



California Workers' Compensation Institute
1111 Broadway Suite 2350, Oakland, CA 94607 • Tel: (510) 251-9470 • Fax: (510) 251-9485

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VIA E-MAIL to dwcrules@dir.ca.gov

Maureen Gray, Regulations Coordinator
Department of Industrial Relations
Division of Workers' Compensation, Legal Unit
Post Office Box 420603
San Francisco, CA 94142

RE: 1st Forum Comments -- WCIS

Dear Ms. Gray:

These Forum comments on a draft WCIS Implementation Guide for Medical Bill Payment Records Release 2 are presented on behalf of members of the California Workers' Compensation Institute (the Institute). Institute members include insurers writing 70% of California's workers' compensation premium, and self-insured employers with \$42B of annual payroll (24% of the state's total annual self-insured payroll).

Insurer members of the Institute include ACE, AIG, Alaska National Insurance Company, AmTrust North America, Chubb Group, CNA, CompWest Insurance Company, Crum & Forster, Employers, Everest National Insurance Company, Farmers Insurance Group, Fireman's Fund Insurance Company, The Hartford, Insurance Company of the West, Liberty Mutual Insurance, Pacific Compensation Insurance Company, Preferred Employers Insurance Company, Springfield Insurance Company, State Compensation Insurance Fund, State Farm Insurance Companies, Travelers, XL America, Zenith Insurance Company, and Zurich North America.

Self-insured employer members are Adventist Health, Agilent Technologies, City and County of San Francisco, City of Santa Ana, City of Torrance, Contra Costa County Schools Insurance Group, Costco Wholesale, County of San Bernardino Risk Management, County of Santa Clara Risk Management, Dignity Health, Foster Farms, Grimmway Enterprises Inc., Kaiser Foundation Health Plan, Inc., Marriott International, Inc., Pacific Gas & Electric Company, Safeway, Inc., Schools Insurance Authority, Sempra Energy, Shasta County Risk Management, Southern California Edison, Sutter Health, University of California, and The Walt Disney Company.

Introduction

With programming sources already under stress from multiple concurrent programming demands necessary to address SB 863 regulatory changes, this is a difficult time to make a switch to a new Implementation Guide release that will require yet more programming changes to comply. An implementation date that is twelve months after the date of adoption, and a six month grace period during which bugs can be identified and fixed will be appreciated.

The Institute offers the recommendations and comments that follow.

Recommendation – version number

Replace “Release 2” with “Version 2.0” on the cover page.

Discussion

The current California EDI Implementation Guide for Medical Bill Payment Records uses the nomenclature “Version 1.1.” The term “Version 2.0” should be used for consistency to avoid confusion.

Recommendation – version effective date

Replace “January 1, 2014” with “(DATE TO BE INSERTED BY OAL – 12 MONTHS FOLLOWING APPROVAL AND FILING WITH SECRETARY OF STATE)” on the cover page.

Discussion

The DIR Newsline 49-13 stated that “The Division of Workers’ Compensation (DWC) is planning to transfer the Workers’ Compensation Information System (WCIS) from International Association of Industrial Accident Boards and Commissions (IAIABC) Medical Release 1.1 to IAIABC Medical Release 2 in the fall of 2014” therefore “January 1, 2014 is not appropriate. When adopted and approved by the Office of Administrative Law, sufficient time is necessary to permit programming changes, testing, workflow changes, training, and implementation prior to the implementation that should appear on the cover page.

Recommendation – unnecessary medical data elements

Delete unnecessary medical data element from the tables that begin on pages 40, 48 and 57 of the draft Guide, and from the draft validation table.

Discussion

Not all the data elements added in these drafts appear to be necessary. The following are examples of added data elements that may not be necessary:

- 0505 – bill frequency type code – a mandatory code (M), may be listed in error as it does not appear to match the fields and bill type information listed in the tables, and if not listed in error, correction and clarification is necessary
- 0548 – billed DRG code -- a mandatory conditional code (MC), is not necessary because there is no field for a billed DRG code on the standard billing form, and if a DRG code is not billed it cannot be reported
- 0539 – billing provider secondary address – a mandatory conditional code (MC), is not necessary, and no field is provided for this information on any of the four standard billing forms
- 0685 – facility secondary address – applicable/available item accepted (AA), is not required, is not necessary, and no field is provided for this information on the standard billing forms

- 0625 – HIPPS rate code (MC) – is not necessary because there is no California workers' compensation fee schedule that uses HIPPS codes and they are therefore neither captured nor used
- 0551 – procedure description (MC) – it is neither reasonable nor necessary to require the claims administrator to devise and enter manual descriptions of procedures over and above the standard codes and descriptors
- 0660 – supervising provider middle name/initial -- surely it is not necessary to report the supervising provider's middle name or initial.

Recommendation – medical data element tables

Revise the medical data element tables that begin on pages 48 and 57 of the draft Guide, and the draft validation table to make them consistent with the data elements listed in the table that begins on page 40.

Discussion

The data element listings in each of the tables in the draft Guide and validation are inconsistent:

- Twelve data element codes (102, 103, 104, 108, 109, 110, 111, 115, 116, 593, and 743) appear in the *California Medical Data Elements by Source* table that begins on page 40 of the draft Guide, but not in the *Medical Data Element Requirement Table* that begins on page 48
- Five codes (255, 500, 529, 640, and 663) appear in the *Medical Data Element Requirement Table* that begins on page 48, but not in the *California Medical Data Elements by Source* table that begins on page 40
- Four codes (255, 640, 663, and 683) appear in the *Medical Data Element Requirement Table* that begins on page 48, but do not appear in the list of *California adopted IAIABC data edits and California specific data edits and error messages* that begins on page 57
- Two codes (660 and 761) appear in the list of *California adopted IAIABC data edits and California specific data edits and error messages* that begins on page 57, but not in the *Medical Data Element Requirement Table* that begins on page 48
- Five codes (586, 587, 589, 592, and 595) are accidentally duplicated in on page 52 in the *Medical Data Element Requirement Table* that begins on page 48
- Two data elements (640 and 663) appear in the draft *Validation* table but not in the list of *California adopted IAIABC data edits and California specific data edits and error messages* that begins on page 57
- Eight data elements (98, 99, 100, 101, 532, 595, 615, and 660) appear in the list of *California adopted IAIABC data edits and California specific data edits and error messages* that begins on page 57, but not in the draft *Validation* table
- Fields are named for Req #s 26, 65, 78, 83, 87, and 142 and described as “not DNs” in the draft *Validation* table; should codes be assigned to them
- Req # 116 of the draft *Validation* table appears to be missing its code number (DN) and data field name without explanation
- Three data elements (521, 535, and 522) appear in the draft *Validation* table multiple times with different Req #s; this may cause confusion if not cross-referenced or grouped.

Making the tables consistent will eliminate confusion over which elements are adopted and the rules associated with them.

Recommendation – medical data element field discrepancies

Make WCIS data fields consistent with the Medical Billing and Payment Guides.

Discussion

We note the WCIS tables use different names for data fields than the Medical Billing and Payment regulations and guides.

Recommendation – other medical data element issues

Review the data element information in the tables and correct errors and omissions in the tables.

Discussion

Some information is missing from data element tables, such as the source for some data elements and some source fields for standard billing forms. Data element 741- contract line type code, has no source listed, and as this data is not available to bill review, is often proprietary information, and is not captured, it should be deleted. Some information is incorrect, such as the name for data element 0527 on page 50, as well as incorrect billing field references and unexplained question marks in the first table. The duplicate listings for data elements 0586, 0587, 0589, 0592, and 0595 on page 52 and in the validation table should be removed. Since DME is subject to payment under the DMEPOS fee schedule, DME language should be removed from the business condition/mandatory trigger language on page 55 for data element 0728 – NDC paid code.

Recommendation – legend for California specific bill type code

Clarify that the “bill type” in the legend for bill type code table on page 48 is determined by the type of standard billing form applicable if the billing was a paper submission.

Discussion

Clarification of how to determine the correct bill type code is necessary. For example, when a physician bills for a drug that dispensed from his or her office, is the correct bill type code P or RX?

Recommendation – lump sum bundled lien bill payment section

Provide the code options for all fields in the Guide.

Discussion

Compliance will improve if the code options are made available.

Recommendation – lump sum bundled lien bill payment section

Revise this section to conform to Senate Bill 863 changes, and clarify for users under what circumstances they must report, and what, when and how they must report.

Discussion

The information in this section is outdated and incomplete. It is important to update this section to comply with the recent statutory changes and to provide all the information necessary for users to understand what, when and how they must report. Referring the user instead to purchase an IAIABC Guide that does not address the recent statutory changes in California will result in unnecessary confusion and non-compliance.

Thank you for considering this testimony. Please contact me if further clarification is needed.

Sincerely,

Brenda Ramirez
Claims & Medical Director

BR/pm

cc: Destie Overpeck, DWC Acting Administrative Director
CWCI Claims Committee
CWCI Medical Care Committee
CWCI Legal Committee
CWCI Regular Members
CWCI Associate Members