



Workers' Compensation Information System Advisory Committee Meeting – 2014

Medical Bill Reporting

Presented by

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System report as of October 2014

	2011	2012	2013	2014
Insurers	1,259	1,606	1,639	1,513
Claims Administrators	315	459	363	261
Senders	48	48	52	58
Claims	1.3m	1.2m	1.3m	1.1m
Bills	16.1m	15.1m	15.7m	12.3m
Lines	61.7m	53.4m	54.3m	42.3m

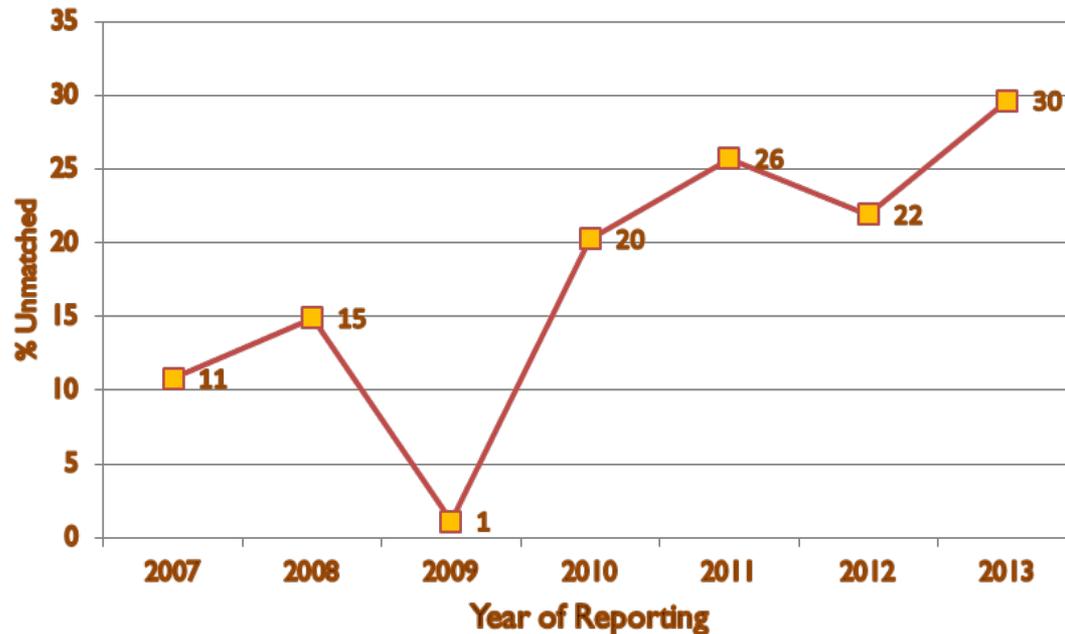
Medical Release 1.1 recent WCIS changes

- As of September 30, 2014 WCIS is accepting 12 diagnosis codes per bill.
- Up to 4 diagnosis pointers are reported on each line. The diagnosis pointers could be any number from 1 to 12.
- WCIS has completed development work to accept ICD-10 diagnosis and procedure codes.

Release I.I Data Quality

- Unmatched data is a growing problem. For the medical billing data to be useful, we need to match it to the injury record.

Unmatched Bills 2007-2013



Percent of FROI without Medical Bills

Year of Injury	Claims (Med)*	Claims (Med)**	Claims (FROI)	% FROI without med bill *	% FROI without med bill **
	(1)	(2)	(3)	$(3-1)/(3)$	$(3-2)/(3)$
2007	615,423	689,848	711,025	13	3
2008	532,510	625,752	659,427	19	5
2009	486,613	492,070	582,025	16	15
2010	396,091	496,732	580,643	32	14
2011	362,586	488,046	567,227	36	14
2012	380,921	487,767	570,425	33	14
2013	305,431	434,177	561,702	46	23

Note:

* = Matched

** = Matched and unmatched data

Medical data run 10/10/2013

Orphan Matching Project

- WCIS has started identifying and contacting Trading Partners with medical bill data not matched with FROI.
- We fuzzy matched medical claims with FROI claims using name, date of injury, insurer FEIN, and SSN and came up with a sample of 100 unmatched bills for further investigation by Trading Partners.

Data quality issues

Are proper codes being reported to WCIS?

- ICD-9 Procedure Code 99.99 Leech Therapy
- DN Taxonomy code – Rendering line provider Taxonomy 282N00000X- General Acute Care Hospital.
- DN507- Provider Agreement Code high percentage of “N”



Questions?

Medical Version 2.0 Updates and Highlights

Timelines

- The California Medical Version 2.0 rulemaking continues. The regulations will be posted for the second 15 day comment period soon.
- The development work for 999 acknowledgment programming is in UAT. TP who wish to participate in the UAT to the 999 acknowledgments may contact their EDI contact as early as November 2014.

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- The programming work for 824 acknowledgments is in progress and should be ready for TP testing in the summer of 2015.

Version 1.1 vs 2.0

	CA version 1.1	CA version 2.0
No. of DNs	132	147
BSRC	00, 01 and 05	00, 01, 02 and 05
Element Requirements	M, C, O	M, MC, AR and AA
Acknowledgements	997 and 824	999 and 824
Medical/FROI matching	Primary Match is JCN. If JCN or no Matching JCN then Secondary Match using Claim Administrator Claim number and Insurer FEIN	Only Primary Match – combination of JCN, Claim Administrator Claim number and Insurer FEIN

Version 1.1 vs 2.0

	CA version 1.1	CA version 2.0
Lien bill reporting	Line level reporting	Only Bill level reporting
Balancing Rules	No Balancing rules	4 Balancing rules
Transaction/Batch Status	TA TE TR, BA BR	IA IR, TA TR (No TE)
JCN	Conditional for 00 and optional for 01 and 05	Mandatory for all BSRC

Acknowledgements

- The WCIS will accept 837 files and will send out the 999 and 824 acknowledgements.

File naming convention:

- The files must start with three characters (837, 999, or 824) followed by an underscore “_”.
- The 5th through 13th character Trading Partner/Sender FEIN followed by an underscore “_”.
- The 15th through 22nd characters are date stamp of 837, 999, or 824 file (8-digit date, CCYYMMDD) followed by an underscore.
- The 24rd through 29th characters Time Stamp of 837, 999, or 824 file (6-digit time, HHMMSS) followed by an underscore “_”.
- The 31st character is the test/ production indicator: a “T” for Test or a “P” for Production followed by an underscore “_”.

Acknowledgements

- The 33rd through 35th character are the unique three digits counters (001-999)

837 file example,

837_123456789_20140113_135012_T_001

999 file example,

999_123456789_20140113_135012_T_001

824 file example,

824_123456789_20140113_135012_T_001



Acknowledgements

- The WCIS will use the 999 Implementation Acknowledgment and the 824 detailed acknowledgements.
- The 999 acknowledges the acceptance or rejection status of each functional group and the associated transaction sets in an 837 file.
- Each 837 will get a 999 acknowledgement unless the file has structural errors e.g. Missing ISA,IEA segment, File size is zero.

- 997 informs the submitter about the syntactical errors.

For example if the following were sent in an 837 NMI*40*2***ABCORG*******46*987654321~

997 validation will not generate an error for position NMI03 in the acknowledgement.

However, the 999 validation will generate an error I10-Implementation “Not Used” Data Element Present for position NMI03.

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- 999 informs the submitter about the syntactical, compliance and relational errors.
For e.g.
 - 999 errors are reported for segment and data element positions
 - 999 segment errors:
 - 1=Unrecognized segment ID
 - 3=Required segment missing
 - 5=Segment exceeds maximum use
 - 8=Segment has data element errors

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- 999 data element errors are
 - 110=Implementation “Not Used” Data Element Present
 - 1=Required data element missing
 - 2=Conditional required data element missing
 - 6=Invalid character in data element
 - 7=Invalid Code Value
 - 8=Invalid Date
 - 9=Invalid Time
 - 13=Too many components

Reporting Lump Sum Lien Settlement

- Lien bills will not have line level reporting. Aggregated information is reported at the bill level.
- Lien bills will be identified using DN (0293) Lump Sum Payment/Settlement Code
- SP = Settlement Partial. SF = Full Settlement and AW = Award are all accepted in California. Generally SF and AW are used in California.

Reporting Provider Agreement Code (DN0507)

- The CA adopted IAIABC Release 2 has the following codes: H, N, P and Y for DN0507.
- In California code 'P' is utilized to report if the provider is in an Medical Provider Network (MPN). This code should be reported if the injured worker and the treating provider both belong to the same MPN.

Matching 837 Health Care Claim to 824 Application Advice

837	824
Sender ID (DN0098)	Receiver ID (DN0099)
Date transmission sent (DN0100)	Original date transmission sent (DN0102)
Time Transmission Sent (DN0101)	Original time transmission sent (DN0103)
Originator Transaction Identification number (DN0532)	Originator Transaction Identification number (DN0532)

Matching ST-SE Transaction Set

- Each ST SE in an 837 is matched to an 824 using the following data elements

837	824
Originator Transaction Identification Number (DN0532)	Originator Transaction Identification Number(DN0532),
Date Transmission Sent (DN0100)	Original Date transmission Sent (DN0100)
Time Transmission Sent (DN0101)	Original Time transmission Sent (DN0101)

Matching FROI and Medical Bill

- If a Jurisdiction Claim Number is not reported bill will be rejected.
- The combination of Jurisdiction Claim Number (DN0005), Claim Administrator Claim number (DN0015) and Insurer FEIN (DN0006) is used to match an incoming bill to a reported FROI.
- JCN Search : <https://www.dir.ca.gov/dwc/jcn/JCNsearch.asp>

Matching BSRC 01, 02 and 05 to BSRC 00

- The Insurer FEIN (DN0006), Employer FEIN (DN0016) and the Unique Bill ID Number (DN0500) are used to match original report to cancelled report (BSRC=01). The same data elements will be used to match an original or a replacement report to a corrected transaction (BSRC=02, 05).

Provider reporting DN0589, DN0638, DN0528.

- DN0528 Billing Provider must always be reported.
- If DN0589 Rendering Line Provider is null and DN0638 Rendering Bill Provider is null then $DN0589 = DN0528 \rightarrow$ Billing Provider is also Rendering Line Provider
- If DN0589 is null AND DN0638 is not null Then $DN0589 = DN0638 \rightarrow$ Rendering Bill Provider is also Rendering Line Provider.

Compound and repackaged drug reporting

- California medical billing rules allow for billing of compound drugs and repackaged drugs.
- IAIABC has two IRRs, IRR Med764R2.0 and IRR Med 759R2.0 in the final 14 day review stage. California will adopt these IRRs as they get published.

NPI reporting

- Billing Provider NPI, Rendering Line Provider NPI, Rendering Bill Provider NPI, Supervising Provider NPI, Facility NPI, and Referring Provider NPI are required if the provider name is reported and the provider is eligible to receive an NPI.

- Free NPI lookup table is available at

<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do?subAction=reset&searchType=ind>

Balancing Rules

- Total Charge Per Bill or Drug/Supplies Billed Amount = sum of Total Charge Per Line.
- Total Paid Per Bill = sum of Total Paid Per Line.
- Total Charge Per Bill = Total Paid Per Bill + (sum of Bill Adjustment Amount + sum of (Service Adjustments Amount))

- When no adjustment is done at the bill level, Total Charge Per Line = Total Paid Per Line + sum of Service Adjustment Amounts for the service line.



Questions?