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STATE OF CALIFORNIA

Department of Industrial Relations

PUBLIC HEARING

TITLE 8, CALIFORNIA CODE OF REGULATIONS

SECTIONS 9701 and 9702

Workers' Compensation Information System

December 15, 2009

Oakland, California

Appearances: George Parisotto
 Industrial Relations Counsel

 Destie Overpeck
 Chief Counsel

 Carrie Nevans
 Acting Administrator Director

 Martha Jones
 Manager of Research Unit

Reporter: Cynthia Bonner
 Official Reporter, WCAB

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2 P R O C E E D I N G S
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4 MR. PARISOTTO: It's a little after 10:00, so I think
5 we will get started. Good morning. Thank you for
6 attending. This is a hearing on the Division of Workers'
7 Compensation proposed regulations for the Workers'
8 Compensation Information System, which is generally referred
9 to as the WCIS. My name is George Parisotto. I'm an
10 attorney with the Division of Legal Unit. And joining me
11 today on my left is Carrie Nevans, Acting Administrative
12 Director of DWC, Destie Overpeck, manager of our legal unit,
13 and Martha Jones, manager of our research unit.

14 This hearing will continue today as long as there are
15 people present who wish to comment on the regulations but
16 will close at 5:00. If this hearing continues into the
17 lunch hour, we will take at least an hour break. Written
18 comments will be accepted until 5:00 p.m. at the Division's
19 office located on the 17th floor of this building. The
20 purpose of this hearing is to receive comments on proposed
21 amendments to the WCIS regulations. We welcome any comments
22 you may have about them. All your comments given here today
23 and those submitted in writing will be considered by the
24 acting Administrative Director in determining whether to
25 adopt the regulations as proposed or to change them. Please

1 restrict the subject of your comments to the regulations and
2 to any suggestions you may have for changing them. We will
3 not be entering into any discussions today about the
4 regulations, although we may ask for clarification or ask
5 you to elaborate on any points you may have when you are
6 presenting your comments. When you come up to give your
7 comments, please give Maureen Gray, the Division's
8 Regulations Coordinator, your business card to get the
9 correct spelling of your name. You may also give her your
10 written comments if you have any. Please speak into the
11 microphone which is right here on my right, and before
12 starting your testimony, please give your name for the
13 record.

14 So I think we will look at the sign up sheet right now
15 and see if we have anybody who would like to give oral
16 comments.

17 And our first person is Sandra Guidry.

18 MS. GUIDRY: I'm with Ingenix and have several
19 comments. I have sent written comments in, but I have some
20 additional ones that I would like to bring up.

21 The first one has to do with California Jurisdiction
22 Code, which I believe is mainly the M.D. medical lien bill
23 codes. I don't know if there are any other specific codes
24 that you have that are included in that description,
25 California Jurisdiction Codes, or are those the only ones?

1 So I am wanting to know if you have other jurisdiction
2 specific codes outside of the lien bill codes?

3 MR. PARISOTTO: I don't believe so.

4 BRENDA RAMIREZ (SPEAKER FROM AUDIENCE): I understand
5 that those include the med/legal codes, the physician
6 section of the OMFS, as well as those new codes.

7 MS. GUIDRY: So can we get a list of which codes those
8 are?

9 MR. PARISOTTO: Certainly, I think we can provide
10 that.

11 MS. GUIDRY: Okay. All right. Also regarding lien
12 bills, you have a list of data elements that aren't required
13 to be reported when it's a lien bill. Although I noticed in
14 your Element Requirement Table some of those fields are
15 still mandatory or conditional, and I thought it might be
16 helpful if in the right-hand column where you have your
17 mandatory triggers if you indicated on those particular
18 fields which ones aren't required for lien bills.

19 MS. JONES: So it's in the right-hand column on which
20 page number?

21 MS. GUIDRY: In the Element Requirement Table it's
22 called the Mandatory Trigger Column.

23 MS. JONES: Okay. Talking about lien bills.

24 MS. GUIDRY: There's a scenario for mixed bill types
25 which covers obviously durable medical, hospital,

1 professional, so you have several different bill types in
2 this scenario. To me it's a little confusing because on a
3 non-lien bill, just a regular bill, a professional bill you
4 can have a DME or NDC code, and that is considered a mixed
5 bill. And although it's not a lien bill, it's a mixed bill,
6 and none of these are mixed bill types, so I just wondered
7 if calling them a multi-bill type lien bill would be a
8 better way to differentiate or make those easier to not
9 confuse? I don't know. Also, when you, I guess, when a
10 bill reviewer gets -- I'm not real clear about lien bills.
11 I'm from Texas. We don't have such things. When a bill
12 reviewer gets this dispute, I guess, it defines in this
13 scenario that there are multiple bills that are included in
14 this lien, and so they know how to code that based on your
15 requirements. So it's the MD010 and they will know based on
16 the dispute that it's this particular mix or multi, whatever
17 we end up calling it, lien bill type. Is that what
18 typically happens with the bill reviewer, they get like a
19 dispute that says it covers all these different types of
20 bills? Do you know? I am not sure. Just trying to figure
21 out being from a software vendor how we would identify this
22 type of bill, mixed lien bill type, as opposed to any other
23 lien bill whether it's a hospital or professional if all the
24 codes happen to be MD010. Because for this particular
25 scenario you have in the CLM segment, you have the billing

1 format code as a code that is not required and the other two
2 scenarios it is a required field. In fact, that leads me to
3 another issue with the billing format code.

4 The billing format code is EN503, I believe. If
5 anybody knows something is wrong, say so. The billing
6 format code in the CLM segment is a required field in the
7 IBC guide, so I feel like it's inappropriate
8 to -- structurally inappropriate to leave it out of this
9 particular scenario. It may not apply as an A for hospital
10 or B as professional, but we in I group tend to use B for
11 multiple different types of bills, so that can be used for
12 this mixed lien bill type. Just so we comply with the
13 structural requirements of the guide. That is billing
14 format code.

15 Am I going too fast?

16 MS. JONES: It would be good while you are referring
17 to scenarios or tables if you give us the page number so I
18 make sure I'm looking at the right scenario, whatever.

19 MS. GUIDRY: I can get those back to you.

20 MS. JONES: Okay. Thanks.

21 MS. GUIDRY: Okay. Also in this particular scenario,
22 the mixed billing, there isn't a CAS segment which is -- CAS
23 segment defines when there's a bill adjustment. This
24 particular bill has an adjustment, and that is typically a
25 required or is a required segment when there's a bill

1 adjustment, but it was left out of this scenario.

2 And I will -- I will send these comments to you in
3 writing and give you page numbers and all that so it is more
4 clear.

5 Also, when it comes to the file naming convention on
6 the acknowledgements, the 997 and 824, we find that is very
7 difficult to import into our system because there's no
8 identifying information on the -- in the name, and we have
9 recommended -- the IA has recommended someone also from the
10 State to consider having a more standardized naming
11 convention that is useful. So if you as a State asked us to
12 send you an 837 file name with a tracking number at the end
13 of that file, when you process the 837 file and you return
14 the acknowledgement to us, you can use that tracking number
15 from the 837 and attach it to your 997 or 824 at the end of
16 the file names. That way we could -- as soon as we got the
17 acts in we would know it goes to 837 file ABC. We don't
18 know which acts, which files acknowledgements go to with the
19 name -- the current name and convention until we open the
20 file up and sometimes even then it's difficult, because
21 right now your 824 doesn't have a batch control number in
22 it, which leads me to my next comment.

23 We recommend an 824, and the IA has changed their
24 guide to sort of encourage this in that you use the batch
25 control number and the 824 and the OTI segment. That batch

1 number helps us to identify the 837 file, especially if
2 there are multiple batches in a file.

3 Also, we have had some inconsistencies with trying to
4 determine whether to send non-medical bills to report those,
5 and we have been told yes and no. We're not certain. We
6 have sent -- we have facility types, what we call facility
7 types in our system, which identifies what type of provider
8 facility that particular bill is coming from. Like if it's
9 a DME or home health or family medical practice facility.
10 There are also lists for department store, weight loss
11 clinics, things like that. We may think those are
12 non-medical, maybe you think they are, we don't really know.
13 So if we could send that list to someone and help us
14 identify what you consider to be non-medical. If you don't
15 want non-medical bills reported, I need confirmation of that
16 as well as to whether you want non-medical bills reported
17 and what you consider, I guess, non-medical.

18 In the California Event Table bill submission reason
19 code 01 is for cancellation. It said the report is due in
20 90 days of the original submission, and it must be greater
21 than the date of the original, so I need clarification
22 on -- typically a cancellation, no one knows when that is
23 going to happen. So, usually, it will say immediate. I
24 believe it says immediate in your event table, but it also
25 says within 90 days of the original submission date, and I

1 need clarification on is that the submission date of the
2 original bill or are you looking at the paid date of the
3 original bill, 90 days? And the same goes for the 05, which
4 is the replacement. It's the same language.

5 In your Requirement table you have billing providing a
6 unique bill ID. It's DM523. It should be mandatory for the
7 originals, cancels and replacements, but you showed us
8 conditional or original, conditional or cancelled, and
9 optional or placement. In the IA guide, the CLM segment
10 which is where this unique provider ID resides, is required
11 for all 837 submissions. So my recommendation would be that
12 it's mandatory for all submission types 000105, because it's
13 our required field in that segment -- CLM segment.

14 And, getting close. Are my ten minutes up yet?

15 MS. JONES: Go ahead.

16 MS. GUIDRY: The Provider Agreement code and the
17 Requirements table, that's DN507, it states to enter P for
18 preferred provider, I believe, and in event a worker is not
19 in a network, should we send you an N for no agreement since
20 it's mandatory if it's not in the network? We're wondering
21 if we should use an N? It doesn't say that in the table.
22 It just says to send a P if the injured worker or provider
23 is not in the network. There needs to be something other
24 than a P there like an N. So that would be my
25 recommendation to add that.

1 I think that is it for me.

2 MR. PARISOTTO: Thank you very much. That is the only
3 name we have, a person who would like to offer oral
4 comments. Is there anyone else who would like to offer oral
5 comments at this time?

6 STEVE CATTOLICA: Good morning. I am Steve Cattolica.
7 I represent the California Society of Industrial Medicine
8 and Surgery, California Society of Physical Medicine and
9 Rehabilitation, US Healthworks.

10 I just wanted to ask a question with respect to what
11 we just heard in relationship to the data element that says
12 the provider is either part of the network or not part of
13 the network. I will admit to not having complete command of
14 all this stuff, but there is -- there will always be
15 confusion because a network contract that may provide for a
16 discount could be present whether or not the provider is a
17 member of the MPN for the employer insurance carrier or not,
18 so there's a chance that the physician or provider may be
19 out of network from the perspective of the MPN, but yet have
20 a network contract with the underlying PPO, and I think that
21 for the sake of clarity and the integrity of the data that
22 third condition -- that situation needs to be addressed in
23 some fashion. Thank you.

24 MR. PARISOTTO: Thank you. Is there anyone else who
25 wishes to testify today? If no one else will testify, this

1 hearing will be closed. The opportunity to file written
2 comments will stay open until 5:00 this afternoon. You may
3 file your written comments with the Division on the 17th
4 floor of this building. On behalf of the Acting
5 Administrative Director, I would like to thank you for
6 attending and providing us with input. This hearing is now
7 closed.

8 (End of Proceedings)

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1 **REPORTER CERTIFICATE**

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3 I, Cynthia Bonner, hereby certify:

4
5 That I was present at the hearing of the
6 matter entitled on the first page hereof;

7
8 That I took stenotype notes of the proceedings
9 had;

10
11 That thereafter, upon request, I used the
12 AristoCAT Computer-Aided Transcription System which
13 translated the entire proceedings, pages 1 through 11
14 into printed form;

15
16 That the foregoing pages are a full and correct
17 transcript.

18
19 _____
20 Official Reporter

21 DIVISION OF WORKERS' COMPENSATION

22
23 December 17, 2009

24 Oakland, California
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