



***Welcome to the WA L&I Medical Bill
Electronic Data Interchange (EDI)
Information Session via
WebEx/Teleconference***

Date: Tuesday, July 19, 2016
Time: 10:00 am – 12:00 noon PDT

For Medical Bill Review Companies (MBR), Self
Insured, Third Party Administrators (TPA) &
Other EDI Service Providers



During the Information Session

- All attendees phones will be muted for the duration of the Session.
- Any questions during the Information Session, please send an email to walniedi@iso.com.
 - The questions will be presented during or immediately following the session as time permits.
 - All questions and answers will be available online at www.walniedi.info shortly after the Information Session.
- This Information Session is being recorded and will be available online for future viewing at www.walniedi.info.

- Welcome
- Shaping the Future
- Closing the Gap
- Getting Started

Introduction of Presenters

WA L&I Self-Insurance Program

Jim Nylander, Program Manager

Christina Gonzalez, Management Analyst (Compliance)

Brian Schmidlkofer, Compliance Operations Manager

Ginny Klapstein, Program Specialist

ISO Workers Compensation Solutions division

Robbie Tanner, wcCapture Product Manager

Amy Cooper, WCP | Senior Business Analyst – Strategy & Operations

Natalie Tarazona, wcCapture/wcAnalyzer Product Manager

Nancy Johns, wcAnalyzer Product Manager

Overview of Medical Bill EDI



What is EDI?



Electronic Data Interchange (EDI) is the electronic exchange of data between *business* trading partners, in a standardized format.

WA L&I is using the IAIABC National Standard.

Who is the IAIABC?



- The International Association of Industrial Accident Boards and Commissions (IAIABC).
- A 102-year-old organization of jurisdictional workers' compensation administrators and others interested in WC.
- In 1990 the IAIABC began a program to utilize the concept of EDI for Workers' Compensation data on a national level.
- In 1993 the IAIABC started Medical Standards Committee development.

Why National Standards...

- One consistent national file format and standard processing rules
- Quality and accurate data
- Timely reported data
- Automated response for reports
 - Were reports accepted or rejected?

Other Medical Standards Organizations

- **Accredited Standards Committee (ASC) X12**
 - Invoicing, purchasing, financial, health claims, governmental...
- **National Council on Prescription Drug Programs (NCPDP)**
 - Pharmacy billing, subrogation...
- **Other Data Standard Maintenance Organizations**
 - National Uniform Billing Committee (NUBC)
 - National Uniform Claim Committee (NUCC)

IAIABC Medical EDI Approach

- Medical Bill data reporting is based on the ASC X12 837 standard
- To the extent possible, data content aligns with the ASC X12N Implementation Guides and Technical Type 3 Reports
- Payment data is included in transaction similar to X12N 837 IG/TR3 coordination of benefits reporting
- Supports reporting from payers to jurisdictions for all medical bill types (professional, institutional, dental and pharmacy)

Medical Bill Initiative and Timelines



WA L&I Medical Bill Initiative and Timelines

Testing

Begins: *Late 2016*

Voluntary Reporting

Begins: *Early 2017*

Mandatory Reporting

Begins: *July 1, 2017*

Trading Partner Registration



What is a Trading Partner?

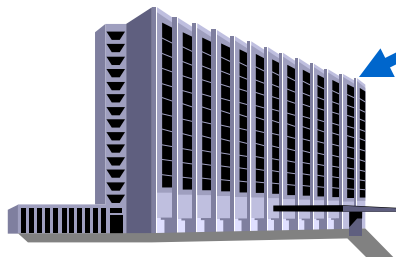


A Trading Partner is an entity that enters into an agreement with Washington to exchange data electronically.

Who can become a Trading Partner?



WA L&I Trading Partners



**Medical Bill
Review Company**



**Self-
Insurer**



**Third Party
Administrator**



**Other EDI
Service
Provider**

What is a Trading Partner Profile ?

A Trading Partner Profile (TPP) is the record created when an entity registers to submit data, either for itself or on behalf of others.



Who should complete a TPP?

- Self-insurers who will be submitting data directly
- Any entities that plan to submit data on behalf of one or more self-insurer(s), such as:
 - Medical Bill Review Companies
 - Third Party Administrators
 - Other EDI Service Providers

For self-insurers not submitting your own data, the entity submitting for you should complete a TPP, indicating they are submitting on your behalf.

Creating a Trading Partner Profile (TPP)

- Trading Partner Profile registration will be available starting August 2016.
- All Trading Partners are encouraged to submit a TPP by November 1, 2016.
- TPPs registration will be done electronically through the WA L&I EDI website.

Certified FEIN required for TPP registration

- Federal Employer Identification Number (FEIN).
- The Insurer FEIN will be used to identify the self-insurer for whom data is being submitted.
- L&I must have one FEIN on file for each self-insurer, that has been “certified” as the primary insurer FEIN.
- The Trading Partner must have this FEIN before completing the TPP on behalf of a self-insurer.

Obtaining Certified FEINs

- WA L&I has a FEIN on record for each self-insurer.
- WA L&I will send the FEINs from our records out to each self-insurer.
- Self-insurers must validate or provide a corrected number to L&I.
- Self-insurers must provide the correct certified FEIN to the Trading Partner(s) that will submit their data.

WA L&I's Medical Bill EDI Website Overview



EDI Website address: www.walniedi.info

Home Page



[Home](#)

[What's New](#)

[About ISO](#)

EDI Resources

[Contact us for help](#)

[Implementation Guide](#)

[Implementation Info](#)

[FAQ](#)

[Web Links](#)

Welcome to EDI Services for Washington State

Electronic Data Interchange (EDI) for Self-Insured Employers

Welcome to the Washington State Department of Labor & Industries (WA L&I) Medical Bill Reporting Electronic Data Interchange (EDI) web site.

WA L&I is implementing the IAIABC Release 2.0 Medical Bill Reporting standards. Testing will begin in late 2016. Voluntary reporting will begin in early 2017. Mandatory reporting will begin in July 2017.

I am a Trading Partner.....

Where do I find?

Help with EDI?



FAQ's?



EDI Resources

- Contact us for help
- Implementation Guide
- Implementation Info
- FAQ
- Web Links

Requirements?



Other Support Information?



Web Links?



[Home](#)[What's New](#)[About ISO](#)

EDI Resources

[Contact us for help](#)[Implementation Guide](#)[Implementation Info](#)[FAQ](#)[Web Links](#)

Contact us for help

All questions related to the Trading Partner registration process and/or general EDI support issues should be sent to walniedi@iso.com.

Sincerely,

The WA L&I Support Team



[Home](#)

[What's New](#)

[About ISO](#)

EDI Resources

[Contact us for help](#)

[Implementation Guide](#)

[Implementation Info](#)

[FAQ](#)

[Web Links](#)

Frequently Asked Questions

Please refer to the attachment below for FAQs.

Attachment:

 [WALNI Medical Reporting FAQ_061416.pdf](#)

EDI Resources

[Contact us for help](#)[Implementation Guide](#)[Implementation Info](#)[FAQ](#)[Web Links](#)

EDI Implementation Guide and Requirements

Version 1.0 – Revision Date: 06-22-16

Download the Requirements by clicking on the links below.

The WA L&I Medical Requirements are housed in three tables:

[WA L&I Medical Event Table](#)

This table relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information.

[WA L&I Medical Element Requirements](#)

This table lists the individual data element requirements defined for each bill type as well as the specific conditions in which data elements are reported.

[WA L&I Medical Edit Matrix](#)

This table provides information on the edits that will apply to each data element and the edits that will be applied based on the population of the data element.

The changes to the WA L&I Medical Requirements are logged in the following table:

[WA L&I Medical Requirement Tables Change Log](#)

This table presents the changes that are made to the WA L&I Medical Requirement Tables.

EDI Resources

[Contact us for help](#)[Implementation Guide](#)[Implementation Info](#)[FAQ](#)[Web Links](#)

EDI Implementation Guide and Requirements

Version 1.0 – Revision Date: 06-22-16

Download the Requirements by clicking on the links below.

The WA L&I Medical Requirements are housed in three tables:



[WA L&I Medical Event Table](#)

This table relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information.



[WA L&I Medical Element Requirements](#)

This table lists the individual data element requirements defined for each bill type as well as the specific conditions in which data elements are reported.



[WA L&I Medical Edit Matrix](#)

This table provides information on the edits that will apply to each data element and the edits that will be applied based on the population of the data element.

The changes to the WA L&I Medical Requirements are logged in the following table:



[WA L&I Medical Requirement Tables Change Log](#)

This table presents the changes that are made to the WA L&I Medical Requirement Tables.

[Home](#)[What's New](#)[About ISO](#)

EDI Resources

[Contact us for help](#)[Implementation Guide](#)[Implementation Info](#)[FAQ](#)[Web Links](#)

Implementation Information

WA L&I Master Sender ID – Medical

Please click on the following link for information on the WA L&I Master Sender ID for Medical.

-  [WA LNI Master Sender ID Medical.pdf](#)

WA L&I's Master Sender ID



Washington State Department of
Labor & Industries

Master FEIN and Postal Code for EDI Reporting

Master FEIN: 916001069
Master Postal Code: 985015414

Health Care Claim (ASC X12 837/005010):

- Trading Partner's should populate the Sender ID-DN0098 with the Trading Partners FEIN established per the Trading Partner Registration.
- Trading Partner's should populate the Receiver ID-DN0099 with WA L&I's Master FEIN: 916001069.

Application Advice (ASC X12 824/005010):

- WA L&I will populate the Sender ID-DN0098 with WA L&I's Master FEIN: 916001069.
 - WA L&I will populate the Receiver ID-DN0099 with the Trading Partners FEIN established per the Trading Partner Registration.
-

WA L&I Medical Bill EDI Requirements Overview

Understanding WA L&I's Medical Bill EDI Requirements

- A. What data format should be used?
- B. What EDI reports should be filed and when?
- C. What data is needed on the EDI reports?
- D. What edits will be applied to the EDI data?
- E. How WA L&I communicate the status of EDI reports?
- F. What are the options for EDI submissions?

**What data
format should
be used?**

What data format should be used?

Based on IAIABC Medical 2.0 Guide
February 1, 2016 Publication in
conjunction with Accredited
Standards Committee (ASC) X12
837 Health Care Claims (837) and
the ASC X12 824 Application Advice
(824) 5010 standards (data
submission and application level
response) and the WA L&I Medical
Bill Requirement Tables.

Obtaining the Medical Standards Guides

IAIABC Medical 2.0 Guide February 1, 2016 Publication:

This standard can be obtained/purchased from the IAIABC at <http://www.iaiaabc.org> or Ph. (608) 841-2017

ASC X12 005010 standard: This standard can be purchased from Washington Publishing Company at <http://www.wpc-edl.com>.

Medical Bill EDI Transmissions Identified in the standards by a three-digit number

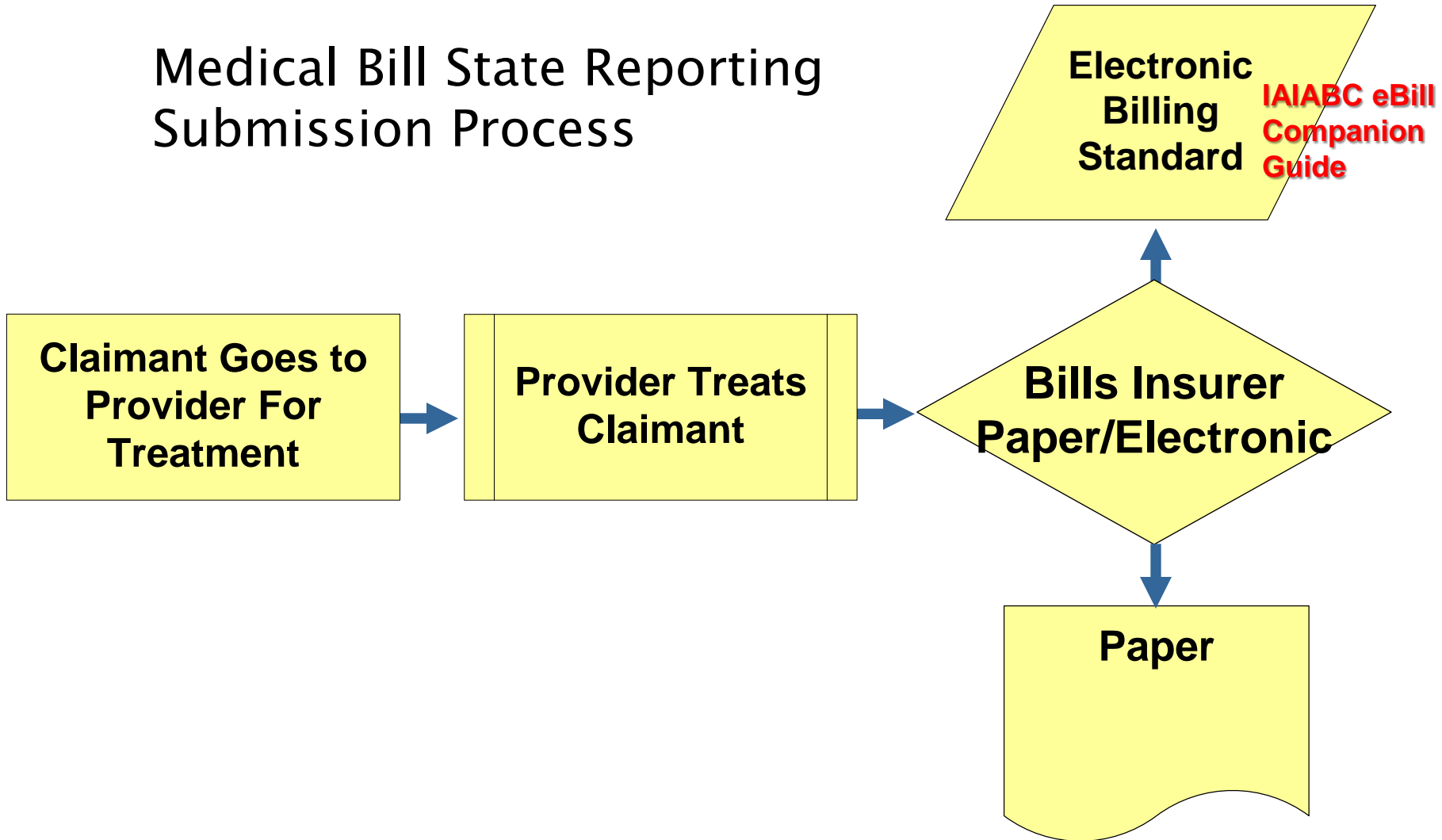
837 → Health Care Claim (Medical Bill)

997 → Functional Acknowledgment

824 → Detailed Acknowledgment

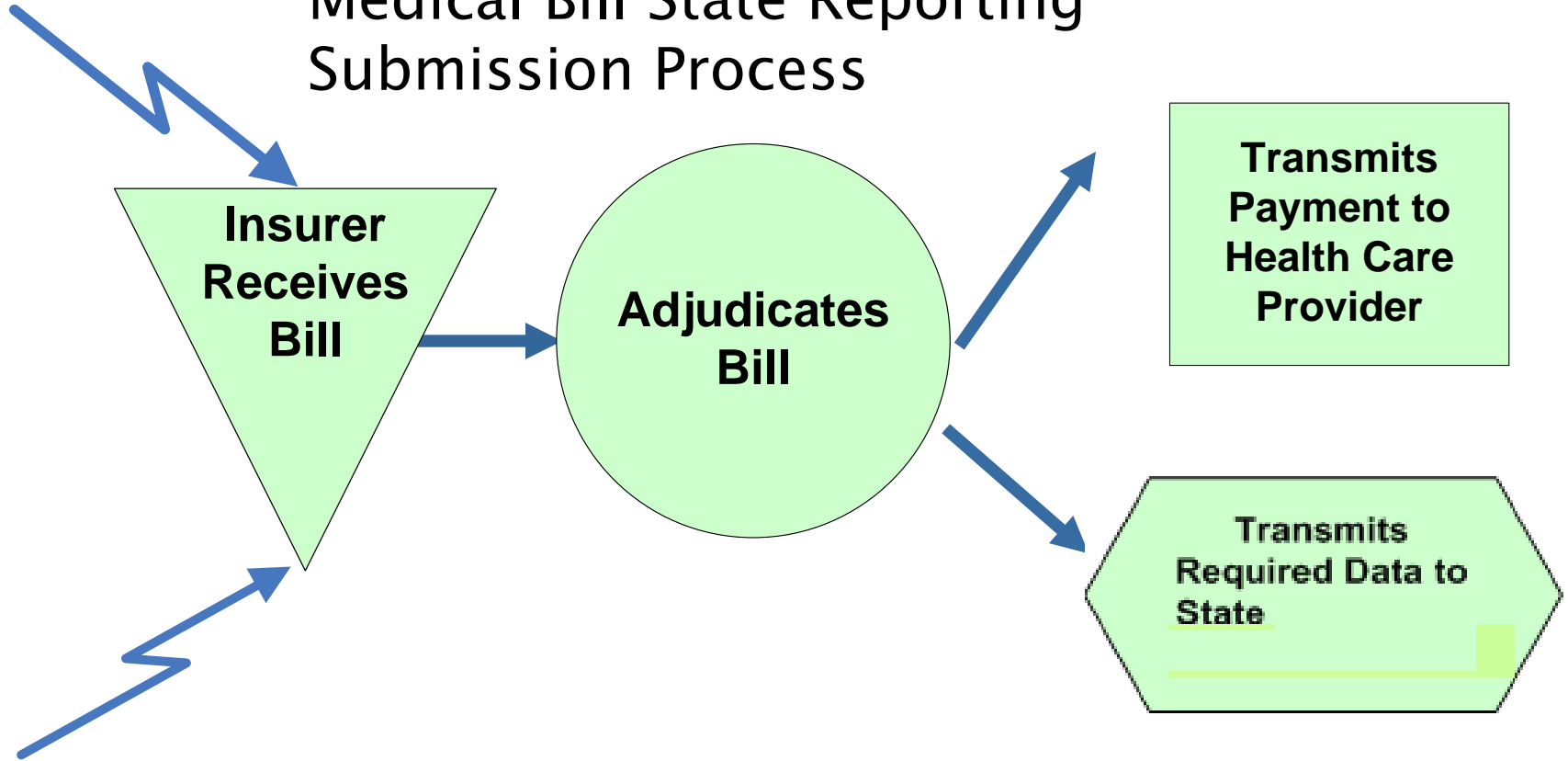
Flow of Medical Bill from Encounter to Payment

Medical Bill State Reporting Submission Process



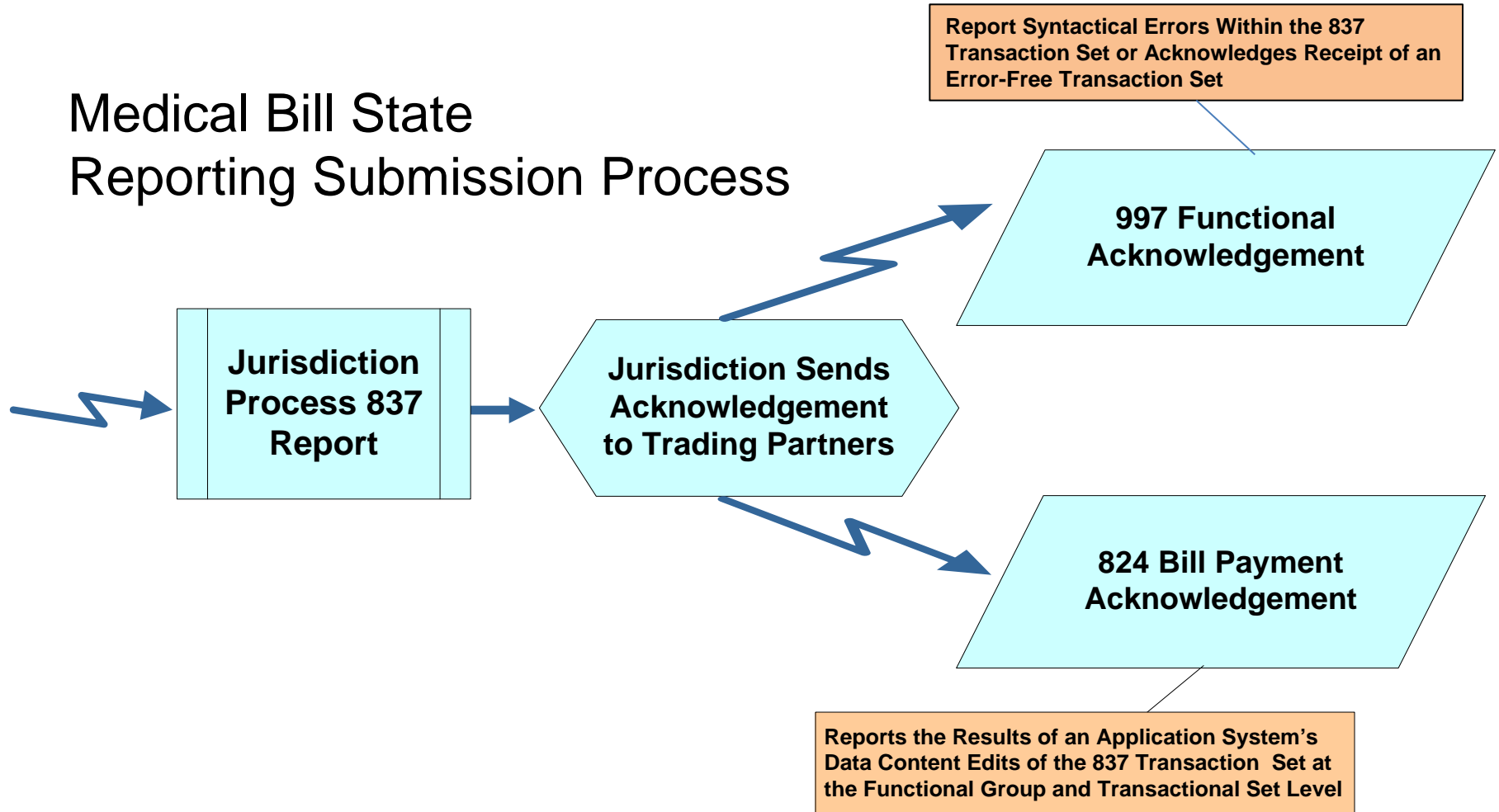
Flow of Medical Bill from Encounter to Payment

Medical Bill State Reporting Submission Process



Flow of Medical Bill from Encounter to Payment

Medical Bill State Reporting Submission Process



What EDI reports should be filed and when?

What EDI reports should be filed and when?


WA L&I Event Table

- The Washington Medical Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements.
- It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information.
- These circumstances and timeframes reflect both a voluntary and mandatory specifications relative to reporting requirements based on various criteria.
- This is based on the IAIABC Medical Bill Payment Release 2.0 Implementation Guide for 837 Application Advice (5010) **February 1, 2016 Publication..**


Event Table:

WA L&I requires the submission of Bill Types A=Institutional, B=Professional, C=Dental Bills and D=Pharmacy Bills as indicated by 'Bill Type' using Release 2.0 standards.

Medical (837)	
Bill Type	Release
A, B, C, D	2.0



Medical (837)
Bill Type
A = Institutional
B = Professional
C = Dental
D = Pharmacy
E = Summary/Aggregate
F = All



Event Table:

WA L&I requires the submission of Institutional, Professional, Dental Bills, and Pharmacy Bills:

Event Rule		
Criteria	From	Thru
3 - EDI Voluntary Date	1-3-17	6-30-17

On or after 1-3-17 through 6-30-17 on a Voluntary basis

Event Rule		
Criteria	From	Thru
2 - EDI Mandate Date	7-1-17	

On 7-1-17 on a Mandatory basis

The **Event Table** communicates the Bill Submission Reason Codes (BSRC) used in the EDI reports that identify the reason for bill submission. The purpose of this code is to differentiate between different types of medical EDI record submissions.

Values:

00 = Original

01 = Cancellation

02 = Corrected and Verified Original Claim

05 = Replace

09 = Encounter *(NA for WA L&I)*

Note that all of the following examples are based on the 'mandatory' reporting requirements.

Bill Submission Reason Code: **00 Original**

- Used to report that the medical EDI record is the first payment action taken by the claim administrator or insurer.
- A payment action may represent a payment to the health care provider or a denial.
- Only one original transaction is submitted for any individual medical bill.
- Report only when the action was taken on or after Trading Partner Implementation Date for Voluntary Reporting and on or after July 1, 2017 for Mandatory Reporting. This applies to all existing claims.

WA L&I 00 Original Event #1: Bill Paid

Report '00' (Original) for the first medical payment action taken by the claim administrator or insurer. A medical payment action may represent a payment to the health care provider.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
A-Bill Paid	<p>Report '00' (Original) for the first medical payment action taken by the claim administrator or insurer. A medical payment action may represent a payment to the health care provider.</p> <p>Report '00' (Original) only when the action was taken on or after July 1, 2017. This applies to all existing claims.</p> <p>Note: Only one original transaction is submitted for any individual medical</p>	30	Calendar Days	A = From Report Trigger Value

WA L&I 00 Original Event #1: Bill Paid

00 Original must be received by WA L&I within 30 Calendar Days from the Report Trigger (first medical payment action taken (payment or denial) by the claim administrator or insurer).

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
A-Bill Paid	<p>Report '00' (Original) for the first medical payment action taken by the claim administrator or insurer. A medical payment action may represent a payment to the health care provider.</p> <p>Report '00' (Original) only when the action was taken on or after July 1, 2017. This applies to all existing claims.</p> <p>Note: Only one original transaction is submitted for any individual medical</p>	30	Calendar Days	A = From Report Trigger Value

WA L&I 00 Original Event #2: Bill Denied

Report '00' (Original) for the first medical payment action taken by the claim administrator or insurer. A medical payment action may represent a denial.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
A=Bill Denied	<p>Report '00' (Original) for the first medical payment action taken by the claim administrator or insurer. A medical payment action may represent a denial.</p> <p>Report '00' (Original) only when the action was taken on or after July 1, 2017. This applies to all existing claims.</p> <p>Note: Only one original transaction is submitted for any individual medical</p>	30	Calendar Days	A = From Report Trigger Value

WA L&I 00 Original Event #2: Bill Denied

00 Original should be sent to WA L&I within 30 Calendar Days from the Report Trigger (Bill Denied by the claim administrator or insurer).

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
A=Bill Denied	<p>Report '00' (Original) for the first medical payment action taken by the claim administrator or insurer. A medical payment action may represent a denial.</p> <p>Report '00' (Original) only when the action was taken on or after July 1, 2017. This applies to all existing claims.</p> <p>Note: Only one original transaction is submitted for any individual medical</p>	30	Calendar Days	A = From Report Trigger Value

WA L&I 00 Original Event #3 Incorrect critical data element:

When a 00 Original is sent to initially with incorrect Unique Bill ID Number–DN0500 or Insurer FEIN–DN0006, a 01 Cancellation must be sent. Following the 01 Cancellation, a 00 Original must be sent with the correct DN00500 and DN0006.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
D-Incorrect critical data element	Report '00' (Original) as a followup to a '01' Cancel that was accepted with incorrect Unique Bill ID Number (DN0500) or Insurer FEIN (DN0006) initially.	N/A	N/A	H - Immediate

WA L&I 00 Original Event #3 Incorrect critical data element:

00 Original should be sent to WA L&I immediately following the cancellation when it is determined that the incorrect Unique Bill ID Number or Insurer FEIN was sent initially on the 00 Original.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
D-Incorrect critical data element	Report '00' (Original) as a followup to a '01' Cancel that was accepted with incorrect Unique Bill ID Number (DN0500) or Insurer FEIN (DN0006) initially.	N/A	N/A	H - Immediate

Bill Submission Reason Code: **01 Cancellation**

01 Cancellation is used when a 00 Original was submitted which should never have been submitted to WA L&I or when the 00 Original contained errors in critical data elements (Unique Bill ID Number or Insurer FEIN). The value in Unique Bill Identification Number contained in a cancelled medical EDI record should not be reused.

WA L&I 01 Cancellation Event # 1:

01 Cancellation should be sent for a previously accepted medical bill that should never have been submitted to the WA L&I.

What Triggers the Report?	
Trigger Criteria Code	Trigger Value
C-Original submitted in error	Report '01' (Cancel) for a previously accepted medical bill that should never have been submitted to the jurisdiction. Note: A '00' Original transaction must have been submitted and accepted before a '01' Cancel transaction is reported.

WA L&I 01 Cancellation Event # 1:

01 Cancellation should be sent to WA L&I immediately when it is determined that the previous bill should not have been sent.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
C-Original submitted in error	Report '01' (Cancel) for a previously accepted medical bill that should never have been submitted to the jurisdiction. Note: A '00' Original transaction must have been submitted and accepted before a '01' Cancel transaction is reported.	N/A	N/A	H - Immediate

WA L&I 01 Cancellation Event # 2:

01 Cancellation should be sent if a previously accepted 00 Original contained an incorrect Insurer FEIN or Unique Bill ID Number.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
D-Incorrect critical data element	Report '01' (cancel) for a previously accepted medical bill with an incorrect DN0006 (Insurer FEIN) or Unique Bill ID Number (DN0500). Note: A '00' Original transaction must have been submitted and accepted before a '01' Cancel transaction is reported.	N/A	N/A	H - Immediate

WA L&I 01 Cancellation Event # 2:

01 Cancellation should be sent to WA L&I immediately when it is determined that the previous bill contained incorrect Insurer FEIN and Unique Bill ID Number.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
D-Incorrect critical data element	Report '01' (cancel) for a previously accepted medical bill with an incorrect DN0006 (Insurer FEIN) or Unique Bill ID Number (DN0500). Note: A '00' Original transaction must have been submitted and accepted before a '01' Cancel transaction is reported.	N/A	N/A	H - Immediate

Bill Submission Reason Code: **02 Corrected and Verified Original Claim (Bill)**

Used when the trading partner must correct errors to non-critical data elements on a 00 Original or 05 Replace transaction excluding Unique Bill ID Number (DN0500) and Insurer FEIN DN0006

The 02 is not used if the amount of payment changed due to a subsequent payment action by the claim administrator or insurer, an 05 Replace is used in this case.

WA L&I 02 Corrected and Verified Original Claim (Bill) Event # 1:

02 Corrected and Verified Original Claim (Bill) should be sent when a change is made to data excluding Unique Bill ID Number and Insurer FEIN.

What Triggers the Report?	
Trigger Criteria Code	Trigger Value
F-Change to non critical data elements	Change made to data excluding Unique Bill ID Number (DN0500) and Insurer FEIN DN0006 (See 01 Cancel for Unique Bill ID Number and Insurer FEIN changes). Notes: -A '00' Original transaction must have been submitted and accepted before a '02' Correction transaction is reported.

WA L&I 02 Corrected and Verified Original Claim (Bill) Event #1:

02 Corrected and Verified Original Claim (Bill) should be sent to WA L&I immediately when it is determined that data from the previous bill has changed.

What Triggers the Report?		When is the Report Due?			
Trigger Criteria Code	Trigger Value	Value	Type	From	
F-Change to non critical data elements	Change made to data excluding Unique Bill ID Number (DN0500) and Insurer FEIN DN0006 (See 01 Cancel for Unique Bill ID Number and Insurer FEIN changes). Notes: -A '00' Original transaction must have been submitted and accepted before a '02' Correction transaction is reported.	N/A	N/A	H - Immediate	

Bill Submission Reason Code: **05 Replace**

Used when the trading partner must report a subsequent payment action or denial by the claim administrator or insurer.

A 00 Original transaction must have been submitted and accepted before a 05 Replace transaction is reported.

WA L&I 05 Replace Event # 1:

05 Replace should be sent for all medical bills replaced because of a subsequent payment action (change to the payment amount) by the insurer.

What Triggers the Report?	
Trigger Criteria Code	Trigger Value
G-Subsequent payment action	Report '05' Replace for all medical bills replaced when the trading partner reports a subsequent payment action (change to the payment amount) Notes: -A '00' Original transaction, either payment or denial, must have been submitted and accepted before a '05' Replace transaction is reported.

WA L&I 05 Replace Event # 1:

05 Replace must be received by WA L&I within 30 Calendar Days from the Report Trigger (subsequent payment action and/or denial).

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
G-Subsequent payment action	Report '05' Replace for all medical bills replaced when the trading partner reports a subsequent payment action (change to the payment amount) Notes: -A '00' Original transaction, either payment or denial, must have been submitted and accepted before a '05' Replace transaction is reported.	30	Calendar Days	A = From Report Trigger Value

WA L&I 05 Replace Event # 2:

05 Replace should be sent for all medical bills replaced because of subsequent denial by the insurer.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
G-Subsequent denial	Report '05' Replace for all medical bills replaced when the trading partner reports a subsequent denial by the insurer. Notes: -A '00' Original transaction must have been submitted and accepted before a '05' Replace transaction is reported.	30	Calendar Days	A = From Report Trigger Value

WA L&I 05 Replace Event # 2:

05 Replace must be received by WA L&I within 30 Calendar Days from the Report Trigger (denial).

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
G-Subsequent denial	Report '05' Replace for all medical bills replaced when the trading partner reports a subsequent denial by the insurer. Notes: -A '00' Original transaction must have been submitted and accepted before a '05' Replace transaction is reported.	30	Calendar Days	A = From Report Trigger Value

What data is
needed on the
EDI reports?

What data is needed on the EDI reports?

The **Medical Element Requirement Table** indicates what data is needed on the EDI reports. It defines each Data Elements requirement for each transaction (Bill) at the Bill Submission Reason Code (BSRC) level.

The Medical Element Requirement Table contains 2 worksheets:

- Medical Requirements
- Medical Conditions

Medical Element Requirement Table

Each Bill Submission Reason Code (BSRC) and Data Element has a Requirement Code assigned. The 'Ack Results' are based on the edits applied which is based on the Requirement Code severity.

<i>Requirement Code Legend</i>		
<i>Code</i>	<i>Description</i>	<i>Ack Result Based on Edits</i>
F	Fatal Technical	IR (Reject)
M	Mandatory	IR (Reject)
MC	Mandatory Conditional: Conditions are defined on the Medical Conditions Table	IR (Reject)
AR	If Applicable/Available with Item Reject if Invalid	IR (Reject)
AA	If Applicable/Available with Item Accept if Invalid	IA (Accept)
AE	If Applicable/Available with Item Accept with Error if Invalid	IE (Error)
NA	Not Applicable	IA (Accept)
X	Exclude (not applicable to the transaction)	IA (Accept)

Medical Element Requirement Table:

This example shows F: Fatal and M: Mandatory on specific BSRC's. Both F or M Requirement Code will cause the transactions to be rejected if the data elements are missing or invalid.

Type of Medical Bill Record			Professional				Institutional				Pharmaceutical				Dental			
Billing Format Code (DN0503)			B				A				B				B			
Bill Submission Reason Codes (BSRC)			Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace
DN #	Ref. Des.	Data Element Name	00	01	02	05	00	01	02	05	00	01	02	05	00	01	02	05
0532	BHT03	ORIGINATOR TRANSACTION	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
0100	BHT04	DATE TRANSMISSION SENT	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
0101	BHT05	TIME TRANSMISSION SENT	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Loop ID 1000A - Submitter Information - Required Loop																		
0098	NM109	SENDER ID	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Loop ID 1000B - Receiver Information - Required Loop																		
0099	NM109	RECEIVER ID	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Loop ID 2000A - Insurer Hierarchical Level Information - Required Loop																		
0615	DTP03	REPORTING PERIOD	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M
Loop ID 2010AA - Insurer/Self Insured Information - Required Loop																		
0007	NM103	INSURER NAME	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M
0006	NM109	INSURER FEIN	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0616	N403	INSURER POSTAL CODE	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M

Medical Element Requirement Table

This example shows MC: Mandatory Conditional on specific BSRC's. MC will cause the transactions to be rejected if the conditions defined on the data elements fail the conditional edit.

Type of Medical Bill Record			Professional				Institutional				Pharmaceutical				Dental			
Billing Format Code (DN0503)			B				A				B				B			
Bill Submission Reason Codes (BSRC)			Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace
DN #	Ref. Des.	Data Element Name	00	01	02	05	00	01	02	05	00	01	02	05	00	01	02	05
Loop ID 2010AB - Claim Administrator Information - Situational Loop																		
0188	NM103	CLAIM ADMINISTRATOR	MC	A	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC
0187	NM109	CLAIM ADMINISTRATOR FEIN	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
0014	N403	CLAIM ADMINISTRATOR	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC
Loop ID 2010BA - Employer Information - Required Loop																		
0018	NM103	EMPLOYER NAME	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M
0016	NM109	EMPLOYER FEIN	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M
Loop ID 2000C - Claimant Hierarchical Information - Required Loop																		
0031	DTP03	DATE OF INJURY	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Loop ID 2010CA - Claimant Information - Required Loop																		
0043	NM103	EMPLOYEE LAST NAME	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M
0044	NM104	EMPLOYEE FIRST NAME	AA	NA	AA	AA	AA	NA	AA	AA	AA	NA	AA	AA	AA	NA	AA	AA
0045	NM105	EMPLOYEE MIDDLE	AE	NA	AE	AE	AE	NA	AE	AE	AE	NA	AE	AE	AE	NA	AE	AE

Element Requirement – Conditions

Data elements that have *Conditions* that make them mandatory if the condition exist are indicated with the *MC* requirement code.

Type of Medical Bill Record			Professional				Institutional				Pharmaceutical				Dental			
Billing Format Code (DN0503)			B				A				B				B			
Bill Submission Reason Codes (BSRC)			Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace
DN #	Ref. Des.	Data Element Name	00	01	02	05	00	01	02	05	00	01	02	05	00	01	02	05
Loop ID 2010AB - Claim Administrator Information - Situational Loop																		
0188	NM103	CLAIM ADMINISTRATOR NAME	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC
0187	NM109	CLAIM ADMINISTRATOR FEIN	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
0014	N403	CLAIM ADMINISTRATOR MAILING POSTAL CODE	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC

Conditions are defined on a separate table that presents the following:

- Conditional Requirement Code
- Data Element DN# and Name
- Business Condition(s)
- Technical Condition(s)

Req Code	DN	Ref. Des.	Data Element Name	Business Condition	Technical Condition
Loop ID 2010AB - Claim Administrator Information - Situational Loop					
MC	0188	NM103	CLAIM ADMINISTRATOR NAME	Required when the Claim Administrator is a different entity than the insurer or self-insured reported in Loop 2010AA/NM103/DN0007.	Required when NM101 equals "CX".
MC	0187	NM109	CLAIM ADMINISTRATOR FEIN	Required when the Claim Administrator is a different entity than the insurer or self-insured reported in Loop 2010AA/NM103/DN0007.	Required when DN0188 Claim Administrator Name is reported.
MC	0014	N403	CLAIM ADMINISTRATOR MAILING POSTAL CODE	Required when Claim Administrator information is reported in Loop 2010AA.	Required when DN0188 Claim Administrator Name is reported.

Medical Element Requirement Table

This example shows Requirement Codes of:

AA: If Applicable/Available–Accept Report,

AR: If Applicable/Available–Reject Report

NA: Data Not Applicable–No Edit applied.

Type of Medical Bill Record Billing Format Code (DN0503)			Professional				Institutional				Pharmaceutical				Dental			
			B				A				B				B			
Bill Submission Reason Codes (BSRC)			Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace
DN #	Ref. Des.	Data Element Name	00	01	02	05	00	01	02	05	00	01	02	05	00	01	02	05
Loop ID 2310A - Billing Provider Information - Required Loop																		
0528	NM103	BILLING PROVIDER LAST/GROUP NAME	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0529	NM104	BILLING PROVIDER FIRST NAME	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0530	NM105	BILLING PROVIDER MIDDLE NAME/INITIAL	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0531	NM107	BILLING PROVIDER LAST NAME SUFFIX	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0634	NM109	BILLING PROVIDER NATIONAL PROVIDER ID	AR	NA	AR	AR	AR	AR	AR	AR	AR	NA	AR	AR	AR	NA	AR	AR
0537	PRV03	BILLING PROVIDER PRIMARY SPECIALTY CODE	AR	NA	AR	AR	AR	AR	AR	AR	AR	NA	AR	AR	AR	NA	AR	AR
0538	N301	BILLING PROVIDER PRIMARY ADDRESS	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M
0539	N302	BILLING PROVIDER SECONDARY ADDRESS	AA	NA	AA	AA	AA	NA	AA	AA	AA	NA	AA	AA	AA	NA	AA	AA
0540	N401	BILLING PROVIDER CITY	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M
0541	N402	BILLING PROVIDER STATE CODE	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC
0542	N403	BILLING PROVIDER POSTAL CODE	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC
0569	N404	BILLING PROVIDER COUNTRY CODE	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC
0629	REF02	BILLING PROVIDER FEIN	M	NA	M	M	M	NA	M	M	M	NA	M	M	M	NA	M	M

What edits will
be applied to
the EDI data?

What edits will be applied to the EDI data?

The **WA L&I Edit Matrix** defines the edits that will be applied to the EDI data. It conveys each specific edit that will be applied to each data element and provides the standard error messages associated with these edits.

Edit Matrix – made up of 5 tables

1. **DN–Error Message** contains “standard” editing developed for Medical Release 2.0 data elements.
2. **Valid Value** expresses WA L&I’s acceptable code values.
3. **Match Data** describes the data elements that will be used to determine if the report will create a new report or find an existing report or transaction in L&I’s database.
4. **Population Restrictions** contains any WA L&I restrictions applied to the data element(s).
5. **Sequencing Detail Table** contains WA L&I BSRC types with the order/sequence that they can be sent, e.g. the sequence in which business events (BSRCs) typically occur during the life of a bill.

Match Data

To match incoming bills to bills in WA L&I's database for processing, L&I identifies their primary match data element values indicated by 'P'.

DN	Data Element Name	00-Original	01-Cancellation	02-Corrected and Verified Original Claim	05-Replace
0005	Jurisdiction Claim Number		S	S	S
	Employee ID				
	§ Employee SSN – Preferred (DN0042)				
	§ Employee Employment Visa (DN0152)				
	§ Employee Green Card (DN0153)				
	§ Employee ID Assigned by Jurisdiction (DN0154)				
	§ Employee Passport Number (DN0156)				
0031	Date of Injury		S	S	S
0006	Insurer FEIN	P	P	P	P
0187	Claim Administrator FEIN		S	S	S
0016	Employer FEIN				
0500	Unique Bill ID Number	P	P	P	P
0508	Bill Submission Reason Code	S	S	S	S

Match Data

Secondary “match” data elements as indicated by ‘S’ is used in addition to ‘P’ (primary) to find the bill.

DN	Data Element Name	00-Original	01-Cancellation	02-Corrected and Verified Original Claim	05-Replace
0005	Jurisdiction Claim Number		S	S	S
	Employee ID				
	§ Employee SSN – Preferred (DN0042)				
	§ Employee Employment Visa (DN0152)				
	§ Employee Green Card (DN0153)				
	§ Employee ID Assigned by Jurisdiction (DN0154)				
	§ Employee Passport Number (DN0156)				
0031	Date of Injury		S	S	S
0006	Insurer FEIN	P	P	P	P
0187	Claim Administrator FEIN		S	S	S
0016	Employer FEIN				
0500	Unique Bill ID Number	P	P	P	P
0508	Bill Submission Reason Code	S	S	S	S

Match Data

When a match is found using the **primary**/**secondary** match data, the report will be processed. The processing could result in the bill being identified as a duplicate or accepted to be processed as the next report in sequence.

DN	Data Element Name	00-Original	01-Cancellation	02-Corrected and Verified Original Claim	05-Replace
0005	Jurisdiction Claim Number		S	S	S
	Employee ID				
	§ Employee SSN – Preferred (DN0042)				
	§ Employee Employment Visa (DN0152)				
	§ Employee Green Card (DN0153)				
	§ Employee ID Assigned by Jurisdiction (DN0154)				
	§ Employee Passport Number (DN0156)				
0031	Date of Injury		S	S	S
0006	Insurer FEIN	P	P	P	P
0187	Claim Administrator FEIN		S	S	S
0016	Employer FEIN				
0500	Unique Bill ID Number	P	P	P	P
0508	Bill Submission Reason Code	S	S	S	S

Match Data

Insurer FEIN and Unique Bill ID Number which are Primary Match Data elements, cannot be changed.

If these data elements are reported incorrectly, to correct this data you must first report an '01' (cancel) followed by a new 00 Original with the correct data.

Population Restrictions

Population Restrictions contains any WA L&I restrictions applied to the data element(s).

Where “P” exists in the Restrictions Indicator column of the *DN-Error Message* table, there will be a corresponding entry in the Populations Restrictions table.

	Relaxed requirement edits (err msg 001 and 100)	Jurisdiction will apply edits?	Population Restrictions Indicator	Mandatory field not present	Number of Days Worked must be 0-7	Days must be 0-6
Z			P	001	010	010
Z			P			
Z			P			

Population Restrictions

Each **Population Restriction** contains:

➤ The DN # and Name;

DN	Data Element Name	Error Message Number (DN0116)	Error Message	Population Restriction
0508	BILL SUBMISSION REASON CODE	042	Not statutorily valid	Valid values are 00, 01, 02, 05
0005	JURISDICTION CLAIM NUMBER (JCN)	064	Invalid data relationship	The JCN (DN0005) must exist in WA L&I's claim system. (WSC)
0006	INSURER FEIN	064	Invalid data relationship	The JCN (DN0005) must be associated with the Insurer FEIN (DN0006) in WA L&I's claim system. (WSC)
0031	DATE OF INJURY	064	Invalid data relationship	The DATE OF INJURY (DN0031) must match existing value in WA L&I's claim system. (WSC)
0052	EMPLOYEE DATE OF BIRTH	064	Invalid data relationship	The EMPLOYEE DATE OF BIRTH (DN0052) must match existing value in WA L&I's claim system. (WSC)
0500	UNIQUE BILL ID NUMBER	064	Invalid data relationship	When a 00 Original is submitted after a 01 Cancel with the same Unique Bill ID Number (DN0500) or Insurer FEIN (DN0006) combination. Scenario: Report '00' (Original) as a followup to a '01' Cancel that was accepted with incorrect Unique Bill ID Number (DN0500) or Insurer FEIN (DN0006) initially. The Unique Bill ID Number (DN0500) for the same Insurer FEIN cannot be reused. If resued, the report will reject (IR ack with 064 – Invalid data relationship. 064: An improper relationship exists between the current data and other data sent in the same or previous report.
0501	TOTAL CHARGE PER BILL	111	Must be valid content	Medical Bill Charge Amounts: The amount reported for DN0501 (Total Charge Per Bill) must balance to the sum of all charge amounts reported at the line level including: <ul style="list-style-type: none">• DN0552 (Total Charge Per Line); and• DN0572 (Drugs/Supplies Billed Amount) See 1.3.1 Bill Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples.
0516	TOTAL AMOUNT PAID PER BILL	111	Must be valid content	The amount reported for DN0516 (Total Amount Paid Per Bill) must balance to the sum of all payment amounts reported at the line level for DN0574 (Total Amount Paid Per Line). See 1.3.1 Bill Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples.

Population Restrictions

Each **Population Restriction** contains:

➤ **Element Error Number and Population Restriction**

DN	Data Element Name	Error Message Number (DN0116)	Error Message	Population Restriction
0508	BILL SUBMISSION REASON CODE	042	Not statutorily valid	Valid values are 00, 01, 02, 05
0005	JURISDICTION CLAIM NUMBER (JCN)	064	Invalid data relationship	The JCN (DN0005) must exist in WA L&I's claim system. (WSC)
0006	INSURER FEIN	064	Invalid data relationship	The JCN (DN0005) must be associated with the Insurer FEIN (DN0006) in WA L&I's claim system. (WSC)
0031	DATE OF INJURY	064	Invalid data relationship	The DATE OF INJURY (DN0031) must match existing value in WA L&I's claim system. (WSC)
0052	EMPLOYEE DATE OF BIRTH	064	Invalid data relationship	The EMPLOYEE DATE OF BIRTH (DN0052) must match existing value in WA L&I's claim system. (WSC)
0500	UNIQUE BILL ID NUMBER	064	Invalid data relationship	When a 00 Original is submitted after a 01 Cancel with the same Unique Bill ID Number (DN0500) or Insurer FEIN (DN0006) combination. Scenario: Report '00' (Original) as a followup to a '01' Cancel that was accepted with incorrect Unique Bill ID Number (DN0500) or Insurer FEIN (DN0006) initially. The Unique Bill ID Number (DN0500) for the same Insurer FEIN cannot be reused. If resued, the report will reject (IR ack with 064 – Invalid data relationship. 064: An improper relationship exists between the current data and other data sent in the same or previous report.
0501	TOTAL CHARGE PER BILL	111	Must be valid content	Medical Bill Charge Amounts: The amount reported for DN0501 (Total Charge Per Bill) must balance to the sum of all charge amounts reported at the line level including: <ul style="list-style-type: none"> • DN0552 (Total Charge Per Line); and • DN0572 (Drugs/Supplies Billed Amount) See 1.3.1 Bill Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples.
0516	TOTAL AMOUNT PAID PER BILL	111	Must be valid content	The amount reported for DN0516 (Total Amount Paid Per Bill) must balance to the sum of all payment amounts reported at the line level for DN0574 (Total Amount Paid Per Line). See 1.3.1 Bill Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples.

Population Restrictions

Example:

DN0508 Bill Submission Code accepted values are 00, 01, 02, 05

If any other codes are sent such as 09 Encounter, Error 042 'Not Statutorily valid' will be returned in the acknowledgment (824). The Error Message Number will provide information to assist the sender with understanding the error along with reference to the Population Restrictions Table.

DN	Data Element Name	Error Message Number (DN0116)	Error Message	Population Restriction
0508	BILL SUBMISSION REASON CODE	042	Not statutorily valid	Valid values are 00, 01, 02, 05

Sequencing Detail Table

The Sequencing Detail Table illustrates the sequence in which groups of business events occur during the life of a bill using DN0508–Bill Submission Reason Code (BSRC). WA L&I’s transaction sequence edits are defined on the Sequencing table.

Apply Seq Edit? Y, N, NA	Incoming BSRC	BSRC NAME	Element Error Number (DN0116)	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 1.				
1a. Original				
Y	00	Original	063	None, An 00 must not have been accepted.
1b. Encounter				
NA	09	Encounter	063	None, An 09 must not have been accepted.
Business Event Group 2. Business Events 2a and 2b can occur multiple times.				
2a. Change				
Y	02	Change	063	An 00 must have been accepted. An 02 or 05 could have been accepted following an 00.
2b. Replace				
Y	05	Replace	063	An 00 must have been accepted. An 02 or 05 could have been accepted following an 00.
Business Event Group 3. Miscellaneous				
Y	01	Cancel	063	An 00 must have been accepted. An 02 or 05 may have been accepted following an 00.

Sequencing Detail Table

If the Apply Seq Edit is **Y**, the edit will be applied. Element Error Number indicates the error that will be returned on the acknowledgment (824).

NA indicates that the BSRC is not accepted.

Apply Seq Edit? Y, N, NA	Incoming BSRC	BSRC NAME	Element Error Number (DN0116)	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 1.				
	1a. Original			
Y	00	Original	063	None, An 00 must not have been accepted.
	1b. Encounter			
NA	09	Encounter	063	None, An 09 must not have been accepted.
Business Event Group 2. Business Events 2a and 2b can occur multiple times.				
	2a. Change			
Y	02	Change	063	An 00 must have been accepted. An 02 or 05 could have been accepted following an 00.
	2b. Replace			
Y	05	Replace	063	An 00 must have been accepted. An 02 or 05 could have been accepted following an 00.
Business Event Group 3. Miscellaneous				
Y	01	Cancel	063	An 00 must have been accepted. An 02 or 05 may have been accepted following an 00.

An 00 Original must not have been accepted

An 00 Original must have been accepted.

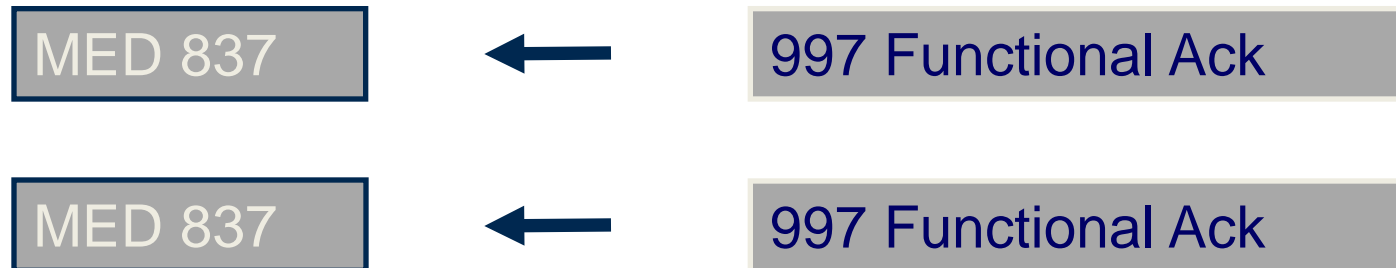
An 02 or 05 could have been accepted following an 00.

How does WA L&I
communicate the
status of EDI
reports?

How does WA L&I communicate the status of EDI reports?

Trading Partner sends (837):

WA L&I returns Acknowledgments (997):

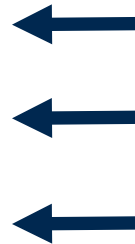


The X12 997 Functional Acknowledgment reports the status of a received interchange. It reports each structure error encountered while processing the received document.

WA L&I receives the Medical file (837) and sends a 997 Functional Acknowledgment for each Medical file sent to WA L&I.

How does WA L&I communicate the status of EDI reports?

Trading Partner sends (837):



WA L&I returns Acknowledgments (824):



If the Medical 837 file passes the structure edits as indicated by the 997 then WA L&I sends a EDI Acknowledgment Record (824) for each Medical report (837) sent to WA L&I.

The acknowledgment records will be contained in one file to match the corresponding medical bill report file.

What are the options for EDI submissions?

What are the options for EDI submissions?

The options for EDI submissions of the Medical Bill data are:

- a. Report for yourself or,
- b. Have someone else report on your behalf?

Steps for Implementing Medical Bill EDI



Steps for Implementing Medical Bill EDI

1. **Obtain** the IAIABC Medical Release 2.0 Guide, publication date February 1, 2016 and other support guides such as ASC X12 Standards Manual.
2. **Obtain** WA L&I Implementation/Requirements Information
3. **Determine** how you will handle your EDI reporting:
 - a. Report for yourself or,
 - b. Have someone else report on your behalf?

Steps for Implementing Medical Bill EDI

4. **Validate** the certified FEIN that WA L&I has on file for your company
5. **Submit** the required Trading Partner Profile (available in August 2016)
6. **Prepare** to send and receive the applicable data
7. **Begin** the Testing Process
8. **Begin** Production Reporting

Need Help?



For questions, please contact the WA L&I EDI
Support Team by sending an email to
walniedi@iso.com.

Questions and Answers

- Discuss questions received at walniedi@iso.com during the Information Session.

- Reminder:
 - All questions and answers will be available online at www.walniedi.info shortly after the Information Session.

 - This Information Session is being recorded and will be available online for future viewing at www.walniedi.info.

Thank you for attending the WA L&I Medical Bill Electronic Data Interchange (EDI) Information Session



Please Visit us Online: www.walniedi.info