Welcome WebEx Users!

**Welcome to North Carolina Industrial Commission
Medical EDI Training Session via WebEx/Teleconference**

**For those not attending the training in person - please sign in on
WebEx between 8:30 AM EST and 9:00 AM EST.**

December 12, 2012 ~ 9:00 AM EST – 3:30 PM EST

**Please note that during the training, attendees phones
will be muted.**

**During our lunch period (11:30 AM EST – 1:00 PM EST), please
disconnect your phone connection &
reconnect once the lunch period is over by 1:00 PM EST.**

**If you have any questions during the presentation,
please send an email to ncicedi@iso.com. The questions will be
addressed during or shortly after the training.**

North Carolina Industrial Commission (NCIC)
Medical EDI Training
December 12, 2012

For Medical Bill Review Companies (MBR), Insurance Companies, Self Insured & EDI Service Providers

THE SCIENCE OF **RISK**SM

Presenters and Attendees

- **North Carolina Industrial Commission (NCIC)**

    Kirk Leggott | CIO

    Meredith Henderson | Executive Secretary

    Shannon Wharry | Medical Billing

    Bernadine Singh | Medical Billing

    Tory Russo | Project Manager

    Danielle Frank | Business Analyst

- **ISO**

    Robbie Tanner | Director ISO State & Analytic Solutions

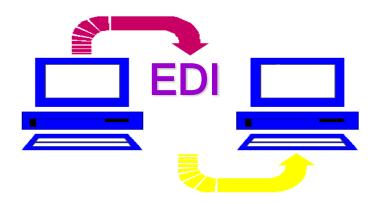   Jim Eldridge | Director ISO Work Comp Solutions-Product Engineering

- **Introductions of Attendees**

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Overview of Electronic Data Interchange (EDI)

Overview of Electronic Data Interchange (EDI)

What is EDI?

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

Overview of Electronic Data Interchange (EDI)

Who is the IAIABC?

- ➢ The International Association of Industrial Accident Boards and Commissions (IAIABC).
- ➢ A national standards setting organization
- ➢ A 99-year-old organization of jurisdictional workers' compensation administrators and others interested in WC.
- ➢ On a National level, in 1990 the IAIABC began a program to utilize the concept of EDI for Workers' Compensation data.

THE SCIENCE OF **RISK**^{SM}

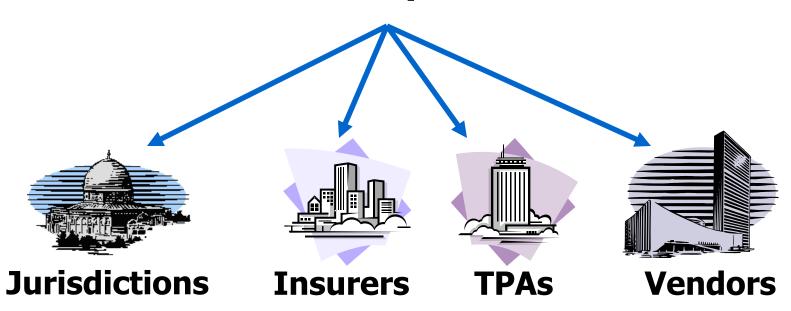# Overview of Electronic Data Interchange (EDI)

Why National Standards…

- ➢ One consistent national file format and standard processing rules

- ➢ Quality and accurate data

- ➢ Timely reported data

- ➢ Automated response for reports

   i.e. Were reports accepted or rejected?

Overview of Electronic Data Interchange (EDI)

- **Other Important 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)

Overview of Electronic Data Interchange (EDI)

IAIABC Medical Standards Committee
Development started in 1993

Participants

Jurisdictions   **Insurers**   **TPAs**   **Vendors**

Overview of Electronic Data Interchange (EDI)

IAIABC EDI Implementation Guide History for Medical Bill Payment Records

– Release 1.0, dated July 4, 2002

– Release 1.1, dated July 1, 2009

– Release 2.0, dated February 1, 2012

Overview of Electronic Data Interchange (EDI)
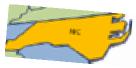
IAIABC Medical Jurisdiction Status:

Texas IAIABC Medical Release 1.0

California IAIABC Medical Release 1.1

Oregon IAIABC Medical Release 1.1

North Carolina IAIABC Medical Release 2.0

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Overview of Electronic Data Interchange (EDI)

IAIABC 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)

password | Log in

Forgot your password?

Search the site | Search

Membership   EDI   Education   News   Store   Calendar   Resources   Current Issues   Community   About Us

RSS XML (What's this?)

News
Archived articles

Welcome to the International Association of Industrial Accident Boards and Commissions!

New Member Resources Webpage

IAIABC Member Resources have been reorganized on a new webpage to make it easier for you to find the information you need. Resources are sorted by type, such as comparative studies, white papers, and history, with a subject index and search function. Visit the Resources webpage at www.iaiabc.org/resources, and bookmark it for quick access later on!

Don't Miss These Upcoming IAIABC Events!

IAIABC E-vent: The IAIABC's Guide to the Galaxy
December 13, 2012 from 2:00-3:30 pm CT
In this webinar, the IAIABC will have 5 workers' compensation insiders guide you through forces that will impact the work comp galaxy in 2013. The e-vent is complimentary for IAIABC members!
Register Now!

The Forum 2013
April 29 - May 3, 2013 in Des Moines, Iowa

Central States Association Spring Seminar
June 13-14, 2013 in Madison, Wisconsin

99th Annual Convention
September 30 - October 3, 2013 in San Diego, California

Overview of Electronic Data Interchange (EDI)

Overview of Electronic Data Interchange (EDI)

IAIABC Medical Bill data reporting is based on the ASC X12 837 standard

Definitions are in the ASC X12 Standards Manual available from DISA (www.DISA.org) or at the store located at: http://store.x12.org/Store/healthcare-5010-original-guides

- 5010 | 837-P Health Care Claim: Professional
- 5010 | 837-I Health Care Claim: Institutional
- 5010 | 837-D Health Care Claim: Dental
- 5010 | 824 Application Reporting for Insurance
- 5010 | 997 Functional Acknowledgment for Health Care Insurance

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Overview of Electronic Data Interchange (EDI)

Other important Medical support manuals:

- CPT Manual
- HCPCS Manual
- ICD-9 Manual, Volumes 1, 2 & 3 (2013)
- ICD-10 Manual (2014)
  > These manuals are available at: http://www.optumcoding.com/, click on Products
- Official UB-04 Data Specifications Manual 2013-single user
  > UB04 from American Hospital Association (AHA)
  > http://ams.aha.org/EWEB/DynamicPage.aspx?webcode=ProdSearchResult&q=ub04
- CMS1500 manual from NUCC http://www.nucc.org/ free.

NCIC᾽s EDI Initiative and Timelines for Medical Release 2.0 Implementation

NCIC–Medical Release 2.0 Implementation Schedule

NCIC Medical EDI Training Session:
December 12, 2012 rescheduled
from November 6, 2012

Voluntary Medical EDI Reporting
Begins: *March 1, 2013*

Mandatory Medical EDI Reporting
Begins: *March 1, 2014*

NCIC–Medical Release 2.0 Implementation Schedule

NCIC Trading Partner (TP) Profiles

NCIC Trading Partner (TP) Profiles must be submitted electronically at www.ncicedi.info

If NCIC Trading Partners will be filing both EDI Claims and EDI Medical, a separate Trading Partner Profile must be completed for both Claims and Medical.

NCIC Trading Partner (TP) Profiles

Medical Trading Partner Profiles should be submitted by February 1, 2013 whether reporting in voluntary or mandatory year. This allows NCIC to approve your Trading Partner Profile in advance and provides NCIC your contact information so that you will receive the announcements during the implementation.

Please indicate in the comments section your planned date for implementation.

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NCIC Trading Partner (TP) Profiles
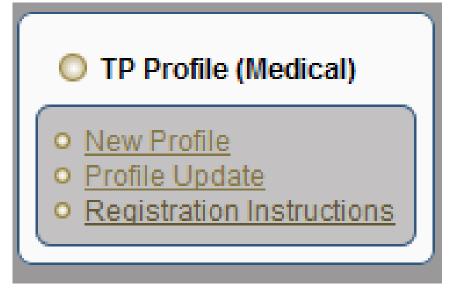
<u>Medical Bill Review Company (MBR):</u> For Insurance Companies and Self Insured that are using a MBR Company/Vendor, the MBR Company/Vendor will complete the Trading Partner Profile on your behalf.

<u>Non Medical Bill Review Company (MBR):</u> For Insurance Companies and Self Insured that are not using a MBR/Vendor, these companies will complete the Trading Partner Profile.

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NCIC–Medical Release 2.0 Implementation Schedule

1. Go to: **www.ncicedi.info**

Where are the NCIC Profiles located, both New Profile and Profile Updates?

2. Select 'New Profile' or 'Profile Update'. Refer to the 'Registration Instructions' for additional assistance.

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NCIC–Medical Release 2.0 Implementation Schedule

NCIC Testing Options for Voluntary Year
Voluntary Start Date: March 1, 2013

- Option 1: First Quarter 2013:

  January 14 through February 22, 2013

  Testing will take place beginning in January through February 2013 with an assigned production date of March 2013.

NCIC–Medical Release 2.0 Implementation Schedule

NCIC Testing Options during Voluntary Year

Option 2: Second Quarter 2013:

– Testing will take place during the month of April 2013 beginning on the first business day of the month with assigned production date of May 2013.

– NCIC will communicate the mutually agreed on production date to each approved trading partner.

NCIC-Medical Release 2.0 Implementation Schedule

NCIC Testing Options during Voluntary Year

Option 3: Third Quarter 2013:

– Testing will take place during the month of July 2013 beginning on the first business day of the month with production date of August 2013.

– NCIC will communicate the mutually agreed on production date to each approved trading partner.

NCIC-Medical Release 2.0 Implementation Schedule

NCIC Testing Options during Voluntary Year

Option 4: Forth Quarter 2013:

– Testing will take place during the month of October 2013 beginning on the first business day of the month with production date of November 2013.

– NCIC will communicate the mutually agreed on production date to each approved trading partner.

NCIC-Medical Release 2.0 Implementation Schedule

NCIC Testing Option for Mandatory Year
Mandatory Reporting Start Date: March 1, 2014

Option 5: First Quarter 2014:
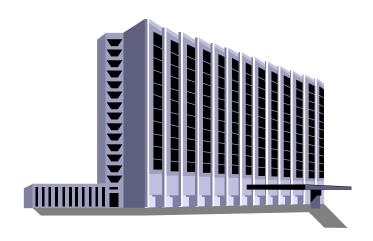
– Testing will take place during the month of January 2014 beginning on the first business day of the month with production date by March 1, 2014.

– NCIC will communicate the mutually agreed on production date to each approved trading partner where the date will be no later than a March 1, 2014 production date.

NCIC–Medical Release 2.0 Implementation Schedule

What Option will your company select?

When completing the Trading Partner Profile, indicate in the 'Comments' section located at the bottom of the form the Implementation option #1-5 that your company chooses

○ **TP Profile (Medical)**

○ New Profile
○ Profile Update
○ Registration Instructions

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NCIC and Trading Partner Business Process Changes with EDI
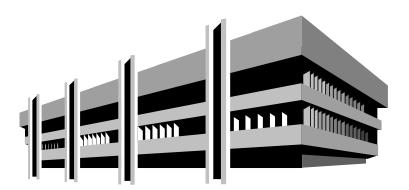
NCIC's Trading Partners & EDI Service Providers

Who are NCIC's Trading Partners?

Medical Bill Review Companies, TPA's

Insurance Companies & Self Insured

Who provides EDI Services for NCIC's Trading Partners?

EDI Service Providers

External Points of EDI Contact

Businesses

Other Vendors

Financial

Remote Corporate Locations
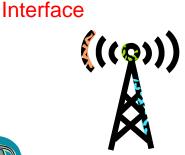
Electronic Data Interface

Electronic Data Interface

Electronic Data Interface

Bill Review

Claim Administrator

Jurisdiction 2

Jurisdiction 1

Professional Medical Providers

Institutional Medical Providers

Dental Medical Providers

THE SCHOOL OF WORKERS℠

31

31

What Data is Being Requested?

IAIABC Workers' Compensation Medical Bill Data based on the IAIABC Medical Implementation Guide 2.0 for reporting medical bill and payment information to workers' compensation jurisdictions based on the 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).

Transmissions Identified by a three-digit number
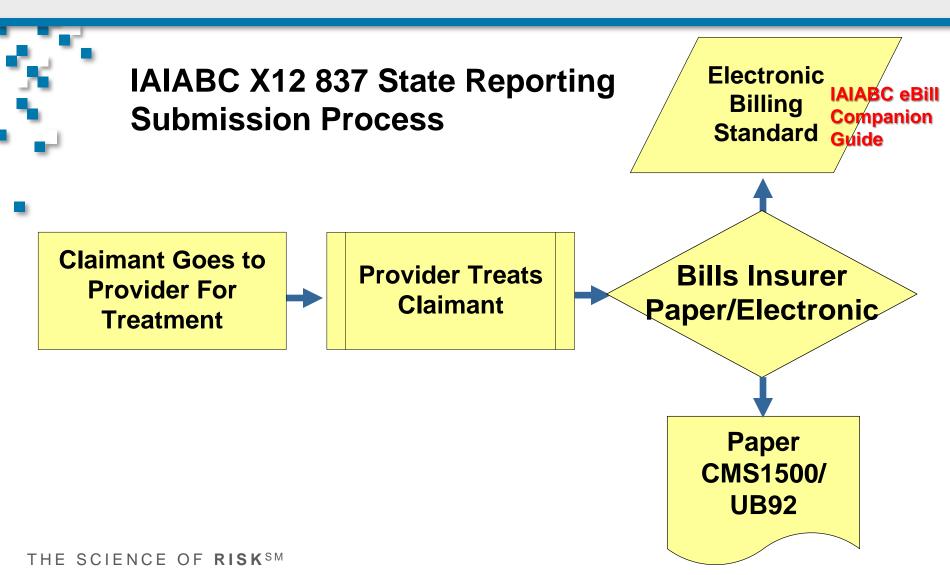
837 ➞ **Health Care Claim (Medical Bill)**

997 ➞ **Functional Acknowledgment**
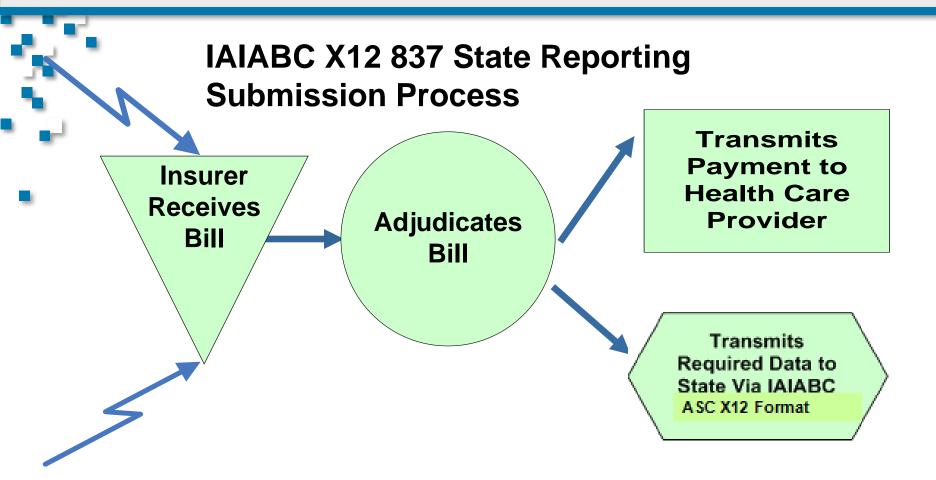
824 ➞ **Detailed Acknowledgment**

Definitions are in the ASC X12 Standards Manual available from DISA (www.DISA.org)

Flow of Medical Bill from Encounter to Payment

IAIABC X12 837 State Reporting Submission Process

Electronic Billing Standard

IAIABC eBill Companion Guide

Claimant Goes to Provider For Treatment → Provider Treats Claimant → Bills Insurer Paper/Electronic

Paper CMS1500/ UB92

Flow of Medical Bill from Encounter to Payment

IAIABC X12 837 State Reporting Submission Process

Insurer Receives Bill

Adjudicates Bill

Transmits Payment to Health Care Provider

Transmits Required Data to State Via IAIABC ASC X12 Format

Flow of Medical Bill from Encounter to Payment

IAIABC X12 837 State Reporting Submission Process

Jurisdiction Process 837 Report → **Jurisdiction Sends Acknowledgement to Trading Partners**

997 Functional Acknowledgement

Report Syntactical Errors Within the 837 Transaction Set or Acknowledges Receipt of an Error-Free Transaction Set

824 Bill Payment Acknowledgement

Reports the Results of an Application System's Data Content Edits of the 837 Transaction Set at the Functional Group and Transactional Set Level

NCIC's EDI Website Overview

www.ncicedi.info

North Carolina EDI Website Overview

Home | What's New | About wcPrism

wcPrism

North Carolina Industrial Commission (NCIC) EDI
Powered by ISO

○ Main Menu

✓ Home

✓ FAQ

✓ Web Links

○ FROI/SROI Resources

○ Contact us for Help
○ EDI Vendors
○ R3 Imp Guide
○ Implementati

○ TP Profile (

○ New Profile
○ Profile Updat
○ Registration

North Carolina Industrial Commission (NCIC)
ISO EDI Reporting Services

The North Carolina Industrial Commission (NCIC) will be implementing two (2) electronic reporting processes for workers' compensation claims:

1. First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI)
   a. Electronic reporting for FROI/SROI will become available on January 2, 2013, and mandatory implementation is required for workers' compensation carriers and self-insured employers by January 2, 2014.

2. Medical Billing
   a. Electronic reporting for Medical Billing will become available on March 1, 2013, and mandatory implementation is required for workers' compensation carriers and self-insured employers by March 1, 2014.

   b. Electronic reporting will occur via EDI transactions, using the Medical Billing 2.0 reporting standards adopted by the IAIABC.

Additional information on EDI transactions can be found online at the IAIABC website, http://www.iaiabc.org.

38

NCIC EDI Website Overview

I am a Trading Partner…

Where can I find FAQ's?

Where do I get help with EDI?

Where can I find the Web Links?

Where do I find the list of EDI Vendors?

NCIC EDI Website Overview

I am a Trading Partner…

Where can I find the North Carolina Medical Release 2.0 EDI Requirements?

Medical Resources

- Contact us for Help
- EDI Vendors
- R2 Med Imp Guide
- Implementation Info
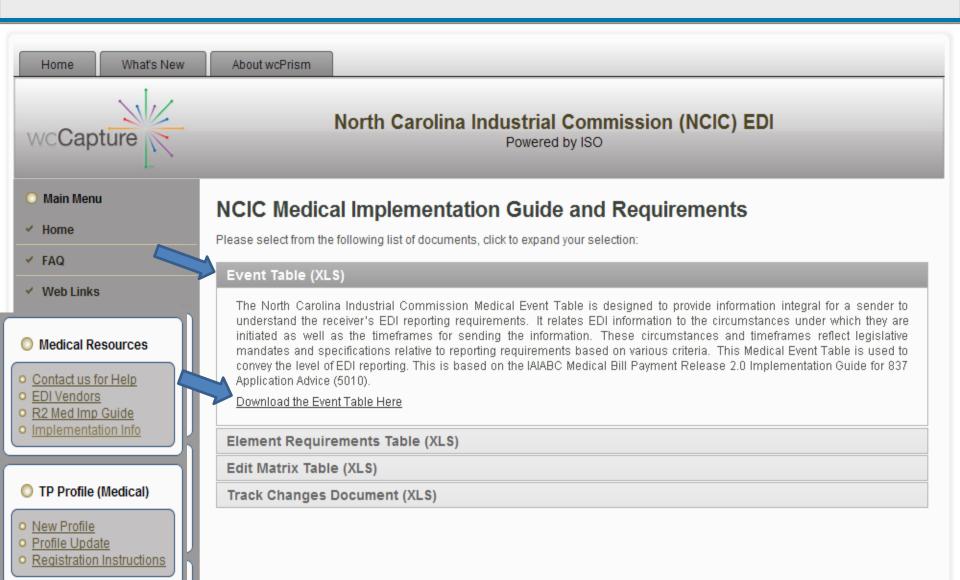
Where can I find the Implementation Info?

Where do I register and complete the profiles both New Profile and Profile Update

TP Profile (Medical)

- New Profile
- Profile Update
- Registration Instructions

If you plan to submit both Medical Billing and Claims Transactions, please register as a Trading Partner for both.

NCIC EDI Website Overview

NCIC EDI Website Overview

NCIC EDI Website Overview

NCIC EDI Requirement Tables Overview

NCIC EDI Requirements Overview

Trading Partners should have an understanding of…

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 NCIC 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 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).

What data format should be used?

What EDI reports should be filed and when?

What EDI reports should be filed and when?

NCIC Event Table

- The North Carolina Industrial Commission 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 legislative mandates and 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).

What EDI reports should be filed?

Event Table:

North Carolina requires the submission of Bill Types A=Institutional, B=Professional , C=Dental Bills and optionally D=Pharmacy

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

When should the EDI reports be filed?

Event Table:

North Carolina requires the submission of Institutional, Professional , Dental Bills, and Pharmacy is accepted .

Event Rule		
Criteria	**From**	**Thru**
3 - EDI Voluntary Date	3-1-13	2-28-14
2 - EDI Mandate Date	3-1-14	

On or after 3-1-13 through 2-28-14 on a Voluntary basis

On 3-1-14 on a Mandatory basis

What EDI reports should be filed and when?

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 NCIC)*

What EDI reports should be filed and when?

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.

What EDI reports should be filed and when?

NCIC **00 Original Event #1**:

00 Original is due for first medical payment action taken by the claim administrator or insurer. A medical 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.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria	Trigger Value	Value	Type	From
A-Bill Paid I=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 payment to the health care provider or a denial. Note: Only one original transaction is submitted for any individual medical bill.	60	Calendar Days	A = From Report Trigger Value

What EDI reports should be filed and when?

NCIC 00 Original Event #1:

00 Original must be received by NCIC within 60 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	**Trigger Value**	**Value**	**Type**	**From**
A-Bill Paid I=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 payment to the health care provider or a denial. Note: Only one original transaction is submitted for any individual medical bill.	60	Calendar Days	A = From Report Trigger Value

What EDI reports should be filed and when?

NCIC 00 Original Event #2:

00 Original should be sent, following a 01 Cancellation, for a bill that was sent to NCIC initially with incorrect Unique Bill ID Number-DN0500 or Insurer FEIN-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

What EDI reports should be filed and when?

NCIC 00 Original Event #2:
00 Original should be sent to NCIC immediately when it is determined that the incorrect Unique Bill ID Number or Insurer FEIN was sent initially.

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

What EDI reports should be filed and when?

Bill Submission Reason Code: 01 Cancellation

01 Cancellation is used when a 00 Original was submitted which should never have been submitted to NCIC 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.

What EDI reports should be filed and when?

NCIC **01 Cancellation Event # 1:**

01 Cancellation should be sent for a previously accepted medical bill that should never have been submitted to the NCIC.

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

What EDI reports should be filed and when?

NCIC 01 Cancellation Event # 1:

01 Cancellation should be sent to NCIC 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

What EDI reports should be filed and when?

NCIC **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

What EDI reports should be filed and when?

NCIC **01 Cancellation Event # 2:**
01 Cancellation should be sent to NCIC 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

What EDI reports should be filed and when?

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.

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.

What EDI reports should be filed and when?

NCIC 02 Corrected and Verified Original Claim (Bill) Event # 1:

02 Corrected and Verified Original Claim (Bill) should be sent to correct errors for a 00 Original or 05 Replace transaction in response to a IE acknowledgment.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
E-IE Acknowledgment received from state	Report '02' Corrected and verified original claim (bill) to correct errors for a '00' Original or '05' Replace transaction in response to a IE acknowledgment.	30	Calendar Days	A = From Report Trigger Value

What EDI reports should be filed and when?

NCIC 02 Corrected and Verified Original Claim (Bill) Event #1:

IE Acknowledgments: Data with a Requirement Code of AE on the Element Requirement Table can be sent if the data is applicable and/or available. If this data is sent and is invalid per the Edit Matrix DN Error edits, the Bill will be Accepted with Error. The result is that a IE Acknowledgment will be returned.

What Triggers the Report?	
Trigger Criteria Code	**Trigger Value**
E-IE Acknowledgment received from state	Notes: -IE acknowledgments are returned on non critical data elements that have errors. These data elements are defined with AE (If Applicable/Available with Accept with Error if Invalid) Requirement Code on the Element Requirement Table. -BSRC 02 is used when the trading partner must correct errors to data elements on a '00' Original or '05' Replace transaction. -A BSRC 02 is <u>not</u> used if the amount of payment changed due to a subsequent payment action by the claim administrator or insurer, this would be reported on BSRC 05 Replace.

TH

What EDI reports should be filed and when?

NCIC 02 Corrected and Verified Original Claim (Bill) Event #1:

02 is used when the trading partner must correct errors to data elements on a 00 Original or 05 Replace transaction.

It is not used if the amount of payment changed due to a subsequent payment action by the claim administrator or insurer, this would be reported on 05 Replace.

What Triggers the Report?	
Trigger Criteria Code	**Trigger Value**
E-IE Acknowledgment received from state	Notes: -IE acknowledgments are returned on non critical data elements that have errors. These data elements are defined with AE (If Applicable/Available with Accept with Error if Invalid) Requirement Code on the Element Requirement Table. -BSRC 02 is used when the trading partner must correct errors to data elements on a '00' Original or '05' Replace transaction. -A BSRC 02 is <u>not</u> used if the amount of payment changed due to a subsequent payment action by the claim administrator or insurer, this would be reported on BSRC 05 Replace.

TH

What EDI reports should be filed and when?

NCIC 02 Corrected and Verified Original Claim (Bill) Event #1:

02 must be received by NCIC within 30 Calendar Days from the Report Trigger (receipt of IE Acknowledgment).

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	Trigger Value	Value	Type	From
E-IE Acknowledgment received from state	Report '02' Corrected and verified original claim (bill) to correct errors for a '00' Original or '05' Replace transaction in response to a IE acknowledgment.	30	Calendar Days	A = From Report Trigger Value

What EDI reports should be filed and when?

NCIC **02 Corrected and Verified Original Claim (Bill) Event # 2:**

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?		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 '05' Replace transaction is reported.	N/A	N/A	H - Immediate

What EDI reports should be filed and when?

NCIC **02 Corrected and Verified Original Claim (Bill) Event #1:**

02 Corrected and Verified Original Claim (Bill) should be sent to NCIC 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 '05' Replace transaction is reported.	N/A	N/A	H - Immediate

What EDI reports should be filed and when?

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.

What EDI reports should be filed and when?

NCIC **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) and/or denial by the insurer.

What Triggers the Report?		When is the Report Due?		
Trigger Criteria Code	**Trigger Value**	**Value**	**Type**	**From**
G-Subsequent payment action or denial	Report '05' Replace for all medical bills replaced when the trading partner reports a subsequent payment action (change to the payment amount), denial by the insurer. Notes: -A '00' Original transaction must have been submitted and accepted before a '05' Replace transaction is reported.	60	Calendar Days	A = From Report Trigger Value

What EDI reports should be filed and when?

NCIC 05 Replace Event # 1:

05 Replace must be received by NCIC within 60 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 or denial	Report '05' Replace for all medical bills replaced when the trading partner reports a subsequent payment action (change to the payment amount), denial by the insurer. Notes: -A '00' Original transaction must have been submitted and accepted before a '05' Replace transaction is reported.	60	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 Element Requirement Table contains 2 worksheets:

➢ 837 Medical Requirements
➢ 837 Medical Conditions

What data is needed on the EDI reports?

837 Medical Requirement Table:

Each 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.

Requirement Code Legend		
Code	**Description**	**Ack Result Based on Edits**
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)

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What data is needed on the EDI reports?

837 Medical 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			
			Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace	Original	Cancellation	Correction	Replace
Bill Submission Reason Codes (BSRC)																		
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

What data is needed on the EDI reports?

837 Medical 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	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	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

What data is needed on the EDI reports?

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	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	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	

What data is needed on the EDI reports?

Conditions are defined on a separate table:

- ➢ Conditional Requirement Code
- ➢ Data Element
- ➢ 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 NM101 where CA = Carrier and IR = Self Insured.	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.	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 2010AB.	Required when DN0188 Claim Administrator Name is reported.
Loop ID 2010CA - Claimant Information - Required Loop					
MC	0042	NM109	EMPLOYEE SSN	Either DN0042 Employee SSN or DN0154 Employee ID Assigned by Jurisdiction must be provided.	Required when NM109 equals "34" and DN0154 Employee ID Assigned by Jurisdiction is not present.
MC	0154	NM109	EMPLOYEE ID ASSIGNED BY JURISDICTION	Either DN0154 Employee ID Assigned by Jurisdiction or DN0042 Employee SSN must be provided.	Required when NM109 equals "EI" and DN0042 Employee SSN is not present.

What data is needed on the EDI reports?

Element Requirement Table:

This example shows **AA**: If Applicable/Available-Accept, **AE**: If Applicable/Available-Accept with error and **NA**: Not Applicable Requirement Codes.

Type of Medical Bill Record			Professional				Institutional				Dental			
Billing Format Code (DN0503)			B				A				B			
Bill Submission Reason Codes (BSRC)			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
Loop ID 2010CA - Claimant Information - Required Loop														
0043	NM103	EMPLOYEE LAST NAME	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
0045	NM105	EMPLOYEE MIDDLE NAME/INITIAL	AE	NA	AE	AE	AE	NA	AE	AE	AE	NA	AE	AE
0255	NM107	EMPLOYEE LAST NAME SUFFIX	AE	NA	AE	AE	AE	NA	AE	AE	AE	NA	AE	AE
0042	NM109	EMPLOYEE SSN	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
0153	NM109	EMPLOYEE GREEN CARD	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0154	NM109	EMPLOYEE ID ASSIGNED BY JURISDICTION	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
0156	NM109	EMPLOYEE PASSPORT NUMBER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0152	NM109	EMPLOYEE EMPLOYMENT VISA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0046	N301	EMPLOYEE MAILING PRIMARY ADDRESS	M	NA	M	M	M	NA	M	M	M	NA	M	M
0047	N302	EMPLOYEE MAILING SECONDARY ADDRESS	AE	NA	AE	AE	AE	NA	AE	AE	AE	NA	AE	AE
0048	N401	EMPLOYEE MAILING CITY	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 NCIC **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.
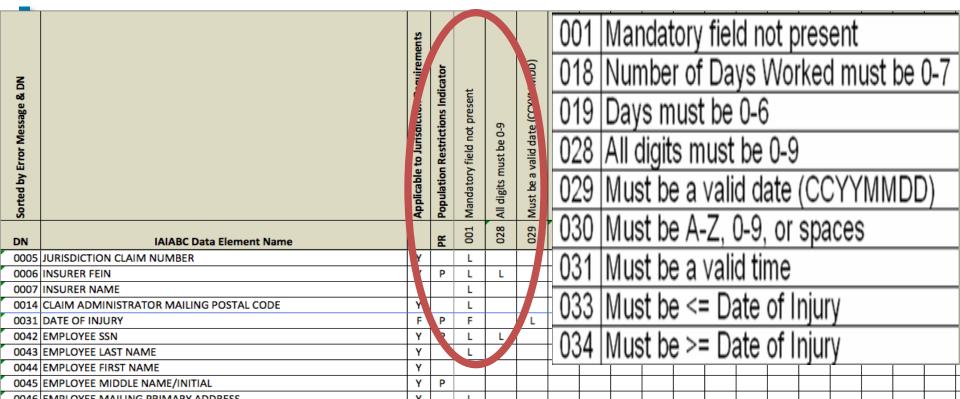
Edit Matrix – made up of 5 tables

1. **DN-Error Message** contains "standard" editing developed for Medical Release 2.0 data elements.
2. **Value Value** expresses NCIC'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 the jurisdiction's database.
4. **Population Restrictions** contains any NCIC restrictions applied to the data element(s).
5. **Sequencing Detail Table** contains NCIC 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.

DN Error Message Table

Data Element Numbers and Names are listed down the left columns.

DN		Requirements / cator / (MMDD)	040 All digits cannot be the same	041 Must be <= current date	042 Not statutorily valid	044 Value is > required by jurisdiction	045 Value is < required by jurisdiction	054 Must be valid occurrence for segment	057 Duplicate Batch/Transaction	058 Code/ID invalid
0005	JURISDICTION CLAIM NUMBER									
0006	INSURER FEIN									
0007	INSURER NAME									
0014	CLAIM ADMINISTRATOR MAILING POSTAL CODE									
0031	DATE OF INJURY									
0042	EMPLOYEE SSN									
0043	EMPLOYEE LAST NAME		L							
0044	EMPLOYEE FIRST NAME									L
0045	EMPLOYEE MIDDLE NAME/INITIAL			L						
0046	EMPLOYEE MAILING PRIMARY ADDRESS		L							
0152	EMPLOYEE EMPLOYMENT VISA									

| 0046 | EMPLOYEE MAILING PRIMARY ADDRESS | Y | L | | | | | | | |
| 0152 | EMPLOYEE EMPLOYMENT VISA | N | | | | | | | | |

DN Error Message Table

Error Message Numbers and associated descriptions are listed across the top of the table.

Sorted by Error Message & DN		Applicable to Jurisdictional Requirements	Population Restrictions Indicator	Mandatory field not present	All digits must be 0-9	Must be a valid date (CCYYMMDD)
DN	**IAIABC Data Element Name**		**PR**	**001**	**028**	**029**
0005	JURISDICTION CLAIM NUMBER	Y		L		
0006	INSURER FEIN	Y	P	L	L	
0007	INSURER NAME			L		
0014	CLAIM ADMINISTRATOR MAILING POSTAL CODE	Y		L		
0031	DATE OF INJURY	F	P	F		L
0042	EMPLOYEE SSN	Y	P	L	L	
0043	EMPLOYEE LAST NAME	Y		L		
0044	EMPLOYEE FIRST NAME	Y				
0045	EMPLOYEE MIDDLE NAME/INITIAL	Y	P			
0046	EMPLOYEE MAILING PRIMARY ADDRESS	Y		L		

001	Mandatory field not present
018	Number of Days Worked must be 0-7
019	Days must be 0-6
028	All digits must be 0-9
029	Must be a valid date (CCYYMMDD)
030	Must be A-Z, 0-9, or spaces
031	Must be a valid time
033	Must be <= Date of Injury
034	Must be >= Date of Injury

DN Error Message Table

'Y' in the Applicable to Jurisdiction Requirements column: Indicates that that specific edit will be applied to the data element.

'N' in the Applicable to Jurisdiction Requirements column: Indicates that the edits will not be applied to the data element at all.

Sorted by Error Message & DN	IAIABC Data Element Name	Applicable to Jurisdiction Requirements	Population Restrictions Indicator	Mandatory field not present	All digits must be 0-9	Must be a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	Must be a valid time	Must be <= Date of Injury	Must be >= Date of Injury	No match on database	All digits cannot be the same	Must be <= current date	Not statutorily valid	Value is > required by jurisdiction	Value is < required by jurisdiction	Must be valid occurrence for segment	Duplicate Batch/Transaction	Code/ID invalid
DN			PR	001	028	029	030	031	033	034	039	040	041	042	044	045	054	057	058
0005	JURISDICTION CLAIM NUMBER	Y		L							L								
0006	INSURER FEIN	Y	P	L	L						L	L							
0007	INSURER NAME	Y		L															
0014	CLAIM ADMINISTRATOR MAILING POSTAL CODE	Y		L							L								L
0031	DATE OF INJURY	F	P	F		L							L						
0042	EMPLOYEE SSN	Y	P	L	L							L							
0043	EMPLOYEE LAST NAME	Y		L															
0044	EMPLOYEE FIRST NAME	Y																	
0045	EMPLOYEE MIDDLE NAME/INITIAL	Y	P																

DN Error Message Table

For the data elements that have 'Y' Applicable to Jurisdiction Requirements column, refer to the columns that have an associated L. The L indicates the specific edit will be applied to the data element. If an L is grayed out, then the edit will not be applied.

Sorted by Error Message & DN		Applicable to Jurisdiction Requirements	Population Restrictions Indicator	Mandatory field not present	All digits must be 0-9	Must be a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	Must be a valid time	Must be <= Date of Injury	Must be >= Date of Injury	No match on database	All digits cannot be the same	Must be <= current date	Not statutorily valid	Value is > required by jurisdiction	Value is < required by jurisdiction	Must be valid occurrence for segment	Duplicate Batch/Transaction	Code/ID invalid
DN	IAIABC Data Element Name		PR	001	028	029	03	031	033	034	039	040	041	042	044	045	054	057	058
0005	JURISDICTION CLAIM NUMBER	Y		L							L								
0006	INSURER FEIN	Y	P	L	L						L	L							
0007	INSURER NAME	Y		L															
0014	CLAIM ADMINISTRATOR MAILING POSTAL CODE	Y		L							L								L
0031	DATE OF INJURY	F	P	F		L							L						
0042	EMPLOYEE SSN	Y	P	L	L							L							
0043	EMPLOYEE LAST NAME	Y		L															
0044	EMPLOYEE FIRST NAME	Y																	
0045	EMPLOYEE MIDDLE NAME/INITIAL	Y	P																

Valid Value Table

Y in the Capture column indicates that the data element is captured and N that the data element is not captured.

DN	Element Name	Capture	Non Gray Valid/Grayed Invalid						
0111	APPLICATION ACKNOWLEDGMENT CODE	Y	IA	IE	IR				
0543	BILL ADJUSTMENT GROUP CODE	Y	CO	CR	OA	PI	PR	RR	
0508	BILL SUBMISSION REASON CODE	Y	00	01	02	05	09		
0503	BILLING FORMAT CODE	Y	A	B					
0502	BILLING TYPE CODE	N	C	CH	DD	HS	MD	PD	
0741	CONTRACT LINE TYPE CODE	Y	01	02	03	04	05	06	09
0515	CONTRACT TYPE CODE	Y	01	02	03	04	05	06	09
0553	DAY(S)/UNIT(S) CODE	Y	DA	MJ	UN				

Valid Value Table

For example, Bill Adjustment Group Code is collected indicated by Y but Billing Type Code is not collected indicated by N.

DN	Element Name	Capture	Non Gray Valid/Grayed Invalid						
0111	APPLICATION ACKNOWLEDGMENT CODE	Y	IA	IE	IR				
0543	BILL ADJUSTMENT GROUP CODE	Y	CO	CR	OA	PI	PR	RR	
0508	BILL SUBMISSION REASON CODE	Y	00	01	02	05	09		
0503	BILLING FORMAT CODE	Y	A	B					
0502	BILLING TYPE CODE	N	O	CH	DD	HS	MD	PD	
0741	CONTRACT LINE TYPE CODE	Y	01	02	03	04	05	06	09
0515	CONTRACT TYPE CODE	Y	01	02	03	04	05	06	09
0553	DAY(S)/UNIT(S) CODE	Y	DA	MJ	UN				

Valid Value Table

DN0543 Bill Adjustment Group Code, NCIC does not accept **PI and PR** indicated by codes grayed out on the table. NCIC accepts codes **CO, CR, OA, RR** which are not grayed out. For codes that are sent that are grayed out, the error 'Not Statutorily Valid' will be returned.

DN	Element Name	Capture	Non Gray Valid/Grayed Invalid					
0111	APPLICATION ACKNOWLEDGMENT CODE	Y	IA	IE	IR			
0543	BILL ADJUSTMENT GROUP CODE	Y	CO	CR	OA	PI	PR	RR
0508	BILL SUBMISSION REASON CODE	Y	00	01	02	05	09	
0503	BILLING FORMAT CODE	Y	A	B				
0502	BILLING TYPE CODE	N	O	CH	DD	HS	MD	PD
0741	CONTRACT LINE TYPE CODE	Y	01	02	03	04	05	06	09
0515	CONTRACT TYPE CODE	Y	01	02	03	04	05	06	09
0553	DAY(S)/UNIT(S) CODE	Y	DA	MJ	UN			

Match Data

To match incoming bills to bills in NCIC's database for processing, NCIC identifies their primary match data element values indicated by '**P**'.

Grouping	DN	Data Element Name	00-Original	01-Cancel	02-Change	05-Replace
	0005	Jurisdiction Claim Number		S	S	S
Claimant		Employee ID				
		§ Employee SSN – Preferred (DN0042)		S	S	S
		§ Employee Employment Visa (DN0152)				
		§ Employee Green Card (DN0153)				
		§ Employee ID Assigned by Jurisdiction (DN0154)		S	S	S
		§ Employee Passport Number (DN0156)				
	0031	Date of Injury		S	S	S
Insurer	0006	Insurer FEIN	P	P	P	P
Claim Administrator	0187	Claim Administrator FEIN		S	S	S
Employer	0016	Employer FEIN				
Transaction	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 'primary' to find the bill.

Grouping	DN	Data Element Name	00-Original	01-Cancel	02-Change	05-Replace
	0005	Jurisdiction Claim Number		S	S	S
Claimant		Employee ID				
		§ Employee SSN – Preferred (DN0042)		S	S	S
		§ Employee Employment Visa (DN0152)				
		§ Employee Green Card (DN0153)				
		§ Employee ID Assigned by Jurisdiction (DN0154)		S	S	S
		§ Employee Passport Number (DN0156)				
	0031	Date of Injury		S	S	S
Insurer	0006	Insurer FEIN	P	P	P	P
Claim Administrator	0187	Claim Administrator FEIN		S	S	S
Employer	0016	Employer FEIN				
Transaction	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.

Grouping	DN	Data Element Name	00-Original	01-Cancel	02-Change	05-Replace
	0005	Jurisdiction Claim Number		S	S	S
Claimant		Employee ID				
		§ Employee SSN – Preferred (DN0042)		S	S	S
		§ Employee Employment Visa (DN0152)				
		§ Employee Green Card (DN0153)				
		§ Employee ID Assigned by Jurisdiction (DN0154)		S	S	S
		§ Employee Passport Number (DN0156)				
	0031	Date of Injury		S	S	S
Insurer	0006	Insurer FEIN	P	P	P	P
Claim Administrator	0187	Claim Administrator FEIN		S	S	S
Employer	0016	Employer FEIN				
Transaction	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, <u>cannot</u> 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 NCIC 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.

Population Restrictions

Each Population Restriction contains:
➢ **The DN # and Name;**

DN	Data Element Name	Error Message Number (DN0116)	Population Restriction
0543	BILL ADJUSTMENT GROUP CODE	042	Valid values are CO, CR, OA and PR
0508	BILL SUBMISSION REASON CODE	042	Valid values are 00, 01, 02, 05
0741	CONTRACT LINE TYPE CODE	042	Valid values are 01, 02, 03, 06, 09
0515	CONTRACT TYPE CODE	042	Valid values are 01, 02, 03, 06, 09
0053	EMPLOYEE GENDER CODE	042	Valid values are F and M
0507	PROVIDER AGREEMENT CODE	042	Valid values are N, P and Y
0742	PROVIDER AGREEMENT LINE CODE	042	Valid values are N, P and Y
0731	SERVICE ADJUSTMENT GROUP CODE	042	Valid values are CO, CR, OA, RR
0557	Diagnosis Pointer	111	Must be 1, 2, 3, or 4
0572	DRUGS/SUPPLIES BILLED AMOUNT	111	For transactions that do not contain DN0545 (Bill Adjustment Amount), line level balancing is required and occurs independently for each individual service line reported in the transaction. For each service line reported for bills that were not adjusted at the bill level, the amountreported for the total charge at the line level (DN0552, and DN0572) must balance to the sum of all payments and adjustments associated with that service line, including: • DN0574 (Total Amount Paid Per Line); and • DN0733 (Service Adjustment Amount) See 1.3.2 Line 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)	Population Restriction
0543	BILL ADJUSTMENT GROUP CODE	042	Valid values are CO, CR, OA and PR
0508	BILL SUBMISSION REASON CODE	042	Valid values are 00, 01, 02, 05
0741	CONTRACT LINE TYPE CODE	042	Valid values are 01, 02, 03, 06, 09
0515	CONTRACT TYPE CODE	042	Valid values are 01, 02, 03, 06, 09
0053	EMPLOYEE GENDER CODE	042	Valid values are F and M
0507	PROVIDER AGREEMENT CODE	042	Valid values are N, P and Y
0742	PROVIDER AGREEMENT LINE CODE	042	Valid values are N, P and Y
0731	SERVICE ADJUSTMENT GROUP CODE	042	Valid values are CO, CR, OA, RR
0557	Diagnosis Pointer	111	Must be 1, 2, 3, or 4
0572	DRUGS/SUPPLIES BILLED AMOUNT	111	For transactions that do not contain DN0545 (Bill Adjustment Amount), line level balancing is required and occurs independently for each individual service line reported in the transaction. For each service line reported for bills that were not adjusted at the bill level, the amountreported for the total charge at the line level (DN0552, and DN0572) must balance to the sum of all payments and adjustments associated with that service line, including: • DN0574 (Total Amount Paid Per Line); and • DN0733 (Service Adjustment Amount) See 1.3.2 Line Level Balancing in the IAIABC Medical 2.0 Imp Guide for additional information and examples.

Population Restrictions

Examples:

- DN0543 Bill Adjustment Group Code accepted values are CO, CR, OA , PR
- DN0508 Bill Submission Code accepted values are 00, 01, 02, 05

If any other codes are sent, 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)	Population Restriction
0543	BILL ADJUSTMENT GROUP CODE	042	Valid values are CO, CR, OA and PR
0508	BILL SUBMISSION REASON CODE	042	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). NCIC's transaction sequence edits are defined on the *Sequencing table.*

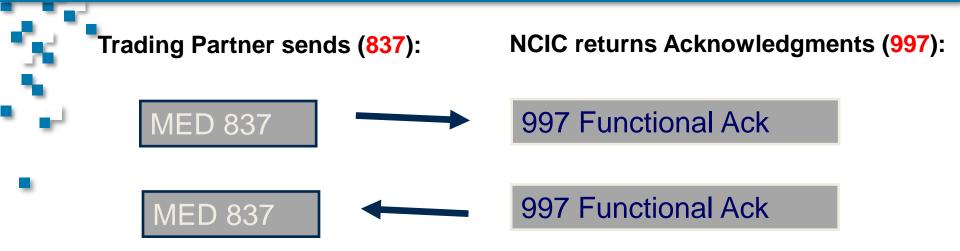| Apply Seq Edit? Y, N, NA	Incoming BSRC	BSRC NAME	Element Error Number (DN0116)	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 1.				
	1a. Original			
Y	00	Original	063	None, An 00 must not have been accepted.
	1b. Encounter			
NA	09	Encounter	063	None, An 09 must not have been accepted.
Business 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).

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 NCIC communicate the status of EDI reports?

How does NCIC communicate the status of EDI reports?

Trading Partner sends (837):

NCIC returns Acknowledgments (997):

MED 837 → 997 Functional Ack

MED 837 ← 997 Functional Ack

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

NCIC receives the Medical file (837) and sends a 997 Functional Acknowledgment for each Medical file sent to NCIC.

How does NCIC communicate the status of EDI reports?

Trading Partner sends (837):   **NCIC returns Acknowledgments (824):**

MED (837) Bill#1	←	824 IA for Bill#1
MED (837) Bill#2	←	824 IA for Bill#2
MED (837) Bill#3	←	824 IE for Bill#3
MED (837) Bill#4	←	824 IR for Bill#4

NCIC sends a EDI Acknowledgment Record (824) for each Medical report (837) sent to NCIC. The Acknowledgment Record communicates the status of the EDI Medical report. The status can be a IA, IE, IR:

• **Status IA:** Indicates that the EDI report was accepted

• **Status IE:** Indicates that the EDI report was accepted with non critical errors.

• **Status IR:** Indicates that the EDI report was rejected. Review the reason to determine if the same Bill needs to be adjusted and resent.

What are the Options for EDI Submissions?

What are the Options for EDI Submissions?

- **Direct Reporting (Secure FTP)**
  - **IAIABC Members with knowledge of the standards**

- **Third Party (EDI Vendor)**
  - **List of approved vendors that have a variety of services to meet your EDI Medical needs**

What are the Options for EDI Submissions?

Trading Partner reports the 837 Medical data based on the following options:

Trading Partner

1) **Report via a Direct Connection using SFTP**

1) **Use a Third Party Vendor**

North Carolina

NCIC receives the 837 Medical data and returns Acknowledgment Files (824/997)

Current list of NCIC Third Party Vendors

This NCIC Vendor list and contact information can be located at www.ncicedi.info under Medical Resources.
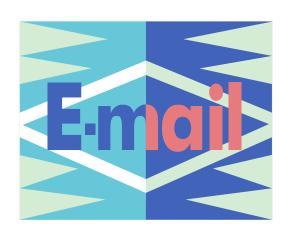
North Carolina does not endorse, nor recommend any one vendor over another. If you are an EDI vendor and would like to be added to the list, please send the request to ncicedi@ic.nc.gov.

Steps for Implementing EDI with NCIC

- **Obtain** the IAIABC Implementation Guide and other support guides

- **Obtain** NCIC Implementation/Requirements Information

- **Determine** how you will handle your EDI reporting

- **Submit** the required Trading Partner Profile

- **Prepare** to send and receive the applicable data

- **Begin** the Testing Process

- **Begin** the Production Reporting

How do I get help?

All questions related to the Trading Partner Registration Process and/or General EDI Support, please contact the NCIC EDI Support Team at ncicedi@ic.nc.gov.

Resources

RESOURCES		
NCIC EDI Questions	Email:	ncicedi@ic.nc.gov
NCIC General EDI Support Questions	Email:	ncicedi@ic.nc.gov
NCIC EDI Trading Partner Registration Process Questions	Email:	ncicedi@ic.nc.gov
NCIC EDI Information	Link:	www.ncicedi.info
NCIC Announcements	Link:	www.ncicedi.info
NCIC FROI / SROI Resources	Link:	www.ncicedi.info
NCIC FROI / SROI Implementation Guide	Link:	www.ncicedi.info
NCIC FROI / SROI Implementation Information	Link:	www.ncicedi.info
NCIC Medical Resources	Link:	www.ncicedi.info
NCIC Medical Implementation Guide	Link:	www.ncicedi.info
NCIC Medical Implementation Information	Link:	www.ncicedi.info
NCIC Trading Partner Profile	Link:	www.ncicedi.info
IAIABC	Link:	www.iaiabc.org

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Resources (continued)

RESOURCES		
IAIABC	Link:	www.iaiabc.org
DISA / ASC X12	Link:	www.disa.org
DISA / ASC X12 Products	Link:	http://store.x12.org/Store/healthcare-5010-original-guides
Medical Support Manuals - CPT Manual	Link:	www.optumcoding.com
Medical Support Manuals - HCPCS Manual	Link:	www.optumcoding.com
Medical Support Manuals - ICD-9 Manual, Volumes 1, 2 & 3 (2013)	Link:	www.optumcoding.com
Medical Support Manuals - ICD-10 Manual (2014)	Link:	www.optumcoding.com
Official UB-04 Data Specifications Manual 2013-American Hospital Association (AHA)	Link:	http://ams.aha.org/EWEB/DynamicPage.aspx?webcode=ProdSearchResult&q=ub04
CMS1500 manual - NUCC	Link:	www.nucc.org

Thank you for attending the training!

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North Carolina Industrial Commission

www.wcprism.com

www.ncicedi.info

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