

Florida
Medical EDI Implementation Guide
(MEIG)
Revision F
2015
(07/07/2015)
For
Electronic Medical Report Submission



Department of Financial Services
Division of Workers' Compensation
Bureau of Data Quality and Collection
Medical Data Management Team

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F**

Sender Responsibilities

Obtaining a Sender ID

A Sender must complete and submit the Sender Specifications document to the Division and receive the assignment of a Sender ID prior to submitting electronic transmissions.

Submitting a Sender Client Listing Document

A Sender must provide the Division with an accurate and complete list of Insurers and Service Companies/Third Party Administrators (TPA) for whom they will be transmitting electronic data. This list must include the Insurer Name, Insurer Code Number, Insurer FEIN and the Claim Administrator Name, Service Company/Third Party Administrator (TPA) Code Number, Claim Administrator FEIN and the Claim Administrator physical office location postal code. It is the responsibility of the Sender to notify the Division when any insurer or claim administrator is added to or deleted from the client list, to avoid medical bill rejection when transmissions are processed. The Sender Client Listing document is used for this notification.

Establishing a Secure Shell (SSH) or Secure Socket Layer (SSL) File Transfer Protocol Account

An SSH (SFTP) account shall be established for transmitting electronic medical transactions to the Division no later than September 30, 2014. SSL/FTP (FTPS) shall be permitted as a method of file transfer to the Division through September 30, 2014 only.

Instructions for setting up an SSH or SSL/FTP account can be downloaded from the Division's website at http://www.myfloridacfo.com/Division/WC/EDI/Med_EDI.htm or can be obtained by contacting the Medical Data Management team in the Bureau of Data Quality and Collection at 850.413.1607 or MedicalDataManagementTeam@myfloridacfo.com.

Production Transmission Guidelines

Electronic Production File Naming Conventions:

Please use the following file naming convention for files uploaded to the Division:

STTTTTDWCXX_YYYYMMDD_HHMMSSZ.TXT

Example: **SMTTP123DWC09_20020929_090500P.TXT**

"S" is required. (All files submitted must start with the letter "S".)

“TTTTT” is the Sender’s six character Sender ID (i.e. – MTP123)

“DWC” is required and must always be present in the file name.

“XX” is the Record. Current valid Record values are as follows:

“09” = DWC-9 Medical Claim Form

“10” = DWC-10 Pharmacy/Medical Equipment and Supply Billing Form

“11” = DWC-11 Dental Claim Form

“90” = DWC-90 Hospital Claim Form

“_” There must be an underscore immediately following the Record type in the file name.

“YYYYMMDD” = The Year, Month, and Day the transmission was submitted.

“_” There must be an underscore immediately following the date transmission was submitted in the file name.

“HHMMSS” = The Hour, Minute, and Seconds of the file submission, making the file name unique, should multiple files be transmitted in quick succession.

“Z” = Test/Production Indicator. Use “P” for a Production file.

“.TXT” = All files must end with a .TXT extension.

The Sender will be notified via email if a data transmission cannot be processed, and the transmission will be placed in the “badfiles” folder in the Sender’s SSH (SFTP) account. Data are not considered “filed with the Division” until the Sender submits a replacement transaction that is successfully accepted by the Division.

When transmitting more than one Record type, it will be necessary to transmit separate transmission files (one for each Record type).

Sequencing of Transactions within a Transmission:

All transmissions must be submitted with records in the following order:

Transmission Header Record (HD1)

Medical Bill #1 Header Record

Medical Bill #1 Detail Record #1

Medical Bill #1 Detail Record #2

Medical Bill #1 Detail Record #3 (actual number of detail records for each bill varies)

Medical Bill #2 Header Record

Medical Bill #2 Detail Record #1

Medical Bill #2 Detail Record #2

Medical Bill #3 Header Record

Medical Bill #3 Detail Record #1

Medical Bill #3 Detail Record #2

Medical Bill #3 Detail Record #3

Medical Bill #3 Detail Record #4

Transmission Trailer Record (TR1)

NOTE: Only one set of HD1/TR1 records is allowed for each transmission file.

Processing of Medical Data Transmissions

Each data transmission received is processed through a data quality program specific to the medical bill record type. Each medical bill is validated and analyzed. Once the transmission has been processed through the data quality programs, Medical Bill Acknowledgements are generated. These reports will be placed in the outgoing folder on the Division's SSH (SFTP) account for the Sender to retrieve as notification of the Division's acceptance or rejection of the medical report data submitted.

Division's Acceptance / Acceptance with Error / Rejection / Not Processed / Withdrawal / Correction / Replacement of Medical Bills

When submitting corrections for rejections, replacements (amended/readjusted/data cleanup), or withdrawals, use the same Control Number that was used in the original submission of the medical bill.

Submitted medical bills containing no rejection errors for any data elements will be accepted by the Medical Data Management System. Submitted medical bills containing rejection errors for any data element will result in rejection of the entire bill. Upon completion of processing the submitted file, a Medical Bill Acknowledgement will be placed in two formats, (PDF and Acknowledgement flat file), in the "outgoing" folder of the Sender's SSH (SFTP) mailbox. The Sender will be notified via email when the Acknowledgement reports are completed and available for pickup. The PDF version summarizes the number of medical bills submitted, accepted, accepted with errors, not processed, withdrawn, and rejected in the transmission. This report also lists each medical bill submitted, its status as accepted, accepted with errors, not processed, withdrawn, or rejected, and any applicable errors. The Acknowledgement flat file contains the same information as the PDF file in a computer-readable fixed-column format.

After receiving this report, the Sender shall verify that all of the data in the transmission have been accurately accounted for on the report and investigate any errors. All medical bills with errors must then be re-submitted to the Division with necessary corrections, using the same Control Number as the original medical bill with errors. The original submission, the re-submission of rejected medical bills, and the replacement of previously accepted medical bills must be in compliance with Rule 69L-7.750, F.A.C. Data are not considered "filed with the Division" until they have been accepted by the Division.

Division's Rejected but Not Resubmitted Successfully Reports

Twice each month, the Division will generate a Rejected but Not Resubmitted Successfully Report, which will be placed, in two formats (PDF and text file), in the "outgoing" folder on the SSH (SFTP) server for pick up by SFTP Senders. This report is comprised of cumulative unresolved rejection issues and serves as a reminder of the corrections that need to be made. Rejections that have not been corrected successfully and accepted by the Division are not considered "filed with the Division" and are subject to penalty pursuant to Rule 69L-24.006, F.A.C.

Defective Transmissions

If the Division receives a “Defective Transmission,” the transmission cannot be processed and acknowledged. An email will be generated with the subject line: Structural File Failure, and returned to the Sender of the Defective Transmission with one of the following messages:

Batch Failures - Structural File Failure Messages

The file could not be processed because duplicate Control Numbers exist across some header records (Control Number #####).

The file could not be processed because the file name submitted is a duplicate of one already received.

The file could not be processed because the TR1 Trailer Record was not found at the end of the file.

The file could not be processed because it does not have a Transaction Set ID- Header Record (HD1) in line 1.

The file could not be processed because the Date Transmission Sent supplied in the HD1 Header Record is over 3 days old.

The file could not be processed because the Billing Format Code specified in the HD1 Header Record does not agree with the Record Type given in the file name.

The file could not be processed because the number of bills specified in the TR1 Trailer Record (#) does not agree with the actual number of bills in the file (#).

The file could not be processed because the Sender ID in the file name is not valid.

The file could not be processed because the Postal Code supplied in the Transmission Header Record does not agree with the Sender profile.

The file could not be processed because it does not have a proper CRLF line termination.

The file could not be processed because an invalid or blank record was encountered at line # in the data file.

The file could not be processed because the Sender ID specified in the HD1 Header Record does not agree with the Sender ID given in the file name.

The file could not be processed because the Sender profile has not been authorized to send this type of production file.

The file could not be processed because the Sender has not been authorized to submit Revision F Test data files.

The file could not be processed because the Test/Production indicator supplied in the HD1 Header Record does not match the one supplied in the file name.

The file could not be processed because there were no bill header records found in the file.

The file could not be processed because it did not have 'DWC' in the file name.

The file could not be processed because it did not have a valid Test/Production indicator at the end of the file name.

The file could not be processed because data record(s) were encountered after the Transmission Trailer Record (TR1) - multiple batches not allowed in a single file.

The file could not be processed because Revision C, D or E data files can't be submitted with Bill Submission Reason Code '00' or '99', (see Control Number #####).

The file could not be processed because an Invalid Control Number was encountered (see Control Number #####).

The file could not be processed because an Invalid Sender ID was embedded in a Control Number (see Control Number #####).

The file could not be processed because the Bill Submission Reason Code in a Control Number is invalid (see Control Number #####).

The file could not be processed because it had an invalid form type in the file name.

The file could not be processed because it does not have a .TXT extension (only ASCII .TXT files allowed).

The file could not be processed because the Sender profile has at least 1 form type that has not been authorized for production.

The file could not be processed because the file appears to be empty (no contents).

The file could not be processed because the Revision Code supplied in the HD1 header records is either invalid or not supported by this system.

The file could not be processed because the Sender has not been authorized to submit Revision "X" Production data files.

The file could not be processed because the Date Transmission Sent supplied in the HD1 Header Record is invalid.

The file could not be processed because the FEIN supplied for the Sender in the Transmission Header Record does not agree with the Sender profile information.

The file could not be processed because the value in the Number of Medical Bills in the Transmission Trailer Record was not valid.

The file could not be processed because of the presence of an unauthorized acquired Sender FL ID in a Control Number (see Control #####).

The file could not be processed because an original bill may not be sent with an acquired Sender's FL ID (see Control #####).

The file could not be processed because a Bill Header Record was not present immediately after the Transmission Header Record.

Florida Division of Workers' Compensation

Medical EDI – Revision F

Sender Testing Requirements

Submitting Test Transmissions

Prior to submission of production data to the Division, each Sender must provide test transmissions for each Record (09, 10, 11, and 90) to be submitted. The Division will review and analyze the test transmissions to ensure the accuracy of the data being transmitted and program compatibility with Division standards.

Test Transmission Guidelines

Test transmissions are reviewed and analyzed to ensure the data sent are in accordance with s. 440.13(4) and s. 440.185(5), Florida Statutes, and Rule 69L-7.750, F.A.C.

Test Transmission Content for New Senders

For each of the four Records (09, 10, 11, and 90), data in the test transmission must match the data shown on 15 paper claim forms. Test transmissions must be sent via SSH FTP (SFTP). Test files must incorporate scenario testing identified by the Medical Data Management Team.

A copy of the paper claim forms matching the 15 electronically transmitted reports must accompany the test transmission and be sorted in the order they appear on the transmission. Failure to properly sort paper claim forms could result in a delay in processing the test transmission.

Test Transmission Content for Established Senders Transitioning to Revision F

For each of the four Records (09, 10, 11, and 90), five test transactions must be sent and accepted by the Division. These transactions may be sent in one or multiple transmissions. Test transmissions must be sent via SSH FTP (SFTP) and must pass all Revision F edits before approval for Production in Revision F will be granted. Test files must incorporate scenario testing identified by the Medical Data Management Team.

Test Transmission Rejection

If a test transaction fails to meet requirements for production, the Sender will be notified in writing, by e-mail, as to the reasons for the rejection. The Sender must resubmit all rejected transactions until approved for production.

Test Transmission Approval

When all test transactions meet the Division's requirements for production, the Sender will be notified in writing, by e-mail, of the date electronic submission of Revision F production data may begin.

Electronic Test File Naming Convention

Please use the following file naming convention for files uploaded to the Division:

STTTTTDWCXX_YYYYMMDD_HHMMSSZ.TXT

“Z” above equals the Test/Production Indicator. Use “T” for Test files.

Example: **SMTP123DWC09_20020929_090500T.TXT**

NOTE: *Data used in a test transmission are NOT considered “filed with the Division”. The filing requirement of the originally received claim form from the provider must be met pursuant to Rule 69L-7.750, F.A.C., by submitting the data again in production.*

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
FL MEDICAL EDI
Sender Specifications**

Sender Name: _____ **FEIN:** _____

Address: _____

The Sender shall complete and send this form to the Division at least two weeks prior to sending the initial test transmission.

1. **Purpose.** For purposes of this document, a Sender is an Insurer, Claim Administrator or vendor that is using Electronic Data Interchange (EDI) to exchange workers' compensation medical data with the Florida Division of Workers' Compensation (DWC). The Sender shall refer to the date-appropriate Florida Medical EDI Implementation Guide (MEIG) when sending electronic form equivalents of division medical forms.

2. **Format.** Data shall be submitted using the Medical EDI Bill Record Layouts Rev F contained in the MEIG.

3. **Transmission Costs.** The Sender shall pay any transmission costs related to sending medical EDI data to the Division.

4. **Filing Volume and Frequency.** Indicate the estimated volume of filings per form type and frequency.

EDI DFS-F5-DWC-09 filings:	_____	per	Week <input type="checkbox"/>	Month <input type="checkbox"/>
EDI DFS-F5-DWC-10 filings:	_____	per	Week <input type="checkbox"/>	Month <input type="checkbox"/>
EDI DFS-F5-DWC-11 filings:	_____	per	Week <input type="checkbox"/>	Month <input type="checkbox"/>
EDI DFS-F5-DWC-90 filings:	_____	per	Week <input type="checkbox"/>	Month <input type="checkbox"/>

5. **Test Start Date.** Specify the target date for sending test transmissions: _____

6. **Virus Protection Software Used (Required)** _____

7. **Contact Person(s) for EDI Test and Production Phases.** Provide the name, phone number, and e-mail address for all persons to whom Medical EDI test and production communications should be sent (i.e., Transmission Receipt Confirmations and Medical Bill Acknowledgement Reports). To add additional contacts please use the Sender Contact Update form.

Contact Name (1): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences:

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
FL MEDICAL EDI
Sender Specifications**

Continued from Page One

Contact Name (2): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences:

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

Contact Name (3): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences:

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

Contact Name (4): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences:

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F
Sender Contact Update**

Sender Name: _____

ID #: _____

Additional Contact Person(s): Provide the following information for all persons to whom EDI test and production communications should be sent (i.e., Transmission Receipt Confirmations and Medical Bill Acknowledgement Reports).

Contact Name (1): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences:

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

Contact Name (2): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences:

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F
Sender Contact Update**

Continued from Page 1

Contact Name (3): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

Contact Name (4): _____

Job Title: _____

Email: _____

Address: _____

Contact Type: Business Technical Both

Please select notification preferences

- File Receipt Acknowledgement
- Global Emails
- Medical Bill Acknowledgement Reports
- Monthly Report Cards
- Outstanding Rejected Medical Bill Report

Delete the Following Contact(s): Provide the name of the contact to be removed from any future test or production communication.

Contact Name: _____

Contact Name: _____

Contact Name: _____

Contact Name: _____

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F
Sender Client Listing**

Date: _____

Sender ID: _____

Sender Name: _____

Please list any additions and/or deletions to your client listing in the areas indicated below. It is important that all relevant information is listed for each client. If the client is a Service Co/TPA, the name and FEIN should be listed under Claim Administrator Name and Claim Administrator FEIN and the Postal Code should be listed as that of the Claim Administrator's Physical Postal Code.

*Sample Information Included Below. Please delete and submit client specific information.

INSURER NAME	FL INSURER CODE	INSURER FEIN	CLAIM ADMINISTRATOR NAME (IF DIFFERENT FROM INSURER – E.G. TPA)	FL SERVICE CO/TPA CODE	CLAIM ADMINISTRATOR FEIN (IF DIFFERENT FROM INSURER)	INSURER (OR CLAIM ADMINISTRATOR) POSTAL CODE	ADD/ DELETE
Old Faithful Insurance Co A	0001	941111111				555551111	Add
Old Faithful Insurance Co B	0002	941111112				555541112	Add
Old Faithful Insurance Co C	0003	941111113				55553	Delete
Old Reliable Self Insured Co A	9999	951111111	Best TPA	6999	931111111	555551111	Add
Self Insured Co B	9998	951111112	Best TPA	6999	931111111	555551111	Add

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 09 Layout

Record - 09 Transmission Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01H	Transmission Header	Transmission Header Marker	Transaction Set ID- Header	1-3	3 A/N
02H	Transmission Header	Submitter ID	Sender FL ID	4-6	3 A/N
03H	Transmission Header	Submitter Zip Code	Sender Postal Code	7-15	9 A/N
04H	Transmission Header	Submitter Federal Tax Id Number	Sender FEIN	16-24	9 A/N
05H	Transmission Header	Form ID	Billing Format Code	25-26	2 A/N
06H	Transmission Header	Revision Indicator	Revision Code	27-28	2 A/N
07H	Transmission Header	Test / Production Indicator	Test / Production Indicator	29	1 A/N
08H	Transmission Header	Date Of Submission	Date Transmission Sent	30-37	DATE
09H	Transmission Header	Space Filler	Space Filler	38-300	263

Record -09 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01A	Bill Header	Medical Bill Control Number	Control Number	1-13	13 A/N
02A	Bill Header	Record Flag	Record Flag-Header	14	1 A/N
03A	Bill Header	Form ID	Billing Format Code	15-16	2 A/N
04A	Bill Header	Insurer Code Number	Insurer Code Number	17-21	5 A/N
05A	Bill Header	Insurer Federal Tax Id Number	Insurer FEIN	22-30	9 A/N
06A	Bill Header	Insurer Location Zip Code	Space Filler	31-39	9 Filler
07A	Bill Header	Service Co/TPA Code Number	Claim Administrator Code Number	40-44	5 A/N
08A	Bill Header	Service Co/TPA Federal Tax Id Number	Claim Administrator FEIN	45-53	9 A/N
09A	Bill Header	Service Co/TPA Location Zip Code	Claim Administrator Physical Postal Code	54-62	9 A/N
10A	Bill Header	Employee Identification Number	Employee Identification Number	63-71	9 A/N
11A	Bill Header	Date Of Accident, Illness Or Injury	Date Of Injury	72-79	DATE

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 09 Layout

Record -09 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
12A	Bill Header	Injured Employee's Last Name	Employee Last Name	80-109	30 A/N
13A	Bill Header	Injured Employee's First Name	Employee First Name	110-124	15 A/N
14A	Bill Header	Injured Employee's Middle Initial	Employee Middle Initial	125	1 A/N
15A	Bill Header	Injured Employee's Date Of Birth	Employee Date Of Birth	126-133	DATE
16A	Bill Header	Injured Employee's Gender	Employee Gender Code	134	1 A/N
17A	Bill Header	Provider's Florida License Number	Billing Provider State License Number	135-147	13 A/N
18A	Bill Header	Provider Federal Tax Id Number	Billing Provider FEIN	148-156	9 A/N
19A	Bill Header	Zip Code Where Services Were Rendered	Facility Postal Code	157-165	9 A/N
20A	Bill Header	Date Insurer Received Bill From Provider (Or Injured Employee)	Date Insurer Received Bill	166-173	DATE
21A	Bill Header	Date Insurer Paid, Adjusted, Disallowed Or Denied Bill	Date Insurer Paid Bill	174-181	DATE
22A	Bill Header	Total Paid To Provider Or Reimbursed To Injured Employee By Insurer	Total Amount Paid Per Bill	182-192	\$9.2
23A	Bill Header	Report Reason Code	Bill Submission Reason Code	193-194	2 A/N
24A	Bill Header	Payment Code	Payment Code	195-196	2 A/N
25A	Bill Header	ICD-9 Diagnostic Code 1	ICD Diagnosis Code A	197-204	8 A/N
26A	Bill Header	ICD-9 Diagnostic Code 2	ICD Diagnosis Code B	205-212	8 A/N
27A	Bill Header	ICD-9 Diagnostic Code 3	ICD Diagnosis Code C	213-220	8 A/N
28A	Bill Header	ICD-9 Diagnostic Code 4	ICD Diagnosis Code D	221-228	8 A/N
29A	Bill Header	Claim Handling Entity Internal File Number	Claim Administrator Claim Number	229-258	30 A/N
30A	Bill Header	Submitter Location	Sender Location	259-278	20 A/N
31A	Bill Header	Pre-Payment/Employee Payment Indicator	Pre-Payment/Employee Payment Code/First Fill Code	279	1 A/N
32A	Bill Header	Duplicate Override Indicator	Duplicate Override Indicator	280	1 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 09 Layout

Record -09 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
33A	Bill Header		ICD Type Indicator	281	1 A/N
34A	Bill Header		ICD Diagnosis Code E	282-289	8 A/N
35A	Bill Header		ICD Diagnosis Code F	290-297	8 A/N
36A	Bill Header		ICD Diagnosis Code G	298-305	8 A/N
37A	Bill Header		ICD Diagnosis Code H	306-313	8 A/N
38A	Bill Header		ICD Diagnosis Code I	314-321	8 A/N
39A	Bill Header		ICD Diagnosis Code J	322-329	8 A/N
40A	Bill Header		ICD Diagnosis Code K	330-337	8 A/N
41A	Bill Header		ICD Diagnosis Code L	338-345	8 A/N
42A	Bill Header		Resubmission Code	346-356	11 A/N
43A	Bill Header	Space Filler	Space Filler	357-700	344

Record - 09 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01B	Bill Detail	Medical Bill Control Number	Control Number	1-13	13 A/N
02B	Bill Detail	Record Flag	Record Flag-Detail	14	1 A/N
03B	Bill Detail	Detail Sequence Number	Service Line Sequence Number	15-17	3 N
04B	Bill Detail	Place Of Service	Place Of Service Line Code	18-19	2 A/N
05B	Bill Detail	ICD Diagnostic Code Reference Number (S)	Diagnosis Pointer	20-23	4 A/N
06B	Bill Detail	Procedure, Service Or Supply Code (As Billed By Provider)	Procedure, Service, Supply Billed Code	24-28	5 A/N
07B	Bill Detail	Procedure, Service Or Supply Code Modifier 1 (As Billed By Provider)	Procedure, Service, Supply Billed Code Modifier 1	29-30	2 A/N
08B	Bill Detail	Procedure, Service Or Supply Code Modifier 2 (As Billed By Provider)	Procedure, Service, Supply Billed Code Modifier 2	31-32	2 A/N
09B	Bill Detail	Procedure, Service Or Supply Code Modifier 3 (As Billed By Provider)	Procedure, Service, Supply Billed Code Modifier 3	33-34	2 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 09 Layout

Record - 09 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
10B	Bill Detail	Procedure, Service Or Supply Code Modifier 4 (As Billed By Provider)	Procedure, Service, Supply Billed Code Modifier 4	35-36	2 A/N
11B	Bill Detail	Procedure, Service Or Supply Code (As Paid By Insurer)	Procedure, Service, Supply Paid Code	37-41	5 A/N
12B	Bill Detail	Procedure, Service Or Supply Code Modifier 1 (As Paid By Insurer)	Procedure, Service, Supply Paid Code Modifier 1	42-43	2 A/N
13B	Bill Detail	Procedure, Service Or Supply Code Modifier 2 (As Paid By Insurer)	Procedure, Service, Supply Paid Code Modifier 2	44-45	2 A/N
14B	Bill Detail	Procedure, Service Or Supply Code Modifier 3 (As Paid By Insurer)	Procedure, Service, Supply Paid Code Modifier 3	46-47	2 A/N
15B	Bill Detail	Procedure, Service Or Supply Code Modifier 4 (As Paid By Insurer)	Procedure, Service, Supply Paid Code Modifier 4	48-49	2 A/N
16B	Bill Detail	Provider Charge Per Line	Total Charge Per Line	50-60	\$9.2
17B	Bill Detail	Number Of Days, Hours, Minutes Or Units*	Day(s)/Unit(s) Billed	61-63	3 N
18B	Bill Detail	Insurer Payment To Provider Or Reimbursed To Injured Employee Per Line*	Total Amount Paid Per Line	64-74	\$9.2
19B	Bill Detail	Date Of Service – From	Service Line Date From	75-82	DATE
20B		Date Of Service – To	Service Line Date To	83-90	DATE
21B	Bill Detail	NDC Number	NDC Number - Primary	91-103	13 A/N
22B	Bill Detail	Explanation Of Bill Review Code 1	Explanation Of Bill Review Code 1	104-105	2 A/N
23B	Bill Detail	Explanation Of Bill Review Code 2	Explanation Of Bill Review Code 2	106-107	2 A/N
24B	Bill Detail	Explanation Of Bill Review Code 3	Explanation Of Bill Review Code 3	108-109	2 A/N
25B	Bill Detail	NA	NDC Number - Secondary	110-122	13 A/N
26B	Bill Detail	Space Filler	Space Filler	123-500	378

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 09 Layout

Record - 09 Transmission Trailer Record

DN #	Ref. Des.	Revision E Data Element Name	Revision F Data Element Name	LOCATION	LENGTH/ TYPE
01T	Transmission Trailer	Transmission Trailer Marke	Transaction Set ID- Trailer	1-3	3 A/N
02T	Transmission Trailer	Number Of Medical Bills In Transmission	Number Of Medical Bills In Transmission	4-9	6 N
03T	Transmission Trailer	Space Filler	Space Filler	10-300	291

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 10 Layout

Record -10 Transmission Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01H	Transmission Header	Transmission Header Mark	Transaction Set ID- Header	1-3	3 A/N
02H	Transmission Header	Submitter ID	Sender FL ID	4-6	3 A/N
03H	Transmission Header	Submitter Zip Code	Sender Postal Code	7-15	9 A/N
04H	Transmission Header	Submitter Federal Tax Id Number	Sender FEIN	16-24	9 A/N
05H	Transmission Header	Form ID	Billing Format Code	25-26	2 A/N
06H	Transmission Header	Revision Indicator	Revision Code	27-28	2 A/N
07H	Transmission Header	Test / Production Indicator	Test / Production Indicator	29	1 A/N
08H	Transmission Header	Date Of Submission	Date Transmission Sent	30-37	DATE
09H	Transmission Header	Space Filler	Space Filler	38-300	263

Record - 10 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01A	Bill Header	Medical Bill Control Number	Control Number	1-13	13 A/N
02A	Bill Header	Record Flag	Record Flag-Header	14	1 A/N
03A	Bill Header	Form Id	Billing Format Code	15-16	2 A/N
04A	Bill Header	Insurer Code Number	Insurer Code Number	17-21	5 A/N
05A	Bill Header	Insurer Federal Tax Id Number	Insurer FEIN	22-30	9 A/N
06A	Bill Header	Insurer Location Zip Code	Space Filler	31-39	9 Filler
07A	Bill Header	Service Co/TPA Code Number	Claim Administrator Code Number	40-44	5 N
08A	Bill Header	Service Co/TPA Federal Tax Id Number	Claim Administrator FEIN	45-53	9 A/N
09A	Bill Header	Service Co/TPA Location Zip Code	Claim Administrator Physical Postal Code	54-62	9 A/N
10A	Bill Header	Employee Identification Number	Employee Identification Number	63-71	9 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 10 Layout

Record - 10 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
11A	Bill Header	Date Of Accident, Injury Or Illness	Date Of Injury	72-79	DATE
12A	Bill Header	Injured Employee's Last Name	Employee Last Name	80-109	30 A/N
13A	Bill Header	Injured Employee's First Name	Employee First Name	110-124	15 A/N
14A	Bill Header	Injured Employee's Middle Initial	Employee Middle Initial	125	1 A/N
15A	Bill Header	Injured Employee's Date Of Birth	Employee Date Of Birth	126-133	DATE
16A	Bill Header	Injured Employee's Gender	Employee Gender Code	134	1 A/N
17A	Bill Header	Date Insurer Received Bill From Provider (Or Injured Employee)	Date Insurer Received Bill	135-142	DATE
18A	Bill Header	Date Insurer Paid, Adjusted, Disallowed Or Denied Bill	Date Insurer Paid Bill	143-150	DATE
19A	Bill Header	Total Pharmacy Charges Paid By Insurer	Drugs Paid Amount	151-161	\$9.2
20A	Bill Header	Total Equipment & Supply Charges Paid By Insurer	Supplies Paid Amount	162-172	\$9.2
21A	Bill Header	Report Reason Code	Bill Submission Reason Code	173-174	2 A/N
22A	Bill Header	Claim Handling Entity Internal File Number	Claim Administrator Claim Number	175-204	30 A/N
23A	Bill Header	Submitter Location	Sender Location	205-224	20 A/N
24A	Bill Header	Payment Code	Payment Code	225-226	2 A/N
25A	Bill Header	Pre-Payment/Employee Payment/First Fill Indicator	Pre-Payment/Employee Payment Code/First Fill Code	227	1 A/N
26A	Bill Header	Pharmacist's/Medical Supplier's FL License Number	Billing Provider State License Number	228-240	13 A/N
27A	Bill Header	Duplicate Override Indicator	Duplicate Override Indicator	241	1 A/N
28A	Bill Header	Space Filler	Space Filler	242-500	259

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 10 Layout

Record -10 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01B	Bill Detail	Medical Bill Control Number	Control Number	1-13	13 A/N
02B	Bill Detail	Record Flag	Record Flag-Detail	14	1 A/N
03B	Bill Detail	Detail Sequence Number	Service Line Sequence Number	15-17	3 A/N
04B	Bill Detail	Drugs / Equipment & Supplies Record Indicator	Drugs /Supplies Record Code	18	1 A/N
05B	Bill Detail	Quantity Of Medication (If Drug) Or Quantity Of Medical Equipment Or Supplies (If Equipment Or Supplies)	Drugs/Supplies Quantity Dispensed	19-23	5 N
06B	Bill Detail	Days Supply Of Medication (If Drug)	Drugs Number Of Days	24-26	3 N
07B	Bill Detail	National Drug Code Number (If Drug)	NDC Number - Primary	27-39	13 A/N
08B	Bill Detail	Prescription – New Or Refill	Prescription Type Code	40	1 A/N
09B	Bill Detail	Purchase / Rental Indicator (Equipment And Supplies Only)	Purchase/Rental Code	41	1 A/N
10B	Bill Detail	Date Filled (If Drug) Or Purchase / Rental Date (If Equipment Or Supplies)	Purchase/Rental Date	42-49	DATE
11B	Bill Detail	Dispensed As Written (DAW) Code (If Drug)	Dispense As Written Code	50	1 A/N
12B	Bill Detail	Prescriber's FL License Number	Prescriber's State License Number	51-63	13 A/N
13B	Bill Detail	Usual Charge For Drug, Equipment Or Supply	Total Amount Charged Per Line	64-74	\$9.2
14B	Bill Detail	Explanation Of Bill Review Code 1	Explanation Of Bill Review Code 1	75-76	2 A/N
15B	Bill Detail	Explanation Of Bill Review Code 2	Explanation Of Bill Review Code 2	77-78	2 A/N
16B	Bill Detail	Explanation Of Bill Review Code 3	Explanation Of Bill Review Code 3	79-80	2 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 10 Layout

Record -10 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
17B	Bill Detail	HCPCS Level II Code (If Supply)	Procedure, Service, Supply Billed Code	81-85	5 A/N
18B	Bill Detail	Amount Paid By Insurer	Total Amount Paid Per Line	86-96	\$9.2
19B	Bill Detail		NDC Number -Secondary	97-109	13 A/N
20B	Bill Detail	Space Filler	Space Filler	110-500	391

Record -10 Transmission Trailer Record

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01T	Transmission Trailer	Transmission Trailer Marke	Transaction Set ID- Trailer	1-3	3 A/N
02T	Transmission Trailer	Number Of Medical Bills In Transmission	Number Of Medical Bills In Transmission	4-9	6 N
03T	Transmission Trailer	Space Filler	Space Filler	10-300	291

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 11 Layout

Record -11 Transmission Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01H	Transmission Header	Transmission Header Marker	Transaction Set ID-Header	1-3	3 A/N
02H	Transmission Header	Submitter ID	Sender FL ID	4-6	3 A/N
03H	Transmission Header	Submitter Zip Code	Sender Postal Code	7-15	9 A/N
04H	Transmission Header	Submitter Federal Tax Id Number	Sender FEIN	16-24	9 A/N
05H	Transmission Header	Form ID	Billing Format Code	25-26	2 A/N
06H	Transmission Header	Revision Indicator	Revision Code	27-28	2 A/N
07H	Transmission Header	Test / Production Indicator	Test / Production Indicator	29	1 A/N
08H	Transmission Header	Date Of Submission	Date Transmission Sent	30-37	DATE
09H	Transmission Header	Space Filler	Space Filler	38-300	263

Record -11 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01A	Bill Header	Medical Bill Control Number	Control Number	1-13	13 A/N
02A	Bill Header	Record Flag	Record Flag-Header	14	1 A/N
03A	Bill Header	Form ID	Billing Format Code	15-16	2 A/N
04A	Bill Header	Insurer Code Number	Insurer Code Number	17-21	5 A/N
05A	Bill Header	Insurer Federal Tax ID Number	Insurer FEIN	22-30	9 A/N
06A	Bill Header	Insurer Location Zip Code	Space Filler	31-39	9 Filler
07A	Bill Header	Service Co/TPA Code Number	Claim Administrator Code Number	40-44	5 A/N
08A	Bill Header	Service Co/TPA Federal Tax Id Number	Claim Administrator FEIN	45-53	9 A/N
09A	Bill Header	Service Co/TPA Location Zip Code	Claim Administrator Physical Postal Code	54-62	9 A/N
10A	Bill Header	Employee Identification Number	Employee Identification Number	63-71	9 A/N
11A	Bill Header	Date Of Accident, Injury Or Illness	Date Of Injury	72-79	DATE

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F Record 11 Layout

Record -11 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
12A	Bill Header	Injured Employee's Last Name	Employee Last Name	80-109	30 A/N
13A	Bill Header	Injured Employee's First Name	Employee First Name	110-124	15 A/N
14A	Bill Header	Injured Employee's Middle Initial	Employee Middle Initial	125	1 A/N
15A	Bill Header	Injured Employee's Date Of Birth	Employee Date Of Birth	126-133	DATE
16A	Bill Header	Injured Employee's Gender	Employee Gender Code	134	1 A/N
17A	Bill Header	Provider's Florida License Number	Billing Provider State License Number	135-147	13 A/N
18A	Bill Header	Provider Federal Tax Id Number	Billing Provider FEIN	148-156	9 A/N
19A	Bill Header	Provider Location Zip Code	Facility Postal Code	157-165	9 A/N
20A	Bill Header	Place Of Treatment	Place Of Service Bill Code	166-167	2 A/N
21A	Bill Header	Date Insurer Received Bill From Provider (Or Injured Employee)	Date Insurer Received Bill	168-175	DATE
22A	Bill Header	Date Insurer Paid, Adjusted, Disallowed Or Denied Bill	Date Insurer Paid Bill	176-183	DATE
23A	Bill Header	Total Paid By Insurer	Total Amount Paid Per Bill	184-194	\$9.2
24A	Bill Header	Report Reason Code	Bill Submission Reason Code	195-196	2 A/N
25A	Bill Header	Payment Code	Payment Code	197-198	2 A/N
26A	Bill Header	Claim Handling Entity Internal File Number	Claim Administrator Claim Number	199-228	30 A/N
27A	Bill Header	Submitter Location	Sender Location	229-248	20 A/N
28A	Bill Header	Pre-Payment/Employee Payment Indicator	Pre-Payment/Employee Payment Code/First Fill Code	249	1 A/N
29A	Bill Header	Duplicate Override Indicator	Duplicate Override Indicator	250	1 A/N
30A	Bill Header		ICD Type Indicator	251-252	2 A/N
31A	Bill Header		ICD Diagnosis Code A	253-260	8 A/N
32A	Bill Header		ICD Diagnosis Code B	261-268	8 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 11 Layout

Record -11 Medical Bill Header

DN #	Description	Revision E Data Element	Revision F Data	POSITION	FORMAT
33A	Bill Header		ICD Diagnosis Code C	269-276	8 A/N
34A	Bill Header		ICD Diagnosis Code D	277-284	8 A/N
35A	Bill Header	Space Filler	Space Filler	285-500	216

Record -11 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01B	Bill Detail	Medical Bill Control Number	Control Number	1-13	13 A/N
02B	Bill Detail	Record Flag	Record Flag-Detail	14	1 A/N
03B	Bill Detail	Detail Sequence Number	Service Line Sequence Number	15-17	3 A/N
04B	Bill Detail	Date Of Service/Treatment	Service Line Date From	18-25	DATE
05B	Bill Detail	Procedure, Service Or Supply Code (As Billed By Provider)	Procedure, Service, Supply Billed Code	26-30	5 A/N
06B	Bill Detail	Paid CPT, CDT Or HCPCS Code	Procedure, Service, Supply Paid Code	31-35	5 A/N
07B	Bill Detail	Provider Charge Per Line	Total Charge Per Line	36-46	\$9.2
08B	Bill Detail	Insurer Payment Per Line	Total Amount Paid Per Line	47-57	\$9.2
09B	Bill Detail	Explanation Of Bill Review Code 1	Explanation Of Bill Review Code 1	58-59	2 A/N
10B	Bill Detail	Explanation Of Bill Review Code 2	Explanation Of Bill Review Code 2	60-61	2 A/N
11B	Bill Detail	Explanation Of Bill Review Code 3	Explanation Of Bill Review Code 3	62-63	2 A/N
12B	Bill Detail	Space Filler	Space Filler	64-300	237

Record -11 Transmission

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01T	Transmission Trailer	Transmission Trailer Marker	Transaction Set ID-Trailer	1-3	3 A/N
02T	Transmission Trailer	Number Of Medical Bills In Transmission	Number Of Medical Bills In Transmission	4-9	6 N
03T	Transmission Trailer	Space Filler	Space Filler	10-300	291

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 90 Layout

Record - 90 Transmission Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01H	Transmission Header	Transmission Header Marker	Transaction Set ID-Header	1-3	3 A/N
02H	Transmission Header	Submitter ID	Sender FL ID	4-6	3 A/N
03H	Transmission Header	Submitter Zip Code	Sender Postal Code	7-15	9 A/N
04H	Transmission Header	Submitter Federal Tax Id Number	Sender FEIN	16-24	9 A/N
05H	Transmission Header	Form ID	Billing Format Code	25-26	2 A/N
06H	Transmission Header	Revision Indicator	Revision Code	27-28	2 A/N
07H	Transmission Header	Test / Production Indicator	Test / Production Indicator	29	1 A/N
08H	Transmission Header	Date Of Submission	Date Transmission Sent	30-37	DATE
09H	Transmission Header	Space Filler	Space Filler	38-300	263

Record - 90 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01A	Bill Header	Medical Bill Control Number	Control Number	1-13	13 A/N
02A	Bill Header	Record Flag	Record Flag-Header	14	1 A/N
03A	Bill Header	Form Identifier	Billing Format Code	15-16	2 A/N
04A	Bill Header	Insurer Code Number	Insurer Code Number	17-21	5 A/N
05A	Bill Header	Insurer Federal Tax Id Number	Insurer FEIN	22-30	9 A/N
06A	Bill Header	Insurer Location Zip Code	Space Filler	31-39	9 Filler
07A	Bill Header	Service Co/TPA Code Number	Claim Administrator Code Number	40-44	5 A/N
08A	Bill Header	Service Co/TPA Federal Tax Id Number	Claim Administrator FEIN	45-53	9 A/N
09A	Bill Header	Service Co/TPA Location Zip Code	Claim Administrator Physical Postal Code	54-62	9 A/N
10A	Bill Header	Type Of Report	Facility Code	63-65	3 A/N
11A	Bill Header	Employee Identification Number	Employee Identification Number	66-74	9 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 90 Layout

Record - 90 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
12A	Bill Header	Date Of Accident, Illness Or Injury	Date Of Injury	75-82	DATE
13A	Bill Header	Injured Employee's Last Name	Employee Last Name	83-112	30 A/N
14A	Bill Header	Injured Employee's First Name	Employee First Name	113-127	15 A/N
15A	Bill Header	Injured Employee's Middle Initial	Employee Middle Initial	128	1 A/N
16A	Bill Header	Injured Employee's Date Of Birth	Employee Date Of Birth	129-136	DATE
17A	Bill Header	Injured Employee's Gender	Employee Gender Code	137	1 A/N
18A	Bill Header	Attending Physician's Florida Provider License Number	Rendering Bill Provider State License Number	138-150	13 A/N
19A	Bill Header	Operating Physician's Florida Provider License Number	Operating Provider State License Number	151-163	13 A/N
20A	Bill Header	Admission Date	Admission Date	164-171	DATE
21A	Bill Header	Admission Hour	Admission Hour	172-173	2 A/N
22A	Bill Header	Date Statement Covers From	Service Bill Date From	174-181	DATE
23A	Bill Header	Date Statement Covers Through	Service Bill Date Through	182-189	DATE
24A	Bill Header	Discharge Hour	Discharge Hour	190-191	2 A/N
25A	Bill Header	Facility Federal Tax Id Number	Facility FEIN	192-200	9 A/N
26A	Bill Header	Facility Location Zip Code	Facility Postal Code	201-209	9 A/N
27A	Bill Header	Date Insurer Received Bill From Provider (Or Injured Employee)	Date Insurer Received Bill	210-217	DATE
28A	Bill Header	Date Insurer Paid, Adjusted, Disallowed Or Denied Bill	Date Insurer Paid Bill	218-225	DATE
29A	Bill Header	Total Paid By Insurer	Total Amount Paid Per Bill	226-236	\$9.2
30A	Bill Header	Primary ICD-9 Diagnostic Code	Principal ICD Diagnostic Code	237-244	8 A/N
31A	Bill Header	Other ICD-9 Diagnostic Code 1	ICD Diagnosis Code A	245-252	8 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 90 Layout

Record - 90 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
32A	Bill Header	Other ICD-9 Diagnostic Code 2	ICD Diagnosis Code B	253-260	8 A/N
33A	Bill Header	Other ICD-9 Diagnostic Code 3	ICD Diagnosis Code C	261-268	8 A/N
34A	Bill Header	Other ICD-9 Diagnostic Code 4	ICD Diagnosis Code D	269-276	8 A/N
35A	Bill Header	Other ICD-9 Diagnostic Code 5	ICD Diagnosis Code E	277-284	8 A/N
36A	Bill Header	Other ICD-9 Diagnostic Code 6	ICD Diagnosis Code F	285-292	8 A/N
37A	Bill Header	Other ICD-9 Diagnostic Code 7	ICD Diagnosis Code G	293-300	8 A/N
38A	Bill Header	External Cause Of Injury Code 1	External Cause Of Injury Code 1	301-308	8 A/N
39A	Bill Header	External Cause Of Injury Code 2	External Cause Of Injury Code 2	309-316	8 A/N
40A	Bill Header	External Cause Of Injury Code 3	External Cause Of Injury Code 3	317-324	8 A/N
41A	Bill Header	Principal Procedure Code	ICD Principal Procedure Code	325-332	8 A/N
42A	Bill Header	Other Procedure Code A	ICD Procedure Code A	333-340	8 A/N
43A	Bill Header	Other Procedure Code B	ICD Procedure Code B	341-348	8 A/N
44A	Bill Header	Other Procedure Code C	ICD Procedure Code C	349-356	8 A/N
45A	Bill Header	Other Procedure Code D	ICD Procedure Code D	357-364	8 A/N
46A	Bill Header	Other Procedure Code E	ICD Procedure Code E	365-372	8 A/N
47A	Bill Header	Report Reason Code	Bill Submission Reason Code	373-374	2 A/N
48A	Bill Header	Payment Code	Payment Code	375-376	2 A/N
49A	Bill Header	Type Of Admission/Visit	Admission Type Code	377	1 A/N
50A	Bill Header	Claim Handling Entity Internal File Number	Claim Administrator Claim Number	378-407	30 A/N
51A	Bill Header	Submitter Location	Sender Location	408-427	20 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 90 Layout

Record - 90 Medical Bill Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
52A	Bill Header	Pre-Payment/Employee Payment Indicator	Pre-Payment/Employee Payment Code/First Fill Code	428	1 A/N
53A	Bill Header	Duplicate Override Indicator	Duplicate Override Indicator	429	1 A/N
54A	Bill Header	Scheduled/Unscheduled Indicator	Scheduled/Unscheduled Code	430	1 A/N
55A	Bill Header	Implant Total Paid	Implant Total Paid	431-441	\$9.2
56A	Bill Header	Fl Agency For Health Care Administration Facility License	Facility State License Number	442-454	13 A/N
57A	Bill Header	Provider Facility NPI	Facility National Provider ID	455-464	10 A/N
58A	Bill Header		ICD Type Indicator	465	1 A/N
59A	Bill Header	Space Filler	Space Filler	466-700	235

Record - 90 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01B	Bill Detail	Medical Bill Control Number	Control Number	1-13	13 A/N
02B	Bill Detail	Record Flag	Record Flag-Detail	14	1 A/N
03B	Bill Detail	Detail Sequence Number	Service Line Sequence Number	15-17	3 A/N
04B	Bill Detail	Revenue Code	Revenue Billed Code	18-21	4 A/N
05B	Bill Detail	Procedure, Service Or Supply Code (As Billed By The Provider)	Procedure, Service, Supply Billed Code	22-26	5 A/N
06B	Bill Detail	Procedure, Service Or Supply Code Modifier 1 (As Billed By The Provider)	Procedure, Service, Supply Billed Code Modifier 1	27-28	2 A/N
07B	Bill Detail	Procedure, Service Or Supply Code Modifier 2 (As Billed By The Provider)	Procedure, Service, Supply Billed Code Modifier 2	29-30	2 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 90 Layout

Record - 90 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
08B	Bill Detail	Procedure, Service Or Supply Code Modifier 3 (As Billed By The Provider)	Procedure, Service, Supply Billed Code Modifier 3	31-32	2 A/N
09B	Bill Detail	Procedure, Service Or Supply Code Modifier 4 (As Billed By The Provider)	Procedure, Service, Supply Billed Code Modifier 4	33-34	2 A/N
10B	Bill Detail	Procedure, Service Or Supply Code (As Paid By The Insurer)	Procedure, Service, Supply Paid Code	35-39	5 A/N
11B	Bill Detail	Procedure, Service Or Supply Code Modifier 1 (As Paid By The Insurer)	Procedure, Service, Supply Paid Code Modifier 1	40-41	2 A/N
12B	Bill Detail	Procedure, Service Or Supply Code Modifier 2 (As Paid By The Insurer)	Procedure, Service, Supply Paid Code Modifier 2	42-43	2 A/N
13B	Bill Detail	Procedure, Service Or Supply Code Modifier 3 (As Paid By The Insurer)	Procedure, Service, Supply Paid Code Modifier 3	44-45	2 A/N
14B	Bill Detail	Procedure, Service Or Supply Code Modifier 4 (As Paid By The Insurer)	Procedure, Service, Supply Paid Code Modifier 4	46-47	2 A/N
15B	Bill Detail	Units Of Service	Day(s)/Unit(s) Billed	48-54	7 N
16B	Bill Detail	Charge Per Revenue Code	Total Charge Per Line	55-65	\$9.2
17B	Bill Detail	Explanation Of Bill Review Code 1	Explanation Of Bill Review Code 1	66-67	2 A/N
18B	Bill Detail	Explanation Of Bill Review Code 2	Explanation Of Bill Review Code 2	68-69	2 A/N
19B	Bill Detail	Explanation Of Bill Review Code 3	Explanation Of Bill Review Code 3	70-71	2 A/N
20B	Bill Detail	Date Of Outpatient Service	Service Line Date From	72-79	DATE

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record 90 Layout

Record - 90 Medical Bill Detail

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
21B	Bill Detail	Insurer Payment To Provider Or Reimbursed To Injured Employee Per Line	Total Amount Paid Per Line	80-90	\$9.2
22B	Bill Detail	Space Filler	Space Filler	91-500	410

Record - 90 Transmission Trailer Record

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01T	Transmission Trailer	Transmission Trailer Marker	Transaction Set ID-Trailer	1-3	3 A/N
02T	Transmission Trailer	Number Of Medical Bills In Transmission	Number Of Medical Bills In Transmission	4-9	6 N
03T	Transmission Trailer	Space Filler	Space Filler	10-500	491

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record ACK Layout

Medical Bill Acknowledgement Transmission Header

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01H	Transmission Header	Transmission Header Marker	Transaction Set ID - Header	1-3	3 A/N
02H	Transmission Header	Submitter ID	Sender FL ID	4-6	3 A/N
03H	Transmission Header	Submitter Zip Code	Sender Postal Code	7-15	9 A/N
04H	Transmission Header	Transmission ID Number Assigned	Transmission ID Number Assigned	16-23	8 A/N
05H	Transmission Header	Form ID	Acknowledgement Transaction Set ID	24-25	2 A/N
06H	Transmission Header	Test / Production Indicator	Test / Production Indicator	26	1 A/N
07H	Transmission Header	File Layout Revision	Revision Code ACK	27-29	3 A/N
08H	Transmission Header	Space Filler	Space Filler	30-300	271

Medical Bill Acknowledgement Processing Response Record

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01K	Response Record	Record Type Indicator	Transaction Set ID-Response Code	1-3	3 A/N
02K	Response Record	Medical Bill Control Number	Control Number	4-16	13 A/N
03K	Response Record	Form ID	Acknowledgement Transaction Set ID	17-18	2 A/N
04K	Response Record	Report Reason Code	Bill Submission Reason Code	19-20	2 A/N
05K	Response Record	Processing Result Code	Application Acknowledgement Code	21-30	10 A/N
06K	Response Record	BYPASSED Reason Code	NOTPROC Reason Code	31-40	10 A/N
07K	Response Record	Insurer/Service Co/TPA File Number	Claim Administrator Claim Number	41-70	30 A/N
08K	Response Record	Submitter Location	Sender Location	71-90	20 A/N
09K	Response Record	Date Division Accepted, Rejected, Withdrew Or Not Processed	Date Processed	91-98	DATE
10K	Response Record	Narrative Text	Processing Result Text	99-248	150 A/N
11K	Response Record	Space Filler	Space Filler	249-500	252

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Record ACK Layout

Medical Bill Acknowledgement Validation Error Record

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01E	Validation Error Record	Record Type Indicator	Transaction Set ID-Response Code	1-3	3 A/N
02E	Validation Error Record	Medical Bill Control Number	Control Number	4-16	13 A/N
03E	Validation Error Record	Error Sequence Number	Error Sequence Number	17-19	3 N
04E	Validation Error Record	Detail Sequence Number	Service Line Sequence Number	20-22	3 A/N
05E	Validation Error Record	Error Code	Element Error Number-FL	23-25	3 A/N
06E	Validation Error Record	MEIG Field ID Number	Element (DN) Number	26-29	4 A/N
07E	Validation Error Record	Paper Form Field Number	Paper Form Field Number	30-33	4 A/N
08E	Validation Error Record	Comparison MEIG Field ID Number	Comparison Edit Element (DN) Number	34-37	4 A/N
09E	Validation Error Record	Comparison Paper Form Field Number	Comparison Edit Field Number	38-41	4 A/N
10E	Validation Error Record	Raw Rejected Value	Rejected Data Element Value	42-66	25 A/N
11E	Validation Error Record	Comparison Raw Value	Comparison Element Field Value	67-91	25 A/N
12E	Validation Error Record	Narrative Error Message	Element Error Text - FL	92-241	150 A/N
13E	Validation Error Record		Element Validation Error Code	242-243	2 A/N
14E	Validation Error Record		Element Error Number	244-246	3 A/N
15E	Validation Error Record	Space Filler	Space Filler	247-500	254

Medical Bill Acknowledgement Transmission Trailer Record

DN #	Description	Revision E Data Element Name	Revision F Data Element Name	POSITION	FORMAT
01T	Transmission Trailer	Transmission Trailer Marker	Transaction Set ID-Trailer	1-3	3 A/N
02T	Transmission Trailer	Number Of Medical Bill Processing Results In Transmission	Number Of Processing Results In Transmission	4-9	6 N
03T	Transmission Trailer	Space Filler	Space Filler	10-300	291

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 09

"F" (Fatal Technical) – Data elements that are essential for a transmission or transaction to be accepted. If the data is missing or invalid, it may result in a Structural File Failure, and the transmission will not be processed.

"M" (Mandatory) –The data element must be present and must be in a valid format or the transaction will be rejected.

"MC" (Mandatory/Conditional) – The data element becomes mandatory under the conditions defined in the applicable conditions tab.

"AA" – (Applicable/Available Item Accepted) - Data should be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, data must be sent. If present, it will be edited for valid value and/or format; however, if invalid, an error will not be returned.

"AE" - Applicable/Available Item Accepted with Errors. Data should be sent if applicable and/or available. The data field may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it may be edited for valid value and/or format. The data will be Accepted with Errors and identified on the Acknowledgement and will require data be corrected using a Replacement transaction.

"AR" – (Applicable/Available Item Rejected) - Data must be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it will be edited for valid value and/or format, and if invalid, an error will be returned and the transaction will be rejected.

"NA" – (Not Applicable) - The data element is not applicable for the bill type and may or may not be sent. Edits must not be applied.

Record - 09 Transmission Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01H	Transmission Header	Transaction Set ID- Header	F	F	F	F	F
02H	Transmission Header	Sender FL ID	F	F	F	F	F
03H	Transmission Header	Sender Postal Code	F	F	F	F	F
04H	Transmission Header	Sender FEIN	F	F	F	F	F
05H	Transmission Header	Billing Format Code	F	F	F	F	F
06H	Transmission Header	Revision Code	F	F	F	F	F
07H	Transmission Header	Test / Production Indicator	F	F	F	F	F
08H	Transmission Header	Date Transmission Sent	F	F	F	F	F
09H	Transmission Header	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F Element Requirement Table 09

Record - 09 Medical Bill Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01A	Bill Header	Control Number	M	M	M	M	M
02A	Bill Header	Record Flag-Header	M	M	M	M	M
03A	Bill Header	Billing Format Code	M	NA	M	M	M
04A	Bill Header	Insurer Code Number	M	NA	M	M	M
05A	Bill Header	Insurer FEIN	M	NA	M	M	M
06A	Bill Header	Space Filler (Formerly Insurer Postal Code)	NA	NA	NA	NA	NA
07A	Bill Header	Claim Administrator Code Number	M	NA	M	M	M
08A	Bill Header	Claim Administrator FEIN	M	NA	M	M	M
09A	Bill Header	Claim Administrator Physical Postal Code	M	NA	M	M	M
10A	Bill Header	Employee Identification Number	M	NA	M	M	M
11A	Bill Header	Date Of Injury	M	NA	M	M	M
12A	Bill Header	Employee Last Name	M	NA	M	M	M
13A	Bill Header	Employee First Name	M	NA	M	M	M
14A	Bill Header	Employee Middle Initial	AA	NA	AA	AA	AA
15A	Bill Header	Employee Date Of Birth	MC	NA	MC	MC	MC
16A	Bill Header	Employee Gender Code	MC	NA	MC	MC	MC
17A	Bill Header	Billing Provider State License Number	M	NA	M	M	M
18A	Bill Header	Billing Provider FEIN	MC	NA	MC	MC	MC
19A	Bill Header	Facility Postal Code	MC	NA	MC	MC	MC
20A	Bill Header	Date Insurer Received Bill	M	NA	M	M	M
21A	Bill Header	Date Insurer Paid Bill	M	NA	M	M	M
22A	Bill Header	Total Amount Paid Per Bill	M	NA	M	M	M
23A	Bill Header	Bill Submission Reason Code	M	M	M	M	M
24A	Bill Header	Payment Code	MC	NA	MC	MC	MC
25A	Bill Header	ICD Diagnosis Code A	MC	NA	MC	MC	MC
26A	Bill Header	ICD Diagnosis Code B	AR	NA	AR	AR	AR
27A	Bill Header	ICD Diagnosis Code C	AR	NA	AR	AR	AR
28A	Bill Header	ICD Diagnosis Code D	AR	NA	AR	AR	AR
29A	Bill Header	Claim Administrator Claim Number	M	NA	M	M	M
30A	Bill Header	Sender Location	AA	NA	AA	AA	AA
31A	Bill Header	Pre-Payment/Employee Payment Code/First Fill Code	AR	NA	AR	AR	AR
32A	Bill Header	Duplicate Override Indicator	AR	NA	AR	AR	AR

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 09

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
33A	Bill Header	ICD Type Indicator	MC	NA	MC	MC	MC
34A	Bill Header	ICD Diagnosis Code E	AR	NA	AR	AR	AR
35A	Bill Header	ICD Diagnosis Code F	AR	NA	AR	AR	AR
36A	Bill Header	ICD Diagnosis Code G	AR	NA	AR	AR	AR
37A	Bill Header	ICD Diagnosis Code H	AR	NA	AR	AR	AR
38A	Bill Header	ICD Diagnosis Code I	AR	NA	AR	AR	AR
39A	Bill Header	ICD Diagnosis Code J	AR	NA	AR	AR	AR
40A	Bill Header	ICD Diagnosis Code K	AR	NA	AR	AR	AR
41A	Bill Header	ICD Diagnosis Code L	AR	NA	AR	AR	AR
42A	Bill Header	Resubmission Code	AE	NA	AE	AE	AE
43A	Bill Header	Space Filler	NA	NA	NA	NA	NA

Record - 09 Medical Bill Detail

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01B	Bill Detail	Control Number	MC	NA	MC	MC	MC
02B	Bill Detail	Record Flag-Detail	MC	NA	MC	MC	MC
03B	Bill Detail	Service Line Sequence Number	MC	NA	MC	MC	MC
04B	Bill Detail	Place Of Service Line Code	MC	NA	MC	MC	MC
05B	Bill Detail	Diagnosis Pointer	MC	NA	MC	MC	MC
06B	Bill Detail	Procedure, Service, Supply Billed Code	MC	NA	MC	MC	MC
07B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 1	AR	NA	AR	AR	AR
08B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 2	AR	NA	AR	AR	AR
09B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 3	AR	NA	AR	AR	AR

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 09

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
10B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 4	AR	NA	AR	AR	AR
11B	Bill Detail	Procedure, Service, Supply Paid Code	MC	NA	MC	MC	MC
12B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 1	AR	NA	AR	AR	AR
13B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 2	AR	NA	AR	AR	AR
14B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 3	AR	NA	AR	AR	AR
15B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 4	AR	NA	AR	AR	AR
16B	Bill Detail	Total Charge Per Line	MC	NA	MC	MC	MC
17B	Bill Detail	Day(s)/Unit(s) Billed	MC	NA	MC	MC	MC
18B	Bill Detail	Total Amount Paid Per Line	MC	NA	MC	MC	MC
19B	Bill Detail	Service Line Date From	MC	NA	MC	MC	MC
20B	Bill Detail	Service Line Date To	MC	NA	MC	MC	MC
21B	Bill Detail	NDC Number Primary	MC	NA	MC	MC	MC
22B	Bill Detail	Explanation Of Bill Review Code 1	MC	NA	MC	MC	MC
23B	Bill Detail	Explanation Of Bill Review Code 2	AR	NA	AR	AR	AR
24B	Bill Detail	Explanation Of Bill Review Code 3	AR	NA	AR	AR	AR
25B	Bill Detail	NDC Number Secondary	MC	NA	MC	MC	MC
26B	Bill Detail	Space Filler	NA	NA	NA	NA	NA

Record - 09 Transmission Trailer Record

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01T	Transmission Trailer	Transaction Set ID- Trailer	F	F	F	F	F
02T	Transmission Trailer	Number Of Medical Bills In Transmission	F	F	F	F	F
03T	Transmission Trailer	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 09 Conditions

Record - 09 Conditions for MC's

Req Code	DN	Data Element Name	Business & Technical Condition
MC	15A	Employee Date Of Birth	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	16A	Employee Gender Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	18A	Billing Provider FEIN	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	19A	Facility Postal Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	24A	Payment Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	25A	ICD Diagnosis Code A	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	33A	ICD Type Indicator	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	01B	Control Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	02B	Record Flag-Detail	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	03B	Service Line Sequence Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	04B	Place Of Service Line Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	05B	Diagnosis Pointer	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 09 Conditions

Req Code	DN	Data Element Name	Business & Technical Condition
MC	06B	Procedure, Service, Supply Billed Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E OR If DN 22B (Explanation Of Bill Review Code1), DN 23B (Explanation Of Bill Review Code 2), or DN 24B (Explanation Of Bill Review Code 3) = 66.
MC	11B	Procedure, Service, Supply Paid Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	16B	Total Charge Per Line	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	17B	Day(s)/Unit(s) Billed	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E OR If DN 22B (Explanation Of Bill Review Code1), DN 23B (Explanation Of Bill Review Code 2), or DN 24B (Explanation Of Bill Review Code 3) = 66.
MC	18B	Total Amount Paid Per Line	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	19B	Service Line Date From	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	20B	Service Line Date To	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	21B	NDC Number Primary	Bill Submission Reason Codes 00, 02, 03 & 99: Required if: DN 11B (Procedure, Service, Supply Paid Code) = 'DSPNS' AND DN 22 B (Explanation Of Bill Review Code 1), DN 23B (Explanation Of Bill Review Code 2), and DN 24B (Explanation Of Bill Review Code 3) not = 10, 11, or 58 or 59. OR If NDC Number Secondary is present AND DN 22 B (Explanation Of Bill Review Code 1), DN 23B (Explanation Of Bill Review Code 2), and DN 24B (Explanation Of Bill Review Code 3) not = 10, 11, or 58 or 59.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 09 Conditions

Req Code	DN	Data Element Name	Business & Technical Condition
MC	25B	NDC Number Secondary	<p>Bill Submission Reason Codes 00, 02, 03 & 99: Required if: DN 11B (Procedure, Service, Supply Paid Code) = 'DSPNS' AND DN 22 B (Explanation Of Bill Review Code 1), DN 23B (Explanation Of Bill Review Code 2), or DN 24B (Explanation Of Bill Review Code 3) = 59, 86, and 97 AND DN 22 B (Explanation Of Bill Review Code 1), DN 23B (Explanation Of Bill Review Code 2), and DN 24B (Explanation Of Bill Review Code 3) does not = 58.</p>
MC	22B	Explanation Of Bill Review Code 1	<p>Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 31A (Pre-Payment/Employee Payment Code/First Fill Code) = E.</p>

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 10

"F" (Fatal Technical) – Data elements that are essential for a transmission or transaction to be accepted. If the data is missing or invalid, it may result in a Structural File Failure, and the transmission will not be processed.

"M" (Mandatory) –The data element must be present and must be in a valid format or the transaction will be rejected.

"MC" (Mandatory/Conditional) – The data element becomes mandatory under the conditions defined in the applicable conditions tab.

"AA" – (Applicable/Available Item Accepted) - Data should be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, data must be sent. If present, it will be edited for valid value and/or format; however, if invalid, an error will not be returned.

"AE" - Applicable/Available Item Accepted with Errors. Data should be sent if applicable and/or available. The data field may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it may be edited for valid value and/or format. The data will be Accepted with Errors and identified on the Acknowledgement and will require data be corrected using a Replacement transaction.

"AR" – (Applicable/Available Item Rejected) - Data must be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it will be edited for valid value and/or format, and if invalid, an error will be returned and the transaction will be rejected.

"NA" – (Not Applicable) - The data element is not applicable for the bill type and may or may not be sent. Edits must not be applied.

Record -10 Transmission Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01H	Transmission Header	Transaction Set ID- Header	F	F	F	F	F
02H	Transmission Header	Sender FL ID	F	F	F	F	F
03H	Transmission Header	Sender Postal Code	F	F	F	F	F
04H	Transmission Header	Sender FEIN	F	F	F	F	F
05H	Transmission Header	Billing Format Code	F	F	F	F	F
06H	Transmission Header	Revision Code	F	F	F	F	F
07H	Transmission Header	Test / Production Indicator	F	F	F	F	F
08H	Transmission Header	Date Transmission Sent	F	F	F	F	F
09H	Transmission Header	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 10

Record -10 Medical Bill Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01A	Bill Header	Control Number	M	M	M	M	M
02A	Bill Header	Record Flag-Header	M	M	M	M	M
03A	Bill Header	Billing Format Code	M	NA	M	M	M
04A	Bill Header	Insurer Code Number	M	NA	M	M	M
05A	Bill Header	Insurer FEIN	M	NA	M	M	M
06A	Bill Header	Space Filler	NA	NA	NA	NA	NA
07A	Bill Header	Claim Administrator Code Number	M	NA	M	M	M
08A	Bill Header	Claim Administrator FEIN	M	NA	M	M	M
09A	Bill Header	Claim Administrator Physical Postal Code	M	NA	M	M	M
10A	Bill Header	Employee Identification Number	M	NA	M	M	M
11A	Bill Header	Date Of Injury	M	NA	M	M	M
12A	Bill Header	Employee Last Name	M	NA	M	M	M
13A	Bill Header	Employee First Name	M	NA	M	M	M
14A	Bill Header	Employee Middle Initial	AA	NA	AA	AA	AA
15A	Bill Header	Employee Date Of Birth	MC	NA	MC	MC	MC
16A	Bill Header	Employee Gender Code	MC	NA	MC	MC	MC
17A	Bill Header	Date Insurer Received Bill	M	NA	M	M	M
18A	Bill Header	Date Insurer Paid Bill	M	NA	M	M	M
19A	Bill Header	Drugs Paid Amount	M	NA	M	M	M
20A	Bill Header	Supplies Paid Amount	M	NA	M	M	M
21A	Bill Header	Bill Submission Reason Code	M	M	M	M	M
22A	Bill Header	Claim Administrator Claim Number	M	NA	M	M	M
23A	Bill Header	Sender Location	AA	NA	AA	AA	AA
24A	Bill Header	Payment Code	MC	NA	MC	MC	MC
25A	Bill Header	Pre-Payment/Employee Payment Code/First Fill Code	AR	NA	AR	AR	AR

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 10

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
26A	Bill Header	Billing Provider State License Number	M	NA	M	M	M
27A	Bill Header	Duplicate Override Indicator	AR	NA	AR	AR	AR
28A	Bill Header	Space Filler	NA	NA	NA	NA	NA

DWC-10 Medical Bill Detail

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01B	Bill Detail	Control Number	MC	M	MC	MC	MC
02B	Bill Detail	Record Flag-Detail	MC	NA	MC	MC	MC
03B	Bill Detail	Service Line Sequence Number	MC	NA	MC	MC	MC
04B	Bill Detail	Drugs /Supplies Record Code	MC	NA	MC	MC	MC
05B	Bill Detail	Drugs/Supplies Quantity Dispensed	MC	NA	MC	MC	MC
06B	Bill Detail	Drugs Number Of Days	MC	NA	MC	MC	MC
07B	Bill Detail	NDC Number Primary	MC	NA	MC	MC	MC
08B	Bill Detail	Prescription Type Code	MC	NA	MC	MC	MC
09B	Bill Detail	Purchase/Rental Code	MC	NA	MC	MC	MC
10B	Bill Detail	Purchase/Rental Date	MC	NA	MC	MC	MC
11B	Bill Detail	Dispense As Written Code	MC	NA	MC	MC	MC
12B	Bill Detail	Prescriber's State License Number	MC	NA	MC	MC	MC

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 10

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
13B	Bill Detail	Total Amount Charged Per Line	MC	NA	MC	MC	MC
14B	Bill Detail	Explanation Of Bill Review Code 1	MC	NA	MC	MC	MC
15B	Bill Detail	Explanation Of Bill Review Code 2	AR	NA	AR	AR	AR
16B	Bill Detail	Explanation Of Bill Review Code 3	AR	NA	AR	AR	AR
17B	Bill Detail	Procedure, Service, Supply Billed Code	MC	NA	MC	MC	MC
18B	Bill Detail	Total Amount Paid Per Line	MC	NA	MC	MC	MC
19B	Bill Detail	NDC Number Secondary	MC	NA	MC	MC	MC
20B	Bill Detail	Space Filler	NA	NA	NA	NA	NA

DWC-10 Transmission Trailer Record

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01T	Transmission Trailer	Transaction Set ID- Trailer	F	F	F	F	F
02T	Transmission Trailer	Number Of Medical Bills In Transmission	F	F	F	F	F
03T	Transmission Trailer	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 10 Conditions

Record - 10 Conditions for MC's

Req Code	DN	Data Element Name	Business & Technical Condition
MC	15A	Employee Date Of Birth	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	16A	Employee Gender Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	24A	Payment Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	01B	Control Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	02B	Record Flag-Detail	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	03B	Service Line Sequence Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	04B	Drugs /Supplies Record Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	05B	Drugs/Supplies Quantity Dispensed	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	06B	Drugs Number Of Days	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 04B (Drugs /Supplies Record Code) = D AND DN 25A Pre-Payment/Employee Payment Code/First Fill Code not = to E
MC	07B	NDC Number Primary	Bill Submission Reason Codes 00, 02, 03 & 99: Required if: DN 04B (Drugs /Supplies Record Code) = to D AND DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) not = to E AND DN 14B (Explanation Of Bill Review Code 1), DN 15B (Explanation Of Bill Review Code 2), or DN 16B (Explanation Of Bill Review Code 3) not = 10, 11, 58 or 59 OR If NDC Number Secondary is present AND DN 14B (Explanation Of Bill Review Code1), DN 15B (Explanation Of Bill Review Code 2), or DN 16B (Explanation Of Bill Review Code 3) not = 10, 11, 58 or 59
MC	08B	Prescription Type Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 04B (Drugs /Supplies Record Code) = to D AND DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) not = to E

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F Element Requirement Table 10 Conditions

Req Code	DN	Data Element Name	Business & Technical Condition
MC	09B	Purchase/Rental Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 04B (Drugs /Supplies Record Code) = to S AND DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) not = to E
MC	10B	Purchase/Rental Date	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 04B (Drugs /Supplies Record Code) = to S or D AND DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) not = to E
MC	11B	Dispense As Written Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 04B (Drugs /Supplies Record Code) = to D AND DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) not = to E
MC	12B	Prescriber's State License Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	13B	Total Amount Charged Per Line	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	14B	Explanation Of Bill Review Code 1	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	17B	Procedure, Service, Supply Billed Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 04B (Drugs /Supplies Record Code) = to S AND DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) not = to E or if DN 14B (Explanation Of Bill Review Code 1), DN 15B (Explanation Of Bill Review Code 2), or DN 16B (Explanation Of Bill Review Code 3) not = to 66
MC	18B	Total Amount Paid Per Line	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	19B	NDC Number Secondary	Bill Submission Reason Codes 00, 02, 03 & 99: Required if: DN 04B (Drugs /Supplies Record Code) = to D AND DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) not = to E AND DN 14B (Explanation Of Bill Review Code1), DN 15B (Explanation Of Bill Review Code 2), or DN 16B (Explanation Of Bill Review Code 3) = 59, 86, or 97 AND DN 14B (Explanation Of Bill Review Code1), DN 15B (Explanation Of Bill Review Code 2), or DN 16B (Explanation Of Bill Review Code 3) does not = 58.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 11

"F" (Fatal Technical) – Data elements that are essential for a transmission or transaction to be accepted. If the data is missing or invalid, it may result in a Structural File Failure, and the transmission will not be processed.

"M" (Mandatory) –The data element must be present and must be in a valid format or the transaction will be rejected.

"MC" (Mandatory/Conditional) – The data element becomes mandatory under the conditions defined in the applicable conditions tab.

"AA" – (Applicable/Available Item Accepted) - Data should be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, data must be sent. If present, it will be edited for valid value and/or format; however, if invalid, an error will not be returned.

"AE" - Applicable/Available Item Accepted with Errors. Data should be sent if applicable and/or available. The data field may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it may be edited for valid value and/or format. The data will be Accepted with Errors and identified on the Acknowledgement and will require data be corrected using a Replacement transaction.

"AR" – (Applicable/Available Item Rejected) - Data must be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it will be edited for valid value and/or format, and if invalid, an error will be returned and the transaction will be rejected.

"NA" – (Not Applicable) - The data element is not applicable for the bill type and may or may not be sent. Edits must not be applied.

DWC-11 Transmission Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01H	Transmission Header	Transaction Set ID- Header	F	F	F	F	F
02H	Transmission Header	Sender FL ID	F	F	F	F	F
03H	Transmission Header	Sender Postal Code	F	F	F	F	F
04H	Transmission Header	Sender FEIN	F	F	F	F	F
05H	Transmission Header	Billing Format Code	F	F	F	F	F
06H	Transmission Header	Revision Code	F	F	F	F	F
07H	Transmission Header	Test / Production Indicator	F	F	F	F	F
08H	Transmission Header	Date Transmission Sent	F	F	F	F	F
09H	Transmission Header	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 11

DWC-11 Medical Bill Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01A	Bill Header	Control Number	M	M	M	M	M
02A	Bill Header	Record Flag-Header	M	M	M	M	M
03A	Bill Header	Billing Format Code	M	NA	M	M	M
04A	Bill Header	Insurer Code Number	M	NA	M	M	M
05A	Bill Header	Insurer FEIN	M	NA	M	M	M
06A	Bill Header	Space Filler	NA	NA	NA	NA	NA
07A	Bill Header	Claim Administrator Code Number	M	NA	M	M	M
08A	Bill Header	Claim Administrator FEIN	M	NA	M	M	M
09A	Bill Header	Claim Administrator Physical Postal Code	M	NA	M	M	M
10A	Bill Header	Employee Identification Number	M	NA	M	M	M
11A	Bill Header	Date Of Injury	M	NA	M	M	M
12A	Bill Header	Employee Last Name	M	NA	M	M	M
13A	Bill Header	Employee First Name	M	NA	M	M	M
14A	Bill Header	Employee Middle Initial	AA	NA	AA	AA	AA
15A	Bill Header	Employee Date Of Birth	MC	NA	MC	MC	MC
16A	Bill Header	Employee Gender Code	MC	NA	MC	MC	MC
17A	Bill Header	Billing Provider State License Number	M	NA	M	M	M
18A	Bill Header	Billing Provider FEIN	MC	NA	MC	MC	MC
19A	Bill Header	Facility Postal Code	MC	NA	MC	MC	MC
20A	Bill Header	Place Of Service Bill Code	MC	NA	MC	MC	MC
21A	Bill Header	Date Insurer Received Bill	M	NA	M	M	M
22A	Bill Header	Date Insurer Paid Bill	M	NA	M	M	M
23A	Bill Header	Total Amount Paid Per Bill	M	NA	M	M	M
24A	Bill Header	Bill Submission Reason Code	M	M	M	M	M
25A	Bill Header	Payment Code	MC	NA	MC	MC	MC
26A	Bill Header	Claim Administrator Claim Number	M	NA	M	M	M
27A	Bill Header	Sender Location	AA	NA	AA	AA	AA
28A	Bill Header	Pre-Payment/Employee Payment Code/First Fill Code	AR	NA	AR	AR	AR
29A	Bill Header	Duplicate Override Indicator	AR	NA	AR	AR	AR
30A	Bill Header	ICD Type Indicator	AR	NA	AR	AR	AR
31A	Bill Header	ICD Diagnosis Code A	AR	NA	AR	AR	AR
32A	Bill Header	ICD Diagnosis Code B	AR	NA	AR	AR	AR

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 11

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
33A	Bill Header	ICD Diagnosis Code C	AR	NA	AR	AR	AR
34A	Bill Header	ICD Diagnosis Code D	AR	NA	AR	AR	AR
35A	Bill Header	Space Filler	NA	NA	NA	NA	NA

Record -11 Medical Bill Detail

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01B	Bill Detail	Control Number	MC	NA	MC	MC	MC
02B	Bill Detail	Record Flag-Detail	MC	NA	MC	MC	MC
03B	Bill Detail	Service Line Sequence Number	MC	NA	MC	MC	MC
04B	Bill Detail	Service Line Date From	MC	NA	MC	MC	MC
05B	Bill Detail	Procedure, Service, Supply Billed Code	MC	NA	MC	MC	MC
06B	Bill Detail	Procedure, Service, Supply Paid Code	MC	NA	MC	MC	MC
07B	Bill Detail	Total Charge Per Line	MC	NA	MC	MC	MC
08B	Bill Detail	Total Amount Paid per Line	MC	NA	MC	MC	MC
09B	Bill Detail	Explanation Of Bill Review Code 1	MC	NA	MC	MC	MC
10B	Bill Detail	Explanation Of Bill Review Code 2	AR	NA	AR	AR	AR
11B	Bill Detail	Explanation Of Bill Review Code 3	AR	NA	AR	AR	AR
12B	Bill Detail	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 11

Record -11 Transmission Trailer Record

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01T	Transmission Trailer	Transaction Set ID- Trailer	F	F	F	F	F
02T	Transmission Trailer	Number Of Medical Bills In Transmission	F	F	F	F	F
03T	Transmission Trailer	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 11 Conditions

Record - 11 Conditions for MC's

Req Code	DN	Data Element Name	Business & Technical Condition
MC	15A	Employee Date Of Birth	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	16A	Employee Gender Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	18A	Billing Provider FEIN	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	19A	Facility Postal Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	20A	Place Of Service Bill Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	25A	Payment Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	01B	Control Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	02B	Record Flag-Detail	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	03B	Service Line Sequence Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	04B	Service Line Date From	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	05B	Procedure, Service, Supply Code (As Billed By Provider)	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E OR DN 9B (Explanation Of Bill Review Code1), DN 10B (Explanation Of Bill Review Code 2), or DN 11B (Explanation Of Bill Review Code 3) = 66.
MC	06B	Procedure, Service, Supply Paid Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E if DN 9B (Explanation Of Bill Review Code 1), DN 10B (Explanation Of Bill Review Code 2), or DN 11B (Explanation Of Bill Review Code 3) = 66.
MC	07B	Total Charge Per Line	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	08B	Total Amount Paid Per Line	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	09B	Explanation Of Bill Review Code 1	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 28A (Pre-Payment/Employee Payment Code/First Fill Code) = E.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90

"F" (Fatal Technical) – Data elements that are essential for a transmission or transaction to be accepted. If the data is missing or invalid, it may result in a Structural File Failure, and the transmission will not be processed.

"M" (Mandatory) –The data element must be present and must be in a valid format or the transaction will be rejected.

"MC" (Mandatory/Conditional) – The data element becomes mandatory under the conditions defined in the applicable conditions tab.

"AA" – (Applicable/Available Item Accepted) - Data should be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, data must be sent. If present, it will be edited for valid value and/or format; however, if invalid, an error will not be returned.

"AE" - Applicable/Available Item Accepted with Errors. Data should be sent if applicable and/or available. The data field may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it may be edited for valid value and/or format. The data will be Accepted with Errors and identified on the Acknowledgement and will require data be corrected using a Replacement transaction.

"AR" – (Applicable/Available Item Rejected) - Data must be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the bill, the data must be sent. If present, it will be edited for valid value and/or format, and if invalid, an error will be returned and the transaction will be rejected.

"NA" – (Not Applicable) - The data element is not applicable for the bill type and may or may not be sent. Edits must not be applied.

Record - 90 Transmission Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01H	Transmission Header	Transaction Set ID- Header	F	F	F	F	F
02H	Transmission Header	Sender FL ID	F	F	F	F	F
03H	Transmission Header	Sender Postal Code	F	F	F	F	F
04H	Transmission Header	Sender FEIN	F	F	F	F	F
05H	Transmission Header	Billing Format Code	F	F	F	F	F
06H	Transmission Header	Revision Code	F	F	F	F	F
07H	Transmission Header	Test / Production Indicator	F	F	F	F	F
08H	Transmission Header	Date Transmission Sent	F	F	F	F	F
09H	Transmission Header	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90

Record - 90 Medical Bill Header

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01A	Bill Header	Control Number	M	M	M	M	M
02A	Bill Header	Record Flag-Header	M	M	M	M	M
03A	Bill Header	Billing Format Code	M	NA	M	M	M
04A	Bill Header	Insurer Code Number	M	NA	M	M	M
05A	Bill Header	Insurer FEIN	M	NA	M	M	M
06A	Bill Header	Space Filler	NA	NA	NA	NA	NA
07A	Bill Header	Claim Administrator Code Number	M	NA	M	M	M
08A	Bill Header	Claim Administrator FEIN	M	NA	M	M	M
09A	Bill Header	Claim Administrator Physical Postal Code	M	NA	M	M	M
10A	Bill Header	Facility Code	MC	NA	MC	MC	MC
11A	Bill Header	Employee Identification Number	M	NA	M	M	M
12A	Bill Header	Date Of Injury	M	NA	M	M	M
13A	Bill Header	Employee Last Name	M	NA	M	M	M
14A	Bill Header	Employee First Name	M	NA	M	M	M
15A	Bill Header	Employee Middle Initial	AA	NA	AA	AA	AA
16A	Bill Header	Employee Date Of Birth	MC	NA	MC	MC	MC
17A	Bill Header	Employee Gender Code	MC	NA	MC	MC	MC
18A	Bill Header	Rendering Bill Provider State License Number	M	NA	M	M	M
19A	Bill Header	Operating Provider State License Number	MC	NA	MC	MC	MC
20A	Bill Header	Admission Date	MC	NA	MC	MC	MC
21A	Bill Header	Admission Hour	MC	NA	MC	MC	MC
22A	Bill Header	Service Bill Date From	MC	NA	MC	MC	MC
23A	Bill Header	Service Bill Date Through	MC	NA	MC	MC	MC
24A	Bill Header	Discharge Hour	AR	NA	AR	AR	AR
25A	Bill Header	Facility FEIN	MC	NA	MC	MC	MC
26A	Bill Header	Facility Postal Code	MC	NA	MC	MC	MC
27A	Bill Header	Date Insurer Received Bill	M	NA	M	M	M
28A	Bill Header	Date Insurer Paid Bill	M	NA	M	M	M
29A	Bill Header	Total Amount Paid Per Bill	M	NA	M	M	M
30A	Bill Header	Principal ICD Diagnostic Code	MC	NA	MC	MC	MC

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
31A	Bill Header	ICD Diagnosis Code A	AR	NA	AR	AR	AR
32A	Bill Header	ICD Diagnosis Code B	AR	NA	AR	AR	AR
33A	Bill Header	ICD Diagnosis Code C	AR	NA	AR	AR	AR
34A	Bill Header	ICD Diagnosis Code D	AR	NA	AR	AR	AR
35A	Bill Header	ICD Diagnosis Code E	AR	NA	AR	AR	AR
36A	Bill Header	ICD Diagnosis Code F	AR	NA	AR	AR	AR
37A	Bill Header	ICD Diagnosis Code G	AR	NA	AR	AR	AR
38A	Bill Header	External Cause Of Injury Code 1	AR	NA	AR	AR	AR
39A	Bill Header	External Cause Of Injury Code 2	AR	NA	AR	AR	AR
40A	Bill Header	External Cause Of Injury Code 3	AR	NA	AR	AR	AR
41A	Bill Header	ICD Principal Procedure Code	AR	NA	AR	AR	AR
42A	Bill Header	ICD Procedure Code A	AR	NA	AR	AR	AR
43A	Bill Header	ICD Procedure Code B	AR	NA	AR	AR	AR
44A	Bill Header	ICD Procedure Code C	AR	NA	AR	AR	AR
45A	Bill Header	ICD Procedure Code D	AR	NA	AR	AR	AR
46A	Bill Header	ICD Procedure Code E	AR	NA	AR	AR	AR
47A	Bill Header	Bill Submission Reason Code	M	M	M	M	M
48A	Bill Header	Payment Code	MC	NA	MC	MC	MC
49A	Bill Header	Admission Type Code	MC	NA	MC	MC	MC
50A	Bill Header	Claim Administrator Claim Number	M	NA	M	M	M
51A	Bill Header	Sender Location	AA	NA	AA	AA	AA
52A	Bill Header	Pre-Payment/Employee Payment Code/First Fill Code	AR	NA	AR	AR	AR
53A	Bill Header	Duplicate Override Indicator	AR	NA	AR	AR	AR
54A	Bill Header	Scheduled/Unscheduled Code	AR	NA	AR	AR	AR
55A	Bill Header	Implant Total Paid	AR	NA	AR	AR	AR
56A	Bill Header	Facility State License Number	MC	NA	MC	MC	MC
57A	Bill Header	Facility National Provider ID	MC	NA	MC	MC	MC
58A	Bill Header	ICD Type Indicator	MC	NA	MC	MC	MC
59A	Bill Header	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90

Record - 90 Medical Bill Detail

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01B	Bill Detail	Control Number	MC	NA	MC	MC	MC
02B	Bill Detail	Record Flag-Detail	MC	NA	MC	MC	MC
03B	Bill Detail	Service Line Sequence Number	MC	NA	MC	MC	MC
04B	Bill Detail	Revenue Billed Code	MC	NA	MC	MC	MC
05B	Bill Detail	Procedure, Service, Supply Billed Code	MC	NA	MC	MC	MC
06B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 1	AR	NA	AR	AR	AR
07B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 2	AR	NA	AR	AR	AR
08B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 3	AR	NA	AR	AR	AR
09B	Bill Detail	Procedure, Service, Supply Billed Code Modifier 4	AR	NA	AR	AR	AR
10B	Bill Detail	Procedure, Service, Supply Paid Code	MC	NA	MC	MC	MC
11B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 1	AR	NA	AR	AR	AR
12B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 2	AR	NA	AR	AR	AR
13B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 3	AR	NA	AR	AR	AR
14B	Bill Detail	Procedure, Service, Supply Paid Code Modifier 4	AR	NA	AR	AR	AR
15B	Bill Detail	Day(s)/Unit(s) Billed	MC	NA	MC	MC	MC
16B	Bill Detail	Total Charge Per Line	MC	NA	MC	MC	MC
17B	Bill Detail	Explanation Of Bill Review Code 1	MC	NA	MC	MC	MC
18B	Bill Detail	Explanation Of Bill Review Code 2	AR	NA	AR	AR	AR
19B	Bill Detail	Explanation Of Bill Review Code 3	AR	NA	AR	AR	AR
20B	Bill Detail	Service Line Date From	MC	NA	MC	MC	MC
21B	Bill Detail	Total Amount Paid Per Line	MC	NA	MC	MC	MC
22B	Bill Detail	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90

Record - 90 Transmission Trailer Record

			Original	Cancellation/ Withdrawal	Correction	Replacement	Auto-Select Original or Correction
Bill Submission Reason Code			00	01	02	03	99
DN #	Ref. Des.	Data Element Name					
01T	Transmission Trailer	Transaction Set ID- Trailer	F	F	F	F	F
02T	Transmission Trailer	Number Of Medical Bills In Transmission	F	F	F	F	F
03T	Transmission Trailer	Space Filler	NA	NA	NA	NA	NA

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90 Conditions

Record - 90 Conditions for MC's

Req Code	DN	Data Element Name	Business & Technical Condition
MC	10A	Facility Code	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	16A	Employee Date Of Birth	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	17A	Employee Gender Code	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	19A	Operating Provider State License Number	Bill Submission Reason Code 00, 02, 03 & 99: Required IF DN 10A (Facility Code) = 83(x); OR IF a surgical procedure ((DN 05B (Procedure, Service, Supply Billed Code) range 10021 - 69999 is reported; unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	20A	Admission Date	Bill Submission Reason Code 00, 02, 03 & 99: Required if DN 10A (Facility Code) = 11(x), 12(x) or 18(x), 21(x), 22(x), 28(x), 32(x), OR 34(X) unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	21A	Admission Hour	Bill Submission Reason Code 00, 02, 03 & 99: Required if DN 10A (Facility Code) = 11(x), 12(x), or 18(x) unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	22A	Service Bill Date From	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	23A	Service Bill Date Through	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	25A	Facility FEIN	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	26A	Facility Postal Code	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	30A	Principal ICD Diagnostic Code	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	48A	Payment Code	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90 Conditions

Req Code	DN	Data Element Name	Business & Technical Condition
MC	49A	Admission Type Code	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	56A	Facility State License Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 10 = to 83(x), 21(x), 22(x), 23(x), 28(x), 32(x), 33(x), or 34(x); unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	57A	Facility National Provider ID	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	58A	ICD Type Indicator	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	01B	Control Number	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	02B	Record Flag-Detail	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	03B	Service Line Sequence Number	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	04B	Revenue Billed Code	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90 Conditions

Req Code	DN	Data Element Name	Business & Technical Condition
MC	05B	Procedure, Service, Supply Billed Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 10A (Facility Code) = 13(x), 14(x), 83(x), 85(x), 32(x), 33(x), or 34(x); unless DN4B (Revenue Billed Code) for DN 10A (Facility Code) 83(x) is = to 250, 270-277, 279, 541 or 710; OR unless DN4B (Revenue Billed Code) for DN 10A (Facility Code) 32(x), 33(x), or 34(x) is = to 250, 270-277, 279, 290, or 640; OR unless DN4B (Revenue Billed Code) for DN 10A (Facility Code) 130, 131, 132, 133, 134, 135, 137, 141, 142, 143, 144, 147, 850, 851, 852, 853, 854, 855, or 859 is = to 100, 101, 111-119, 120-129, 130-139, 140-149, 150-159, 160, 164, 167, 169, 170-174, 179, 180-185, 189, 210-214, 219, 220-224, 229, 230-235, 239, 240-243, 249, 250, 270-277, 280, 289, 290, 370, 541, 660-663, 669, 670-672, 679, 681-684, 689, 700, 710, 760, 780; OR unless DN 17B (Explanation Of Bill Review Code 1), DN 18B (Explanation Of Bill Review Code 2), or DN 19B (Explanation Of Bill Review Code 3) = to 66; OR unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	10B	Procedure, Service, Supply Paid Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 5B (Procedure, Service, Supply Billed Code) is present unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	15B	Day(s)/Unit(s) Billed	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E; OR DN 17B (Explanation Of Bill Review Code1), DN 18B (Explanation Of Bill Review Code 2), or DN 19B (Explanation Of Bill Review Code 3) = 66.
MC	16B	Total Charge Per Line	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A Pre-Payment/Employee Payment Code/First Fill Code = E.
MC	17B	Explanation Of Bill Review Code 1	Bill Submission Reason Code 00, 02, 03 & 99: Required unless DN 52A Pre-Payment/Employee Payment Code/First Fill Code = E.
MC	20B	Service Line Date From	Bill Submission Reason Codes 00, 02, 03 & 99: Required if 1st digit in DN 10A (Facility Code) = '1' AND the second digit = '3'; unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
 Medical EDI - Revision F Element Requirement Table 90 Conditions

Req Code	DN	Data Element Name	Business & Technical Condition
MC	21B	Total Amount Paid Per Line	Bill Submission Reason Codes 00, 02, 03 & 99: Required if DN 10A (Facility Code) = 83(x); unless DN 52A (Pre-Payment/Employee Payment Code/First Fill Code) = E.

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F
DATA DICTIONARY**

ACKNOWLEDGEMENT TRANSACTION SET ID - DN03K, DN05H

Definition: Identifies the type of transaction being acknowledged.
Record: ACK
Format: 2 A/N
Values: **09, 10, 11, 90**

ADMISSION DATE - DN20A

Definition: Inpatient hospital admission date or date the episode of care began.
Source: UB04 Field 12
Record: 90
Format: DATE

ADMISSION HOUR - DN21A

Definition: A code representing the hour the injured employee was admitted as an inpatient to the hospital.
Source: UB04 Field 13
Record: 90
Format: 2 A/N
Values: **00-23**

Code	Time – AM	Code	Time - PM
00	12:00-12:59 Midnight	12	12:00-12:59 Noon
01	1:00-1:59	13	1:00-1:59
02	2:00-2:59	14	2:00-2:59
03	3:00-3:59	15	3:00-3:59
04	4:00-4:59	16	4:00-4:59
05	5:00-5:59	17	5:00-5:59
06	6:00-6:59	18	6:00-6:59
07	7:00-7:59	19	7:00-7:59
08	8:00-8:59	20	8:00-8:59
09	9:00-9:59	21	9:00-9:59
10	10:00-10:59	22	10:00-10:59
11	11:00-11:59	23	11:00-11:59

DP Rule: Only required for inpatient hospital admissions.

ADMISSION TYPE CODE - DN49A

Definition: Code indicating inpatient admission priority.
Source: UB04 Field 14
Record: 90
Format: 1 A/N
Values: **1 - Emergency
2 - Urgent
3 – Elective**

4 - Newborn
5 - Trauma
9 - Information Not Available
DP Rule: Only required for inpatient hospital admissions.

APPLICATION ACKNOWLEDGEMENT CODE - DN05K

Definition: Response record code to indicate the result of processing of the medical bills.
Record: ACK
Format: 10 A/N
Values: **ACCEPTED** – the medical bill was accepted into the Division’s database.
ACCEPTERR – the medical bill was accepted into the Division’s database, but has one or more errors that must be corrected and resubmitted as a replacement using Bill Submission Reason Code “03”.
NOTPROC – the medical bill could not be processed. *Refer to the NOTPROC Reason Codes.
REJECTED – the medical bill was processed but failed one or more of the validation tests. This medical bill must be corrected and resubmitted to the Division.
REPLACED – The replacement medical bill (Bill Submission Reason Code 03) was accepted as a replacement in the Division’s database.
WITHDRAWN – the cancel/withdraw medical bill (Bill Submission Reason Code 01) was successfully withdrawn from the Division’s database.

BILL SUBMISSION REASON CODE - DN23A (09); DN21A (10); DN24A (11); DN47A (90); DN04K (ACK)

Definition: Code indicating bill submission/re-submission type.
Record: 09, 10, 11, 90, ACK
Format: 2 A/N
Values: **00** - Original submission to the Division.
01 - Cancel/ Withdraw – report sent to the Division in error.
(Medical bill must be submitted with original Control Number)
02 - Correction of report previously rejected by the Division.
(Medical bill must be submitted with original Control Number)
03 - Replacement report for medical bills previously accepted by the Division.
(Medical bill must be submitted with original Control Number)
99 - Auto-select- Automatically selects Bill Submission Reason Code 00 or 02 per DP rule below.
DP Rule: The system will automatically select Report Reason Code 00 or 02, according to the following rules:
1. If the medical bill control number is not currently in the database, the system will automatically select Bill Submission Reason Code 00.
2. If the medical bill control number is in the database and is currently Rejected, the system will automatically select Bill Submission Reason Code 02.
3. If the medical bill control number is in the database and is currently Accepted or Withdrawn, the system will automatically select Bill Submission Reason Code 00 and will not process the bill.
4. Using Bill Submission Reason Code 99 allows for the entire original transmission file to be re-submitted using the same control numbers as many times as necessary until all of the medical bills have been corrected and accepted. The medical bills that have already been accepted will not be processed by the system.

BILLING FORMAT CODE - DN05H (09, 10, 11, 90); DN03A (09, 10, 11, 90)

Definition: Code indicating if the data is from a CMS 1500, DWC-10, ADA or UB04.
Record: 09, 10, 11, 90
Format: 2 A/N
Values: **09, 10, 11, 90**

BILLING PROVIDER FEIN - DN18A (09, 11)

Definition: Federal Employer Identification Number (FEIN) for billing provider.
Source: CMS Field 25; ADA Field 51
Record: 09, 11
Format: 9 A/N

BILLING PROVIDER STATE LICENSE NUMBER - DN17A (09, 11); DN26A (10)

Definition: State License Number for the billing provider.
Record: 09, 10, 11
Format: 13 A/N (Alpha prefix followed by numeric digits of license number)
Source: CMS Field 33b; DWC-10 Field 29; ADA Field 55
Values: **DME#####: Medical Supply Company Providers (licensed as Home Medical Equipment suppliers)** – Enter “DME” followed by the Agency for Health Care Administration assigned license number for the pharmacist’s license number. (Record 10 only)
IL#####: Independent Laboratories – Enter “IL” for required alpha characters, followed by the Agency for Health Care Administration assigned license number. (Record 09 only)
Individual Health Care Providers and Pharmacists: Enter the Florida health care provider’s or pharmacist’s license number assigned by the professional regulatory board, licensing authority, or state regulatory agency.

Valid Prefixes for Record 09:

- ACN** - Medical Doctor Area Critical Need
- AL** - Athletic Trainer
- ARNP** - Advanced Registered Nurse Practitioner (Record 09 and 10 only)
- AP** - Licensed Acupuncturist
- AS** - Hearing Aid Specialists
- AY** - Audiologist
- CFC** - Chiropractic Faculty Certificate
- CH** - Chiropractic Physician
- CI** - Certified Chiropractic Physicians Assistant Chiropractic
- CN** - Certified Master Social Worker
- DN** - Dentist
- DO** - Optician
- DTP** - Dental Teaching Permits
- MA** - Massage Therapist
- ME** - Medical Doctor
- MFC** - Medical Doctor Medical Faculty Certificate
- MH** - Licensed Mental Health Counselor
- MT** - Licensed Marriage and Family Therapist
- NC** - Nutrition Counselors
- ND** - Dietitian/Nutritionist
- OFA** - Orthotic Fitter Assistant

OFC - Optometric Faculty Certificate
OP - Optometrist
OPC - Certified Optometrist
ORT - Orthotist
OS - Osteopathic Physician
OT - Occupational Therapy
PA - Physician Assistant
PED - Pedorthist
PFR - Orthotic Fitter
PHC - Medical Doctor Public Health Certificate
PO - Podiatric Physician
POR - Podiatric Residency Program
POR - Prosthetist - Orthetist
PPC - Medical Doctor Public Psychiatry Certificate
PRO - Prosthetist
PS - Pharmacist
PT - Physical Therapist
PU - Consultant Pharmacist
PY - Psychologist
RN - Registered Nurse
SA - Speech-Language Pathologist
VFC - Medical Doctor Visiting Faculty Certificate

Valid Prefixes for Record 10:

NP - Nuclear Pharmacist
PS - Pharmacist
PU - Consultant Pharmacist

Valid Prefixes for Record 11:

ACN - Medical Doctor Area Critical Need
DN - Dentist
DTP - Dental Teaching Permits
ME - Medical Doctor
MFC - Medical Doctor Medical Faculty Certificate
VFC - Medical Doctor Visiting Faculty Certificate

ZZ999999999999: Out of State Providers – use this code for an out of state provider’s license.

XX999999999999: Radiology or Other Imaging/X-ray Facilities (providing ONLY the technical component) – use this code for the license number of radiology or other imaging/x-ray facilities providing only the technical component. (Record 09 only)

CLAIM ADMINISTRATOR CLAIM NUMBER - DN29A (09); DN22A (10); DN26A (11); DN50A (90); DN07K (ACK)

Definition: An identifier which distinguishes a specific claim within a claim administrator's claims processing system.
Record: 09, 10, 11, 90, ACK
Format: 30 A/N

CLAIM ADMINISTRATOR CODE NUMBER - DN07A

Definition: Florida assigned code number for the Insurer or service company, adjusting company, managing general agent, qualified servicing entity or third party administrator adjusting claims on behalf of the insurer.
Record: 09, 10, 11, 90
Format: 5 A/N
Values: **00100 - 09999**
DP Rule: 1. If Claim Administrator Code Number is not equal to Insurer Code Number, the Claim Administrator Code Number must be in the range of 05000 – 06999.
2. When the Insurer is not using a service company/third party administrator, the Claim Administrator Code Number must equal the Insurer Code Number.

CLAIM ADMINISTRATOR FEIN - DN08A

Definition: The Federal Employer Identification Number (FEIN) of the Insurer or service company, adjusting company, managing general agent, qualified servicing entity or third party administrator adjusting claims on behalf of the Insurer.
Record: 09, 10, 11, 90
Format: 9 A/N
DP Rule: When the Insurer is not using a service company/third party administrator, the Claim Administrator FEIN must equal the Insurer FEIN.

CLAIM ADMINISTRATOR PHYSICAL POSTAL CODE - DN09A

Definition: The postal code of the physical address of the location where the claim is being adjusted for the Insurer or service company, adjusting company, managing general agent, qualified servicing entity or third party administrator adjusting claims on behalf of the Insurer.
Record: 09, 10, 11, 90
Format: 9 A/N
DP Rule: Must be a valid 5 or 9 digit postal code per the United States Postal Services.

COMPARISON EDIT ELEMENT (DN) NUMBER - DN08E

Definition: When a validation rule is comparing two data values supplied in the medical bill, this is the Element Number (DN) of the 2nd data element being compared.
Record: ACK
Format: 4 A/N

COMPARISON EDIT FIELD NUMBER - DN09E

Definition: When a validation rule is comparing two data values supplied in the medical bill, this is the paper form field number of the 2nd paper field being compared.
Record: ACK
Format: 4 A/N

COMPARISON ELEMENT FIELD VALUE - DN11E

Definition: When a validation rule is comparing two data values supplied in the medical bill, this is the raw value of the 2nd data value being compared.

Record: ACK

Format: 25 A/N

CONTROL NUMBER – DN01A (09, 10, 11, 90); DN01B (09, 10, 11, 90); DN02E (ACK); DN02K (ACK)

Definition: The unique number assigned by a medical EDI Sender to identify a specific medical bill.

Source: Sender

Record: 09, 10, 11, 90, ACK

Format: 13 A/N (**SSSYJJJNNNNN**)

SSS = Sender ID

YY = Year submitted (Valid Values = 00 - current year)

JJJ = Julian date of day submitted (Valid Values = 001 - 365, leap year 001 – 366)

NNNNN = Sequence number (Valid Values = 00001-99999)

DP Rule:

1. Each medical bill must be assigned a unique Control Number within the transmission.
2. The Control Number in the detail record must match the Control Number in the header record.
3. Transmissions received by the Division should contain medical bills with the same Sender ID in the Control Number as reported in the transmission header. The exception would be if a claim is acquired by another Claim Administrator or Entity acting on behalf of the Insurer, and the prior Claim Administrator's or Entity's Control Number is provided to the new Claim Administrator or Entity. If this occurs, the new Claim Administrator or Entity would need to contact the Medical EDI at MedicalDataManagementTeam@myfloridacfo.com to ensure special processing has been enabled by the Division to allow reporting Control Numbers that do not match the current Sender ID.

DATE INSURER PAID BILL - DN21A (09); DN18A (10); DN22A (11); DN28A (90)

Definition: Date Insurer/Claim Administrator or any entity acting on behalf of the Insurer paid, adjusted, disallowed, or denied a bill from the provider.

Record: 09, 10, 11, 90

Format: DATE

DATE INSURER RECEIVED BILL - DN20A (09); DN17A (10); DN21A (11); DN27A (90)

Definition: Date Insurer/Claim Administrator or any entity acting on behalf of the Insurer received a bill from the provider.

Record: 09, 10, 11, 90

Format: DATE

DATE OF INJURY - DN11A (09, 10, 11); DN12A (90)

Definition: For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.

Source: CMS Field 14; DWC-10 Field 3; ADA Field 46; UB04 Field 31

Record: 09, 10, 11, 90

Format: DATE

DATE PROCESSED - DN09K

Definition: The date the Division accepted, rejected, or withdrew a transaction.
 Record: ACK
 Format: DATE

DATE TRANSMISSION SENT - DN08H

Definition: Actual date the batch of data was sent from the Sender to the Division.
 Record: 09, 10, 11, 90
 Format: DATE

DAY(S) / UNIT(S) BILLED - DN17B (09); DN15B (90)

Definition: The total number of days, hours, units, quantity of drug, supply or service rendered.
 Source: CMS Field 24G; UB04 Field 46
 Record: 09, 90
 Format: 3 N (09); 7 N (90)
 DP Rule: Do not report decimal point. Round partial units to nearest whole number (for example, 2.5 would be rounded to 003).

DIAGNOSIS POINTER - DN05B

Definition: The letter that relates to the ICD Diagnosis Codes A – L to the line item service.
 Source: CMS Field 24E
 Record: 09
 Format: 4 A/N
 Values: **A - L**
 DP Rule: Must correlate with appropriate ICD Diagnosis Codes A – L shown in CMS Field 21.
 Valid Values: A-L or any combination up to four, corresponding to the ICD Diagnosis Codes in CMS Field 21.

DISCHARGE HOUR - DN24A

Definition: The code indicating the hour the injured employee was discharged from inpatient care.
 Source: UB04 Field 16
 Record: 90
 Format: 2 A/N
 Values: **00-23**

Code	Time – AM	Code	Time - PM
00	12:00-12:59 Midnight	12	12:00-12:59 Noon
01	1:00-1:59	13	1:00-1:59
02	2:00-2:59	14	2:00-2:59
03	3:00-3:59	15	3:00-3:59
04	4:00-4:59	16	4:00-4:59
05	5:00-5:59	17	5:00-5:59
06	6:00-6:59	18	6:00-6:59
07	7:00-7:59	19	7:00-7:59
08	8:00-8:59	20	8:00-8:59
09	9:00-9:59	21	9:00-9:59
10	10:00-10:59	22	10:00-10:59
11	11:00-11:59	23	11:00-11:59

DP Rule: Only required for inpatient hospital admissions.

DISPENSE AS WRITTEN CODE - DN11B

Definition: A code denoting the methodology utilized in dispensing medication.
Source: DWC-10 Field 15
Record: 10
Format: 1 A/N
Values: **0** - No product selection indicated
1 - Substitution not allowed by provider
2 - Substitution allowed- patient requested product dispensed
3 - Substitution allowed- pharmacist selected product dispensed
4 - Substitution allowed- generic drug not in stock
5 - Substitution allowed- brand drug dispensed as generic
6 - Override
7 - Substitution not allowed- brand drug mandated by law
8 - Substitution allowed- generic drug not available in marketplace
9 - Other

DRUGS NUMBER OF DAYS - DN06B

Definition: The number of days the medication will last according to the prescription's dosage and administration instructions.
Source: DWC-10 Field 11
Record: 10
Format: 3 N
DP Rule: If Drugs /Supplies Record Code DN04B is equal to "S"-Equipment or Supplies, this field should be spaces.

DRUGS PAID AMOUNT - DN19A

Definition: The total pharmacy charges paid on the bill.
Record: 10
Format: \$9.2
DP Rule: Zero is a valid value.
This field should reflect the sum of the amount paid values for all line items with Drugs/Supplies Record Code DN04B = "D" Drugs.
Decimal point implied at two places.

DRUGS / SUPPLIES QUANTITY DISPENSED - DN05B

Definition: Number of units of medication, if Drugs/Supplies Record Code = "D" (Drugs), or quantity of medical equipment or supplies, if Drugs/Supplies Record Code = "S" (Equipment or Supplies).
Source: DWC-10 Field 10 or 22
Record: 10
Format: 5 N
DP Rule: Number of units of medications means the actual "ml" or "gm", etc., dispensed; and doesn't mean dosage, forms or package descriptions such as tablet, capsule or kit.

DRUGS / SUPPLIES RECORD CODE - DN04B

Definition: A code that indicates if the line item is for a drug or equipment/supply.
Record: 10
Format: 1 A/N
Values: **D** – Drugs
S – Equipment or Supplies

DUPLICATE OVERRIDE INDICATOR - DN32A (09); DN27A (10); DN29A (11); DN53A (90)

Definition: An indicator used on correction bills [Bill Submission Reason Codes 02 or 99 (when used to indicate a correction submission)] to advise the Division that although numerous fields appear to be duplicative of another bill, the transaction has been researched and verified as not being a duplicate transaction.

Record: 09, 10, 11, 90

Format: 1 A/N

Values: **Y** or **Space**

DP Rule: This field should not be populated on original medical bills [Bill Submission Reason Code 00 or 99 (when used to indicate an original submission)].

ELEMENT ERROR NUMBER – DN14E

Definition: A number assigned by the IAIABC to uniquely identify the edit performed on an element.

Record: ACK

Format: 3 A/N

Values:

- 001** - Mandatory field not present.
- 028** - All digits must be 0-9.
- 029** - Must be a valid date.
- 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.
- 039** - No match on database.
- 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.
- 059** - Non-match data value not consistent with value previously reported.
- 061** - Event Table criteria not met.
- 062** - Required segment not present.
- 063** - Invalid event sequence.
- 064** - Invalid data relationship.
- 065** - Corresponding report/data not found.
- 066** - Invalid record/transaction count.
- 070** - Must be <= Service Date.
- 071** - Must be >= Service Date.
- 072** - Must be > Date of Bill.
- 073** - Must be >= Date Payer Received Bill.
- 074** - Must be >= From Service Date.
- 075** - Must be <= From Service Date.
- 111** - Must be valid content.
- 117** - Match data value not consistent with value previously reported.
- 118** - Trading Partner not approved to submit data for Insurer/Claim Admin.

ELEMENT ERROR NUMBER-FL - DN05E

- Definition: A number assigned by Florida to uniquely identify the edit performed on an element and is part of the error code.
- Record: ACK
- Format: 3 A/N
- Values:
- 028** - Must be numeric.
 - 029** - Must be a valid date.
 - 034** - Must be greater than or equal to the date of injury.
 - 039** - No matching code value found in database.
 - 041** - Cannot be a future date.
 - 057** - Comparison of key fields indicates duplicate medical bill.
 - 058** - Invalid code, ID, or value specified.
 - 060** - Date comparison validation failure.
 - 062** - Medical bill detail record(s) missing.
 - 063** - Invalid event sequence.
 - 064** - Invalid data relationship.
 - 065** - Corresponding report/data not found.
 - 066** - Insurer/Claim Administrator not authorized for Sender.
 - 069** - Total paid in header does not equal sum of detail paid amounts.
 - 070** - Blank value not allowed.
 - 071** - FEIN does not match division records.
 - 072** - License number not found in division database.
 - 073** - Diagnosis reference given does not have a corresponding header diagnosis.
 - 074** - EOBR code present indicates non-payment, but item was paid.
 - 075** - CPT code paid different than billed, but appropriate EOBR code not reported.
 - 076** - Modifier code paid different than billed, but appropriate EOBR code not reported.
 - 077** - Amount paid different than billed, but appropriate EOBR code not reported.
 - 078** - Amount paid is zero, but appropriate EOBR code not reported.
 - 079** - Insurer/Claim Administrator or postal code supplied, but ID number not supplied.
 - 080** - Date of accident is after insurer cancellation date.
 - 081** - NDC number supplied, but procedure code paid not equal to dispensing drug code.
 - 083** - The EOBR code reported requires the line item payment amount to be equal to zero.
 - 085** - The EOBR code reported requires the line item payment amount to be greater than zero.
 - 086** - The EOBR code reported is for hospital (DWC-90) use only.
 - 088** - For EOBR code reported, line item payment must equal line item billed amount.
 - 091** - Procedure code paid 99070 reported, but NDC number not space filled.
 - 092** - Procedure code paid equals dispensing drug code, but NDC number space filled.
 - 098** - EOBR code reported not allowed in conjunction with payment code of "R".
 - 099** - Line item payment must be greater than zero and less than billed for EOBR code reported.
 - 100** - Must be less than the Date of Injury.
 - 101** - Date of birth must reflect ages 14 through 94.
 - 102** - Inappropriate license number prefix.
 - 103** - The Billing Provider State License Number is a valid Florida DOH license number, but the Facility Postal Code is not a valid Florida postal code.
 - 104** - If valid Florida Facility Postal Code, then the Billing Provider State License Number prefix cannot be "ZZ".

- 105** - The NPI is a valid Florida NPI number, but the Facility postal code is not valid Florida postal code.
- 106** - The NPI is not a Florida NPI number, but the Facility postal code is a valid Florida postal code.
- 107** - EOB code reported not allowed in conjunction with payment code of "M" or "R".
- 108** - Invalid amount charged on the detail line item(s).
- 109** - Bill type not reported via Medical EDI. Please withdraw.

ELEMENT ERROR TEXT-FL - DN12E

Definition: The Florida narrative description of the error (Element Error Number–FL), as it relates to the data element (Element (DN) Number).

Record: ACK

Format: 150 A/N

ELEMENT (DN) NUMBER - DN06E

Definition: The data element reference number assigned by Florida.

Record: ACK

Format: 4 A/N

DP Rule: DN fields ending with “A” reference a header record.
 DN fields ending with “B” reference a detail record.
 DN fields ending with “E” reference a validation error record.
 DN fields ending with “K” reference a processing response record.

ELEMENT VALIDATION ERROR CODE – DN13E

Definition: A code assigned by Florida representing the type of error for the data element in error.

Record: ACK

Format: 2 A/N

Values: **RE** - Rejection Error
AE- Accepted with Error

DP Rule: If any data element on the transaction has an Element Validation Error Code of RE, the entire transaction will be rejected.

EMPLOYEE DATE OF BIRTH - DN15A (09, 10, 11); DN16A (90)

Definition: The date the injured employee was born.

Source: CMS Field 3; DWC-10 Field 4; ADA Field 21; UB04 Field 10

Record: 09, 10, 11, 90

Format: DATE

EMPLOYEE FIRST NAME - DN13A (09, 10, 11); DN14A (90)

Definition: The first name of the injured employee.

Source: CMS Field 2; DWC-10 Field 1; ADA Field 20; UB04 Field 8b

Record: 09, 10, 11, 90

Format: 15 A/N

DP Rule: Can only include special characters apostrophe, period or hyphen and a space.

EMPLOYEE GENDER CODE - DN16A (09, 10, 11); DN17A (90)

Definition: The gender of the employee.

Source: CMS Field 3; DWC-10 Field 5; ADA Field 22; UB04 Field 11

Record: 09, 10, 11, 90

Format: 1 A/N

Values: **F** - Female
M - Male
U - Unknown (Record 90 only)
DP Rule: The value of U-Unknown is only permitted on the DWC-90 record (UB04).

EMPLOYEE IDENTIFICATION NUMBER - DN10A (09, 10, 11); DN11A (90)

Definition: The injured employee's Social Security Number or the Florida Division Assigned Number (DAN) requested by the Claim Administrator.
Source: CMS Field 1a; DWC-10 Field 2; ADA Field 8; UB04 Field 8a
Record: 09, 10, 11, 90
Format: 9 A/N
DP Rule: If the employee does not have a Social Security Number, a Florida Division Assigned Number must be requested at the following email address:
DWCAssignedNumber@myfloridacfo.com.

EMPLOYEE LAST NAME - DN12A (09, 10, 11); DN13A (90)

Definition: The last name of the injured employee.
Source: CMS Field 2; DWC-10 Field 1; ADA Field 20; UB04 Field 8b
Record: 09, 10, 11, 90
Format: 30 A/N
DP Rule: Can only include special characters apostrophe, comma, period or hyphen and spaces.

EMPLOYEE MIDDLE INITIAL - DN14A (09, 10, 11); DN15A (90)

Definition: The middle initial of the injured employee.
Source: CMS Field 2; DWC-10 Field 1; ADA Field 20; UB04 Field 8b
Record: 09, 10, 11, 90
Format: 1 A/N

ERROR SEQUENCE NUMBER - DN03E

Definition: A number to sequentially identify each error associated with a transaction.
Record: ACK
Format: 3 N

EXPLANATION OF BILL REVIEW CODE 1 - DN22B (09); DN14B (10); DN09B (11); DN17B (90)

Definition: A code that represents the primary reimbursement reason/decision, as determined by the Claim Administrator or other entity acting on behalf of the Insurer, for the line item billed.
Record: 09, 10, 11, 90
Format: 2 A/N
Values: **06** -Payment disallowed: location of service(s) is not appropriate for the level of service(s) billed. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
10 - Payment denied: total denial: **total compensability denied or** the injury or illness for which service was rendered is not compensable . [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
11 - Payment denied: partial denial: diagnosis or procedure code for the line item service is not related to the compensable condition. [Record 09, 10, 11 and 90 (with

- Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 21** - Payment disallowed: medical necessity: medical records reflect no physician's order was given for service rendered or supply provided. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x and 085x) only]
 - 22** - Payment disallowed: medical necessity: medical records reflect no physician's prescription was given for service rendered or supply provided. [Record 09, 10, and 90 (with Facility Code 014x, 032x, 033x with a DOS prior 10/01/2013, 034x, and 085x) only]
 - 23** - Payment disallowed: medical necessity: diagnosis does not support the service rendered. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 24** - Payment disallowed: medical necessity: service rendered was not therapeutically appropriate. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 25** - Payment disallowed: medical necessity: service rendered was experimental, investigative or research in nature. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 26** - Payment disallowed: service rendered by healthcare practitioner outside scope of practitioner's licensure. [Record 09, 11 and 90 (with Facility Code 013x, 014x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 30** - Payment disallowed: lack of authorization: no authorization given for service rendered or notice provided for emergency treatment pursuant to subsection 440.13(3), F.S. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 34** - Payment disallowed: no modification to the information provided on the medical bill. No payment made pursuant to contractual arrangement. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 38** - Payment disallowed: insufficient documentation: documentation does not support this supply was dispensed to the patient. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 39** - Payment disallowed: insufficient documentation: documentation does not support this medication was dispensed to the patient. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, and 085x) only]
 - 40** - Payment disallowed: insufficient documentation: documentation does not substantiate the service billed was rendered. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
 - 41** - Payment disallowed: insufficient documentation: level of evaluation and management service not supported by documentation. (Insurer shall specify missing components of evaluation and management code description.) [Record 09, 11 and 90 (with Facility Code 013x and 085x) only]
 - 42** - Payment disallowed: insufficient documentation: intensity of physical medicine and

- rehabilitation service not supported by documentation. [Record 09 and 90 (with Facility Code 011x, 012x, 013x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, and 085x) only]
- 43** - Payment disallowed: insufficient documentation: frequency of service not supported by documentation. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 44** - Payment disallowed: insufficient documentation: duration of service not supported by documentation. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, and 085x) only]
- 45** - Payment disallowed: insufficient documentation: fraud statement not provided pursuant to subsection 440.105(7), F.S. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x, and 085x) only]
- 46** - Payment disallowed: insufficient documentation: required itemized statement not submitted with the medical bill. [Record 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x, and 085x) only]
- 47** - Payment disallowed: insufficient documentation: invoice or certification not submitted for implant. [Record 90 (with Facility Code 011x, 012x, 013x, 018x, 083x and 085x) only]
- 48** - Payment disallowed: insufficient documentation: invoice not submitted for supplies. [Record 09, 11 and 90 (with Facility Code 021x, 022x, 023x, 028x, 032x, 033x, 034x and 083x) only]
- 49** - Payment disallowed: insufficient documentation: invoice not submitted for medication. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, and 034x) only]
- 50** - Payment disallowed: insufficient documentation: specific documentation requested in writing at the time of authorization not submitted with the medical bill. (Insurers shall specify omitted documentation.) [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior to 10/01/2013, 034x, 083x and 085x) only]
- 51** - Payment disallowed: insufficient documentation: required DFS-F5-DWC-25 not submitted. [Record 09 and 11 only]
- 52** - Payment disallowed: insufficient documentation: supply(ies) incidental to the procedure. (Incidental supply shall be specified.) [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 53** - Payment disallowed: insufficient documentation: required operative report not submitted with the medical bill. [Record 09 and 90 (with Facility Code 011x, 012x, 013x, 018x, 083x and 085x) only]
- 54** - Payment disallowed: insufficient documentation: required narrative report not submitted with the medical bill. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 018x, 021x, 022x, 023x, 028x, and 085x) only]
- 58** - Payment disallowed: billing error: omitted or incorrect/invalid Original Manufacturer's NDC Number. [Record 09, 10, 11 and 90 (with Facility Code 013x, 014x, 083x and 085x) only]

- 59** - Payment disallowed: billing error: omitted or incorrect/invalid Repackaged NDC Number. [Record 09, 10, 11 and 90 (with Facility Code 013x, 014x, 083x and 085x) only]
- 60** - Payment disallowed: billing error: line item service previously billed and reimbursement decision previously rendered. [Record 09, 10 and 90 (with Facility Code 013x, 014x, 083x and 085x) only]
- 62** - Payment disallowed: billing error: incorrect procedure, modifier, units, supply code. [Record 09, 10, 11 and 90 (with Facility Code 011x on Day(s)/Unit(s) Billed only, 012x on Day(s)/Unit(s) Billed only, 013x, 014x, 018x on Day(s)/Unit(s) or Procedure Codes Billed only, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 63** - Payment disallowed: billing error: service billed is integral component of another procedure code. (Shall specify inclusive procedure code.) [Record 09, 11 and 90 (with Facility Code 013x, 014x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 64** - Payment disallowed: billing error: service “not reimbursable” under applicable workers’ compensation reimbursement manual. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x, 084x and 085x) only]
- 65** - Payment disallowed: billing error: multiple providers billed on the same form. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x and 085x) only]
- 66** - Payment disallowed: billing error: omitted procedure, modifier, units, or supply code. [Record 09, 10, 11 and 90 (with Facility Code 011x on Day(s)/Unit(s) Billed only, 012x on Day(s)/Unit(s) Billed only, 013x, 014x, 018x on Day(s)/Unit(s), Procedure Codes and Modifier 1 Billed only, 021x, 028x, 032x, 033x, 034x, 083x and 085x) only]
- 67** - Payment disallowed: billing error: Same service billed multiple times on same date of service. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 68** - Payment disallowed: billing error: Rental value has exceeded purchase price per written fee agreement. [Record 10 and 90 (with Facility Code 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, and 034x) only]
- 71** - Payment adjusted: insufficient documentation: level of evaluation and management service not supported by documentation. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x and 085x) only]
- 72** - Payment adjusted: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation. [Record 09 and 90 (with Facility Code 011x, 012x, 013x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x and 085x) only]
- 73** - Payment adjusted: insufficient documentation: frequency of service not supported by documentation. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x and 085x) only]
- 74** - Payment adjusted: insufficient documentation: duration of service not supported by documentation. [Record 09, 11 and 90 (with Facility Code 011x, 012x, 013x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x and 085x) only]
- 75** - Payment adjusted: insufficient documentation: specific documentation requested in

- writing at the time of authorization not submitted with the medical bill. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 80** - Payment adjusted: billing error: correction of procedure, modifier, supply code, units, or Original Manufacturer's NDC Number (shall identify correction). [Record 09, 10, 11 and 90 (with Facility Code 011x on Day(s)/Unit(s) Billed only, 012x on Day(s)/Unit(s) Billed only, 013x, 014x, 018x on Day(s)/Unit(s) Billed only, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 81** - Payment adjusted: billing error: payment modified pursuant to a charge audit. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 83** - Payment adjusted: medical benefits paid apportioning out the percentage of the need for such care attributable to preexisting condition (paragraph 440.15(5)(b), F.S.). [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 84** - Payment adjusted: co-payment applied pursuant to paragraph 440.13(13)(c), F.S. [Record 09 and 11 only]
- 85** - Payment adjusted: no modification to the information provided on the medical bill. Payment made pursuant to a letter of agreement between the health care provider and the carrier for a specific date of service or procedure. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 86** - Payment adjusted: billing error; repackaged medication; correction of NDC number dispensed or reimbursed pursuant to 440.13(12)(c), F.S. (Insurer shall indicate the corrected NDC number dispensed or reimbursed). [Record 09, 10 and 11 only]
- 90** - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Health Care Provider Reimbursement Manual. [Record 09, 10, 11 and 90 (with Facility Code 013x, 014x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 91** - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers. [Record 90 (with Facility Code 083x only)]
- 92** - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Hospitals. [Record 90 (with Facility Code 011x, 012x, 013x, 018x, 021x, 028x, and 085x) only]
- 93** - Paid: no modification to the information provided on the medical bill: payment made pursuant to written contractual arrangement (network or PPO name required). [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x And 085x) only]
- 94** - Paid: Out-of-State Provider: payment made pursuant to the Out-of-State Provider section of the applicable Florida reimbursement manual. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]
- 95** - Paid: Reimbursement Dispute Resolution: payment made pursuant to receipt of a Determination or Final Order on a Petition for Resolution of Reimbursement

Dispute, pursuant to subsection 440.13(7), F.S. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]

96 - Paid: Payment made pursuant to a write-off by a health care provider self-insured employer. [Record 09, 10, 11 and 90 (with Facility Code 011x, 012x, 013x, 014x, 018x, 021x, 022x, 023x, 028x, 032x, 033x with a DOS prior 10/01/2013, 034x, 083x and 085x) only]

97 - Paid: no modification to the information provided on the medical bill; repackaged medication reimbursed at repackaged methodology pursuant to 440.13(12)(c), F.S. [Record 09, 10 and 11 only]

98 - Paid: no modification to the information provided on the medical bill; dispensed medication; billed Original Manufacturer's NDC Number only; reimbursed pursuant to 440.13(12)(c), F.S. [Record 09, 10, and 11 only]

EXPLANATION OF BILL REVIEW CODE 2 - DN23B (09); DN15B (10); DN10B (11); DN18B (90)

Definition: A code that represents the secondary reimbursement reason/decision, as determined by the Claim Administrator or other entity acting on behalf of the Insurer, for the line item billed.

Record: 09, 10, 11, 90

Format: 2 A/N

Values: See values under Explanation of Bill Review Code 1.

EXPLANATION OF BILL REVIEW CODE 3 - DN24B (09); DN16B (10); DN11B (11); DN19B (90)

Definition: A code that represents the tertiary reimbursement reason/decision, as determined by the Claim Administrator or other entity acting on behalf of the Insurer, for the line item billed.

Record: 09, 10, 11, 90

Format: 2 A/N

Values: See values under Explanation of Bill Review Code 1.

EXTERNAL CAUSE OF INJURY CODE 1 - DN38A

Definition: The ICD Diagnosis Code pertaining to external cause of injury, poisoning, or adverse effect.

Source: UB04 Field 72a

Record: 90

Format: 8 A/N

Values: ICD-10-CM: The Complete Official Draft Code Set, Chapter 20
ICD-9-CM for Hospitals, Part II, Volume 2, Section III
ICD-9-CM for Physicians, Part II, Volume 2, Section III

DP Rule: The External Cause of Injury Code must be a valid ICD Code corresponding with the ICD Type Indicator reported.

EXTERNAL CAUSE OF INJURY CODE 2 - DN39A

Definition: The ICD Diagnosis Code pertaining to external cause of injury, poisoning, or adverse effect.

Source: UB04 Field 72b

Record: 90

Format: 8 A/N

Values: ICD-10-CM: The Complete Official Draft Code Set, Chapter 20
ICD-9-CM for Hospitals, Part II, Volume 2, Section III

ICD-9-CM for Physicians, Part II, Volume 2, Section III
DP Rule: The External Cause of Injury Code must be a valid ICD Code corresponding with the ICD Type Indicator reported.

EXTERNAL CAUSE OF INJURY CODE 3 - DN40A

Definition: The ICD Diagnosis Code pertaining to external cause of injury, poisoning, or adverse effect.
Source: UB04 Field 72c
Record: 90
Format: 8 A/N
Values: ICD-10-CM: The Complete Official Draft Code Set, Chapter 20
ICD-9-CM for Hospitals, Part II, Volume 2, Section III
ICD-9-CM for Physicians, Part II, Volume 2, Section III
DP Rule: The External Cause of Injury Code must be a valid ICD Code corresponding with the ICD Type Indicator reported.

FACILITY CODE - DN10A

Definition: Code indicating type of facility where inpatient/outpatient treatment was rendered.
Source: UB04 Field 4
Record: 90
Format: 3 A/N (Facility Code in first two positions and Frequency Code in third position)
Values: **11x, 12x, 13x, 14x, 18x, 21x, 22x, 23x, 28x, 32x, 33x, 34x, 83x and 85x**
"x" = 0-9, A-Z

FACILITY FEIN - DN25A

Definition: Federal Employer Identification Number (FEIN) of the Facility where inpatient/outpatient treatment was rendered.
Source: UB04 Field 5
Record: 90
Format: 9 A/N

FACILITY NATIONAL PROVIDER ID - DN57A

Definition: National Provider Identifier (NPI) for the Provider's inpatient/outpatient facility.
Source: UB04 Field 56
Record: 90
Format: 10 A/N
Values: See following link: <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>

FACILITY POSTAL CODE - DN19A (09, 11); DN26A (90)

Definition: Postal code associated with the physical location where the services were rendered.
Source: CMS Field 32; ADA Field 56; UB04 Field 1
Record: 09, 11, 90
Format: 9 A/N
DP Rule: Must be a valid 5 or 9 digit postal code per the United States Postal Services.

FACILITY STATE LICENSE NUMBER - DN56A

Definition: The unique number assigned by the jurisdiction to identify the inpatient/outpatient facility other than a hospital.
Source: UB04 Field 57
Record: 90
Format: 13 A/N (Alpha prefix followed by numeric digits of license number).

Values: **ASC#####: Ambulatory Surgical Centers** - Enter "ASC" followed by the Agency for Health Care Administration assigned license number.
NH#####: Nursing Homes - Enter "NH" followed by the Agency for Health Care Administration assigned license number.
HH#####: Home Health Agencies - Enter "HH" followed by the Agency for Health Care Administration assigned license number.
ZZ999999999999: Out of State Providers – use this code for an out of state provider’s license.

ICD DIAGNOSIS CODE - DN25A-DN28A (09); DN34A-DN41A (09); DN31A-DN34A (11); DN31-DN37A (90)

Definition: The International Classification Diseases Code that corresponds with the ICD Type Indicator, denoting the diagnosis of the work related injury or illness.
Source: CMS Field 21A-L; ADA Field 34a.A-D; UB04 Field 67A-G
Record: 09, 11, 90
Format: 8 A/N
Values: ICD-10-CM: The Complete Official Draft Code Set
ICD-9-CM for Hospitals
ICD-9-CM for Physicians
DP Rule: For Record 09: ICD Diagnosis Codes = A (primary) – L.
For Record 11: ICD Diagnosis Codes = A (primary) – D.
For Record 90: ICD Diagnosis Codes = A (secondary) – G.
Must be a valid ICD Code corresponding with the ICD Type Indicator reported.
A bill with a combination of both ICD-9 and ICD-10 codes will be rejected.

ICD PRINCIPAL PROCEDURE CODE - DN41A

Definition: The International Classification Diseases Code that corresponds with the ICD Type Indicator, denoting the primary procedure that was the most serious and/or resource intensive during the hospitalization.
Source: UB04 Field 74
Record: 90
Format: 8 A/N
Values: ICD-10-PCS: The Complete Official Draft Code Set.
ICD-9-CM for Hospitals
DP Rule: Must be a valid ICD Procedure Code corresponding with the ICD Type Indicator reported.
A bill with a combination of both ICD-9 and ICD-10 codes will be rejected.

ICD PROCEDURE CODE - DN42A-DN46A

Definition: The International Classification Diseases Procedure Code that corresponds with the ICD Type Indicator, denoting procedures other than primary.
Source: UB04 Field 74a-e
Record: 90
Format: 8 A/N
Values: ICD-10-PCS: The Complete Official Draft Code Set.
ICD-9-CM for Hospitals
DP Rule: Must be a valid ICD Procedure Code corresponding with the ICD Type Indicator reported.
A bill with a combination of both ICD-9 and ICD-10 codes will be rejected.

ICD TYPE INDICATOR - DN33A (09); DN30A (11); DN58A (90)

Definition: A code that denotes the version of the International Classification of Diseases (ICD) Code reported.

Source: CMS Field 21; ADA Field 34; UB04 Field 66

Record: 09, 11, 90

Format: 1 A/N (09, 90), 2 A/N (11)

Values: **0** - ICD-10 (Record 09, 90)
9 - ICD-9 (Record 09, 90)
B - ICD-9 (Record 11)
AB - ICD-10 (Record 11)

DP Rule: ICD Type Indicator will be assumed to be correct and used to determine the ICD code sets that will be used for validation.

IMPLANT TOTAL PAID - DN55A

Definition: The total paid to the provider for the implant.

Source: UB04 Field 80

Record: 90

Format: \$9.2

DP Rule: Decimal point implied at two places.
If not applicable, space fill.

INSURER CODE NUMBER - DN04A

Definition: The Florida assigned code number for the Insurer, Self-Insured Employer, Self-Insured Fund or Guaranty Fund financially responsible for the workers' compensation claim.

Record: 09, 10, 11, 90

Format: 5 A/N

Values: **00100-04999** and **07000-09999**

DP Rule: Must not be in the range of 05000 – 06999.

INSURER FEIN - DN05A

Definition: Federal Employer Identification Number (FEIN) assigned to the Insurer, Self-Insured Employer, Self-Insured Fund or Guaranty Fund financially responsible for the workers' compensation claim.

Record: 09, 10, 11, 90

Format: 9 A/N

DP Rule: The Insurer FEIN must be associated with the Insurer Code Number.

NDC NUMBER PRIMARY - DN21B (09); DN07B (10)

Definition: The National Drug Code (NDC) number of the following:

- 1) A non-repackaged medication that is not billed with a NDC NUMBER SECONDARY
- 2) A repackaged medication
- 3) A dispensed Over the Counter (OTC) medication

Source: Shaded area above CMS Field 24 (09) with qualifier N4; DWC-10 Field 9a

Record: 09, 10

Format: 13 A/N

Values: **For Record 09:** 11 digit Repackaged Manufacturer's National Drug Code Number or Space (If DN11B (Procedure, Service, Supply Paid Code) does not = "DSPNS")
For Record 10: 11 digit Repackaged Manufacturer's National Drug Code Number or COMPD000000 - Use this code for compounded drugs
Space fill (If DN04B (Drug/Supplies Record Code) = "S")

DP Rule: No dashes or other special characters should be sent.

For Record 09: If DN11B (Procedure, Service, Supply Paid Code) = "DSPNS":
 Must be a valid NDC number reported in the 5 4 2 format.
 If DN11B (Procedure, Service, Supply Paid Code) does not = "DSPNS",
 Space fill.

For Record 10: If DN04B (Drug/Supplies Record Code) = "D" (Drugs):
 If NDC number sent, must be in the 5 4 2 format.
 If DN04B (Drug/Supplies Record Code) = "S" (Equipment or Supplies),
 Space fill.

NDC NUMBER SECONDARY - DN25B (09); DN19B (10)

Definition: The National Drug Code (NDC) number assigned by the Original Manufacturer of the underlying dispensed drug as designated on the bill with the qualifier ORIGN4.

Source: Shaded area above CMS Field 24 (09) with qualifier ORIGN4; DWC-10 Field 9b

Record: 09, 10

Format: 13 A/N

Values: **For Record 09:** 11 digit Original Manufacturer's National Drug Code Number or Space fill (If DN19B (Procedure, Service, Supply Paid Code) does not = "DSPNS" or the medication reported in DN21B (NDC Number Primary) is not repackaged)
For Record 10: 11 digit Original Manufacturer's National Drug Code Number or space fill if the medication reported in DN07B (NDC Number Primary) is not repackaged)
 COMPD000000 - Use this code for compounded drugs
 Space fill (If DN04B (Drug/Supplies Record Code) = "S")

DP Rule: The NDC Number Secondary should only be present if the NDC Number Primary field contains a repackaged NDC number. If NDC NUMBER PRIMARY is an OTC medication, this field must be blank.

No dashes or other special characters should be sent.

For Record 09: If DN11B (Procedure, Service, Supply Paid Code) = "DSPNS":
 Must be a valid NDC number reported in the 5 4 2 format.
 If DN11B (Procedure, Service, Supply Paid Code) does not = "DSPNS",
 Space fill.

For Record 10: If DN04B (Drug/Supplies Record Code) = "D" (Drugs):
 If NDC number sent, must be in the 5 4 2 format.
 If DN04B (Drug/Supplies Record Code) = "S" (Equipment or Supplies), Space fill.

NOTPROC REASON CODE - DN06K

Definition: A code returned on the Acknowledgement representing the reason the Division is unable to process the transaction.

Record: ACK

Format: 10 A/N

Values: **ALRDYACCP** The medical bill is being submitted as a Correction medical bill (02) or Automatic Reason (99), but the medical bill was found to be currently accepted in the Division's database.
ALRDYWITH The medical bill is being submitted as a Cancel/Withdraw (01), but the medical bill is already coded as Cancelled/Withdrawn in the Division's database.
INSIDDIF The INSURER ID NUMBER on the submitted medical bill is different from ID number on the current copy of this medical bill in the Division's database.
NOREPREJ No Replacement (03) submissions allowed against a rejected medical bill (use Correction (02) submission instead).

PAYMENT CODE - DN24A (09, 10); DN25A (11); DN48A (90)

- Definition: A code representing the Payment Plan and the Receipt and Payment Arrangement on the bill.
- Record: 09, 10, 11, 90
- Format: 2 A/N (1st position = Payment Plan; 2nd position = Receipt and Payment Arrangement)
- Values: **Payment Plan: (1st Position of Payment Code):**
- R** – Reimbursement Manual (Services are reimbursed according to the appropriate reimbursement manual)
 - M** – Managed Care (Services are reimbursed according to the language of the WC Managed Care Arrangement contract)
 - C** – Contracted Amount (Services are reimbursed according to a contract with a health care provider or provider network not associated with a WC Managed Care Arrangement)
- Receipt and Payment Arrangement (2nd position of Payment Code):** the Insurer’s documented business arrangement that identifies the “Date Insurer Received Bill” and “Date Insurer Paid Bill” as they relate to medical bill processing.
- 1** – “Date Insurer Received Bill” and “Date Insurer Paid Bill” are based on payment and receipt by the Insurer.
 - 2** – “Date Insurer Received Bill” and “Date Insurer Paid Bill” are based on payment and receipt by the Entity.
 - 3** – “Date Insurer Received Bill” is based on the date received by the Insurer and “Date Insurer Paid Bill” is based on payment by the Entity.
 - 4** – “Date Insurer Received Bill” is based on the date received by the Entity and “Date Insurer Paid Bill” is based on Insurer payment.

PLACE OF SERVICE BILL CODE - DN20A

- Definition: Code used on dental claims to specify the place where treatment was rendered.
- Source: ADA Field 38
- Record: 11
- Format: 2 A/N
- Values: **11** - Office
12 - Home
21 - Inpatient Hospital
22 - Outpatient Hospital
23 - Emergency Room
31 - Skilled Nursing Facility
32 - Nursing Facility
99 - Other place of service

PLACE OF SERVICE LINE CODE - DN04B

- Definition: Code used on professional claims to specify the location where service(s) were rendered.
- Source: CMS Field 24B
- Record: 09
- Format: 2 A/N
- Values: **01-99** per AMA’s Current Procedural Terminology (CPT) manual

PRE-PAYMENT / EMPLOYEE PAYMENT CODE/ FIRST FILL CODE - DN31A (09); DN25A (10); DN28A (11); DN52A (90)

Definition: A Code representing when the Date Insurer Received Bill or Date Insurer Paid Bill is prior to the Service Date; when the Employee is reimbursed; or First Fill programs.

Record: 09, 10, 11, 90

Format: 1 A/N

Values: **P** - Agreement between the Provider and the Insurer if the “Date Insurer Received Bill” or the “Date Insurer Paid Bill” is prior to the “Service Date,”.
E - Employee has been directly reimbursed by the Insurer.
F – (for Record 10 only) First Fill program
Space – If none of the above are applicable

PRESCRIBER’S STATE LICENSE NUMBER - DN12B

Definition: The license number of the prescriber.

Source: DWC-10 Field 17b or 23b

Record: 10

Format: 13 A/N (Alpha prefix followed by numeric digits of license number).

Values: **Individual Health Care Providers:** Enter the Florida health care provider’s license number assigned by the professional regulatory board, licensing authority, or state regulatory agency.

Valid Prefixes:

ACN - Medical Doctor Area Critical Need

ARNP - Advanced Registered Nurse Practitioners

CFC - Chiropractic Faculty Certificate

CH - Chiropractic Physician

DN - Dentist

DRP - Dental Residency Permit Health Access

DTP - Dental Teaching Permits

ME - Medical Doctor

MFC - Medical Doctor Medical Faculty Certificate

OFC - Optometric Faculty Certificate

OP - Optometrist

OPC - Certified Optometrist

OS - Osteopathic Physician

PA - Physician Assistant

PHC - Medical Doctor Public Health Certificate

PO - Podiatric Physician

PPC - Medical Doctor Public Psychiatry Certificate

VFC - Medical Doctor Visiting Faculty Certificate

ZZ999999999999: **Out of State Providers** – use this code for an out of state provider’s license.

DP Rule: Do not zero pad numeric portion.

PRESCRIPTION TYPE CODE - DN08B

Definition: A Code used to identify if the prescription is new or a refill.

Record: 10

Format: 1 A/N

Source: DWC-10 Field 14

Values: **N** - New
R - Refill

DP Rule: Required if DN4B (Drugs /Supplies Record Code) = D (Drugs).
If DN4B (Drugs /Supplies Record Code) = S (Equipment or Supplies), then Prescription Type Code should be space filled.

PRINCIPAL ICD DIAGNOSTIC CODE - DN30A

Definition: An International Classification of Diseases (ICD) Code representing the diagnostic condition that was the most serious and/or resource intensive during the hospitalization.

Source: UB04 Field 67

Record: 90

Format: 8 A/N

Values: ICD-10-CM: The Complete Official Draft Code Set
ICD-9-CM for Hospitals
ICD-9-CM for Physicians

PROCEDURE, SERVICE, SUPPLY BILLED CODE - DN06B (09); DN17B (10); DN05B (11, 90)

Definition: Procedure, service or supply code as billed by the provider.

Source: CMS Field 24D; DWC-10 Field 21; ADA Field 29; UB04 Field 44

Record: 09, 10, 11, 90

Format: 5 A/N

Values: AMA's Current Procedural Terminology (CPT) manual (for Record 09 and 90)
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Codes (for Records 09, 10 and 90)

Florida Specific Codes:

DSPNS (for Record 09 only) - Legend, prescription, and over-the-counter drugs dispensed by a licensed practitioner.

COMPD (for Record 09 and 10 only) - Compounded drugs dispensed

97260 (for Record 09 and 90 only) Manipulation of spine by a physician other than an osteopathic or chiropractic physician.

97261 (for Record 09 and 90 only) Manipulation of the temporomandibular joint; upper extremities including the hand and wrist; the lower extremities; and other regions by a physician other than an osteopathic or chiropractic physician.

97750 (for Record 09 and 90 only) Functional capacity evaluation (FCE) with written report.

97752 (for Record 09 and 90 only) Muscle testing manually or by automated equipment with written report.

97850 (for Record 09 and 90 only) Physical reconditioning assessment; per hour.

97851 (for Record 09 and 90 only) Physical reconditioning assessment; additional thirty (30) minutes.

97852 (for Record 09 and 90 only) Physical reconditioning program; per hour.

97853 (for Record 09 and 90 only) Physical reconditioning program; additional thirty (30) minutes.

99070 with modifier code IM (for Record 90 only) - Surgical Implant(s)
with modifier code DI (for Record 90 only) - Associated Disposable Instrumentation required for implantation of the Surgical Implant(s)
with modifier code SH (for Record 90 only) Shipping and handling

99457 (for Record 09 and 90 only) Consensus Independent Medical Examination (CIME).

DP Rule: For Record 10 – HCPCS required if DN4B (Drugs /Supplies Record Code) = S (Equipment or Supplies).
For Record 10 –If DN4B (Drugs /Supplies Record Code) = D (Drugs), space fill.
For Record 90, if not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY BILLED CODE MODIFIER 1 - DN07B (09); DN06B (90)

Definition: First Modifier to a procedure, service or supply code as billed by the provider.
Source: CMS Field 24D; UB04 Field 44
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes
Florida Specific Codes:
IM (for Record 90 only with Procedure Code 99070) - Surgical Implant(s)
DI (for Record 90 only with Procedure Code 99070) - Associated Disposable Instrumentation required for implantation of the Surgical Implant(s)
SH (for Record 90 only with Procedure Code 99070) - Shipping and Handling
DP Rule: If not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY BILLED CODE MODIFIER 2 - DN08B (09); DN07B (90)

Definition: Second Modifier to a procedure, service or supply code as billed by the provider.
Source: CMS Field 24D; UB04 Field 44
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes
DP Rule: If not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY BILLED CODE MODIFIER 3 - DN09B (09); DN08B (90)

Definition: Third Modifier to a procedure, service or supply code as billed by the provider.
Source: CMS Field 24D; UB04 Field 44
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes
DP Rule: If not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY BILLED CODE MODIFIER 4 - DN10B (09); DN09B (90)

Definition: Fourth Modifier to a procedure, service or supply code as billed by the provider.
Source: CMS Field 24D; UB04 Field 44
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes
DP Rule: If not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY PAID CODE - DN11B (09); DN06B (11); DN10B (90)

Definition: The procedure, service or supply code paid.
Record: 09, 11, 90
Format: 5 A/N
Values: See Procedure, Service, Supply Billed Code Values (DN06B (09); DN17B (10); DN05B (11,90))

PROCEDURE, SERVICE, SUPPLY PAID CODE MODIFIER 1 – DN12B (09); DN11B (90)

Definition: First Modifier to a procedure, service or supply code as paid by the provider.
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes

Florida Specific Codes:

IM (for Record 90 only with Procedure Code 99070) - Surgical Implant(s)

DI (for Record 90 only with Procedure Code 99070) - Associated Disposable Instrumentation required for implantation of the Surgical Implant(s)

SH (for Record 90 only with Procedure Code 99070) - Shipping and Handling

DP Rule: If not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY PAID CODE MODIFIER 2 – DN13B (09); DN12B (90)

Definition: Second Modifier to a procedure, service or supply code as paid by the provider.
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes

DP Rule: If not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY PAID CODE MODIFIER 3 – DN14B (09); DN13B (90)

Definition: Third Modifier to a procedure, service or supply code as paid by the provider.
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes

DP Rule: If not applicable, space fill.

PROCEDURE, SERVICE, SUPPLY PAID CODE MODIFIER 4 – DN15B (09); DN14B (90)

Definition: Fourth Modifier to a procedure, service or supply code as paid by the provider.
Record: 09, 90
Format: 2 A/N
Values: AMA's Current Procedural Terminology (CPT) manual for Modifier Codes
CMS Health Care Common Procedure Coding System (HCPCS) National Level II Modifier Codes

DP Rule: If not applicable, space fill

PROCESSING RESULT TEXT - DN10K

Definition: The narrative text that identifies the Bill Submission Reason Code, Billing Format Code, Control Number and Application Acknowledgement Code text.

Source: Medical Bill Processing Response Record

Record: ACK

Format: 150 A/N

PURCHASE / RENTAL CODE - DN09B

Definition: A code that represents if the equipment or supplies reported were purchased or rented.

Record: 10

Format: 1 A/N

Values: **P** – Purchased
R - Rental

DP Rule: Required if DN4B (Drugs /Supplies Record Code) = “S” (Equipment or Supplies)
If DN4B (Drugs /Supplies Record Code) = “D” (Drugs), then space fill.

PURCHASE / RENTAL DATE - DN10B

Definition: The date the prescription was filled or the date of purchase/rental of equipment or supply(ies).

Source: DWC-10 Field 16, 19a or 19b

Record: 10

Format: DATE

RECORD FLAG-DETAIL - DN02B

Definition: A code indicating that the Record is a Detail Record for the Billing Format Code.

Record: 09, 10, 11, 90

Format: 1 A/N

Values: **2** – Detail Record

RECORD FLAG-HEADER - DN02A

Definition: A code indicating that the Record is a Header Record for the Billing Format Code.

Record: 09, 10, 11, 90

Format: 1 A/N

Values: **1** – Header Record

REJECTED DATA ELEMENT VALUE - DN10E

Definition: The actual value of the rejected data field, truncated to 25 positions

Record: ACK

Format: 25 A/N

RENDERING BILL PROVIDER STATE LICENSE NUMBER - DN18A

Definition: The individual who has the overall responsibility for the patient’s medical care and treatment.

Source: UB04 Field 76

Record: 90

Format: 13 A/N (Alpha prefix followed by numeric digits of license number).

Values: **Individual Health Care Provider:** Enter the Florida health care provider’s license number assigned by the professional regulatory board, licensing authority, or state regulatory agency.

Valid Prefixes:

SCHEDULED / UNSCHEDULED CODE - DN54A

Definition: A code indicating if the bill is related to a scheduled or non-scheduled outpatient surgical procedure.

Source: UB04 Field 80

Record: 90

Format: 1 A/N

Values: **S** - The bill is related to a scheduled outpatient surgical procedure.
U - The bill is related to a non-schedule outpatient surgical procedure.

DP Rule: Space fill if bill is not related to an outpatient surgical procedure.

SENDER FEIN - DN04H

Definition: The Federal Employer Identification Number (FEIN) of the entity approved to send transactions to Florida.

Record: 09, 10, 11, 90

Format: 9 A/N

SENDER FL ID - DN02H

Definition: The unique ID number assigned by Florida for a Medical EDI sender.

Record: 09, 10, 11, 90, ACK

Format: 3 A/N

Values: 001 - 999

SENDER LOCATION - DN30A (09); DN23A (10); DN27A (11); DN51A (90); DN8K (ACK)

Definition: Internal identifier assigned by the sender to identify a sender's office location.

Record: 09, 10, 11, 90, ACK

Format: 20 A/N

DP Rule: If not applicable, space fill.

SENDER POSTAL CODE - DN03H

Definition: Postal code of the Sender's location.

Record: 09, 10, 11, 90

Format: 9 A/N

DP Rule: Must be a valid 5 or 9 digit postal code per the United States Postal Services.

SERVICE BILL DATE FROM - DN22A

Definition: Starting date on which service(s) were performed at the bill level.

Source: UB04 Field 6

Record: 90

Format: DATE

SERVICE BILL DATE THROUGH - DN23A

Definition: Ending date on which service(s) were performed at the bill level.

Source: UB04 Field 6

Record: 90

Format: DATE

SERVICE LINE DATE FROM - DN19B (09); DN04B (11); DN20B (90)

Definition: Starting date on which service(s) were performed at the line level.

Source: CMS Field 24A; ADA Field 24; UB04 Field 45

Record: 09, 11, 90
Format: DATE

SERVICE LINE DATE TO - DN20B

Definition: Ending date on which service(s) were performed at the line level.
Source: CMS Field 24A
Record: 09
Format: DATE

SERVICE LINE SEQUENCE NUMBER - DN03B (09, 10, 11, 90); DN04E (ACK)

Definition: A unique number representing the service line being reported.
Record: 09, 10, 11, 90, ACK
Format: 3 A/N

SPACE FILLER - DN09H, DN03T (9, 10, 11, 90); DN43A, DN26B (09); DN28A, DN20B (10); DN35A, DN12B (11); DN59A, DN22B (90); DN08H, DN11K, DN15E, DN03T (ACK)

Definition: Filler spaces at the end of each Record
Record: 09, 10, 11, 90, ACK
DP Rule: Data should not be sent in these fields.

SUPPLIES PAID AMOUNT - DN20A

Definition: The total dollar amount reimbursed for medical equipment & supplies.
Record: 10
Format: \$9.2
DP Rule: Zero is a valid value.
This field should reflect the sum of the amount paid values for all line items with Drugs/Supplies Record Code DN04B = "S" Equipment & Supplies.
Decimal point implied at two places.

TEST / PRODUCTION INDICATOR - DN06H (ACK); DN07H (09, 10, 11, 90)

Definition: The code to indicate if the batch Record is a "Test" or "Production" transmission.
Record: 09, 10, 11, 90, ACK
Format: 1 A/N
Values: T - Test
P - Production

TOTAL AMOUNT CHARGED PER LINE - DN13B

Definition: Total amount charged for Drug, Equipment or Supply per line item.
Source: DWC-10 Field 13 or 20
Record: 10
Format: \$9.2
DP Rule: Decimal point implied at two places.

TOTAL AMOUNT PAID PER BILL - DN22A (09); DN23A (11); DN29A (90)

Definition: Total amount paid or credited by payer after all adjustments.
Record: 09, 11, 90
Format: \$9.2
DP Rule: Zero is valid value.
Decimal point implied at two places.

TOTAL AMOUNT PAID PER LINE - DN18B (09); DN18B (10); DN08B (11); DN21B (90)

Definition: The total amount paid per line item to the provider or reimbursed to the injured employee.
Record: 09, 10, 11, 90
Format: \$9.2
DP Rule: Zero is valid value.
Decimal point implied at two places.

TOTAL CHARGE PER LINE - DN16B (09, 90); DN07B (11)

Definition: Amount charged by the provider per line item.
Source: CMS Field 24F; ADA Field 31; UB04 Field 47
Record: 09, 11, 90
Format: \$9.2
DP Rule: Decimal point implied at 2 places.

TRANSACTION SET ID - HEADER - DN01H

Definition: The code that identifies the beginning of the transmission batch header record.
Record: 09, 10, 11, 90, ACK
Format: 3 A/N
Values: **HD1**

TRANSACTION SET ID - RESPONSE CODE - DN01K; DN01E

Definition: The code identifying the type of record in the Medical Bill Acknowledgement.
Record: ACK
Format: 3 A/N
Values: **CP1** – Acknowledgement Processing Response Record
ER1 – Acknowledgement Validation Error Record (only present if Errors sent)

TRANSACTION SET ID -TRAILER - DN01T

Definition: The code that identifies the end of the transmission batch record.
Record: 09, 10, 11, 90, ACK
Format: 3 A/N
Values: **TR1**

TRANSMISSION ID NUMBER ASSIGNED - DN04H

Definition: A unique number assigned by Florida for each Medical EDI transmission.
Record: ACK
Format: 8 A/N

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
Medical EDI - Revision F
GLOSSARY

ACCEPTED MEDICAL BILL: Any medical bill that has successfully passed all edits and has been acknowledged as Accepted by the Division.

ALPHANUMERIC: Type = A/N: Data elements that are assigned the format of A/N consist of a sequence of any characters from common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. When using an alphanumeric field, the significant characters are always left justified in the field with any remaining space in the field padded with spaces. Left justified implies that the data must start in the first position of the field. Spaces indicate absence of data. Alphanumeric character set includes those selected from the uppercase letters, lower case letters, numeric digits, space character, and special characters as follows: A...Z, a...z, 0...9, < . > / ? ; : ' " [{] } \ | ` ~ ! @ # \$ % ^ & * () - _ = + (space). Use of any of the alphanumeric characters is permitted in data elements with the alphanumeric data type unless otherwise indicated in a Data Population Rule.

BATCH: A minimum unit of interchange, which consists of:

- One (1) Transmission Header Record
- One (1) or more Transactions (medical bill)
- One (1) Transmission Trailer Record
- Each Batch must be for a specific Billing Format Code (09, 10, 11, 90)

DATA ELEMENT: A single piece of information, e.g., Date of Injury, Date of Birth, or Claim Administrator Claim Number.

Data elements were:

- Defined
- Assigned a Data Element Number (DN)
- Assigned values or codes, if applicable
- Assigned valid applicable edits based on Error Messages communicated on the *Edit Matrix*
- Assigned a Data Format, e.g. A/N, N, etc.

DATES: Type = DATE: CCYYMMDD

Data elements that are assigned the format of DATE should be populated with only a valid date. All zeros in a date field are considered to be invalid data. Spaces indicate absence of data.

Example: CCYYMMDD: 20011201 = 12/01/2001; December 1, 2001; 12-1-01

DEFECTIVE TRANSMISSION: A transmission that could not be processed by the Division due to structural file failures, e.g., empty file, invalid file name, missing Header or Trailer records, etc.

ELECTRONIC DATA INTERCHANGE (EDI): Computer to computer exchange of business transactions in a standardized electronic format.

FILLER: Type = A/N

Positions identified as "filler" in any record layout are for future use and will not be edited.

MEDICAL BILL DETAIL RECORD(S): Record or records that contain specific information: services, charges, quantities, etc., reported on the medical bill, and associating the specific information to the bill header record.

MEDICAL BILL HEADER RECORD: A record that contains unique identifying information about a submitted medical bill.

MONETARY AMOUNTS: Type = \$9.2

Data elements that are assigned the format of \$9.2 should be populated with only a valid monetary amount. Valid entries consist of eleven numeric digits with the dollar sign assumed and the decimal point between the ninth and tenth position assumed. Negative amounts in a monetary amount field are not valid. Monetary Amounts should not be initialized to zeros because zeros represent a valid amount in many instances, see data dictionary for valid zero values. Spaces indicate absence of data.

Example: 00000005000 = \$50.00

NUMERIC: Type = N

Data elements that are assigned the format of N should be populated with only valid numeric characters. Valid values consist of 0 - 9 and are right justified zero filled to the left. Default of zeros in a numeric field is not valid. Zero could represent a valid value. Spaces indicate absence of data.

Example: 3 numeric '123' in 6 byte field = 000123

NOT PROCESSED BILL: Any medical bill transaction in a transmission sent to the Division that was not processed by the Division's Medical Data System and received a "NOTPROC" Application Acknowledgement Code. A "Not Processed" medical bill might have been previously accepted in a prior transmission by the Division; however, in certain situations the status of the bill is not considered to be accepted by the Division. The NOTPROC Reason Codes identify the reasons the Division did not or could not process the transaction.

RECORD: A group of related Data Elements that form a medical bill transaction.

RECORD LAYOUT: A file description specifying the data element number, description, Revision E data element name, Revision F data element name, position, format and establishing the order in which data for each record must be transmitted.

REJECTED MEDICAL BILL: Any medical bill that is processed by the Division and is determined to have failed system or business edits. A rejected medical bill requires the Sender to correct and re-submit the transaction(s), until an "Accepted" Application Acknowledgement Code is received.

REPLACEMENT MEDICAL BILL: Any medical bill that is a re-transmission of a medical bill that was previously accepted by the Division.

REPORT: Any form related to medical services rendered, in relation to a workers' compensation injury, which is required to be filed with the Division.

TIME: Type = TIME: HHMMSS (Only used in the file name)

Only a valid time in military format, zero, or spaces are allowed in time fields. Use 24-hour military time.

All zeros in a time field is valid and equivalent to 240000 or 2400. Example: HHMMSS: 142903 = 2:29:03 P.M.

TRANSACTION: A Transaction consists of one Medical Bill Header Record and one or more Medical Bill Detail Records to communicate a Medical Bill. Transactions for the same Billing Format Code are contained in a Batch, which is preceded by a Transmission Header Record and concluded with a Transmission Trailer Record. The Transmission Header and Transmission Trailer Records form an "envelope" that surrounds a Batch of Transactions.

TRANSMISSION ID: A number sequentially assigned by the Division in order of receipt of each transmission.

TRANSMISSION RECEIPT CONFIRMATION: An e-mail notice sent to the Sender to verify that the transmission has been received by the Division.

WITHDRAWN MEDICAL BILL: Any medical bill that was previously sent to the Division and was determined by the Sender or the Division to have been sent in error and it is subsequently resubmitted with Bill Submission Code 01 (Cancel/Withdraw). Upon successful transmission of a Withdrawn Medical Bill, the status of the bill will be changed to withdrawn.