



# **Workers' Compensation Information System (WCIS) Advisory Meeting**



## **Medical Bill Payment Records Reporting**

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**October 21, 2013**

**Division of Workers' Compensation**

**1515 Clay Street, Oakland CA**

# Overview



- Every claims administrator handling 150 claims or more per year must report, all medical bills for services rendered on or after September 22, 2006 for claims with a date of injury of March 1, 2000 and beyond.
- Data must be submitted within 90 calendar days of bill payment.
- WCIS started out collecting data using the IAIABC Release 1 standard and in November 15, 2011 switched to IAIABC Release 1.1.

# Status Report

## Data by Year of Reporting

	2011	2012	2013*
Insurer	1,259	1,607	1,538
Claims Administrator	315	460	352
Sender	48	48	48
Claims**	1.3m	1.2m	1.1m
Bills**	16.1m	15.0m	11.8m
Bill Lines**	61.8m	53.7m	43.8m

Data includes matched and unmatched claims

\*Data update 10/16/2013

\*\* millions

# Reporting Issues

- **Number of Claims by Year of Injury**

<b>Year of Injury</b>	<b>FROI</b>	<b>Medical</b>	<b>% FROI with Medial Bills</b>
2006	738,899	362,223	49.0
2007	708,756	613,588	86.6
2008	656,340	529,077	80.6
2009	577,417	481,835	83.4
2010	574,018	387,385	67.5
2011	558,488	350,125	62.7
2012	549,838	353,842	64.4
2013*	361,160	151,244	41.8

\*Data update 10/16/2013

# Reporting Issues

- Data quality issues
  - The main data quality issue is the unmatched claims.

## Number of Unmatched Bill and Percent of Total bill Reported by Year of Reporting

	2011		2012		2013	
Bills	4.0m	24.6%	3.1m	20.4%	1.5m	12.9%

# Medical Acknowledgments -2012

Element Name	Error Code	Error Description	% of total error
Claim Administrator Claim number	39	No match on database	21.2
Unique Bill Id Number	57	Duplicate Batches/Bills	4.4
Service Adjustment Reason Code	58	Code/ID invalid	1.8
Rendering Bill Provider Primary Specialty	58	Code/ID invalid	0.8
Rendering Bill Provider Country Code	58	Code/ID invalid	0.7

# Data Quality Reports



- The aggregate Data quality reports for 2012 have been posted on the DWC website.

[http://www.dir.ca.gov/dwc/wcis/WCIS\\_MedicalBillingReports.html](http://www.dir.ca.gov/dwc/wcis/WCIS_MedicalBillingReports.html)

# Data Reporting Issues



- Some data fields are not properly populated
  - DN507- Provider Agreement Code – use the ‘P’ code if both the provider and injured worker are in the same MPN. P = Participation agreement; the service was provided within a medical provider network (MPN) approved by the DWC;
  - Shifted decimal place in dollar amounts reporting.



# Data Reporting Requirements




- WCIS is preparing to receive ICD-10 diagnosis codes if the DWC E-billing gets adopted.
- How to report physician dispensed drugs.
  - CLM segment will have the place of service as 11
  - SV1 segment will have the drug code
- Data validation on Date of Service and Date of Injury for (Cumulative Trauma) CT claims.

# Data Reporting Requirements



- Reporting incomplete bills to WCIS. Bills where a final determination has been made i.e. either paid or denied are reported to WCIS.

# Current use of the Medical Bill Data



- Currently the medical data is being used to fulfill the Divisions mandates:
  - The California Official Medical Fee schedule. RBRVS study.  
[http://www.dir.ca.gov/dwc/DWCPropRegs/OMFSPhysicianFeeSchedule/RAND-Report\\_RR395.pdf](http://www.dir.ca.gov/dwc/DWCPropRegs/OMFSPhysicianFeeSchedule/RAND-Report_RR395.pdf)
  - The medical access study mandated by Labor Code section 5307.2  
<http://www.dir.ca.gov/dwc/AccessMedTreatmentReport2013/AccessToMedicalTreatmentInCAWC2013.pdf>
  - Using an administrative Workers' Compensation Claims Database for occupational health Surveillance in California



- Disability Evaluation and Medical Treatment study
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- Questions

# California Medical Version 2.0



- DWC is in the process of finalizing the CA Implementation Guide for Medical Bill Payment Records Version 2.0.
  - The draft guide was posted on the forum for public comment last April. We are now finalizing it.
  - One of the major concern was the implementation date. This has now been postponed to August of 2015
  - The WCIS medical bill reporting rules compliment the DWC E-billing rules when possible. One area where differences are evident is the name of data fields.

# California Medical Version 2.0

- Highlights of major differences in CA Version 1.1 and proposed Version 2.0
  - There are 132 data elements in CA Version 1.1 and 147 in version 2.0
  - Some data elements like the JCN now have mandatory requirement.
  - JCN Search :<https://www.dir.ca.gov/dwc/jcn/JCNsearch.asp>
  - Uses combination of JCN, claim administrator claim number (DN 0015) and Insurer FEIN (DN0006) for matching a bill on incoming 837 file to previously reported FROI

# California Medical Version 2.0



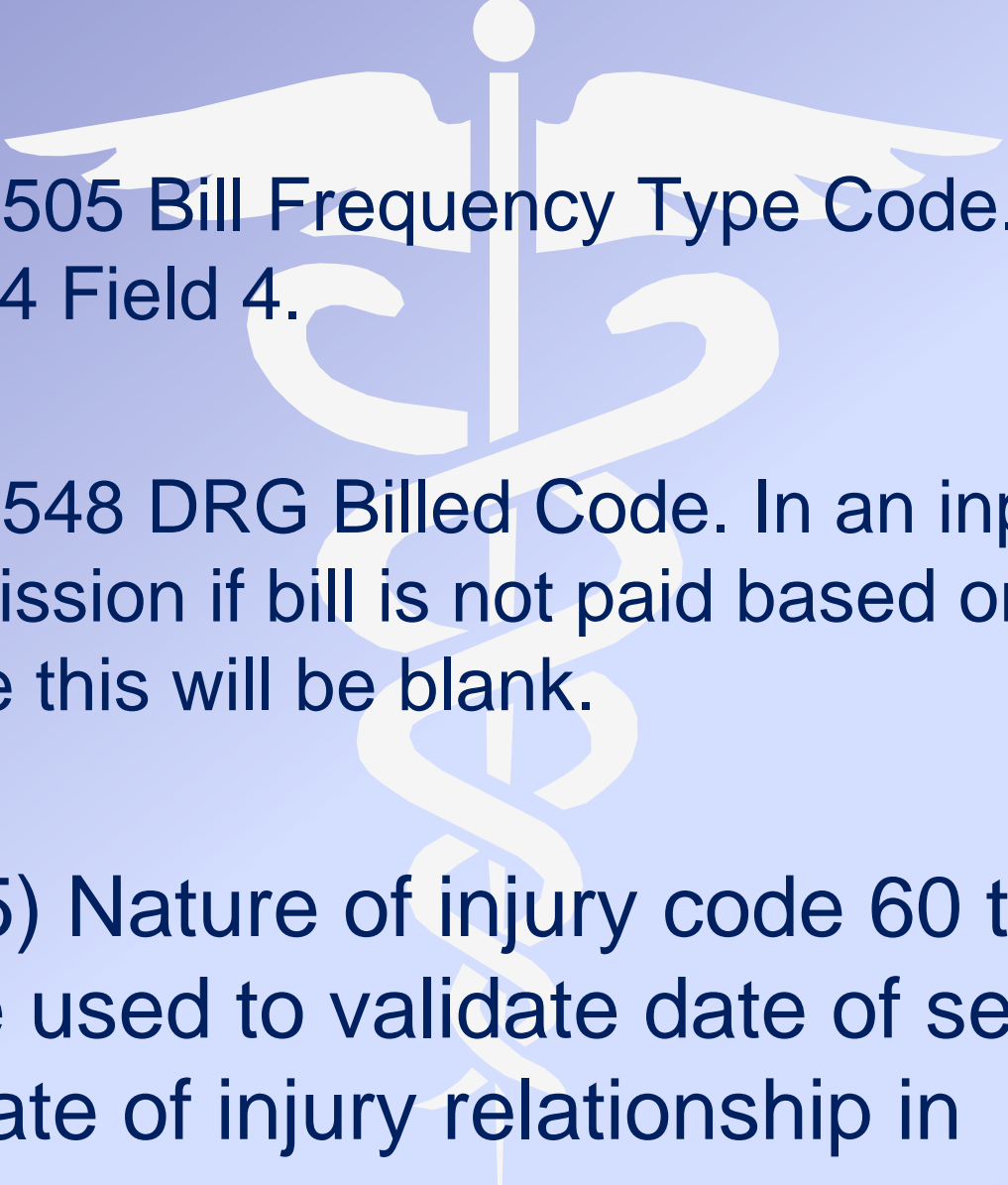
- Transaction must balance at the bill and line level.
- The 999 acknowledgement will replace 997.
- Acknowledgment codes will have different meanings in IAIABC Release 2 versus IAIABC Release 1.1. e.g. TA was Transaction Accepted in Release 1.1 and is Batch Accepted in Release 2.

# California Medical Version 2.0



- **Some of the New data elements in Version 2.0**
  - DN 0551 Procedure Description – to be reported when an unlisted service or product is used.
  - Referring provider information-DN 0690 and DN 0691. In prescription bills these would be the prescribing doctor's information.



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- DN0505 Bill Frequency Type Code. Source UB04 Field 4.
  - DN0548 DRG Billed Code. In an inpatient admission if bill is not paid based on DRG code this will be blank.
  - (DN35) Nature of injury code 60 to 80 will be used to validate date of service and date of injury relationship in CT

## California Medical Version 2.0



- WCIS will validate submitted codes. MPN approval numbers reported in DN 0209 Managed Care Organization Identification Number will be validated.



- Questions