

Minnesota Workers' Compensation Insurers Association, Inc.

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July 15, 2025

ALL ASSOCIATION MEMBERS

Circular Letter No. 25-1861

RE: Data Reporting Changes – NCCI Medical Data Call and Indemnity Data Call

Medical Data Call

The Minnesota Workers' Compensation Insurers Association, Inc. (MWCIA) received notice of revised WCMED specification reporting requirements for NCCI's Medical Data Call. Revisions to the reporting requirements began with <u>Fourth Quarter 2024 medical transaction data that was due to NCCI by end of First Quarter 2025</u>. NCCI has published the details of the revised reporting requirements in their *Medical Data Call Reporting Guidebook*. NCCI also expanded their Medical Data Call Edit Matrix on ncci.com. The WCMED specification changes include:

- **Provider Identification Number** (Field 23, positions 256-270)—revised reporting requirements identifying the National Provider Identification (NPI) Number as the required code for reporting
- **Provider Postal (ZIP) Code** (Field 24, positions 271-273)—revised reporting requirements indicating that the 3-digit Provider Postal (ZIP) Code may be reported but is not required if the new Provider Postal (ZIP+4) Code (Field 29) is reported
- **Provider Postal (ZIP+4) Code** (Field 29, positions 315–323)—added a new field to specification that accommodates a 9-byte zip code for providers

Indemnity Data Call

MWCIA also received notice that six new data reporting elements have been added to NCCI's Indemnity Data Call. Workers' Compensation Indemnity Reporting Specification (WCIND) changes will apply to Fourth Quarter 2025 data that is due to NCCI by end of First Quarter 2026. NCCI has published the details of the added reporting requirements in their **Indemnity Data Call Reporting Guidebook**. The six new data elements to the Indemnity Data Call quarterly record are as follows:

- Classification Code
- Return to Work Date

- ZIP Code of Injury Site
- Number of Dependents
- Exposure State Code
- Indemnity Claim Code

The original NCCI circulars are attached with further details on the new reporting requirements.

The above-mentioned revisions and additions to WCMED and WCIND specification reporting requirements are applicable to reporting Minnesota records in the Medical Data Call and the Indemnity Data Call.

If you have any questions regarding the WCMED or WCIND specification reporting requirement changes, please contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123), Option 6, or email data@ncci.com. Their hours of operation are Monday through Friday, 8:00am – 8:00pm ET.



National Council on Compensation Insurance

Data Services MED-2024-01

MARCH 29, 2024

MEDICAL CALL

Medical–Provider Identification Number, Provider Postal (Zip) Code Reporting Requirement Changes, and New Provider Postal (ZIP+4) Code Field

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ACTION NEEDED	In March 2024, NCCI submitted WCMED specification changes to the Workers Compensation Insurance Organization's (WCIO) Electronic Data Interchange (EDI) Committee. When the WCIO provides final approval, these changes will apply to Fourth Quarter 2024 data that is due to NCCI by the end of First Quarter 2025, and include:
	• Provider Identification Number (Field 23, positions 256-270)—revising reporting requirements identifying the National Provider Identification (NPI) Number as the required code for reporting
	• Provider Postal (ZIP) Code (Field 24, positions 271-273)—revising reporting requirements indicating that the 3-digit Provider Postal (ZIP) Code may be reported but is not required if the new Provider Postal (ZIP+4) Code (Field 29) is reported
	• Provider Postal (ZIP+4) Code (Field 29, positions 315–323)—adding a new field to specification that accommodates a 9-byte zip code for providers
	Additionally, NCCI will introduce four new edits to support these specification updates.
	Review this circular and attachments to ensure that any necessary procedural and/or program changes are implemented within your company.
	 Attachment A—Medical Data Call Reporting Changes
	Attachment B—Medical Data Call Proposed Edit Matrix—Future Enhancements
BACKGROUND	NCCI anticipates that these updates will better support legislative pricing and approved research.
	NCCI submitted WCMED specification changes to the WCIO EDI Committee at the spring 2024 meeting. The WCMED specification changes will be reflected on wcio.org when the spring meeting updates are posted. NCCI's <i>Medical Data Call Reporting Guidebook</i> will also be updated to support these changes and provide additional guidance.
IMPACT	Changes to the reporting requirements for the Medical Data Call will begin with — Fourth Quarter 2024 data that is due to NCCI by the end of First Quarter 2025.
	Review this circular and attachments to determine the impact within your company.
NCCI ACTION	NCCI's <i>Medical Data Call Reporting Guidebook</i> on ncci.com will be updated to reflect the reporting changes and the Future Edit Matrix in the second quarter of 2024.
	NCCI will use a phased approach for the inclusion of these changes in the <i>Medical Incentive Program (MIP)</i> . Communication on the inclusion in the <i>MIP</i> and element quality thresholds will be provided in future communications.
PERSON TO CONTACT	If you have any questions, please contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123) and select Option 6 or email us at <u>data@ncci.com</u> . We are here to assist you Monday through Friday, 8:00 a.m.–8:00 p.m. ET.



Medical Data Call Reporting Changes

Provider Identification Number (Field 23, position 256–270)

Submitted WCMED Specification Reporting Requirements/Notes Change:

Note: The National Provider Identification (NPI) Number is required for reporting. Refer to the User's Guide of the appropriate DCO for additional information.

Proposed NCCI's Medical Data Call Reporting Guidebook Change (underlined):

Reporting Requirement: Report the National Provider Identification (NPI) Number assigned by the National Plan and Provider Enumeration System (NPPES) that uniquely identifies the medical/service provider that performed the service. Refer to the NPI Registry (npiregistry.cms.hhs.gov/search) directory of all active NPI records or the downloadable file containing active and deactivated NPI records linked on the same site.

Note: For facility bills, report the National Provider Identification Number for the service facility. For example, if a line item of a hospital bill indicates that a Registered Physical Therapist provided therapy to a claimant as an employee of the hospital, report the hospital's NPI number. For hospitals billing from a centralized location, report the National Provider Identification Number of the service facility.

For pharmacy and DME (Durable Medical Equipment), report the dispensing provider.

For billing houses, report the NPI of the medical service provider for whom the billing house is submitting the bill.

Provider Postal (Zip) Code (Field 24, positions 271–273)

Submitted WCMED Specification Reporting Requirements/Notes Change (added):

Refer to the User's Guide of the appropriate DCO for additional zip code reporting requirements.

Proposed NCCI's Medical Data Call Reporting Guidebook Change (underlined):

Reporting Requirement: Report only the first three digits/characters of the postal (ZIP) code for the medical/service provider address where the service was performed. In states where the postal (ZIP) code impacts the reimbursement, report the postal (zip) code associated with the reimbursement. <u>The 3-digit Provider Postal (ZIP) Code may be reported but is not required if the Provider Postal (ZIP+4) Code (Field 29) is reported</u>.

If <u>the service facility or dispensing pharmacy ZIP code is</u> unavailable, report only the first three digits of the postal (ZIP) code of the provider's billing address unless it is a billing house. When the billing address





is a billing house and the postal (ZIP) code for the medical/service provider address where the service was performed is not available, leave this field blank.

Note: NCCI considers a PBM (Pharmacy Benefit Management) company to be a billing house. NCCI expects that a PBM will have the dispensing pharmacy ZIP code.

Provider Postal (ZIP+4) Code (Field 29, positions 315–323)

Submitted WCMED Specification Reporting Requirements/Notes Change (new field):

The standard 5-digit Zone Improvement Plan (ZIP) code with the appended 4-digit code (ZIP+4) assigned by the postal service (USPS or other) to the medical/service provider address where the service was performed.

If the 9-digit ZIP+4 code is known, report the 9-digit ZIP+4 code. If only the standard 5-digit ZIP code is known, report the 5-digit ZIP code.

If the service facility or dispensing pharmacy ZIP code is unavailable, report only the postal (ZIP+4) code of the provider's billing address unless it is a billing house. When the billing address is a billing house and ZIP+4 code for the medical/service provider address where the service was performed is not available, leave this field blank.

Proposed NCCI's Medical Data Call Reporting Guidebook New Content (underlined):

Provider Postal (ZIP+4) Code

Field(s):	29
Position(s):	315-323
Class:	Alphanumeric (AN)—Field contains alphabetic and numeric characters
Bytes:	9
Format:	A/N 9, This field must be left justified and contain blanks in all spaces to the right of the last character if the Provider Post (ZIP+4) Code is less than 9 digits.

Definition: The standard 5-digit Zone Improvement Plan (ZIP) code with the appended 4-digit code (ZIP+4) assigned by the postal service (USPS or other) to the medical/service provider address where the service was performed.

Reporting Requirement: Report the standard 5-digit Zone Improvement Plan (ZIP) code with the appended 4-digit code (ZIP+4) for the medical/service provider address where the service was performed. If the 9-digit ZIP code is known, report the 9-digit ZIP code. If only the standard 5-digit ZIP code is known, report the 5-digit ZIP code.

If the service facility or dispensing pharmacy ZIP code is unavailable, report only the postal (ZIP+4) code of the provider's billing address unless it is a billing house. When the billing address is a billing house and ZIP+4 code for the medical/service provider address where the service was performed is not available, leave this field blank.



CIRCULAR MED-2024-01 ATTACHMENT B

PROPOSED MEDICAL DATA CALL EDIT MATRIX—FUTURE ENHANCEMENTS

Edit			Transaction				
Number	Data Field	Edit Message	Code	Edit Type	Stage of Editing	Outcome	Target Date/Changes
<u>0510-02</u>	Provider Identification Number	PROVIDER IDENTIFICATION NUMBER IS NOT VALID PER TABLE	<u>01, 03</u>	<u>Field</u>		<u>Count</u> Occurrences	2nd Quarter 2024—New Edit that checks that the reported value for Provider Identification Number exists in table
<u>0534-01</u>	Provider Postal (Zip+4) Code	ZIP CODE (+4) IS MISSING	<u>01, 03</u>	<u>Field</u>		<u>Count</u> Occurrences	<u>3rd Quarter 2024—New Edit that checks Zip</u> <u>Code (+4) field is not blank</u>
<u>0534-02</u>	Provider Postal (Zip+4) Code	ZIP CODE (+4) IS NOT 5 OR 9 DIGITS	<u>01, 03</u>	<u>Field</u>		<u>Count</u> Occurrences	<u>3rd Quarter 2024—New Edit that checks that</u> the reported value for Zip code (+4) is only 5 or 9 digits
0534-03	Provider Postal (Zip+4) Code	ZIP CODE (+4) IS NOT VALID PER TABLE	<u>01, 03</u>	<u>Field</u>		<u>Count</u> Occurrences	<u>3rd Quarter 2024—New Edit that checks that</u> <u>the reported value for Zip code (+4) exists in</u> <u>table</u>



National Council on Compensation Insurance

Data Services

OCTOBER 10, 2024

INDEMNITY CALL

IND-2024-01

Indemnity-New Data Reporting Elements-Quarterly Record

ACTION NEEDED	In August 2024, NCCI submitted Workers' Compensation Indemnity Reporting Specification (WCIND) changes to the Workers Compensation Insurance Organization's (WCIO) Electronic Data Interchange (EDI) Committee. When the WCIO provides final approval, these changes will apply to Fourth Quarter 2025 data that is due to NCCI by end of First Quarter 2026.	
	Review Attachment A—Indemnity Data Call–New Data Reporting Elements–Quarterly Record for the details on the new indemnity data reporting elements. Ensure that any necessary procedural and/or program changes are implemented within your company.	
BACKGROUND	These new indemnity data elements will support NCCI legislative analysis, pricing, and research.	
	NCCI submitted WCIND changes to the WCIO EDI Committee at the fall 2024 meeting. The WCIND changes will be reflected on wcio.org when the fall meeting updates are posted.	
IMPACT	Changes to the Indemnity Data Call reporting requirements will begin with Fourth Quarter 2025 data due to NCCI by the end of First Quarter 2026.	
	Review this circular to determine the impact within your company.	
NCCI ACTION	 During the First Quarter 2025, NCCI will publish: updates to the <i>Indemnity Data Call Reporting Guidebook</i> to reflect the new data elements. the Indemnity Data Call Future Edit Matrix with additional quality edits that will be implemented to support the new elements. NCCI will use a phased approach for the inclusion of these changes in the <i>Indemnity Incentive</i> 	
	Program (IIP) . Communication on the inclusion in the IIP and element quality thresholds will be provided in future communications.	
PERSON TO CONTACT	If you have any questions, please contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123) and select Option 6 or email us at <u>data@ncci.com</u> . We are here to assist you Monday through Friday, 8:00 a.m.–8:00 p.m. ET.	



Circular IND-2024-01 Attachment A Indemnity Data Call—New Data Reporting Elements—Quarterly Record

This attachment provides the details of the new data elements being added to the Workers Compensation Insurance Organization's (WCIO) Workers' Compensation Indemnity Reporting Specification (WCIND) and to NCCI's Indemnity Data Call. This information will be added to the *Indemnity Data Call Reporting Guidebook*.

Classification Code

Record Type	Quarterly
Field(s)	38
Position(s)	195-198
Class	Ν
Bytes	4
Format	N 4

Definition: A code used to identify the classification assigned to the insured according to the rules of the manual for workers compensation, or the statistical code defined by the jurisdiction.

Reporting Requirement: Report each classification code corresponding to the classification assigned to the insured according to the rules of NCCI's *Basic Manual*.

Return to Work Date

Record Type	Quarterly
Field(s)	39
Position(s)	199-206
Class	Ν
Bytes	8
Format	CCYYMMDD

Definition: The date of the claimant's most recent return to work.

Reporting Requirement: Report the most recent date on which the claimant returned to work.

Zip Code of Injury Site

Record Type	Quarterly
Field(s)	40
Position(s)	207-215
Class	AN
Bytes	9
Format	AN 9 Left-justified and right zero filled.

Definition: The postal or United States Postal Service ZIP+4 Code of the location where the injury occurred.

Reporting Requirement: If the 9-digit ZIP+4 code is known, report the 9-digit ZIP+4 code. If only the standard 5-digit ZIP code is known, report the 5-digit ZIP code.



Number of Dependents

Record Type	Quarterly
Field(s)	41
Position(s)	216-217
Class	Ν
Bytes	2
Format	N 2

Definition: The number of dependents the injured worker has at the time of injury.

Reporting Requirement: Report the number of dependents eligible to receive compensation at time of injury.

Report a value of 00 through 20. If more than 20 dependents, report 20.

Exposure State Code

Record Type	Quarterly
Field(s)	42
Position(s)	218-219
Class	Ν
Bytes	2
Format	N 2

Definition: A code used to identify the state in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.

Reporting Requirement: Report the state code in which coverage has been provided for the classification and corresponding exposure, and to which the payroll of claimant has been assigned.

Indemnity Claim Code

Record Type	Quarterly
Field(s)	43
Position(s)	220
Class	Ν
Bytes	1
Format	N 1

Definition: A code that can aid in identifying and deleting claims.

Reporting Requirement: Report the applicable code.

Coding Values:

Code	Description
1	Compensable indemnity claim



Circular IND-2024-01 Attachment A Indemnity Data Call—New Data Reporting Elements—Quarterly Record

2	Noncompensable indemnity claim
3	Medical-only claim
4	Jurisdiction State no longer applicable

New Quarterly Record Layout

Field No.	Field Title	Class	Position	Bytes			
Processing Data Element (Fields 1–2)							
1	Record Type Code	N	1-2	2			
2	Transaction Date	N	3-10	8			
Key Fields (Fields 3–7)							
3	Carrier Code	Ν	11-15	5			
4	Policy Number Identifier	AN	16-33	18			
5	Policy Effective Date	N	34-41	8			
6	Claim Number Identifier	AN	42-53	12			
7	Accident Date	N	54-61	8			
Quarterly Indemnity Claim Data Elements (Fields 8–37)							
8	Jurisdiction State Code	N	62-63	2			
9	Claimant Gender Code	N	64	1			
10	Birth Year	N	65-68	4			
11	Hire Date	N	69-76	8			
12	Employment Status Code	AN	77	1			
13	Closing Date	N	78-85	8			
14	Reopen Date	N	86-93	8			
15	Maximum Medical Improvement (MMI) Date	N	94-101	8			
16	Reported to Insurer Date	N	102-109	8			
17	Accident State Code	N	110-111	2			
18	Attorney or Authorized Representative Indicator	Α	112	1			
19	Method of Determining Pre-Injury/Average Weekly Wage Code	N	113	1			
20	Impairment Percentage Basis Code	N	114	1			
21	Impairment Percentage	N	115-117	3			
22	Disability/Loss of Earnings Capacity (LOEC) Percentage	N	118-120	3			
23	Pre-Existing Disability Percentage	N	121-123	3			
24	Part of Body Code—Injury Description	N	124-125	2			
25	Nature of Injury Code—Injury Description	N	126-127	2			
26	Cause of Injury Code—Injury Description	N	128-129	2			
27	Act—Loss Condition Code	N	130-131	2			
28	Type of Settlement—Loss Condition Code	N	132-133	2			
29	Medical Extinguishment Indicator	Α	134	1			
30	Temporary Disability Benefit Extinguishment Code	N	135	1			
31	Indemnity Paid-To-Date	N	136-144	9			
32	Medical Paid-To-Date	N	145-153	9			
33	Incurred Indemnity Amount	N	154-162	9			
34	Incurred Medical Amount	N	163-171	9			
35	Employer Legal Amount Paid	N	172-180	9			



Circular IND-2024-01 Attachment A Indemnity Data Call—New Data Reporting Elements—Quarterly Record

36	Allocated Loss Adjustment Expense (ALAE) Paid	Ν	181-189	9		
37	Pre-Injury/Average Weekly Wage Amount	Ν	190-194	5		
New Quarterly Indemnity Claim Data Elements (Fields 38 – 43)						
38	Classification Code	Ν	195-198	4		
39	Return to Work Date	Ν	199-206	8		
40	Zip Code of Injury Site	AN	207-215	9		
41	Number of Dependents	Ν	216-217	2		
42	Exposure State Code	Ν	218-219	2		
43	Indemnity Claim Code	Ν	220	1		
44	RESERVED FOR FUTURE USE		221-300	80		