



Rev 12.16.2021.1

# AVAILITY<sup>®</sup> ESSENTIALS

## Workers' Compensation Companion Guide

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## About this Guide

The purpose of this guide is to describe the processing of workers' compensation medical bills via the Availity® Health Information Network.

### Disclaimer

Availity provides the information in this guide for education and awareness use only. While Availity believes all information in this document to be correct at the time of writing, the information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendations by Availity. If you require legal advice, you should consult with an attorney.

The listing of an organization in this guide does not imply any sort of endorsement, and Availity takes no responsibility for the third-party products, tools, and internet sites listed. The existence of a link or organizational reference in any of the following materials should not be assumed as an endorsement by Availity.

## Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) included requirements to establish national standards for health care transactions. These standards were designed to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange (EDI) in health care.<sup>1</sup>

Although workers' compensation programs are not strictly required to comply with HIPAA regulations, the ruling does encourage these entities to adopt HIPAA standards when processing medical bills electronically.

The Availity® Health Information Network facilitates the electronic processing of workers' compensation medical bills in accordance with HIPAA standards. This document is designed to help health care providers successfully submit these transactions.

## Definitions

### eBill

The term "eBill" is used in workers' compensation to refer to an electronic medical bill (claim). The charge for each episode of care or encounter with an injured employee is considered a "bill."<sup>1</sup>

### eBill Agent

An "eBill agent" facilitates the processing of the workers' compensation eBills between health care providers and payers, much the same way a group health clearinghouse facilitates commercial claims. It can also establish electronic connectivity between the various parties to the transaction.<sup>1</sup>

### eBill Attachments

In workers' compensation, the majority of eBills require additional information, or attachments, before the payer can adjudicate. An electronic tracking number (attachment control number) provides the link between the eBill and the attachment.<sup>1</sup>

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<sup>1</sup>Content sourced from Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP), *Electronic Medical Billing White Paper*, 2010.

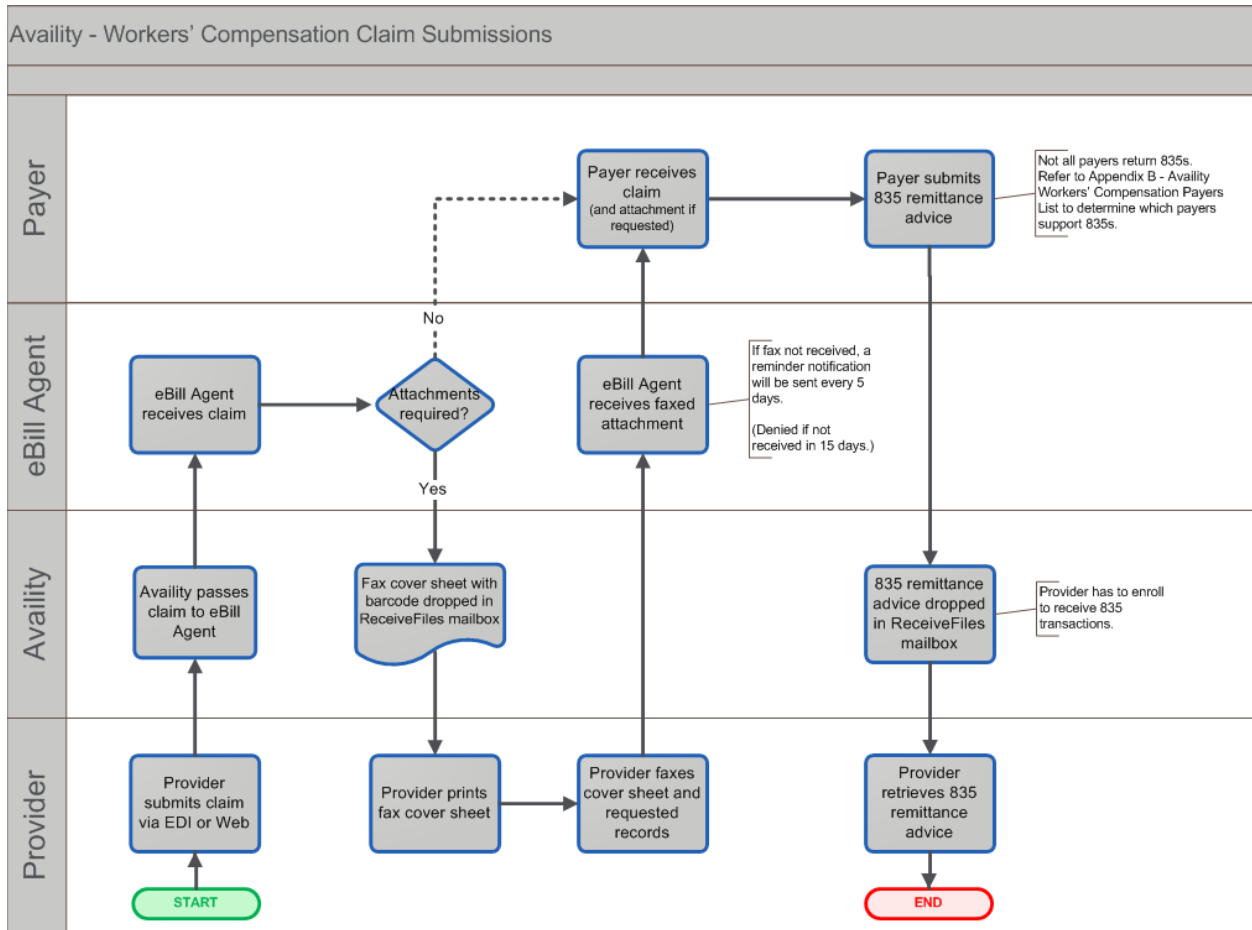
## Availity Process Flow for Workers' Compensation eBills

Availity processes workers' compensation eBills in the same way it processes other ANSI X12N 837 claims<sup>2</sup>. The same HIPAA validation and editing rules apply.

Attachments are processed via fax or by using the Medical Attachments feature in Availity Essentials.

### Process Diagram via Fax

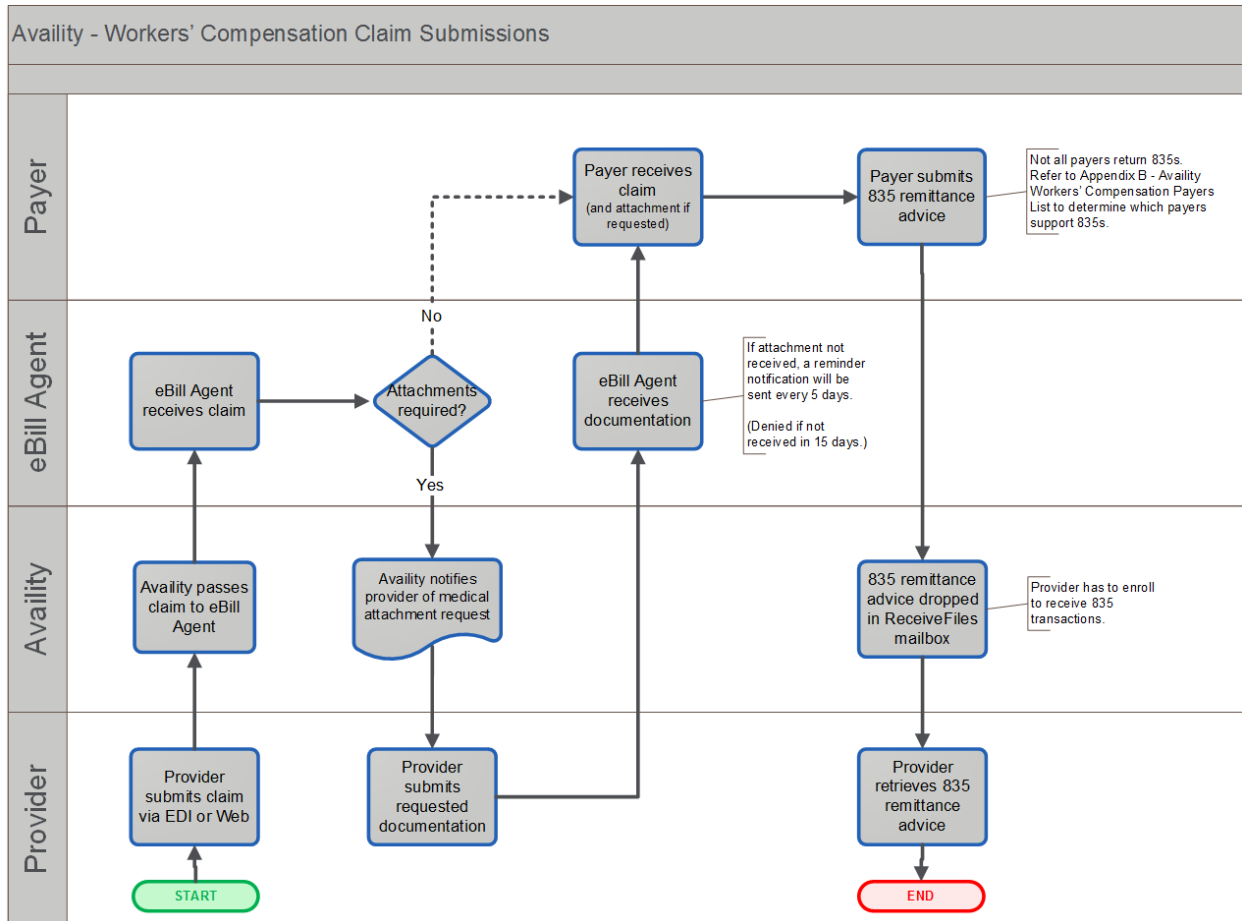
The following diagram provides a high-level overview of the workers' compensation process through Availity via the fax method.



<sup>2</sup> X12 is a nationally recognized standard for exchanging electronic data and is maintained by the American Standards Institute (ANSI). It allows organizations with varied computer systems to exchange data electronically in a consistent and standard format.

## Process Diagram via Medical Attachments

The following diagram provides a high-level overview of the workers' compensation process through Availity via using the Medical Attachments feature in Availity Essentials.



## Process Steps via Fax

The following steps provide some additional information on the workers' compensation process through Availity via fax.

1. The health care provider submits an eBill to Availity via EDI or Availity Essentials. The eBill must meet all HIPAA and ANSI X12N 837 standards, including the following elements important for workers' compensation:

- Injured employee, including patient ID
- Date of injury or accident
- Employer information
- Insurance carrier
- Provider state license number (attending, rendering)
- Date(s) of service

**Note:**

- See [Addendum A – HIPAA and Workers' Compensation Jurisdictional Usage Analysis](#) for more specifics on HIPAA and workers' compensation requirements via EDI.
- See [Submitting eBills through Availity Essentials](#) later in this document for more information on Web submission.

2. Availity applies HIPAA validation and editing rules to the eBill and, if the file is successful, forwards the eBill to the eBill agent.
3. The eBill agent applies additional validation rules to the eBill, including rules to identify whether the payer requires eBill attachments. If one or more eBill attachments are required, the eBill agent returns a file to Availity with a unique fax cover sheet for each attachment request.

**Note:** For more information on fax cover sheets, see [Submitting Attachments via Fax](#) later in this document.

4. Availity delivers the fax cover sheet file to the provider's Availity ReceiveFiles mailbox.

**Note:** The provider receives acknowledgements, validation reports, and transaction response files for eBills in the same format and timeframe as other 837 transactions.

- Providers can access their Availity mailbox either through Availity Essentials (**EDI File Management | Send and Receive EDI Files**), or through Availity's Secured File Transfer Protocol (SFTP) interface. See [Sample Availity ReceiveFiles Mailbox](#) later in this document for more information.
- Providers using a practice management system (PMS)/hospital information system (HIS) vendor may not have direct access to the Availity SFTP interface. In this case, the provider should contact the vendor for instructions on how to retrieve these files.

5. The provider prints the fax cover sheet and sends it via fax, along with the appropriate attachment, to the eBill agent fax number on the cover sheet.

**Note:** See [Helpful Hints](#) later in this document for tips on successful fax transmission. Providers have 15 days to submit the required attachments. During this period, the eBill agent sends the following status notifications through Availity until the provider submits the required documentation:

- Day 01 – Status = Claim has been pended; attachments required
  - Day 05 – Status = Reminder that claim is still pended
  - Day 10 – Status = Reminder that claim is still pended
  - Day 15 – Status = Pending period has expired and claim has been rejected
6. The eBill agent forwards the eBill and associated attachment(s) to the payer.
  7. The payer adjudicates the eBill. Some payers also send an 835 electronic remittance advice (ERA) to the eBill agent, who then sends it to Availity.
  8. If applicable, Availity delivers the ERA to the provider's Availity ReceiveFiles mailbox.

**Note:** Providers must enroll for Electronic Remittance Advice (ERA) transactions using the transaction enrollment tool in Availity Essentials. Not all payers return ERAs. For more information, see [Enrolling to Receive Electronic Remittance Advice \(ERA\)](#) later in this document.

For more details on sending and receiving EDI files, refer to Availity's [EDI Guide](#), "Chapter 4: Uploading and Downloading EDI Files."



## Process Steps via Medical Attachments

The following steps provide some additional information on the workers' compensation process through Availity via using the Medical Attachments feature in Availity Essentials.

1. The health care provider submits an eBill to Availity via EDI or Availity Essentials. The eBill must meet all HIPAA and ANSI X12N 837 standards, including the following elements important for workers' compensation:

- Injured employee, including patient ID
- Date of injury or accident
- Employer information
- Insurance carrier
- Provider state license number (attending, rendering)
- Date(s) of service

**Note:**

- See [Addendum A – HIPAA and Workers' Compensation Jurisdictional Usage Analysis](#) for more specifics on HIPAA and workers' compensation requirements via EDI.
- See [Submitting eBills through Availity Essentials](#) later in this document for more information on Web submission.

2. Availity applies HIPAA validation and editing rules to the eBill and, if the file is successful, forwards the eBill to the eBill agent.
3. The eBill agent applies additional validation rules to the eBill, including rules to identify whether the payer requires eBill attachments. If one or more eBill attachments are required, a medical attachment request notification displays in the **Notification Center** in Availity Essentials.
4. The provider submits supporting documentation using the Medical Attachments feature in Availity Essentials. For more information on submitting supporting documentation using the Medical Attachments feature, see [Submit attachments](#) in Availity provider help.

**Note:** Unsolicited attachments cannot be submitted for workers' compensation claims. The payer must initiate the request before the provider can send an attachment.

5. The eBill agent forwards the eBill and associated attachment(s) to the payer.
6. The payer adjudicates the eBill. Some payers also send an 835 electronic remittance advice (ERA) to the eBill agent, who then sends it to Availity.
7. If applicable, Availity delivers the ERA to the provider's Availity ReceiveFiles mailbox.

**Note:** Providers must enroll for Electronic Remittance Advice (ERA) transactions using the transaction enrollment tool in Availity Essentials. Not all payers return ERAs. For more information, see [Enrolling to Receive Electronic Remittance Advice \(ERA\)](#) later in this document.

For more details on sending and receiving EDI files, refer to Availity's [EDI Guide](#), "Chapter 4: Uploading and Downloading EDI Files."

## Submitting eBills through Availity Essentials

Availity provides the option of submitting eBills through the professional and facility claim forms on Availity Essentials.

**Note:** The process flow for eBills submitted through the Web is the same as it is for EDI. Only the submission method differs. See [Process Steps](#) earlier in this document for more information.

Follow these steps to submit eBills through Availity Essentials:

1. Log in to Availity Essentials and access the appropriate claim form from the Availity menu:
  - For professional claims, click **Claims Management | Professional Claim**.
  - For facility claims, click **Claims Management | Facility Claim**.
2. In the **Payer** field, select **WORKERS' COMPENSATION**. An additional field displays labeled **Workers' Compensation Payer**.

Professional Health Care Claim [Learn More >>](#)

\* indicates a required field

\* Payer: ? WORKERS' COMPENSATION

\* Workers' Compensation Payer: ? Select One

\* Organization: Select One

Transaction Type: ? Professional Claim

4. Complete the claim form as appropriate.

**Note:** For general help completing the claim, click **Help** at the top of the claim form page and view the [Professional claims and encounters](#) topic or the [Facility claims and encounters](#) topic, as needed. For specific help on a field, click the blue question mark ? next to the field name where available.

## Sample Availity ReceiveFiles Mailbox

The following image shows an Availity ReceiveFiles mailbox with sample files related to workers' compensation eBills.

- > **PDF Files** – Files with a **.pdf** extension contain the attachment fax cover sheet the eBill Agent returned for the eBill.
- > **ERA Files** – Files with a **.era** extension contain the 835 ERA the payer returned for the adjudicated eBill. Workers' compensation ERA file names begin with ERA-JOPARI\_SOL.

Send and Receive Files (Availity, LLC)

Home  
ReceiveFiles

Files		Sort By: Name Ext Date		
Name	Size [B]	Date	File Options	Delete
<a href="#">050420111338404541678197481.97T</a>	9040	Dec 20 2:31		
<a href="#">050420111338404541678197481.997</a>	10047	Dec 24 0:31		
<a href="#">050420111338404541678197481_207442.pdf</a>	23262	Dec 27 3:31		
<a href="#">050420111517494841347466907_207569.pdf</a>	2830	Dec 30 14:31		
<a href="#">050420111517494841347466907_207570.pdf</a>	4814	Jan 3 1:31		
<a href="#">050420111517494841347466907_207571.pdf</a>	1356	Jan 6 12:31		
<a href="#">ERA-JOPARI_SOL-201105031530-001.era</a>	16575	Jan 10 18:31		
<a href="#">ERA-JOPARI_SOL-201105041030-001.era</a>	2063	Jan 13 14:31		

## Submitting Attachments via Fax

Each fax cover sheet provided by the eBill agent has a bar code with a variety of data elements, including a unique attachment control number for tracking purposes. This bar code data allows the payer to associate each attachment to the correct eBill. In addition, the payer can scan the bar code data to auto-populate the information into the payer's system.

### Helpful Hints

Follow these tips to help ensure the success of your workers' compensation fax transmissions.

- › Place the fax cover sheet in front of the attachment documents and send via fax to the number indicated on the cover sheet.

**Note:** The fax number may change, so be sure to fax to the number shown on the cover sheet for the specific claim.

- › Do not write on the fax cover sheet or otherwise alter it in any way.
- › Do not place your organization's own fax cover sheet in front of the fax cover sheet provided by the eBill agent.
- › Do not send a copy of the eBill.
- › You may fax multiple cover sheets and associated attachments in a single submission.
- › To improve the quality of your faxes, ensure your fax machine resolution is set to 'fine.'

### Sample Fax Cover Sheet

The following image shows a sample attachment fax cover sheet.

**Availity, LLC**

**Workers' Compensation Attachment**



\*PWWK-030.240928-3602587385\*

Date:

To: AVAILITY, LLC

From:

Contact Phone:

Number of Pages:

**Attachment Details**

Attachment Control Number: 3602587385  
 Payer Name: Peerless Insurance Company

Patient Account Number: PF55525  
 Patient Name: FRED FLINTSTONE  
 Date(s) of Service: 04/01/09 - 04/01/09  
 Total Charges: 95.00

Billing Provider Name: ACME BILLING  
 Billing Provider NPI:  
 Billing Tax ID: 912020202

Rendering Provider Name: MARCUS WELBY

Required Documentation: OZ - Support Data for Claim

Return this form with required documentation VIA fax to:  
 (555) 123-4567

Direct Questions to:  
 (800) 282-4548

Any special instructions must be submitted as a separate page



## Enrolling to Receive Electronic Remittance Advice (ERA)

As a registered Availity user, you can enroll your organization to receive ERAs from payers for workers' compensation eBills. Availity recommends providers that submit Workers' Compensation claims enroll to receive electronic remittance advice (ERA). ERA transactions may include rejections not shared on other responses. Therefore, providers not receiving ERAs are vulnerable to not receiving important rejection information.

For your convenience, Availity delivers the ERAs to your Availity ReceiveFiles mailbox.

**Note:** You only have to **submit one ERA enrollment form** to receive ERAs from multiple participating payers on the [Availity Payer List](#). However, not all payers on the list return ERAs. Refer to the **ERA (835)** column of the list to determine whether a specific payer returns ERAs.

Follow these steps to enroll:

1. Access the [Availity Payer List](#).
2. In the list, locate the payer(s) with whom you want to enroll for ERAs.
3. In the row for that payer, refer to the **ERA (835)** column.
  - If there is an **X** in the **ERA (835)** column, the payer returns ERAs. Go to step 4.
  - If there is no **X** in the **ERA (835)** column, the payer does not return ERAs. Do not complete the steps below. You cannot enroll to receive ERAs from this payer.
4. Complete the Electronic Remittance Advice (ERA) transaction enrollment using the transaction enrollment tool in Availity Essentials. For more information, view the [Enroll providers](#) topic.

### Setting ERA Delivery Preferences

You can set up ERA delivery preferences including file compression, size, grouping (aggregation), and delivery schedule. To set up or change ERA delivery preferences, click **EDI File Management | EDI Reporting Preferences** in the Availity menu, and then click the **Claim Payment/Advice** tab.

### Importing ERA Information

You can import the information from an ERA into most electronic billing systems for automated reconciliation of accounts receivable. For assistance with importing ERAs into your electronic billing system, contact your vendor.

### Viewing ERAs using the Remittance Viewer on Availity Essentials

The remittance viewer is a revenue cycle management solution available on Availity Essentials that gives you the power to easily search, view, and reconcile 835 ERA data.

**Note:**

- To view ERAs from a payer for workers' compensation eBills using the remittance viewer, you must be enrolled to receive ERAs from that payer.
- If your ERAs are delivered to another organization (such as a billing service), click **Help** at the top of Availity Essentials and view the [Enroll providers](#) topic.

- For more information on using the remittance viewer, click **Help** at the top of the Remittance Viewer page and view the [Remittance viewer](#) topic.

Follow these steps to search for ERAs using the remittance viewer:

1. Confirm that you are assigned the Claim Status Inquiry role on Availity Essentials. Check with your Availity Primary Access Administrator (PAA) if you are unsure.
2. Confirm that your workers' compensation ERA enrollment is complete. See the [instructions earlier in this section](#) for details.
3. Log in to Availity Essentials and click **Claims Management | Remittance Viewer** in the Availity menu.
4. On the Remittance Viewer page, enter appropriate search criteria to locate the ERA. You can search by check, patient, or claim.

To search for workers' compensation ERAs only, follow these steps:

- a. On the Remittance Viewer page, under Optional Search Criteria, click **No** to the question **Do you want to search for all payers?**
- b. In the **Available Payers** box, select **JOPARI SOLUTIONS** and click **>>** to move it to the **Selected Payers** box. Jopari Solutions is the eBill Agent for Availity.

**Optional Search Criteria**

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Do you want to search all payers?

Yes

No

\* Payer(s) ? Available Payers: Selected Payers:

	JOPARI SOLUTIONS <div style="display: flex; align-items: center; justify-content: center; gap: 5px;"> <span style="font-size: 10px;">≡</span> <span style="font-size: 10px;">&gt;&gt;</span> <span style="font-size: 10px;">&lt;&lt;</span> </div>	
--	--	--

- Click **Search**. The results page that displays varies depending on whether you searched by check, patient, or claim.

**Note:** JOPARI SOLUTIONS, the name of the eBill Agent, displays in the **Payer** column of the search results page. To see the actual payer name, you must view the check or claim details.

## Search by Check Results [Learn More >>](#)

Back New Search Create PDF

You searched for...

**Organization:** ABC Clinic and Therapy, Inc.  
**Payer(s):** All Payers  
**Check/EFT Date:** 01/01/2013 - 01/30/2013

**Results:** 14

Payer	Check/EFT Date	Check/EFT Trace Number	Payment Method	Payee	Payee Tax ID	Payee ID	Check/EFT Amount
JOPARI SOLUTIONS	01/23/2013	008050073	CHK	TRAUMA CARE	123456789	1234567893	\$60.68

Back New Search Create PDF



## Appendix A – HIPAA and Workers' Compensation Jurisdictional Usage Analysis

The following table identifies variances at the loop, segment, element, and code levels between HIPAA-mandated ANSI X12N 837 implementation guides and jurisdictional usage for workers' compensation.

Format	Loop/Segment Field	HIPAA/Workers' Compensation Usage	Comments/ Reason for Variance
837 Professional, Institutional	2010BA Subscriber Information, N3 Address and N4 City State Zip	HIPAA situational	Required when the patient is not the same person as the subscriber.
		Workers' compensation jurisdictionally required; used to convey employer information	For workers' compensation eBills, the employer's name, federal employer identification number (FEIN), and address fields are critical elements for insurance carriers (payers) to confirm coverage and eligibility. This information also ensures that an eBill is routed to the appropriate payer for processing. Additional employer-related information helps the payer process the eBill.
837 Professional, Institutional	2300 Claim Information DTP Date of Accident	HIPAA situational	Required when the condition being reported is related to an accident.
		Workers' compensation jurisdictionally required	All workers' compensation eBills have a date of accident. This information is critical for insurance carriers (payers) to determine compensability.
837 Professional, Institutional	REF State License (several loops; including 2010AA, 2010AB, 2310A, and 2310B)	HIPAA situational	Required when a secondary provider identification number is necessary to identify the provider.
		Workers' compensation jurisdictionally situational	In workers' compensation, most provider identification loops require the state license number for licensed health care providers on workers' compensation transactions.
837 Professional, Institutional	2300 Claim Information CLM Segment CLM11-4	HIPAA situational	HIPAA implementation guides require this code only when the cause is an automobile accident.
		Workers' compensation situational	For workers' compensation, insurance carriers have indicated a need to determine jurisdiction in certain situations. For workers' compensation eBills submitted through Availity, populate CLM11-4 with the appropriate state code.

Format	Loop/Segment Field	HIPAA/Workers' Compensation Usage	Comments/ Reason for Variance
837 Professional, Institutional	2300 Claim Information PWK	HIPAA situational Workers' compensation situational	<p>If there is an attachment you want to submit for the eBill (prior to receiving the fax cover sheet), you may populate the PWK segment as follows:</p> <ul style="list-style-type: none"> <li>• PWK01 = Report type code (see HIPAA implementation guide for accepted values)</li> <li>• PWK02 = FX (attachment transmission method)</li> <li>• PWK05 = AC (attachment control number qualifier)</li> <li>• PWK06 = Unique attachment control number. This field supports up to 80 characters and accepts the special characters '_' and '-'.</li> </ul> <p><b>Note:</b> You must wait to receive the attachment fax cover sheet from the eBill agent before submitting the attachment. The cover sheet will contain a new attachment control number, which replaces the number you submitted in the PWK06.</p>
837 Professional, Institutional	2000B Subscriber Hierarchical SBR Segment	HIPAA situational Workers' compensation required	<p>For workers' compensation, use one of the following claim filing indicator codes (SBR09):</p> <ul style="list-style-type: none"> <li>• WC = workers' compensation</li> <li>• AM = automobile medical</li> </ul> <p><b>Note:</b> Refer to the <a href="#">Availity Payer List</a> to determine if a specific payer accepts automobile medical (Auto Only) eBills.</p>

## Appendix B – Availity Payer List

The [Availity Payer List](#) contains a list of payers to which you can submit electronic workers' compensation claims through Availity. The list includes payer name, payer ID, state(s) for which the payer accepts transactions, and the transactions which the payer processes through Availity.

## Appendix C – Useful Resources

The following states have specific rules governing how workers' compensation claims are handled. For state-specific details on workers' compensation, see the following sites or documents:

- › Texas Workers' Compensation: <http://www.tdi.state.tx.us/wc/ebill/index.html>
- › Minnesota Workers' Compensation:
  - <http://www.health.state.mn.us/auc/mn837p.pdf>
  - <http://www.health.state.mn.us/auc/mn837i.pdf>