

Florida

**Instruction Manual for the
Online Medical Data Management System
(MDMS)**



**2010
REVISION E**

**Department of Financial Services
Division of Workers' Compensation
Office of Data Quality and Collection
Medical Data Management Section**

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1. Purpose of System

The Division of Workers' Compensation's (DWC) Medical Data Management System (MDMS) web site was designed to give insurers, or authorized clients who submit medical bills on behalf of insurers, a way to enter, process, monitor, and update a relatively small volume of medical bills without having to hire a vendor to handle required electronic submissions of workers' compensation medical reports. A relatively small volume of medical bills is defined as no more than 200 per month; this amount includes all four form types. The web site will also provide an exportable listing of all insurers authorized for any given submitter, allowing submitters to monitor the accuracy of this information and notify the division when changes are needed to keep their listing current. Other features include exportable reports that assist in medical bill correction and timely resubmission of rejected medical bills, links to the division's insurers/agents database and to the Department of Health's provider license database. Key medical documents can also be readily accessed via links to the billing rule (69L-7.602 Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule), the Workers' Compensation Statute (Chapter 440), and this instruction manual.

The following forms for medical reporting can be submitted through the Workers' Compensation MDMS web site:

Form DFS-F5-DWC-9, (CMS-1500) Health Insurance Claim Form

Form DFS-F5-DWC-10, Statement of Charges for Drugs and Medical Supplies Form

Form DFS-F5-DWC-11, American Dental Association Dental Claim Form (Rev. 2006)

Form DFS-F5-DWC-90, (UB-04 CMS-1450), Uniform Bill (Hospital Billing Claim Form)

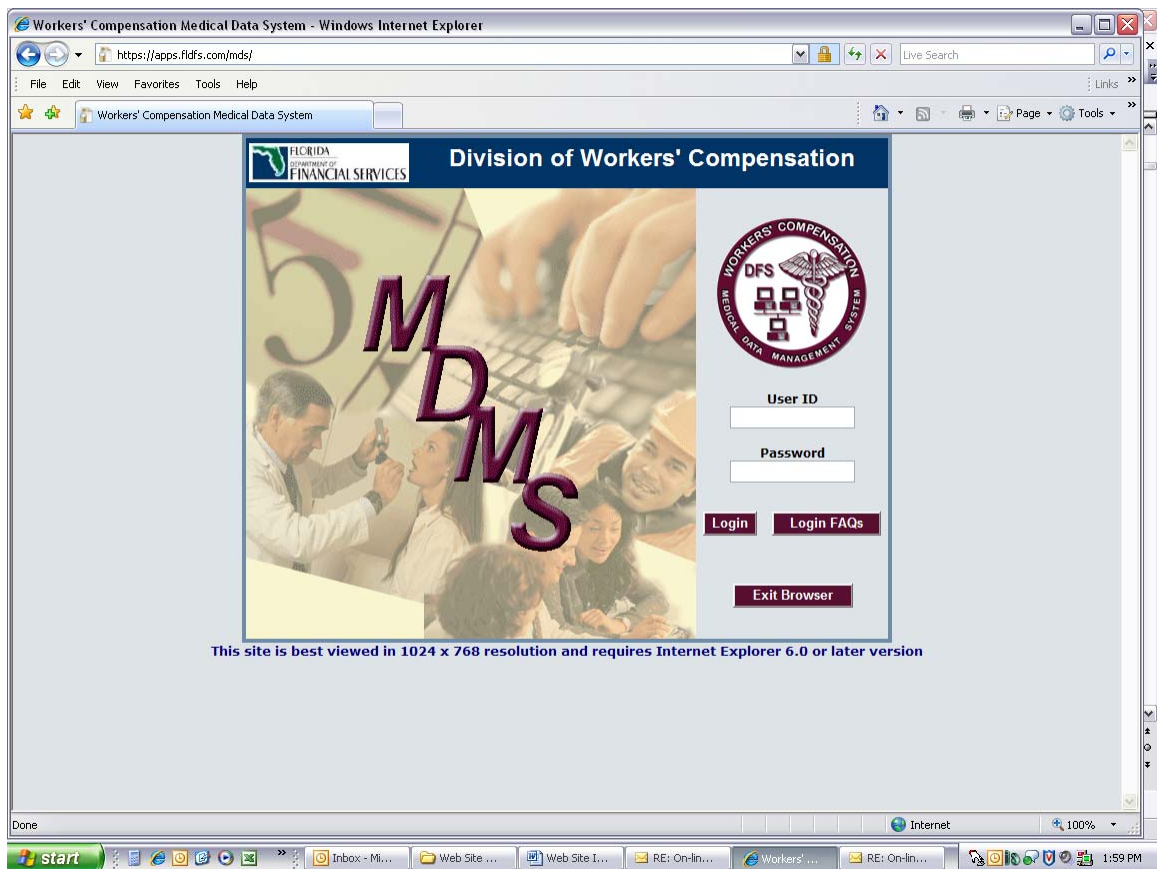
2. Login Screen

The MDMS web site is located at the following URL:

<https://apps.fldfs.com/mds/>

The above URL loads the Workers' Compensation *Login* screen, which is shown at the top of page 2. Assigned *User ID* and *Password* must be entered in the appropriate text fields, followed by clicking the *Login* button located near the bottom of the screen.

For information on obtaining a *User ID* and *Password*, click on the "*Login FAQs*" button located on the *Login* screen. Any questions should be directed to the Medical Web Team at DWC-MedicalDataManagementTeam@myfloridacfo.com



The *User ID* and *Password* entered on this screen will be verified against the system database before allowing access to the MDMS. If the *User ID* and *Password* entered do not match the values in the database, an error message will be displayed in red at the bottom of the screen, advising that the entered information is invalid. Once a correct *User ID* and *Password* are entered, the *Main Menu* screen shown on page 5 will be displayed. To obtain or change passwords, please contact the medical web team at: MedicalDataManagementTeam@myfloridacfo.com

The bottom button displayed on the *Login* screen is the *Exit Browser* button. This button closes the Internet browser window when clicked.

The web site is accessible Monday through Friday, 7:00 a.m. to 8:00 p.m., Eastern Standard Time.

3. Screen Headers

The screen header shown on page 3 is displayed at the top of each screen in the MDMS. This screen header displays the system name “Medical Data Management System” and provides several buttons for navigating through some of the key parts of the system. The department logo is on the left, and the MDMS logo is on the right.



Table 1 below lists the buttons displayed in the MDMS header, the screen to which the button will navigate, and the main purpose of that screen.

TABLE 1

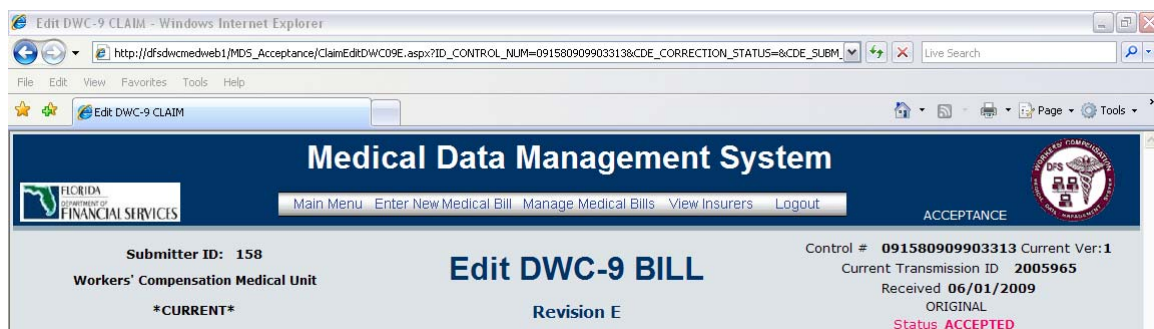
Button Name	Screen Navigation	Main Purpose
Main Menu	Main Menu	Returns to the <i>Main Menu</i> screen, where all navigation buttons for the system are shown
Enter New Medical Bill	Enter New Medical Bill	Allows selection of the form type in order to enter a new Medical Bill into the system
Manage Medical Bills	Submitted Medical Bills Search	Navigates to the <i>Submitted Medical Bills Search</i> screen, where a search can be conducted for a Medical Bill that has already been entered into the system.
View Insurers	Authorized Insurer List	Displays a list of insurers with whom the submitter is authorized to do business
Logout	Log In Screen	Logs the user out of the system and returns to the <i>Log In</i> screen

As a medical bill is being entered, the system header section is expanded to show additional information about the medical bill. The *Medical Bill Type* will be displayed in the center of the screen, as shown in the example on page 4 for a DWC-9 Medical Bill. *Revision "E"* is indicated directly below the *Bill Type*. To the left of the bill type, the *Submitter ID* is displayed, with the *Submitter Name* just below.

On the right side of the header, the *Control* and *Current Version* numbers are displayed. The *Control #* was specified on the *Enter New Medical Bill* screen by the person entering the medical bill, or automatically assigned by the system. The *Current Version* number is assigned by the system, starting at "1" and is increased by one each time a new version of the same medical bill is submitted. The *Current Transmission ID* indicates which process was used to enter the medical bill. The word "Web" is displayed when the medical bill was entered through the web site. *Note: A batch submitter can only submit original medical bills and resubmit corrections, replacements and withdrawals of medical bills by batch file. An MDMS web submitter can only submit original medical bills and resubmit corrections, replacements and withdrawals of medical bills through the MDMS web site.*

The *Received* date indicates the date the medical bill was submitted to the division. The *Submission Reason* and the *Correction State* are shown beneath the *Received* date. When the medical bill has not been updated since the first submission, the *Submission Reason* will display “Original.” If the medical bill was rejected and then corrected, the *Submission Reason* will display “Correction”. If the medical bill was accepted and then replaced, the *Submission Reason* will display “Replacement”, and if the medical bill was withdrawn at any time, the *Submission Reason* will display “Withdrawal.” The *Correction State* displays only when a medical bill is open or closed. “Open” indicates the medical bill is waiting for the submitter to correct the rejected medical bill; “Closed” indicates a new version of the medical bill has been resubmitted. In the first example on page 4, notice that neither “Open” nor “Closed” is displayed after “Original.” This is because the latest version of an “Accepted” medical bill is being viewed.

The last field in the header section is the *Status* field, which indicates if the medical bill has been “Rejected”, “Accepted”, or “Withdrawn”. A Medical Bill *Status* of “Accepted” signifies that all required data elements have been entered correctly, and the medical bill has been placed in the database. A *Medical Bill Status* of “Rejected” indicates that required fields are either missing or have been entered incorrectly. When the medical bill has been cancelled/withdrawn by the user, the status will be “Withdrawn.”



4. Main Menu

The *Main Menu*, a navigational screen for the MDMS, is displayed upon logging into the system or is accessed by clicking the *Main Menu* button in the system header. The screen displays buttons for both navigating through the system and connecting to other web sites that can assist in providing information that may be helpful in filling out medical bills.

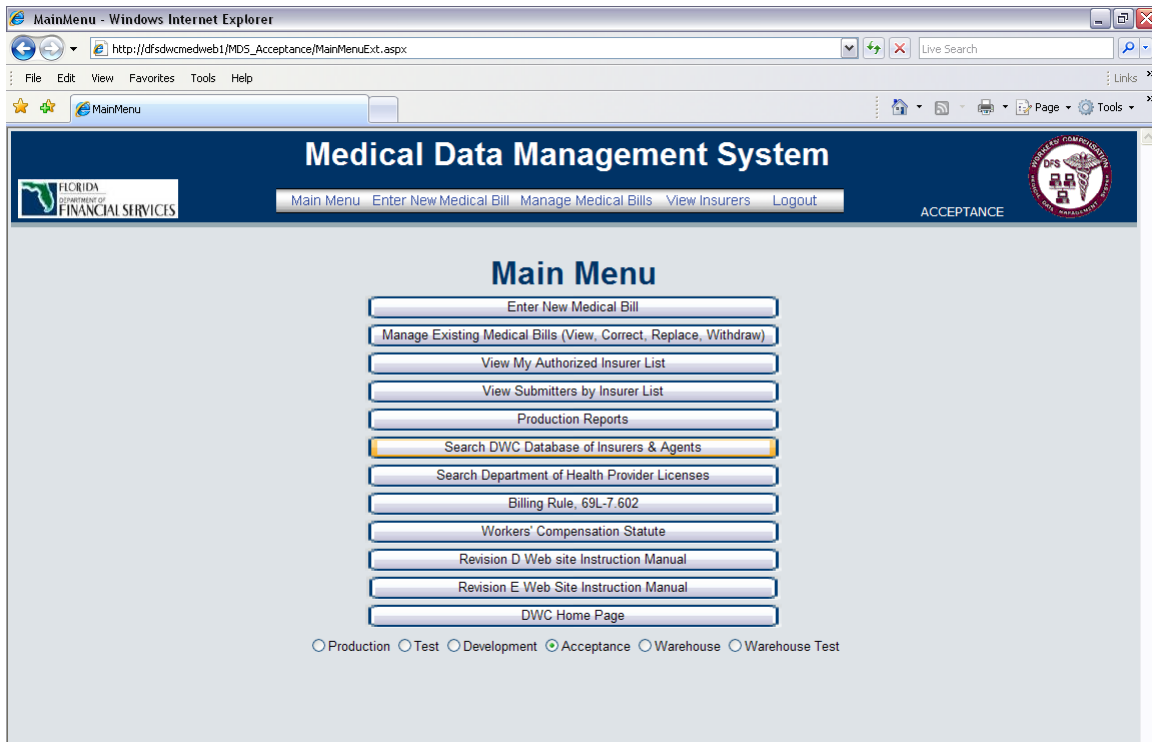


Table 2 below and continued on page 6 lists the buttons displayed on the *Main Menu* screen, the screen to which the button will navigate, and the main purpose of that screen.

TABLE 2

Button Name	Screen Navigation	Main Purpose
Enter New Medical bill	Enter New Medical bill	This screen is for selecting the form type in order to enter a new medical bill into the system
Manage Existing Medical bills (View, Correct, Replace, Withdraw)	Submitted Medical bill Search	Navigates to the <i>Submitted Medical bills Search</i> screen, where a search for a medical bill that has already been entered can be initiated
View My Authorized Insurer List	Authorized Insurer List	Displays a list of insurers on whose behalf the submitter is authorized to submit, based on their User ID
Production Reports	Production Reports	Displays various reports that can be generated and exported
Search DWC Database of Insurers & Agents	Opens new browser window	Opens the Division's web site to the page that contains a search to find a claims handling office location ZIP Code for insurers and TPAs
Search Department of Health (DOH) Provider Licenses	Opens new browser window	Opens the Florida Department of Health web site to the page that contains a search for health provider licensee information on a business or person
Billing Rule,	Opens document	Displays the complete text of the Florida

69L-7.602	on the DWC web site	Workers' Compensation Medical Services Billing, Filing, and Reporting Rule
Workers' Compensation Statute	Opens new browser window	Displays the index for full viewing of Chapter 440, Florida Statutes
Web Site Instruction Manual	Opens document on DWC web site	Displays the complete text of the Instruction Manual for the Online Medical Data Management System
DWC Home Page	DWC Home Page	Displays the home page of the Florida Division of Workers' Compensation

5. Enter New Medical Bill

The *Enter New Medical bill* screen, displayed below, can be reached three different ways: 1) by clicking the *Enter New Medical bill* button in the System Header, 2) from the *Main Menu* screen, or 3) from the *Medical bills List* screen (the results screen from the *Submitted Medical bills Search* screen).

This screen starts the process of entering a new medical bill in the MDMS. Two of the fields, *Submitter ID* and *Select Submitter Name*, are automatically filled in by the system based on the *User ID* of the person who logged into the system. This person must select the *Form Type* and may enter a *Control #*. The drop down box for *Form Type* defaults to the DWC-9 form, but any of the following form types may be selected:

- Form DFS-F5-DWC-9, (CMS-1500) Health Insurance Claim Form
- Form DFS-F5-DWC-10, Statement of Charges for Drugs and Medical Supplies Form
- Form DFS-F5-DWC-11, American Dental Association Dental Claim Form (Rev. 2006)
- Form DFS-F5-DWC-90, (UB-04 CMS-1450), Uniform Bill (Hospital Billing Claim Form)

The *Control #* field defaults, by virtue of the checked box on the right side of the screen, to a system assigned *Control #* for the new medical bill. However, the *Control #* can be assigned by the user in the *Enter New Control #* text field, using the format described on

the screen: YYJJNNNNN, where YY = submission year, JJJ = Julian date, NNNNN = medical bill sequence number. When manually entering the *Control #*, please keep the following scenarios in mind:

- The system will automatically generate the next sequential *Control #* that follows the manually entered *Control #*.
- If the sequence number 99999 is used (last 5 digits of the *Control #*), the next *Control #* cannot be automatically created. A new *Control #* must be created manually.
- If the *Control #* is manually entered, uncheck the “*Have system generate the next available Control #*” box on the right.

Until all submitters have completed testing and are approved for live production in Revision E; it will be necessary to be able to continue submitting medical bills in Revision D. Submitters must select the appropriate revision by checking the corresponding circle located near the bottom of the screen.

There are two buttons located at the bottom of this screen. The *Cancel* button will return to the *Main Menu* screen, with no action taken on the new medical bill. The *OK* button will continue the process of entering the new medical bill, navigating to the appropriate screen, based on the type of medical bill being entered. Examples of screens for all four medical bill form types are shown on pages 8 through 20.

Pre-Payment/Employee Reimbursement and Duplicate Override Indicators

There are two data fields located on the header records for each of the four medical forms: the *Pre-Payment/Employee Payment Indicator* and the *Duplicate Override Indicator*. These two fields should be used only in very specific situations. Selecting “*Pre-Payment Medical Bill*” in the *Pre-Payment/Employee Payment Indicator* specifies an arrangement between the insurer and the provider in which the provider is pre-paid for services, before the services are actually rendered. This is the only situation where the MDMS allows the dates related to insurer handling to precede the date of service without rejecting the medical bill. Selecting “*Employee Reimbursement*” in the *Pre-Payment/Employee Payment Indicator* specifies that the employee has been directly reimbursed by the insurer. In this situation, certain data fields on the header record, and the entire detail record, become optional, thus bypassing our validity edits on those fields. The data fields required on the header record when “*Employee Reimbursement*” is present vary by form type, but we are basically only requiring the bare minimum fields to be reported in this situation, including the insurer, the injured worker, the dates insurer received and paid/disallowed the medical bill, and the amount paid.

The *Duplicate Override Indicator* is used only when it has been determined by the submitter that the medical bill is not a true duplicate. Rigorous back end data analysis will be done on bills that have this indicator.

Edit DWC-9 Medical Bill

When the DWC-9 form type is selected from the *Enter New Medical Bill* screen, the *Edit DWC-9 Medical Bill* screen shown on page 8 will be displayed. The *Edit DWC-9 Medical Bill* screen consists of two parts, the *Medical Bill Header* and *Detail Records*. The screen is initially loaded with the *Medical Bill Header* section, as displayed in the example below. To move between the two parts of the medical bill, click on one of the “tabs” located just below the *Edit DWC-9 Medical Bill* header, on the left side of the screen. When a tab is clicked, the screen will display either the *Medical Bill Header* or the *Detail Records*.

Medical Bill Header

The screenshot displays the 'Medical Data Management System' interface for editing a DWC-9 bill. The header includes the Florida Department of Financial Services logo and navigation links. The main title is 'Edit DWC-9 BILL' with 'Revision E' below it. The 'Submitter ID' is 158, and the unit is 'Workers' Compensation Medical Unit'. The 'Control #' is 09, 'Ver.' is 0, and the 'Current Transmission ID' is WEB. The 'Status' is 'Received'. There are three tabs: 'HEADER RECORD' (selected), 'DETAIL RECORDS', and 'Admin'. The form contains several input fields: Insurer ID, TPA ID, ZIP Code (two), FEIN (two), Date Insurer Received, Date Paid, Patient's Name (Last, First, M.I.), Date of Birth, Gender (Unknown), SSN, Total Charged (\$0.00), Total Paid (\$0.00), License #, Date of Current Illness or Injury, Provider FEIN, Place of Treatment ZIP, Payment Code, Claims Handling Entity Internal File Number, Duplicate Override Indicator (checkbox), Notes Regarding This Bill, Pre-Payment/Employee Reimb. Indicator (dropdown), Catastrophic Filing Indicator (checkbox), Submission Reason (Original Submission of Bill), and Division Received. At the bottom are 'Validate', 'Submit', and 'Cancel' buttons. Callout boxes point to the 'Claim Header Tab', 'Pre-payment or Employee Reimbursement Indicator', and 'Duplicate Override Indicator'. A note states: 'NOTE: After the bill is submitted the SSN will be displayed as XXX-XX-XXXX'.

The *Medical Bill Header* section of the *Edit DWC-9 Medical Bill* screen is used to collect information about the insurer, third party administrator (TPA), patient, injury, and health care provider. The cursor will be located in the *Insurer ID* field when the screen is displayed. The data fields must be entered correctly, according to the specifications in the appendices, which begin on page 30 of this manual.

Information entered on this screen and the Detail Record(s) screen must pass a validation check before the medical bill will be processed as an “Accepted” medical bill. Clicking the *Validate* button located in the lower left corner of the screen initiates this two-part validation process. The process first ensures that all required fields have been entered; all required fields that are missing will be displayed in red on the screen. Next, entered data is checked for validity. For example, if the system is looking for a date in a text field, and the entered data is not a valid date, the system will display this field in red. All fields

that fail the validation process and that are displayed in red must be corrected. To determine the reason a field is highlighted in red, position the cursor over the red area; a message will appear that provides the reason for the error. After making corrections, click the *Validate* button again to repeat the validation process. Please note that the *Validate* button can be clicked as many times as necessary to check for data errors. This button is designed to assist in making sure the medical bill is entered correctly, so that it will be more likely to be “Accepted” when the medical bill is finally submitted.

Initial Detail Record

The second part of the *Edit DWC-9 Medical Bill* screen is the *Detail Records* section, shown on pages 9 and 10, which is displayed when the Detail Record tab is clicked.

The screenshot shows the 'Medical Data Management System' interface. The main title is 'Edit DWC-9 BILL' with 'Revision E'. The 'DETAIL RECORDS' tab is active, indicated by a callout box labeled 'Detail Records Tab'. Below the tabs, there is a table with the following columns: Select, From DOS, To DOS, Place, Charged CPT, Charged Mod, Diag Ref, Paid CPT, Paid Mod, Amt Charged, Amt Paid, and Delete. The table is currently empty. Below the table, there are navigation buttons: '< First', '<< Prev', '0 Page 1 of 1', 'Next >>', and 'Last >'. At the bottom of the screen, there are buttons for 'Add Detail Record', 'Add To Grid', 'Validate', 'Submit', and 'Cancel'.

The *Detail Records* screen displayed on pages 9 and 10 depicts the appearance of the screen when no detail records have been entered on the medical bill. To enter the first detail record on a medical bill, click the *Add Detail Record* button in the center of the screen. The detail table will be expanded to display an empty row; below the table, fields for entering the medical bill detail information will be displayed. An example of the *Detail Records* screen with one blank row and data fields, ready for the entry of one detail record, is shown on page 10.

The screenshot displays the 'Edit DWC-9 BILL' interface. At the top, there is a navigation bar with links like 'Main Menu', 'Enter New Medical Bill', 'Manage Medical Bills', 'View Insurers', and 'Logout'. Below this, the page title is 'Edit DWC-9 BILL' and 'Revision E'. A table titled 'Detail Records For This Bill' is shown with columns: Select, From DOS, To DOS, Place, Charged CPT, Charged Mod, Diag Ref, Paid CPT, Paid Mod, Amt Charged, Amt Paid, and Delete. The first row has a checked 'Select' box and zero values for other fields. Below the table are 'Detail Record Selected Above' fields for CPT, Mod1-4, Diag Ref, Amount, Paid, Units, and EOBR Codes. A blue link 'Click HERE for EOBR Codes' is present. At the bottom are 'Validate', 'Submit', and 'Cancel' buttons.

The first column in the table, *Select*, indicates that this row corresponds with the data in the detail fields below the table. In the screen shot above, all fields are blank in the table and detail section, indicating that the system is ready to receive data for the first detail record on this medical bill.

Enter the appropriate information on the bottom portion of the *Detail Records* screen, starting with the *From DOS* date through the *EOBR Codes* fields. Click the link “Click HERE for EOBR Codes” to bring up a list of the Florida WC EOBR codes. After all fields have been entered, click the *Validate* button located in the bottom left portion of the screen. Validation on this screen functions in the same way as the *Medical Bill Header* section. Any field that does not pass system validation will be displayed in red to the user, with the error message displayed when the cursor is placed over the red area of each field.

Additional Detail Records

The *Add to Grid* button populates the detail record table with new values that were entered in the data fields below the table. If there are more detail records for the medical bill being entered, click the *Add Detail Record* button again and follow the same process described in entering an initial detail record. When all of the detail records have been entered, the grid should display all of the detail records. *Note: Clicking the Add to Grid button does not save the data; it only displays data within the table for verification that all detail records have been added to the grid.*

When a medical bill has one or more detail records entered, the *Detail Records* screen displays as shown on page 11. Checking the *Select* box associated with a detail medical

bill row in the grid will bring up all the data fields for the selected record on the bottom of the screen. The values in the data fields can then be modified. In the example below, the medical bill has three detail records; the first detail record in the grid has been selected, and related fields are displayed at the bottom of the screen. The detail records are displayed in the grid in the order they were entered into the system.

Submitter ID: 158
Workers' Compensation Medical Unit

Edit DWC-9 BILL

Revision E

Control # 091580909903317 Ver:1
Current Transmission ID 2005965
Received 06/01/2009
REPLACEMENT
Status REJECTED

HEADER RECORD
DETAIL RECORDS
Admin

SSN _____ Patient's Name _____

Detail Records For This Bill

Select	From DOS	To DOS	Place	Charged CPT	Charged Mod	Diag Ref	Paid CPT	Paid Mod	Amt Charged	Amt Paid	Delete
<input checked="" type="checkbox"/>	12/29/2005	12/29/2005	24	64886		12	64886		\$1,227.50	\$1.00	Delete
<input type="checkbox"/>	09/30/2008	09/30/2008	24	COMP		1	COMP		\$1,227.50	\$1.00	Delete
<input type="checkbox"/>	01/30/2009	01/30/2009	24	10021		12	10021		\$1,227.50	\$1.00	Delete

< First << Prev 3 Page 1 of 1 Next >> Last >

Detail Record Selected Above

From DOS To Place of Service NDC #

	CPT	Mod1	Mod2	Mod3	Mod4	Diag Ref	Amount
Charged	<input type="text" value="64886"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="12"/>	<input type="text" value="\$1,227.50"/>
Paid	<input type="text" value="64886"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text" value="\$1.00"/>

Units EOBR Codes [Click HERE for EOBR Codes](#)

Add Detail Record Add To Grid

Row Selected

When the *Validate* button is clicked, all detail records that have been entered for the medical bill will go through the two-part validation process described in the *Medical Bill Header* section on page 8. In the grid, the system will display in red all detail records with errors. Detail records passing the validation process will display in black font. Corrections are made by first selecting a row shown in red in the grid, then modifying the data in the red-highlighted fields on the bottom portion of the screen. When positioning the cursor over the red area, a message will be displayed describing the error. Use the *Validate* button to refresh the grid after completing corrections to the detail line items in order to verify that the corrections are accurate. The validation process can be done repeatedly until all corrections are made. Please reference the appendices, which begin on page 30 of this manual, for help in correctly entering the data values needed for this screen.

The screen is designed to display a maximum of 12 records at one time. Below the grid, there are four *navigation* buttons that will become activated only on the occasion when the medical bill has more than 12 detail records. To move through the detail records for a medical bill with more than 12 records, click on the appropriate navigational button. The *<First* button displays the first 12 detail records within the table; the *Next>>* button displays the next 12 detail records; the *<<Previous* button, will display the 12 records prior to the medical bill detail records currently shown on the grid; and the *Last>/* button displays the last 12 detail records for the medical bill. See the screen shot on page 12.

11

Navigation Buttons

Select	Rev Code	HCPCS Billed	HCPCS Paid	Service Date	Units	Charges	Paid	EOBR 1	EOBR 2	EOBR 3	Delete
<input checked="" type="checkbox"/>	0001			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0002			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0003			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0004			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0005			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0006			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0007			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0008			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0009			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0010			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0011			01/27/2008	1	\$100.95		66			Delete
<input type="checkbox"/>	0012			01/27/2008	1	\$100.95		66			Delete

< First << Prev 999 Page 1 of 84 Next >> Last >|

Detail Record Selected Above
 Rev Code **0001** HCPCS Billed Modifier Billed Charges \$100.95
 Units HCPCS Paid Modifier Paid Paid
 Outpatient Service Date EOBR Codes [Click HERE for EOBR Codes](#)
 Add Detail Record Add To Grid

When all fields have been entered and validated on both the *Medical Bill Header* and *Detail Records* sections, click the *Submit* button located in the lower left portion of the screen. Clicking the *Submit* button saves all the information entered on the *Medical Bill Header* and the *Detail Records* for this medical bill, and the system sets the *Current Version* number and *Medical Bill Status* fields. The version number indicates the number of versions of the medical bill that have been submitted. Each time a medical bill is submitted to the system, the *Current Version* number is incremented by one. *Medical Bill Status* shows if the medical bill has been “Rejected”, “Accepted”, or “Withdrawn” after being submitted. A *Medical Bill Status* of “Accepted” signifies that all required data have been entered correctly, passed all system edits, and the medical bill has been placed in the database. A *Medical Bill Status* of “Rejected” indicates that required fields are either missing or have been entered incorrectly. When the medical bill has been cancelled/withdrawn by the user as explained on page 14, the status will be “Withdrawn.”

Important!

There is not a warning message prompt to save data; make sure to always click the Submit button as the final step in entering medical bill data!!

It is also important to note that a submitted medical bill will be saved, even if there are errors in the medical bill. The status of a submitted medical bill with errors is “Rejected”. All rejected medical bills must be corrected, re-submitted, and the status changed to “Accepted” in order for the medical bills to be considered successfully filed with the Division of Workers’ Compensation.

When the *Cancel* button is clicked, the system navigates back to the last page viewed, and all changes that have not been submitted will be lost.

Error Tab

During the validation process, the system may find errors that cannot be displayed on the *Medical Bill Header* or the *Detail Records* screens because they do not relate to one specific data field. When this occurs, the *Error* tab appears in red to the right of the two tabs labeled *Medical Bill Header* and *Detail Records*. The example shown below indicates that the medical bill being validated did not have any detail records entered; at least one detail record must be entered before the system will allow the medical bill to pass the validation process and be “Accepted” into the system.

The screenshot shows a web browser window titled "Edit DWC-9 CLAIM - Windows Internet Explorer". The address bar contains the URL: http://dfsdwcmweb1/MDS_Acceptance/ClaimEditDWC09E.aspx?ID_CONTROL_NUM=091580901449011&CDE_CORRECTION_STATUS=&CDE_SI. The page header includes the "Medical Data Management System" logo and navigation links: "Main Menu", "Enter New Medical Bill", "Manage Medical Bills", "View Insurers", and "Logout". The user is logged in as "ACCEPTANCE".

The main content area displays "Edit DWC-9 BILL" with "Revision E". The "Submitter ID" is 158, and the unit is "Workers' Compensation Medical Unit". The "Control #" is 091580901449011, "Current Ver:" is 2, "Current Transmission ID" is 2006745, and it was "Received 07/23/2009". The "REPLACEMENT" status is "Correction State: OPEN" and "Status REJECTED".

There are four tabs: "HEADER RECORD", "DETAIL RECORDS", "ERRORS", and "Admin". The "ERRORS" tab is highlighted in red. Below the tabs, a red error message reads: "• You must enter at least 1 detail record." At the bottom of the page, there are buttons for "Validate", "Submit", and "Cancel".

An "Error Tab" callout box points to the "ERRORS" tab.

Submitting a Medical Bill

When the *Medical Bill Header* and *Detail Records* information has been entered and the validation process is complete, click the *Submit* button to save the medical bill in the medical database. Clicking the *Submit* button is the *only* way to save the medical bill data entered. The *Validate* button validates the data fields but does not save any of the data to the medical database. For example, if all of the data is entered on one medical bill and it is decided to switch and work on another medical bill without clicking the *Submit* button on the first medical bill; all data that were entered on the first medical bill will be lost. There is no warning message prompt to save the data, so be careful and make sure to always click the *Submit* button as the final step in entering medical bill data.

There is no limit on how many times a given medical bill can be validated, but only when the *Submit* button is clicked will a new copy of the medical bill information be saved to the database. The *Current Version* number in the system header reflects the number of submissions for a given medical bill.


The *Cancel* button located at the bottom right side of the screen will stop the processing of the medical bill displayed on the screen. Any data entered will be lost, unless the *Submit* button was clicked before the *Cancel* button. The system will navigate back to the screen viewed prior to the medical bill form screen.

On the Medical Bill Header tab for all four medical bill form types, the last field on the screen is a drop down box for entering a Submission Reason. The drop down list is automatically selected for the user, and depending on the status of the medical bill, one of these values will be listed: “Correction of Medical Bill previously rejected by Division”, “Withdrawal/Cancellation of Medical Bill”, “Replacement Medical Bill being Submitted”, or “Original Submission of Medical Bill”. The only value in the drop down box when entering a new medical bill will be “Original Submission of Medical Bill”, which is a system default. If the original submission was accepted, then “Replacement Medical Bill being Submitted” and “Withdrawal/Cancellation of Medical Bill,” will be displayed in the dropdown box, with a value of “Replacement Medical Bill being Submitted” as the system default. If the original submission was rejected, “Correction of Medical Bill previously rejected by Division” and “Withdrawal / Cancellation of Medical Bill” will be displayed in the drop down box, with the value of “Correction of Medical Bill previously rejected by Division” shown as the system default. The only time this default value needs to be changed is when it is necessary to withdraw or cancel a medical bill that has previously been submitted. If “Withdrawal/Cancellation of Medical Bill” is selected from this drop down box, and the Submit button is then clicked, the system will change the Medical Bill Status to ‘Withdrawn’. In order to successfully submit a “Withdrawal/Cancellation of Medical Bill” enter the reason in the “Notes Regarding This Medical Bill” field.


Edit DWC-10 Medical Bill

When the DWC-10 form type is selected from the *Enter New Medical Bill* screen, the *Edit DWC-10 Medical Bill* screen shown below will be displayed. The DWC-10 is the Statement of Charges for Drugs and Medical Supplies claim form. The Medical Bill Header and Detail Records data must be entered, validated, and submitted, in the same manner as explained in the DWC-9 form process. Refer to the appendices, which begin on page 30 of this manual, for clarification of valid values for each field on this screen.

Medical Bill Header



Medical Data Management System



[Main Menu](#) | [Enter New Medical Bill](#) | [Manage Medical Bills](#) | [View Insurers](#) | [Logout](#)

ACCEPTANCE

Submitter ID: 158

Workers' Compensation Medical Unit

Edit DWC-10 BILL

Revision E

Control # **10 Ver 0**

Current Transmission ID **WEB**

Received

Status

HEADER RECORD
DETAIL RECORDS
Admin

Insurer ID <input type="text"/>	ZIP Code <input type="text"/>	FEIN <input type="text"/>	
TPA ID <input type="text"/>	ZIP Code <input type="text"/>	FEIN <input type="text"/>	
Date Insurer Received <input type="text"/>		Date Paid <input type="text"/>	
Claimant's Name Last <input type="text"/>	First <input type="text"/>	MI <input type="text"/>	SSN <input type="text"/>
Date of Birth <input type="text"/>	Gender <input type="text" value="Unknown"/>	Pharmacist's/Med. Supplier's License # <input type="text"/>	
Date of Accident <input type="text"/>	Total Pharmacy Charged <input type="text" value="\$0.00"/>	Total Pharmacy Paid <input type="text" value="\$0.00"/>	
Payment Code <input type="text"/>	Total Equipment/Medical Supply Charged <input type="text" value="\$0.00"/>	Total Equipment/Medical Supply Paid <input type="text" value="\$0.00"/>	
Click HERE for Payment Codes	Grand Total Charged <input type="text" value="\$0.00"/>	Grand Total Paid <input type="text" value="\$0.00"/>	
Claims Handling Entity Internal File Number <input type="text"/>		Duplicate Override Indicator <input type="checkbox"/>	
Notes Regarding This Bill	Pre-Payment/Employee Reimb. Indicator <input type="text"/>	Catastrophic Filing Indicator <input type="checkbox"/>	
Submission Reason <input type="text" value="Original Submission of Bill"/>	Division Received <input type="text"/>		

NOTE: After the bill is submitted the SSN will be displayed as XXX-XX-XXXX

15

Medical Bill Detail

The *Detail Records* section of the Edit DWC-10 Medical Bill form is shown below. Refer to the explanation for entering DWC-9 initial and additional detail records on pages 8-14 for help in navigating this screen.

Detail Records

Medical Data Management System

Submitter ID: 158
Workers' Compensation Medical Unit

Edit DWC-10 BILL
Revision E

Control # 10 Current Ver 0
Current Transmission ID WEB
Received
Status

HEADER RECORD | **DETAIL RECORDS** | Admin

SSN _____ Patient's Name _____

Detail Records For This Bill

Select	Quantity	Days Supply	NDC#	HCPCS	New/Refill	Date Filled	DAW	Prescriber License#	Usual Charge	Amount Paid	Delete
<input checked="" type="checkbox"/>	0	0							\$0.00		Delete

Navigation: |< First << Prev 1 Page 1 of 1 Next >> Last >|

Detail Record Selected Above

Record Indicator: [dropdown] Quantity: 0 Days Supply: 0 NDC #: [input] New/Refill: [dropdown]

Purchased/Rental: [dropdown] Date Filled/Purchased/Rented: [input] DAW Code: [dropdown] Prescriber License #: [input]

Usual Charge: \$0.00 Amount Paid: [input] HCPCS: [input] EOBR Codes: [input] [input] [input] [Click HERE for EOBR Codes](#)

Buttons: Add Detail Record Add To Grid

Edit DWC-11 Medical Bill

When the DWC-11 form type is selected from the *Enter New Medical Bill* screen, the *Edit DWC-11 Medical Bill* screen shown below will be displayed. The DWC-11 Medical Bill is the American Dental Association Dental Claim form. The Medical Bill *Header* and *Detail Records* data must be entered, validated, and submitted, in the same manner as explained in the DWC-9 form process. Refer to the appendices, which begin on page 30 of this manual, for clarification of valid values for each field on this screen.

Medical Bill Header

Medical Data Management System

FLORIDA DEPARTMENT OF FINANCIAL SERVICES | Main Menu | Enter New Medical Bill | Manage Medical Bills | View Insurers | Logout | ACCEPTANCE

Submitter ID: 158 | Workers' Compensation Medical Unit | **Edit DWC-11 BILL** | Revision E | Control # 11 Ver 0 | Current Transmission ID WEB | Received | Status

HEADER RECORD | DETAIL RECORDS | Admin

Insurer ID [] ZIP Code [] FEIN []
TPA ID [] ZIP Code [] FEIN []
Date Insurer Received [] Date Paid []
Patient's Name Last [] First [] MI [] SSN []
Date of Birth [] Gender Unknown [v] Total Charged \$0.00
Place of Treatment [] Date of Accident [] Total Paid \$0.00
Provider FEIN [] License # [] Place of Treatment Zip []
Payment Code [v] [Click HERE for Payment Codes](#) Claims Handling Entity Internal File Number []
Pre-Payment/Employee Reimb. Indicator [v] Duplicate Override Indicator
Notes Regarding This Bill Catastrophic Filing Indicator
Submission Reason Original Submission of Bill [v] Division Received Date []

Validate Submit Cancel

NOTE: After the bill is submitted the SSN will be displayed as XXX-XX-XXXX

The *Detail Records* section of the *Edit DWC-11 Medical Bill* screen is shown below. Refer to the explanation for entering DWC-9 initial and additional detail records on pages 8-14 for help in navigating this screen.

Detail Records

The screenshot displays the 'Edit DWC-11 BILL' interface within a browser window. The page header includes the Florida Department of Financial Services logo and navigation links. The main content area shows the bill details for Submitter ID 158, Workers' Compensation Medical Unit, and Revision E. A table titled 'Detail Records For This Bill' contains one record with a checked 'Select' box. Below the table is a 'Detail Record Selected Above' form with fields for Procedure Date, CDT, Amount, Charged, Paid, and EOBR Codes. The form also includes 'Add Detail Record' and 'Add To Grid' buttons.

Medical Data Management System

Florida Department of Financial Services

Control # 11 Current Ver 0
Current Transmission ID WEB
Received
Status

Submitter ID: 158
Workers' Compensation Medical Unit

Edit DWC-11 BILL
Revision E

HEADER RECORD **DETAIL RECORDS** Admin

SSN Patient's Name

Detail Records For This Bill

Select	Proc. Date	Charged CDT	Paid CDT	Amount Charged	Amount Paid	EOBR 1	EOBR 2	EOBR 3	Delete
<input checked="" type="checkbox"/>				\$0.00	\$0.00				Delete

< First << Prev 1 Page 1 of 1 Next >> Last >

Detail Record Selected Above

Procedure Date

CDT Amount

Charged \$0.00

Paid \$0.00 EOBR Codes [Click HERE for EOBR Codes](#)

Edit DWC-90 Medical Bill

When the DWC-90 form type is selected from the *Enter New Medical Bill* screen, the *Edit DWC-90 Medical Bill* screen will be displayed. The DWC-90 Medical Bill is the UB-04 CMS-1450 Hospital Uniform Bill. The Medical Bill *Header* and *Detail Records* data must be entered, validated, and submitted, in the same manner as explained in the DWC-9 form process. The Medical Bill *Header* screen is shown below and the *Detail Records* screen is shown on page 20. Refer to the appendices, which begin on page 30 of this manual, for clarification of valid values for each field on these screens. The DWC-90 header and detail screens function in the same manner as the DWC-9 Medical Bill *Header* and *Detail Records* screens described in detail on pages 8-14.

Medical Bill Header

Submitter ID: 158 **Workers' Compensation Medical Unit** **Current Transmission ID: WEB** **Received**

Edit DWC-90 BILL **Revision E** **Status**

HEADER RECORD **DETAIL RECORDS** **Admin**

Insurer ID ZIP Code FEIN
TPA ID ZIP Code FEIN
Date Insurer Received Date Paid
Hospital ZIP Code FEIN Bill Type Statement Covers From To
Patient's Name Last First MI SSN
Date of Birth Gender
Admission Date Hour Type Discharge Hour Date of Accident
DIAG CODES Primary 1. 2. 3.
4. 5. 6. 7.
PROCEDURE CODES Principal A. B.
C. D. E.
ECI-1 ECI-2 ECI-3 AHCA Facility Lic.# Facility NPI
Attending Physician's Lic.# Operating Physician's Lic.# Total Charged
Scheduled/Unscheduled Implant Total Paid Total Paid
Payment Code [Click HERE for Payment Codes](#) Claims Handling Entity Internal File Number
Pre-Payment/Employee Reimb. Indicator Duplicate Override Indicator
Notes Regarding This Bill
Catastrophic Filing Indicator
Submission Reason Division Received Date
Validate **Submit** **Cancel**

NOTE: After the bill is submitted the SSN will be displayed as XXX-XX-XXXX

Detail Records

Medical Data Management System

Submitter ID: 158
Workers' Compensation Medical Unit

Control # 90 Current Ver 0
Current Transmission ID WEB
Received
Status

Revision E

Select	Rev Code	HCPCS Billed	HCPCS Paid	Service Date	Units	Charges	Paid	EOBR 1	EOBR 2	EOBR 3	Delete
<input checked="" type="checkbox"/>					0	\$0.00					Delete

Detail Record Selected Above

Rev Code HCPCS Billed Modifier Billed Charges

Units HCPCS Paid Modifier Paid Paid

Outpatient Service Date EOB Codes [Click HERE for EOB Codes](#)

6. Submitted Medical Bill Search Screen

Clicking the *Manage Medical Bills* button in the system header found on every screen, or clicking the *Manage Existing Medical Bills (View, Correct, Replace, Withdraw)* on the *Main Menu* screen, brings up the *Submitted Medical Bills Search* screen shown on page 21. This screen allows searching for medical bills that have already been submitted to the MDMS via edit screens for one of the four types of medical forms.

The screen loads with five drop down boxes displaying “ALL” as a default, two drop down boxes displaying “BOTH”, and all other fields are blank. If the *Search* button is clicked and none of the other fields is changed, the system will return a list of all medical bills that have been submitted to the MDMS by the submitter, as identified by the *User ID* and *Password* at Login. Please note that submitters are only able to view their own submitted medical bills, not the entire universe of submitted medical bills.

As shown on page 21, the screen has numerous fields for entering specific data qualifiers that allow narrowing the list of medical bills that are returned as the result of a search, according to the search criteria. For example, enter a beginning and ending date range in the *Date of Service - From* and *To* field boxes to search for only those medical bills with dates of service between January and June of a specific year. To narrow the search even further, select only the DWC-9 form type from the drop down box. Thus, the more fields entered on this screen, the smaller the resulting medical bills list when the search is complete.

After entering all the search criteria, click the *Search* button located at the bottom of the screen. The system will display a list of all medical bills that match the search criteria, in the format shown in the *Medical Bills List* screen on page 22.

The *Clear* button on the *Submitted Medical Bills Search* screen is used to remove any values that have been entered in any of the fields, which allow starting over with the original default values.

The *Close* button on this screen will close the *Submitted Medical Bills Search* screen and navigate to the *Main Menu* screen.

7. Medical Bills List Screen

The *Medical Bills List* screen is displayed when the *Search* button on the *Submitted Medical bills Search* screen is clicked, as described above. The list of medical bills that meet the criteria entered on the *Submitted Medical Bills Search* screen will be displayed in the table as shown on page 22, sorted in descending order by the *Control #*. Clicking on any of the column headers will sort the table by the data in that particular column. Click the same column header again to sort in descending order.

Medical Data Management System



[Main Menu](#)
[Enter New Medical Bill](#)
[Manage Medical Bills](#)
[View Insurers](#)
[Logout](#)



ACCEPTANCE

Submitter ID: 998

Medical Bill List

WC WEB TEST

Control #	Ver	Rev.	History	Trans	SSN	Div. Rec'd	Reason	Proc. Status	Corr. Status	Date Closed	# Days	Print
099981103100001	2	E	CURRENT	WEB	XXXXXXXXXX	02/02/2011	CORRECT	REJECTED	OPEN		0	
099981103300001	1	E	CURRENT	WEB	XXXXXXXXXX	02/02/2011	ORIGINAL	REJECTED	OPEN		119	
099981103500001	2	E	CURRENT	WEB	XXXXXXXXXX	02/04/2011	CORRECT	REJECTED	OPEN		0	
099981103500002	1	E	CURRENT	WEB	XXXXXXXXXX	02/04/2011	ORIGINAL	REJECTED	OPEN		0	
099981103500003	2	E	CURRENT	WEB	XXXXXXXXXX	02/04/2011	CORRECT	REJECTED	OPEN		0	
099981103500004	2	E	CURRENT	WEB	XXXXXXXXXX	02/04/2011	CORRECT	REJECTED	OPEN		0	
099981103800001	2	E	CURRENT	WEB	XXXXXXXXXX	02/07/2011	CORRECT	REJECTED	OPEN		0	
099981103800002	2	E	CURRENT	WEB	XXXXXXXXXX	02/07/2011	CORRECT	REJECTED	OPEN		65	
099981106000001	1	E	CURRENT	WEB	XXXXXXXXXX	03/01/2011	ORIGINAL	REJECTED	OPEN		805	
099981106700001	1	E	CURRENT	WEB	XXXXXXXXXX	03/08/2011	ORIGINAL	REJECTED	OPEN		808	

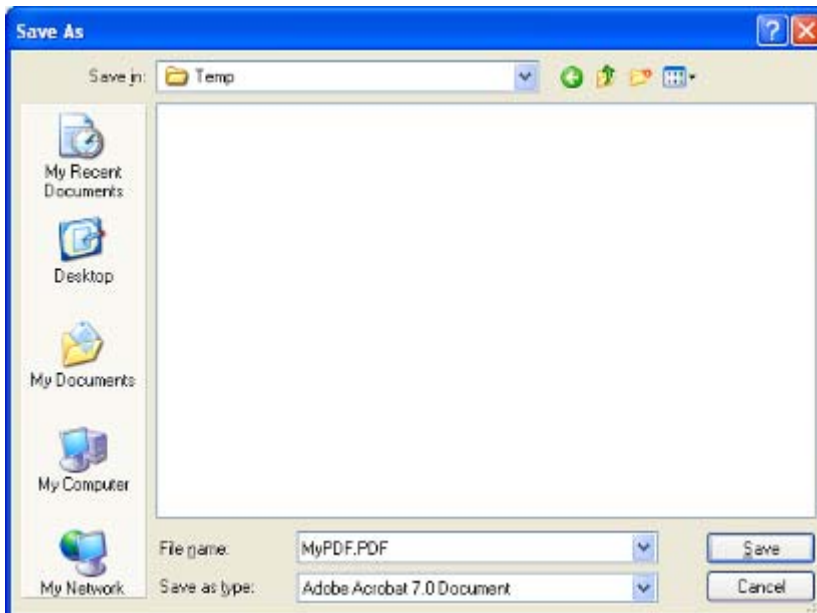
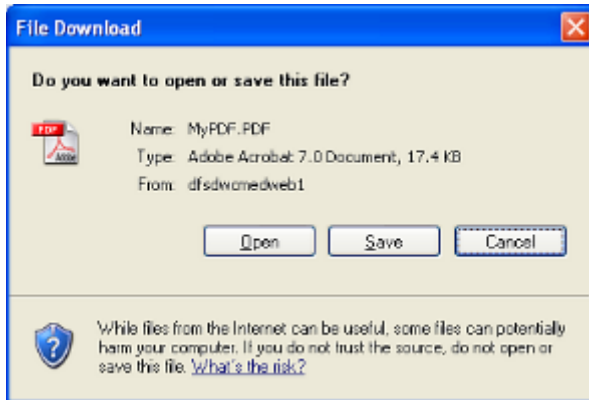
[< First](#)
[<< Prev](#)
 10 Claim(s) Page 1 of 1
 [Next >>](#)
[Last >](#)

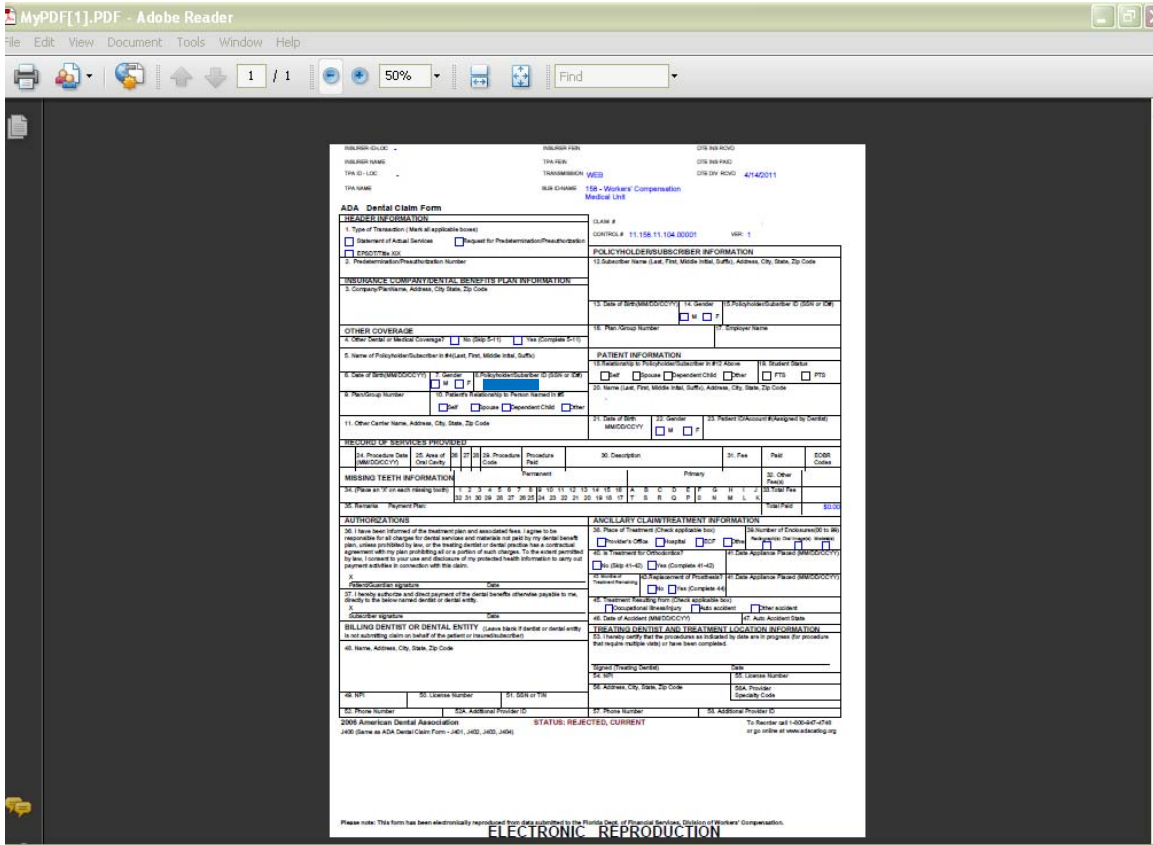
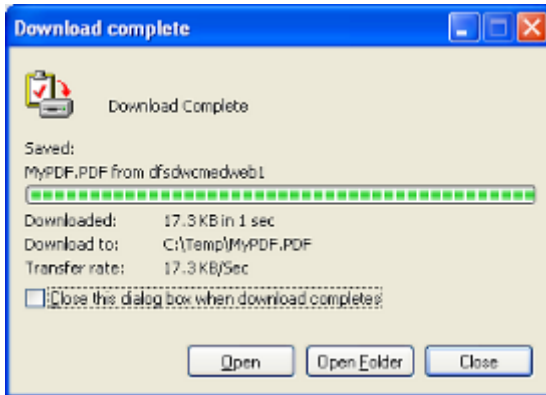
[Close](#)

The *Control #* column displays the *Control #*, which was either entered by the submitter from the *Enter New Medical bill* screen or generated by the system when the medical bill was first entered. When the *Control #* within the medical bills list is clicked, the *Edit Medical Bill* screen will be displayed showing the medical bill information associated with the *Control #*.

The second column in the Medical Bills *List* shown as '*Ver*' is the *Current Version* number, which indicates the number of versions of the medical bill that have been submitted. Each time a given medical bill is submitted to the system, the version number is incremented by one. The third column '*Rev.*', indicates which *revision* the medical bill was submitted in; for example, the current *revision* is "Revision E." The fourth column, *History*, indicates the medical bill is either "Current" or "History." A current medical bill is the most current version of the medical bill on file. A historical medical bill is a previous version of the medical bill and is view only. The fifth column, *Trans*, shows the current transmission ID number (for batch submissions only) or transmission method ("WEB" for web submitters.) The sixth column, *SSN*, contains the social security number for the patient listed on the medical bill. The *Div. Rec'd* column provides the date that the medical bill was received by the division. The *Reason* column in the table identifies if the *Submission Reason* for the medical bill is "Original", "Correction", "Replacement" or a "Withdrawal." When the medical bill has not been updated since the first submission, the *Reason* column will display "Original." If the medical bill has been submitted more than once, the *Reason* column will display "Correct". If the medical bill is being replaced, the *Reason* column will display "Replace", and if the medical bill is being withdrawn, the column will display "Withdrawal." The *Proc. Status* column shows one of three values: "Rejected" signifies missing or inaccurate data were discovered upon submission, and the medical bill needs to be corrected; "Accepted" indicates all data were entered accurately and completely, the medical bill resides in the medical database, and the medical bill is considered "filed with the division"; "Withdrawn" medical bills have been canceled after being submitted, possibly because it was discovered that they should not have been submitted at all. The *Corr. Status* column indicates if the medical bill is "Open", "Closed" or "Archived." The *Corr. Status* column is the status of the medical bill correction. "Open" indicates the medical bill is waiting for the submitter to correct

the medical bill; “Closed” indicates a new version of the medical bill has been resubmitted; “Archived” indicates the medical bill has been moved from production to the MDS Data Warehouse. (Periodically, older data are archived into the MDS Data Warehouse. The Archived data can not be opened by clicking on the control number in the Medical Bills List screen. If the medical bill needs to be corrected, replaced or withdrawn, a member of the MDS Team needs to be contacted to move the medical bill back into production.) The *Date Closed* column will display the date the medical bill was closed. The *# Days* column displays the number of days since the Date Paid until the current day if the medical bill has not yet been "Accepted". As soon as the medical bill has been "Accepted" by the division, the number of days from the Date Paid to the Date Division Received is displayed. The *# Days* column will be blank if the medical bill is historical or withdrawn. The last column is the *Print* column. To create an electronic reproduction of the claim form, click on the printer icon and a *File Download* window will appear. The *Save* button must be clicked to save the document to the computer before it can be opened. After the *Save* button is clicked and the file is saved, a *Download Complete* window will appear. Click the *Open* button to open the document and view an electronic reproduction claim form of the data that has been entered. See the four screen shots related to using the print feature below through page 24.





The Medical Bills *List* table column headings can be clicked to display the data in the list sorted in ascending order by the data field represented in the column header. A second click on the same column heading changes the sort order to descending. If there are more than 12 rows of data to display, the medical bills list will bring up only the first 12 records. Clicking the *navigation* buttons below the list enables movement back and forth in the full list. Refer to the description of these buttons on page 12 for additional help.

The other buttons found on this screen are *Close*, *Refresh List* and *Enter New Medical Bill*. The *Close* button will navigate to the *Submitted Medical Bills Search* screen once again, where another search can be performed. When the *Refresh List* button is clicked, the system performs the original search again, checking the database for any new medical bills submitted or updates made in the system since the original search was performed. When the *Enter New Medical Bills* button is clicked, the *Enter New Medical Bills* screen is displayed.

8. Authorized Insurer List Screen

Navigate to the *Authorized Insurer List* screen by clicking either the *View Insurers* button in the system header on each screen or the *View My Authorized Insurer List* on the *Main Menu* screen. As shown on page 26, this screen displays a list of insurers for whom the submitter is authorized to submit medical bills. The screen displays the list of insurers in a table format showing the Insurer/TPA ID, Insurer/TPA ZIP, Insurer/TPA Name, FEIN, Date Added, and Date Removed. The list will be displayed as shown on page 26, sorted in ascending order by the Insurer/TPA Name. Click on the Insurer/TPA name, a new browser window will open and display the details of the Insurer/TPA from the workers' compensation web site. Clicking on any of the column headers will sort the table by the data in that particular column. Click the same column header again to sort in descending order. Any errors in the data should be immediately reported to the medical EDI team in the division. Check the division's web site for the up-to-date contact list for the medical EDI team.

Authorized Insurer List - Windows Internet Explorer
http://dfsdcwmedweb1/MDS_Acceptance/AuthCarrierList.aspx

Medical Data Management System

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Main Menu Enter New Medical Bill Manage Medical Bills View Insurers Logout

ACCEPTANCE

Submitter ID: 158
Workers' Compensation Medical Unit

Authorized Insurer List

Close Export to Excel

If you get an error when you try to create an Excel file, please click here to download ExcelExport.reg file.

Submitter ID: 158 Go Submitter Name: Workers' Compensation Medical Unit (158)

Insurer/TPA ID	Insurer/TPA Zip	Insurer/TPA Name	FEIN	Date Added	Date Removed
		4M OPERATING COMPANY		06/15/2004	
		AARLA/AMERICAN ALL RISK LOSS ADM		06/15/2004	
		ABC LIQUORS, INC.		06/15/2004	
		ACE AMERICAN INSURANCE COMPANY		04/23/2008	
		ACE EMPLOYERS INSURANCE COMPAN		03/19/2009	
		ACE INDEMNITY INSURANCE COMPANY		06/15/2004	
		ACIG INSURANCE COMPANY		06/15/2004	
		ACOUSTI ENGINEERING CO OF FL		06/15/2004	
		ADVANCE QUICK CIRCUITS		06/15/2004	
		ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCA		06/15/2004	
		ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCA		06/15/2004	
		ADVENTIST HEALTH SYSTEM/FLORIDA HOSPITAL		06/15/2004	
		AEQUICAP CLAIMS SERVICES, INC.		06/15/2004	
		AEQUICAP INSURANCE COMPANY		06/15/2004	
		AIG NATIONAL INSURANCE COMPANY		06/15/2004	
		ALACHUA COUNTY SCHOOL BOARD		06/15/2004	
		ALACHUA COUNTY SHERIFF'S OFFICE		06/15/2004	
		ALACHUA COUNTY SHERIFF'S OFFICE		06/15/2004	

The *Close* button on this screen brings up the previous screen displayed.

The *Export to Excel* button enables opening or saving the list to Excel. The ExcelExport.reg file must be downloaded prior to opening or saving the file.

9. Production Reports

The *Production Reports* button, found on the *Main Menu* screen, runs an *Outstanding Rejected Medical Bills* report. More reports will be added to this area over time. See the screenshots below.

To identify any rejected medical bills and avoid late filing penalties, the *Outstanding Rejected Medical Bills* Report should be run at least twice a month.

In order to configure a workstation to produce reports, the Export to Excel (ExcelExport.reg) file must be downloaded. This file only needs to be downloaded once.

To create a report, click the create report button. On the file download popup, click on the *Save* button and save the file to the computer. When the download is complete, click on the *Open* button to view the file.



10. Logout Button

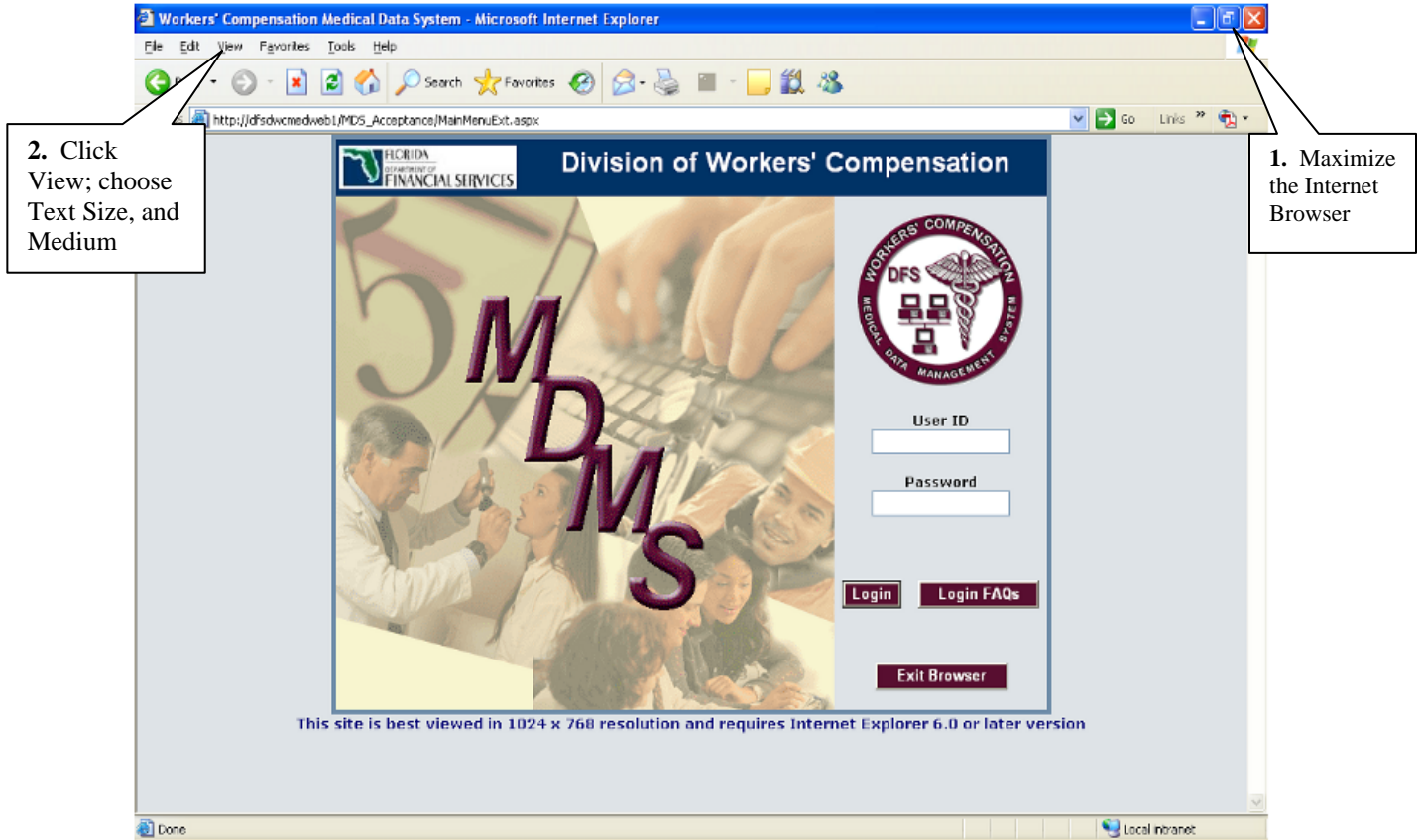
The *Logout* button, found in the system header on each screen and on the *Main Menu* screen, will allow signing off from the MDMS. The system navigates back to the *Login* screen, where the Internet browser window can be closed or the MDMS can be logged back into.

11. Trouble Shooting

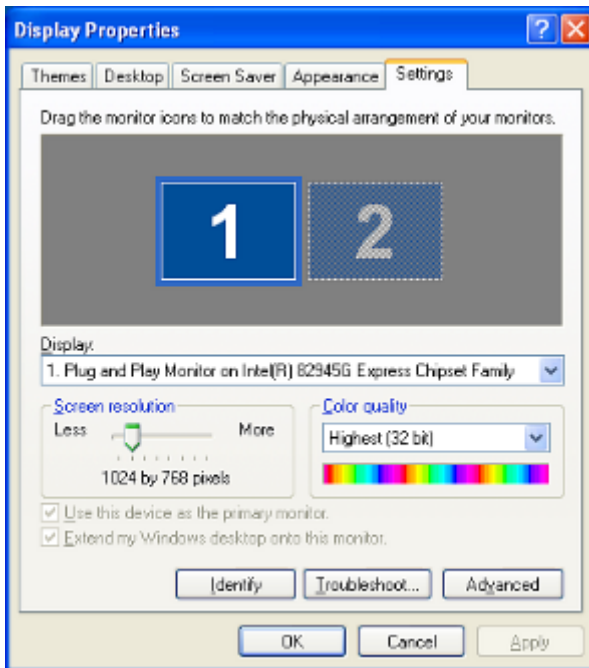
Screen Resolution

This site is best viewed in 1024 x 768 resolution and requires Internet Explorer 6.0 or later version.

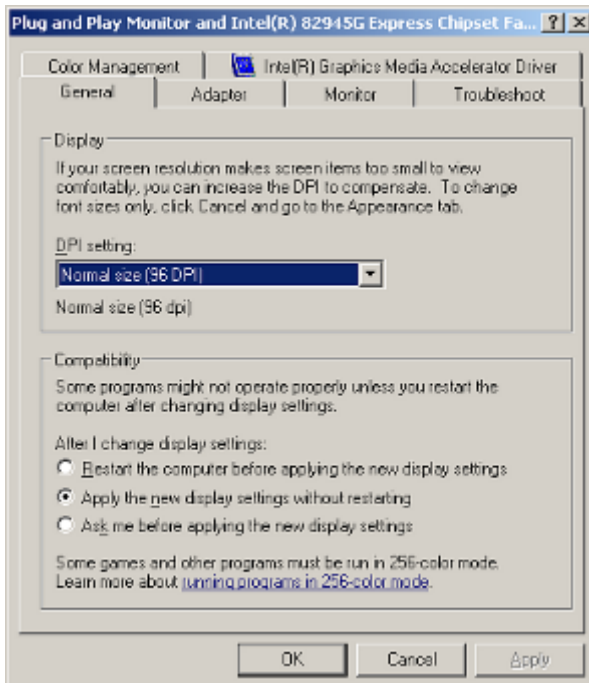
If the monitor is not displaying the field labels and data entry boxes exactly as shown throughout this manual, try the following steps.



3. Right click on the computer desktop and select Properties, then click on the Settings tab. Adjust the Screen area setting to 1024 x 768. Click O.K.



4. Right click on the desktop, select Properties, and click on the Settings tab again. Choose the Advanced button and choose normal fonts from the dropdown Font Size box. Click O.K.



Error Message “Page Cannot Be Displayed”

Occasionally, the error message “Page Cannot be Displayed” will be received. This is caused by lost connectivity from the computer to the web server. If this happens, any unsaved data that has been entered will be lost.

Warning!

The system will time out after 20 minutes if left unattended. Any data entry not saved when the time out occurs will be lost.

Different Colors in Web Page Fields

When errors are viewed in the various fields and if there is any color other than red background in the field (for example, yellow), check to see if “Google Toolbar” is installed on the computer. If “Google Toolbar” is on the computer, it needs to be uninstalled. To uninstall “Google Toolbar”, click on Start, Settings, and Control Panel. Choose Add/Remove Programs. Scroll down to Google Toolbar for Internet Explorer and click on the Change/Remove button. Make sure that the Internet browser is Microsoft Internet Explorer 6.0 or later version.

APPENDICES

**DWC-9
APPENDIX A – FIELD FORMATS
APPENDIX A**

DWC-9 FIELD FORMATS - MEDICAL BILL HEADER TAB- REVISION E

DWC-9 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER FORMAT – NNN NNNN	<u>REQUIRED</u> Must be numeric Must not be in the range of 5000 – 6999
ZIP Code		INSURER LOCATION ZIP CODE* *Location is the Insurer’s office responsible for report. FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN	<u>REQUIRED</u> Must be numeric 1st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code
FEIN		INSURER FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>REQUIRED</u> Must be numeric
TPA ID		SERVICE CO/TPA CODE NUMBER FORMAT – NNNN	<u>SITUATIONAL</u> Must be numeric Must be in the range of 5000 – 6999 If not applicable, leave blank

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
ZIP Code		SERVICE CO/TPA LOCATION ZIP CODE* *Location is the Service Co/TPA’s office responsible for report. FORMAT – NNNNN NNNNNNNN NNNN-NNNN	<u>SITUATIONAL</u> Must be numeric 1st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code (Must be provided if Service Co/TPA Code Number is present.)
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>SITUATIONAL</u> Must be numeric (Must be provided if Service Co/TPA Code Number is present.)
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER (OR INJURED EMPLOYEE) FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident” Must be greater than or equal to “Date of Service – To”
Date Paid		DATE INSURER PAID, ADJUSTED, DISALLOWED OR DENIED BILL FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date Insurer Received Bill From Provider”

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Patient's Name Last	2	INJURED EMPLOYEE'S LAST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient's Name First	2	INJURED EMPLOYEE'S FIRST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient's Name MI	2	INJURED EMPLOYEE'S MIDDLE INITIAL	<u>SITUATIONAL</u> Must be A-Z If not applicable, leave blank
SSN	1a	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division's web site at: http://www.myfloridacfo.com/wc/organization/odqc.html) FORMAT – NNNNNNNNNN NNN-NN-NNNN	<u>REQUIRED</u> Must be SSN or Division-Assigned Number Division-Assigned Number must begin with '0000'
Date of Birth	3	INJURED EMPLOYEE'S DATE OF BIRTH *Or as reported on DFS-F5-DWC-1 FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Date of Accident”
Gender	3	INJURED EMPLOYEE'S GENDER	<u>REQUIRED</u> Dropdown Choices: Female Male Unknown
DIAG Codes 1.	21₁	ICD-9 DIAGNOSTIC CODE 1 (See Appendix B for Valid Diagnosis Code Formats)	<u>REQUIRED</u> Must be a valid ICD-9 code

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
DIAG Codes 2.	21 ₂	ICD-9 DIAGNOSTIC CODE 2 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code, if applicable If not applicable, leave blank
DIAG Codes 3.	21 ₃	ICD-9 DIAGNOSTIC CODE 3 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code, if applicable If not applicable, leave blank
DIAG Codes 4.	21 ₄	ICD-9 DIAGNOSTIC CODE 4 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code, if applicable If not applicable, leave blank
Date of Current Illness or Injury	14	DATE OF ACCIDENT, ILLNESS OR INJURY FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Date of Service – From” and “Date of Service – To”
Total Paid	29	TOTAL PAID TO PROVIDER OR REIMBURSED TO INJURED EMPLOYEE BY INSURER FORMAT – NNNNNNNN.NN NNNNNNNNNN	<u>REQUIRED</u> Must be numeric Zero is valid value (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)
Provider FEIN	25	PROVIDER FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>REQUIRED</u> Must be numeric

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS												
Place of Treatment ZIP	32	ZIP CODE WHERE SERVICES WERE RENDERED FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN	<u>REQUIRED</u> Must be numeric 1st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code												
License #	33b	PROVIDER’S FLORIDA LICENSE NUMBER (See Appendix C for valid formats) FORMAT – AANNNNNNNNNNN AAANNNNNNNNNNN AAAANNNNNNNNNNN	<u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion												
Payment Code		PAYMENT CODE (See Appendix D)	<u>SITUATIONAL</u> Dropdown Choices: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">R1</td> <td style="width: 33%;">M1</td> <td style="width: 33%;">C1</td> </tr> <tr> <td>R2</td> <td>M2</td> <td>C2</td> </tr> <tr> <td>R3</td> <td>M3</td> <td>C3</td> </tr> <tr> <td>R4</td> <td>M4</td> <td>C4</td> </tr> </table> If Pre-Payment/Employee Reimbursement Indicator = Employee Reimbursement, leave blank	R1	M1	C1	R2	M2	C2	R3	M3	C3	R4	M4	C4
R1	M1	C1													
R2	M2	C2													
R3	M3	C3													
R4	M4	C4													
Claims Handling Entity Internal File Number		CLAIMS HANDLING ENTITY INTERNAL FILE NUMBER (From the Insurer/TPA’s office file)	<u>REQUIRED</u>												

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Pre-Payment/Employee Reimbursement Indicator		PRE-PAYMENT/EMPLOYEE REIMBURSEMENT INDICATOR	<p><u>SITUATIONAL</u> If the “Date Insurer Received Bill from Provider” or the “Date Insurer Paid, Adjusted, Disallowed or Denied Bill” is before the “Date of Service – From” due to an agreement between the provider and the insurer, choose the “Pre-Payment Medical Bill” drop-down. If the Employee has been directly reimbursed by the insurer, choose the “Employee Reimbursement” drop-down. If neither is applicable, leave blank.</p>
Duplicate Override Indicator		DUPLICATE OVERRIDE INDICATOR	<p><u>SITUATIONAL</u> Check this box to resubmit a medical bill that has been rejected as a duplicate medical bill and to bypass the duplicate check. By marking this indicator you are confirming that you have researched and verified that the medical bill is not a duplicate. If not applicable, leave blank.</p>

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 FIELD FORMATS – DETAIL RECORDS TAB- REVISION E

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
From DOS	24A	DATE OF SERVICE – FROM FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be a valid date in the correct format Must be greater than or equal to “Date of Accident” Must be less than or equal to “Date of Service – To” Must be less than or equal to “Date Insurer Received Bill From Provider” and “Date Insurer Paid, Adjusted, Disallowed or Denied Bill”, unless the Pre-Payment Indicator = Pre-Payment Medical Bill
To	24A	DATE OF SERVICE – TO “Date defaults to ‘Date of Service – From’ Re-key field if the date is different” FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be a valid date in the correct format Must be greater than or equal to “Date of Accident” Must be greater than or equal to “Date of Service – From”
Place of Service	24B	PLACE OF SERVICE (See the AMA’s CPT manual for valid values) FORMAT - NN	<u>REQUIRED</u> Must be numeric Must be a valid code

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
NDC #		<p>NATIONAL DRUG CODE NUMBER (5-4-2 FORMAT)</p> <p>FORMAT: NNNNN-NNNN-NN or Leave Blank WHERE NNNNN = Manufacturer Code NNNN = Product Code NN = Package Code</p>	<p><u>REQUIRED</u> If Paid CPT Code field = “DSPNS” Must be a valid NDC number Must be numeric Right justify and zero pad on the left (all segments)</p> <p><u>SITUATIONAL</u> If Paid CPT Code field is not equal to “DSPNS”, leave blank</p>
Charged CPT	24D	<p>PROCEDURE, SERVICE OR SUPPLY CODE</p> <p>(AS BILLED BY PROVIDER)</p> <p>FORMAT: NNNNN ANNNN</p>	<p><u>REQUIRED</u> Must be a valid CPT, HCPCS or Unique Florida WC code If an NDC number is present, submit code DSPNS and report the NDC number in the NDC# field</p>
Charged Mod 1	24D	<p>PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 1</p> <p>(AS BILLED BY PROVIDER)</p> <p>FORMAT: NN AN AA</p>	<p><u>SITUATIONAL</u> Must be valid modifier code If not applicable, leave blank</p>
Charged Mod 2	24D	<p>PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 2</p> <p>(AS BILLED BY PROVIDER)</p> <p>FORMAT: NN AN AA</p>	<p><u>SITUATIONAL</u> Must be valid modifier code If not applicable, leave blank</p>

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Charged Mod 3	24D	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 3 (AS BILLED BY PROVIDER) FORMAT: NN AN AA	<u>SITUATIONAL</u> Must be valid modifier code If not applicable, leave blank
Charged Mod 4	24D	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 4 (AS BILLED BY PROVIDER) FORMAT: NN AN AA	<u>SITUATIONAL</u> Must be valid modifier code If not applicable, leave blank
Diag Ref	24E	ICD-9 DIAGNOSTIC CODE REFERENCE NUMBER(S) FORMAT: N NN NNN NNNN	<u>REQUIRED</u> Must be numeric Must correlate with appropriate ICD-9 Code shown on the Medical Bill Header Tab, Diag Codes Field(s) VALID VALUES: 1, 2, 3, 4 or any combination of these must be keyed in place of the corresponding diagnosis(es) on the Medical Bill Header Tab, Diag Codes Fields(s) – DO NOT KEY COMMAS BETWEEN REFERENCE NUMBERS

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Charged Amount	24F	PROVIDER CHARGE PER LINE FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value
Paid CPT		PROCEDURE, SERVICE OR SUPPLY CODE (AS PAID BY INSURER) FORMAT: NNNNN ANNNN	<u>REQUIRED</u> Must be a valid CPT, HCPCS or Unique Florida WC code If an NDC number is present, submit code DSPNS and report the NDC number in the NDC# field For compound drugs, use the following code: COMPD
Paid Mod 1		PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 1 (AS PAID BY INSURER) FORMAT: NN AN AA	<u>SITUATIONAL</u> Must be valid CPT, HCPCS or Unique WC modifier If not applicable, leave blank
Paid Mod 2		PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 2 (AS PAID BY INSURER) FORMAT: NN AN AA	<u>SITUATIONAL</u> Must be valid modifier code If not applicable, leave blank
Paid Mod 3		PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 3 (AS PAID BY INSURER) FORMAT: NN AN AA	<u>SITUATIONAL</u> Must be valid modifier code If not applicable, leave blank

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Paid Mod 4		PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 4 (AS PAID BY INSURER) FORMAT: NN AN AA	<u>SITUATIONAL</u> Must be valid modifier code If not applicable, leave blank
Paid Amount		INSURER PAYMENT TO PROVIDER OR REIMBURSED TO INJURED EMPLOYEE PER LINE* *After all adjustments have been applied FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value
Units	24G	NUMBER OF DAYS, HOURS, MINUTES OR UNITS* *Anesthesia units must be reported in total minutes FORMAT: N NN NNN	<u>REQUIRED</u> Must be numeric Must be whole number Must not equal all zeros
EOBR Codes		EXPLANATION OF BILL REVIEW CODE 1 (See Appendix E or click the link “Click HERE for valid EOBR Codes values”) FORMAT – NN	<u>REQUIRED</u> Must be valid Code
EOBR Codes		EXPLANATION OF BILL REVIEW CODE 2 (See Appendix E or click the link “Click HERE for valid EOBR Codes values”) FORMAT – NN	<u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank

**DWC-9
APPENDIX A – FIELD FORMATS**

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
EOBR Codes		EXPLANATION OF BILL REVIEW CODE 3 (See Appendix E or click the link “Click HERE for valid EOBR Codes values”) FORMAT – NN	<u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 FIELD FORMATS –MEDICAL RECORD HEADER TAB- REVISION E

DWC-10 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER FORMAT – NNN NNNN	<u>REQUIRED</u> Must be numeric Must not be in the range of 5000 – 6999
ZIP Code		INSURER LOCATION ZIP CODE* *Location is the Insurer’s office responsible for report. FORMAT – NNNNN NNNNNNNN NNNNN-NNNN	<u>REQUIRED</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code
FEIN		INSURER FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>REQUIRED</u> Must be numeric
TPA ID		SERVICE CO/TPA CODE NUMBER FORMAT – NNNN	<u>SITUATIONAL</u> Must be numeric Must be in the range of 5000 – 6999 If not applicable, leave blank
ZIP Code		SERVICE CO/TPA LOCATION ZIP CODE* *Location is the Service Co/TPA’s office responsible for report. FORMAT – NNNNN NNNNNNNN NNNNN-NNNN	<u>SITUATIONAL</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code (Must be provided if Service Co/TPA Code Number is present.)

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>SITUATIONAL</u> Must be numeric (Must be provided if Service Co/TPA Code Number is present.)
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER (OR INJURED EMPLOYEE) FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident”
Date Paid		DATE INSURER PAID, ADJUSTED, DISALLOWED OR DENIED BILL FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident”
Claimant’s Name Last	1	INJURED EMPLOYEE’S LAST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Claimant’s Name First	1	INJURED EMPLOYEE’S FIRST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Claimant’s Name MI	1	INJURED EMPLOYEE’S MIDDLE INITIAL	<u>SITUATIONAL</u> Must be A-Z If not applicable, leave blank

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
SSN	2	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division’s web site at http://www.myfloridacfo.com/wc/organization/odqc.html) FORMAT – NNNNNNNNN NNN-NN-NNNN	<u>REQUIRED</u> Must be SSN or Division-Assigned Number Division-Assigned Number must begin with ‘0000’
Date of Birth	4	INJURED EMPLOYEE’S DATE OF BIRTH *Or as reported on DFS-F5-DWC-1 FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Date of Accident”
Gender	5	INJURED EMPLOYEE’S GENDER	<u>REQUIRED</u> Dropdown Choices: Female Male Unknown
Date of Accident	3	DATE OF ACCIDENT, INJURY OR ILLNESS FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Statement Date”
Total Pharmacy Paid	30	TOTAL PHARMACY CHARGES PAID BY INSURER FORMAT – NNNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS												
Payment Code		PAYMENT CODE (See Appendix D)	<u>SITUATIONAL</u> Dropdown Choices: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">R1</td> <td style="width: 33%;">M1</td> <td style="width: 33%;">C1</td> </tr> <tr> <td>R2</td> <td>M2</td> <td>C2</td> </tr> <tr> <td>R3</td> <td>M3</td> <td>C3</td> </tr> <tr> <td>R4</td> <td>M4</td> <td>C4</td> </tr> </table> If Pre-Payment/Employee Reimbursement Indicator = Employee Reimbursement, leave blank	R1	M1	C1	R2	M2	C2	R3	M3	C3	R4	M4	C4
R1	M1	C1													
R2	M2	C2													
R3	M3	C3													
R4	M4	C4													
Total Equipment/Medical Supply Paid	31	TOTAL EQUIPMENT & SUPPLY CHARGES PAID BY INSURER FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value												
Grand Total Paid		GRAND TOTAL PAID (Calculated from Total Pharmacy Paid and Total Equipment/Medical Supply Paid)	<u>NO DATA ENTRY REQUIRED</u>												
Pharmacist’s License #	29	PHARMACIST’S/MEDICAL SUPPLIER’S FLORIDA LICENSE NUMBER (See Appendix C for valid formats) FORMAT: AANNNNNNNNNN (OR) AAANNNNNNNNNN (OR) AAAANNNNNNNNNN	<u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion												
Claims Handling Entity Internal File Number	6	CLAIMS HANDLING ENTITY INTERNAL FILE NUMBER (From the Insurer/TPA’s office file)	<u>REQUIRED</u>												

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Pre-Payment/Employee Reimb. Indicator		PRE-PAYMENT/EMPLOYEE PAYMENT/FIRST FILL INDICATOR	<p><u>SITUATIONAL</u> If the “Date Insurer Received Bill from Provider” or the “Date Insurer Paid, Adjusted, Disallowed or Denied Bill” is before the “Date Filled, Purchased Date or Rental Date” due to an agreement between the provider and the insurer, choose the “Pre-Payment Medical Bill” drop-down. If the Employee has been directly reimbursed by the insurer, choose the “Employee Reimbursement” drop-down. If First Fill, choose the “First Fill” drop-down. If neither is applicable, leave blank.</p>
Duplicate Override Indicator		DUPLICATE OVERRIDE INDICATOR	<p><u>SITUATIONAL</u> Check this box to resubmit a medical bill that has been rejected as a duplicate medical bill and to bypass the duplicate check. By marking this indicator you are confirming that you have researched and verified that the medical bill is not a duplicate. If not applicable, leave blank.</p>

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 FIELD FORMATS – DETAIL RECORDS TAB- REVISION E

DWC-10 MEDICAL BILL DETAIL FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Record Indicator		DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR	REQUIRED Dropdown Choices: Drug Detail Record Equipment or Supply Detail Record
Quantity	10 OR 22	QUANTITY OF MEDICATION (if Drug) OR QUANTITY OF MEDICAL EQUIPMENT OR SUPPLIES (if Equipment or Supplies) FORMAT: NNNNN	REQUIRED Must be numeric
Days Supply	11	DAYS SUPPLY OF MEDICATION (if Drug) FORMAT: NNN or Leave Blank	SITUATIONAL IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Drug Detail Record”: Must be numeric IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Equipment or Supply Detail Record”: Leave blank
NDC #	9	NATIONAL DRUG CODE NUMBER (if drug) (5-4-2 format) FORMAT: NNNNN-NNNN-NN or Leave Blank WHERE NNNNN = Manufacturer Code NNNN = Product Code NN = Package Code	REQUIRED IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Drug Detail Record”, Must be a valid NDC number All three segments must be numeric For compounded drugs, use the following code: COMPD-0000-00 SITUATIONAL IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Equipment or Supply Detail Record”, leave blank

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL DETAIL FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
New/Refill	14	PRESCRIPTION – NEW OR REFILL	<p><u>REQUIRED</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Drug Detail Record”, Dropdown Choices:</p> <p>New Refill</p> <p><u>SITUATIONAL</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Equipment or Supply Detail Record”, leave blank</p>
Purchased/Rental		PURCHASED/RENTAL INDICATOR (Equipment and Supplies Only)	<p><u>REQUIRED</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Equipment or Supply Detail Record”, Dropdown Choices:</p> <p>Purchased Rental</p> <p><u>SITUATIONAL</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Drug Detail Record”, leave blank</p>

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL DETAIL FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Date Filled/Purchased/or Rented	16 OR 19a OR 19b	DATE FILLED (if Drug) OR PURCHASE / RENTAL DATE (if Equipment or Supplies) FORMAT: CCYYMMDD CC = Century YY = Year MM = Month DD = Day	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident” Must be less than or equal to “Date Insurer Received Bill” and “Date Insurer Paid, Adjusted, Disallowed or Denied Bill”, unless Pre-Payment Indicator = Pre-Payment Medical Bill
DAW Code	15	DISPENSED AS WRITTEN (DAW) CODE (if Drug) (See Appendix G for valid values)	<u>REQUIRED</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Drug Detail Record”, choose appropriate DAW code from dropdown <u>SITUATIONAL</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Equipment or Supply Detail Record”, leave blank
Prescriber License #	17b OR 23b	PRESCRIBER’S FL LICENSE NUMBER (See Appendix C for valid formats) FORMAT – AANNNNNNNNNN AAANNNNNNNNNN AAAANNNNNNNNNN	<u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL DETAIL FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Usual Charge	13 OR 20	USUAL CHARGE FOR DRUG, EQUIPMENT OR SUPPLY FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value
Amount Paid		AMOUNT PAID BY INSURER FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value
HCPCS	21	HCPCS LEVEL II CODE (if Supply) FORMAT: NNNNN, OR ANNNN	<u>REQUIRED</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR = “Equipment or Supply Detail Record”, Must be a valid HCPCS Level II Supply Code <u>SITUATIONAL</u> IF DRUGS / EQUIPMENT & SUPPLIES RECORD INDICATOR= “Drug Detail Record”, leave blank
EOBR Codes		EXPLANATION OF BILL REVIEW CODE 1 (See Appendix E or click the link “Click HERE for valid EOBR Codes values”) FORMAT – NN	<u>REQUIRED</u> Must be valid Code

**DWC-10
APPENDIX A – FIELD FORMATS**

DWC-10 MEDICAL BILL DETAIL FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
EOBR Codes		<p>EXPLANATION OF BILL REVIEW CODE 2</p> <p>(See Appendix E or click the link “Click HERE for valid EOBR Codes values”)</p> <p>FORMAT – NN</p>	<p><u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank</p>
EOBR Codes		<p>EXPLANATION OF BILL REVIEW CODE 3</p> <p>(See Appendix E or click the link “Click HERE for valid EOBR Codes values”)</p> <p>FORMAT – NN</p>	<p><u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank</p>

**DWC-11
APPENDIX A – FIELD FORMATS**

DWC-11 FIELD FORMATS –MEDICAL BILL HEADER TAB- REVISION E

DWC-11 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER FORMAT – NNN NNNN	<u>REQUIRED</u> Must be numeric Must not be in the range of 5000 – 6999
ZIP Code		INSURER LOCATION ZIP CODE* *Location is the Insurer’s office responsible for report. FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN	<u>REQUIRED</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code
FEIN		INSURER FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>REQUIRED</u> Must be numeric
TPA ID		SERVICE CO/TPA CODE NUMBER FORMAT – NNNN	<u>SITUATIONAL</u> Must be numeric Must be in the range of 5000 – 6999 If not applicable, leave blank
ZIP Code		SERVICE CO/TPA LOCATION ZIP CODE* *Location is the Service Co/TPA’s office responsible for report. FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN	<u>SITUATIONAL</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code (Must be provided if Service Co/TPA Code Number is present.)

**DWC-11
APPENDIX A – FIELD FORMATS**

DWC-11 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>SITUATIONAL</u> Must be numeric (Must be provided if Service Co/TPA Code Number is present.)
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER (OR INJURED EMPLOYEE) FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in correct format Must be greater than or equal to “Date of Accident” Must be greater than or equal to “Date of Service”
Date Paid		DATE INSURER PAID, ADJUSTED, DISALLOWED OR DENIED BILL FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date Insurer Received Bill From Provider”
Patient’s Name Last	20	INJURED EMPLOYEE’S LAST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient’s Name First	20	INJURED EMPLOYEE’S FIRST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient’s Name MI	20	INJURED EMPLOYEE’S MIDDLE INITIAL	<u>SITUATIONAL</u> Must be A-Z If not applicable, leave blank

**DWC-11
APPENDIX A – FIELD FORMATS**

DWC-11 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
SSN	8	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division’s web site at http://www.myfloridacfo.com/wc/organization/odqc.html) FORMAT – NNNNNNNNN NNN-NN-NNNN	<u>REQUIRED</u> Must be SSN or Division-Assigned Number Division-Assigned Number must begin with ‘0000’
Date of Birth	21	INJURED EMPLOYEE’S DATE OF BIRTH *Or as reported on DFS-F5-DWC-1 FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Date of Accident”
Gender	22	INJURED EMPLOYEE’S GENDER	<u>REQUIRED</u> Dropdown Choices: Female Male Unknown
Place of Treatment	38	PLACE OF TREATMENT (See Appendix F for valid values) FORMAT: NN	<u>REQUIRED</u> Must be numeric Must be valid code
Date of Accident	46	DATE OF ACCIDENT, INJURY OR ILLNESS FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Date of Service”

**DWC-11
APPENDIX A – FIELD FORMATS**

DWC-11 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Total Paid		TOTAL PAID BY INSURER FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value FORMAT – NNNNNNNN.NN NNNNNNNNNN
Provider FEIN	51	PROVIDER FEDERAL TAX ID NUMBER FORMAT – NNNNNNNN NN-NNNNNN	<u>REQUIRED</u> Must be numeric
License #	55	PROVIDER’S FLORIDA LICENSE NUMBER (See Appendix C for valid formats) FORMAT – AANNNNNNNNNN	<u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion
Place of Treatment ZIP	56	PROVIDER LOCATION ZIP CODE FORMAT – NNNNN, OR NNNNNNNN NNNNN-NNNN	<u>REQUIRED</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code

**DWC-11
APPENDIX A – FIELD FORMATS**

DWC-11 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS												
Payment Code		PAYMENT CODE (See Appendix D)	<u>SITUATIONAL</u> Dropdown Choices: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">R1</td> <td style="width: 33%;">M1</td> <td style="width: 33%;">C1</td> </tr> <tr> <td>R2</td> <td>M2</td> <td>C2</td> </tr> <tr> <td>R3</td> <td>M3</td> <td>C3</td> </tr> <tr> <td>R4</td> <td>M4</td> <td>C4</td> </tr> </table> If Pre-Payment/Employee Reimbursement Indicator = Employee Reimbursement, leave blank	R1	M1	C1	R2	M2	C2	R3	M3	C3	R4	M4	C4
R1	M1	C1													
R2	M2	C2													
R3	M3	C3													
R4	M4	C4													
Claims Handling Entity Internal File Number		CLAIMS HANDLING ENTITY INTERNAL FILE NUMBER (From the Insurer/TPA’s office file)	<u>REQUIRED</u>												
Pre-Payment/Employee Reimb. Indicator		PRE-PAYMENT/EMPLOYEE REIMBURSEMENT INDICATOR	<u>SITUATIONAL</u> If the “Date Insurer Received Bill from Provider” or the “Date Insurer Paid, Adjusted, Disallowed or Denied Bill” is before the “Date of Service/Treatment” due to an agreement between the provider and the insurer, choose the “Pre-Payment medical bill” drop-down. If the Employee has been directly reimbursed by the insurer, choose the “Employee Reimbursement” drop-down. If neither is applicable, leave blank.												
Duplicate Override Indicator		DUPLICATE OVERRIDE INDICATOR	<u>SITUATIONAL</u> Check this box to resubmit a medical bill that has been rejected as a duplicate medical bill and to bypass the duplicate check. By marking this indicator you are confirming that you have researched and verified that the medical bill is not a duplicate. If not applicable, leave blank.												

**DWC-11
APPENDIX A – FIELD FORMATS**

DWC-11 FIELD FORMATS – DETAIL RECORDS TAB- REVISION E

DWC-11 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Procedure Date	24	DATE OF SERVICE/TREATMENT FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be a valid date in the correct format Must be greater than or equal to “Date of Accident” Must be less than or equal to “Date Insurer Received Bill From Provider” and “Date Insurer Paid, Adjusted, Disallowed or Denied Bill”, unless the Pre-Payment Indicator = Pre- Payment Medical Bill
Charged CDT	29	PROCEDURE, SERVICE OR SUPPLY CODE (AS BILLED BY PROVIDER) FORMAT – NNNNN ANNNN	<u>REQUIRED</u> Must be a valid CPT, CDT, HCPCS ‘D’ or Unique Florida WC code
Charged Amount	31	PROVIDER CHARGE PER LINE FORMAT – NNNNNNNN.NN NNNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value
Paid CDT		PAID CPT, CDT OR HCPCS CODE FORMAT – NNNNN ANNNN	<u>REQUIRED</u> Must be a valid CPT, CDT, HCPCS ‘D’ or Unique Florida WC code

**DWC-11
APPENDIX A – FIELD FORMATS**

DWC-11 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Paid Amount		<p>INSURER PAYMENT PER LINE*</p> <p>*After all adjustments have been applied.</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p>
EOBR Codes		<p>EXPLANATION OF BILL REVIEW CODE 1</p> <p>(See Appendix E or click the link “Click HERE for EOBR Codes” for valid values)</p> <p>FORMAT – NN</p>	<p><u>REQUIRED</u> Must be valid Code</p>
EOBR Codes		<p>EXPLANATION OF BILL REVIEW CODE 2</p> <p>(See Appendix E or click the link “Click HERE for EOBR Codes” for valid values)</p> <p>FORMAT – NN</p>	<p><u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank</p>
EOBR Codes		<p>EXPLANATION OF BILL REVIEW CODE 3</p> <p>(See Appendix E or click the link “Click HERE for EOBR Codes” for valid values)</p> <p>FORMAT – NN</p>	<p><u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank</p>

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 FIELD FORMATS –MEDICAL BILL HEADER TAB- REVISION E

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER FORMAT – NNN NNNN	<u>REQUIRED</u> Must be numeric Must not be in the range of 5000 – 6999
ZIP Code	50	INSURER LOCATION ZIP CODE* *Location is the Insurer’s office responsible for report. FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN	<u>REQUIRED</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code
FEIN		INSURER FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>REQUIRED</u> Must be numeric
TPA ID		SERVICE CO/TPA CODE NUMBER FORMAT – NNNN	<u>SITUATIONAL</u> Must be numeric Must be in the range of 5000 – 6999 If not applicable, leave blank
ZIP Code		SERVICE CO/TPA LOCATION ZIP CODE* *Location is the Service Co/TPA’s office responsible for report FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN	<u>SITUATIONAL</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code (Must be provided if Service Co/TPA Code Number is present.)

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>SITUATIONAL</u> Must be numeric (Must be provided if Service Co/TPA Code Number is present.)
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER (OR INJURED EMPLOYEE) FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident” Must be greater than or equal to “Admission Date” Must be greater than or equal to “Date Statement Covers From and Through”
Date Paid		DATE INSURER PAID, ADJUSTED, DISALLOWED OR DENIED BILL FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date Insurer Received Bill From Provider” Must be greater than or equal to “Admission Date” Must be greater than or equal to “Date Statement Covers From and Through”

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Hospital ZIP Code	1	FACILITY LOCATION ZIP CODE FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN	<u>REQUIRED</u> Must be numeric 1 st four digits must not equal ‘0000’ Must be a valid 5 or 9 digit ZIP Code
FEIN	5	FACILITY FEDERAL TAX ID NUMBER FORMAT – NNNNNNNNN NN-NNNNNNN	<u>REQUIRED</u> Must be numeric
Bill Type	4	TYPE OF REPORT (See UB-04 Manual for valid codes for form locator 4) FORMAT – NNN NNA	<u>REQUIRED</u> Must be valid code
Statement Covers From	6	DATE STATEMENT COVERS FROM FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident” Must be less than or equal to “Date Statement Covers Through” date Must be less than or equal to “Date Insurer Received Bill From Provider” and “Date Insurer Paid, Adjusted, Disallowed or Denied Bill”, unless the Pre-Payment Indicator = Pre- Payment Medical Bill

DWC-90
APPENDIX A – FIELD FORMATS

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
To	6	DATE STATEMENT COVERS THROUGH FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident” Must be greater than or equal to “Date Statement Covers From” date
Patient’s Name Last	8b	INJURED EMPLOYEE’S LAST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient’s Name First	8b	INJURED EMPLOYEE’S FIRST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient’s Name MI	8b	INJURED EMPLOYEE’S MIDDLE INITIAL	<u>SITUATIONAL</u> Must be A-Z If not applicable, leave blank
SSN	8a	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division’s web site at http://www.myfloridacfco.com/wc/organization/odqc.html) FORMAT – NNNNNNNNN NNN-NN-NNNN	<u>REQUIRED</u> Must be SSN or Division-Assigned Number Division-Assigned Number must begin with ‘0000’
Date of Birth	10	INJURED EMPLOYEE’S DATE OF BIRTH *Or as reported on DFS-F5-DWC-1 FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Date of Accident”

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APPENDIX A – FIELD FORMATS

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Gender	11	INJURED EMPLOYEE'S GENDER	<u>REQUIRED</u> Dropdown Choices: Female Male Unknown
Admission Date	12	ADMISSION DATE FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident” Must be less than or equal to “Date Insurer Received Bill From Provider” and “Date Insurer Paid, Adjusted, Disallowed or Denied Bill”
Hour	13	ADMISSION HOUR (See UB-04 Manual for valid codes) FORMAT - NN	<u>REQUIRED</u> Must be numeric Must be valid code If first digit in form locator 4 equals 1 or 2 and second digit equals 1, 2, or 8, then field must be filled <u>All other situations, leave blank</u>
Type	14	TYPE OF ADMISSION/VISIT (See UB-04 Manual for valid codes) FORMAT: N	<u>REQUIRED</u> Must be numeric Must be a valid code

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Discharge Hour	16	DISCHARGE HOUR (See UB-04 Manual for valid codes) FORMAT - NN	<u>SITUATIONAL</u> Must be numeric Must be valid code If first digit in “Bill Type” field equals 1 or 2 and second digit equals 1, 2 or 8, then field must be filled All other situations, leave blank
Date of Accident	31	DATE OF ACCIDENT, ILLNESS OR INJURY FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to date of “Statement Covers From and Through” Must be less than or equal to “Admission Date”
Primary DIAG Code	67	PRIMARY ICD-9 DIAGNOSTIC CODE (See Appendix B for Valid Diagnosis Code Formats)	<u>REQUIRED</u> Must be a valid ICD-9 code
DIAG Code 1	67A	OTHER ICD-9 DIAGNOSTIC CODE 1 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not applicable, leave blank
DIAG Code 2	67B	OTHER ICD-9 DIAGNOSTIC CODE 2 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not applicable, leave blank
DIAG Code 3	67C	OTHER ICD-9 DIAGNOSTIC CODE 3 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not applicable, leave blank
DIAG Code 4	67D	OTHER ICD-9 DIAGNOSTIC CODE 4 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not applicable, leave blank

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
DIAG Code 5	67E	OTHER ICD-9 DIAGNOSTIC CODE 5 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not applicable, leave blank
DIAG Code 6	67F	OTHER ICD-9 DIAGNOSTIC CODE 6 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not applicable, leave blank
DIAG Code 7	67G	OTHER ICD-9 DIAGNOSTIC CODE 7 (See Appendix B for Valid Diagnosis Code Formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not applicable, leave blank
ECI - 1	72A	EXTERNAL CAUSE OF INJURY CODE 1 FORMAT: See Appendix B for Valid Diagnosis Code Formats	<u>SITUATIONAL</u> Required if the bill is related to an injury Must be a valid ICD-9 injury code If bill is not related to an injury, leave blank
ECI - 2	72B	EXTERNAL CAUSE OF INJURY CODE 2 FORMAT: See Appendix B for Valid Diagnosis Code Formats	<u>SITUATIONAL</u> Required if the bill is related to an injury and at least two external cause of injury codes are reported Must be a valid ICD-9 injury code If not applicable, leave blank
ECI - 3	72C	EXTERNAL CAUSE OF INJURY CODE 3 FORMAT: See Appendix B for Valid Diagnosis Code Formats	<u>SITUATIONAL</u> Required if the bill is related to an injury and at least three external cause of injury codes are reported Must be a valid ICD-9 injury code If not applicable, leave blank
Principal Code	74	PRINCIPAL PROCEDURE CODE FORMAT: NNNNN, ANNNN, NN.N NN.NN (See Appendix A for valid ICD-9 Procedure Code Formats)	<u>SITUATIONAL</u> Must be a valid CPT, HCPCS, or ICD-9 Procedure Code Left justify and space fill to end of field If not applicable, leave blank

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
A. Other Code	74a	OTHER PROCEDURE CODE A (See Appendix B for Valid ICD-9 Procedure Code Formats) FORMAT – NNNNN ANNNN NN.N NN.NN	<u>SITUATIONAL</u> If applicable, must be a valid CPT, HCPCS, or ICD-9 Procedure Code If not applicable, leave blank
B. Other Code	74b	OTHER PROCEDURE CODE B (See Appendix B for Valid ICD-9 Procedure Code Formats) FORMAT – NNNNN ANNNN NN.N NN.NN	<u>SITUATIONAL</u> If applicable, must be a valid CPT, HCPCS, or ICD-9 Procedure Code If not applicable, leave blank
C. Other Code	74c	OTHER PROCEDURE CODE C (See Appendix B for Valid ICD-9 Procedure Code Formats) FORMAT – NNNNN ANNNN NN.N NN.NN	<u>SITUATIONAL</u> If applicable, must be a valid CPT, HCPCS, or ICD-9 Procedure Code If not applicable, leave blank
D. Other Code	74d	OTHER PROCEDURE CODE D (See Appendix B for Valid ICD-9 Procedure Code Formats) FORMAT – NNNNN ANNNN NN.N NN.NN	<u>SITUATIONAL</u> If applicable, must be a valid CPT, HCPCS, or ICD-9 Procedure Code If not applicable, leave blank

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
E. Other Code	74e	OTHER PROCEDURE CODE E (See Appendix B for Valid ICD-9 Procedure Code Formats) FORMAT – NNNNN ANNNN NN.N NN.NN	<u>SITUATIONAL</u> If applicable, must be a valid CPT, HCPCS, or ICD-9 Procedure Code If not applicable, leave blank
Attending Physician’s Lic. #	76	ATTENDING PHYSICIAN’S FLORIDA PROVIDER LICENSE NUMBER (See Appendix C for valid formats) FORMAT – AANNNNNNNNNNN AAANNNNNNNNNN AAAANNNNNNNNNN	<u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion
Operating Physician’s Lic. #	77	OPERATING PHYSICIAN’S FLORIDA PROVIDER LICENSE NUMBER (See Appendix C for valid formats) FORMAT – AANNNNNNNNNNN AAANNNNNNNNNN AAAANNNNNNNNNN	<u>SITUATIONAL</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion
Scheduled/Unscheduled	80	SCHEDULED/UNSCHEDULED INDICATOR	<u>SITUATIONAL</u> If applicable, choose dropdown value as follows: Scheduled Outpatient = The bill is related to a scheduled outpatient surgical procedure Unscheduled Outpatient = The bill is related to a non-scheduled outpatient surgical procedure If not applicable, leave blank

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APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS												
Implant Total Paid	80	IMPLANT TOTAL PAID FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>SITUATIONAL</u> Must be numeric Zero is valid value If not applicable, leave blank												
Total Paid		TOTAL PAID BY INSURER FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value												
Payment Code		PAYMENT CODE (See Appendix D)	<u>SITUATIONAL</u> Dropdown Choices: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">R1</td> <td style="width: 33%;">M1</td> <td style="width: 33%;">C1</td> </tr> <tr> <td>R2</td> <td>M2</td> <td>C2</td> </tr> <tr> <td>R3</td> <td>M3</td> <td>C3</td> </tr> <tr> <td>R4</td> <td>M4</td> <td>C4</td> </tr> </table> If Pre-Payment/Employee Reimbursement Indicator = Employee Reimbursement, leave blank	R1	M1	C1	R2	M2	C2	R3	M3	C3	R4	M4	C4
R1	M1	C1													
R2	M2	C2													
R3	M3	C3													
R4	M4	C4													
Claims Handling Entity Internal File Number		CLAIMS HANDLING ENTITY INTERNAL FILE NUMBER (From the Insurer/TPA's office file)	<u>REQUIRED</u>												

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Pre-Payment/Employee Reimb. Indicator		PRE-PAYMENT/EMPLOYEE REIMBURSEMENT INDICATOR	<u>SITUATIONAL</u> If the “Date Insurer Received Bill from Provider” or the “Date Insurer Paid, Adjusted, Disallowed or Denied Bill” is before the “Date Statement Covers From” due to an agreement between the provider and the insurer, choose the “Pre-Payment Medical Bill” drop-down. If the Employee has been directly reimbursed by the insurer, choose the “Employee Reimbursement” drop-down. If neither is applicable, leave blank.
Duplicate Override Indicator		DUPLICATE OVERRIDE INDICATOR	<u>SITUATIONAL</u> Check this box to resubmit a medical bill that has been rejected as a duplicate medical bill and to bypass the duplicate check. By marking this indicator you are confirming that you have researched and verified that the medical bill is not a duplicate. If not applicable, leave blank.
NPI	56	PROVIDER FACILITY NPI	<u>REQUIRED</u> Must be a valid NPI number

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
OTHER PROVIDER IDENTIFIER	57	<p>FL AGENCY FOR HEALTH CARE ADMINISTRATION FACILITY LICENSE</p> <p>FORMAT: ASCNNNNNNNNNN HHNNNNNNNNNNNN NHNNNNNNNNNNNN</p>	<p><u>SITUATIONAL</u></p> <p><u>REQUIRED</u> <u>If Type of Bill (form Field 4) = 83x</u> <u>(Ambulatory Surgical Center) or,</u> <u>21x, 22x, 23x, 28x (Nursing Home) or,</u> <u>32x, 33x, 34x (Home Health)</u> (See UB-04 Manual for valid “x” codes)</p> <p>Key alpha prefix and numeric digits of license number Must be valid value</p> <p>If not applicable, leave blank</p>

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 FIELD FORMATS – DETAIL RECORDS TAB- REVISION E

DWC-90 MEDICAL BILL DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Rev Code	42	REVENUE CODE (See UB-04 Manual for Valid Codes)	<u>REQUIRED</u> Must be numeric Must be a valid code FORMAT – NNNN
HCPCS/RATES/HIPPS CODE	44	PROCEDURE, SERVICE OR SUPPLY CODE (AS BILLED BY THE PROVIDER) FORMAT: NNNNN, NAAAA, NAAAN, ANNNN, AANNN, AAANN, AAAAN, AANNA or AAANA	<u>SITUATIONAL</u> Must be valid CPT, HCPCS, HIPPS or WC Unique code If not applicable, leave blank
HCPCS/RATES/HIPPS CODE	44	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 1 (AS BILLED BY THE PROVIDER) FORMAT – NN AN AA	<u>SITUATIONAL</u> Must be valid CPT or HCPCS modifier code If not applicable, leave blank
HCPCS/RATES/HIPPS CODE	44	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 2 (AS BILLED BY THE PROVIDER) FORMAT: NN OR, AN OR, AA	<u>SITUATIONAL</u> Must be valid CPT or HCPCS modifier code If not applicable, leave blank
HCPCS/RATES/HIPPS CODE	44	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 3 (AS BILLED BY THE PROVIDER) FORMAT: NN OR, AN OR, AA	<u>SITUATIONAL</u> Must be valid CPT or HCPCS modifier code If not applicable, leave blank
HCPCS/RATES/HIPPS CODE	44	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 4 (AS BILLED BY THE PROVIDER) FORMAT: NN OR, AN OR, AA	<u>SITUATIONAL</u> Must be valid CPT or HCPCS modifier code If not applicable, leave blank

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
HCPCS/RATES/HIPPS CODE	44	<p>PROCEDURE, SERVICE OR SUPPLY CODE (AS PAID BY THE INSURER)</p> <p>FORMAT: NNNNN, NAAAA, NAAAN, ANNNN, AANNN, AAANN, AAAAN, AANNA or AAANA</p>	<p><u>SITUATIONAL</u></p> <p><u>REQUIRED</u> If Type of Bill (form Field 4) = 83x (Ambulatory Surgical Center) (See UB-04 Manual for valid “x” codes)</p> <p><u>REQUIRED</u> If the PROCEDURE, SERVICE OR SUPPLY CODE (AS BILLED BY THE PROVIDER) is present in form Field 44</p> <p>Must be valid CPT, HCPCS or Unique WC code If not applicable, leave blank</p>
HCPCS/RATES/HIPPS CODE	44	<p>PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 1 (AS PAID BY THE INSURER)</p> <p>FORMAT: NN OR, AN OR, AA</p>	<p><u>SITUATIONAL</u></p> <p>Must be valid CPT or HCPCS modifier code If not applicable, leave blank</p>
HCPCS/RATES/HIPPS CODE	44	<p>PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 2 (AS PAID BY THE INSURER)</p> <p>FORMAT: NN OR, AN OR, AA</p>	<p><u>SITUATIONAL</u></p> <p>Must be valid CPT or HCPCS modifier code If not applicable, leave blank</p>
HCPCS/RATES/HIPPS CODE	44	<p>PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 3 (AS PAID BY THE INSURER)</p> <p>FORMAT: NN OR, AN OR, AA</p>	<p><u>SITUATIONAL</u></p> <p>Must be valid CPT or HCPCS modifier code If not applicable, leave blank</p>

**DWC-90
APPENDIX A – FIELD FORMATS**

DWC-90 MEDICAL BILL DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
HCPCS/RATES/HIPPS CODE	44	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER 4 (AS PAID BY THE INSURER) FORMAT: NN OR, AN OR, AA	<u>SITUATIONAL</u> Must be valid CPT or HCPCS modifier code If not applicable, leave blank
Outpatient Service Date	45	DATE OF OUTPATIENT SERVICE FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR	<u>SITUATIONAL</u> Must be valid date in the correct format Must be present if first digit in <u>Bill Type</u> field = ‘1’ AND the second digit = ‘3’

DWC-90
APPENDIX A – FIELD FORMATS

DWC-90 MEDICAL BILL DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Units	46	UNITS OF SERVICE FORMAT – NNNNNNN	<u>REQUIRED</u> Must be numeric
Charges	47	CHARGE PER REVENUE CODE FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)	<u>REQUIRED</u> Must be numeric Zero is valid value
EOBR Codes		EXPLANATION OF BILL REVIEW CODE 1 (See Appendix E or click the link “Click HERE for EOBR Codes” for valid values) FORMAT – NN	<u>REQUIRED</u> Must be valid Code
EOBR Codes		EXPLANATION OF BILL REVIEW CODE 2 (See Appendix E or click the link “Click HERE for EOBR Codes” for valid values) FORMAT – NN	<u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank
EOBR Codes		EXPLANATION OF BILL REVIEW CODE 3 (See Appendix E or click the link “Click HERE for EOBR Codes” for valid values) FORMAT – NN	<u>SITUATIONAL</u> Must be valid Code If not applicable, leave blank
Paid		INSURER PAYMENT TO PROVIDER OR REIMBURSED TO INJURED EMPLOYEE PER LINE* FORMAT: NNNNNNNNNN *After all adjustments have been applied	<u>SITUATIONAL</u> <u>REQUIRED</u> <u>If Type of Bill (form Field 4) = 83x (Ambulatory Surgical Center)</u> (See UB-04 Manual for valid “x” codes) Must be numeric Decimal point implied at 2 places If not applicable, leave blank

APPENDIX B

ICD-9 Diagnosis Code and ICD-9 Procedure Code Formats

(Forms DWC-9 and DWC-90)

If ICD-9 Diagnosis Code Is:

Valid Format Is:

942	942
942.	942
942.0	942.0
372.61	372.61
043.9	043.9
005.9	005.9
V03	V03
V03.	V03
V03.0	V03.0
V03.7	V03.7
E111	E111
E111.	E111
E111.0	E111.0
E111.9	E111.9

(Form DWC-90)

If ICD-9 Procedure Code Is:

Valid Format Is:

01.0	01.0
01.01	01.01

NOTE: *Be sure to key in the decimal point. If a letter is used, make sure it is capitalized.*

EXCEPTIONS: *Do NOT key the decimal for diagnosis codes containing no digits to the right of the decimal. For HOSPITAL BILLING, key diagnosis according to the UB-04 Manual.*

APPENDIX C

Provider Number Formats

(Forms DWC-9, DWC-10, DWC-11 and DWC-90)

Advanced Registered Nurse Practitioners: Enter “ARNP” followed by their Florida medical license number (ARNP#####).

Ambulatory Surgical Centers: Enter “ASC” followed by the Agency for Health Care Administration assigned license number (ASC#####).

Nursing Homes: Enter “NH” followed by the Agency for Health Care Administration assigned license number (NH#####).

Home Health Agencies: Enter “HH” followed by the Agency for Health Care Administration assigned license number (HH#####).

Medical Supply Company Providers (licensed as Home Medical Equipment suppliers): Enter “DME” followed by the Agency for Health Care Administration assigned license number (DME#####) for the pharmacist’s license number.

Independent Laboratories: Enter “IL”, for required alpha characters, followed by the Agency for Health Care Administration assigned license number (IL8#####).

Individual Health Care Providers, Physicians, Pharmacists, and Therapists: Enter the Florida health care provider’s or rehabilitation facility’s prefix and license number assigned by the professional regulatory board, licensing authority or state regulatory agency.

Out-of-state Providers: Code “ZZ9999999999” for the provider license number.

Radiology or Other Facilities (providing ONLY the technical component): Code “XX9999999999” for the license number.

Work Hardening/Pain Programs: Enter the Division of Vocational Rehabilitation assigned facility number.

WC1##### = Individual Qualified Rehabilitation Provider

WC2##### = Rehabilitation Facility

WC3##### = Rehabilitation Company (Individual QRP's sometimes are employed by and bill through these Rehabilitation Companies)

APPENDIX D

Payment Codes

(Forms DWC-9, DWC-10, DWC-11 and DWC-90)

Payment Code is a two-position field. Each of the two positions has a distinct meaning. The left position designates the payment plan, as described below:

<u>Payment Plan</u>	<u>Valid Codes</u>
Reimbursement Manual (Services are reimbursed according to the appropriate reimbursement manual)	R
Managed Care (Services are reimbursed according to the language of the WC Managed Care Arrangement contract)	M
Contracted Amount (Services are reimbursed according to a contract not associated with a WC Managed Care Arrangement)	C

The right position indicates the insurer's documented business arrangement that identifies the "date insurer received" and "date insurer paid" as they relate to medical bill processing.

The medical bill claims-handling arrangements and corresponding values for the right position are described below:

<u>Receipt and Payment Arrangement</u>	<u>Valid Codes</u>
"Date insurer received" and "date insurer paid, adjusted, disallowed or denied" are based on payment and receipt by the insurer.	1
"Date insurer received" and "date insurer paid, adjusted, disallowed or denied" are based on payment and receipt by the entity.	2
"Date insurer received" is based on the date received by the insurer and "date insurer paid, adjusted, disallowed or denied" is based on payment by the entity.	3
"Date insurer received" is based on the date received by the entity and "date insurer paid, adjusted, disallowed or denied" is based on insurer payment.	4

APPENDIX E

Explanation of Bill Review (EOBR) Codes

(Forms DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11 and DFS-F5-DWC-90)

<u>EOBR Description</u>	<u>Valid Codes</u>
Payment disallowed: location of service(s) is not consistent with the level of service(s) billed.	06
Payment denied: compensability: injury or illness for which service was rendered is not compensable.	10
Payment disallowed: medical necessity: medical records reflect no physician's order was given for service rendered or supply provided.	21
Payment disallowed: medical necessity: medical records reflect no physician's prescription was given for service rendered or supply provided.	22
Payment disallowed: medical necessity: diagnosis does not support the service rendered.	23
Payment disallowed: medical necessity: service rendered was not therapeutically appropriate.	24
Payment disallowed: medical necessity: service rendered was experimental, investigative or research in nature.	25
Payment disallowed: service rendered by healthcare practitioner outside scope of practitioner's licensure.	26
Payment disallowed: lack of authorization: no authorization given for service rendered or notice provided for emergency treatment pursuant to s. 440.13(3), F.S.	30
Payment disallowed; no modification to the information provided on the medical bill. No payment made pursuant to contractual arrangement.	34
Payment disallowed: insufficient documentation: documentation does not support this supply was dispensed to the patient.	38
Payment disallowed: insufficient documentation: documentation does not support this medication was dispensed to the patient.	39
Payment disallowed: insufficient documentation: documentation does not substantiate the service billed was rendered.	40
Payment disallowed: insufficient documentation: level of evaluation and management service not supported by documentation. (Insurer must specify missing components of evaluation and management code description.)	41

Explanation of Bill Review (EOBR) Codes (Continued)

<u>EOBR Description</u>	<u>Valid Codes</u>
Payment disallowed: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.	42
Payment disallowed: insufficient documentation: frequency of service not supported by documentation.	43
Payment disallowed: insufficient documentation: duration of service not supported by documentation.	44
Payment disallowed: insufficient documentation: fraud statement not provided pursuant to s.440.105(7), F.S.	45
Payment disallowed: insufficient documentation: required itemized statement not submitted with the medical bill.	46
Payment disallowed: insufficient documentation: invoice or certification not submitted for implant.	47
Payment disallowed: insufficient documentation: invoice not submitted for supplies.	48
Payment disallowed: insufficient documentation: invoice not submitted for medication.	49
Payment disallowed: insufficient documentation: specific documentation requested in writing at the time of authorization not submitted with the medical bill. (Insurer must specify omitted documentation.)	50
Payment disallowed: insufficient documentation: required DFS-F5-DWC-25 not submitted.	51
Payment disallowed: insufficient documentation: supply(ies) incidental to the procedure. (Insurer must specify which supply is incidental to which procedure.)	52
Payment disallowed: insufficient documentation: required operative report not submitted with the medical bill.	53
Payment disallowed: insufficient documentation: required narrative report not submitted with the medical bill.	54
Payment disallowed: billing error: Correct Coding Initiative guidelines indicate this code is mutually exclusive to code XXXXX billed for service(s) provided on the same day (Insurer must specify inclusive procedure code).	59
Payment disallowed: billing error: line item service previously billed and reimbursement decision previously rendered.	60

Explanation of Bill Review (EOBR) Codes (Continued)

<u>EOBR Description</u>	<u>Valid Codes</u>
Payment disallowed: billing error: incorrect procedure, modifier, units, supply code or NDC number.	62
Payment disallowed: billing error: service billed is integral component of another procedure code. (Insurer must specify inclusive procedure code.)	63
Payment disallowed: billing error: service “not covered” under applicable workers’ compensation reimbursement manual.	64
Payment disallowed: billing error: multiple providers billed on the same form.	65
Payment disallowed: billing error: omitted procedure, modifier, units, supply code or NDC number.	66
Payment disallowed: billing error: Same service billed multiple times on same date of service.	67
Payment disallowed: billing error: Rental value has exceeded purchase price per written fee agreement.	68
Payment disallowed: billing error: Correct Coding Initiative guidelines indicate this code is a comprehensive component of code XXXXX billed for service(s) provided on the same day (Insurer must specify inclusive procedure code.)	69
Payment adjusted: insufficient documentation: level of evaluation and management service not supported by documentation.	71
Payment adjusted: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.	72
Payment adjusted: insufficient documentation: frequency of service not supported by documentation.	73
Payment adjusted: insufficient documentation: duration of service not supported by documentation.	74
Payment adjusted: insufficient documentation: specific documentation requested in writing at the time of authorization not submitted with the medical bill.	75
Payment adjusted: billing error: correction of procedure, modifier, supply code, units, or NDC number.	80
Payment adjusted: billing error: payment modified pursuant to a charge audit.	81

Explanation of Bill Review (EOBR) Codes (Continued)

<u>EOBR Description</u>	<u>Valid Codes</u>
Payment adjusted: medical benefits paid apportioning out the percentage of the need for such care attributable to preexisting condition (s.440.15(5)(b), F.S.).	83
Payment adjusted: co-payment applied pursuant to s.440.13(14)(c), F.S.	84
Payment adjusted: no modification to the information provided on the medical bill. Payment made pursuant to a fee agreement between the health care provider and the carrier.	85
Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Health Care Provider Reimbursement Manual.	90
Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers.	91
Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Hospitals.	92
Paid: no modification to the information provided on the medical bill: payment made pursuant to written contractual arrangement (network or PPO name required).	93
Paid: Out-of-State Provider: payment made pursuant to the Out-of-State Provider Section of the applicable Florida reimbursement manual.	94
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 s.440.13(7), F.S.	95
Paid: Payment made pursuant to a write-off by a health care provider self-insured employer.	96

(Contact the Office of Medical Services at 850-413-1613 for direction on the proper usage of EOBR codes.)

APPENDIX F

Place of Treatment Codes

(Form DWC-11)

<u>Place of Treatment (Location)</u>	<u>Valid Codes</u>
Office	11
Hospital	23
Extended Care Facility (ECF)	31
Other Unlisted	99

APPENDIX G

Dispense as Written (DAW) Codes

(Form DWC-10)

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

APPENDIX H

Documents

Web Site Submitter Specifications

Submitter Name: _____ FEIN: _____

Address: _____

The submitter shall complete and send this form to the division at least two weeks prior to testing the web site.

1. **Purpose.** For purposes of this document, a submitter is an insurer, service co/TPA, or vendor acting on behalf of an insurer or TPA that is using the web site as the medium of exchanging workers' compensation medical data with the Florida Division of Workers' Compensation (DWC).

2. **Reference Manuals.** The submitter shall refer to the Instruction Manual for the Online Medical Data Management System for assistance in navigating the web site.

3. **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 testing the website: _____

6. **Contact Person(s) for Web Site Test and Production Phases.** Provide the name, job title, address, phone number, e-mail address and contact type for all persons who will be entering medical data on the web site. To add additional contacts please use the Web Site Submitter Contact Update form.

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

7. **Virus Software Used (Required)** _____

Medical Web Site Submitter Contact Update

Submitter Name: _____

Additional Contact Person(s): Provide the following information for all persons who will be entering medical data on the web site.

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

Contact Name: _____

Job Title: _____

Address: _____

Phone: _____

Email: _____

Contact Type: Business Technical Both

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: _____

***Web Site Submitter Client Listing
Update Request Form***

Date: _____

Submitter 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.

Insurer	Insurer Code	Insurer FEIN	Insurer ZIP Code	ServiceCo/TPACode	ServiceCo/TPA FEIN	Service Co/TPA ZIP Code	Add/Delete