NYSCA Facsimile Transmittal

Fax to: 518-785-6352

To: NYSCA Workers' Compensation	n Committee # Pages:(NOT INCLUDING THIS COVER)
From:	NYSCA Member:
Phone:	Email:
inappropriate denials to share with the N sanitized (No PHI) examples utilizing this f below. Please use a separate cover for e	mittee is requesting examples of non-payment issues or YS Workers' Compensation Board. Please submit your acsimile cover letter, checking the appropriate box each submitted example. Please leave the WCB WCB can review in more detail as indicated.
Group 1: IMEs and Burden of Pro	oof Denials
_	ne names of specific IME providers who are not the Medical Treatment Guidelines (MTGs)
☐ 2. Denial based upon lack of burden of	of proof with no further explanation provided by carrier
Group 2: Lack of timely paymer	nt after an award or order of the chair
	iter an administrative award, arbitration decision or
$\hfill \Box$ 4. Non-payment in a timely manner w	hen there is an order of the chair
Group 3: Functional Improveme	ent, bundling of payment and E/M Coding
	nent functional improvement when documentation has
	ecommended by the applicable MTG when billed with m numbers of units have been exceeded
$\hfill \hfill $	s (new patient and established) when billed with m number of units have been exceeded
Group 4:	
☐ 8. Other (describe):	
	success / failures of submitted variances by carrier proved) This particular
information requested by the WCB will als	This particular so be compiled and assessed internally.
INTERNAL USE ONLY: Submitted to WCB Not	Submitted to WCB Member education assigned to

Confidential