

NCPDP Work Group 16 Property & Casualty/Workers' Compensation

GUIDANCE FOR THE WORKERS' COMPENSATION INDUSTRY

VERSION 2.1

This document offers guidance to the Workers' Compensation industry on the use of NCPDP standards.

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The writers of this paper will review and possibly update their recommendations should any significant changes occur.

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I. PURPOSE AND SCOPE

NCPDP Work Group 16 Property & Casualty/Workers' Compensation (WG16) has created this document as a resource to the industry on the use and application of NCPDP standards to meet the business requirements of the Workers' Compensation Insurance environment. The document contains two sets of information: Frequently Asked Questions (FAQ) and Detailed Guidance. Periodic additions and modifications are anticipated as new issues and business needs are brought forward. Questions and issues needing industry guidance should be submitted to the WG16 Co-Chairs or the assigned NCPDP staff liaison.

In the Workers' Compensation arena there is a growing trend among the states to move to the standard transactions and code sets adopted under the Health Insurance and Portability and Accountability Act (HIPAA) for the healthcare industry for the billing and reporting of healthcare products and services. The providers of the healthcare services are familiar with these transactions and code sets which makes the move advantageous both in terms of efficient work flow and administrative costs. The states derive benefit by having a greater ability to do comparative analysis of their services and costs with those in the general healthcare arena. Utilization of the electronic standards also saves the system administrative costs as electronic claims processing and adjudication is more cost effective than the processing of paper claims.

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A. IMPORTANT REFERENCE DOCUMENTS

Users of this document should consult the NCPDP documents listed below for further information and clarification.

MANUAL CLAIM FORMS REFERENCE IMPLEMENTATION GUIDE

Intended to provide guidance information for completing and processing

- The NCPDP Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above
- The NCPDP Workers' Compensation/Property and Casualty Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above

The Manual Claim Forms Reference Implementation Guide is available with purchase or licenses of NCPDP claim forms.

TELECOMMUNICATION STANDARD IMPLEMENTATION GUIDE

Specifies transmission formats for claim submission and response. Refer to NCPDP *Telecommunication Standard Implementation Guide Version D.Ø* and above.

DATA DICTIONARY

Full reference to all fields used in NCPDP standards.

EXTERNAL CODE LIST

Full reference to all values used in NCPDP standards.

STANDARDS MATRIX

This document contains charts that list the Standards and Implementation Guides versions approved or under consideration by NCPDP, with reference to the Data Dictionary and External Code List documents appropriate for use.

EDITORIAL DOCUMENT

This document contains clarifications, corrections, examples, and questions/answers that were obtained after the publication of the NCPDP *Telecommunication Standard Implementation Guide*. It must be used as a reference between official publications of the implementation guide. This document may be updated as often as quarterly and new versions should be downloaded. It is available from the public and members only sections of the NCPDP website.

These documents are available with NCPDP membership; contact the NCPDP office at 48Ø-477-1ØØØ, or via e-mail at ncpdp@ncpdp.org. The documents are available in the "Members" section of the website at www.ncpdp.org.

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B. DEFINITIONS

The following represent common terms used in the delivery of pharmacy care in the context of the workers' compensation market. The definitions provided are meant to be informational and general in nature. Individual jurisdictions may have specific definitions for these terms that govern.

Adjuster – The individual who handles the overall claims process for the insurance carrier (payer).

Apportionment – The process the Workers' Compensation Appeals Board (or other similar governmental entity) uses to determine what portion of a worker's injury or illness is legally attributable to the worker's industrial injury or illness and, consequently, to the employer.

Bill – The submitted request for payment for a medical or pharmaceutical product or service provided. In the context of workers' compensation the concepts "bill" and "claim" are not interchangeable.

Bill Review – The evaluation and adjudication of pharmaceutical services bills for appropriateness of reimbursement including, but not limited to, medical necessity and prevailing or mandated rates of reimbursement (fee schedules), duplication of charges, unbundling of charges, medical relatedness of services to compensable injury or illness, and any other prevailing adjudication criteria that may apply. Also referred to as bill screening or bill audit.

Claim – A claim in the workers' compensation context represents an injury or an illness arising out of a work related event. A claim covers: medical bills, loss of wages, and other expenses as a result of an injury/illness.

Claim Number – A number assigned by the insurance carrier, self-insured employer and/or jurisdiction (e.g., workers' compensation board or division) to identify a specific claim for an injury. A particular claim may have two claim numbers associated with it: one assigned by the payer and the other by the jurisdiction.

Claimant – Injured worker/employee (injured while at work) who has filed a workers' compensation claim.

Compensable – Eligible for, or subject to, compensation for a bodily injury or illness.

Compound – A pharmaceutical product that results from the combining, mixing, or altering of one or more ingredients, excluding flavorings, to create a customized medication (not typically produced by a manufacturer) for an individual patient in response to a licensed practitioner's prescription.

Controverted – A disputed workers' compensation claim.

Date of Injury (DOI) – The date the employee was injured or contracted an illness while on the job as identified in reports to the jurisdiction and confirmed by the insurer.

Denied Claim – A claim in which the insurance company believes the injury or illness is not covered by workers' compensation.

Denied Service – A service which is deemed non-compensable based on the nature of the claimant's injury or illness, or contradicted by established treatment protocols, or as permitted by the relevant jurisdiction's statutes or regulations.

Division/Department of Worker's Compensation (DWC) – Government entity that monitors and enforces the administration of workers' compensation claims, and provides administrative and judicial services to assist in resolving disputes that arise in connection with claims for workers'

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compensation benefits. May also be referred to as a Bureau, Board or other type of governmental body.

Eligibility – A determination by the carrier/payer that the individual is entitled to receive benefits based on a claim for a compensable injury/illness. Eligibility does not guarantee payment.

Explanation of Benefits (EOB) – A summary statement (paper or electronic) that explains medical bill payment, adjustment and/or the reason for denial of specific charges. May also be referred to as an Explanation of Review (EOR), Explanation of Bill Review (EOBR), Explanation of Medical Benefits (EOMB) or other similar term.

Fee Schedule – A defined table/set of allowable fees per service/item (usually a maximum) promulgated by law or the jurisdictional workers' compensation agency's rules.

Formulary – A list(s) of brand name and generic drugs chosen, often based on safety, medical effectiveness and/or cost effectiveness. Formularies in workers' compensation may be injury/illness-specific and/or established by jurisdictional rules. Drugs not included on a formulary typically require preauthorization or prospective utilization review by the payer.

FROI – First Report of Injury

Generic Mandate – A jurisdictional requirement for prescribers to prescribe and/or dispensers to dispense a therapeutically equivalent generic drug in place of a brand name drug, often for cost-containment purposes. Dependent on particular jurisdictional requirements, a brand name drug may at times still be permitted to be prescribed and/or dispensed based on medical necessity, specific direction from the prescriber, unavailability of the generic equivalent, or where permitted at the specific request of the claimant who will be responsible for paying the difference in cost between the brand and generic.

Jurisdiction – The governmental entity (federal or state) with legal authority over the workers' compensation claim.

Medical Necessity – A determination that certain services/items are medically necessary for the treatment of a specific condition or combination of conditions relative to a particular patient. Entails an individual assessment rather than a general determination of what works in the ordinary case.

Original/Underlying NDC – The original manufacturer/labeler's established national drug code for the drug actually used in a repackaged or compounded product.

Payer – An entity that assumes the risk of paying for medical treatments. This can be a self-insured employer, a workers' compensation insurance carrier, or another third party (health care plan or health maintenance organization) ultimately responsible for payment under given circumstances.

Pharmacy Benefit Manager (PBM) – An entity, other than a pharmacy, pharmacist, or third party biller that acts as an administrator or processor in connection with workers' compensation pharmacy benefits. PBM services may include any of the following: retail network administration; mail service pharmacy; or patient compliance, therapeutic intervention, and generic substitution programs. PBMs generally contract with both the pharmacy and the insurer (payer). Dependent on specific contractual agreements, transactional relationships, and business models, a PBM may be considered either a bill submitter or a bill receiver in a given transaction.

Physician Dispensing – Used for when a physician provides a patient, on an outpatient basis (not administered or in conjunction with an office or surgical procedure), a medication supply (other than a free sample) from their office.

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Repackaged Drug – A drug that FDA-approved repackagers have purchased in bulk and repackaged (often into individual prescription sizes) and assigned a new NDC.

Return to Work (RTW) – Phrase used in relation to an injured or ill employee who has reached substantial medical improvement to be able to return to the position for which the employee was hired with either no workplace modifications or restrictions, or with permanent workplace modifications or restrictions that are not essential to the job function for which the employee was hired.

Statement of Medical Necessity – A written statement and supporting documentation from the ordering/prescribing physician to establish the medically appropriate need for the ordered/prescribed treatments, services, or items.

Timely Filing – Specific time frame set forth by a jurisdiction to submit a bill for services rendered.

Third Party Administrator (TPA) – An organization that administers insurance claims, bills or certain aspects of workers' compensation plans for a separate entity. This can be viewed as "outsourcing" the administration of the claims processing, since the TPA is performing a task traditionally handled by the company providing the insurance. Often, in the case of insurance claims, a TPA handles the claims processing for an employer that self-insures coverage for its employees. Thus, the employer is acting as an insurance company and underwrites the risk. The risk of loss remains with the employer, and not with the TPA.

Third Party Biller – An entity that contracts with a health care provider establishing an agency relationship to process bills for services provided by the health care provider under the terms and conditions of a contract between the agent and health care provider. Such contracts may permit the agent to submit bills, request reconsideration, receive reimbursement, and seek medical dispute resolution for the health care provider services billed, as permitted by an individual jurisdiction. A third party biller may "purchase" a given service from the provider and take on the risk associated with recouping payment from the responsible payer. May also be referred to as a billing agent, processing agent, factoring agent or assignee.

Treatment Guidelines – Established and effective treatment protocol(s) intended to assist in the provision of medical treatment by offering an analytical framework for the evaluation and treatment of an injured worker, in order to achieve the best medical outcome based on scientific medical evidence. Some jurisdictions have adopted existing national treatment guidelines; others have established state-specific guidelines.

Usual and Customary (U&C) – Often dependent on jurisdictional requirements, may mean either the usual and customary amount charged by a particular provider for a particular health care service or product to the general public; the average of such charges for all providers in a particular geographical area for the same specific service or product; or other jurisdiction specific methods of calculating U&C.

Utilization Review (UR) – Evaluation to determine the medical necessity for medical treatments. It includes prospective, concurrent and/or retrospective review of treatments. Utilization review may be defined and regulated by a given jurisdiction.

Utilization Review Entity – An organization (may be a private vendor, a carrier or its affiliate, a self-insured employer, a third-party administrator, a group fund, or a state agency) that provides utilization review.

Workers' Compensation Coverage – A form of "no-fault insurance" that most jurisdictions require employers to carry to cover employees for on-the-job injuries/illnesses. Employers may self-insure or

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purchase workers' compensation insurance. Some jurisdictions administer workers' compensation claims on behalf of employers (called "state funds").

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C. ACRONYMS

Acronym	Spelled Out
ACOEM	American College of Occupational and Environmental Medicine
BR	By Report
CARC	Claim Adjustment Reason Code
COB	Coordination Of Benefits
DOI	Date Of Injury
ECL	External Code List
EOB	Explanation Of Benefits
EOBR	Explanation Of Bill Review
EOMB	Explanation Of Medical Benefits
EOP	Explanation Of Payment
EOR	Explanation Of Review
FROI	First Report Of Injury
FS/SFS	Fee Schedule/State Fee Schedule
IAIABC	International Association of Industrial Accident Boards and Commissions
IBR	Independent Bill Review
IME	Independent Medical Exam(iner)
IMR	Independent Medical Review
JCN	Jurisdiction Claim Number
MMI	Maximum Medical Improvement
MPN	Medical Provider Network
MSA	Medicare Set-Aside
MTG	Medical Treatment Guidelines
MTUS	Medical Treatment Utilization Schedule
NCCI	National Council on Compensation Insurance
ODG	Official Disability Guidelines
PBN	Pharmacy Benefits Network
PWP	Pay With (or Without) Prejudice
RARC	Remittance Advice Remark Code
RFA	Request For Authorization
RTW	Return To Work
SBR	Second Bill Review
SMN	Statement of Medical Necessity
SOJ	State Of Jurisdiction
SROI	Subsequent Report Of Injury
U&C	Usual And Customary
UCR	"Usual, Customary and Reasonable"
UR	Utilization Review
URA	Utilization Review Agent
WC	Workers' Compensation
WC-HCN	Workers' Compensation Health Care Network
WC/PC UCF	Workers' Compensation/Property & Casualty Universal Claim Form

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WCRI	Workers' Compensation Research Institute
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II. FREQUENTLY ASKED QUESTIONS

QUESTION 1: Florida requires submission of the pharmacist's state license number in addition to the pharmacy's NPI number. How do I handle submitting the pharmacist's license number?

Paper Billing – Workers' Compensation/Property & Casualty Universal Claim Form (WC/PC UCF) Instructions:

NCPDP has approved Florida's use of Jurisdictional Field 57 on the WC/PC UCF Form as the location for the pharmacist's state license number. Field 58 should be used for the designated qualifier code "Ø7" (State Issued - unique identification number issued by a state program or organization other than Medicaid) to a provider of service.

Electronic Billing - Telecommunication D. Ø instructions:

The Pharmacy Provider Segment, field Provider ID (444-E9) is to be used to report the pharmacist's state license number. Field Provider ID Qualifier (465-EY) is to be used to report the qualifier code "Ø7".

QUESTION 2: I am submitting a bill for a repackaged medication and my jurisdiction is requiring the innovator or manufacturer's original NDC number to be submitted in addition to the NDC for the repackaged medication. How do I properly submit that information?

Paper Billing – Workers' Compensation/ Property & Casualty Universal Claim Form (WC/PC UCF) Instructions:

NCPDP has approved the following standard billing methodology when there is a jurisdictional requirement to submit the original NDC number. The jurisdiction requiring the submission of an original or underlying NDC should indicate in their implementation guide that the jurisdictionally defined Field 61 on the WC/PC UCF is designated as the location for the original manufacturer or innovator NDC.

Electronic Billing - Telecommunication D. Ø instructions:

NCPDP has approved the use of these existing fields in the NCPDP Telecommunication Standard version D.Ø to submit the original NDC number:

- Originally Prescribed Product/Service ID Qualifier (453-EJ) value of "Ø3" (National Drug Code (NDC))
- Originally/underlying Prescribed Product/Service Code (445-EA) contains the actual (original) NDC

The Product/Service ID Qualifier (436-E1) contains the value of "Ø3" (National Drug Code (NDC)) and Product/Service ID (4Ø7-D7) contains the actual dispensed (repackaged) NDC.

QUESTION 3: How do I as a physician bill for a drug I dispense on the WC/PC UCF?

Answer: The WC/PC UCF contains designated fields for both the prescriber (Fields 40-48) and the pharmacy (Fields 32-39). It is recommended that a physician dispenser complete the fields for pharmacy entering their information in the section designated for Pharmacy, including their ID as required by the jurisdiction in Field 32. If the physician is also the prescriber, also complete the information in the Prescriber Section of the form, including their ID as required by the jurisdiction in Field 40.

III. DETAILED GUIDANCE

A. *WORKERS' COMPENSATION – BRAND/GENERIC SELECTION AND INVOICING WHEN BOTH THE BRAND AND GENERIC NDCs AND THEIR COSTS MUST BE PRESENT*

1. Background

In workers' compensation the rules promulgated in the various state jurisdictions dictate how pharmacy services/prescriptions should be fulfilled. Some of these regulations have not taken into consideration the real-time process or other complexities of pharmacy services/prescription processing.

More specifically, some jurisdictions have passed generic-only dispensing for workers' compensation bills unless the physician specifically writes "brand medically necessary" upon the prescription. (The pharmacy would this indicate by sending a DAW code value of 1.) Taking into consideration some rights of the injured worker (patient), a number of these same jurisdictions, have allowed for the injured worker to select the brand name drug, when not specified medically necessary, and have advised that the injured worker must pay the cost difference between the brand dispensed and the generic that would have been dispensed. (The pharmacy would indicate by sending a DAW code value of 2.) Additionally, not all billing rules in these particular states are specific in detailing how the billing for these types of transactions should be completed. Some state rules detail that the pharmacy must invoice showing the brand NDC that was dispensed and its cost, the generic NDC that would have been dispensed and its cost, and the amount paid by the injured worker - leaving the amount due from the payer. The payer could be a third party entity (biller, PBM, TPA) or the insurance carrier directly, dependent upon jurisdictional requirements and specific business relationships and agreements.

The intent of this section of the document is to provide some guidance to the pharmacy services industry on how to bill for this scenario both electronically and through paper invoicing when utilizing the NCPDP standards.

2. Pricing the Patient Selected Branded Drug

There is an underlying theme of selecting the lowest-priced therapeutically equivalent generic for pricing purposes when the patient opts for the brand name drug versus the generic equivalent. For electronic transactions, NCPDP Work Group 16 recommends the following to complete the transaction:

Generic medication prescribed – Brand medication dispensed

Using either the NCPDP Telecommunication Standard D.Ø or the Workers' Compensation/Property and Casualty Universal Claim Form (WC/PC UCF), the pharmacy should submit the following data. (Valium and Diazepam are being used within the example. The dollar values detailed below are not meant to represent true market data.)

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D.Ø Transaction

Claim Segment			
Field ID	Field Name	Example	General Notation about Field(s)
4Ø7-D7	Product/Service ID	00140-0006-35	Brand drug dispensed – Valium
4Ø8-D8	Dispensed as Written	2	DAW2 – Patient Selected Brand
Workers' Compensation Segment			
125-TZ	Generic Equivalent Product ID Qualifier	03	NDC
126-UA	Generic Equivalent Product ID	00228-2053-10	Generic prescribed drug - Diazepam
Pricing Segment			
Field ID	Field Name	Example	General Notation about Field(s)
4Ø9-D9	Ingredient Cost Submitted	.55	Cost of 1 tablet of Valium
412-DC	Dispensing Fee Submitted	4.00	
433-DX	Patient Paid Amount Submitted	.50	Cost difference between Valium and Diazepam
43Ø-DU	Gross Amount Due	4.55	

These examples do not show the exact data transmitted which must include the proper format and overpunch requirements. See the NCPDP *Telecommunication Standard* for requirements.

WC/PC UCF

The WC/PC UCF does not have a field defined to support the Generic Equivalent Product ID. State-specific assigned Jurisdictional Fields are used to report the Generic prescribed drug. For more information see Section II of this document and the NCPDP *Manual Claim Forms Reference Guide*.

Claim Section			
			General Notation about Field(s)
69	Product/Service ID	00140-0006-35	Brand drug dispensed – Valium
73	Dispensed as Written	2	DAW2 – Patient Selected Brand
57-61 as assigned	Generic Equivalent Product ID	00228-2053-10	Generic prescribed drug - Diazepam
Pricing Segment			
			General Notation about Field(s)
102	Ingredient Cost Submitted	.55	Cost of 1 tablet of Valium
103	Dispensing Fee Submitted	4.00	
107	Patient Paid Amount Submitted	.50	Cost difference between Valium and Diazepam
106	Gross Amount Due	4.55	

B. ASSIGNMENT OF JURISDICTIONAL FIELDS

The Jurisdictional Fields (Fields 57 through 61) in the NCPDP Workers' Compensation Property and Casualty Universal Claim Form (WC/PC UCF) were developed to accommodate state-specific billing requirements for workers' compensation pharmacy services that are not otherwise supported in a specific field. Jurisdictional Field use is determined and assigned by NCPDP to maintain standard content and submission and allow consistent reporting and processing of the data.

As new state regulations are proposed, billing requirements that cannot be accommodated in the standard NCPDP Telecommunication Standard Version D.0 and WC/PC UCF need to be brought to NCPDP for review and assignment of an appropriate state-specific jurisdictional field. Ideally the state/jurisdiction or the International Association of Industrial Accident Boards and Commissions (IAIABC) on behalf of the state/jurisdiction would consult with NCPDP (and other standards development organizations) as regulations are being developed to assure that the data requirements can be accommodated. In absence of that consultation, any individual aware of the requirement is encouraged to bring the request/business requirement forward to NCPDP WG16 Property & Casualty/Workers' Compensation. The request may be in the form of memo or submission of a Data Element Request Form (DERF). See <http://www.ncdp.org/Standards/Standards-Development-Process>.

1. Work Group Review of the Request

Upon receipt, WG16 will review the request for use of a Jurisdictional Field to determine the optimum solution for the data requirement. WG16 will:

- a. Notify the state/IAIABC of the requested review and invite their participation in defining the solution.
- b. Verify whether the requesting state has available jurisdictional fields.
- c. Determine whether the data can be accommodated in the current electronic and/or paper billing formats.
- d. Determine through review of state regulations and by outreach to multiple states whether the data need is common to them, and if so
 - i. Do the states have a shared jurisdictional field assignment
 - ii. Is the requirement becoming universal so that a permanent solution is needed
 - iii. Is the data requirement billing/payment related, and if not, are there alternate ways of providing the data.
- e. Approve or deny the request at the next quarterly NCPDP Work Group meetings.
- f. Inform the submitter of the decision. If approved, inform the state(s)/IAIABC of the solution including the DERF process and timeline before the solution might be available for implementation.

2. Solution

Once it has been determined that the request is appropriate and additional data specification is needed for the paper and/or electronic billing formats, WG16 will determine the optimal technical solution, create/revise the DERF and move it through the NCPDP process.

- a. If a single state issue, and
 - i. there is no alternative for providing the data, and

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- ii. the state has open Jurisdictional Fields,
initiate a Data Element Request Form (DERF) to assign a Jurisdictional Field and update the *NCPDP Manual Claim Forms Reference Implementation Guide*.
- b. If the requesting state
 - i. has no other Jurisdictional requirements, and
 - ii. the requirement is a multi-state issue and those states have no other Jurisdictional requirements,
initiate a DERF to assign the state(s) to a shared Jurisdiction field and update the *NCPDP Manual Claim Forms Reference Implementation Guide*.
- c. If the requesting state
 - i. has shared Jurisdictional requirements, and
 - ii. the requirement is applicable to those states in that shared requirement,
initiate a DERF to assign a new Jurisdictional field to the shared requirement and update the *NCPDP Manual Claim Forms Reference Implementation Guide*.
 - i. the requirement is NOT applicable to those states in that shared requirement,
initiate a DERF to remove the state from the shared Jurisdiction field, assign the state the previous fields and a new Jurisdictional field and update the *NCPDP Manual Claim Forms Reference Implementation Guide*
- d. If the data requirement is becoming universal then, based on the urgency
 - i. Short Term – assign to a jurisdiction field as above for use until a permanent solution is developed and adopted.
 - ii. Long Term – explore solution for making the data element available to all states
- e. If the requirement is not billing related and there are other mechanisms for reporting
 - i. Deny the request
 - ii. Inform the state/IAIABC of the alternative mechanism
- f. Notify the state(s)/IAIABC of the resolution
 - i. Jurisdictional Field assigned
 - ii. Long term solution being pursued if appropriate

3. Long Term and/or Electronic Solution

If a long term and/or electronic solution are determined to be needed, WG16 will engage WG1 Telecommunication to assist in determining the best technical solution for accommodating the business requirement. Possible solutions will be communicated to the IAIABC, state agencies and industry for comments. Once a solution has been agreed to, a DERF will be initiated to incorporate the technical solution into the *NCPDP Manual Claim Forms Reference Implementation Guide* and *Telecommunication Standard* (if applicable). The state(s)/IAIABC will be informed of the time frames for the adjudication process and how to participate. The modifications will go through the NCPDP ballot process (<http://www.ncpdp.org/Standards/Standards-Development-Process>). Once the ballot process is complete the state(s)/IAIABC will be informed of the outcome and effective date of the change.