

Workers' Compensation And No-Fault Auto Electronic Billing State of the States

Updated: June 2022

This guide is a summary of recent state-by-state requirements announced that relate to the electronic billing of workers' compensation and auto claims. This guide incorporates anticipated changes as well as regulations which have recently gone into effect. For more information related to electronic billing, please contact us at info@cariskpartners.com

2022 Updates

New York

- The New York State Workers' Compensation Board Electronic Claims Submission and Explanation of Benefits Initiative requires all board authorized Healthcare Providers and Payers to transition to electronic submission via CMS-1500 form effective July 1, 2022. The board urges administrators to begin preparations immediately and has provided technical and informational resources on its website to support the change:
 - Technical Specifications: [CMS-1500 Initiative](#)
 - FAQs: [CMS-1500 FAQ](#)

2020 Updates

Alabama: <https://labor.alabama.gov/wc/EDI/edipg1.aspx>

- Claims payment information is no longer due on March 1 and the new submission deadline will be set when you receive your new instructions
- Effective January 1, 2020, the Alabama Department of Labor, Workers' Compensation Division, must receive a completed WC-4 Claim Summary Form for all Alabama Workers' Compensation settlements regardless of whether the settlement goes before a Circuit Court Judge or an ADOL Ombudsman

Colorado:

- For providers choosing electronic billing, Division Rule 16-9(E) specifies how these providers can prove timely filing in event of a future dispute. The rule states “[f]or claims submitted through electronic data interchange (EDI), providers may prove timely filing by showing a payer acknowledgement (claim accepted). Rejected claims or clearinghouse acknowledgment reports are not proof of timely filing.”

Florida:

- Medical bills may be submitted electronically provided the insurance carrier agrees. See subsection 69L-7.730(1)(f), F.A.C.; <https://www.flrules.org/gateway/RuleNo.asp?id=69L-7.730>.

Michigan: https://www.michigan.gov/leo/0,5863,7-336-78421_95508_27669---,00.html

- The Michigan Claims EDI implementation process will be included in the replacement of the Workers' Compensation Agency data system (WORCS). IAIABC Claims Release 3.1 EDI reporting will be included in new system expected to be implemented November 2020.

Minnesota:

- E-Billing has been mandatory in Minnesota since 2009.
- Health Care providers, except hospitals, must send medical records with the 837 in the 275 format. See MN Stat. §176.135 subd.7a <https://www.revisor.mn.gov/statutes/cite/176.135> for this and other workers' compensation requirements. MN R. 5221.0700 requires health care providers to bill on the appropriate electronic form. <https://www.revisor.mn.gov/rules/5221.0700>

Illinois: <http://www.ilga.gov/commission/jcar/admincode/050/05002908sections.html>

- Currently, every health care provider or facility rendering treatment pursuant to the Illinois Workers' Compensation Act must submit medical bills for payment on standardized forms either electronically or on paper. IWCC is not aware of any pending legislation to make the electronic submission of medical bills mandatory.

New York State: http://www.wcb.ny.gov/content/ebiz/eclaims/eclaims_overview.jsp

- The New York State Workers' Compensation Board Electronic Claims Submission and Explanation of Benefits Initiative requires all board authorized Healthcare Providers and Payers to transition to electronic submission via CMS-1500 form effective July 1, 2021. The board urges administrators to begin preparations immediately and has provided technical and informational resources on its website to support the change:
 - Technical Specifications: [CMS-1500 Initiative](#)
 - FAQs: [CMS-1500 FAQ](#)
- The Board has adopted a national standard for Trading Partners to electronically submit employer claims data. The current standard is the International Association of Industrial Accident Boards and Commissions' (IAIABC) Claims Electronic Data Interchange (EDI) Release 3.1 (R3.1)
- The Board has targeted March 15, 2021 as the date Trading Partners will transition from R3.0 to R3.1 standard submission to New York State.
- In keeping with the IAIABC guidelines, the R3.1 tables and guides will be released on March 16, 2020. In preparation for the R3.1 upgrade, the IAIABC will be conducting Claims EDI Release 3.1 training from March 31, 2020 to April 1, 2020 in Syracuse, NY. Please visit the [IAIABC website](#) for registration information
- Billing NY WC claims on the 1500:
 1. The 1500 form should be used for all professional NY WC bills (except the C4.3)
 2. If you currently submit NY WC on the old NY forms rather than the 1500, please contact cic_support@cariskpartners.com to have your account switched to the NY WC 1500 setting
 3. All rendering providers including OT/PT/NP/PAs MUST complete authorization for XML submission: https://www.wcb.ny.gov/OnlineRegistration/onreg_xmlparticipant_confirmation.jsp
 4. The NP/PA modifiers should NOT be used
 5. The supervising physician does NOT need to be reported/sent for OT/PT/NP/PAs (who should all be board authorized by now) *
 6. All rendering providers including OT/PT/NP/PAs must have profiles in the CIC account (unless you are already sending this data in your electronic bill submission feed) including:
 - 6-digit numeric license numbers
 - WCB authorization numbers (You MUST enter the specified WCB authorization number provided in the confirmation email sent by the NY WCB upon the provider's completion

of XML authorization)

- NY WCB rating code
7. The rendering provider WCB authorization number and rating code will populate box 19 on the 1500 form as per NY WCB requirements.
 8. The WCB case number is strongly encouraged but not required. You can enter this into box 8 in the 1500 form on the CIC portal if you are unable to send the value in your electronic bill submission feed. (We will render/print it in box 9a per WCB rules, but have opened box 8 to allow for manual entry in the portal.)
 9. The WCB created a medical narrative template you can use to help collect needed narrative information: http://www.wcb.ny.gov/CMS-1500/Medical_Report_Template.pdf
 10. Should an insurance carrier deny payment due to a bill lacking an NP/PA modifier, and/or lacking a supervising physician, the WCB recommends billers to contact the payer to resolve directly, or submit an HP-1 to the Board to contest non-payment.

** Services rendered by PAs can report a supervising provider for accurate payment, either in the supervising provider loop of an 837 data file, or manually entered in box 17, with NPI/license in box 17a/b; OR the supervising provider's name/NPI/license can be reported in supporting documentation instead of on the bill. It is not a data requirement – Neither the WCB nor CIC will fail bills if the supervising provider is not sent.*

North Dakota:

- WSI currently accepts the 837I and 837P submitted through one of our two clearinghouses: Carisk and Noridian. While WSI intends to discontinue allowance through Noridian, we do not have a tentative date scheduled.
- During our past legislative session, we mandated electronic billing effective 7/1/2021. As a monopolistic WC state, we are both the administrator and the insurer for all WC claims. We are currently working internally to establish Admin Rule parameters for the mandate, which will be proposed for public comment later this summer.

Oregon: <https://security-us.mimecast.com/ttpwp#/enrollment?key=94b8968e-f8bc-4608-9e4e-79321ee9505e>

- Electronic billing is voluntary for providers but mandatory for payers. Our electronic medical billing requirements are located in Oregon Administrative Rules Division 008 Electronic Medical Billing.

South Carolina: <https://wcc.sc.gov/claims/electronic-claims-reporting-edi>

- South Carolina will be mandating XML reporting with the IAIABC's EDI Claims Release 3.1 Standard beginning in the Spring of 2020.

Washington: <https://www.walniedi.info/>

- Mandatory reporting became effective January 1, 2020.

2019 Updates

California: Payers are required to accept electronically submitted bills

It is optional for providers to submit bills electronically

Electronic submissions must comply with the regulations established

Visit [Division of Workers' Compensation e-billing webpage](#) for specific regulations

California anticipates initiating a rulemaking action to update the regulations, Companion Guide, and Medical Billing and Payment Guide in the coming months

Subscribe to the DWC mailing list through the following web page to receive timely updates from CA <https://www.dir.ca.gov/email/listsab.asp?choice=1>

New Jersey: Workers' Compensation & Auto https://www.nj.gov/labor/wc/wc_index.html

- Mandatory for No-Fault Auto effective September 1, 2019 - Senate P.L. 2017, c369 Auto/PIP
- Mandatory for Workers' Compensation effective November 1, 2019 - Senate P.L. 2016, c64 Workers Compensation

All healthcare providers or their billing representative processing over 25 claims per month shall submit workers' compensation and no-fault auto bills with supporting documentation electronically in accordance with the guidelines.

Provider exemptions: Providers submitting less than 25 bills per month for workers' compensation or auto

Insurance Carriers, medical management companies or their third-party administrators shall accept electronic bills and acknowledge receipt of a complete electronic medical bill to the submitting party

Payer exemptions: Payers receiving fewer than 25 bills per month for workers' compensation or auto

Pennsylvania: <https://www.dli.pa.gov/Businesses/Compensation/WC/claims/edi/Pages/default.aspx>

- All form types are accepted electronically based on payer capabilities
- Mandatory EDI for:
 - First Report of Injury (FROI)
 - Subsequent Report of Injury (SROI)

Virginia: Workers' Compensation <http://workcomp.virginia.gov/>

- Mandatory for Workers' Compensation effective July 1, 2019 - 16VAC30-16-80, § 65.2-603 of the Code of Virginia for all medical bills with supporting documentation to be submitted electronically through a clearinghouse.

Payers:

- Accept electronic medical bills submitted in accordance with the adopted standards;
- Transmit acknowledgments and remittance advice in compliance with the adopted standards in response to electronically submitted medical bills; and
- Support methods to receive electronic documentation required for the adjudication of a bill, as described in 16VAC30-16-80.
- Payer exemptions: processes fewer than 250 workers' compensation medical bills annually

Healthcare Providers:

- Implement a software system capable of exchanging medical bill data in accordance with the adopted standards or contract with a clearinghouse to exchange its medical bill data;
- Submit medical bills as provided in 16VAC30-16-30 A 1 to any payers that have established connectivity to the health care provider's system or clearinghouse;
- Submit required documentation in accordance with subsection E of this section; and
- Receive and process any acceptance or rejection acknowledgment from the payer.
- Provider exemptions: employs 10 or fewer full-time employees or submits fewer than 250 workers' compensation medical bills annually.

2018 Updates

Tennessee: Mandatory medical billing <https://www.tn.gov/workforce/injuries-at-work/available-resources/redirecr-available-resources/medical-e-billing-requirements.html>

In Tennessee, eBilling is mandatory for both payers and health care providers.

Effective July 1, 2018, Tennessee Rules and Regulations 0800-2-26 requires health care providers to submit medical bills to insurance carriers, or their agents, electronically, and for insurance carriers to accept these electronic bills.

Exceptions: The exception to this requirement will be made automatically for healthcare providers that employ 10 or fewer employees or that submitted fewer than 120 bills for workers' compensation treatment in the previous calendar year. Exceptions will also be made automatically for insurance carriers if they processed fewer than 250 bills for workers' compensation treatment or services in the previous calendar year. Finally, if either a health care provider or insurance carrier establishes that compliance will result in an unreasonable financial burden, it may be excepted from the electronic billing requirements, as determined by the Bureau. To qualify for exemption based on the unreasonable financial burden, the organization must submit its rationale and supporting documentation to the WC.eBill@tn.gov. The rationale should be on the organization's own letterhead and addressed to the Bureau Administrator, Abbie Hudgens.