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MetraComp

Provider Update

1st Edition 2026

Keeping You in the Loop

MetraComp, Inc.
New York
Workers' Compensation
PPO Network

MetraComp Clients in New York

This is a list of MetraComp's clients. We make every effort to keep this list current and to include all clients contracted to use our New York (NY) Preferred Provider Organization (PPO) network. In addition, our insurance carrier clients serve hundreds of employer groups that are directed or recommended to utilize our PPO network.

- Ace USA Insurance Company
- AIG
- Berkley Specialty Underwriting
- Berkley Technology Underwriters
- Cedar Insurance Company
- CNA
- Chrysler
- Chubb Indemnity Insurance Company
- Delphi
- Employers
- Everest
- General Motors
- Genex Services, LLC
- Guard
- Insurance Company of the West (ICW)
- Liberty Mutual® Insurance/ Wausau
- MCMC, LLC
- Nationwide® Insurance Company
- New Venture Gear
- New York State Insurance Fund
- Old Republic
- Public Service Mutual
- QBE Insurance Company
- Rochester Institute of Technology
- Safeco Insurance™
- Sedgwick® Claims Management Services, Inc.
- Safety National®
- Sentry® Insurance
- Starr
- The Hartford
- The North River Insurance Company
- Tokio Marine Management, Inc.
- TriStar
- United States Fire Insurance Company
- Zurich®

We're Here to Help

Questions? Please call us at 1-800-360-1275 (TTY: 711).

Sample List of Participating Employers

- All Metro Health Care
- Amazon
- American National Red Cross
- At Home New York

- Bristol-Myers Squibb Company
- Bausch + Lomb
- Castle Building Corporation
- Central Park Conservancy
- Chrysler
- Claire's
- CVS
- DHL - Lea Williams
- Equinox Holdings, Inc.
- Hillside Children's Center
- JC Penney
- JetBlue® Airways
- Kohl's®
- Manhattan College
- Michael Stapleton Associates
- MJC Confections, LLC
- Rensselaer Polytechnic Institute
- Rentokil
- Riverhead Building Supply Corp.
- Rochester Institute of Technology (RIT)
- Southern Glazer's Wine & Spirits
- Sunrise Senior Living

Medical Director Forum

Understanding Causality in Workers' Compensation

Workers' Compensation consists of two components; the medical component and the insurance/legal component. When managing a Workers' Compensation case, the provider must consider both aspects. In addition to documenting "medical" information such as the patient's history, examination and diagnosis, the treating physician is often required to render an option as to the cause of the injury or illness. The treating physician must also assess the patient's ability to work and determine when, and under what conditions, the patient can safely return to their previous occupation.

In my prior article, I discussed the importance of knowing what the person does at work. Ramazzini, often regarded as the "father of occupational medicine" stressed that in his teachings the importance of asking a simple but critical question: "what occupation does he follow?" The answer can help diagnose the problem the patient is experiencing as well as assist in arriving at a differential diagnosis. However, understanding a "patient's occupation" plays a critical role in determining the cause of the illness or injury in a Workers' Compensation case. Simply knowing job title that is not enough. The provider must understand what that job entails, including the specific tasks performed, physical demands, workplace conditions, and potential exposures associated with the position. The most reliable way to obtain this information is by asking the patient to describe their job duties in detail, particularly the activities and circumstances leading up to the onset of the injury or illness. Such information is crucial for establishing work-relatedness and making informed decisions regarding diagnosis, treatment, and return-to-work recommendations.

Certainly, the patent's claim of how the injury or illness developed should be carefully considered, and there may well be bias in this description. The legal side of the Workers' Compensation system requires that there be a causal relationship between the employee's condition and their work activities for medical expenses to be covered by Workers' Compensation insurance.

Likewise, if the condition prevents the employee from continuing to work, a work-related causal connection is generally necessary for the individual to receive to receive financial benefits such as wage replacement or a settlement. While most patients do not falsify the description of the work-related issue,

they may have an incentive to slant the information, and most often, the work relationship seems most plausible to them even if it really is not the actual cause.

It's important to recognize the actual cause of a problem. Otherwise, the provider can be led astray and make recommendations for treatment that may not be appropriate. For example, if a woman of childbearing age presents to their provider complaining of wrist pain from repetitive activity at work, the actual problem might be pregnancy which increases the risk of carpal tunnel. The provider needs to obtain a full history and consider alternatives to the claim relative to the work, as the work may be causal, but something else may also be going on.

Sometimes the cause is clearly work-related (i.e. a slip in the workplace, a contusion from a part, a cut from a tool, etc.), but often it is not something that is immediately clear. Exposure in the workplace might or might not be the cause of symptoms. A repetitive job may or may not be the cause of muscular discomfort. Or is it an allergy to pollen, a medical illness or a weekend of work around the home. These issues must be sorted out by the provider before they can indicate that a situation was causally related to the patient's work.

Causality analysis is not simple. The American Medical Association (AMA) publishes a manual "AMA Guides to the Evaluation of Disease and Injury Causation: A Comprehensive Overview" (2nd edition 2014) which delves into the issues of causality. Various medical conditions are discussed as to causality, but it's not necessarily a document that would be referenced by most providers although it might be useful to understand for some common conditions.

A general approach to causality was outlined by Sir Bradford Hill (of smoking and lung cancer fame) that have become to be known as the "Hill criteria". In his inaugural presidential address to the Section of Occupational Medicine at the Royal Society of Medicine in London and later published in 1965 as "The Environmental and Disease Association or Causation", in the Proceedings of the Royle Society of Medicine, he outlined a set of guides to help determine causation. While designed for medical illness, they have equal validity in injury determination. Most of these are relative criteria but how it all fits together can help determine causality. These criteria are not in a specific order, but should all be considered. It is also important to recognize the difference between an "association" and "causality". Although potentially linked, they are not necessarily the same.

The 1st Hill criteria is the "strength of the association". This can be estimated by the history obtained, including the individual patient and others doing the same task. Rigorous analysis would ask that statistical methods be employed, but such are rarely available in the Workers' Compensation setting. Instead, history is used, perhaps supplemented by records of others with similar conditions. But since most providers don't have access to such records, the information from the patient is typically used. "Doc, my shoulder hurts every time I do this (job)".

The 2nd Hill criteria is the "consistency". Again, the patient is the primary source of this information, but the provider should consider reports of similar problems across industries or locations. As for all the Hill criteria, it's the preponderance of evidence as well as the relationship to other Hill criteria. An example of why this is important is the history of "carpal tunnel from keying". While many workers who perform a significant amount of keying as part of their job claim that it has caused carpal tunnel, the evidence is mixed and not always consistent.

The 3rd Hill criteria is the specificity of the observed event and how it can be linked to the exposure in the workplace. A causal relationship is strengthened when a specific activity or exposure of the patient exists rather than some broader description. For example, the patient may tell you that they get a headache when they work with a specific machine as opposed to getting a headache every time they are at work. Similarly, the 5th criteria of a dose relationship has more weight if the patient tells you the longer they are using the machine, the worse the headache gets.

The 6th, 7th and 8th criteria relate to biologic plausibility, coherence with existing medical knowledge and available experimental evidence. While quite important, these are subject to rapid change in today's evolving medical understanding. What didn't seem plausible in the past may be well understood in the near future. Hill's own research done with Richard Doll on the risk of cigarette smoking is a good example. Before that research, the causal role of cigarette smoke in lung cancer might have been set aside as not meeting the criteria. But today, it is well recognized. A more modern example is the research done by several physicians in recognizing the biologic plausibility, coherence and existing medical knowledge regarding the previously unrecognized dangers of the butter flavoring used in production of popcorn which causes a serious, often fatal lung disease.

The 9th criteria that can be used is analogy with other accepted processes. It is not unusual to find no specific reference to the causal relationship of the event, but there is support for similar events causing the problem.

The 10th criterion is reversibility, e.g. the improvement of a condition after the presumed cause has been removed. For example, if a carpal tunnel claim is made from a repetitive activity and the activity is removed or modified and perhaps surgery has been done, one would expect that the carpal tunnel symptoms would go away. If they do not go away, perhaps the problem is not from repetitive activity at work.

The astute reader will note that I have skipped the 4th criteria- temporality. This is the only criterion that is absolute. Something cannot have been caused by an event if it precedes the event, but unfortunately this is not always applied appropriately and the association between the event and the result sometimes gets lost.

Workers' Compensation requires the provider to indicate their opinion on causality. In the prior C-4 form, this was a specific check box. With the advent of the use of the modified CMS1500 form, the question is no longer directly asked, but it should always be in the narrative. The importance of the treating providers' opinion on causality cannot be minimized. The treating provider's opinion is often the only opinion available and if there are competing opinions, the treating provider opinion often gets highly considered.

So, causality should always be considered in treating any medical condition but especially in Workers' Compensation due to the dual nature of the system.

In future articles I do hope to discuss the importance of considering "what occupation does he follow" in determining what happens *after* treatment of the injury/illness/condition. Can the patient return to the work they were doing? Or does the treating provider need to determine specifically what the patient "can do" and note any occupational limitations? Having this information documented allows the employer to determine if they can accommodate transitional work or modified duty opportunities within the workplace. These details are invaluable to all parties involved in a workers' compensation case.

You can always reach me at **KAuerbach@aol.com** with any questions.

Karl Auerbach MD, MS, MBA FACOEM
Medical Director

PPO Administrator Forum

In-Network Referrals

Referring MetraComp PPO participants (injured workers) to other MetraComp PPO providers is essential to complying with the direction-of-care requirements of the NY PPO program. Participating providers can be located by visiting our **website**, and selecting the "Find a MetraComp Provider" button. This will direct you to our online provider referral tool, where you can search for participating providers throughout the network. Additional resources and information are also available on the website to support your participation in the MetraComp PPO program.

We Need Your Help

Community Provider participation is a valuable way to contribute to the success of the MetraComp PPO program. This volunteer role requires minimal time and commitment, asking that you attend MetraComp's quarterly Quality Improvement Committee (QIC) meetings. These meetings provide an opportunity to share your insights on the NY Workers' Compensation environment and offer feedback based on your experience with our programs. We encourage you to consider becoming a Community Provider. If you are interested or would like additional information, please contact us at **MetraComp@cvty.us.com**.

Network Update

MetraComp offers a secure, proprietary website that provides convenient self-service options as an efficient alternative to calling or emailing for information and support. Once registered, providers can access the portal to:

- Verify bill status and payment details;
- Obtain client lists;
- Access provider manuals and reference materials; and
- Retrieve important information to help you manage your business with MetraComp.

To register or access the provider portal, visit **www.coventryprovider.com**.

If you need assistance with registration or portal access, please contact the provider support team at:

Phone: 800-937-6824 (8:00 am to 8:00 pm EST)
Email: **CoventryProvider@cvty.us.com** and be sure to note you are a MetraComp participating provider.

Medical Record Review

To facilitate an efficient and successful review, please ensure that your response includes all requested documentation and required information. Thank you for your prompt attention to this request and for your continued support of this process.

Provider Network Survey
We appreciate your participation in the MetraComp network and value your opinion. Please take a few minutes to complete and submit the **MetraComp Provider Network Survey**. We thank you for your time and for your continued partnership with MetraComp.

You may also submit a copy of your completed survey to MetraComp, Attn: QI Specialist, by fax at **1-855-711-7957**, or by mail to:

MetraComp
ATTN: QI Specialist
5210 E Williams Circle Suite 220
Tucson, AZ 85711

Thank You
Thank you to all our participating providers. We sincerely appreciate your continued participation in and commitment to our New York (NY) programs. Your dedication to delivering quality care and supporting injured workers is essential to the success of the MetraComp network. We value our partnership and look forward to continuing to serve our members together.

Tamara Puccia
MetraComp PPO Administrator

Regulatory/New York Workers' Compensation Board (WCB) Updates

The NY WCB has adopted changes and amendments related to multiple workers' compensation topics.

On Faxed Submission – The NY WCB no longer accepts faxed paper form submissions. **WCB website**.

On CMS-1500 - The NY WCB Board published a clarification bulletin regarding the electronic submission offset for billing disputes when using CPT code 99080. WCB website**.**

On Residents and Fellows – The NY WCB has adopted updated billing guidance, regarding billing procedures when services are provided by residents and fellow under the supervision of a Board-authorized Physician. **WCB website**.

On Universal Authorization – Governor Kathy Hochul has enacted the Fiscal Year 2027 budget, to allow any eligible licensed medical provider in good standing to treat workers' compensation patients. **WCB website**.

Complaints and Grievances

To report complaints and grievances, call **1-800-360-1275 (TTY: 711)**.

Additional Resources

- **MetraComp**
- **NY State Workers' Compensation Board** (WCB)
- **Occupational Safety and Health Administration** (OSHA)
- **National Institute for Occupational Safety and Health** (NIOSH)
- **American College of Occupational and Environmental Medicine**
- **Health Insurance Portability and Accountability Act** (HIPAA) information

Coventry offers workers' compensation, auto, and disability care-management and cost-containment solutions for employers, insurance carriers, and third-party administrators. Drawing on more than 40 years of experience in both clinical services and provider network management, Coventry combines industry expertise, innovative solutions, and data-driven insights to deliver meaningful results. Our mission is to return people to work, to play, and to life. Through comprehensive care-management programs and effective cost-containment strategies, we help improve outcomes for injured and disabled individuals while supporting the goals of our clients and provider partners.

Our integrated solutions include:

- Extensive provider networks
- Clinical and case management services
- Specialty programs
- Business tools and technology solutions
- Data analytics and reporting

Together, these resources help organizations focus on achieving optimal clinical, operational, and financial outcomes while ensuring quality care for those they serve.

Mitchell, Genex, and Coventry have united their industry expertise, innovative technologies, and complementary solutions under a single organization known as **Enlyte**. As a family of businesses operating with one shared vision, Enlyte is dedicated to simplifying and optimizing property, casualty, and disability claims management.

By bringing together decades of experience, advanced analytics, clinical expertise, and technology-driven solutions, Enlyte delivers a more connected and efficient approach to claims processes and services. This integrated model helps clients improve outcomes, enhance operational efficiency, and better support the individuals they serve throughout the claim's lifecycle.

Through its combined capabilities, Enlyte is committed to helping customers navigate complex claims challenges while advancing its mission of delivering better outcomes for all stakeholders.