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IMPLEMENTATION AND COMPLIANCE UPDATE #7

Compliance with Minnesota Workers' Compensation E-billing Requirements:

Information for Clearinghouses and Others

Intended Audience and Purpose

The purpose of this document is to explain what Minnesota law requires for the electronic exchange of workers' compensation medical claims and related transactions. It is intended primarily for clearinghouses and other interested parties to promote compliance with the law.

Relevant State Law

The Minnesota Department of Health (MDH) administers [Minnesota Statutes, chapter 62J, section 536](http://www.revisor.mn.gov/statutes/cite/62J.536) (www.revisor.mn.gov/statutes/cite/62J.536) and related rules that require the standard, electronic exchange of certain health care business (administrative) transactions, including workers' compensation medical claims and related remittance advices and transaction acknowledgements.

The Minnesota Department of Labor and Industry (DLI) administers [Minnesota Statutes, chapter 176, section 135](http://www.revisor.mn.gov/statutes/cite/176.135) (www.revisor.mn.gov/statutes/cite/176.135) which also requires "e-billing" of workers' compensation medical claims consistent with Minnesota Statutes, chapter 62J, section 536. Required e-billing specifications that must be followed are found in rules known as "Minnesota Uniform Companion Guides (MUCGs)."

Compliance and Enforcement

Minnesota Statutes, chapter 62J, section 536, subd. 2b authorizes MDH to enforce the law, to investigate complaints of noncompliance, and to impose possible penalties for noncompliance. In 2012 and 2013 MDH and DLI issued several "Corrective Action Plans" (CAPs) describing information to be provided and actions to be taken by the parties involved to achieve and maintain compliance with the state's workers' compensation e-billing requirements. Additional CAPs may be issued as needed.

Important Information for Compliance

- Claims attachments.

A hallmark of workers' compensation medical claims is the need to submit additional documentation with the claim – "claims attachments." Please be aware of the following regarding claims attachments for workers' compensation medical claims:

- Minnesota law requires medical claims, remittance advices, and acknowledgements be exchanged electronically. The law **does not** require associated claims attachments be transmitted electronically. (Exchanging claim attachments electronically is allowed but is not required under state law and rules.)

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- Health care providers may choose to submit their attachments electronically or by fax, US Postal Service, or other methods.
- Neither payers nor clearinghouses may make their acceptance of a compliant electronic medical claim contingent on another party using or paying for the electronic exchange of related claims attachments.
- Workers' compensation payers subject to Minnesota law (or agents such as clearinghouses acting on their behalf) must be able to accept a standard, compliant electronic medical claim submitted pursuant to state law and rules, regardless of whether the corresponding claims attachments were submitted electronically with the claim or not.
- The "5010" and "D.0" version of transactions must be used. ICD-10 coding must be used and accepted for health care services provided on or after October 1, 2014.

In January 2012, new versions of the national, federally-adopted transaction standards, known as "5010" and "D.0" became effective. Minnesota's e-billing statute and rules are synchronized with applicable federal HIPAA transactions and code sets regulations. In order to be compliant with Minnesota law, versions 5010 and D.0 must be exchanged. Clearinghouses and other vendors may be used as part of the transaction exchange process to ensure noncompliant transactions are converted to compliant versions as needed. In addition, ICD-10 coding must be used and accepted for medical dates of service on or after October 1, 2014.

For additional information regarding 5010, D.0, and ICD-10, please see [CMS Administrative Simplification \(www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification\)](http://www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification).

- Inappropriate charges for exchanging standard transactions are prohibited.

Clearinghouses and others may in some cases be inappropriately charging for transmitting or receiving standard electronic transactions. Minnesota Statutes, chapter 62J, section 536, subd. 1g expressly prohibits certain types of charges, including:

- A group purchaser (payer) or its clearinghouse may not charge a fee solely to receive a standard transaction, such as a medical claim, from a health care provider or a health care provider's clearinghouse.
- A provider or its clearinghouse may not charge a fee solely to receive a standard transaction, such as a remittance advice or an acknowledgement, from a group purchaser, or a group purchaser's clearinghouse.

Additional Resources and Information

- [Health Care Administrative Simplification \(www.health.state.mn.us/facilities/ehealth/asa\)](http://www.health.state.mn.us/facilities/ehealth/asa)
- [Minnesota Administrative Uniformity Committee \(www.health.state.mn.us/facilities/ehealth/auc\)](http://www.health.state.mn.us/facilities/ehealth/auc)
- [CMS Administrative Simplification \(www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification\)](http://www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification)

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