Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
CA EDI Implementation Guide (FROI/SROI)-Version 3.1 – Completeness & Accuracy Quality Requirements	Commenter references the requirement that data quality that Trading Partners should strive to meet or exceed is at least 95% and that TE 148CO accepted corrections within 60 calendar days. Commenter would like to know if this timeliness measurement only applies to claims that were reported to the claim administrator on/or after the effective date of the regulation that have EDI reports filed. Commenter would like to know if this timeliness measurement apply to claims that were reported to the claim administrator prior to the effective date of the regulation (i.e. legacy version 3.0 claims) that have EDI reports filed on/after the effective date of the regulation. Commenter would like to know if this timeliness measurement applies to claims that were reported to the claim administrator prior to the effective date of the regulation (i.e. legacy version 3.0 claims) that had EDI	George Poulin Manager, Commercial Insurance Compliance Liberty Mutual December 10, 2016 Written Comment	The timeliness measures only apply to claims with a date of claim administrator knowledge that falls after the effective date of the proposed regulation. Claims with a date of knowledge prior to the effective date of the proposed regulation will not be used in assessing timeliness of reporting.	None taken.

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	reports filed prior to the effective date of the regulation (i.e. retroactive timeliness measurements).			
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	Commenter states that there are several data elements that are either not required to be billed by providers in the **California Division of Workers Compensation Medical Billing and Payment Guide** or do not reference a source field on the paper version of the bill in the **California Medical Data Elements by Source** section of the guide.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Where a data element has a source in one of the medical forms, the field has been added to the California Implementation Guide. When the source is not one of the medical forms, the originator of the data is indicated as one of the following: payer, jurisdiction, health care provider or the data sender. In addition, none of the data elements commented on by this commenter are new data elements added during this rulemaking. Trading Partners are already reporting on these fields pursuant to the IAIABC Medical Workers' Compensation Medical Bill Data Reporting Implementation Guide, Release 2.0 February 1, 2015 publication. Furthermore, to the extent possible, WCIS medical bill reporting	Field source code information has been added to the Required Medical Data Elements table.

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
			requirements are consistent with the California Guide to Medical Billing and Payment. However, in addition to being consistent with the California Guide to Medical Billing and Payment, these WCIS regulations have adopted IAIABC Medical Workers' Compensation Medical Bill Data Reporting Implementation Guide, Release 2.0 February 1, 2015 publication standard, which is based on the ANSI X12 837 standard. Certain data elements, while not required to be reported, are required to maintain the structural integrity of the 837 file, which appears to have caused some confusion for this commenter regarding WCIS reporting standards.	
CA EDI Implementation Guide – Section VI: Required Medical	**DN0537 BILLING PROVIDER PRIMARY SPECIALTY CODE** Page 39 on the Guide titled **California Medical Data Elements by Source**	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims	Please see prior response. This field has nevertheless been clarified.	For DN0537, the field source for field 81 on the UB-04 form has been

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Data Elements (Name and Source)	has a change indicating that this field is 81B3 on UB-04 bills. Commenter opines that this is confusing as the field number is listed followed by the qualifier the provider is to use for the taxonomy code (B3). Field 81 does have a field labeled 'B3'. Commenter states that there should be a clarifying note for this field that B3 is the qualifier and not the field number. Commenter states that, on this field, it is required on all bill types. Required when DN0528 Billing Provider Last/Group Name is present. Commenter notes that there is no field listed for Pharmacy or Dental bills in the **California Medical Data Elements by Source** section.	Liberty Mutual December 15, 2016 Written Comment		clarified from "81b" to "81(B3 Code)."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	DN0605 SERVICE LINE DATE(S) RANGE – Mandatory field for all bill types. On the **California Medical Data Elements by Source** section in the Guide, field 45 is referenced for the UB-04 bills. On Dental bills, there is no field listed. On the **Medical Billing and Payment Guide**, the field for the UB-04 is listed as Situational so providers are not required to bill	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment. This field has nevertheless been clarified. This requirement is mandatory pursuant to the 2015 IAIABC standard.	The following source fields were added for DN0605: for CMS 1500, "24a" was added and for ADA, "24" was added.

	this field.			
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	DN0622 ADMISSION HOUR – Mandatory Conditional for institutional bills. Required when reporting institutional bills and an inpatient admission was involved. Field 13 is referenced for UB-04 bills on the **California Medical Data Elements by Source** section in the Guide. On the **Medical Billing and Payment Guide,** the field is listed as Situational and providers are not required to bill this field. There are no instructions to bill this field on an inpatient admission.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	The California Medical Implementation Guide business trigger is correctly stated. Explaining how to bill Admission Hour is beyond the scope of the WCIS Medical data reporting regulation. Further explanation of how Admission Hour is billed can be found on the UB-04 Data Specification Manual for field 13.	None taken.
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	DN0638 RENDERING BILL PROVIDER LAST/GROUP NAME – Mandatory Conditional for all bill types. Required when different from DN0528 Billing Provider Last/Group Name and DN0589 Rendering Line Provider not identified on the medical bill received by the insurer or claims administrator. For UB-04 bills, field 76 is referenced on the **California Medical Data Elements by Source** section in the Guide. On the **Medical Billing and Payment Guide**, the field is listed as Situational for UB-04	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	It is essential for WCIS to collect data regarding providers of medical services. The value of the data received by WCIS is reduced significantly if the identity of the provider of the medical service is missing from the collected data. Therefore, every bill must include the DN0528 Billing Provider Last/Group name, and this is also required in the California Billing and Payment Guide.	The source field for DN0638 (Rendering Bill Provider Last/Group Name) for UB-04 has been amended as follows: "76-79."

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	paper bills and providers (attending physicians) are not required to bill this field.		When DN0582 (Billing Provider) is the same as DN0589 (Rendering Billing Provider), providers are not required to report both data elements. DN0589 is required when it is different from DN0528. The originator of DN0528 data is the health care provider, and this information should therefore be available to them.	
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	DN0639 RENDERING BILL PROVIDER FIRST NAME - Mandatory Conditional for all bills. Required when DN 0638 Rendering Bill Provider Last/Group Name is present and the rendering bill provider is a person. For UB-04 bills, field 76 is referenced on the **California Medical Data Elements by Source** section in the Guide. On the **Medical Billing and Payment Guide**, the field is listed as Situational for UB-04 paper bills and providers (attending physicians) are not required to bill this field.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The source field for DN0639 (Rendering Bill Provider First Name) for UB-04 has been amended as follows: "76-79."
CA EDI	DN0643 RENDERING BILL	Anna Cappetelli,	Please see response to second	The following

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	PROVIDER STATE LICENSE NUMBER - Mandatory Conditional for all bills. Required when DN 0638 Rendering Bill Provider Last/Group Name is present and the provider is not eligible for an NPI. If provider is not eligible for state licensing, enter 999999999. On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the UB-04 or CMS-1500 paper bills for this field.	CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	comment in this chart.	source fields have been added for DN0643 (Rendering Bill Provider State License Number): CMS1500 "24 I-J" and UB-04 "76-79."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	DN0647 RENDERING BILL PROVIDER NATIONAL PROVIDER ID. - Mandatory Conditional for all bill types. Required when DN0638 Rendering Bill Provider Last/Group Name is present, and the provider is eligible to receive an NPI. On the **Medical Billing and Payment Guide**, the field is listed as Situational for UB-04 paper bills and providers are not required to bill this field.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN0647 (Rendering Bill Provider National Provider ID): CMS1500 "24 I-J" and UB-04 "76-79."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name	DN0651 RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE – - Mandatory Conditional on all bills. Required when DN 0638 Rendering Bill Provider Last/Group	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual	Please see response to second comment in this chart.	The source field for DN0651 (Rendering Bill Provider Primary Specialty Code) has been

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
and Source)	Name is present and is a person. On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the UB-04 or pharmacy paper bills. On the **Medical Billing and Payment Guide**, the field is listed as Situational for UB-04 paper bills and providers are not required to bill this field. For CMS-1500 bills, this field is listed as Situational and providers are not required to bill this field.	December 15, 2016 Written Comment		added for UB04 as "76-79."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0587 RENDERING LINE PROVIDER FIRST NAME DN0589 RENDERING LINE PROVIDER LAST/GROUP NAME – Mandatory Conditional field for Institutional, Professional and Dental bills. Required when identified on the medical bill received by the insurer and claims administrator and different from DN0528 Billing Provider Last/ Group Name. There are no fields on the UB-04, CMS1500 or ADA Dental paper bill for these fields.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The requirements for DN0587 (Rendering Line Provider First Name) and DN0589 (Rendering Line Provider Last/Group Name) for BSRC 00, 02 and 05 were changed from "MC" to "AA."
CA EDI Implementation Guide – Section VI:	DN0592 RENDERING LINE PROVIDER NATIONAL PROVIDER ID – Mandatory	Anna Cappetelli, CPCU, Manager Commercial	Please see response to second comment in this chart.	The following source fields have been added for

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Required Medical Data Elements (Name and Source) Requirement Table	Conditional for Institutional, Professional and Dental bills when DN0589 reported. There is no field on a UB-04 or ADA Dental paper bill for this field.	Insurance Claims Liberty Mutual December 15, 2016 Written Comment		DN0592 (Rendering Line Provider National Provider ID): for UB04 "76-79," and for ADA "54".
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0595 RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE – Mandatory Conditional for Institutional, Professional and Dental bills when DN0589 reported. There is no field on a paper UB-04 or ADA Dental form for this field.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN0595 (Rendering Line Provider Primary Specialty Code): for UB-04 "76-79," and for ADA "58a."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0599 RENDERING LINE PROVIDER STATE LICENSE NUMBER - Mandatory Conditional for Institutional, Professional and Dental bills when DN0589 reported and DN0592 not reported. No field on a paper UB-04 or ADA Dental form for this field.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN0599 (Rendering Line Provider State License Number): for UB-04 "76-79," and for ADA "55."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source)	DN0690 REFERRING PROVIDER LAST/GROUP NAME - Mandatory Conditional for all bills. Required when the service provided involves a referral. On the **California Medical Data Elements by Source** section in	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016	Please see response to second comment in this chart.	The source field for DN0690 (Referring Provider Last/Group Name) was removed because it is incorrect.

Requirement Table	the Guide, the field referenced on the dental paper bills (42) is incorrect. Field 42 is Months of Treatment Remaining.	Written Comment		
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN691 REFERRING PROVIDER FIRST NAME – Mandatory Conditional on all bills. Required when DN0690 (Referring Provider Last/Group Name) is present. On the **California Medical Data Elements by Source** section in the Guide, the field referenced on the dental paper bills (43) is incorrect. Field 43 is Replacement of Prosthesis.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The source field for dental for DN0691 (Referring Provider First Name) was removed because it is incorrect.
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0699 REFERRING PROVIDER NATIONAL PROVIDER ID – Mandatory Conditional on all bills. Required when DN0690 (Referring Provider Last/Group Name) is present and the provider is eligible to receive an NPI. On the **California Medical Data Elements by Source** section in the Guide, the field referenced for CMS-1500 bills is 17b. On the **Medical Billing and Payment Guide**, the field is listed as Situational – If Known for paper bills and providers are not required to bill this field.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	The WCIS requirement for DN0699 (Referring Provider National Provider ID) is not mandatory. It states the DN is to be reported if there is a referral and DN0690 (Referring Provider Last/Group Name) is present.	None taken.
CA EDI	DN0678 FACILITY NAME -	Anna Cappetelli,	Please see response to second	The following

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	Mandatory Conditional on all bills. Required when the service facility information is different from the billing provider information (when the services were not provided at the billing provider's address). On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the dental or pharmacy paper bills.	CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	comment in this chart.	source fields have been added for DN0678 (Facility Name): for NCPDP "34" and for ADA "48."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0680 FACILITY STATE LICENSE NUMBER - Mandatory Conditional on all bills. On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the dental or pharmacy paper bills.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN0680 (Facility State License Number): for ADA "56" and for NCPDP "32."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0682 FACILITY NATIONAL PROVIDER ID – Mandatory Conditional on all bills. Required when the facility is eligible to receive an NPI and facility information is different from the billing provider information. On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the dental or pharmacy paper bills.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN0682 (Facility National Provider ID): for NCPDP "33" and for ADA "49."

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0684 FACILITY PRIMARY ADDRESS - Mandatory Conditional on all bills. Required when DN678 (Facility Name) is reported. On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the dental or pharmacy paper bills.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN0684 (Facility Primary Address): for NCPDP "35" and for ADA "56."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0686 FACILITY CITY - Mandatory Conditional on all bills. Required when DN678 (Facility Name) is reported. On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the dental or pharmacy paper bills.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN 0686 (Facility City): for NCPDP "36" and for ADA "56."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0687 FACILITY STATE CODE - Mandatory Conditional on all bills. Required when DN678 (Facility Name) is reported. On the **California Medical Data Elements by Source** section in the Guide, there is no field referenced on the dental or pharmacy paper bills.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source fields have been added for DN0687 (Facility State Code): for NCPDP "37" and for ADA "56."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name	DN0688 FACILITY POSTAL CODE - Mandatory Conditional on all bills. Required when DN678 (Facility Name) is reported. On the **California Medical Data Elements by Source**	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual	Please see response to second comment in this chart.	The following source fields have been added for DN0688 (Facility Postal Code): for

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
and Source) Requirement Table	section in the Guide, there is no field referenced on the dental or pharmacy paper bills.	December 15, 2016 Written Comment		CMS 1500, "32," for UB-04, "1," for NCPDP, "38" and for ADA, "56."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN510 DATE OF BILL – Mandatory field for all bill types. There is no field listed for UB-04 or dental paper bills on **California Medical Data Elements by Source.**	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source field has been added for DN0510 (Date of Bill), for UB-04, "45 (line 23)."
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0514 DISCHARGE DATE – Mandatory Conditional field to report for inpatient institutional bills. There is no field to list the date on the UB04 paper bill. There is no field listed for UB-04 on **California Medical Data Elements by Source.**	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart.	The following source field has been added for DN0514 (Discharge Date): for UB-04, "06".
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0569 BILLING PROVIDER COUNTRY CODE – Mandatory Conditional field for all bills. There is no corresponding field listed for UB04, Pharmacy or Dental paper bills in the **California Medical Data Elements by Source.**	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart. The originator of DN0569 (BILLING PROVIDER COUNTRY CODE) is the provider. The provider's Country Code is required only for addresses outside of the United States.	The source field for DN0569 (Billing Provider Country Code) has been added as "01" for UB 04.
CA EDI Implementation	DN0555 PLACE OF SERVICE BILL CODE – Fatal Field for Professional,	Anna Cappetelli, CPCU, Manager	Please see response to second comment in this chart.	The following source fields have

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	Pharmacy and Dental. No field listed on the **California Medical Data Elements by Source** for Professional or Pharmacy paper bills.	Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment		been added for DN0555 (Place of Service Bill): for CMS 1500, "24 B" and for ADA "38." The Place of Service Bill Code for Pharmacy Paper Bill should always be "01" (pharmacy).
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0556 CONDITION CODE – Mandatory Conditional. No field listed on the **California Medical Data Elements by Source** for Dental paper bills.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	If the condition is not met, DN0556 (Condition Code) is not reportable.	None taken.
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name and Source) Requirement Table	DN0557 DIAGNOSIS POINTER – Mandatory field for Professional and Dental. For dental, DN0522 Diagnosis Code is not mandatory.	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual December 15, 2016 Written Comment	Please see response to second comment in this chart. DN0522 (Diagnosis Code) is mandatory for dental bills.	None taken.
CA EDI Implementation Guide – Section VI: Required Medical Data Elements (Name	DN0714 HCPCS LINE PROCEDURE BILLED CODE - - Required for institutional outpatient bills when DN0715 (Jurisdiction Procedure Billed code) and DN0625	Anna Cappetelli, CPCU, Manager Commercial Insurance Claims Liberty Mutual	The requirement is correctly stated. An outpatient bill will have either DN0715 (Jurisdiction Procedure Billed code) or DN0625 (HIPPS	None taken.

and Source) Requirement Table	(HIPPS Rate Code) are not present. On the **Medical Billing and Payment Guide**, the field is listed as Situational for UB-04 paper bills and providers are not required to bill this field on an outpatient bill.	December 15, 2016 Written Comment	Rate Code) listed.	
9701(m), (n) and (q)	Commenter states that the IAIABC's address should be corrected in these subsections. Commenter notes that subsection (q) has an extra number "4" in the suite number. The correct address is as follows: 7780 Elmwood Avenue, Suite 207 Middleton, Wisconsin 53562 Commenter notes that the new address needs to be inserted in subsections (m) and (n) to replace the "5610 Medical Circle" address.	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	Agreed.	This change has been made in each subdivision noted.
CA EDI Implementation Guide for Medical Bill Payment Records, Version 2.0, April 6, 2016	Commenter opines that changes to the "California EDI Implementation Guide for Medical Bill Payment Records" should fall under the umbrella of a new version number 2.1 or 3.0. Regulations should retain the previous changes implemented on	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	WCIS implementation guide version numbering is done to be consistent with IAIABC Release numbering. The effective date printed on the guide will distinguish the different publications of the	None taken.

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	April 6, 2016 and preserve that version of the "California EDI Implementation Guide" at 2.0. If the proposed language is to be kept (with the erasure of the existence of the guide dated April 6, 2016 and the change the trading partners implemented), commenter seeks clarity if the intended effective date of the entire set of regulations and direct trading partners as to if and when we are supposed to revert back to Version 1.1 dated November 15, 2011, and if we are going to have to correct prior transmission sent after 4/6/2016 that did not meet Version 1.1's standards. In its current form, commenter opines that the proposed language would throw into doubt what standards and rules trading partners should have used from April 6, 2016 through the date the revised version of "Version 2.0" is effective. It also throws into doubt what people are supposed to do between the regulation's approval date and six months down the line. Should trading partners revert back to using Version 1.1 between the period the		California Medical Implementation Guide. The California Electronic Data Interchange (EDI) Implementation Guide for Medical Bill Payment Records Version 2.0 (April 6, 2016) will remain in effect until the implementation guide that is currently in the rulemaking process becomes effective (six months after the date the regulations are filed with the Secretary of State).	

	regulations are approved and six months from OAL approval? Commenter states that keeping language in the regulations memorializing the change for the **original** version 2.0 ensures transactions sent under the requirements of "California EDI Implementation Guide for Medical Bill Payment Records, Version 2.0" from 4/6/2016 through the effective date of the revised version of "California EDI Implementation Guide for Medical Bill payment Records, Version 2.0", are not retroactively deemed non-compliant by the erasure of "Version 2.0, Dated April 6, 2016" from the series of Medical Bill Payment Records guides. Renumbering the new version as 2.1 or 3.0 would also help clarify that point.			
9702(c)	**DN32 Reference in Table under §9702(c), footnote (9) (Time of Injury)** Commenter recommends no changes to the requirements for DN32, Time of Injury.	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	Reporting the time of injury for a canceled claim is ***optional*** in the proposed guide and therefore it does not need to be changed in this regulatory footnote. WCIS does not require Time of	None taken.

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	If implementation is to proceed, then commenter recommends changes to footnote (9) in order to match the requirement as stated on pages 59 and 61 of the proposed EDI guide. Currently, footnote 9 does not discuss the exception of cancel transmissions from this requirement (which **is** excluded since it is not one of the MTC listed in the EDI documents as required). Due to the ordering of the inclusion/exception and wording of footnote (9), the claims exempted from the rules in the EDI guide is greater than the group listed in footnote (9). Commenter recommends the following revised language: (9) The Time of Injury (DN32) is required on all non-cumulative trauma transmissions where the Date of Injury (DN31) is on or after the implementation date of the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.1, except for all cancel		Injury to be reported when canceling a claim.	

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	reports, all acquired claim reports, and ~~denied, changed and corrected~~ denial, change, and correction transmissions for claims that have been previously submitted as acquired under subdivision (b) ~~with a Date of Injury (DN31) on or after the implementation date of the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.1~~.			
CA EDI Implementation Guide (FROI/SROI)-Version 3.1 – Completeness & Accuracy Quality Requirements	Commenter seeks clarification if the DIR counts the days between the submission and acceptance against the 10 business and 60 calendar day benchmarks for timeliness of the various FROI/SROI reports. Commenter requests clarification regarding the less than 5% benchmark regarding uncorrected TE acknowledgements. Commenter opines that the benchmark for timeliness for the listed reports be listed at ≥ 90% as opposed to ≥ 95%, and the benchmark for accuracy be listed as ≤ 10% as opposed to ≤ 5%.	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	Timeliness is measured from the transmission date of original FROIs and SROIs, which are, respectively, required within 10 and 15 business days of the event. If there is a TE (transaction accepted with error), the claim administrator (trading partner) has 60 business days to correct the error. The guide states that for a claims administrator, less than 5% of all accepted acknowledgment codes should be an uncorrected transaction with error.	None taken.

Workers' Compensation Information Systems (WCIS)	RULEMAKING COMMENTS 2d 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	Submission and Acceptance: Commenter states that the time elapsed between the submission and acceptance of the transaction is out of the control of the trading partner submitting the report. Per p.50 of the CA EDI Implementation Guide for FROI/SROI, the acknowledgement response period for production files is 3 business days. Commenter questions if this means, for example, that the actual deadline to submit the original FROI report is actually 7 business days? Uncorrected TE ≤5% Benchmark: Commenter states that clarification is needed regarding the uncorrected TE benchmark. 1) There appears to be two plausible interpretations of the text "≤ 5% of the accepted FROI and SROI (Application Acknowledgement codes TA and TE) should have an uncorrected TE (Application Acknowledgement code = TE)" when considered with the requirement that corrections be		Submission and Acceptance: The claim administrator (trading partner) has 10 business days to submit a FROI original report. These are measured as of the date between the date of claim administrator knowledge and the date of transmission. The time it takes to process the claim is not part of the timeliness equation. Uncorrected TE ≤5% Benchmark: 1) Yes, the claim administrator (trading partner) has 60 business days to correct any (TE) transaction accepted with error, prior to it being counted as uncorrected. 2) Yes, we will be excluding (TEs) transactions accepted with error for foreign	

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	submitted within 60 calendar days. Namely: a. (Current TE) ≤ .05 (Current TA + Current TE) or b. (TE's older than 60 days) ≤ .05 [(TA older than 60 days)+(TE older than 60 days)] This boils down to the question: Do we have the full 60 days to attempt correction before a TE acknowledgement is counted against the benchmark? 2) In the WCIS FAQ, one of the answers indicates that the trading partner will receive a TE acknowledgement for submitting foreign postal zip codes, but that this should still be reported when applicable. It instructs that this TE acknowledgement can be ignored. Will this be excluded from the TE uncorrected benchmark? The FAQ also		zip codes from the benchmarking calculations. Yes, we will be excluding (TEs) transactions accepted generated during the canceling of a claim from the benchmark calculations. The WCIS FROI/SROI FAQs will be updated prior to the go-live date. However, claims administrators will still be allowed to submit corrections for (TEs) transactions accepted with error using the (MTC) maintenance type code for a change (MTC=02) or correction (MTC=CO).	

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	instructs parties to ignore TE acknowledgements from FROI cancel (MTC = 01). Will this be excluded from the TE uncorrected benchmark or are corrections expected on canceled reports? The WCIS FAQ also indicates if corrections and changes are both needed on the same claim, that the parties may use either the correction (CO) or change (02) report to submit all of the new data. Since the changes Section 9702(f)(1)-(2) on the proposed regulations does not address this combination scenario, should we consider this advice in the WCIS FAQ still valid? If so, will subsequent submission of change reports (02) within the 60 day correction period satisfy the requirement to "correct" the TE error? <u>Relaxing of Benchmarks for Initial Changes:</u>		<u>Relaxing of Benchmarks for Initial Changes:</u> Following the effective date for the proposed guide, there is a 12 month implementation period for the FROI/SROI updates. Except for these proposed updates, the remainder of the FROI/SROI reporting requirement was established on November 15, 2011. At this time, DWC is not prepared to change or lower the benchmarks for timeliness and accuracy that have been proposed.	

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	Due to the numerous changes needed to comply with the new requirements, commenter recommends that the DWC allow a period for Trading Partners to adapt to the new requirements with a modification of the proposed benchmarks.			
CA EDI Implementation Guide (FROI/SROI)-Version 3.1 – DN74 Claim type	Commenter recommends no change to data requirements or further clarification of possible values and another public comment period. Commenter notes that the IAIABC Guide Release 1's definition of DN74 indicates this is a code representing the current benefit classification of the claim as interpreted by the jurisdiction. Except for the values M and I, it is unclear how the remaining codes (N, B, L, and T) are interpreted by the DWC. Commenter cannot determine how long it would take for us to update her company's systems and processes to capture the information for classifying claims under these codes. Commenter recommends either no change or publication of clarification with	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	DWC is unable to provide additional interpretive guidance regarding these codes at this time because further research and analysis of the issue is necessary. At this time, DWC is not prepared to offer additional guidance beyond the standard set forth by IAIABC in Release 1.	None taken.

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	additional Public Comment Period.			
CA EDI Implementation Guide (FROI/SROI)-Version 3.1 – Missing Pages	Commenter notes that the proposed guides jumps from page 76 to Page 81 with no intermediate pages. Commenter requests correction.	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	Acknowledged.	The pagination issues in the Guide have been corrected.
CA EDI Implementation Guide – Section VII: Medical Data Elements Requirement Table – Section IX: Lien Bills Data Elements Requirement Table	Commenter references the following proposed text: Note: * = Data element not required by California but segment must be reported to meet the requirements of an ANSI 837 file structure. Commenter notes that DN numbers 0048, 0050, 0501, 0510, 0511, 0512, 0516, 0528, 0538, 0540, 0616, 0629 on the Medical Data Elements Requirement Table, and DN numbers 0042, 0501, 0510, 0511, 0512, 0516, 0528, 0538, 0540, 0616, 0629 on the Lien Bills Data Element Requirement Table are all designated as NA* (defined as Not Applicable: The data element is not applicable to the California WCIS requirements for the bill type and may or may not be sent) for reason code 01 (Cancellation) with	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	The Note at the end of Medical Data Elements Requirement Table and Lien Bills Data Element Requirement Table has been amended to better clarify the requirement.	The note at the end of these two tables has been clarified as follows: "These are "Required" data elements in the 837 file structure and must be sent to comply with ANSI standard. 824 validations will not be applied."

	the proposed footnote. Commenter opines that the footnote is contradictory to the definition of NA. Further clarification is requested.			
CA EDI Implementation Guide – Section VII: Medical Data Elements Requirement Table	Commenter references the following proposed text: The Business Condition/Mandatory Trigger for Provider Agreement Code (DN0507): Enter the value "P" if the injured worker's medical treatment is provided within a Medical Provider Network (MPN) approved by the DWC. Commenter opines that this statement is inconsistent with the WCIRB California Medical Data Call Report Guide. Similar to DN0507, the WCIRB defines the Network Service Code (Field No. 25) as a "code that indicates whether the medical service is provided through a provider network". However, if the injured worker's medical treatment is provided within a Medical Provider Network (MPN), the value "Y" must be used. In essence, the WCIS	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	Although WCIRB does not use the IAIABC standard for collecting medical bill data, WCIS does use the IAIABC standard. Accordingly, WCIRB and WCIS use different code sets. In order to collect information on Medical Provider Networks (MPNs), WCIS has designated code "P" to identify services rendered under an MPN.	None taken.

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	considers MPN as a Participation Agreement ("P"), while the WCIRB classifies MPN as a PPO Agreement ("Y"). Commenter states that this discrepancy should be resolved to avoid inconsistent reporting.			
CA EDI Implementation Guide – Section VII: Medical Data Elements Requirement Table	Commenter references the following proposed text: Billing Provider Primary Specialty Code (DN0537) is now "MC" (Mandatory/Conditional) for Original, Correction, and Replace when Billing Provider Last/Group Name (DN0528) is present. Per the California Medical Data Elements by Source table on page 39, the Billing Provider Primary Specialty Code can be located under CMS 1500 Box #33b (Other ID#). However, the California Division of Workers' Compensation Medical Billing and Payment Guide v1.2.2 does not provide specific situational instructions for completing CMS 1500 Box #33b. In addition, per the National Uniform Claim Committee (NUCC) 1500 Health Insurance Claim	Karen Sims, Assistant Claims Operations Manager State Fund December 15, 2016 Written Comment	The NUCC's 1500 Health Insurance Claim Form Reference Manual explains how to use qualifiers to indicate what the number reported on item 33b represents.	None taken.

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	Form Reference Instruction Manual, CMS 1500 Box #33b may contain the State License Number, Provider Commercial Number, or the Provider Taxonomy. Commenter opines that it is unrealistic to expect billing providers to provide the information on the CMS 1500 Form without further clarification.			
9701(c)(1), (2) and (3)	Commenter recommends the following revised language: **Recommendations** (c)(1) For reporting prior to April 6, 2016~~_____ (OAL to insert date six months after date of filing approved regulation with the Secretary of State)~~, use the California EDI Implementation Guide for Medical Bill Payment Records, Version 1.1, dated November 15, 2011, which is incorporated by reference. (2) For reporting on or after April 6, 2016, but before (OAL to insert date six months after date of filing approved regulation with the Secretary of State), use the California EDI Implementation Guide for Medical	Stacy L. Jones Senior Research Associate California Workers' Compensation Institute December 15, 2016 Written Comment	Agreed.	Clarifying revisions have been made for the various reporting periods.

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	Bill Payment Records, Version 2.0, dated April 6, 2016,~~(OAL to insert date six months after date of filing approved regulation with the Secretary of State)~~, which is incorporated by reference. This Guide adopts ASC (Accredited Standards Committee) X12 Implementation Acknowledgement for Health Care insurance (999) dated February 2011. (3) For reporting on or after (OAL to insert date six months after date of filing approved regulation with the Secretary of State), use the California EDI Implementation Guide for Medical Bill Payment Records, Version 2.0, dated (OAL to insert date six months after date of filing approved regulation with the Secretary of State), which is incorporated by reference. Commenter recommends retaining the existing language for § 9701(c)(1) since the California EDI Implementation Guide for Medical Bill Payment Records, Version 1.1 was in use only through April 5, 2016. Commenter			

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	opines that the April 6, 2016 date should not be stricken from § 9701(c)(2) since it was the implementation date for the California EDI Implementation Guide for Medical Bill Payment Records, Version 2.0. Commenter recommends inserting "but before" to correctly indicate the correct effective dates for California EDI Implementation Guide for Medical Bill Payment Records, Version 2.0, April 6, 2016. Commenter recommends adding § 9701(c)(3) to correctly reflect the implementation date for the revised California EDI Implementation Guide for Medical Bill Payment Records, Version 2.0 with the new date that will be inserted by OAL.			
9701(n)(1) and (2)	Commenter recommends the following revised language: (n) IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide, Release 2.0, by the International Association of Industrial Accident Boards and Commissions. The IAIABC Workers' Compensation Medical Bill	Stacy L. Jones Senior Research Associate California Workers' Compensation Institute December 15, 2016 Written Comment	Medical reporting in the second period is done using the February 2015 version of the IAIABC Medical reporting guide. The physical address for IAIABC in subdivision (n) has been updated.	The address for IAIABC has been corrected. In addition, clarification has been added regarding when to use the various reporting standards; the only legally

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	Data Reporting Implementation Guide, Release 2.0 February 1, 2014 ~~IAIABC Workers' Compensation Medical Bill Reporting Implementation Guide, Release 2.0, February 1, 2015 Publication~~ can be obtained from the IAIABC at either the IAIABC website at http://www.iaiabc.org , or the IAIABC office located at 7780 Elmwood Avenue, Suite 207, Middleton, Wisconsin 53562; Telephone (608) 841-2017 ~~5610 Medical Circle, Suite 24, Madison, WI, 53719-1295; Telephone: (608) 663-6355~~. (1) For reporting prior to the ~~designated~~ effective date ~~(see~~ designated in subdivision (c)(1)~~)~~, use the IAIABC EDI Implementation Guide for Medical Bill Payment Records, Release 1.1, July 1, 2009, which is incorporated by reference. (2) For reporting ~~on or after~~ during the period designated ~~effective date (see~~ in subdivision(c)(2), use the IAIABC Workers' Compensation Medical Bill Data Reporting			tenable interpretation of the applicable text is that the February 2015 version was operative during the interim period, and that is the standard that should be used during the interim period.

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	Implementation Guide, Release 2.0, February 1, 2014 Publication ~~IAIABC Workers' Compensation Medical Bill Reporting Implementation Guide, Release 2.0, February 1, 2015 Publication~~, which is incorporated by reference. (3) For reporting on or after the effective date designated in subdivision (c)(3), use the IAIABC Workers' Compensation Medical Bill Reporting Implementation Guide, Release 2.0, February 1, 2015 Publication, which is incorporated by reference. Note that the full name for IAIABC has been inserted in (n) as the full name is included in the current regulation and its removal appears to be an error. The new address and telephone number for IAIABC were also inserted to correct outdated information. Commenter recommends revision to § 9701(n), subdivision (2), and the			

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	addition of subdivision (3) to reconcile with the proposed language in § 9701(c) subdivisions (1), (2) and (3). Since IAIABC incorporates changes to the IAIABC Workers' Compensation Medical Bill Reporting Implementation Guide, Release 2.0 via amendments instead of release versions it is important to maintain that components that are included with each publication date. Removing the February 2014 publication date from the regulation would remove the requirements that were in place after April 6, 2016, but before adoption of the February 2015 IAIABC publication.			
9702(c)	Commenter recommends the following revised language to number (9): (9) The Time of Injury (DN 32) is required on all non-cumulative trauma first report transmissions except acquired claim transmissions and denied, changed and corrected transmissions for claims that have been previously submitted as acquired, under subdivision (b) with a	Stacy L. Jones Senior Research Associate California Workers' Compensation Institute December 15, 2016 Written Comment	The sentence is correct since it is referring to the transmission types that are exempt for previously acquired claims.	None taken.

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	Date of Injury (DN 31) on or after the implementation date of the California EDI Implementation Guide for First and Subsequent Reports of Injury, Version 3.1. Commenter recommends inserting "claim" to clarify the first report transmission for an acquired claim rather that an acquired transmission. The claims administrator is not acquiring a transmission, rather the organization has assumed the responsibility for transmitting the data elements for an acquired claim.			
CA EDI Implementation Guide (FROI/SROI)-Version 3.1 – Section J: Events that Trigger Required EDI Reports	Commenter recommends the following revised language to the following footnote: ^Send the Payment (PY) whether the advance or settlement is for the first indemnity payment or after the Initial Payments (IP). Examples of an advance are a permanent disability advance or a temporary disability advance for a Qualified Medical Evaluation (QME) appointment. Advances should be reported using the appropriate Payment/Adjustment Codes (DN85).	Stacy L. Jones Senior Research Associate California Workers' Compensation Institute December 15, 2016 Written Comment	Disagree that additional language should be added because the language is sufficiently clear as written.	None taken.

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	Examples of settlements are Compromise and Release (C&R), commutation and stipulated settlements. Settlements should be sent with the 5xx compromised Payment/Adjustment Codes (DN85). Please refer to Section M-System Specifications for more details. Commenter recommends simplifying the language while retaining the clarifying intent of the footnote.			
CA EDI Implementation Guide – Section VIII: California-adopted IAIABC data edits and California specific data edits and error messages	Commenter recommends removing the California error edit for DN 0511, Date Insurer Received Bill, which indicates an invalid event sequence. It appears that this may have been entered in error and the intended edit is error code 064 for an invalid data relationship.	Stacy L. Jones Senior Research Associate California Workers' Compensation Institute December 15, 2016 Written Comment	What is stated in the Guide is correct. The intent is to validate DN0511 for error code 063.	None taken.