Exhibit B
Medical Bill Review Payable File
Required Data Elements

1. Claim Number (employee identification number assigned by the Division)
2. Bill Review Control Number (unique MBR reference number assigned to identify a specific medical bill
3. Document Control Number (unique identifier assigned by the MCM to a specific medical bill)
4. Bill Review Original Control Number (unique identifier used to tie a reconsideration back to an original review and control number)
5. Claimant First Name
6. Claimant Middle Initial
7. Claimant Last Name
8. Claimant Social Security Number (employee's social Security Number or DWC Assigned Number (DAN)
9. Date of Injury
10. Contact ID (unique identifier assigned by the Division to a specific provider)
11. FEIN (Federal Employer Identification Number assigned by the IRS)
12. Record Type (code used to identify the type of service invoiced, i.e., MBR)
13. Bill Status Indicator (unique identifier used to indicate bill status, according to the following:
    O for original bill with allowance
    Z for zero pay bill
    E for re-evaluated or reconsidered bill with additional allowance
    C for re-evaluated or reconsidered bill with overpayment credit
    X for zero pay of reconsideration bill
    R for review only
14. Provider Practice Name (the name of the provider where the service was provided, which should match on Contact ID)
15. Provider Practice Address (address of place of service)
16. Provider Practice City
17. Provider Practice State
18. Provider Practice Zip Code
19. Billing Provider Name (the name of the billing entity that has been authorized by the Provider to bill for services on its behalf, which should match Contact ID)
20. Billing Provider Address (address of billing provider)
21. Billing Provider City
22. Billing Provider State

23. Billing Provider Zip Code
24. Insurer Receive Date (the date the bill is received by the Division or its agent)
25. MBR Contractor Receive Date (the date the bill is received by the MBR Contractor)
26. Bill Review Date (the date the bill is reviewed and processed by the MBR Contractor)
27. Bill Export Date (the date the bill is exported on the Medical Bill Review Payable File to the Division)
28. Bill Payment Date (the date the payment was made by the Division)
29. DWC Filing Date (the date the MBR Contractor files the payment data with DWC)
30. Transmission Number (the unique identifier assigned by DWC for each medical EDI transmission)
31. Carrier Name
32. Carrier/TPA code (the unique code assigned to carriers or TPAs by the DWC)
33. Total Charges (total amount invoiced by the service provider)
34. Total Allowance (total amount allowed after all reductions)
35. Total Bill Review Savings (the total amount saved by the fee schedule reductions)
36. Total PPO Savings (the total amount saved by the application of PPO network discounts)
37. Total Negotiated Savings (the total amount saved by negotiations)
38. Total UC Savings (the total amount saved by usual and customary reductions)
39. Total UR savings (the total amount saved by application of UR recommendations)
40. Provider Payment Arrangement (a unique identifier that indicates if a provider's services are reimbursed according to a special arrangement, i.e., above or below fee schedule)
41. Bill Review Fee (the MBR fee invoiced to the Division for reviewing and processing the bill)
42. PPO fee (the PPO fee invoiced to the Division for application of PPO retrospective discounts)
43. Service from Date (the date the services were initiated)
44. Service through Date (the date the services were completed)
45. Financial Category Display Code (Pay Type code)
46. Provider Invoice Number (the unique identifier assigned by the MBR Contractor to each payable file submitted to the Division)
47. ICD Indicator (an indicator used to identify if bill was coded with ICD 9 or ICD 10 codes)
48. ICD Diagnosis Code 1 (the International Classification of Diseases Code that denotes the diagnosis of the work-related injury or illness
49. ICD Diagnosis Code 2
50. ICD Diagnosis Code 3
51. ICD Diagnosis Code 4
52. ICD Diagnosis Code 5
53. ICD Diagnosis Code 6
54. ICD Diagnosis Code 7

55. ICD Procedure Codes 1 (the International Classification Diseases of Procedure Code that denotes the primary procedure)
56. ICD Procedure Code 2
57. ICD Procedure Code 3
58. ICD Procedure Code 4
59. ICD Procedure Code 5
60. ICD Procedure Code 6
61. CPT/HCPCS/Revenue Codes (the procedure, service, or supply code billed by the provider as referenced by either the AMA's Current Procedural Terminology Manual, CMS' Health Care Common Procedure Coding System, National Uniform Billing Committee's Revenue Codes, or Florida Specific Codes.
62. Modifiers (descriptors used to identify special circumstances related to the service provided and billed)
63. Hospital Admission Date
64. Hospital Discharge Date
65. DRG Code (the identifier used to classify a hospitalization according to a diagnosis-related group)
66. Number of Processed Lines (total number of processed lines on the medical bill)
67. PPO Name (the name of the PPO network used for the retrospective PPO discount)
68. Unreviewable Charges (those charges submitted by the service provider that are not reviewable)
69. Duplicate Charges (those charges summitted by the service provider on a reconsideration or reevaluation that have previously been reviewed and adjudicated by the MBR Contractor)
70. Client Group (a unique identifier that identifies the client, i.e., State of Florida or National Guard)

The listed data elements on this exhibit and any other elements necessary to meet the requirement of the RCP, the current Medical EDI Implementation Guide (MEIG) Revision F, 2015, and all other Administrative Rules and Florida Statutes shall be utilized by the Contractor.