

Electronic Billing
Washington State Department of Labor and Industries
HCFA Format

Updated July 2008
(Electronic Version)

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Introduction

Preface

There are two accepted format structures for electronic billing with the Washington State Department of Labor & Industries: the L&I HCFA proprietary format and the Federal HIPAA Compliant EDI 837 transaction formats. This guide will detail the **HCFA proprietary format** structure and provide information regarding conducting e-commerce with the department via the Provider Express Billing (PEB) secure web site. PEB is one of the Department's initiatives to comply with HIPAA and industry standards for electronic data interchange (EDI). This web site is provided as the conduit for your billing, no matter which format structure you use. Your clearinghouse, software vendor and our L&I Electronic Billing Unit are available to answer questions and assist you in your PEB billing. For additional information about Provider Express billing, visit the Labor and Industries electronic billing website at <http://lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/default.asp>

Workers Compensation Exemption

Workers' Compensation programs are legally exempt from HIPAA requirements. Regardless of this exemption, the Department has chosen to adopt the new transaction and security standards in order to be as consistent as possible with other payers and the provider community. In order to accommodate our varied provider community, the Department will accept both HIPAA compliant and current L&I proprietary formats. In addition, the Department will continue to accept bills on paper.

Whichever format structure you use, you may either batch your bills and send them directly to L&I, which may require customized programming on your system, or use a clearinghouse/intermediary to send your bills to us. **We do not supply software for this purpose.**

If you are interested in pharmacy billing, we support a Point of Sale system that allows you to enter your bills in real-time and get an accepted/rejected notification immediately. For more information on this system, please call our Provider Hotline at 1.800.848.0811.

For more information, please see our web site at <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/default.asp>

Paper Bill Processing

Paper bills received by L&I are screened for basic required information. Acceptable bills are batched by bill type, microfilmed, assigned an internal control number and then placed on a shelf in the order received.

Approximately 70 percent of all paper bills are either paid or denied upon entry. Suspended bills are held in the system pending final adjudication. These are usually processed to a final status within three to five weeks.

The payment cycle cutoff schedule is every two weeks with a cutoff every other Friday. Information regarding bills entered by our data entry staff by 4:30 p.m. on Friday appears on your remittance advice mailed the following week.

To view the cut off and warrant schedule, go to <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/Paystatus/default.asp>.

Processing Electronic Bills

The success of electronic billing at Labor and Industries has increased the efficiency of bill processing and helped the department to pay providers in a timelier manner.

Bills submitted by electronic media allow you to control when your bills are processed. Bill data received prior to 6:00 p.m., Monday through Friday, will appear in MIPS the following business day.

Generally, a greater percentage of electronic bills are paid or denied upon entry into MIPS than those submitted on paper. MIPS is able to auto-process many of the bills due to fewer errors. We recommend you establish a submission schedule and submit bill files early in the payment cycle to allow time for re-submission if there is a problem with your bill data.

Payment cycles for electronic bills are the same as paper bills.

Information regarding these bills will appear on the remittance advice mailed the following week with most bills processed to a paid or denied status. This does not mean that payment will be made on all bills. Electronic bills must pass the same Medical Aid Rules' requirements as paper bills. While you may not always receive payment, in most cases you will have a more timely answer to address non-payment.

Benefits of Electronic Billing and PEB

- Improved efficiency, effectiveness, and profitability of administrative processes.
- Decreased administrative costs of healthcare.
- Reduced bill-processing time thereby increasing the speed of reimbursement.
- Provides access to retrieve your remittance advices from the web.
- Billings and electronic remittances are securely transmitted.
- Provides links to other L&I information.
- Provides immediate confirmation of successfully submitted transmissions.

Getting Started

Provider Requirements

Providers will need to meet the following requirements in order to begin submitting electronic billing files to the Department of Labor and Industries (L&I). All electronic billing files will be submitted through the Department's Provider Express Billing (PEB) web site. Please contact the Department's Electronic Billing Unit at 360-902-6511 for assistance with meeting these requirements.

- L&I provider account number.
- Completed Electronic Billing Authorization form for bill submission and/or remittance advice retrieval.
- Updated Provider Account with electronic billing authorization for billing submission and/or remittance retrieval.
- SecureAccess Washington (SAW) registration for your User ID and Password.
- PEB registration and enrollment for submitting transactions and/or retrieving remittance advices.
- Test file submission, until approved for production submission.

Clearinghouse Requirements

Third party intermediaries, or clearinghouses, need to meet the following requirements in order to submit workers' compensation billings to L&I on behalf of healthcare providers. Please contact the Department's Electronic Billing Unit at 360-902-6511 for assistance with meeting these requirements.

- Active L&I submitter number updated for electronic billing submission and/or remittance advice retrieval.
- SecureAccess Washington (SAW) registration for your User ID and Password.
- PEB registration and enrollment.
- Test file submission, until approved for production submission.

Reporting Requirements

Washington State law requires you to submit health information to the department or self-insurer when it is required or requested. Washington State has specific laws that require medical providers to disclose health information to the department or self-insured employer for workers' compensation. Billing electronically does not alter the existing reporting requirements for Labor and Industries. **Do not submit reports to the Electronic Billing Unit.** Reports should be sent separately from bills.

Faxing is the recommended method for submitting reports – these go directly to the claim file. Place the claim number in the top right corner of all documents.

Available Fax Numbers:

360-902-4292	360-902-4565
360-902-4566	360-902-4567
360-902-5230	360-902-6100
360-902-6252	360-902-6460

Providers may mail reports to the following address as an alternative:

Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291

Contact Information

Technical Support

L&I Electronic Billing 360-902-6511 or email: ebulni@lni.wa.gov

Available Monday – Friday, 8:00 a.m. – 4:30 p.m.

- Assist with troubleshooting electronic transaction errors
- Assist with establishing a new account or updating an account for electronic transactions
- Arrange testing for new providers and submitters

Your Clearinghouse or Software Vendor

- Provide assistance with your software program i.e., using specific features or screens; troubleshooting software errors
- Provides clearinghouse requirements for submitting provider's bill data on to L&I as HIPAA formatted transaction or as proprietary formatted transaction

L&I PEB Support 360-902-5999 or email: peb@lni.wa.gov

Available Monday – Friday, 8:00 a.m. – 5:00 p.m.

- Provide assistance with registration, enrollment, and activation for PEB
- Provide information and assistance with browser settings and system requirements
- Assist with navigation and processes throughout PEB
- Assist with using logon and passwords, or digital certificates

Billing Customer Service

Provider Hot Line 1-800-848-0811

Available Monday – Friday, 8:00 a.m. – 5:00 p.m.

- Authorize routine services for a claim.
- Verify whether specific services or procedures have been authorized.
- Answer general questions about billing procedures and claim status.
- Explain EOB codes, why bills denied, or are pending.
- Verify number of bills “in process”.
- Verify warrant amounts.
- Verify an inpatient or outpatient authorization number.
- Send a priority message to claims staff or bill payment staff, when additional research or authorization is needed.

IVR – Interactive Voice Response 1-800-831-5227 (Claim related detail)

Available Monday – Friday, 6:00 a.m. – 7:00 p.m.

Available information is:

- Claim numbers.
- Diagnoses.
- Procedures.
- Drug restrictions.
- Basic status information.

What you need:

- Touch-tone telephone.
- Your provider number.
- Claim number or patient's social security number.
- Date of injury.

- Additional information is available regarding this automated service by calling the Provider Hot Line.

Qualis Health (Inpatient and Outpatient Authorizations)

1-800-541-2894

1-206-366-3360 local number

1-877-665-0383 toll-free fax

Available 7:00 a.m. – 5:00 p.m. Pacific Time

You must request authorization at least five days prior to elective admissions and procedures, and within 24 hours after emergent admissions or procedures. Providers can also leave a phone or fax message requesting a review anytime during non-business hours and weekends. For more information about this program, see Provider Bulletin 02-04.

Provider Information

Washington State Dept. of Labor and Industries web site: <http://www.lni.wa.gov/>

Health Services Analysis web site: <http://www.lni.wa.gov/ClaimsIns/Providers/default.asp>. This site will enable you to access provider information such as Provider Bulletins and Updates, Medical Aid Rules and Fee Schedules, Warrant Schedule, etc.

Connectivity with L&I

Provider Express Billing (PEB)

PEB is an Internet-based system that providers may use to send electronic billing files and/or retrieve remittance advices. PEB will accept the Department's proprietary electronic billing format and the HIPAA compliant EDI ASC X12N formats. PEB ensures that the transmission of all electronic billing files and remittance advices are secure.

Minimum System Requirements

- Operating Systems
 - Windows 98
 - Windows NT
 - Windows 2000
 - Windows ME
 - Windows XP

- Browsers
 - Internet Explorer 5.5 or higher
 - Firefox 1.5 or higher

Registration / Enrollment / Activation or Authorization

Once you're L&I Provider Account Number is authorized to bill electronically and/or retrieve electronic remittances, you will need to:

- Register with SecureAccess Washington (SAW) using a User ID and Password at:
<https://secureaccess.wa.gov>

- Select Provider Express Billing service application to enroll.
- Establish a 'relationship' of PEB Provider.
- If you enrolled as an Access Manager, you will receive a letter in the mail with your activation code and you will need to 'Activate' your enrollment,
OR
- If you enrolled as a Provider Billing Agent, your organization's Access Manager will need to approve your access request.

You will then be able to submit electronic billing files or retrieve remittance advices.

Transmission

PEB is available 7 days a week, 24 hours a day, except for scheduled maintenance between 4:00 a.m. - 8:00 a.m. on Sundays.

Once you are logged into PEB and have access to a provider number, you can submit a billing file by selecting "Submit Bills" or retrieve remittances and other EDI responses by selecting "Retrieve Remittances" at the Provider Express Billing Menu. You will receive immediate confirmation of successfully submitted transmissions. For EDI 837 transactions, PEB provides additional HIPAA compliant acknowledgements.

Administrative Procedures

Each organization must have at least one Access Manager to manage access to Provider Express Billing for their organization. The first user who enrolls a provider or clearinghouse number for PEB automatically becomes the Access Manager for that provider/clearinghouse number. Additional Access Managers may be added.

Access Managers are responsible for the management and removal of user access within their organization. In addition to being able to update/view their own user information, Access Managers have additional functions available under 'Manage User Profile'.

Testing Overview with L&I

Contact the Electronic Billing Unit at (360) 902-6511 or ebulni@lni.wa.gov prior to submitting test transactions.

They will:

- Ensure your L&I provider account number is updated for testing in the HCFA proprietary format.
- Answer questions regarding L&I acceptance of test submissions.
- Provide results of test submissions, i.e., specific errors and/or successful tests.
- After successful testing, update your L&I Provider Account for authorization of production billing.

Whichever method you choose to submit your electronic bills, we will work with you and your programmer to resolve any bill format problems during testing. This will ensure your bills will process smoothly through our **Medical Information Payment System (MIPS)**. Once you are logged into PEB and have access to a provider number, you can submit a test file by selecting “Submit Bills” and check the “This is a test file” box.

The first submission should be a test file of no more than five to ten bills. Included in the file format specifications is a sample printout of the proprietary file format for submission to the Department. **To save time in the test process, please check the output of your program against the sample before submitting a test file.**

Test HCFA format billing will include:

- A minimum of 5 test bills. But not more than 10.
- All required Record Types, data fields, and billing information for your provider.
- File submitted to the test environment by checking the “This is a test file” checkbox on the Submit Bills function.
- Files successfully uploaded will receive a “file successfully uploaded” message from PEB.
- Uploaded files will be scheduled and processed in an evening “batch” test adjudication cycle.
- Processed test bills will be reviewed prior to, and after the “batch” test adjudication cycle.
- Any required corrections will be noted and communicated back to the submitter.
- Upon successful completion of testing, the submitter will be updated for production submissions.

Getting Setup with Provider Express Billing

Registration with Secure Access Washington (SAW)

First Time Users

- Register with SecureAccess Washington (SAW User Id and Password).
Go to <https://secureaccess.wa.gov>
Create an account by completing the SAW registration information. SAW will e-mail you with an activation link to activate your account.

Returning Users

- Login to SecureAccess Washington.
- To Add Services
 - Select the *Add a New Service* Tab
 - Select *Department of Labor and Industries* from the agencies listed with services
 - Select *Apply* for Provider Express Billing service
 - On the *Signup for L&I Secure Access* screen, select I am a first time visitor...
 - Verify your contact information and enter your contact phone number
 - Read and accept the User Agreement

Request Access

- Select *PEB Provider* Relationship
- Enroll your L&I provider account number
Note – your provider account MUST be updated for electronic billing prior to enrolling your provider account number. If it is not or if you enter an invalid provider account number, you will receive an error message.

If you are the first person to enroll your provider account number:

- Accept the Access Manager role (Access Manager/PEB Billing Agent).
- An activation code letter will be generated and mailed to the provider.
- Activate your enrollment via the activation code letter instructions and activation code.

If an Access Manager already exists for your organization:

- Request for access will be e-mailed to the Access Manager(s).
- The Access Manager will approve or deny the request for access.
- The Access Manager will notify the requestor of their access status.

Access Managers and PEB Billing Agents

- Users with an established Access Manager and/or PEB Billing Agent relationship will go directly to the Provider Express Billing menu after logging into SAW and selecting the Provider Express Billing services link.

Implementation Checklist

Provider Responsibilities:

- Ensure L&I provider account number is established.
- Send Electronic Billing Authorization form to Electronic Billing Unit. Include completed Power of Attorney if designating clearinghouse to receive your remittance advice.
- Complete Provider Express Billing (PEB) registration, enrollment and activation processes.
- Contact Electronic Billing Unit (EBU) to initialize testing.
- Send test billing file through PEB.

Labor and Industries Responsibilities:

- Notification of test file results to provider or submitter.
- Updating the provider account number for production bill files.
- Notification of authorization for production file transmission.

Forms:

- Electronic Billing Authorization – available online at:
<http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1654>
- Power of Attorney for Electronic Remittance Advice – available online at:
<http://www.lni.wa.gov/FormPub/Detail.asp?DocID=2213>

Sample forms are available at the back of this manual.

Format for Electronic HCFA-1500 Claims

Record Name: Submission Header Record

Record Type: AA

Record Size: 80

Field Number	Field	Length			Field Description/Comments
		From	Thru	Picture	
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	Blank on this record.
5	Record ID (AA)	9	10	X(2)	
6	Process Date (MMDDYY)	11	16	X(6)	Date the submission was created.
7	Filler	17	80	X(64)	

Notes:

- Must be first record submitted.
- Must be followed by RT BB.

Reminders for using these specifications in programming:

- All **bolded** fields are required fields. Please see pages 33-39 for L&I specific requirements.
- All **“X” fields** on all records must be **left justified and space filled**.
- All **“9” fields** on all records must be **right justified and zero filled**.
- All records are 80 characters (bytes) only in length. A line delimiter must be used to indicate that the end of the record has been reached (usually a carriage return and line feed in positions 81 and 82). All files must be closed properly with the appropriate end of file delimiter (usually 1A in hex ASCII).
- **Data must be in all upper case (CAPS).**
- The coding must be ASCII.
- Files are to be named with your provider number and the Julian-date extension (DDD) on which the file was created. Example: 12345.257

Format for Electronic HCFA-1500 Claims

Record Name: Batch Header Record

Record Type: BB

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (BB)	9	10	X(2)	
6	Insurance Program	11	11	X(1)	3=L&I
7	Claim Type (Bill Type)	12	12	X(1)	1=Physician/Practitioner 2=Medical Vendor/Equip. 3=Miscellaneous/Voc. 4=Dental
8	Submitter ID	13	22	X(10)	Number assigned by the insurance program.
9	Filler	23	80	X(58)	

Notes:

- This record starts a batch.
- Must follow RT AA or XX.
- Must be followed by RT C1.
- The C1 record will start a claim and the T2 record will end a claim.
- This record must be submitted for each insurance program, submitter ID and/or claim type combination.
- Batches must be sorted by insurance program within the submission.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 1

Record Type: C1

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (C1)	9	10	X(2)	
6	Insurance Program	11	11	X(1)	3=L&I
7	Claim Type (Bill Type)	12	12	X(1)	1=Physician/Practitioner 2=Medical Vendor/Equip. 3=Miscellaneous/Voc. 4=Dental
8	Submitter ID	13	22	X(10)	Number assigned by the insurance program.
9	Billing Provider Number	23	32	X(10)	
10	Patient Account Number	33	45	X(13)	
11	Patient First Name	46	55	X(10)	
12	Middle Initial	56	56	X(1)	
13	Last Name	57	69	X(13)	
14	Filler	70	80	X(11)	

Notes:

- This record starts a claim.
- Must follow RT BB or RT T2.
- Must be followed by RT C2.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 2

Record Type: C2

Record Size: 80

Field Number	Field	Length From	Length Thru	Picture	Field Description/Comments
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (C2)	9	10	X(2)	
6	Patient Address Line 1	11	32	X(22)	
7	Patient Address Line 2	33	54	X(22)	
8	City	55	69	X(15)	
9	State	70	71	X(2)	
10	Zip	72	80	X(9)	

Notes:

- Must follow RT C1.
- Must be followed by RT C3.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 3

Record Type: C3

Record Size: 80

Field Number	Field	Length From	Length Thru	Picture	Field Description/Comments
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (C3)	9	10	X(2)	
6	Patient Date of Birth	11	16	X(6)	MMDDYY
7	Patient Sex	17	17	X(1)	M, F or blank
8	Patient Death Ind.	18	18	X(1)	Y or N
9	Insured ID Number	19	32	X(14)	
10	Insured Group Number	33	45	X(13)	L&I Claim Number
11	Patient Signature Ind.	46	46	X(1)	Y or N
12	Patient Relationship to Insured	47	47	X(1)	1=Self 2=Spouse 3=Child 4=Other
13	Insured First Name	48	57	X(10)	
14	Middle Initial	58	58	X(1)	
15	Last Name	59	80	X(22)	

Notes:

- Must follow RT C2.
- Must be followed by RT C4.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 4

Record Type: C4

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (C4)	9	10	X(2)	
6	Insured Address Line 1	11	32	X(22)	
7	Insured Address Line 2	33	54	X(22)	
8	City	55	69	X(15)	
9	State	70	71	X(2)	
10	Zip	72	80	X(9)	

Notes:

- Must follow RT C3.
- Must be followed by RT C5.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 5

Record Type: C5

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (C5)	9	10	X(2)	
6	Work Related Ind.	11	11	X(1)	Y or N
7	Auto Acc. Ind.	12	12	X(1)	Y or N
8	Other Acc. Ind.	13	13	X(1)	Y or N
9	Other Ins. Ind.	14	14	X(1)	Y or N
10	Other Ins. Name	15	36	X(22)	
11	Campus Status	37	37	X(1)	1=Active 2=Retired 3=Deceased
12	Branch of Service	38	41	X(4)	Army, Navy, AF, Res.
13	Date of Illness/Injury	42	47	X(6)	MMDDYY
14	First Consult Date	48	53	X(6)	MMDDYY
15	Emergency Ind.	54	54	X(1)	Y or N
16	Dates of Disability				
	From Date	55	60	X(6)	MMDDYY
	To Date	61	66	X(6)	MMDDYY
17	Filler	67	80	X(14)	

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 5

Record Type: C5

Record Size: 80

(continued)

Notes:

- Must follow RT C4.
- Must be followed by RT C6.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 6

Record Type: C6

Record Size: 80

Field Number	Field	Length			Field Description/Comments
		From	Thru	Picture	
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (C6)	9	10	X(2)	
6	Referring Physician Name	11	30	X(20)	
7	Referring Physician Number	31	40	X(10)	Please refer to page 36 for proper use of this field.
8	Facility Name	41	60	X(20)	
9	Facility Number	61	70	X(10)	
10	Filler	71	80		

Notes:

- Must follow RT C5.
- Must be followed by RT C7.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 7

Record Type: C7

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (C7)	9	10	X(2)	
6	Hospital Admit Date	11	16	X(6)	MMDDYY
7	Hospital Discharge Date	17	22	X(6)	MMDDYY
8	Laboratory Charges	23	29	9(5)V99	
9	EPSDT	30	30	X(1)	Y or N
10	Family Planning	31	31	X(1)	Y or N
11	Prior Authorization Number	32	40	X(9)	
12	Header Diagnosis 1	41	45	X(5)	No decimal included. Not required for vocational or IME providers.
13	Header Diagnosis 2	46	50	X(5)	No decimal included.
14	Header Diagnosis 3	51	55	X(5)	No decimal included.
15	Header Diagnosis 4	56	60	X(5)	No decimal included.
16	Number of Detail Records	61	62	9(2)	i.e. 01, 02

Format for Electronic HCFA-1500 Claims

Record Name: Claim Header 7

Record Type: C7

Record Size: 80

Field Number	Field	Length			Field
		From	Thru	Picture	Description/Comments
(continued)					
Control Information					
17	Prior Authorization Number or Vocational Referral ID Number.	63	72	X(10)	Please refer to page 36 for proper use of this field.
18	Filler	73	80	X(8)	

Notes:

- Must follow RT C6.
- Must be followed by RT D1.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Detail 1

Record Type: D1

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (D1)	9	10	X(2)	
6	Line Item Number	11	12	9(2)	i.e. 01,02
7	From Date of Service	13	18	X(6)	MMDDYY
8	To Date of Service	19	24	X(6)	MMDDYY
9	Place of Service	25	26	X(2)	Please refer to page 42 for two-digit place of service values.
10	Type of Service	27	28	X(2)	Please refer to pages 40-41 for type of service values.
11	Procedure Code	29	33	X(5)	
12	Procedure Code Modifier 1	34	35	X(2)	
13	Procedure Code Modifier 2	36	37	X(2)	
14	Diagnosis Code	38	42	X(5)	No decimal included. Not required for vocational or IME providers.
15	Quantity	43	45	9(3)	
16	Submitted Charge	46	52	9(5)V99	
17	Side of Body Ind.	53	53	X(1)	L, R, B or blank. Not required for vocational providers.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Detail 1

Record Type: D1

Record Size: 80

Field Number	Field	Length From Thru		Picture	Field Description/Comments
(continued)					
Control Information					
18	Report Ind.	54	54	X(1)	Y or N
19	Detail Reference	55	60	X(6)	
20	Filler	61	80	X(20)	

Notes:

- May be preceded by RT C7 or D1/D2 combination.
- Must be followed by RT D2.
- Services should be entered in the sequence they occur.

Format for Electronic HCFA-1500 Claims

Record Name: Claim Detail 2

Record Type: D2

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (D2)	9	10	X(2)	
6	Line Item Number	11	12	9(2)	i.e. 01, 02
7	Remarks	13	52	X(40)	See page 44 for proper use of the remarks field. You must key an “@” as the first character of your remarks.
8	Filler	53	80	X(28)	

Notes:

- Must follow RT D1.
- Must be followed by RT D1 or T1.

Format for Electronic HCFA-1500 Claims

Record Name: Total Record 1

Record Type: T1

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (T1)	9	10	X(2)	
6	Physician Signature on File	11	11	X(1)	Y or N
7	Date Signed	12	17	X(6)	MMDDYY
8	Assigned Ind.	18	18	X(1)	Y or N
9	SSN Number	19	27	X(9)	
10	Employer ID Number	28	37	X(10)	
11	Performing Provider Number	38	47	X(10)	
12	Filler	48	80	X(33)	

Notes:

- Must follow RT D2.
- Must be followed by RT T2.

Format for Electronic HCFA-1500 Claims

Record Name: Total Record 2

Record Type: T2

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (T2)	9	10	X(2)	
6	Total Charges	11	17	9(5)V99	Total of all line item charges.
7	Patient Liability	18	24	9(5)V99	
8	Other Insurance Paid	25	31	9(5)V99	
9	Balance Due	32	38	9(5)V99	
10	Filler	39	80	X(42)	

Notes:

- This record ends a claim.
- Must follow RT T1.
- May be followed by RT C1 or RT XX.

Format for Electronic HCFA-1500 Claims

Record Name: Batch Trailer Record

Record Type: XX

Record Size: 80

Field Number	Field	Length		Picture	Field Description/Comments
		From	Thru		
Control Information					
1	Identifier @@	1	2	X(2)	
2	Record Number (0001-9999)	3	6	9(4)	Record number within the submission.
3	Filler	7	7	X(1)	
4	Insurance Program	8	8	X(1)	3=L&I
5	Record ID (XX)	9	10	X(2)	
6	Total Number of Claims Submitted for Batch	11	16	9(6)	Count of C1 through T2 record sequences.
7	Total Number of Records for Batch	17	22	9(6)	Count of BB through XX records.
8	Filler	23	80	X(58)	

Notes:

- This record ends a batch.
- Must follow RT T2.
- May be followed by RT BB or RT ZZ.

Format for Electronic HCFA-1500 Claims

Record Name: Submission Ender Record Record Type: ZZ Record Size: 80

Field Number	Field	Length			Picture	Field Description/Comments
		From	Thru			
Control Information						
1	Identifier @@	1	2	X(2)		
2	Record Number (0001-9999)	3	6	9(4)		Record number within the submission.
3	Filler	7	7	X(1)		
4	Insurance Program	8	8	X(1)		Blank on this record.
5	Record ID (ZZ)	9	10	X(2)		
6	Filler	11	80	X(70)		

Notes:

- Must be last record submitted.

Sample HCFA File Format

```
@@0001  AA080195
@@0002  3BB31SUBMIT#
@@0003  3C131SUBMIT#    PROVNUM    PTACCOUNTNUM                PATIENTLASTNA
@@0004  3C2
@@0005  3C3                CLAIM#
@@0006  3C4
@@0007  3C5                DATINJ
@@0008  3C6                REFPHY#
@@0009  3C7                HDXCD                01PA/REFID
@@0010  3D101FRMDOSTO-DOSPST PROCDMD  DXCOD0010001234SR
@@0011  3D201@REMARKS FIELD - 40 CHARACTERS .....
@@0012  3T1                PERFPR#
@@0013  3T20001234
@@0014  3XX000001000013
@@0015  ZZ
```

L&I Specific HCFA-1500 Format Instructions

(Includes Statement for Miscellaneous Services)

Providers who submit bills on either the HCFA or Miscellaneous bill forms may use the HCFA-1500 specifications. Please note this format does **not** support the National Provider Identification (NPI) number.

The following are the Record Types and Required Fields for submitting electronic bills to L&I.

Required

<u>Field</u>	<u>Field Description/Comments</u>
--------------	-----------------------------------

Record Type AA Submission Header Record

1	
2	Record number within the submission.
5	
6	Date the submission was created. Use MMDDYY format.

Record Type BB Batch Header Record

1	
2	Record number within the submission.
4	3 = L&I
5	
6	3 = L&I
7	1 = Physician/Practitioner 2 = Medical Vendor/Equipment 3 = Miscellaneous/Vocational Rehabilitation 4 = Dental
8	Use your L&I provider account number. If you are a third party intermediary, use your submitter number assigned by L&I. Valid L&I provider account numbers consist of 2 to 7 digits. Leading zeros are optional. Enter up to 7 digits only.

Required

Field Field Description/Comments

Record Type C1 Claim Header 1

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 6 3 = L&I
- 7 1 = Physician/Practitioner
2 = Medical Vendor/Equipment
3 = Miscellaneous/Vocational Rehabilitation
4 = Dental
- 8 Use the L&I provider account number for the entity who is sending the claims to L&I. If you are using an intermediary/clearinghouse to send your bills for you, this would be their L&I provider number. If you are not using an intermediary/clearinghouse, this would be the group/clinic number (if one) or an individual provider number (if no group/clinic number). Valid L&I provider account numbers consist of 2 to 7 digits. Leading zeros are optional. **Enter up to 7 digits only.**
- 9 Use the L&I provider account number of the "pay to" provider. This would be the group/clinic number (if one) or an individual provider number (if no group/clinic number). Valid L&I provider account numbers consist of 2 to 7 digits. Leading zeros are optional. **Enter up to 7 digits only.**
- 10 Use your own patient account number. The first 12 characters entered in this field will appear on your L&I remittance advice.

13

Record Type C2 Claim Header 2

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5

Required

Field Field Description/Comments

Record Type C3 Claim Header 3

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 10 Use the 7-digit L&I claim number. Do not enter spaces, dashes (-) or other special characters in the claim number field. Valid L&I claim numbers begin with one or two alpha characters followed by all numeric.

Record Type C4 Claim Header 4

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5

Record Type C5 Claim Header 5

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 13 Use MMDDYY format.

Record Type C6 Claim Header 6

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5

Required

Field Field Description/Comments

7 Use the L&I provider account number of the physician or vocational provider who referred the injured worker to you. **For provider type 97, miscellaneous payee**, the vocational provider number is required. Failure to add this information will result in denial of bills. Valid L&I provider account numbers consist of 2 to 7 digits. Leading zeros are optional. **Enter up to 7 digits only.**

Record Type C7 Claim Header 7

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 12 Use the appropriate ICD-9-CM diagnosis code **without decimals**. The diagnosis code used here will appear in our bill payment system on all lines where the diagnosis field is left blank (field 14 of the D1 record). **Vocational/IME providers: do not enter data here.**
- 16 The number of D1/D2 record combinations for this bill.
- 17 **Prior Authorization Number:** treatment authorization code assigned by L&I's utilization review firm; required for outpatient services only (please see Provider Bulletin 00-08). **Vocational Referral ID:** effective 6/1/01, vocational providers and those ancillary providers billing codes 0389R or 0390R are required to enter the vocational referral ID number (please see Provider Bulletin 01-03). **Invalid information in this field will cause delays in the processing and payment of your bills.**

Record Type D1 Claim Detail 1

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 6 Use 01 for the first D1 record of this bill, 02 for the second D1 record of this bill, etc. up to a maximum of fifty D1/D2 record combinations per bill.
- 7 Use MMDDYY format.

Required

Field

Field Description/Comments

- 8 Use MMDDYY format. The "to date of service" must be entered, even if it is the same as the "from date of service".
- 9 See page 42 to determine the correct "Place of Service" code.
- 10 See pages 40-41 to determine the correct "Type of Service" code for your provider/bill type. Type of Service is no longer a required field. If the Type of Service is sent, current system edits will be enforced to ensure correct Bill Type/Type of Service assignment combinations. If Type of Service is not sent, the Type of Service will be assigned by the system based upon the Rendering Provider of service submitted on the bill.
- 11 Use the appropriate procedure code found in the L&I Medical Aid Rules and Maximum Fee Schedules. You can request a copy of the current Fee Schedule by contacting the Department's Provider Accounts section at (360) 902-5140.
- 12 Do not fill this field if there is no applicable modifier. For Dental bills, enter the two-digit tooth number. Valid tooth numbers are 01 through 32. Do not use field 13 for a second modifier or tooth number.
- 14 Use the appropriate ICD-9-CM diagnosis code **without decimals**. If this field is left blank, the diagnosis code entered in field 12 of the C7 record will auto-fill as the line item diagnosis code. **Vocational/IME providers:** do not enter data here.
- 15 Use the number of units or days in whole numbers. **Do not use fractions or decimal points.**
- 16
- 17 Valid side of body indicators are L, R, B (bilateral) or blank. **Vocational providers:** do not enter data here.

Record Type D2 Claim Detail 2

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 6 Use 01 for the first D2 record of this bill, 02 for the second D2 record of this bill, etc. up to a maximum of fifty D1/D2 record combinations per bill.
- 7 **Caution:** See page 43 for proper use of the Remarks field. Improper use may cause delays in the processing and payment of your bills. **You must key an "@" as the first character of your remarks.**

Required

Field Field Description/Comments

Record Type T1 Total Record 1

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 11 Enter the individual L&I provider account number of the practitioner who provided the service. Valid L&I provider account numbers consist of 2 to 7 digits. Leading zeros are optional. **Enter up to 7 digits only.**

Record Type T2 Total Record 2

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 6 Total of all line item charges (field 16 of the D1 records).

Record Type XX Batch Trailer Record

- 1
- 2 Record number within the submission.
- 4 3 = L&I
- 5
- 6 Number of C1 through T2 record sequences in the batch.
- 7 The total number of records in this batch (BB record through XX record). Do not include the AA or the ZZ records.

Required

Field

Field Description/Comments

Record Type ZZ Submission Ender Record

1

2 Record number within the submission.

5

Bill Types, Type of Service and Place of Service Codes

Note: The list below regarding the type and place of service codes is also found in Department billing instructions. It appears here for your convenience only. Please contact the Department's Provider Accounts section at (360) 902-5140 if you need a current copy of the billing instructions.

The following bill types, type of service and place of service codes are to be used by all providers submitting bills for HCFA-1500 or Miscellaneous format.

The Type of Service is no longer a required field in this format. If the Type of Service is sent, current system edits will be enforced to ensure correct Bill Type/Type of Service assignment combinations. If type of Service is not sent, the system will assign the Type of Services to the bill based upon the Rendering Provider of service.

Bill Type Options

1	Physician/Practitioner	3	Miscellaneous/Vocational Rehabilitation
2	Equipment/Medical Vendor	4	Dental

Provider Type	Bill Type	Type of Service
Ambulance	3	9
Ambulatory Surgery Center	1	3
ARNP/FNP	3	N
Audiologist	3	*(3)
Chiropractor	1	C
Clinic (Chiropractor)	1	C
Clinic (Medical)	1	3
Clinic (Physical Therapy)	1	P
CRNA	3	N
Dentist	4	*(2)
Drug/Alcohol Treatment		
Facilities/Ancillaries	3	9
Physician Services	1	*(4)
DME Supplier	2	9
Free-Standing Emergency Room – Physician Services	1	3
Home Health Agency	3	9
Hospital – Professional Services	1	3
Independent Diagnostic Testing Facility	1	3
Infusion Therapy	3	9
Interpreter	3	9
Job Mod./Pre-Job Mod. Consultant	3	9
Laboratory/Blood Bank	1	3
LMT	3	9
Lodging	3	9
Miscellaneous Non-Physician	3	9
Naturopath	1	D
Nurse Case Management	3	9

Nursing Home, etc.	3	9
Nurse Service Agency	3	9
Optician	3	*(3)
Optometrist	3	*(3)
Orthotist	2	9
Osteopath	1	3
OTR	3	9
Pain Clinic	1	9
Pain Clinic Voc Rehab	1	V
Panel Examiner	1	3
Pharmacy – Medical Supplies	2	9
Physical Therapy	1	P
Physician	1	3
Physician Assistant, Certified	1	3
Placement Agency	3	V
Podiatric	1	*(3)
Prosthetics	2	9
Psychologist/ Psychiatrist	1	3
Public Transportation	3	9
Radiology	1	3
Registered Dietician	3	9
Registered Nurse, Biofeedback	3	N
Registered Nurse/NR First Assistant	3	N
Respiratory Therapy	1	P
Retraining - facility, daycare, supplier, consultant	3	V
Speech Therapist	3	*(3)
Vocational – firm, forensic, counselor	3	V

*(1) Key Type of Service 3 if billing Physicians’ Current Procedural Terminology (CPT™) codes and Type of Service 9 if billing local codes.

*(2) Key Type of Service 3 if billing CPT™ or local codes and Type of Service 4 if billing Dental codes (D0100-D9999).

*(3) Key Type of Service 3 if billing CPT™ or codes and Type of Service 9 if billing HCPC or Local Codes.

*(4) Key Type of Service 3 if billing CPT™ or HCPC codes and Type of Service 9 if billing local codes.

Place of Service Codes

01	Pharmacy	34	Hospice
03	School	35	Adult Living Care Facility (place of service terminated as of 7/1/01)
04	Homeless Shelter	41	Ambulance – Land
05	Indian Health Svc. Free-standing Facility	42	Ambulance – Air or Water
06	Indian Health Svc. Provider-based Facility	49	Independent Clinic
07	Tribal 638 Free-standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-based Facility	51	Inpatient Psychiatric Facility
09	Correctional Facility	52	Psychiatric Facility Partial Hospitalizations
11	Office	53	Community Mental Health Facility
12	Home	54	Intermediate Care Facility for the Mentally Retarded
13	Assisted Living Facility	55	Residential Substance Abuse Treatment Facility
14	Group Home	56	Psychiatric Residential Treatment Center
15	Mobile Unit	57	Non-residential Substance Abuse Treatment Facility
16	Temporary Lodging	60	Mass Immunization Center
20	Urgent Care Facility	61	Comprehensive Inpatient Rehab. Facility
21	Inpatient Hospital	62	Comprehensive Outpatient Rehab. Facility
22	Outpatient Hospital	65	End-Stage Renal Disease Treatment Facility
23	Emergency Room	71	State of Local Public Health Clinic
24	Ambulatory Surgical Center	72	Rural Health Clinic
25	Birthing Center	81	Independent Laboratory
26	Military Treatment Facility	99	Other Unlisted Facility
31	Skilled Nursing Facility		
32	Nursing Facility		
33	Custodial Care Facility		

*** 16 Temporary Lodging – Effective 4/1/2008

*** 09 Correctional Facility – Effective 09/1/2006

Special Instructions for Electronic Billing

Reporting Requirements

Electronic billing does not alter the existing reporting requirements for L&I. **All services currently requiring reports continue whether bills are submitted electronically or on paper.** Providers may fax or mail reports separately from the billing to the following:

Faxing is the recommended method for submitting reports – these go directly to the claim file. Remember to include the L&I claim number in the top right corner of all documents.

Available Fax Numbers:

360-902-4292	360-902-4565
360-902-4566	360-902-4567
360-902-5230	360-902-6100
360-902-6252	360-902-6460

Or mail to:

Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291

Backup Documentation for All Bills

The following supporting documentation is required for all HCFA-1500 or Miscellaneous bills:

- Laboratory and pathology reports
- X-ray findings
- Operative reports
- Office notes
- Consultation reports
- Diagnostic study reports
- 60-day progress reports
- Independent medical examination reports
- Cost invoices of supplies furnished

The injured worker's name and claim number must be in the upper right hand corner of each page of documentation.

Re-bills

Previously denied bills or those that paid at \$0.00 may be re-billed electronically. **Do not** indicate "re-bill" or the ICN of the original bill in the remarks field. It is not necessary to send backup documentation again when re-billing

Adjustments

Adjustments cannot be billed electronically. If a bill has been paid in error or if you wish reconsideration of the amount paid, you must submit a paper Provider's Request for Adjustment form (F245-183-000).

Use of the Remarks Field

A message of up to 40 characters may be entered in the Remarks/Detail Narrative Comments field. **Improper use of the remarks field can cause unnecessary delay in the payment of your bills.** MIPS will suspend any bill which has data keyed in the Remarks field so that it may be manually adjudicated based upon the remarks. Remarks such as routine descriptions of procedure or diagnosis codes or the results of diagnostic studies should **not** be entered in this field, nor should requests for authorization of services. **To enter valid remarks (i.e., multiple modifiers) you must key an @ as the first character of your remarks (e.g., @-51, -62).**

Required Remarks

In some cases, further explanation of services rendered is required in the remarks field. The following situations are examples:

Procedure codes referencing an unlisted service -
Indicate the nature of the service.

Procedure codes having the following modifiers -
22 - Explain the nature of the additional charges.
99 - Indicate all applicable modifiers.

Optional Remarks

Appropriate use of the Remarks field is not limited to those messages indicated above. If you are in question of what may be appropriate, please contact the Electronic Billing Unit at (360) 902-6511 or ebulni@lni.wa.gov .

Receiving the Electronic Remittance Advice

The Electronic Remittance Advice comes in the format specified in the following section. Your programmer or vendor supporting your electronic billing software may be able to assist you in making use of this option.

When you are ready to begin receiving the Electronic Remittance Advice, simply notify our office at (360) 902-6511 or ebulni@lni.wa.gov and we will update your account. If you would like your intermediary to receive your Electronic Remittance Advice, you must sign and notarize the Power of Attorney form for this designation. Return it to the following address:

Department of Labor and Industries
Electronic Billing Unit
PO Box 44264
Olympia WA 98504-4264

The Electronic Remittance Advice will be available on our web site on a bi-weekly basis in coordination with the department payment cycle.

All correspondence pertaining to the Electronic Remittance Advice can be sent to the address above.

If you have questions regarding the Electronic Remittance Advice, please call either of the above-mentioned phone numbers.

Electronic Remittance Advice Record Format

Medical Header Record

Field	Position		Picture	Comments
	Start	End		
Record Code	1	2	X(2)	“M1”
Media	3	3	X(1)	3 = Web & Hardcopy
Payee Number	4	10	9(7)	
Remittance Advice Number	11	19	9(9)	
Payment Date	20	25	9(6)	MMDDYY
Provider Number	26	32	9(7)	
Claim Number	33	39	X(7)	
Claimant Name	40	63	X(24)	
Internal Control Number	64	80	9(17)	ICN number assigned to the bill. The first character of the ICN indicates the media type of the bill: 0 = paper bill 3 = electronic proprietary format 7 = electronic HIPAA compliant format
Filler	81	160	X(80)	

Notes:

- First record for each bill.
- Followed by “M2” record.
- All “X” fields are left justified.
- All “9” fields are right justified.
- All records are 160 bytes.
- Files will be sent with filenames consisting of your submitter ID with the extension of the Julian date on which the RA was generated. (Note: there may be multiple files.)

**Electronic Remittance Advice Record Format
Medical Service Record**

Field	Position		Picture	Comments
	Start	End		
Record Code	1	2	X(2)	“M2”
Media	3	3	X(1)	3 = Web & Hardcopy
Payee Number	4	10	9(7)	
Line Number	11	12	X(2)	
First Date of Service	13	18	9(6)	MMDDYY
Last Date of Service	19	24	9(6)	MMDDYY
Type of Service	25	25	X(1)	
Procedure Code	26	30	X(5)	
Procedure Code Modifier	31	32	X(2)	
Procedure Code Modifier	33	34	X(2)	
Procedure Code Modifier	35	36	X(2)	
Procedure Code Modifier	37	38	X(2)	
Units of Service	39	42	9(4)	
Filler	43	43	X(1)	
Line Item Charge	44	50	9(5)V99	
Line Item Allowed	51	57	9(5)V99	
Line Item Non-Cov or Tax	58	64	9(5)V99	
Line Item Payable	65	71	9(5)V99	
Line Item EOB (1)	72	74	X(3)	
Line Item EOB (2)	75	77	X(3)	

**Electronic Remittance Advice Record Format
Medical Service Record**

Field	Position		Picture	Comments
	Start	End		
(continued)				
Detail Reference Number	78	83	X(6)	
Filler	84	160	X(77)	

Notes:

- Follows “M1” record.
- Followed by “M3” record for each bill.

**Electronic Remittance Advice Record Format
Medical Trailer Record**

Field	Position		Picture	Comments
	Start	End		
Record Code	1	2	X(2)	“M3”
Media	3	3	X(1)	3 = Web & Hardcopy
Payee Number	4	10	9(7)	
Total Charge	11	19	9(7)V99	
Non-Covered Charge	20	28	9(7)V99	
Net Charge	29	37	9(7)V99	
Third Party Payment	38	46	9(7)V99	
Total Payable Amount	47	55	9(7)V99	
Bill EOB Code (1)	56	58	X(3)	
Bill EOB Code (2)	59	61	X(3)	
Status of Bill	62	62	X(1)	P = Paid D = Denied R = Returned I = In Process
Type of Bill	63	63	X(1)	E = Equipment K = Dental M = Miscellaneous N = Nursing P = Practitioner V = Voc Rehab Q = Gross Adjustment
Patient Account Number	64	83	X(20)	
Filler	84	160	X(77)	

Notes:

- Follows “M2” record for each bill.
- May be followed by “M1” record for next bill or by “99” record to end file.

**Electronic Remittance Advice Record Format
Provider Trailer Record**

Field	Position		Picture	Comments
	Start	End		
Record Code	1	2	X(2)	“99”
Media	3	3	X(1)	3 = Web & Hardcopy
Payee Number	4	10	9(7)	
Submitter Number	11	17	9(7)	
Filler	18	160	X(143)	

Notes:

- Follows “M3” record; ends file.

State of Washington
 Department of Labor & Industries
 Health Services Analysis/MIPS
 Electronic Billing Unit
 PO BOX 44263
 Olympia WA 98504-4263
 Phone: (360) 902-6511
 Fax: (360) 902-6192
 Email: ebuLni@Lni.wa.gov



Power of Attorney for Electronic Remittance Advice

State of Washington
 County of _____

Power of Attorney for Electronic Remittance Advice

KNOW ALL PERSONS BY THESE PRESENT, that the undersigned,

 (Name of provider)

of _____ County, In the State of _____ does hereby make, constitute and appoint

 (Name of clearinghouse/intermediary) (Clearinghouse L&I provider account number)

as attorney in fact for the benefit of the undersigned, and in its name, place and stead for the following purposes: To act as an agent for the undersigned in receiving the undersigned's Industrial Insurance remittance advice by electronic means from the Washington State Department of Labor and Industries Medical Information and Payment System. The remittance advice information will contain itemized detail of bills processed by the Medical Information and Payment System, including billed charges, allowed charges, payable charges, explanation of denied charges or partial payments, and a listing of those bills still in process as of the close of the processing cycle.

This Power of Attorney is made effective this _____ day of _____, 20____.

 Provider Name Provider/Representative Signature

 L&I Provider Number

 National Provider Identifier (NPI)

Notary Public

Subscribed and sworn before me this Date
Notary Public in and for
Signature
Residing at
Commission expires

State of Washington
Department of Labor & Industries
Health Services Analysis/MIPS
Electronic Billing Unit
PO BOX 44264
Olympia WA 98504-4264
Phone: (360) 902-6511
Fax: (360) 902-6192
Email: ebuLni@Lni.wa.gov



Electronic Billing Authorization

Instructions for Completing the Electronic Billing Authorization

Prior to billing electronically, it will be necessary to execute an Electronic Billing Authorization. You may choose to employ a clearinghouse/intermediary to bill for you or you may elect to bill electronically as a direct submitter. If you choose a clearinghouse/intermediary to bill for you, the Billing Authorization includes a section for you to designate the name of the company and provides permission for the clearinghouse/intermediary to bill on your behalf.

After completing, **please make a copy for your file and mail the original** as instructed by your clearinghouse/intermediary – either return to them or to the Electronic Billing Unit.

We will update your provider account and notify your clearinghouse/intermediary when you are set up in our system. If you are using a clearinghouse/intermediary, you will need to coordinate with them when you are ready to bill electronically.

PROVIDER INFORMATION

L&I Provider Account Number: List the group/clinic (or individual practitioner) provider account number assigned by L&I. This number may be used to submit your bills electronically or you may use your National Provider Identifier (NPI).

National Provider Identifier (NPI): The National Provider Identifier (NPI) is the standard, unique identifier for health care providers mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Use the [definition of "healthcare provider" from the Centers for Medicare & Medicaid Services \(CMS\)](#) to determine if you are eligible for an NPI.

Name of Firm or Individual (Provider): List the group/clinic name, or individual practitioner name if no group affiliation. Only one Authorization under the business name and tax Id is required to cover the entire group and any future practitioners added to the group. If an individual practitioner incorporates and adds other providers of service to their business under a new tax identification number (EIN), a new Billing Authorization is required.

IRS Tax Identification Number: List your current taxpayer number (EIN or SSN).

Address: List the provider's billing address.

City, State and Zip: List the city, state and zip code of the provider's billing address.

Contact Name: List the name of the person to contact if we have questions/concerns.

Telephone: List the phone number of the provider's billing office.

E-mail: List the e-mail address of the provider or contact name.

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CLEARINGHOUSE/INTERMEDIARY INFORMATION

Clearinghouse/Intermediary Name: List the name of the clearinghouse/intermediary you will use.

Address: List the clearinghouse/intermediary business address.

City, State and Zip: List the city, state and zip code of the clearinghouse/intermediary.

Clearinghouse/Intermediary (L&I Provider Account Number): List the L&I provider account number of the clearinghouse/intermediary you will use to submit billing.

Contact Name: List the name of the person to contact if we have questions/concerns.

Telephone: List the phone number for the clearinghouse/intermediary.

Effective Date: Enter the date you will start sending bills for processing to your clearinghouse/intermediary. (Note: Our billing system accepts only one submitter. You must STOP sending bills to your old clearinghouse/intermediary before submitting bills to your new clearinghouse/intermediary. Updates to your provider account usually take 3-5 days after receipt of the Billing Agreement).

DIRECT SUBMITTER

Complete this section only if you will be submitting electronic billing directly to L&I through the Provider Express Billing (PEB) web site. Indicate the type of file format you will be using to submit your bills and the effective date you expect to begin submitting electronically.

AUTHORIZING SIGNATURE

Provider Name: Please print the group/clinic (or individual practitioner) name.

Signature and Date: The owner or office manager must sign and date the document. **NOTE: only original signatures will be accepted; no faxes or copies.**

Signatory Name (Print Name): Print the name of the person who signs the document.

If you have any questions regarding the Electronic Billing Authorization, please call (360) 902-6511 or email ebuLni@Lni.wa.gov

Please fax or return the completed Electronic Billing Authorization to the following address:

Department of Labor and Industries
Electronic Billing Unit
P.O. Box 44263
Olympia, WA 98504-4263
Fax (360) 902-6192

PROVIDER INFORMATION

_____ L&I Provider Account Number	_____ National Provider Identifier (NPI)
_____ Name of Firm or Individual (Provider)	_____ IRS Tax Identification Number
_____ Address	_____ Contact Name
_____ Address	_____ Telephone
_____ City, State, Zip + 4	_____ E-mail

CLEARINGHOUSE/INTERMEDIARY INFORMATION

Complete this section if you will be submitting your bills through a Clearinghouse/Intermediary. Entry of information below constitutes Provider's authorization for Labor & Industries to accept and process billing through the following Clearinghouse/Intermediary.

_____ Clearinghouse/Intermediary Name	_____ Clearinghouse/Intermediary (L&I Provider Account Number)
_____ Address	_____ Contact Name
_____ City, State, Zip + 4	_____ Telephone

EFFECTIVE DATE

Enter the date that you want your bills to be processed through Labor & Industries using your requested Clearinghouse/Intermediary. If you are changing clearinghouses, this is the date you will begin submitting bills through your new clearinghouse. Failure to enter an effective date may cause your bills to suspend or be denied.
Effective Date _____

DIRECT SUBMITTER

Complete this section if you will be submitting your bills directly to Labor & Industries. Direct electronic submission requires that you have software and complete successful testing with the department in one of the approved electronic formats listed below. Indicate the electronic file format you will be submitting to Labor &

HIPAA X12N Format	L&I Proprietary Format
<input type="checkbox"/> 837 Professional <input type="checkbox"/> 837 Institutional <input type="checkbox"/> 837 Dental	<input type="checkbox"/> EMC 1500

Effective Date _____

Provider's signature below authorizes L&I to accept and process electronic billing within the provisions listed above.

_____ Provider Name	
_____ Signature (must be original signature)	_____ Date
_____ Signatory Name (print name)	

