

**69L-7.750 Insurer Electronic Medical Report Filing to the Division.**

(1) No change.

(2) Florida Medical EDI Implementation Guide (MEIG), 2015, effective February 18, 2016, is hereby incorporated by reference for use with the rules adopted in Chapter 69L-7 and is available at <http://flrules.org/Gateway/reference.asp?No=Ref-18664>. Required data elements shall be submitted in compliance with the MEIG.

(3) through (5) No change.

(6) Each insurer shall be responsible for ensuring the accurate completion of the Medical EDI Bill Record Layouts Revision F for Records 09, 10, 11 and 90 as defined in and in accordance with the MEIG's phase in schedule, as denoted below.

(a) Senders with Sender FL ID numbers 001—199, as defined in the MEIG, shall begin testing 150 days after the effective date of this rule and shall complete the testing process with the new Revision "F" record layouts within 195 days after the effective date of this rule.

(b) Senders with Sender FL ID numbers 200—899, as defined in the MEIG, shall begin testing 195 days after the effective date of this rule and shall complete the testing process with the new Revision "F" record layouts within 240 days after the effective date of this rule.

(c) Senders with Sender FL ID numbers 900 and above, as defined in the MEIG, shall begin testing 240 days after the effective date of this rule and shall complete the testing process with the new Revision "F" record layouts within 285 days after the effective date of this rule.

(d) The Division will, resources permitting, allow senders that volunteer to complete the test transmission processes earlier than the schedule denoted above. Each voluntary sender shall still have 45 days from the start date of testing to complete the test transmission to production transmission processes, for all Medical EDI Bill Records, that comply with requirements set forth and defined in the MEIG.

(6)(7) No change.

(7)(8) Determining receipt dates and payment dates of medical bills:

(a) through (b) No change.

(c) The option in paragraph 69L-7.750(7)(8)(a), F.A.C., selected by the insurer shall be identified on each medical report electronic submission to the Division and shall utilize the following coding methodology:

1. through 4. No change.

(8)(9) No change.

(9)(10) No change.

(10)(11) No change.

(11)(12) No change.

(12)(13) No change.

(13)(14) No change.

(14)(15) No change.

*Rulemaking Authority 440.13(4), 440.15(3)(b), (d), 440.185(5), 440.525(2), 440.591, 440.593(5) FS. Law Implemented 440.09, 440.13(2)(a), (3), (4), (6), (11), (12), (14), (16), 440.15(3)(b), (d), (5), 440.185(5), (9), 440.20(6), 440.525(2), 440.593 FS. History—New 2-18-16, \_\_\_\_\_.*

**Editorial Note:** Formerly 69L-7.710(6).