

Florida Division of Workers' Compensation

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



**Revised
February 9, 2005**

**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 claims on behalf of insurers, a way to enter, process, monitor, and update a relatively small volume of claims without having to hire a vendor to handle required electronic submissions of workers' compensation medical reports. A relatively small volume of claims 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 claims correction and timely resubmission of rejected claims, plus 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), the Workers' Compensation Statute (Chapter 440), and this instruction manual.

The following claim forms can be submitted through the Workers' Compensation MDMS web site:

- DFS-F5-DWC-9 (CMS-1500 Health Insurance Claim Form, Rev. 12/90)
- DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies, Rev. 3/2004)
- DFS-F5-DWC-11 (American Dental Association Dental Claim Form, Rev. 2002)
- DFS-F5-DWC-90 (HCFA-1450 Hospital Uniform Bill / UB-92, Effective 1992)

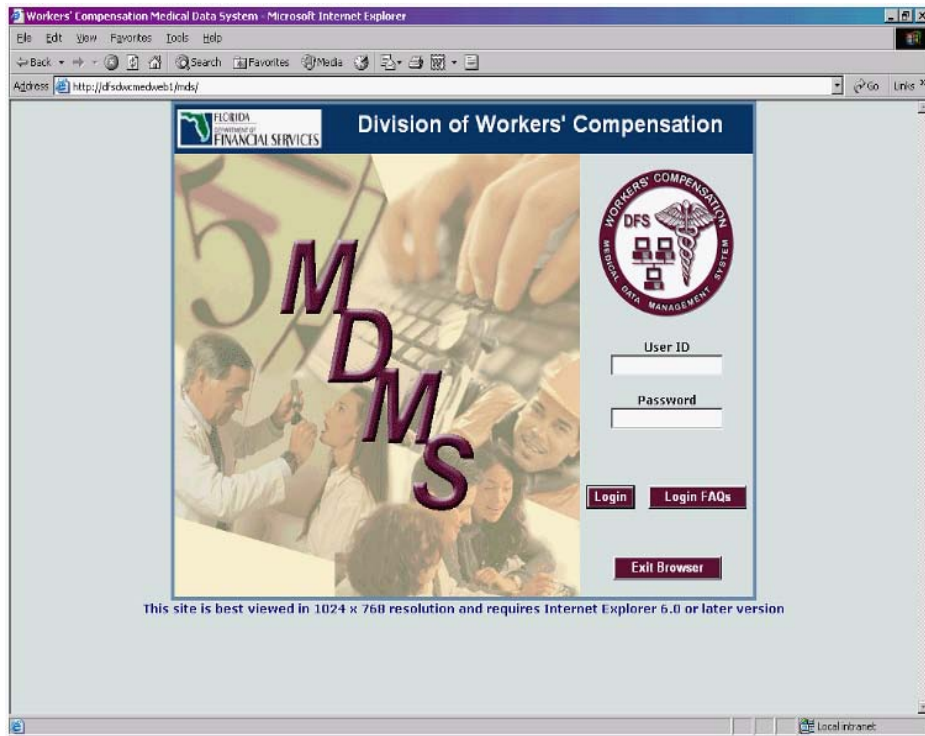
2. Login Screen

The MDMS 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.

If you do not have a *User ID* and *Password*, click on the "*User ID and Password FAQ*" button located on the *login* screen. Any questions should be directed to the Medical Web Team at DWC-MedicalWebTeam@fldfs.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 4 will be displayed.

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 below 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.

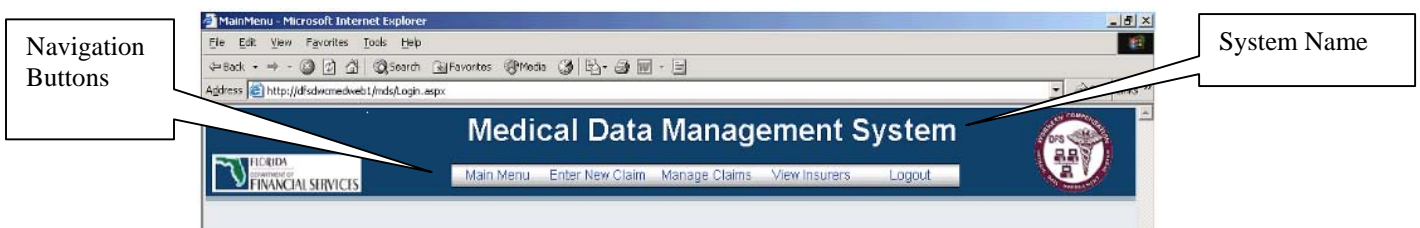


Table 1 below lists the buttons displayed in the MDMS header, the screen to which the button will navigate, and the main purpose of that screen.

TABLE 1

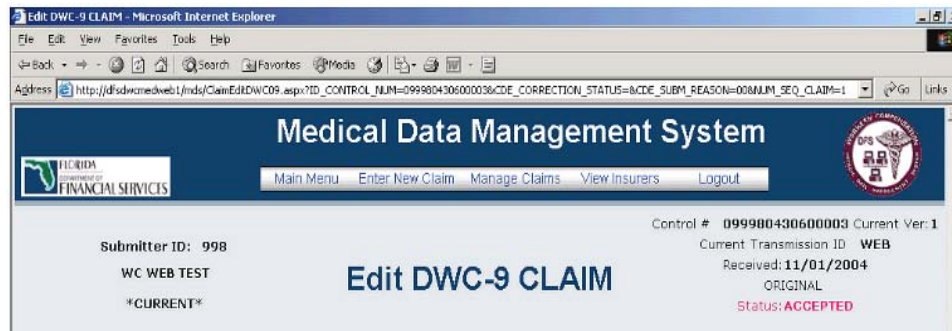
Button Name	Screen Navigation	Main Purpose
Main Menu	Main Menu	Returns to the main menu screen, where all navigation buttons for the system are shown.
Enter New Claim	Enter New Claim	This screen is for selecting the form type in order to enter a new claim into the system.
Manage Claims	Submitted Claims Search	Navigates to the Submitted Claims Search screen, where a search for a claim that has already been entered can be initiated.
View Insurers	Authorized Insurer List	Displays a list of insurers with whom the submitter is authorized to do business on behalf of.
Logout	Log In Screen	This logs the user out of the system and returns to the Log In Screen.

As a claim is being entered, the system header section is expanded to show additional information about the claim. The *Claim Type* will be displayed in the center of the screen, as shown in the example on the top of page 4 for a DWC-9 claim. To the left of the claim type, the *Submitter ID* is displayed, with the *Submitter Name* just below and the *Claim History* shown directly below the *Submitter Name*. On the right side of the header, the *Control* and *Version* numbers are displayed. The *control #* was specified on the *Enter New Claim* screen by the person entering the claim or automatically assigned by the system. The *version* number is assigned by the system, starting at “1” and is increased by one each time a new version of the same claim is submitted.

Claims can be entered into the MDMS by batch files sent electronically to the division, or through the Division MDMS web site. The *Current Transmission ID* indicates which process was used to enter the claim by displaying either the *transmission ID number* when entered by a batch file process or the word “Web” when the claim was entered through the web site. *Note: A batch submitter can only submit original claims and resubmit corrected claims by batch file. An MDMS web submitter can only submit original claims and resubmit corrected claims through the MDMS web site.*

The *Received* date indicates the date the claim was submitted to the division. The *Submission Reason* and the *Correction State* are shown beneath the *Received* date. When the claim has not been updated since the first submission, the *Submission Reason* will display “Original.” If the claim was rejected and then corrected, the *Submission Reason* will display “Correction”. If the claim was accepted and then replaced, the *Submission Reason* will display “Replacement”, and if the claim was withdrawn at any time, the *Submission Reason* will display “Withdrawal.” The *Correction State* displays only when a claim is open or closed. “Open” indicates the claim is waiting for the submitter to

correct the rejected claim; “Closed” indicates a new *version* of the claim has been resubmitted. In the example on page 4, notice that neither “Open” nor “Closed” is displayed after “Original.” This is because the latest version of an “Accepted” claim is being viewed. The last field in the header section is the *Status* field, which indicates if the claim has been “Rejected”, “Accepted”, or “Withdrawn”. A *Claim Status* of “Accepted” signifies that all required data elements have been entered correctly, and the claim has been placed in the database. A *Claim Status* of “Rejected” indicates that required fields are either missing or have been entered incorrectly. When the claim has been cancelled/withdrawn by the user, the status will be “Withdrawn.”



4. Main Menu Screen

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 claim forms.

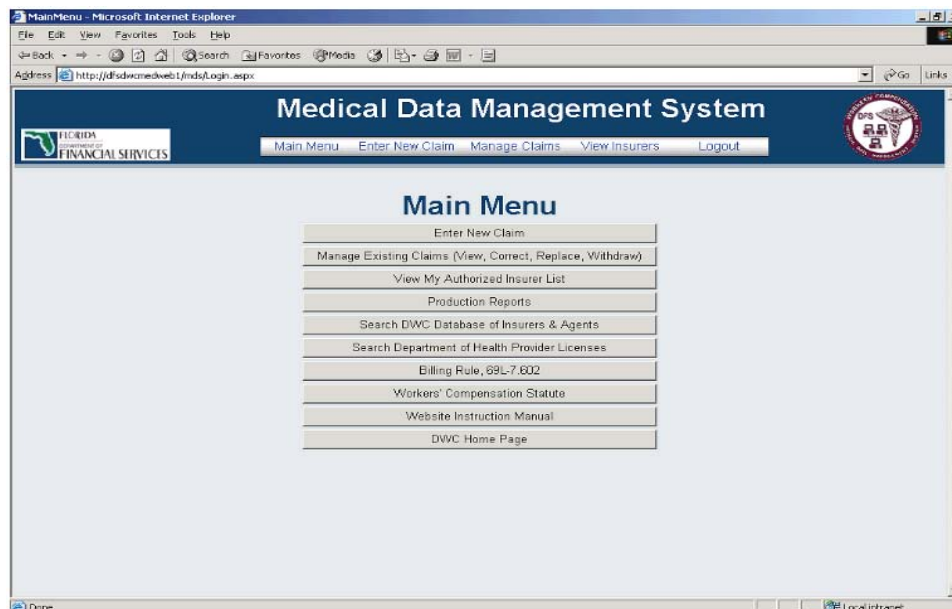


Table 2 below lists the buttons displayed on the *Main Menu* screen, the screen to which the button will navigate, and the main purpose of that screen.

TABLE 2

Button Name	Screen Navigation	Main Purpose
Enter New Claim	Enter New Claim	This screen is for selecting the form type in order to enter a new claim into the system.
Manage Existing Claims (View, Correct, Replace, Withdraw)	Submitted Claims Search	Navigates to the Submitted Claims Search screen, where a search for a claim that has already been entered can be initiated.
View My Authorized Insurer List	Authorized Insurer List	Displays a list of insurers with whom the submitter is authorized to submit on behalf of, 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, 69L-7.602	Opens document on the DWC web site	Displays the complete text of the Florida 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 Claim Screen

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

The screenshot shows the 'Enter New Claim' screen in a Microsoft Internet Explorer browser window. The browser's address bar displays the URL <http://dfsdwmedweb1/dfs/MainMenu.Ext.aspx>. The page header features the Florida Department of Financial Services logo on the left and a navigation menu with the following items: Main Menu, Enter New Claim, Manage Claims, View Insurers, and Logout. The main content area is titled 'Enter New Claim' and contains a form with the following fields and options:

- Submitter ID: 999
- Select Submitter Name: WVC WEB TEST (998)
- Form Type: DWC-9
- Enter New Control #: (empty field) (YYJJNNNNN) OR Have system generate the next available Control #

Below the form, a legend explains the Control # format: YYJJNNNNN, where YY = Submission Year, zero padded; JJJ = Julian Date, zero padded; and NNNNN = Claim Sequence Number, zero padded. 'OK' and 'Cancel' buttons are located at the bottom of the form.

This screen starts the process of entering a new claim 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:

- DFS-F5-DWC-9 (CMS-1500 Health Insurance Claim Form, Rev. 12/90)
- DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies, Rev. 3/2004)
- DFS-F5-DWC-11 (American Dental Association Dental Claim Form, Rev. 2002)
- DFS-F5-DWC-90 (HCFA-1450 Hospital Uniform Bill / UB-92, Effective 1992)

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 claim. 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 = claim 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 you use the sequence number 99999 (last 5 digits of the *Control #*), the next *Control #* cannot be automatically created. A new *Control #* must be created manually.

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 claim. The *OK* button will continue the process of entering the new claim, navigating to the appropriate screen, based on the type of claim being entered. Examples of screens for all four claim form types are shown below and through page 16.

Edit DWC-9 Claim

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

Claim Header

Claim Header Tab

Submitter ID: 998
WC.WEB.TEST

Control #: 09 Current Ver: 0
Current Transmission ID: WEB
Received:

CLAIM HEADER | **DETAIL RECORDS**

Insurer ID ZIP Code FEIN
TPA ID ZIP Code FEIN
Date Insurer Received Date Paid

Patient's Name Last First M.I. SSN

DIAG CODES
1. 3.
2. 4.

Date of Current Illness or Injury Total Paid \$0.00
Provider FEIN Place of Treatment ZIP License #
Payment Plan Insurer/TPA Internal File Number

Notes Regarding This Claim

Submission Reason: Original Submission of Claim
Division Received

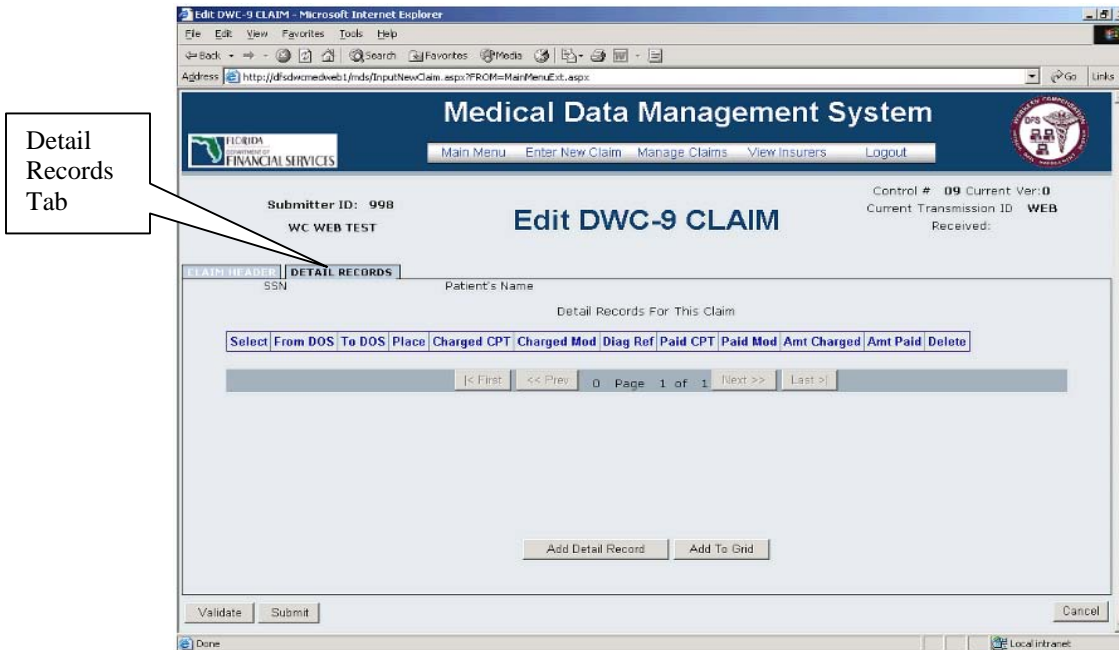
Validate Submit Cancel

The *Claim Header* section of the *Edit DWC-9 Claim* 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 25 of this manual.

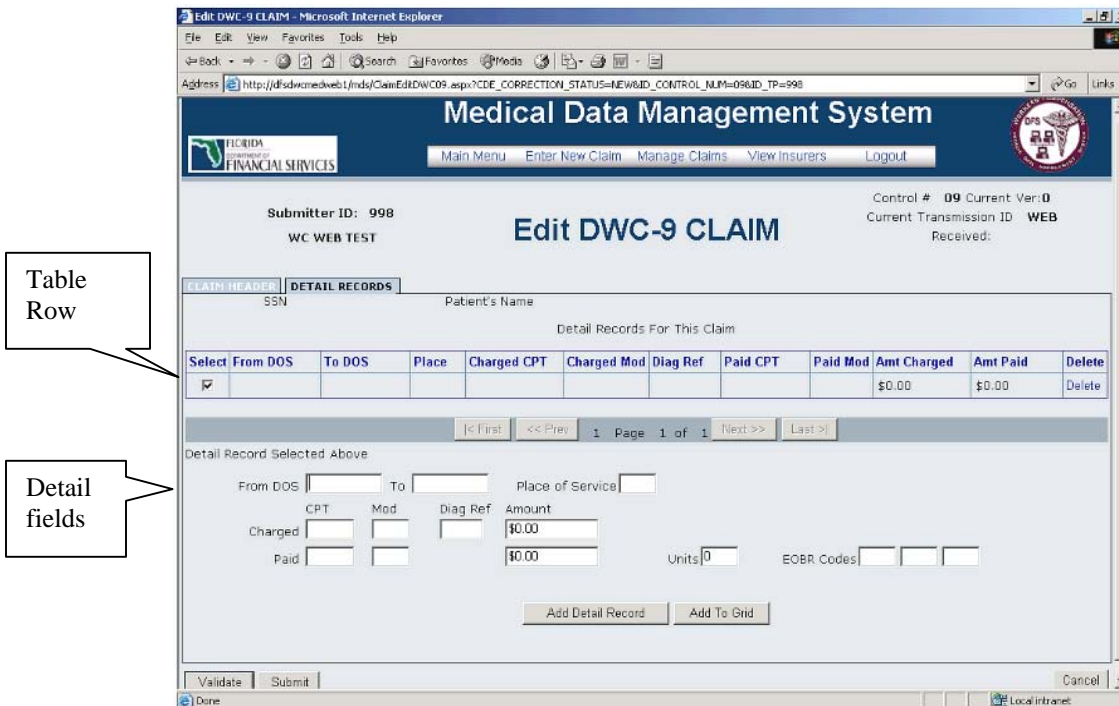
Information entered on this screen must pass a validation check before the claim will be processed as an “Accepted” claim. Clicking the *Validate* button located in the lower left corner of the screen initiates this two-part validation process. The process first ensures that all required fields have 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 you in making sure the claim is entered correctly, so that it will be more likely to be “Accepted” when the claim is finally submitted.

Initial Detail Record

The second part of the *Edit DWC-9 Claim* screen is the *Detail Records* section, shown below, which is displayed when the Detail Record tab is clicked.



The *Detail Records* screen displayed above depicts the appearance of the screen when no detail records have been entered on the claim. To enter the first detail record on a claim, 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 claim 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 9.



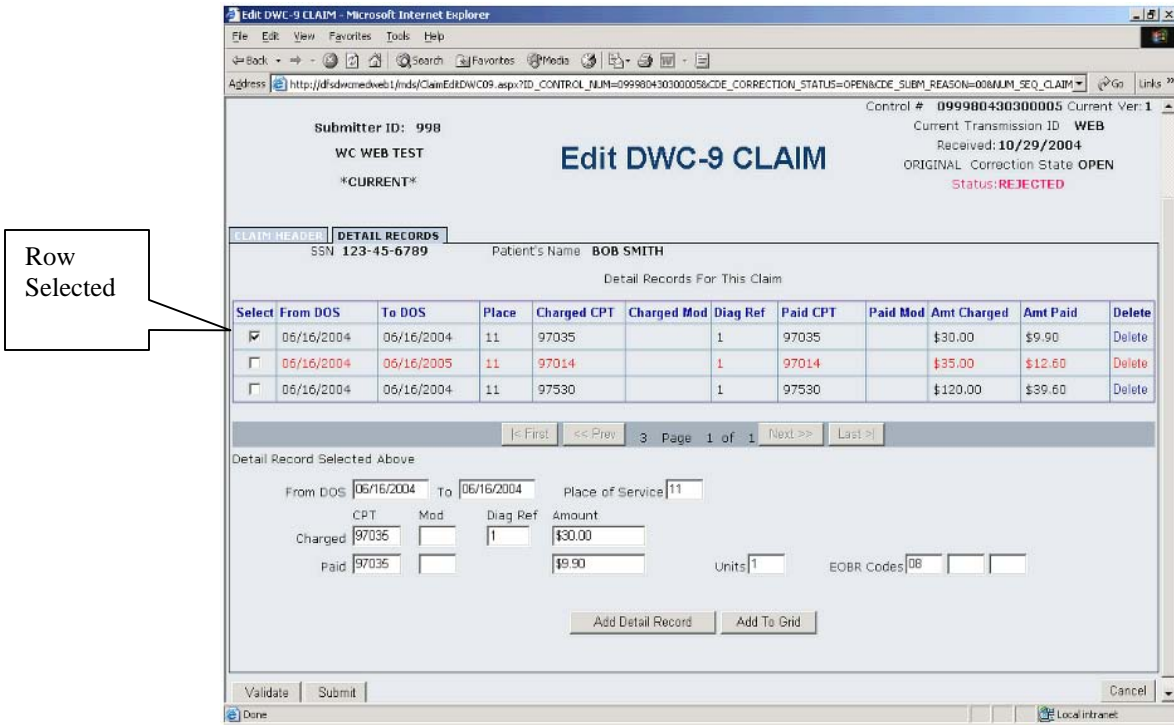
The first column in the table, *Select*, indicates that this row in the detail table corresponds to the data fields below the table. In the screen shot above, all fields are blank in the table and detail section, indicating that the system is ready to receive data for the first detail record on this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

Enter the appropriate information on the bottom portion of the *Detail Records* screen, starting with the *From DOS* date through the *EOBR Codes* fields. 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 *Claim 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

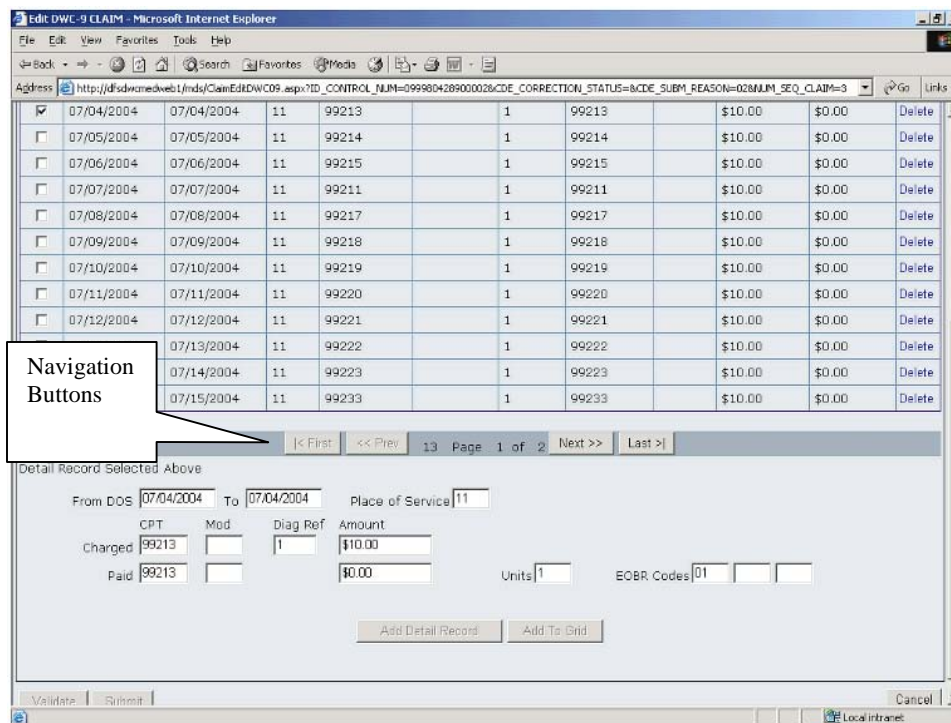
The *Add to Grid* button populates the detail record table with new values that were entered in the data fields below the table. If there are more detail records for the claim being entered, click the *Add Detail Record* button again and follow the same process described above for entering that information. When you have finished entering all the detail records, the grid should display all the detail records. *Note: Clicking the Add to Grid button does not save the data; it only displays data within the table for you to see, so you can verify that all detail records have been added to the grid.*

When a claim has one or more detail records entered, the *Detail Records* screen displays as shown on page 10. Checking the *Select* box associated with a detail claim 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 on page 10, the claim 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.



When the *Validate* button is clicked, all detail records that have been entered for the claim will go through the two-part validation process described in the *Claim Header* section on pages 7-8. 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 you have completed corrections to the detail line items in order to verify that your corrections are accurate. The validation process can be done repeatedly until all corrections are made. Please reference the appendices, which begin on page 25 of this manual, for help in correctly entering the data values needed for this screen.

Below the grid, there are four *navigation* buttons that will become activated only on the occasion when the claim has more than 12 detail records. The screen is designed to display a maximum of 12 records at one time. To move through the detail records for a claim 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 claim detail records currently shown on the grid; and the *Last>|* button displays the last 12 detail records for the claim. See the screen shot on page 11.



When all fields have been entered and validated on both the *Claim 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 *Claim Header* and the *Detail Records* for this claim, and the system sets the *version* number and *Claim Status* fields. The *version* number indicates the number of *versions* of the claim that have been submitted. Each time a claim is submitted to the system, the *version* number is incremented by one. *Claim Status* shows if the claim has been “Rejected”, “Accepted”, or “Withdrawn” after being submitted. A *Claim Status* of “Accepted” signifies that all required data have been entered correctly, passed all system edits, and the claim has been placed in the database. A *Claim Status* of “Rejected” indicates that required fields are either missing or have been entered incorrectly. When the claim has been cancelled/withdrawn by the user as explained on page 13, the status will be “Withdrawn.”

Important!

If the *Submit* button is not clicked before leaving this tab, all information that has been entered for this claim will be lost!!

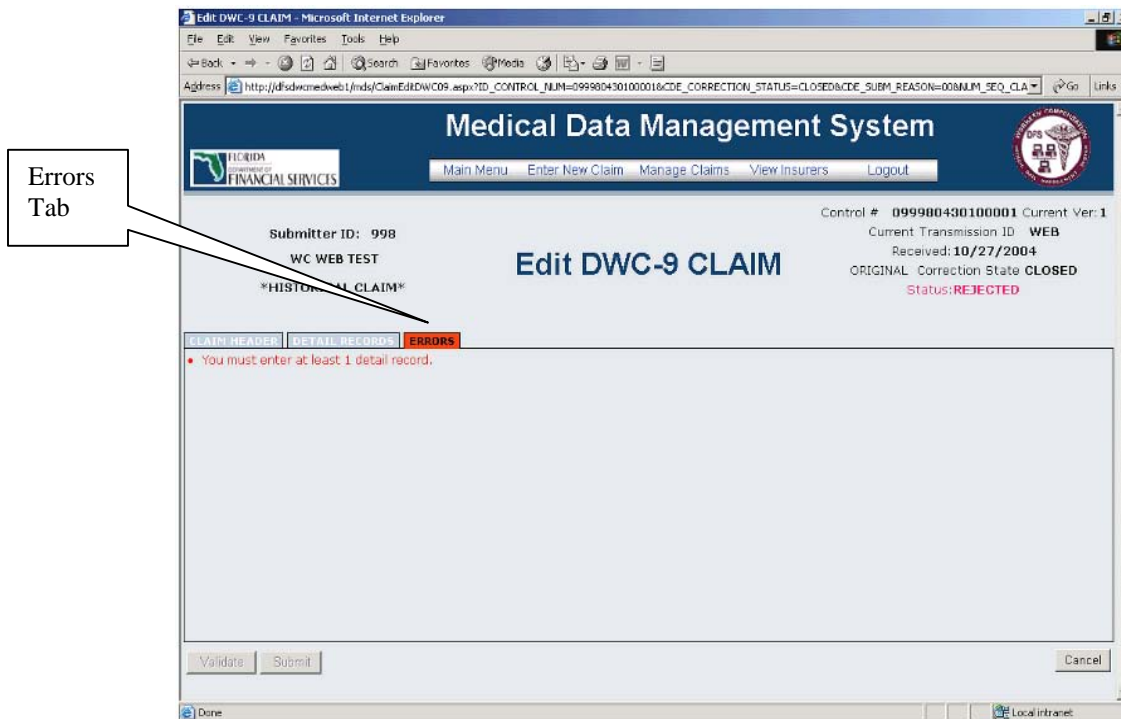
It is also important to note that a submitted claim will be saved, even if there are errors in the claim. The status of a submitted claim with errors is “Rejected”. All rejected claims must be corrected, re-submitted, and the status changed to “Accepted” in order for the claims to be considered successfully 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 *Claim 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 *Claim Header* and *Detail Records*. The example shown below indicates that the claim being validated did not have any detail records entered; at least one detail record must be entered before the system will allow the claim to pass the validation process and be “Accepted” into the system when the *Submit* button is chosen.



Submitting a Claim

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

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

The *Cancel* button located at the bottom right side of the screen will stop the processing of the claim 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 claims form screen.

On the *Claim Header* tab for all four claim 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 claim, one of these values will be listed: “Correction of Claim previously rejected by Division”, “Withdrawal/Cancellation of Claim”, “Replacement Claim being Submitted”, or “Original Submission of Claim”. The only value in the drop down box when entering a new claim will be “Original Submission of Claim”, which is a system default. If the original submission was accepted, then “Replacement Claim being Submitted” and “Withdrawal/Cancellation of Claim,” will be displayed in the dropdown box, with a value of “Replacement Claim being Submitted” as the system default. If the original submission was rejected, “Correction of Claim previously rejected by Division” and “Withdrawal / Cancellation of Claim” will be displayed in the drop down box, with the value of “Correction of Claim 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 claim that has previously been submitted. If “Withdrawal/Cancellation of Claim” is selected from this drop down box, and the *Submit* button is then clicked, the system will change the *Claim Status* to ‘Withdrawn’. In order to successfully submit a “Withdrawal/Cancellation of Claim” you must enter the reason in the “Notes Regarding This Claim” field.

Edit DWC-10 Claim

When the DWC-10 form type is selected from the *Enter New Claim* screen, the *Edit DWC-10 Claim* screen shown below will be displayed. The DWC-10 is the Statement of Charges for Drugs and Medical Supplies claim form and does not require any detail records. The claim header data must be entered, validated, and submitted, in the same manner as explained for the DWC-9 form process above. Refer to the appendices, which begin on page 25 of this manual, for clarification of valid values for each field on this screen.

The screenshot shows the 'Edit DWC-10 CLAIM' web form. At the top, the browser window title is 'Edit DWC-10 CLAIM - Microsoft Internet Explorer'. The address bar shows the URL: http://dfsdxwmedweb1/Incls/InputNewClaim.aspx?FROM=MainMenu.aspx. The page header includes the 'Medical Data Management System' logo and navigation links: 'Main Menu', 'Enter New Claim', 'Manage Claims', 'View Insurers', and 'Logout'. The user information shows 'Submitter ID: 998' and 'WC WEB TEST'. The form title is 'Edit DWC-10 CLAIM'. On the right, it displays 'Control # 10 Current Ver 0' and 'Current Transmission ID WEB Received'. The 'CLAIM HEADER' section contains the following fields: Insurer ID, TPA ID, Zip Code (two), FEIN (two), Date Insurer Received, Date Paid, Claimant's Name (Last, First, MI), SSN, Date of Accident, Total Pharmacy Paid (\$0.00), Total Medical Supply Paid (\$0.00), Grand Total Paid (\$0.00), Statement Date, and Insurer/TPA Internal File Number. Below this is a 'Notes Regarding This Claim' text area. At the bottom, there is a 'Submission Reason' dropdown menu with 'Original Submission of Claim' selected, and a 'Division Received' field. The form has 'Validate', 'Submit', and 'Cancel' buttons.

Edit DWC-11 Claim

When the DWC-11 form type is selected from the *Enter New Claim* screen, the *Edit DWC-11 Claim* screen shown below will be displayed. The DWC-11 Claim is the American Dental Association Dental Claim form. The *Claim Header* and *Detail Records* data must be entered, validated, and submitted, in the same manner as explained for the DWC-9 form process above. Refer to the appendices, which begin on page 25 of this manual, for clarification of valid values for each field on this screen.

Medical Data Management System

Submitter ID: 998
WC WEB TEST

Control # 11 Current Ver 0
Current Transmission ID WEB
Received

Edit DWC-11 CLAIM

CLAIM HEADER | **DETAIL RECORDS**

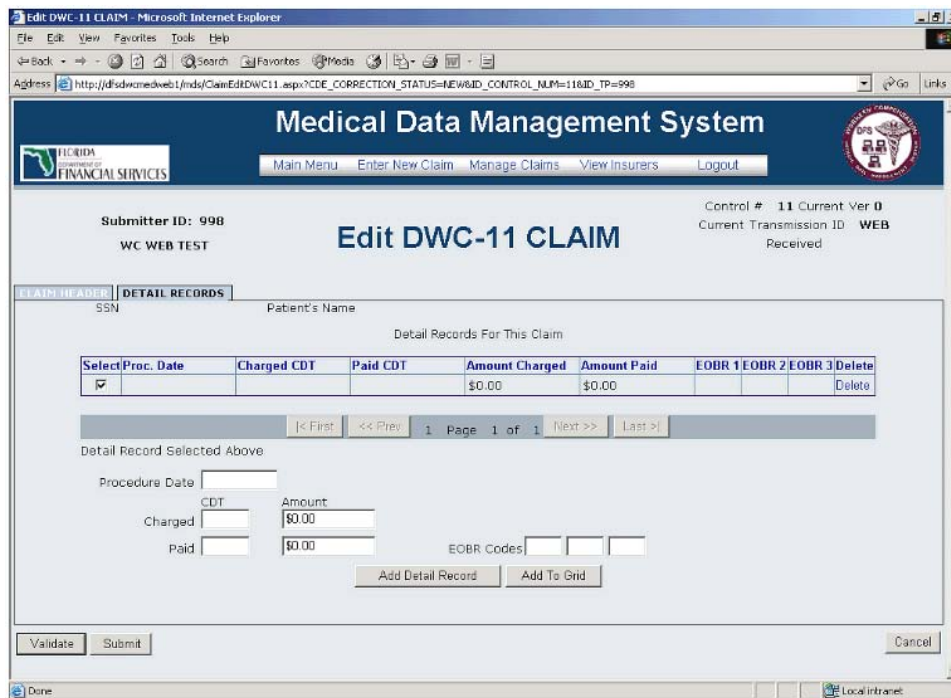
Insurer ID Zip Code FEIN
TPA ID Zip Code FEIN
Date Insurer Received Date Paid SSN
Patient's Name Last First MI
Place of Treatment Date of Accident Total Paid \$0.00
Provider FEIN License # Place of Treatment Zip
Payment Plan Insurer/TPA Internal File Number

Notes Regarding This Claim

Submission Reason: Original Submission of Claim
Division Received Date

Validate Submit Cancel

The *Detail Records* section of the Edit DWC-11 Claim form is shown on page 15. Refer to the explanation for entering DWC-9 initial and additional detail records on pages 7-11 for help in navigating this screen.



Edit DWC-90 Claim

When the DWC-90 form type is selected from the *Enter New Claim* screen, the *Edit DWC-90 Claim* screen will be displayed. The DWC-90 Claim is the HCFA-1450 Hospital Uniform Bill / UB-92. The *Claim Header* and *Detail Records* data must be entered, validated, and submitted, in the same manner as explained for the DWC-9 form process above. Both the *Claim Header* and the *Detail Records* screens are shown below on page 16. Refer to the appendices, which begin on page 25 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 *Claim Header* and *Detail Records* screens described in detail on pages 7-11.

Claim Header Screen – DWC-90

Detail Records Screen – DWC-90

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

6. Submitted Claims Search Screen

Clicking the *Manage Claims* button in the system header found on every screen, or clicking the *Manage Existing Claims (View, Correct, Replace, Withdraw)* on the *Main Menu* screen, brings up the *Submitted Claims Search* screen shown below. This screen allows you to search for claims 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, one drop down box displaying “BOTH”, and all other fields are blank. If the *Search* button is clicked and none of the other fields are changed, the system will return a list of all claims 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 claims, not the entire universe of submitted claims.

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

The screenshot shows a web browser window titled "Submitted Claims Search - Microsoft Internet Explorer". The address bar shows the URL "http://dfsdocmedweb1/fnds/MainMenuExt.aspx". The page header includes the "Medical Data Management System" logo and navigation links: "Main Menu", "Enter New Claim", "Manage Claims", "View Insurers", and "Logout". The main content area is titled "Submitted Claims Search" and displays the following search criteria fields:

- Submitter ID: 998
- WC WEB TEST
- Submitter Name: ALL (dropdown)
- Submitter ID: (text input)
- Control # (FFSSYYJJNNNNN): (text input)
- Transmission ID: (text input)
- Date Division Received - From: (text input) to: (text input)
- Date Division Processed - From: (text input) to: (text input)
- Date Insurer Received - From: (text input) to: (text input)
- Date Insurer Paid - From: (text input) to: (text input)
- Date of Accident - From: (text input) to: (text input)
- Date of Service - From: (text input) to: (text input)
- Form Type: ALL (dropdown)
- SSN: (text input)
- Submission Method: ALL (dropdown)
- Correction Status: ALL (dropdown)
- Submission Reason: ALL (dropdown)
- History/Current: BOTH (dropdown)
- Claim Status: ALL (dropdown)
- Insurer ID: (text input)
- TPA ID: (text input)

At the bottom of the form are three buttons: "Search", "Clear", and "Close".

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 claims that match the search criteria, in the format shown in the *Claims List* screen on page 18.

The *Clear* button on the *Submitted Claims Search* screen is used to remove any values that have been entered in any of the fields allowing you to start over with the original default values.

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

7. Claims List Screen

The *Claims List* screen is displayed when the *Search* button on the *Submitted Claims Search* screen is clicked, as described above. The list of claims that meet the criteria entered on the *Submitted Claims Search* screen will be displayed in the table as shown below, 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.

Control #	Ver	History	Trans	SSN	Div. Rec'd	Reason	Proc. Status	Corr. Status	Date Closed	# Days
099980424400001	1	HISTORY	WEB	123-45-6789	08/31/2004	ORIGINAL	REJECTED	CLOSED	08/31/2004	--
099980424411111	1	HISTORY	WEB	123-45-6789	08/31/2004	ORIGINAL	REJECTED	CLOSED	08/31/2004	--
119980427900007	2	CURRENT	WEB	123-45-6789	10/20/2004	REPLACE	ACCEPTED			158
119980427900009	1	HISTORY	WEB	123-45-6789	10/05/2004	ORIGINAL	ACCEPTED			--
119980427900009	2	CURRENT	WEB	123-45-6789	10/06/2004	REPLACE	ACCEPTED			38
119980427900010	1	CURRENT	WEB	123-45-6789	10/05/2004	ORIGINAL	ACCEPTED			106
119980427900011	1	CURRENT	WEB	123-45-6789	10/05/2004	ORIGINAL	ACCEPTED			58
119980427900012	1	CURRENT	WEB	123-45-6789	10/05/2004	ORIGINAL	ACCEPTED			215
119980427900014	1	HISTORY	WEB	123-45-6789	10/05/2004	ORIGINAL	REJECTED	CLOSED	10/06/2004	--
119980427900014	2	CURRENT	WEB	123-45-6789	10/06/2004	CORRECT	ACCEPTED			200
119980427900015	1	HISTORY	WEB	123-45-6789	10/05/2004	ORIGINAL	REJECTED	CLOSED	10/06/2004	--
119980427900015	2	CURRENT	WEB	123-45-6789	10/06/2004	CORRECT	ACCEPTED			164

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

The second column in the *Claims List* shown as 'Ver' is the *version* number, which indicates the number of *versions* of the claim that have been submitted. Each time a given claim is submitted to the system, the *version* number is incremented by one. The third column, *History*, indicates the claim is either "Current" or "History." A current claim is the most current version of the claim on file. A historical claim is a previous version of the claim and is view only. The fourth column, *Trans*, shows the current transmission ID number (for batch submissions only) or transmission method ("WEB" for web submitters.) The fifth column, *SSN*, contains the social security number for the patient listed on the claim. The *Div. Rec'd* column provides the date that the claim was received by the division.

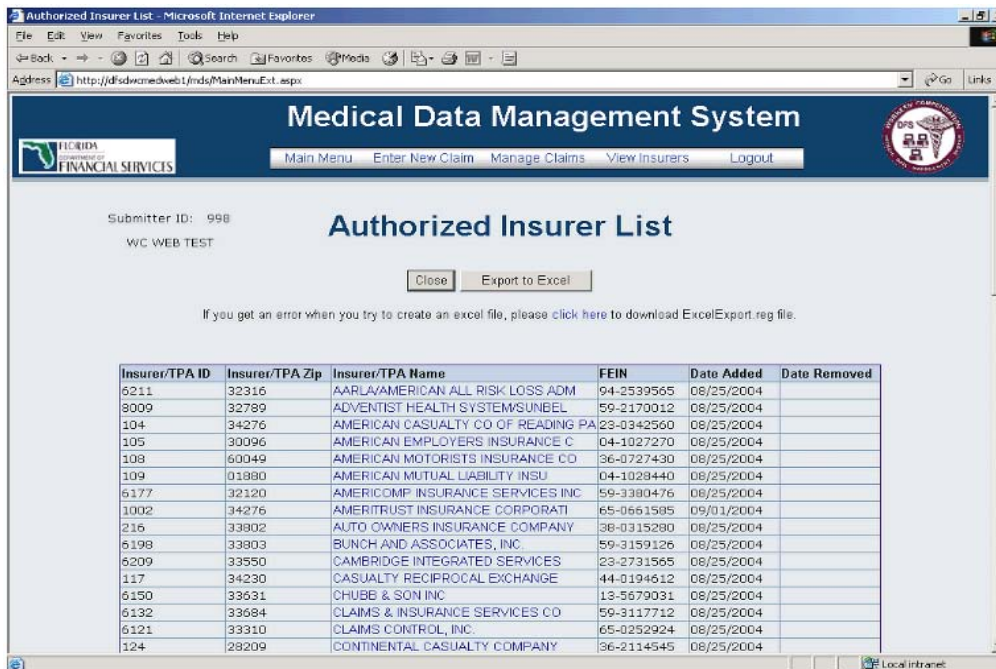
The *Reason* column in the table identifies if the *Submission Reason* for the claim is “Original”, “Correction”, “Replacement” or a “Withdrawal.” When the claim has not been updated since the first submission, the *Reason* column will display “Original.” If the claim has been submitted more than once, the *Reason* column will display “Correct”. If the claim is being replaced, the *Reason* column will display “Replace”, and if the claim 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 claim needs to be corrected; “Accepted” indicates all data were entered accurately and completely, the claim resides in the medical database, and the claim is considered “filed with the division”; “Withdrawn” claims 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 claim is “Open” or “Closed.” The *Corr. Status* column is the status of the claim correction. “Open” indicates the claim is waiting for the submitter to correct the claim; “Closed” indicates a new *version* of the claim has been resubmitted. The *Date Closed* column will display the date the claim was closed. The *# Days* column displays the number of days since the Date Paid until the current day if the claim has not yet been "Accepted". As soon as the claim 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 claim is historical or withdrawn.

The *Claims List* table column headings can be clicked to display the data in the list according to the data field represented in the column header. If there are more than 12 rows of data to display, the claims 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 pages 10-11 for additional help.

The other buttons found on this screen are *Close*, *Refresh List* and *Enter New Claim*. The *Close* button will navigate to the *Submitted Claims 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 claims submitted or updates made in the system since the original search was performed. When the *Enter New Claim* button is clicked, the *Enter New Claim* 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 20, this screen displays a list of insurers for whom the submitter is authorized to submit medical claims. 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 below, sorted in ascending order by the Insurer/TPA Name. When you click on a 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 team in the division. Check the division’s web site for the up-to-date contact list for the EDI medical team.



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

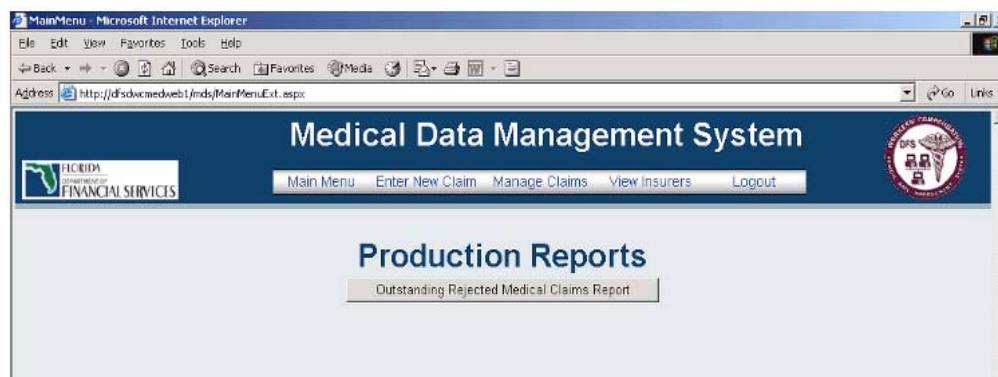
The *Export to Excel* button will enable you to open or save the list to Excel. You will need to download the ExcelExport.reg file prior to opening or saving the file.

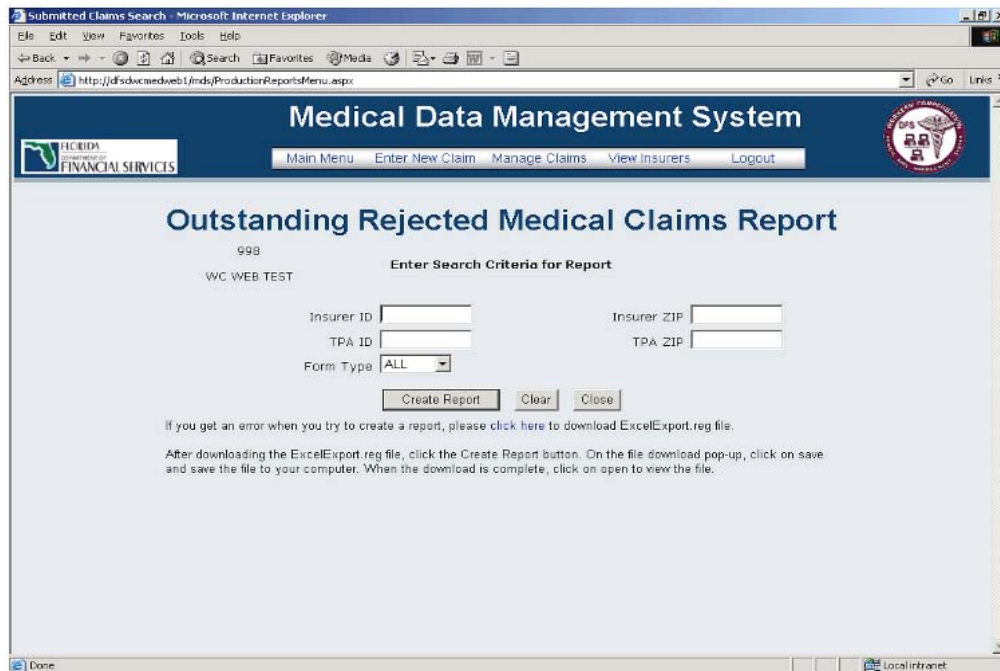
9. Production Reports

The *Production Reports* button, found on the *Main Menu* screen, will allow you to run an *Outstanding Rejected Medical Claims Report*. More reports will be added to this area over time. See the screen shot below and on page 21.

In order to configure a workstation to produce reports, the *Export to Excel* (ExcelExport.reg) file must be downloaded. You will only need to download this file once.

To create a report, click the create report button. On the file download popup, click on save and save the file to your computer. When the download is complete, click on open 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 sign you off the MDMS. The system navigates back to the *Login* screen, where you can choose to close the Internet browser window or log back into the MDMS.

11. Trouble Shooting

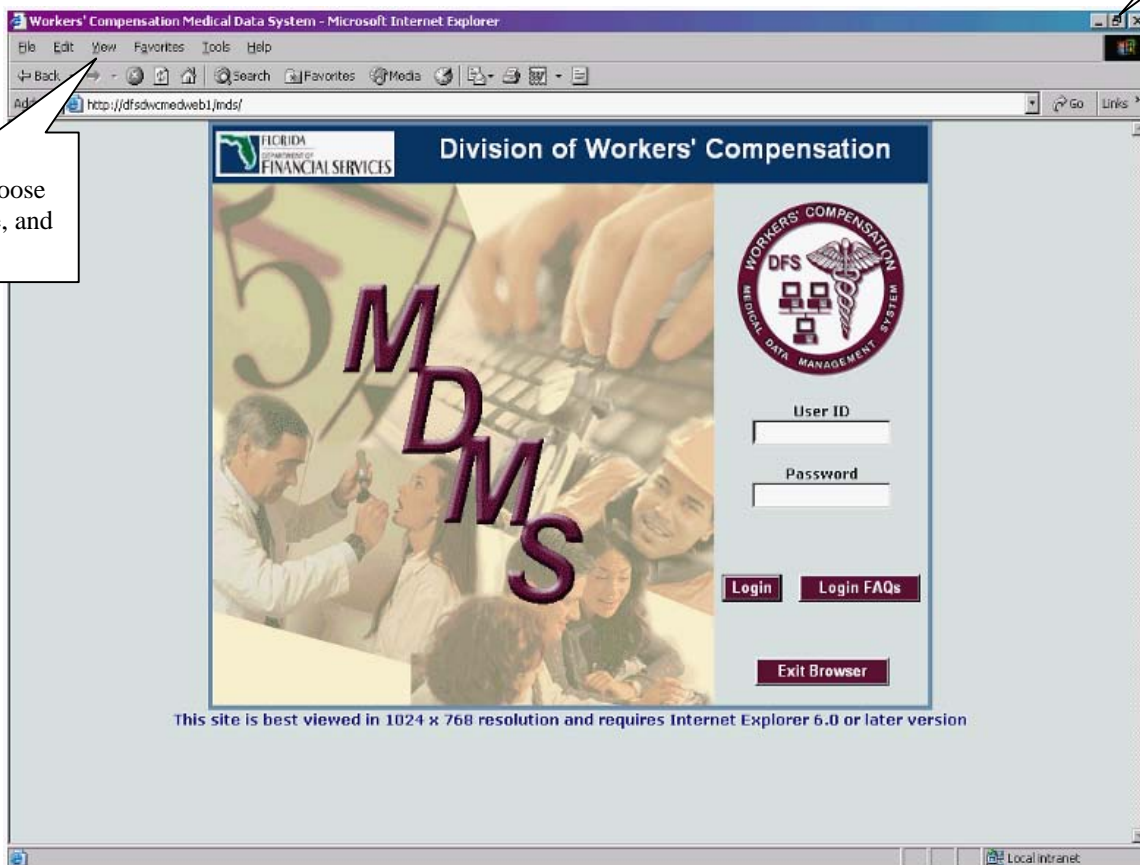
Screen Resolution

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

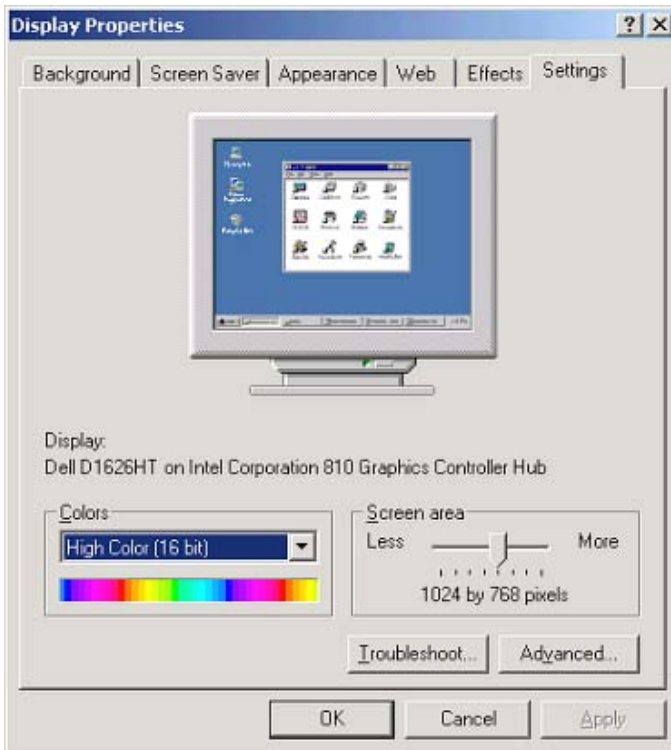
If you find that your monitor is not displaying the field labels and data entry boxes exactly as shown throughout this manual, try the following steps.

1. Maximize your Internet Browser

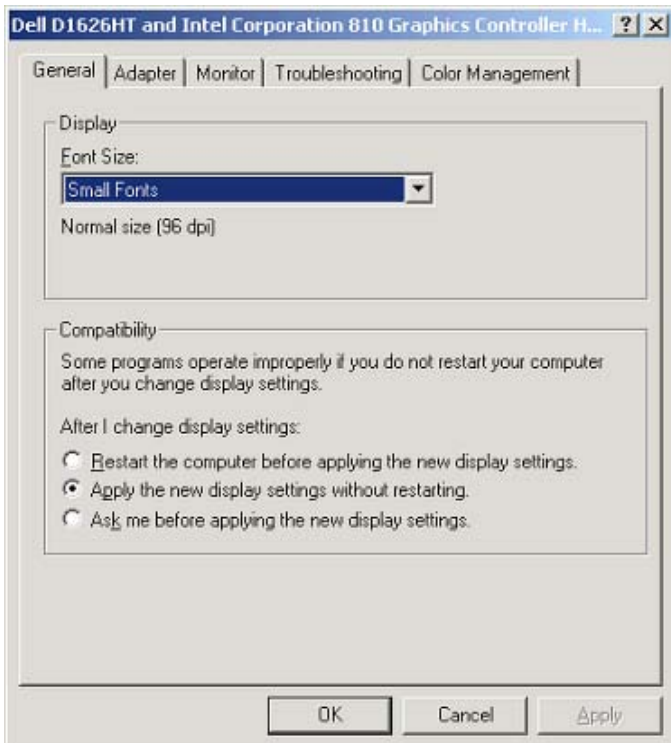
2. Click View; choose Text Size, and Medium



3. Right click on your computer desktop and select Properties, then click on the Settings tab. Adjust your 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 small fonts from the dropdown Font Size box. Click O.K.



Error Message “Page Cannot Be Displayed”

Occasionally, you will receive the error message “Page Cannot be Displayed.” This is caused by lost connectivity from your computer to the web server. If this happens, you will lose any unsaved data that you have entered. If you plan on leaving your computer for an extended period of time, while entering a claim, you may want to save it first, or log out of the system entirely.

Different Colors in Web Page Fields

If you are viewing errors in your data entry, and you see any color other than a red background in that field (for example, yellow), check to see if you have the Google Toolbar installed. If you do, you will need to uninstall it. 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 your Internet browser is Microsoft Internet Explorer 6.0 or later version.

APPENDICES

APPENDIX A – FIELD FORMATS

DWC-9 FIELD FORMATS – CLAIM HEADER TAB

DWC-9 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be in the range of 6000 – 6999</p> <p>FORMAT – NNN NNNN</p>
ZIP Code		INSURER LOCATION ZIP CODE* *Location is the Insurer’s office responsible for report	<p><u>REQUIRED</u> Must be numeric First 4 digits must not equal ‘0000’ Must be a valid 5 or 9 digit zip code</p> <p>FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN</p>
FEIN		INSURER FEDERAL TAX ID NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be the same digit repeated seven times</p> <p>FORMAT – NNNNNNNNN NN-NNNNNNN</p>
TPA ID		SERVICE CO/TPA CODE NUMBER	<p><u>SITUATIONAL</u> If present, must be numeric If present, 1st digit must = “6”</p> <p>FORMAT – NNNN</p>

APPENDIX A – FIELD FORMATS

DWC-9 CLAIM 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	<u>SITUATIONAL</u> Must be numeric First 4 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.) FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER	<u>SITUATIONAL</u> Must be numeric Must not be the same digit repeated seven times (Must be provided if Service Co/TPA Code Number is present.) FORMAT – NNNNNNNNN NN-NNNNNNN
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to ‘Date of Accident’ FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR
Date Paid		DATE INSURER PAID, ADJUSTED AND PAID, DISALLOWED OR DENIED BILL	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date Insurer Received Bill From Provider” FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR

APPENDIX A – FIELD FORMATS

DWC-9 CLAIM 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 present, leave blank
SSN	1a	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division's web site at www.fldfs.com/wc/organization/odqc.html)	<u>REQUIRED</u> Must not be the same digit repeated 7 times Must be SSN or Division-Assigned Number Division-Assigned Number must begin with '0000' FORMAT – NNNNNNNNN NNN-NN-NNNN
Date of Current Illness or Injury	14	DATE OF ACCIDENT, ILLNESS OR INJURY	<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" FORMAT – MM/DD/YYYY FORWARD SLASH "/" MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR
DIAG Codes 1.	21 ₁	ICD-9 DIAGNOSTIC CODE 1 (See Appendix B for valid Diagnosis Codes formats)	<u>REQUIRED</u> Must be a valid ICD-9 code

APPENDIX A – FIELD FORMATS

DWC-9 CLAIM 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 Codes formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not present, leave blank
DIAG Codes 3.	21 ₃	ICD-9 DIAGNOSTIC CODE 3 (See Appendix B for valid Diagnosis Codes formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not present, leave blank
DIAG Codes 4.	21 ₄	ICD-9 DIAGNOSTIC CODE 4 (See Appendix B for valid Diagnosis Codes formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not present, leave blank
Total Paid	29	TOTAL PAID BY INSURER	<u>REQUIRED</u> Must be numeric Zero is valid value FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)
Provider FEIN	25	PROVIDER FEDERAL TAX ID NUMBER	<u>REQUIRED</u> Must be numeric Must not be the same digit repeated seven times FORMAT – NNNNNNNNN NN-NNNNNNN
Place of Treatment Zip	32	ZIP CODE WHERE SERVICES WERE RENDERED	<u>REQUIRED</u> Must be numeric First 4 digits must not equal '0000' Must be a valid 5 or 9 digit zip code FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN

APPENDIX A – FIELD FORMATS

DWC-9 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
License #	33	PROVIDER'S FLORIDA LICENSE NUMBER (See Appendix C for valid values)	<u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion FORMAT – AANNNNNNNNNN AAANNNNNNNNNN AAAANNNNNNNNNN
Payment Plan		PAYMENT PLAN (See Appendix D)	<u>REQUIRED</u> Dropdown Choices: Reimbursement Manual; Managed Care; Contracted Amount
Insurer TPA Internal File Number		INSURER/SERVICE CO/TPA INTERNAL FILE NUMBER (From the Insurer/TPA's office file)	<u>REQUIRED</u>

APPENDIX A – FIELD FORMATS

DWC-9 FIELD FORMATS – DETAIL RECORDS TAB

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
From DOS	24A	DATE OF SERVICE – FROM	<p><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”</p> <p>FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR</p>
To	24A	DATE OF SERVICE – TO “Date defaults to ‘Date of Service – From’ You must re-key field if the date is different”	<p><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 – From”</p> <p>FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR</p>
Place of Service	24B	PLACE OF SERVICE (See the AMA’s CPT manual for valid values)	<p><u>REQUIRED</u> Must be numeric Must be a valid code</p> <p>FORMAT - NN</p>
Charged CPT	24D ₁	PROCEDURE, SERVICE OR SUPPLY CODE (As billed by Provider)	<p><u>REQUIRED</u> Must be a valid CPT, HCPCS or Unique Florida WC code If an NDC code is present submit code 96370</p> <p>FORMAT: NNNNN ANNNN</p>

APPENDIX A – FIELD FORMATS

DWC-9 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Charged Mod	24D ₂	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER (As billed by Provider)	<u>SITUATIONAL</u> Must be valid modifier code If not present, leave blank FORMAT: NN AN AA
Diag Ref	24E	ICD-9 DIAGNOSTIC CODE REFERENCE NUMBER(S)	<u>REQUIRED</u> Must be numeric Must correlate with appropriate ICD-9 Code shown on the Claim Header Tab, Diag Codes Field(s) FORMAT: N NN NNN NNNN
Charged Amount	24F	PROVIDER CHARGE PER LINE	<u>REQUIRED</u> Must be numeric Zero is valid value FORMAT – NNNNNNNN.NN NNNNNNNNNN (Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)
Paid CPT		PROCEDURE, SERVICE OR SUPPLY CODE (As paid by Insurer)	<u>REQUIRED</u> Must be a valid CPT, HCPCS or Unique Florida WC code If an NDC code is present submit code 96370 FORMAT: NNNNN ANNNN

APPENDIX A – FIELD FORMATS

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

APPENDIX A – FIELD FORMATS

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

APPENDIX A – FIELD FORMATS

DWC-10 FIELD FORMATS – CLAIM HEADER TAB

DWC-10 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be in the range of 6000 – 6999</p> <p>FORMAT – NNN NNNN</p>
ZIP Code		INSURER LOCATION ZIP CODE* *Location is the Insurer’s office responsible for report	<p><u>REQUIRED</u> Must be numeric First 4 digits must not equal ‘0000’ Must be a valid 5 or 9 digit zip code</p> <p>FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN</p>
FEIN		INSURER FEDERAL TAX ID NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be the same digit repeated seven times</p> <p>FORMAT – NNNNNNNNN NN-NNNNNNN</p>
TPA ID		SERVICE CO/TPA CODE NUMBER	<p><u>SITUATIONAL</u> If present, must be numeric If present, 1st digit must = “6”</p> <p>FORMAT – NNNN</p>

APPENDIX A – FIELD FORMATS

DWC-10 CLAIM 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	<u>SITUATIONAL</u> Must be numeric First 4 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.) FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER	<u>SITUATIONAL</u> Must be numeric Must not be the same digit repeated seven times (Must be provided if Service Co/TPA Code Number is present.) FORMAT – NNNNNNNNN NN-NNNNNNN
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER	<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 “Statement Date” FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR

APPENDIX A – FIELD FORMATS

DWC-10 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Date Paid		DATE INSURER PAID, ADJUSTED AND PAID, DISALLOWED OR DENIED BILL	<p><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 Insurer Received Bill From Provider”</p> <p>FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR</p>
Claimant’s Name Last	1	INJURED EMPLOYEE’S LAST NAME	<p><u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen</p>
Claimant’s Name First	1	INJURED EMPLOYEE’S FIRST NAME	<p><u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen</p>
Claimant’s Name MI	1	INJURED EMPLOYEE’S MIDDLE INITIAL	<p><u>SITUATIONAL</u> Must be A-Z If not present, leave blank</p>
SSN	2	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division’s web site at www.fldfs.com/wc/organization/odqc.html)	<p><u>REQUIRED</u> Must not be the same digit repeated 7 times Must be SSN or Division-Assigned Number Division-Assigned Number must begin with ‘0000’</p> <p>FORMAT – NNNNNNNNN NNN-NN-NNNN</p>
Date of Accident	3	DATE OF ACCIDENT, INJURY OR ILLNESS	<p><u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to “Statement Date”</p> <p>FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR</p>

APPENDIX A – FIELD FORMATS

DWC-10 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Total Pharmacy Paid	26	TOTAL PHARMACY CHARGES PAID BY INSURER	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>
Statement Date	22	STATEMENT DATE	<p><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”</p> <p>FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR</p>
Total Medical Supply Paid	27	TOTAL MEDICAL SUPPLY CHARGES PAID BY INSURER	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>
Grand Total Paid		<p>GRAND TOTAL PAID</p> <p>(Calculated from Total Pharmacy Paid and Total Medical Supply Paid fields)</p>	<u>NO DATA ENTRY REQUIRED</u>
Insurer TPA Internal File Number		<p>INSURER/SERVICE CO/TPA INTERNAL FILE NUMBER</p> <p>(From the Insurer/TPA’s office file)</p>	<u>REQUIRED</u>

APPENDIX A – FIELD FORMATS

DWC-11 FIELD FORMATS – CLAIM HEADER TAB

DWC-11 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be in the range of 6000 – 6999</p> <p>FORMAT – NNN NNNN</p>
ZIP Code		INSURER LOCATION ZIP CODE* *Location is the Insurer’s office responsible for report	<p><u>REQUIRED</u> Must be numeric First 4 digits must not equal ‘0000’ Must be a valid 5 or 9 digit zip code</p> <p>FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN</p>
FEIN		INSURER FEDERAL TAX ID NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be the same digit repeated seven times</p> <p>FORMAT – NNNNNNNNN NN-NNNNNNN</p>
TPA ID		SERVICE CO/TPA CODE NUMBER	<p><u>SITUATIONAL</u> If present, must be numeric If present, 1st digit must = “6”</p> <p>FORMAT – NNNN</p>

APPENDIX A – FIELD FORMATS

DWC-11 CLAIM 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	<u>SITUATIONAL</u> Must be numeric First 4 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.) FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER	<u>SITUATIONAL</u> Must be numeric Must not be the same digit repeated seven times (Must be provided if Service Co/TPA Code Number is present.) FORMAT – NNNNNNNNN NN-NNNNNNN
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER	<u>REQUIRED</u> Must be valid date in correct format Must be greater than or equal to ‘Date of Accident’ FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR
Date Paid		DATE INSURER PAID, ADJUSTED AND PAID, DISALLOWED OR DENIED BILL	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date Insurer Received Bill From Provider” FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR

APPENDIX A – FIELD FORMATS

DWC-11 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
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 present, leave blank
SSN	8	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division's web site at www.fldfs.com/wc/organization/odqc.html)	<u>REQUIRED</u> Must not be the same digit repeated 7 times Must be SSN or Division-Assigned Number Division-Assigned Number must begin with '0000' FORMAT – NNNNNNNNN NNN-NN-NNNN
Place of Treatment	38	PLACE OF TREATMENT (See Appendix F for valid values)	<u>REQUIRED</u> Must be numeric Must be valid code FORMAT: NN
Date of Accident	46	DATE OF ACCIDENT, INJURY OR ILLNESS	<u>REQUIRED</u> Must be valid date in the correct format Must be less than or equal to "Date of Service" FORMAT – MM/DD/YYYY FORWARD SLASH "/" MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR

APPENDIX A – FIELD FORMATS

DWC-11 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Total Paid		TOTAL PAID BY INSURER	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>
Provider FEIN	51	PROVIDER FEDERAL TAX ID NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be the same digit repeated seven times</p> <p>FORMAT – NNNNNNNN NN-NNNNNN</p>
License #	55	PROVIDER’S FLORIDA LICENSE NUMBER (See Appendix C for valid values)	<p><u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion</p> <p>FORMAT – AANNNNNNNNNN</p>
Place of Treatment Zip	56	ZIP CODE WHERE SERVICES WERE RENDERED	<p><u>REQUIRED</u> Must be numeric First 4 digits must not equal ‘0000’ Must be a valid 5 or 9 digit zip code</p> <p>FORMAT – NNNNN, OR NNNNNNNNN NNNNN-NNNN</p>
Payment Plan		PAYMENT PLAN (See Appendix D for Payment Plan Descriptions)	<p><u>REQUIRED</u></p> <p>Dropdown Choices: Reimbursement Manual; Managed Care; Contracted Amount</p>

APPENDIX A – FIELD FORMATS

DWC-11 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer TPA Internal File Number		INSURER/SERVICE CO/TPA INTERNAL FILE NUMBER (From the Insurer/TPA's office file)	<u>REQUIRED</u>

APPENDIX A – FIELD FORMATS

DWC-11 FIELD FORMATS – DETAIL RECORDS TAB

DWC-11 DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Procedure Date	24	DATE OF SERVICE/TREATMENT	<p><u>REQUIRED</u> Must be a valid date in the correct format Must be greater than or equal to “Date of Accident”</p> <p>FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR</p>
Charged CDT	29	PROCEDURE, SERVICE OR SUPPLY CODE (As billed by Provider)	<p><u>REQUIRED</u> Must be a valid CPT, CDT-4, HCPCS ‘D’ or Unique Florida WC code</p> <p>FORMAT – NNNNN ANNNN</p>
Charged Amount	31	PROVIDER CHARGE PER LINE	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>
Paid CDT		PAID CPT, CDT-4 OR HCPCS CODE	<p><u>REQUIRED</u> Must be a valid CPT, CDT-4, HCPCS ‘D’ or Unique Florida WC code</p>

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><i>*After all adjustments have been applied.</i></p>	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>
EOBR Codes (1)		<p>EXPLANATION OF BILL REVIEW CODE</p> <p>(See Appendix E for valid values)</p>	<p><u>REQUIRED</u> Must be valid Code</p> <p>FORMAT – NN</p>
EOBR Codes (2)		<p>EXPLANATION OF BILL REVIEW CODE</p> <p>(See Appendix E for valid values)</p>	<p><u>SITUATIONAL</u> Must be valid Code If not present, leave blank</p> <p>FORMAT – NN</p>
EOBR Codes (3)		<p>EXPLANATION OF BILL REVIEW CODE</p> <p>(See Appendix E for valid values)</p>	<p><u>SITUATIONAL</u> Must be valid Code If not present, leave blank</p> <p>FORMAT – NN</p>

APPENDIX A – FIELD FORMATS

DWC-90 FIELD FORMATS – CLAIM HEADER TAB

DWC-90 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Insurer ID		INSURER CODE NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be in the range of 6000 – 6999</p> <p>FORMAT – NNN NNNN</p>
ZIP Code	38	<p>INSURER LOCATION ZIP CODE*</p> <p>*Location is the Insurer’s office responsible for report</p>	<p><u>REQUIRED</u> Must be numeric First 4 digits must not equal ‘0000’ Must be a valid 5 or 9 digit zip code</p> <p>FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN</p>
FEIN		INSURER FEDERAL TAX ID NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be the same digit repeated seven times</p> <p>FORMAT – NNNNNNNNN NN-NNNNNNN</p>
TPA ID		SERVICE CO/TPA CODE NUMBER	<p><u>SITUATIONAL</u> If present, must be numeric If present, 1st digit must = “6”</p> <p>FORMAT – NNNN</p>

APPENDIX A – FIELD FORMATS

DWC-90 CLAIM 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	<u>SITUATIONAL</u> Must be numeric First 4 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.) FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN
FEIN		SERVICE CO/TPA FEDERAL TAX ID NUMBER	<u>SITUATIONAL</u> Must be numeric Must not be the same digit repeated seven times (Must be provided if Service Co/TPA Code Number is present.) FORMAT – NNNNNNNNN NN-NNNNNNN
Date Insurer Received		DATE INSURER RECEIVED BILL FROM PROVIDER	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to ‘Date of Accident’ FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR
Date Paid		DATE INSURER PAID, ADJUSTED AND PAID, DISALLOWED OR DENIED BILL	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date Insurer Received Bill From Provider” FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR

APPENDIX A – FIELD FORMATS

DWC-90 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Hospital Zip Code	1	FACILITY LOCATION ZIP CODE	<p><u>REQUIRED</u> Must be numeric First 4 digits must not equal '0000' Must be a valid 5 or 9 digit zip code</p> <p>FORMAT – NNNNN NNNNNNNNN NNNNN-NNNN</p>
FEIN	5	FACILITY FEDERAL TAX ID NUMBER	<p><u>REQUIRED</u> Must be numeric Must not be the same digit repeated seven times</p> <p>FORMAT – NNNNNNNNN NN-NNNNNNN</p>
Bill Type	4	TYPE OF REPORT (See UB-92 Manual for valid codes for form locator 4)	<p><u>REQUIRED</u> Must be valid code</p> <p>FORMAT – NNN NNA</p>
Statement Covers From	6	DATE STATEMENT COVERS FROM	<p><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</p> <p>FORMAT – MM/DD/YYYY FORWARD SLASH "/" MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR</p>

APPENDIX A – FIELD FORMATS

DWC-90 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
To	6	DATE STATEMENT COVERS THROUGH	<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 From” date FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR
Patient’s Name Last	12	INJURED EMPLOYEE’S LAST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient’s Name First	12	INJURED EMPLOYEE’S FIRST NAME	<u>REQUIRED</u> Must be A-Z Can include space, comma, apostrophe, period or hyphen
Patient’s Name MI	12	INJURED EMPLOYEE’S MIDDLE INITIAL	<u>SITUATIONAL</u> Must be A-Z If not present, leave blank
SSN	60A	EMPLOYEE IDENTIFICATION NUMBER (For a division-assigned number go to the division’s web site at www.fldfs.com/wc/organization/odqc.html)	<u>REQUIRED</u> Must not be the same digit repeated 7 times Must be SSN or Division-Assigned Number Division-Assigned Number must begin with ‘0000’ FORMAT – NNNNNNNNN NNN-NN-NNNN
Admission Date	17	ADMISSION DATE	<u>REQUIRED</u> Must be valid date in the correct format Must be greater than or equal to “Date of Accident” FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR

APPENDIX A – FIELD FORMATS

DWC-90 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Hour	18	ADMISSION HOUR (See UB-92 Manual for valid codes)	<u>REQUIRED</u> Must be numeric Must be valid code FORMAT - NN
Type	19	TYPE OF ADMISSION/VISIT (See UB-92 Manual for valid codes)	<u>REQUIRED</u> Must be numeric Must be a valid code FORMAT: N
Discharge Hour	21	DISCHARGE HOUR (See UB-92 Manual for valid codes)	<u>SITUATIONAL</u> Must be numeric Must be valid code FORMAT - NN
Date of Accident	32	DATE OF ACCIDENT, ILLNESS OR INJURY	<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” FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR
DIAG Codes 1.	67	ICD-9 DIAGNOSTIC CODE 1 (See Appendix B for valid Diagnosis Codes formats)	<u>REQUIRED</u> Must be a valid ICD-9 code
DIAG Codes 2.	68	ICD-9 DIAGNOSTIC CODE 2 (See Appendix B for valid Diagnosis Codes formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not present, leave blank
DIAG Codes 3.	69	ICD-9 DIAGNOSTIC CODE 3 (See Appendix B for valid Diagnosis Codes formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not present, leave blank

APPENDIX A – FIELD FORMATS

DWC-90 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
DIAG Codes 4.	70	ICD-9 DIAGNOSTIC CODE 4 (See Appendix B for valid Diagnosis Codes formats)	<u>SITUATIONAL</u> Must be a valid ICD-9 code If not present, leave blank
Coding Method	79	PROCEDURE CODING METHOD (PCM) (See UB-92 Manual and Appendix G for valid codes)	<u>SITUATIONAL</u> If Principal Procedure is present, PCM code must be present Must be numeric Must be valid code If not present, leave blank FORMAT - N
Principal Code	80	PRINCIPAL PROCEDURE CODE (See Appendix H for valid ICD-9 Procedure Code formats)	<u>SITUATIONAL</u> If Procedure Coding Method is present, Principal Procedure Code must be present Must be a valid CPT, HCPCS, or ICD-9 Code If not present, leave blank FORMAT – NNNNN ANNNN NN NN.N NN.NN
Other Code	81	OTHER PROCEDURE CODE (See Appendix H for valid ICD-9 Procedure Code formats)	<u>SITUATIONAL</u> If present, must be a valid CPT, HCPCS, or ICD-9 code If not present, leave blank FORMAT – NNNNN ANNNN NN NN.N NN.NN

APPENDIX A – FIELD FORMATS

DWC-90 CLAIM HEADER FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Total Paid	29	TOTAL PAID BY INSURER	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>
Provider License Number	82	<p>PROVIDER’S FLORIDA LICENSE NUMBER</p> <p>(See Appendix C for valid values)</p>	<p><u>REQUIRED</u> Key alpha prefix and numeric digits of license number Must be valid value DO NOT zero pad numeric portion</p> <p>FORMAT – AANNNNNNNNNN AAANNNNNNNNNN AAAANNNNNNNNNN</p>
Payment Plan		<p>PAYMENT PLAN</p> <p>(See Appendix D)</p>	<p><u>REQUIRED</u></p> <p>Dropdown Choices: Reimbursement Manual; Managed Care; Contracted Amount</p>
Insurer TPA Internal File Number		<p>INSURER/SERVICE CO/TPA INTERNAL FILE NUMBER</p> <p>(From the Insurer/TPA’s office file)</p>	<p><u>REQUIRED</u></p>

APPENDIX A – FIELD FORMATS

DWC-90 FIELD FORMATS – DETAIL RECORDS TAB

DWC-90 CLAIM DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Rev Code	42	REVENUE CODE (See UB-92 Manual for Valid Codes)	<u>REQUIRED</u> Must be numeric Must be a valid code FORMAT – NNNN
HCPCS	44	PROCEDURE, SERVICE OR SUPPLY CODE (As billed by the Provider)	<u>SITUATIONAL</u> Must be valid CPT, HCPCS or Unique WC code If not present, leave blank FORMAT – NNNNN ANNNN
Modifier	44	PROCEDURE, SERVICE OR SUPPLY CODE MODIFIER (As billed by the Provider)	<u>SITUATIONAL</u> Must be valid CPT or HCPCS modifier code If not present, leave blank FORMAT – NN AN A
Outpatient Service Date	45	DATE OF OUTPATIENT SERVICE	<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' FORMAT – MM/DD/YYYY FORWARD SLASH “/” MUST BE ENTERED BETWEEN THE MONTH, DAY AND YEAR
Units	46	UNITS OF SERVICE	<u>REQUIRED</u> Must be numeric FORMAT - NNNNNNN

APPENDIX A – FIELD FORMATS

DWC-90 CLAIM DETAIL RECORDS FIELD NAME	PAPER FORM FIELD ID NUMBER	DESCRIPTION	REQUIREMENTS
Charges	47	CHARGE PER REVENUE CODE	<p><u>REQUIRED</u> Must be numeric Zero is valid value</p> <p>FORMAT – NNNNNNNN.NN NNNNNNNNNNN</p> <p>(Up to 11 characters allowed, decimal not needed if entering only whole dollar amounts)</p>
EOBR Codes (1)		EXPLANATION OF BILL REVIEW CODE (See Appendix E for valid values)	<p><u>REQUIRED</u> Must be valid Code</p> <p>FORMAT – NN</p>
EOBR Codes (2)		EXPLANATION OF BILL REVIEW CODE (See Appendix E for valid values)	<p><u>SITUATIONAL</u> Must be valid Code If not present, leave blank</p> <p>FORMAT – NN</p>
EOBR Codes (3)		EXPLANATION OF BILL REVIEW CODE (See Appendix E for valid values)	<p><u>SITUATIONAL</u> Must be valid Code If not present, leave blank</p> <p>FORMAT – NN</p>

APPENDIX B

ICD-9 Diagnosis Code Formats

(Forms DWC-9 and DWC-90)

If 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

(' _ ' indicates a space)

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.

APPENDIX C

Provider Number Formats

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

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

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

Independent Laboratories: Enter “IL” followed by the Agency for Health Care Administration assigned license number (i.e. IL8000##### or IL80000##### or IL800000###)

Individual Health Care Providers, Physicians 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#####; WC2#####; WC3#####).

APPENDIX D

Payment Plans

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

Payment Plan

Reimbursement Manual: Services reimbursed according to the appropriate reimbursement manual

Managed Care: Services reimbursed according to the language of the WC Managed Care Arrangement contract

Contracted Amount: Services reimbursed according to a contract not associated with a WC Managed Care Arrangement

APPENDIX E

Explanation of Bill Review Codes (EOBR)

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

<u>EOBR Description</u>	<u>Valid Codes</u>
Services not authorized, as required.	01
Services denied as not related to the compensable work injury.	02
Services related to a denied work injury: DFS-F2-DWC-12 on file with the division.	03
Services billed are listed as not covered or non-covered (“NC”) in applicable reimbursement manual.	04
Documentation does not support the level, intensity or duration of service(s) billed. (Insurer must specify to the provider.)	05
Location of service(s) is not consistent with level of service(s) billed.	06
Reimbursement equals the amount billed.	07
Reimbursement is based on the applicable reimbursement schedule.	08
Reimbursement is based on the contracted amount.	09
Reimbursement is based on charges exceeding the stop-loss point.	10
Reimbursement is based on insurer re-coding. (Insurer must specify to the provider.)	11
Charge(s) are included in the per diem reimbursement.	12
Reimbursement is included in the allowance of another service. (Insurer must specify procedure to the provider)	13
Hospital itemized statement not submitted with billing form.	14
Invalid procedure code. (Use when other valid procedure codes are present)	15
Documentation does not support that services rendered were medically necessary.	16
Required supplemental documentation not filed with the bill. (Insurer must specify required documentation to the provider)	17
Duplicate Billing: Service previously paid, adjusted and paid, disallowed or denied on prior claim form or multiple billing of service(s) billed on same date of service	18
Required DFS-F5-DWC-25 form not submitted within three business days of the first Treatment pursuant to s. 440.13(4)(a), F.S.	19
Other: Unique EOBR code description. (Insurer must include specific explanation)	20

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

UB-92 Procedure Coding Method

- If the Procedure Coding Method = 4** Then the Principal Proc. Code and Other Procedure Code must be valid CPT codes
- If the Procedure Coding Method = 5** Then the Principal Proc. Code and Other Procedure Code must be valid HCPCS codes
- If the Procedure Coding Method = 9** Then the Principal Proc. Code and Other Procedure Code must be valid ICD-9 codes

APPENDIX H

ICD-9 Principal Procedure and ICD-9 Other Procedure Code Formats

(Form DWC-90)

If Diagnosis Code Is:

01
01.1
01.01

Valid Format Is:

01_ _ _
01.1_
01.01

('_' indicates a space)

NOTE: Be sure to key in the decimal point

EXCEPTIONS: Do NOT key the decimal for ICD-9 Procedure and ICD-9 Other Procedure codes containing no digits to the right of the decimal.