PRINT CARRIER NAME HERE

C-8.1

NOTICE OF TREATMENT ISSUE(S)/DISPUTED BILL ISSUE(S)

CHECK TYPE OF CASE: ☐ WORKERS' COMPENSATION ☐ VOLUNTEER FIREFIGHTER ☐ VOLUNTEER AMBULANCE WORKER

ANSWER ALL QUESTIONS FULLY

ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS				
1. W.C.B. Case Number	2. Carrier Case Number	3. Carrier Code	4. Date of Injury	5. Social Security Number
Name			Address to which notices should be sent	
6. Claimant				Apt. No.
7. Employer*				
8. Carrier				
9. Claimant's Doctor				

*In volunteer firefighters' and volunteer ambulance workers' benefit cases, the liable political subdivision (or unaffiliated ambulance service as defined in Sec. 30 VAWBL) is deemed to be the "EMPLOYER."

PART A
NOTICE OF OBJECTION REGARDING FURTHER OR FUTURE TREATMENT

(Notice must be filed within 5 days of denial/termination/withdrawal)

The carrier:

☐ **Denies authorization** of _____, costing more than $1,000 or requiring authorization under the Medical Treatment Guidelines, requested by Dr._____on _____ based upon the conflicting medical report* of Dr. _____ dated _____.

☐ **Withdraws authorization** for _____ granted on _____to Dr. _____ based upon conflicting medical report* of Dr. _____.

☐ **Terminates further medical treatment** after _____ based upon the conflicting medical report* of Dr. _____ dated _____.

☐ **Objects** to further treatment because claimant failed to attend a scheduled IME examination on_____.

☐ **Denies authorization of** _____ as the medical appliance or program is not covered under the WCL.

☐ **Raises the Medical Necessity of the special medical service** of _____ costing more than $1,000 requested by Dr. _____ on _____ based upon the conflicting medical report* of Dr. _____ dated _____ in that the claim was controverted by Form C-7 dated _____ and compensability has not been established.

☐ **Requested treatment** is not for an established site or condition.

Explain Reason(s):

PART B
NOTICE OF OBJECTION TO PAYMENT OF A BILL FOR TREATMENT PROVIDED

(Notice must be properly completed and filed within 45 days of submission of bill. Failure to pay undisputed portion of bill may subject carrier to interest on that portion).

Bill pertains to treatment ☐ in New York State ☐ out of New York State ☐ dental

Date of C-4/Bill_____WCB Document ID# of C-4/Bill _____

(Note: If C-4/Bill is not in the Board's file, it must be submitted with this form.)

Date of Treatment_____ Amount of Bill $_____

Amount in Dispute $_____

The carrier raises the following legal objections to the above cited bill for treatment rendered:

☐ **Claim has been controverted** by Form C-7 dated _____and liability has not been resolved.
☐ **Prior authorization** was not granted for treatment over $1,000.
☐ **Request for treatment** has been denied, withdrawn, or refused.
☐ **Treatment provided** was not causally related to the compensable injury.
☐ **Treatment provided** within 30 days of initial treatment was outside of preferred provider organization (PPO).
☐ **Medical Report** for treatment was not timely filed or is legally defective.
☐ **Medical appliance or program** is not covered under the WCL.
☐ **Provider** is not authorized under the Workers' Compensation Law.
☐ **Bill is not for treatment** but for an evidentiary opinion.
☐ **Amount of bill for dental treatment or treatment outside of NYS** exceeds community standard.
☐ **Diagnostic test** was performed outside of network.
☐ **Other (Specify):**

Compliance with Medical Treatment Guidelines: (ONLY applies to Knee, Shoulder, Neck and Mid and Low Back)

☐ Treatment provided was not based on correct application of the Guidelines.
☐ Treatment deviates from the Guidelines without securing a Variance.
☐ Treatment not consistent with the approved Variance.

***Conflicting Medical Opinion: The medical report constituting the conflicting medical opinion required for Part A must be filed simultaneously. If the report has been previously filed with the Board, identify the WCB Document ID No.: _____and date received by the Board:_____**

Note: Raising the issue of liability under WCL Sec. 25-a is not a valid reason for terminating medical treatment, denying authorization for a special service, or denying payment of a bill for treatment. WCL Sec. 13(a) states that "the providing of medical treatment and care...shall not constitute the payment of compensation under section 25-a of this chapter." Carrier is to pay for all causally related medical treatment and file for appropriate relief with Special Funds, if applicable.

IT IS HEREWITH CERTIFIED THAT A COPY OF THIS FORM WAS SENT THIS DATE TO THE HEALTH PROVIDER.

Dated:_____ Prepared By: _____

Tel. No. & Ext.:_____ Official Title: _____

Information Concerning Medical Treatment and Bills For Claimants, Carriers*, and Health Care Providers

1. Medical Care: Workers' Compensation insurance provides medical, surgical, optometric or other attendance or treatment necessitated by the work-related injury or illness without cost to the injured worker. The cost is paid by the employer or its insurance carrier, and the health care provider may not collect a fee from the patient. Sometimes, the insurance carrier may object to the length or type of treatment or to the amount the provider has billed for treatment. Generally, the insurance carrier notifies the parties of its objection by filing this form (C-8.1). The injured worker should not pay the provider for services rendered until the Board rules that the services are not covered by workers' compensation

2. Part A: Objection to Further or Future Treatment: Rule 300.23(d) provides that whenever a carrier terminates a claimant's medical care or refuses/denies authorization for special medical services, this form (C-8.1) shall be completed and filed with the Board within 5 days after termination or refusal/denial, together with: (1) a medical report by an authorized physician that need for medical care has ended; (2) a copy of notice to claimant's physician to discontinue medical care, or to refrain from commencing medical care, together with report of an authorized physician establishing a basis for discontinuance or refusal/denial; and (3) proof of mailing notice to claimant, his/her counsel, and his/her physician.

3. Part B: Objection to Payment of a Bill for Treatment Provided: Rule 325-1.25(c)(1) provides that within 45 days after the bill has been submitted to the carrier, the carrier shall pay the bill or shall notify the provider and the Board on this form that the bill is not being paid and provide the legal reasons for non-payment. Rule 325-1.25(c)(3) continues that if the carrier has not objected within forty-five days of submission of the bill, it shall be liable for payment of the full amount billed. The Board shall not review any objection made thereafter.

4. Part B: Objection to Payment of a Bill For Treatment Based Upon Compliance with Medical Treatment Guidelines: Medical care and treatment required as a result of a work-related injury should be focused on restoring the functional ability required to meet the claimant's daily and work activities and return to work, while striving to restore the claimant's health to its pre-injury status in so far as is feasible. To that end, 12 NYCRR 324.2 provides that treatment rendered on and after December 1, 2010 for on the job injuries, illnesses, or occupational diseases to a claimant's knee, shoulder, neck, and mid and low back must be consistent with the Medical Treatment Guidelines for those body parts. Rule 325-1.25(c)(7) further provides that an objection to a bill based upon non-compliance with the Medical Treatment Guidelines is a legal issue which must be submitted on this form. Copies of all Medical Treatment Guidelines may be obtained from the Board's website or by e-mailing the Board at general information@wcb.state.ny.us or telephoning 1-800-781-2362.

5. Resolution of Legal Objections to Liability : Legal issues raised in Part A or Part B pertain to whether the carrier is legally obligated to make any payment at all. These issues will be adjudicated by a Judge or Conciliator at the Board and a decision concerning the legal liability issues will be sent to the claimant, claimant's counsel, the health care provider, and the carrier. Bills for medical treatment found in favor of the provider shall be paid by the carrier within 30 days after the final determination of the liability issue or the carrier must notify the provider in writing the reason(s) for nonpayment. If payment or a reason for non-payment is not timely rendered, the provider may file for an administrative award. If the carrier provides a timely reason for non-payment, the provider may file for arbitration. Request for an administrative award or for arbitration may be made by filing form HP-1 with the Board's Office of Health Provider Administration. Information concerning these procedures may be obtained by telephoning the Health Provider Administration at 1-800-781-2362 or by visiting the Board's web site at www.wcb.state.ny.us.

6. Resolution of Valuation Objections to Bills for Treatment Provided: Valuation objections to a bill(s) for treatment already provided include but are not limited to: frequent, concurrent, overlapping, duplicative, excessive or inappropriate treatment; fees not in accordance with the fee schedule; fees improperly pro-rated; improper CPT codes; treatment outside scope of practice; treatment within the follow-up period; or length or necessity of hospitalization. Determinations relating to valuation issues are resolved administratively by the Board's Office of Health Provider Administration pursuant to the procedures outlined in Rule 325-1.25(d) only upon the timely filing of form HP-1 by the provider. Information concerning these procedures may be obtained by telephoning the Health Provider Administration at 1-800-781-2362 or by visiting the Board's web site at www.wcb.state.ny.us.

7. Resolution of Legal or Valuation Objections for Treatment Provided Outside of New York State or Dental Treatment: Legal or valuation issues raised in Part A or Part B concerning treatment provided outside of New York State or dental treatment provided in or outside of New York State will be adjudicated by a Judge or Conciliator at the Board and a decision concerning payment will be sent to the claimant, claimant's counsel, the health care provider, and the carrier. As the Board's Office of Health Provider Administration does not have jurisdiction over these types of treatment, the HP-1 form should not be utilized by the provider.

*Carrier is defined as private carrier, State Insurance Fund, Self-insured Employer, Uninsured Employer, and Uninsured Employer's Fund.

Fraud

Section 114 of the Workers' Compensation Law provides, in part, that any employer or carrier, or any employee, agent, or person acting on behalf of an employer or carrier, who knowingly makes a false statement or representation as to a material fact for the purpose of avoiding provision of any payment or benefit under this chapter shall be guilty of a felony.

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