

# Medical Narrative Report Template for CMS-1500

Patient's Name	
Patient's Date of Birth	
WCB Case Number (if known)	
Insurer Case Number	
Date of Injury / Onset of Illness	
Provider's Name	
Provider's NPI Number	
WCB Authorization Number	
WCB Rating Code	
Date(s) of Service	

1. Work Status	
2. Causal Relationship	
3. Temporary Impairment Percentage	

Narrative with Examination Findings: Providers must attach the applicable narrative report(s) to this template. For examples of acceptable narrative formatting, please see the CMS-1500 section of the Board's website at <http://www.wcb.ny.gov/CMS-1500/requirements.jsp>.

Provider's Signature:

Date:

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## MEDICAL NARRATIVE REPORT TEMPLATE FOR CMS-1500 - INSTRUCTIONS

This template may be used to file reports in workers' compensation, volunteer firefighters' or volunteer ambulance workers' benefit cases as follows:

**48 HOUR INITIAL REPORT** - Prepare and submit this template and narrative within 48 hours after you first render treatment.

**PROGRESS REPORTS** - File this template and narrative within 15 days after the initial report. Thereafter during continued treatment, file a report for each follow-up visit when medically necessary, which must not be more than 90 days apart.

A. All reports are to be filed with the Workers' Compensation Board, the workers' compensation insurance carrier, self-insured employer, and if the patient is represented by an attorney or licensed representative, with such representative. If the claimant is not represented, a copy must be sent to the claimant.

B. A medical report may be found legally defective when the medical narrative report does not contain the legally required elements in the format prescribed by the Chair. As such, authorized providers (\*with exceptions) must include their findings for the numbered sections of the template, as described below.

1. Work Status – Has the patient missed work because of the injury/illness? If yes, provide the date the patient first missed work. Is the patient working? If yes, provide the date(s) the patient resumed work (limited or full duty). (\*Physical therapists, occupational therapists and acupuncturists may not provide the following information.) If the patient is not working, can the patient return to usual work activities as indicated? Are there any work limitations? If yes, explain and quantify, including the anticipated duration of the limitations.
2. Causal Relationship – Is the incident the patient described the competent medical cause of the injury/illness? Are the patient's complaints consistent with his/her history of the injury/illness? Indicate if the patient's history of the injury/illness is consistent with the objective findings or if it is not applicable at the time of the visit. (\*A record, report or opinion of a physical therapist, occupational therapist, acupuncturist or physician assistant shall not be considered as evidence of the causal relationship of any condition to a work-related accident or occupational disease.)
3. Temporary Impairment Percentage – What is the percentage (0-100%) of temporary impairment? Describe your findings and explain how impairment percentage was determined. (\*A record, report or opinion of a physician assistant may not be considered evidence of an initial disability or degree thereof. Physical therapists, occupational therapists and acupuncturists may not provide any temporary impairment percentage as well.)

C. Attach the narrative report with examination findings to this template. The additional narrative should include the history of the injury/illness, any objective findings based on the clinical evaluation, plan of care and your diagnosis(es)/assessment of the patient.

D. The template must be signed by the provider signing field 31 of the Form CMS-1500 and must contain her/his authorization number, rating code and NPI number.

E. In lieu of this template, the provider's own medical narrative report is acceptable, if it includes work status, causal relationship and temporary impairment percentage.

F. **HIPAA NOTICE** - In order to adjudicate a workers' compensation claim, WCL13-a(4)(a) and 12 NYCRR 325-1.3 require health care providers to regularly file medical reports of treatment with the Board and the carrier or employer. Pursuant to 45 CFR 164.512 these legally required medical reports are exempt from HIPAA's restrictions on disclosure of health information.

## BILLING INFORMATION

Complete all billing information contained on the Form CMS-1500. The workers' compensation carrier has 45 days to pay your bill or to file an objection to it. Contact the workers' compensation carrier if you receive neither payment nor an objection within this time period. After contacting the carrier, you may, if necessary, submit Form HP-1 (Health Provider's Request for Decision on Unpaid Medical Bill(s)) to the Board's Disputed Bill Unit at PO Box 5205, Binghamton, NY 13902-5205.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD PRESENTS, CAUSES TO BE PRESENTED, OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, OR SELF-INSURER, ANY INFORMATION CONTAINING ANY FALSE MATERIAL STATEMENT OR CONCEALS ANY MATERIAL FACT SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.**