



Washington State Department of Labor & Industries

Frequently Asked Questions

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General Information

1. Who is ISO?

WA L&I has selected ISO's Workers Compensation Solutions division to help implement Medical Bill Reporting EDI. In addition to managing the technical aspects of data submittal, ISO will be your main contact for implementation, technical requirements, and any questions you may have.

2. What is EDI?

Electronic Data Interchange (EDI) is the electronic exchange of data between business trading partners, in a standardized format. Washington State Labor & Industries (WA L&I) is using the IAIABC National Standard.

3. Where can I find the information about the IAIABC EDI Medical Standard?

Go to iaabc.org or go directly to http://www.iaabc.org/iaabc/EDI_Medical.asp for additional information.

4. In what format will WA L&I collect medical bill data?

WA L&I will only accept the ANSI X12 Version 5010 contained in the IAIABC EDI Workers' Compensation Medical Bill Data Reporting Implementation Guide, Release 2.0 February 1, 2016 Publication.

5. Where are WA L&I's Medical Implementation Guide and Requirements found?

Please refer to the EDI Resources section of our [website \(www.walniedi.info\)](http://www.walniedi.info). Requirements can be found under the "[EDI Requirements](#)" link. Other information, including a Washington specific Implementation Guide, can be found under the "[Implementation Info](#)" link.

6. How do I contact WA L&I with questions on EDI Reporting?

Send an email to the WAL&I EDI Support Mailbox at walniedi@iso.com.

7. When do we start reporting medical bills if we missed the Targeted reporting date of July 1, 2017?

If not in Production by July 1, 2017, replace any reference to "7-1-17" with your Production Date. This applies to the WA L&I Medical Event Table-Targeted for:

- "From" date under Event Rule Criteria
- "Trigger Value" under "What Triggers the Report?".

Trading Partner Information

8. What is a Trading Partner?

The Trading Partner is the sender or submitter of the data.

The Self-Insured Employer (SIE) is the Trading Partner when:

- The SIE sends the data directly to L&I's Medical Bill Reporting EDI.
- The SIE purchases software to collect and send the data. **NOTE:** If the SIE asks the software vendor to send the data, then the software vendor is the Trading Partner.

The Third-Party Administrator (TPA) is the Trading Partner when:

- The TPA sends the data directly to the Medical Bill Reporting EDI.
- The TPA purchases software to collect and send the data directly.

A third-party vendor is the Trading Partner when:

- A medical bill review company (MBRC) is hired to send the data to the Medical Bill Reporting EDI.
- An electronic data interchange (EDI) vendor is hired to send the data to the Medical Bill Reporting EDI.

Examples of multiple Trading Partners:

- A self-administered employer (SAE) sends professional bill data, while pharmaceutical and institutional bills are sent to an EDI Vendor. In this case there are two Trading Partners — the SAE and the EDI Vendor.
- The TPA reviews all Professional bills while sending hospital bills to a medical bill review company. In this case, there are two Trading Partners — the TPA and the medical bill review company.

9. How to become a Trading Partner?

To register as a go to Washington L&I EDI. Click on the link for [Trading Partner Registration](#) and complete the online registration form. ISO also provides detailed [registration instructions](#) on how to complete the online form.

The registration process may take up to 48 hours. Once ISO has approved your registration, you will receive an email notification.

Trading Partners can register for multiple self-insured employers on the same form. Registrations can also be updated later if a Trading Partner develops a new business relationship with a self-insured employer or third-party administrator. For help, contact ISO at walniedi@iso.com.

10. Do Self-Insured Employers have to sign up as Trading Partners or can their vendor or Third Party Administrator (TPA) submitting data for a Self-Insured Employer sign them up?

The vendor, TPA or Self-Insured Employer can register as the Trading Partner. WA L&I will verify that each Self-Insured Employer has a Trading Partner relationship.

11. Will all Self-Insured Employers be required to report medical bills via EDI, regardless of claim volume?

Correct, the reporting requirement is for all Self-Insured Employers regardless of the claim volume.

12. Will WA require the “original” claim number, if the payer changes the claim number?

WA will require the original jurisdictional claim number. WA jurisdictional claim numbers are assigned and controlled by WA L&I. The WA jurisdictional claim number should not change from the original number at any point in the life of a claim – even if transferred from one claims administrator to another.

Testing Information

13. Does the Test/Production flag in the ISA segment need to be set to “T” (Test) for the duration of our testing?

Yes, it is important to differentiate between the test and production environments.

You may report data for the same claims in both test and production as long as the flag indicated a Test file versus a Production file (T-Test, P-Production).

14. What is the preferred naming convention for files?

WA L&I does not require a specific file naming convention for Test or Production files transmitted to WA. The script will rename the files to ensure they are unique.

The preferred naming convention for the incoming Medical 837 files to WA L&I is:

WA_MED20_DateFileCreated_TimeFileCreated_TestProd.edi

1. WA: Washington State Code
2. MED20: Interchange Version ID
3. DateFileCreated: Date File Sent (YYYYMMDD)
4. TimeFileCreated: Time File Sent (HHMMSS). “Time file sent” must be unique if multiple files are sent on the same date.
5. TestProd: TestProd in the filename will be used to indicate whether the transactions contained in the file are targeted to a receiver’s “P=production” or “T=test” system.

Example Production File: WA_MED20_201005_120300_P.edi

Example Test File: WA_MED20_201005_120300_T.edi

For the 824 and 997 ack files submitted from WA L&I to Trading Partner, you will receive:

997 ACK:

ACKTRANSACTION_NUMBER_ACK_WAMEDTestProd_Date837FileCreated_Time837FileCreated.txt **824**

ACK:

ACKTRANSNUMBER_ACK_WAMEDTestProd_Date837FileCreated_Time837FileCreated_DATEANDTIMEPROCESSED.txt

1. ACKTRANSNUMBER: 824 or 997
2. ACK: Indication of an acknowledgment file.
3. WA: Washington State Code
4. MED: Report Type
5. TestProd: TestProd in the ack filename will be used to indicate whether the transactions contained in the file are targeted to a receiver's "P=production" or "T=test" system.
6. Date837FileCreated: Date file received & routed to our process (YYYYMMDD)
7. Time837FileCreated: Time file received & routed to our process (HHMMSS).
8. DATEANDTIMEPROCESSED: Date and Time file Processed. This additional timestamp is added for 824 only.

For example, submission filename:

WAMEDP_20161116_233503.txt

Example ack filenames:

997_ACK_WAMEDP_20161116_233503.txt

824_ACK_WAMEDP_20161116_233503_20161117022852672.txt.

15. For Phase II testing, how many Jurisdictional Claim Numbers (JCNs) should be provided?

Please provide a minimum of 3 JCNs for claims that have already been reported to WA L&I. These will be used only for testing match data (Insurer FEIN, JCN, Worker DOB, and Worker DOI).

16. How will we receive the 824 Acknowledgement file?

Acknowledgements will be sent to the '/med_acks' folder of the Direct SFTP account.

17. Are we required to test ALL of the scenarios in the Tracking worksheet even though we do not process all bill types?

You are expected to complete all testing relevant to the bill types that you will submit in production. You do not have to create artificial test data for bill types you would not normally process.

Bill & Submission Information

18. What medical bill types are reported to WAL&I?

Professional, institutional, dental and pharmacy.

19. What actions on a bill require submittal for EDI Purposes?

For EDI purposes:

1. Report all bills presented on a proper billing form, including rebills (duplicates), and denials. This includes, but is not limited to, those denied for any of the following reasons:
 - As not related to the industrial injury
 - The claim is under investigation
 - Lack of supporting documentation
 - Must have been received within one year of date of service to be considered (WAC 296-20125(5))
 - Patient's condition is not work related.
2. You do not need to report any bill that is returned for administrative reasons, including the following:
 - Not presented on a proper billing form (for example, an invoice)
 - Incorrect or incomplete proper billing forms
 - Provider doesn't have a WA L&I Provider number. While Medical Bill EDI submissions don't include the WA L&I Provider number, this is an administrative reason for returning the bill to the provider.

This information is included in the [WA L&I Medical Event Table Overview-Voluntary and Targeted](#).

20. What does Washington expect concerning bills submitted from providers outside the country?

Washington tables accommodate Facility codes outside of the United States. In instances when an out of country Facility Code is provided, neither the National Provider ID (NPI) nor the Provider Federal Employment Insurance Number (FEIN) are required. This will allow the reporting of Out of Country Medical bills.

21. When reporting pharmacy bills, how do I report the prescribing provider's information?

Prescribing provider information is reported in the Referring Provider data elements (DN0690 and DN0699).

22. How do I find the required National Provider Identifier (NPI) for a Pharmacy bill if not provided?

The [NPI Number Look-up](#) can be used to find the NPI for any provider. When the provider is required to be in the Washington Medical Provider Network (MPN), L&I's [Provider Network Status Report](#) (PNSR) can also be used to look up the NPI.

When the pharmacy provider bills on any of the L&I billing forms ([Statement for Miscellaneous Services](#), [Statement for Pharmacy Services](#), or [Statement for Compound Prescription](#)); they can choose to give either the NPI or the L&I Provider number. Giving the L&I Provider number when using one of these L&I forms is considered a proper bill. The bill should not be rejected when the provider gives the L&I Account ID.

23. Do I have to report Nurse Case Manager bills?

No, you don't need to report NCM bills.

24. What medical bill submission reason codes (BSRC- DN0508) are reported to WA L&I?

WA L&I accepts BSRC 00(original), 01(cancellation), 02 (correction) and 05 (replace). The BSRC 09(encounter) will not be reported.

25. Will the Certified UBI# be required for medical bill reporting?

No, we will not require the UBI number for medical bill EDI reporting.

We do need the UBI number in order to establish a new claim in our system, and we requested that this element be added to the claims EDI data dictionary. It will be our intent to collect it when we move to implement the claims EDI.

For medical bill EDI, we are planning to accept medical bill data only when the corresponding claim already exists in our system. By virtue of having the claim we will already have the UBI number.

26. What values and format are expected in the ISA06/ISA08 and the GS02/GS03 interchanges (each have a maximum length of 15 characters)?

ISA06/ISA08

ISA06 = Interchange Sender ID, populate with the Sender FEIN (No Postal Code)

ISA08= Interchange Receiver ID, populate with the Receiver FEIN (No Postal Code)

GS02/GS03

GS02 = Interchange Sender ID, populate with the Sender FEIN (No Postal Code)

GS03 = Interchange Receiver ID, populate with the Receiver FEIN (No Postal Code)

Reporting Timeframes Information

27. What is the timeline for reporting medical bills?

All paid, denied and adjusted bills should be reported to WA L&I within 30 calendar days of the bill payment, denial or adjustment. Self-Insurers are required to pay all fees and medical charges within sixty days of receipt by the self-insured of a proper billing (for complete text, see [RCW 51.36.085](#)).

28. What is the timeline for cancelling a bill sent in error?

Cancellations must be reported as soon as the Trading Partner knows that a medical bill was sent in error.

29. What is the timeline for correcting an inaccurate data element?

Corrections must be reported as soon as the Trading Partner knows that a data element is inaccurate.

30. What is the timeline for resubmitting a rejected bill transaction?

Resubmittal of rejected transactions must be done immediately upon receipt of the rejection acknowledgement.

31. Do I have to report historical medical bill data on active claims?

No, only report bills where the first medical payment/denial action was taken on or after your Trading Partner implementation date.

32. What if the original bill was paid before required medical bill data reporting; but request for reconsideration from the provider is received after the required reporting date?

Since the original bill was paid before reporting was required, the reconsideration action would not need to be reported.

33. Do I have to report bill data for employers who are no longer self-insured but still have active self-insured claims?

No, initial reporting requirements are for those Self-Insured Employers who are still actively self-insured. However, if a currently active Self-Insured Employer later becomes inactive, they must continue to report any bill activity on their remaining self-insured claims. Reporting can cease when the employer's self-insured account status with Washington has been changed to "finalled".

Data Element Code Sources

34. When specific codes are required for reporting, will there be a reference list?

When the tables require reporting of codes, for example procedure or bill adjustment reason codes, the codes available for use in WA will be listed or a link to the complete list will be provided.