

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION MEDICAL DATA
REPORTING SPECIFICATIONS (WCMED)
FOR REPORTING
MEDICAL DATA**

**WORKERS COMPENSATION MEDICAL DATA
REPORTING SPECIFICATIONS (WCMED)
SECTION 1
RECORD LAYOUT**

Field No.	Field Title/Description	Class	Position	Bytes
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I. MEDICAL DATA CALL RECORD

1	CARRIER CODE Report the 5-digit NCCI assigned Carrier Code. Do not report the NCCI Group ID or NAIC Carrier Code.	(N)	1-5	5
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2	POLICY NUMBER IDENTIFIER Report the unique set of numbers and/or letters that identify the policy under which the claim occurred. Policy Number Identifier must match the Unit Statistical data policy number including any prefixes or suffixes.	(AN)	6-23	18
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3	POLICY EFFECTIVE DATE Report the effective date that corresponds to the date shown on the policy Information Page or to endorsements attached. The Policy Effective Date reported must be before or the same as Accident/Injury Date (Positions 53-60).	(N)	24-31	8
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Format: YYYYMMDD

4	CLAIM NUMBER IDENTIFIER Report the unique set of numbers and/or letters that identify the specific claim that the bill applies to. The Claim Number Identifier must match the Unit Statistical data claim number.	(AN)	32-43	12
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5	TRANSACTION CODE Report the code that identifies the type of transaction of the record being submitted.	(N)	44-45	2
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Code Description

01 Original – the initial report of the record to the Bureau. Only one original (Transaction Code 01) may be submitted for a given transaction.

02 Cancellation – cancels (deletes) a previously submitted (Transaction Code 01 or 03) record.

03 Replacement – replaces (changes) a previously submitted (Transaction Code 01 or 03) record.

NOTE: An Original (01) must be in the same submission or on the Bureau's database before a Cancellation (02) or a Replacement (03) can be submitted.

6	JURISDICTION STATE CODE Report the code that corresponds to the state under whose Workers Compensation Act or Employers Liability Act the claimant's benefits are being paid.	(N)	46-47	2
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7	CLAIMANT GENDER CODE Report the code that corresponds to the claimant's gender. Leave blank or zero-fill if unknown.	(AN)	48	1
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Code Description

1 Male

2 Female

3 Other

Field No.	Field Title/Description	Class	Position	Bytes								
8	<p>BIRTH YEAR Report the year the claimant was born. The Birth Year must be before Accident/Injury Date (Positions 53-60). Format: YYYY</p>	(N)	49-52	4								
9	<p>ACCIDENT/INJURY DATE Report the date the claimant was injured. The Accident/Injury Date must be the same as or after Policy Effective Date (Positions 24-31), and before or the same as Service Date (Positions 129-136) or Service From Date (Positions 137-144) and Service to Date (Positions 145-152).</p> <p>In the case of occupational disease or cumulative injury, use the last day that the claimant worked without the disability or the last day of coverage, whichever is earlier.</p> <p>Format: YYYYMMDD</p>	(N)	53-60	8								
10	<p>TRANSACTION DATE Report the date corresponding to the Transaction Code (Positions 44-45) of the record being submitted.</p> <p>Format: YYYYMMDD</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01- Original</td> <td>The date the information was originally processed by the administering entity.</td> </tr> <tr> <td>02- Cancellation</td> <td>The date the cancellation was performed in the system of the administering entity.</td> </tr> <tr> <td>03- Replacement</td> <td>The date that the information was changed or corrected in the system of the administering entity.</td> </tr> </tbody> </table> <p>Transaction Date 01- Original Example: A medical service was performed on 01/15/2008. The medical service provider submitted the bill to a bill review vendor on 01/21/2008. The medical data provider reports the original transaction to the Bureau with its 1st Quarter submission on 04/01/2008. The Transaction Date for this original record is 01/21/2008 (reported as 20080121).</p> <p>Transaction Date 03- Replacement Example: Using the same scenario as described in the example for 01- Original, the administering entity discovers an error on the bill and corrects it on 05/1/2008. The medical data provider reports the replacement transaction to the Bureau with its 2nd Quarter submission on 07/01/2008. The Transaction Date for this replacement record is 05/01/2008 (reported as 20080501).</p>	Code	Description	01- Original	The date the information was originally processed by the administering entity.	02- Cancellation	The date the cancellation was performed in the system of the administering entity.	03- Replacement	The date that the information was changed or corrected in the system of the administering entity.	(N)	61-68	8
Code	Description											
01- Original	The date the information was originally processed by the administering entity.											
02- Cancellation	The date the cancellation was performed in the system of the administering entity.											
03- Replacement	The date that the information was changed or corrected in the system of the administering entity.											
11	<p>BILL IDENTIFICATION NUMBER Report the unique number assigned to the bill that corresponds to this transaction.</p>	(AN)	69-98	30								

Field No.	Field Title/Description	Class	Position	Bytes
12	<p>LINE IDENTIFICATION NUMBER Report the unique number assigned to the line associated with the Bill Identification Number (Positions 69-98) and for which this record applies.</p>	(AN)	99-128	30
13	<p>SERVICE DATE Report the date the service related to Line Identification Number (Positions 99-129) was performed. If a negotiated payment spanning multiple days was made and the line item detail is unavailable, zero-fill this field and report in Service From Date (Positions 137-144) and Service To Date (Positions 145-152).</p> <p>Service Date must be the same as or after Accident/Injury Date (Positions 53-60).</p> <p>Format: YYYYMMDD</p>	(N)	129-136	8
14	<p>SERVICE FROM DATE Use this field for the starting date of service if a negotiated payment spanning multiple days was made and the line item detail is unavailable. In all other cases, zero-fill this field and report the line detail's date of service in Service Date (Positions 129-136).</p> <p>This field is the first date of a date range and must be accompanied by a Service To Date (Positions 145-152). Service From Date must be the same as or after Accident/Injury Date (Positions 53-60).</p> <p>Format: YYYYMMDD</p>	(N)	137-144	8
15	<p>SERVICE TO DATE Use this field for the starting date of service if a negotiated payment spanning multiple days was made and the line item detail is unavailable. In all other cases, zero-fill this field and report the line detail's date of service in Service Date (Positions 129-136).</p> <p>This field is the last date of a date range and must be accompanied by a Service From Date (Positions 137-144). Service To Date must be after Service From Date (Positions 137-144).</p> <p>Format: YYYYMMDD</p>	(N)	145-152	8

Field No.	Field Title/Description	Class	Position	Bytes
16	<p>PAID PROCEDURE CODE Report the primary Paid Procedure Code from the jurisdiction approved code table (refer to the Procedure Code List Type table within this description) related to the Paid Amount (Positions 197-207) and Line Identification Number (Positions 99-128). If there is more than one applicable procedure, report the code that relates to the primary procedure in this field and the additional procedure code in Secondary Procedure Code (Positions 290-314). Report an APC or DRG code as the primary Paid Procedure Code if it is the basis of the reimbursement; otherwise, report the CPT, CDT, HCPCS, or NDC code. Revenue codes provide only broad classifications; therefore, they should only be reported as a primary Paid Procedure Code if a CPT, CDT, HCPCS, or NDC code is not available.</p>	(AN)	153-177	25

PROCEDURE CODE LIST TYPE		
Code List Type*	Code Length (Bytes)	Description/Formatting
CPT – Current Procedural Terminology	5	<ul style="list-style-type: none"> Codes are either 5 numbers or a single alpha character followed by 4 numbers Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
CDT – Current Dental Terminology	5	<ul style="list-style-type: none"> Codes are either 5 numbers or a single alpha character followed by 4 numbers Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
HCPCS – Healthcare Common Procedure Coding System	5	<ul style="list-style-type: none"> Codes are either 5 numbers or a single alpha character followed by 4 numbers Level 1 uses the CPT codes while level 2 adds alphanumeric codes for other services such as ambulance or prosthetics Left justify and blank-fill all spaces to the right of the last number or character when less than 25 bytes Must include leading zeros when part of the code**
NDC – National Drug Codes	10 or 11	<ul style="list-style-type: none"> 11-byte HIPAA (Health Insurance Portability and Accountability Act) standard codes or 10-byte FDA (Food and Drug Administration) codes Left justify and blank-fill all spaces to the right of the last number Do not include dashes Must include leading zeros when part of the code**
APC – Ambulatory Payment Classification	4	<ul style="list-style-type: none"> Numeric codes classify procedures into related groups for outpatient services Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
DRG – Diagnostic Related Group	3	<ul style="list-style-type: none"> Numeric codes classify procedures into related groups for inpatient services Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**

Field No.	Field Title/Description	Class	Position	Bytes
PROCEDURE CODE LIST TYPE				
Revenue Codes	3			<ul style="list-style-type: none"> • Left justify and blank-fill all spaces to the right of the last number • Must include leading zeros when part of the code**
State-Specific	Varied			<ul style="list-style-type: none"> • Byte length dependent on state rules • Left justify and blank-fill all spaces to the right of the last number or character when less than 25 bytes • Must include leading zeros when part of the code**
* Report an APC or DRG code as the primary Paid Procedure Code if it is the basis of the reimbursement; otherwise, report the CPT, CDT, HCPCS, or NDC code.				
** If converting codes from a system that does not store leading zeros, ensure that the leading zero(s) is inserted correctly. For example, if the system stores 5.9 for a code that is listed as 005.9 on the code list, then insert two zeros to the left of the 5 when reporting to NCCI.				

17	<p>PAID PROCEDURE CODE MODIFIER Report the Paid Procedure Code Modifier(s) related to the Paid Procedure Code (Positions 153-177). Refer to the Procedure Code List Type table in the Paid Procedure Code description for code list sources.</p> <p>FIRST PAID PROCEDURE CODE MODIFIER</p> <p>SECOND PAID PROCEDURE CODE MODIFIER</p>	(AN)	178-185	8
18	<p>AMOUNT CHARGED BY PROVIDER Report the total amount that was billed by the service provider for the applicable line. This amount is reported prior to any adjustments but includes corrections. If a change to the Amount Charged by Provider occurs to a previously reported record, submit a replacement transaction, Transaction Code 03 (Positions 44-45), and report the current cumulative amount (original amount plus or minus changes) for the applicable line.</p> <p>NOTE: This field should never be a negative value since the total amount charged rather than the change in charged dollars is to be reported.</p>	(N)	186-196	11
19	<p>PAID AMOUNT Report the total amount that was paid by the coverage provider for the applicable line. This amount is reported prior to any adjustments but includes corrections. If a change to the Paid Amount occurs to a previously reported record, submit a replacement transaction, Transaction Code 03 (Positions 44-45), and report the current cumulative amount (original amount plus or minus changes) for the applicable line.</p> <p>NOTE: This field should never be a negative value since the total amount paid rather than the change in paid dollars is to be reported.</p>	(N)	197-207	11

Field No.	Field Title/Description	Class	Position	Bytes
20	<p>PRIMARY ICD-9 DIAGNOSTIC CODE Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD-9 code that identifies the primary diagnosis associated with the medical service rendered. Refer to NCHS (www.cdc.gov/nchs/about/otheract/icd9/abticd9.htm) or CMS (www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/) for the ICD-9 Diagnostic Code listing.</p> <p>NOTE: The WCIO does <i>not</i> recognize code 999.9 (complication of medical care not elsewhere classified) as a valid code.</p>	(AN)	208-221	14
21	<p>SECONDARY ICD-9 DIAGNOSTIC CODE Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD-9 code that identifies the secondary diagnosis associated with the medical service rendered. Refer to NCHS (www.cdc.gov/nchs/about/otheract/icd9/abticd9.htm) or CMS (www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/) for the ICD-9 Diagnostic Code listing.</p> <p>Leave blank or zero-fill if a secondary diagnosis has not been identified.</p> <p>NOTE: The WCIO does <i>not</i> recognize code 999.9 (complication of medical care not elsewhere classified) as a valid code.</p>	(AN)	222-235	14
22	<p>PROVIDER TYPE CODE Report the code that identifies the type of provider. Use the Provider Taxonomy list of standard codes maintained by the National Uniform Claim Committee-Code Subcommittee (available at www.nucc.org/content/view/26/0/index.php?option=com_content&task=view&id=14&Itemid=40 or the Washington Publishing Company [www.wpc-edi.com/taxonomy]).</p>	(AN)	236-255	20
23	<p>PROVIDER IDENTIFICATION NUMBER Report the number that uniquely identifies the billing medical provider (i.e., state-required number, unique carrier coding scheme, Federal Employer Identification Number, or National Provider Identification).</p> <p>NOTE: A unique carrier coding scheme may be used in lieu of a state required number when reporting to the Bureau. However, the unique carrier coding scheme must be used consistently.</p>	(AN)	256-270	15

Field No.	Field Title/Description	Class	Position	Bytes
24	PROVIDER POSTAL (ZIP) CODE OR BILLING ADDRESS POSTAL (ZIP) CODE Report only the first three digits/characters of the Postal (ZIP) code for the medical/service provider address where the service was performed. If unavailable, report only the first three digits of the Postal (ZIP) code of the provider's billing address.	(AN)	271-273	3
25	NETWORK SERVICE CODE Report the code that indicates whether the service provided was reimbursed in accordance with a provider network.	(A)	274	1
	Code Description			
	H HMO – the service was reimbursed in accordance with a Health Maintenance Organization agreement			
	N No Agreement – the service was not reimbursed by any agreement			
	P Participation Agreement – the service was reimbursed in accordance with an agreement that is not an HMO or PPO			
	Y PPO Agreement -- the service was reimbursed in accordance with a Preferred Provider Organization agreement			
26	QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE Report the number of units of service performed or the quantity of drugs dispensed that are related to the Paid Procedure Code. (Positions 153-177). Use the base quantity specified by the applicable procedure code to determine the quantity or number to report.	(AN)	275-281	7
27	PLACE OF SERVICE CODE Report the Place of Service Code from the Place of Service list that indicates where the medical service was performed.	(AN)	282-289	8

Code	Description	Code	Description
01	Pharmacy	34	Hospice
02	Unassigned – Not valid for PA	35-40	Unassigned – Not valid for PA
03	School	41	Ambulance-Land
04	Homeless Shelter	42	Ambulance-Air or Water
05	Indian Health Service-Free Standing Facility	43-48	Unassigned – Not valid for PA
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638 Free-Standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison-Correctional Facility	52	Psychiatric Facility-Partial Hospitalization
10	Unassigned – Not valid for PA	53	Community Mental Health Center

Field No.	Field Title/Description	Class	Position	Bytes
11	Office	54	Intermediate Care Facility/Mentally Retarded	
12	Home	55	Residential Substance Abuse Treatment Facility	
13	Assisted Living Facility	56	Psychiatric Residential Treatment Center	
14	Group Home	57	Non-Residential Substance Abuse Treatment Facility	
15	Mobile Unit	58-59	Unassigned – Not valid for PA	
16	Temporary Lodging	60	Mass Immunization Center	
17-19	Unassigned – Not valid for PA	61	Comprehensive Inpatient Rehabilitation Facility	
20	Urgent Care Facility	62	Comprehensive Outpatient Rehabilitation Facility	
21	Inpatient Hospital	63-64	Unassigned – Not valid for PA	
22	Outpatient Hospital	65	End-Stage Renal Disease Treatment Facility	
23	Emergency Room-Hospital	66-70	Unassigned – Not valid for PA	
24	Ambulatory Surgical Center	71	Public Health Clinic	
25	Birthing Center	72	Rural Health Clinic	
26	Military Treatment Facility	73-80	Unassigned – Not valid for PA	
27-30	Unassigned – Not valid for PA	81	Independent Laboratory	
31	Skilled Nursing Facility	82-98	Unassigned – Not valid for PA	
32	Nursing Facility	99	Other Place of Service	
33	Custodial Care Facility			

* Source: Centers for Medicare & Medicaid Services (www.cms.hhs.gov/PlaceofServiceCodes/01_Overview.asp)

28	SECONDARY PROCEDURE CODE Report the Secondary Paid Procedure Code from the jurisdiction-approved code table (refer to the Procedure Code List Type table within this description) related to the Paid Amount (Positions 197-207) and Line Identification Number (Positions 99-128).	(AN)	290-314	25
29	RESERVED FOR FUTURE USE		315-350	36

Field No.	Field Title/Description	Class	Position	Bytes
II. SUBMISSION CONTROL RECORD				
1	RECORD TYPE	(A)	1-10	10
2	SUBMISSION FILE TYPE CODE	(A)	11	1
3	CARRIER GROUP CODE	(N)	12-16	5
4	REPORTING QUARTER CODE	(N)	17	1
5	REPORTING YEAR	(N)	18-21	4
6	SUBMISSION FILE IDENTIFIER	(AN)	22-51	30
7	SUBMISSION DATE	(N)	52-59	8
8	SUBMISSION TIME	(N)	60-65	6
9	RECORD TOTAL	(N)	66-76	11
10	RESERVED FOR FUTURE USE		77-350	274