

Quarter
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EDI Quarterly Newsletter

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EDI Quality Assurance Department

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New Implementation Guide

Virginia will be publishing a new Implementation Guide in May. Here is a list of some of the changes you can expect to see:

- ❖ Claim Type Code going to NA
- ❖ Injury Severity Type Code coming in November
- ❖ Addition of missing DNs
- ❖ Changing IA fields to AA
- ❖ Adding BTC 220

This list is not all inclusive, please refer to the new IG when published

Request For FROI

When the Commission sends a Request for FROI, the letter will include the JCN already assigned to the claim. It is crucial that you include that JCN in your FROI submission to prevent your transactions from rejecting as a duplicate or actually creating a duplicate and resulting in a consolidation.

How To Report Compromise Settlements

EDI Training Aid #11 – Reporting of Compromise Settlements is available on our website and should be used as a point of reference when determining how to report a compromise settlement.

Medical Only vs. Settlement

Medical Only Claims are those claims where no indemnity benefits have been paid (Lost time, Permanency or Compromise Settlement) and only medical expenses have been paid.

A Compromise Settlement that has been approved by the Commission to only include the payment of a medical expense is not considered a Medical Only Claim. This would be considered an indemnity claim and should be reported on a PY transaction using the appropriate 5xx Payment Reason Code and Benefit Type Code.

Responses To Our Requests

Responses to our requests for EDI transactions must be submitted either by mail or fax (877-787-3004) to the EDI Quality Assurance Department

- ❖ The responses must be made either by using the provided form or a written response on company letterhead
- ❖ E-mailed responses to our requests for EDI transactions are not acceptable
- ❖ Faxing a copy of an e-mail as a response to our request for an EDI transaction is not acceptable

Training Aid Update

EDI Training Aid #7 – Benefit Segment was recently updated to indicate that when sending a CB, the CB MTC must be listed twice in the benefit segment.