- Disputes are resolved through administrative hearing process

Optional Prior Approval

Allows providers to verify with the payers that the treatment is within the scope of the MTG and will be paid. If the treatment is not within the MTG and the provider wants to dispute the course of treatment, the provider can request a review by the Medical Director's office to make the final determination.

- Payer confirms that treatment is consistent with MTG
- Disputes are resolved by Medical Directors' Office (MDO)
- MG-1 and MG-1.1 forms apply
- Carrier / Self-Insured (SI) have 8 business days to respond
- Providers have 14 days to file review by the WCB on a MG-1 form
- Payer may opt-out of prior approval process

Variations

This is a request for deviation from the MTG. Variations can be requested when: individual circumstances, such as other medical conditions may delay an individual's response to treatment or make certain treatment is inappropriate, extend the duration of treatment when a patient is continuing to show improvement. Peer review studies may provide evidence supporting new and alternative treatments or actual treatment not addressed by the guidelines.

- Allows for treatment outside or in excess of MTG when special conditions are met
- Provider must submit evidence based documentation to justify variance
- MG-2 and MG-2.1 forms utilized
- Carrier / SI has 15 days to respond if IME requested in 5 days, additional 15 days allowed
- If disputed, the option is to resolve via hearing or Medical Directors' Office
- Disputes to a denial must be initiated by the injured worker within 21 days

Billing System Procedures

Medical reports are to be submitted to the WCB every 90 days (increased from 45 days). This allows providers to evaluate and treat as necessary. However, for instances similar to post operative where 45 day follow up is not required, the 90 day timeframe would apply.

- The medical provider submits the bill to the carrier and the carrier has 45 days to respond
- The carrier does not pay or object timely, provider may request Administrative Award filing HP-1 form
- The carrier objects to the bill raising a legal issue submitting C-8.1
- The carrier objects to the bill raising valuation issue submitting a C-8.4

Carrier Requirements

Carriers will be required to provide designated contact information within 30 days of the implementation of the MTG for optional prior approval, variances and pre-authorizations. The Carrier's designated contact information will be listed on the New York State (NYS) WCB website accessible to providers and claimants. Carriers and payers must certify in writing to the WCB within 120 days that the MTG have been implemented into their workflow. Carriers will need to elect a single way variance disputes will be settled: administrative hearing or MDO within 6 months.

CorVel's Solution

CorVel understands the New York MTG requirements and has begun developing rules within our bill review system. These rules will identify and flag procedures that fall outside of the MTG, for potential denial. In addition, we have been working with our Network Providers to ensure compliance. CorVel is ready to assist our clients with review of Variance and Pre-Authorization requests utilizing our trained Nurse Review staff. CorVel continually monitors regulatory changes and will provide timely updates for our partners.

Learn more at www.CorVel.com/NewYork.

Training

The Workers' Compensation Board has conducted seminars for Medical Providers and administrative staff regarding MTG compliance with comprehensive training online and throughout the state of New York. The WCB continues to update their website with changes/updates pertaining to the MTG.

Additional Resources

For additional information, please contact your local CorVel New York representative or download a copy of the MTG, view a schedule of training opportunities, updates and additional MTG resources at www.wcb.state.ny.us (search MTG Overview).

New York State Website
www.wcb.state.ny.us

Medical Treatment Guidelines

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Treatment Guidelines | Neck | Mid and Low Back | Shoulder | Knee

Medical Treatment Guidelines Training
Program for Continuing Medical Education Credit (CME)

The CME accreditation program for physicians has been developed by the Board in cooperation with MDSNY.

INTENDED AUDIENCE: This module is intended for medical providers who are responsible for the diagnosis, treatment, and management of patients with work-related injuries of the mid and low back, neck, shoulder, and knee in New York State.

OBJECTIVES: By the end of this course you will be able to:

- Understand the General Principles and the relationship between the General Principles and the New York Workers' Compensation Board Medical Treatment Guidelines (MTG).
- Understand and apply the MTG as the standard of care for the mid and low back, neck, shoulder, and knee.
- Understand and apply criteria that must be satisfied before diagnostic and therapeutic processes can be performed.
- Apply the MTG criteria to the care of individual workers.
- Effectively use the associated processes and forms necessary to ensure timely appropriate care for patients and timely reimbursements to practitioners.
- Benefit from enhanced communication between practitioners, payers and the WCB.

LENGTH: This online course consists of 7 modules (averaging about 50 "screens" per module).

ESTIMATED STUDY TIME: This course should...

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TERMINATION DATE: October 4, 2013

FACULTY: This course was developed by Dr. ... Compensation Board of the State of NY and its Workers Compensation Reform Task Force.

ACCREDITATION: This activity has been planned by the State of New York (MDSNY) through the job accredited by the accreditation Council for Co...

New York State
Workers' Compensation Board

New York
Neck Injury
Medical Treatment Guidelines®

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This document is designed to provide general information concerning New York Medical Treatment Guidelines. It is presented with the understanding that CorVel is not engaged in rendering any legal opinions. This document should not be used as a substitute for legal services and if legal advice is required to address your specific coverage/eligibility questions, the services of your own legal advisor should be sought.