



**STATE OF NEW YORK
INSURANCE DEPARTMENT**
25 BEAVER STREET
NEW YORK, NEW YORK 10004

**Circular Letter No. 35 (2000)
December 11, 2000**

TO: All Licensed Property/Casualty Insurers Authorized To Write Workers' Compensation Insurance In New York State

RE: Workers' Compensation Board's Treatment Utilization Pilot Program

The New York State Workers' Compensation Board (WCB) is conducting a Treatment Utilization Pilot Program focused on Authorized Orthopedic Specialists in the Buffalo, New York area. The purpose of this program is to determine whether higher reimbursement rates have an effect on reducing utilization. The WCB will establish an evaluative methodology to review and evaluate the experience of the treating physicians during the pilot project.

As part of the pilot program, the WCB is authorizing, for accidents occurring on or after December 1, 2000, that participating providers be reimbursed in accordance with the Region 4 (New York City area) rates. These reimbursement rates will be in effect for a period of three years, or as long as the participants continue to participate in this pilot program and meet the data reporting requirements as defined by the WCB. A list of participating providers and the fee schedule will be sent under separate cover by the WCB.

Please note that the pilot program's fee schedule should not be used for reimbursement to participating providers under any other program, such as New York's No-Fault law.

The WCB has also established a control group of 100 randomly selected orthopedic specialists in Region 2. Insurers will be required to submit an electronic data set for this control group to the WCB on a semi-annual basis. The WCB will notify you of the specific dates that these reports should be submitted. Providers making up that control group are listed in Attachment 1 of this letter. The format for the electronic reporting of this control group is described in Attachment 2. The receipt of this data by the WCB is essential and will form the comparative basis for the study.

The (WCB) has established the data reporting requirements contained in Attachment 2. In addition to the instructions contained therein, please note the following:

- All data must be provided in an ASCII delimited (tab or comma) file.
- Large files should be compressed or zipped.
- All files must have the appropriate header columns to differentiate the data elements.

Please complete the contact information form (Attachment 3 to this letter) and return the information, within 10 days of the receipt of this Circular Letter, to:

**New York State Workers' Compensation Board
Bureau of Health Management - Att.: Lynne Cuva,
Room 200-B
20 Park St.
Albany, NY 12207**

If you have any questions regarding the pilot program or the reporting requirements, please contact

Lynne Cuva (518-486-3330) or Mark Arunasalam (518-402-6361) at the WCB.

Very truly yours,

Mark Presser
Assistant Deputy Superintendent
and Bureau Chief
Property Bureau

Attachment 1

Control Group Orthopedic Specialists Data to be submitted on a semi-annual basis

WCB#	Provider Name
100795-4	Al-Khalidi Farouq
070782-8	Altchek Martin
039206-8	Bastable Stephen
103551-8	Benton Louis J Jr
122662-0	Bernstein Michael L
199426-8	Bessette Gary Charles
153339-7	Bhanusali Govindlal K
107052-3	Buerkle August R Jr
090643-8	Burton Richard Irving
112578-0	Cady Robert Brown
143337-4	Cambareri John Joseph
194781-1	Cannizzaro John Patrick
187689-5	Capecchi Robert
143645-0	Carl Allen Laurence
092763-2	Carpenter Charles Worden
187687-9	Carrier David Alan
089524-3	Carrier Robert Hodge
208747-6	Chambers Robert Edward
156784-1	Ciszewski William Andrew
087506-2	Cole Harry Maurice
164065-5	Connolly Patrick J Jr
187784-4	Daino Terrance Michael
196389-1	Damron Timothy Arthur
150394-5	Decamp Christopher D
122689-3	Dehaven Kenneth E
192639-3	Delsavio Gina Carmela
156054-9	Delsignore Jeanne Louise
076974-5	Dickerson Robert Cushman
188755-3	Federowicz Daniel Patrick
103596-3	Ferrando-Bort Isidro
122366-8	Fredrickson Bruce E
123838-5	Freedman Peter A

170254-7	Fuchs Marc David
099215-6	Godesky Mary T
187986-5	Goldstock Leonard Eric
071619-1	Gootnick Lester Theodore
170239-8	Greenky Brett Bryan
162177-0	Greenky Seth S
196161-4	Grimm David Charles
097375-0	Haake P William
202111-1	Hansraj Kenneth Karamchand
087518-7	Heineman Robert K Jr
210288-7	Hepner Roy A
072960-8	Holmblad James E
128072-6	Hootnick David Randall
182146-1	Israelski Ronald Henry
120941-0	Jacobs Richard L
187047-6	Katz Richard Lorne
120136-7	Kim Kenneth K
117583-5	Kim Myung Hyo
101393-7	Kunze Wilfried
213827-9	Kusior Lawrence Joseph
206267-7	Lauritzen Renee Smith
143383-8	Lee H Binn
076629-5	Lim George
080344-5	Mandel Joel E
168756-5	Maynard Michael Jude
134605-5	McClure Michael G
204524-3	Mears Dana Christopher
120402-3	Moskowitz Alan
188446-9	Murphy Daniel James Jr
169535-2	Newman P James
141333-5	Nunez Louis David
198104-2	Olcott Christopher William
163383-3	Ortega Kenneth David
083883-9	Pachmakova Weiss Ahinora
100628-7	Pearce David F
120956-8	Pearson Harold W
172267-7	Pedersen Arne K
133246-9	Pleger Philip G
078513-9	Quinn Brian O Malley
213245-4	Rauschenbach Kenneth K
126879-6	Reina Charles R
110026-2	Riegler Hubert F
112037-7	Rinehart Warren T
100368-0	Rosenberg Irwin Joseph
197106-8	Scerpella Patrick Richard
137945-2	Scheinzeit Ronald Steven
110636-8	Schrock Robert D Jr
087062-6	Sears Kendrick Alan

103116-0	Sequeira Denzil A L
134913-3	Shankman Gregory Bernard
199450-8	Siegrist Stephanie E
136743-2	Slavin James A
167883-8	Smith William James
205109-2	Soyer Adam David
075450-7	States David Johnson
099107-5	Stetson John Waller
138770-3	Stram Richard A
120449-4	Striker James E
047395-9	Strobino Louis J
131222-2	Tebor Gary B
188429-5	Thomas James Anthony Jr
206940-9	Tigges Russell Gerard
106756-0	Toussaint Jon T
162670-4	Uhl Richard L
147849-4	Vella Ignatius Michael
127451-3	Wasyliw Orest M
137360-4	Webster Dwight Albert Jr
190181-8	Whalen John Thomas IV

Attachment 2

Data to be submitted semi-annually

Submit information at the individual medical treatment level of detail (i.e. line level, NOT bill level). Data should be submitted based on the dates of transaction for the reporting period. The required elements are listed in the following table:

Data Elements	Sample Record
1. Claimant Identification # (internal)	42674911
2. Claimant SSN#	09641713
3. Claimant Age or DOB (mm/dd/yy)	58
4. Claimant Gender	Male
5. Date of Accident	08/17/00
6. Part of body injured (code) *	42 - Lower Back Area
7. Nature of injury (code) *	49 - Sprain
8. Diagnosis Code (ICD-9)	846 [line level]
9. Medical Treatment Code (CPT or others)	99214 [line level]
10. Medical Treatment Description (non-CPT codes only)	[line level]
11. Medical type	ME - Office Visit [line level]
12. Begin Date of treatment	08/23/00 [line or bill level]
13. End Date of treatment	08/23/00 [line or bill level]
14. Amount of medical treatment billed	45.78 [line level]
15. Service provider Tax ID#	018-94-5667
16. Service provider WCB# (if applicable)	123456-8

*Use New York Workers' Compensation Insurance Rating Board Statistical Plan - Part VIII-Statistical Codes

1. Data submission

To facilitate data management, the data elements can be incorporated into three(3) basic tables in order to avoid data redundancy and enable data normalization. These tables should encompass:

Medical transactions - data elements 1, 8, 9, 10, 11, 12, 13, 14, 15,
Claimant Information - 1, 2, 3, 4, 5, 6, 7
Provider Information - 15 and 16

Please provide data files in ASCII-text (delimited) format.

2. Additional information on data elements:

Item#11. Medical type - kindly categorize all medical treatments, into the following, OR use equivalent.

HP - Health provider charge
OH - Hospital Outpatient
IH - Hospital Inpatient
ER - Emergency Room
Etc.

Attachment 3

Contact Information

Carrier Name _____
Address _____

Contact Person _____
Telephone number _____