

WC 301

**System Actions
in
*WCMENU**

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Secrets of the FAD

Negative FAD

The negative FAD, type "-", is used when the claim is only being added in order to be denied. An example of this is when we receive a medical bill indicating an injury that has not been reported by the employee. Be very thorough in your investigation before creating the negative FAD to ensure that the claimant does not have a valid claim.

Once you have determined it is necessary, enter the report in the FAD using type "-". The first page will still require most of its information, but pages 2 and 3 will be auto-filled.

Deleting a claim

*WCMENU allows the deletion of claims by pressing PF20 (shift + PF8 on some keyboards) on the fourth page of the FAD. Be very thorough in your investigation before deleting a claim.

Before component approval, CRAPR and CRAPW securities can delete (a list of *WCMENU securities is included as Appendix 5). After component approval and before system approval, SCA can delete. The owner of *WCMENU can delete the claim at any stage of approval.

Compensation Process

SA1 - TWCC 21 Cert or Initial Payment of Benefits

Action: _ Mark here to correct previous filing: _

CERT: _ or Transaction Sequence: _____ (WT-SEQUENCE or "NONE")

1. Type of Benefit: TIBS
 16. Date Lost Time Began: 19950628
 17. Date of Payment: _____
 18. Amount of Payment:\$ 240.00 19. For week(s) 5 day(s)
 20. Rate of comp:\$ 250.00 21. From: 19950704 22. To: 19950708
 23. Remarks: _____ -
 24. Payment mailed or delivered to: _____ <
 Leave Without Pay From: _____ To: _____
 Late reason code: _
 A Copy of this form was mailed to _ Claimant _ Claimant's Representative

The SA1 - Initial Payment of Compensation Benefits command is used to create the TWCC 21, A1 Initial Payment. The initial payment informs the TWCC that compensation benefits have started being paid and the details of the first check.

Type SA1 in the Command field and the employee's claim number in the Claim field, then press Enter. If this is the first SA1, you will be ready to start. If one already exists, you will be presented with a listing of existing SA1's. To view an existing SA1, mark it and press Enter. Press Enter without marking an existing one to start a new SA1.

Action: _

Before the record is added the only possible action is "A"dd. After the form has been added, it may be "C"hanged, "P"rinted, or "D"eleted based on filing status and your authorization.

CERT: _ or Transaction Sequence: _____ (WT-SEQUENCE or "NONE")

For the initial payment A1 enter the WT-SEQUENCE of the transaction related to the initial payment of benefits. The program will find that transaction and enter the appropriate type of benefit, services dates, and amount. If no WT-SEQUENCE is available, "NONE" can be entered instead. The fields will open up for data entry. The fields are always open to data entry for "SCA" securities.

Date Disabled and Comp Rate are pulled from the Claim file, if available. Date Disabled can be entered on the Injury pop-up of the CLA command. Comp Rate can be entered using the "U" action of the HRT command.

1. Type of Benefit: _____

“TIBS”, “IIBS”, “DIBS”, or “SIBS”.

16. Date Lost Time Began: _____

The date lost time began (Date Disabled) for the current period of disability, in YYYYMMDD format.

17. Date of Payment: _____

If a WT-SEQUENCE is entered, a batch (night) program will put the check date in the Date of Payment field after the check for that transaction is actually cut. The SA1 will not show up on the SSA, Supplements awaiting System Approval command, until the Date of Payment is entered. The batch program will report any SA1's without a date that were created more than 5 days before.

If entered manually, the Date of Payment must be in YYYYMMDD format and should indicate actual date appearing on check.

18. Amount of Payment:\$ **240.00**

The amount of the initial payment of benefits check. Enter with two numbers after the decimal and no dollar sign.

20. Rate of comp:\$ **250.00**

The weekly compensation rate. Enter with two numbers after the decimal and no dollar sign.

21. From: 19950704 22. To: 19950708

The service dates of the initial payment of benefits check. Enter in YYYYMMDD format.

23. Remarks:

Remarks that print on the A1 form. If more space is required, press PF5 while on the field or space through the “<” sign after the field to pop up more lines.

24. Payment mailed or delivered to:

The address the initial payment was mailed to. Will fill in with the VID address if a WT-SEQUENCE is used. Press PF5 while on the field or space through the “<” sign after the field to pop up more lines.

Leave Without Pay From: _____ **To:** _____

If leave without pay is used, please indicates dates in YYYYMMDD format.

Late reason code: ___

If the form is late, please indicate the reason using the TWCC mandated code. A listing can be obtained by typing a question mark in the first space of the field and pressing Enter. The current late filing codes are listed in Appendix 2.

A Copy of this form was mailed to _ Claimant _ Claimant's Representative

Mark one or both boxes to indicate that a copy of the form was sent to the claimant and/or the claimant's attorney.

Mark here to correct previous filing: _

If this SA1 record is a correction to an SA1 record already filed with the TWCC, mark this box. If you are merely correcting the same SA1, use the "C"hange action.

HRT - Help for Compensation Rates

```

Action: C ("C" for calc, "U" for update)
Claim..: 9599999          Comp Paid:      737.70      Wage Statement
Status.: O SCB: IIBS      Reserved:      1262.30     13 Weeks
Comp Rate.....: 286.89    Inj Date....: 03/07/1995
                Max: 330.00      20 weeks    1 days      Fringes
                Min: 71.00      Dis Date....: 03/08/1995
Avg Weekly Wage: 0.00      20 weeks    days        WG AWW:
AWW per TWCC...: _ (Y=yes)  RTW Date....: 03/10/1995  Fad Wage Rate
Impairment % ...: 00      401 Weeks...: 11/11/2002     411.08 per W

```

```

Avg Wkly Wg      Rate      Weekly Rate
411.08 x 70 % = 287.75
1__ Days = 41.10

```

The HRT - Help for Compensation Rate command gathers information from the claim file, FAD, SWG, and benefits rates tables to help calculate the claimant's average weekly wage (AWW) and compensation rate.

Action: C ("C" for calc, "U" for update)

There are two actions: "U" will update the Comp Rate, AWW, AWW per BRC switch, and the Impairment Rating. "C" will recalculate the weekly and one day rates based on the information in the lower part of the screen, but will **not** update the claim file.

```

Comp Rate.....: 286.89
Avg Weekly Wage: 0.00

```

Enter the Comp Rate and AWW with two digits after the decimal and no dollar sign.

The wage information off the First Report and the most recent Wage Statement (SWG) are displayed in the right column to help determine AWW. The SWG AWW is calculated:

$$(\text{Total gross pay} \div 13) + (\text{Fringe benefits per week that have an "N" in "Continue?"})$$

The Comp Rate is determined by the AWW multiplied by the appropriate percentage (60, 70 or 75%) and within the minimum and maximum for that injury date and type of compensation.

```

AWW per TWCC....: _ (Y=yes)

```

If the AWW you enter is TWCC enforced, put a Y in this field, otherwise leave blank. This field will help determine if the AWW can be changed to match the Wage Statement (Y=can only be changed after another hearing).

```

Impairment % ...: 00

```

The claimant's total impairment, if any, expressed as a two-digit number (percentage)

Calculation:

Avg Wkly Wg		Rate		Weekly Rate
411.08	x	70 %	=	287.75
	1__ Days	=		41.10

Enter AWW with two digits after the decimal and no dollar sign. The rate will fill in as 70 or 75 %, depending on the benefit type and employee wage rate. If this percentage is incorrect, fill in the correct percentage.

If the action is “C”, pressing Enter will fill the Weekly Rate field with the appropriate figure. If you are making a check for other than seven days, enter the number of days in the Days field to get the figure for that number of days.

TPT - Transaction Posting Command

```

Action: _   Status: 1   Comp/Med/Other: _   Stamp ID:   Seq:
Type: EX                               Stamp Time: 00000102000000
Settlement Code: ___ Department:         Batch Time:
Payee:                                       Batch Seq:
Vendor ID: _____ Claim: 95A0056   WT Sequence:
                                           Audit Proc#:

Transaction Amount: _____
Amount Claimed: _____             Updated:
Begin Service Date: _____         Created:
End Service Date: _____           Status 0-3:
Total Compens Days:
Medical Bill Lines: _____

                                           Supplemental Docs: _

Comments: _____ < AQ info: <

```

The TPT - Transaction Posting command is where compensation transactions are created and medical transactions are updated.

Action: _

Before the record is added the only possible action is "A"dd. After the record has been added, it may be "C"hanged if its status is 3 or less. It may also be "A"dded again, duplicating the transaction.

Status: _

All transactions are added as status "1". Change the status to "3" to get the transaction to create a check in the next set of vouchers. After the transaction becomes status 4, it can only be altered by the "SACCT" security (System ACCounTant). The meanings of the various statuses are:

0	Not to be paid
1	Awaiting review (should be made status 0 or 3)
2	Payable transaction - MCM fees
3	Payable transaction - All except MCM fees
4	Vouchered transaction
5	Reconciled transaction

Comp/Med/Other: _

"C" for compensation payments, "M" for medical payments, "O" for other payments (only SACCT securities create "O" payments). Compensation payments can only be created if the claimant has an "SA1" certification or the payment is an impairment income benefit and there was no lost time on the claim.

Type: _

The expenditure type for most transactions is "EX" for expenditure. A list of currently available types is available by putting a question mark in the first space of the field and pressing Enter. Appendix 3 provides a list of the expenditure codes you might encounter.

Settlement Code: ____

Settlement codes indicate the specific type of expenditure. For example, "IIC" indicates impairment income benefits - child support. A list of currently available codes is available by putting a question mark in the first space of the field and pressing Enter. Appendix 1 contains the codes at the time this manual was last revised.

Department:

The department code is automatically brought in from the claim record.

Vendor ID: _____

Payee:

Fill in the payee's 14 digit Vendor Identification Number (VID). The Payee field will fill in automatically with the name of the vendor from the UT Austin Accounting files.

Claim: _____

This field will automatically contain the claim number in the Claim field of the command line. It can be changed to any claim number we have a claim record for.

Transaction Amount: _____

Amount Claimed: _____

Enter the amount that will appear on the check, with two digits after the decimal and no dollar sign, in the Transaction Amount field. On medical transactions, enter the amount billed in the Amount Claimed field.

Begin Service Date: _____

End Service Date: _____

Total Compens Days:

Enter the service dates in YYYYMMDD format. Total Compensated Days will be automatically calculated on transactions with settlement codes "TIB", "IIB", "SIB", and "LIB".

Updated:

The logon of the last person or program to have updated the transaction and the date the update was done. Programs are identified with an asterisk and a four letter name, e.g., "*POST".

Created:

The logon of the person or program that created the transaction and the date it was created.

Status 0-3:

The logon of the last person or program to have updated the status of the transaction before it was posted (became status 4) and the date the update was done.

Comments: _____ <

PF5 to open the comments associated with a transaction. If the settlement code is “998”, “TIB”, or “IIB” the first line of comments will be printed on the sixth line of the check apron. Medical transactions may list problems the transaction had in the medical bill load process. Other types of comments include reversal information, comments from batch programs, and notes from the creator or updater of the transaction.

Please start your comment line with your initials followed by two “>“ symbols.

example:

PFC>> Bill was duplicate of stamp PSPFC 00013, status to 0

A second page of comments will appear if the first page is full. Pressing Enter after completing the first page will bring up the second page.

Batch Time:

Batch Seq:

WT Sequence:

These fields identify the transaction to *WCMENU.

Batch Time and Sequence indicate the date the transaction was created or, for stamp records, the date the stamp record received a payment amount.

WT-SEQUENCE is a single number that uniquely identifies a transaction record. It is used by the TSQ and SA1 commands and in a host of behind-the-scenes programming.

Stamp ID: Seq:
Stamp Time: 00000102000000
Audit Proc#:
Medical Bill Lines: ____

These are medical transaction details. The Stamp ID and Sequence identify the bill this transaction relates to. If the Stamp ID is preceded by an “S”, it is the original stamp record. If the Stamp ID is preceded by a “Y”, it is a subsequent stamp record.

On original stamp records only, the Stamp Time is the date and time the bill was stamped in.

The Audit Proc# is the MCM company’s identifier for each bill.

Medical Bill Lines is the number of lines reported during stamping.

Supplemental Docs: _

Marking this field should take you to the supplement record that corresponds to this record. Not all transactions will have supplement records related to them. No records before June, 1994 have this link. Currently, this connection is most consistent with settlement codes “T66”, “T67”, and “T68”.

AQ info: <

Pressing PF5 twice or marking the AQ info mark box allows you to bring up an accounting and reconciliation information pop-up:

AQ VENDOR	

POLLET, RANDY J. M.D.	Inactive Date:
1725 BROWN ST.	
EL PASO	TX 79902472625
AQ TRANSACTION	WA ACCOUNT RECONCILIATION
-----	-----
Date Posted: 19950510	FY Comp Account: 94 0 5402900121
Document ID: F0VP3998716	Fiscal Year: 94
Voucher: L869020	Month: 05
Sequence: 8207	Status: R
Check nbr: 1724148	Method: A

AQ VENDOR is the name, address, and inactive date (if any) for the VID on the transaction.
 AQ TRANSACTION is the file that generates checks, it includes document ID and voucher info.
 WA ACCOUNT is our account file. This information indicates what account, year, and month the transaction is reconciled to and the method, "A"uto or "M"annual, by which it was reconciled.

SA2 - TWCC 21 Termination of Compensation Benefits

Action: _ Claim: 9599999 TWCC:

1. Type of Benefit: ____ Mark here to correct a previous filing: _

25. Reason for Termination: _____

26. Date of Last Payment: _____ 27. Rate Paid: \$ _____

28. Intermittent Periods of Lost Time From Work:

From _____ To _____ RTW __ %time <

From _____ To _____ RTW __ %time

From _____ To _____ RTW __ %time

29. From: _____ 30. To: _____ 31. Weeks: _____ 32. Days: _____

33. Total Amount: Comp:\$ _____ Medical:\$ 0.00 _____

Impairment Income Benefits Lump Sum:\$ 0.00 _____

23. Remarks: _____ <

Late reason code: __

A copy of this form was mailed to _ Claimant _ Claimant's Representative

The SA2 - Termination of Compensation Benefits command is used to create the TWCC 21, A2.

Action: _

Before the record is added the only possible action is "A"dd. After the form has been added, it may be "C"hanged, "P"rinted, or "D"eleted based on filing status and your authorization.

1. Type of Benefit: ____

“TIBS”, “IIBS”, “DIBS”, or ”SIBS”.

25. Reason for Termination: _____

Enter the reason benefits are ending or put a question mark in the field and press Enter for this list:

Please mark an option or press enter to create your own text for this field

- _ Returned to Work at pre-injury wages
- _ Reached Maximum Medical Improvement (MMI)
- _ Impairment Income Benefits Paid (IIBS)
- _ Reached Statutory MMI

26. Date of Last Payment: _____

The date that appears on the last payment check in YYYYMMDD format. We should soon have a way to fill this automatically like the SA1. Currently the best guess is two working days after the transaction is created and changed to status 3.

27. Rate Paid: \$ _____

The weekly compensation rate. Enter with two numbers after the decimal and no dollar sign.

28. Intermittent Periods of Lost Time From Work:

From _____ To _____ RTW ___ %time <
 From _____ To _____ RTW ___ %time
 From _____ To _____ RTW ___ %time

If the claimant had more than one period of lost time from work due to their injury, enter the FROM and TO dates of each period in YYYYMMDD format.

RTW %time is the percentage of time the claimant was able to return to work. For example if a claimant returned to work half-time, you would put 50% in the RTW space. If the claimant returned to work full-time, it is not necessary to put 100% in the RTW space.

There are three occurrences of intermittent time on the main screen, but you can access three additional occurrences by pressing PF5 from the first occurrence of intermittent time or by changing the "<" at the end of the line to any other character (including blank).

29. From: _____ **30. To:** _____ **31. Weeks:** _____ **32. Days:** _____

The total span of compensation, unless this is the last IBS payment and the impairment is over 15% (leaving possibility of SIBS), in which case it is only the span of IBS.

33. Total Amount: Comp:\$ _____
Medical:\$ 0.00___ **Impairment Income Benefits Lump Sum:\$** 0.00_____

The total amounts of compensation, medical, and IIB lump sum payments to date. This information may be found using the CTS command. Note, however, that the CTS may over-represent TIBS if some TIBS were later considered IBS.

If this is an IBS SA2, use the T11 to find indemnity for the claimant. If there are TIBS payments with service dates after the MMI (maximum medical improvement) date, the IBS amount will have to be calculated manually. If the MMI date falls in the middle of a payment, that payment will have to be divided into TIBS and IBS. All TIBS payments after that and any IBS payments should be added together. The amount you get should equal three times the impairment rating multiplied by the compensation rate.

23. Remarks: _____ <

Remarks that print in the A1 comment area of the form. If more space is required, press PF5 while on the field or space through the "<" sign after the field to pop up more lines.

Late reason code: ___

If the form is filed late, please indicate the reason using the TWCC mandated code. A listing can be obtained by typing a question mark in the first space of the field and pressing Enter. The current late filing codes are listed in Appendix 2.

A copy of this form was mailed to Claimant Claimant's Representative

Mark one or both boxes to indicate that a copy of the form was sent to the claimant or the claimant's attorney.

Mark here to correct previous filing:

If this SA2 record is a correction to an SA2 record already filed with the TWCC, mark this box.
If you are merely correcting the same SA2, use the "C"hange action.

SA3 - TWCC 21 Reduction/Resumption of Compensation Benefits

Action: _ Claim: 9599999 TWCC: Seq:
 Mark here to correct previous filing: _
 34. Date Resumed or Reduced: _____ 35. Date of Payment: _____
 36. Amount of Payment: \$ _____ 37. For week(s) day(s)
 38. From: _____ 39. To: _____
 40. Payment Resumed or Reduced: ____ TIBS IIBS SIBS

	41. Average Weekly Wage	42. Hourly Wage
Prior to Injury	\$ 0.00 _____	\$ 0.00 _____
Following Injury	\$ 0.00 _____	\$ 0.00 _____
IIBS Impairment Rating:	____	

23. Remarks: _____ <
 Late reason code: __
 A Copy of this form was mailed to _ Claimant _ Claimant's Representative

The SA3 - Reduction / Resumption of Compensation Benefits command is used to create the TWCC-21, A3.

Action: _

Before the record is added the only possible action is "A"dd. After the form has been added, it may be "C"hanged, "P"rinted, or "D"eleted based on filing status and your authorization.

34. Date Resumed or Reduced: _____

The begin service date of the first check issued with the new rate or type of benefit in YYYYMMDD format.

35. Date of Payment: _____

The date of the first check issued with the new rate or benefit type in YYYYMMDD format.

36. Amount of Payment: \$ _____

The amount of the first check issued with the new rate or benefit type with a decimal point and two digits after the decimal point.

37. For week(s) day(s)
 38. From: _____ 39. To: _____

The service dates on the check referenced in Date of Payment in YYYYMMDD format.

40. Payment Resumed or Reduced: ____ TIBS IIBS SIBS

“TIBS”, “IIBS”, or ”SIBS”.

	41. Average Weekly Wage	42. Hourly Wage
Prior to Injury	\$ 0.00_____	\$ 0.00_____
Following Injury	\$ 0.00_____	\$ 0.00_____

Left blank at the current time.

IIBS Impairment Rating: ____

Two digit impairment rating assigned by a doctor using a TWCC 69 or by the adjuster when the claimant reaches MMI.

23. Remarks: _____ <

Remarks that print in the A1 comment area of the form. If more space is required, press PF5 while on the field or space through the "<" sign after the field to pop up more lines.

Late reason code: ____

If the form is late, please indicate the reason using the TWCC mandated code. A listing can be obtained by typing a question mark in the first space of the field and pressing Enter. The current late filing codes are listed in Appendix 2.

A Copy of this form was mailed to _ Claimant _ Claimant's Representative

Mark one or both boxes to indicate that a copy of the form was sent to the claimant or the claimant's attorney.

Mark here to correct previous filing: _

If this SA3 record is a correction to an SA3 record already filed with the TWCC, mark this box. If you are merely correcting the same SA3, use the "C"hange action.

SND - TWCC 21 Notice of Refused or Disputed Claim

Action: Mark if correction to previous filing:

Mark one Audit Med Close Comp Close Comp/Med Leave Both Open

43. _____

Late reason code: L1 NO EXCUSE

A copy of this form was mailed to Employee Employee's Representative

The SND - Notice of Refused or Disputed Claim is used to create the TWCC-21, Dispute.

Action:

Before the record is added the only possible action is "Added". After the form has been added, it may be "Changed", "Printed", or "Deleted" based on filing status and your authorization.

Mark one Audit Med Close Comp Close Comp/Med Leave Both Open

Marking Audit Med will change the claim status to "A", the other three options will change the claim status to "D". Close comp will change the compensation payment status to closed. Close Comp/Med will close both the compensation payment status and the medical payment status. Leave Both Open will not close either payment status.

43. _____

Remarks area for you to state the reason for the denial.

Late reason code: ____

If the form is late, please indicate the reason using the TWCC mandated code. A listing can be obtained by typing a question mark in the first space of the field and pressing Enter. The current late filing codes are listed in Appendix 2.

A copy of this form was mailed to Claimant Claimant's Representative

Mark one or both boxes to indicate that a copy of the form was sent to the claimant or the claimant's attorney.

Mark here to correct previous filing:

If this SND is a correction to an SND that was already filed with the TWCC, mark this box.

LIC - Create Indemnity for One Claim**Claim Data:**

SCB: IIBS Claim Number: 9590001 Status: O SSN: 999999999 TWCC Nbr:
 Name: Last, First Middle, Suffix NONAME, JOSH
 Injury Date: 1995 05 01 Descr.: PUNCHED BY ANGRY SUPERVISOR Dept: RF
 Date Disabled: Avg.Wkly.Wage: 72000.00 RTW Date:
 Total Compensated Days: 44

Transactions Since: 1995 07 01

Dup.	Status	Batch	Date	Sett.Code	Beg.Date	End Date	Amount
_	4	1995 07 01		IIB	1995 05 01	1995 05 04	244.00
_	4	1995 07 03		IIB	1995 05 05	1995 06 12	1444.00

The LIC - Create Indemnity for One Claim command allows you to create the next compensation payment for a claimant based on previous indemnity payments. Basic claim information is shown in the middle of the screen. Indemnity payments from the last 30 days (60 if benefit status = "SIBS") are shown at the bottom.

To create the next payment, mark the transaction you would like to duplicate and press Enter. The following screen pops up:

Claim: 9590001 Name: NONAME, JOSH Dept: RF
 SSN: 999999999 Wage Stmt. Rec'd. : NO Comp.Rate: 9000.00 Indemnity: IIBS
 Seq.: 465760 Batch Seq.: 1 Created: 1995 07 03 Type: EX
 C/M/O Code Status VID Payee Amount
 C IIU 3 99999999999000 NONAME, JOSH 44444.00
 Vendor Info:
 NONAME, JOSH
 NBC TELEVISION
 NEW YORK NY 20113
 Beg.Svc.: 19950512 End Svc.: 19950619 Total days lost:
 Created: Logon PSTML Date 07/03/1995
 Comments:

C/M/O	Code	Status	VID	Payee	Amount
C	IIU	3	99999999999000	NONAME, JOSH	44444.00

Enter the appropriate settlement code (Appendix 1) and the fourteen digit Vendor ID. Enter the Amount of payment with two digits after the decimal point and no dollar sign. The address corresponding to the Vendor ID will fill in after you have hit Enter.

Beg.Svc.: 19950512 End Svc.: 19950619 Total days lost:

Enter the begin and end service dates in YYYYMMDD format. Total Days Lost will fill in automatically for settlement codes that end in "B".

Comments:

If the settlement code is "TIB" or "IIB" the first line of comments will be printed on the sixth line of the check apron.

LIS - Create Indemnity for System

LIS - Create Indemnity for System command functions just as the LIC command does, with the exception that you can view, one after another, each of the claimants with the same Status of Compensation Benefits Code (indemnity status, e.g., "TIBS", "IIBS") at one component. When you first arrive at the LIS, you are greeted by this pop-up window:

```

+-----+
| Please type a valid |
| Status of Compensation |
| Benefit Code  ____ |
|                   |
| UT component code  _ |
|                   |
| and press <<ENTER>> to |
| proceed.           |
|                   |
| CLEAR, PF7 = return to |
|                   LM Menu |
+-----+

```

Enter the types of income benefit you wish to view and the component you are interested in. From here on it behaves like the LIC, except that hitting Enter without choosing an action will take you to the next claimant.

LID - Duplicate Indemnity Transactions

Indemnity Type: IIBS Component: 9

A D Claim	Name	Rate	Payee	Amount	Beg Date	End Date
_	9590001 RIVERA, GERALDO	9000.00	RIVERA, G	44444.00	05/15/95	05/18/95

The LID - Duplicate Indemnity Transactions command provides another way to create indemnity payments. Enter the Type of Benefit and Component you are interested in. A list of all claimants at that component with that indemnity status will appear.

If the Amount for a claimant says “none found”, then you will have to create the payment using the TPT command. Otherwise, you have three options available. “V” will tell you the current Vendor ID information (address). “D” will duplicate the payment, adding seven to each service date. “C” will pop up the screen used to create payments in the LIC and LIS commands.

When you duplicate a transaction, “D” will show up in the second column. Pressing Enter again will change the second column to a count of how many indemnity transactions were created today for that claimant.

Medical Bill Process

Stamping Bills

Bills may be stamped in using any command in the LSM. Find the claim the bill is related to, put an "S" in the box next to it, and press Enter. The following should pop-up:

```

+-----+
| CLAIM NUMBER : 95B9999          ADJUSTER ID : PSJPC      |
| PATIENT NAME  : CLEMENS, SAMUEL  STAMPER ID  : PSPFC      |
| PATIENT SSN   : 999999999        STAMP SEQUENCE: 2        |
| CLAIM STATUS  : OPEN              |                          |
|                                                       |
|           Claimed Amount: _____ Line Items: ____  |
|           Service From: _____ Vendor ID: _____ |
|                                                       |
|           To view Vendor Info, press Enter. To cancel, Press Clear |
+-----+

```

Enter the claimed total amount of the bill, without a dollar sign and with a decimal followed by two numbers, in the Claimed Amount field.

Enter the number of lines of detail on the bill in the Line Items field. Count a line only if it has an amount associated with it. If the bill is a TWCC 68 (UB-82) and it has both a single line item page that summarizes the bill and a subsequent page that lists the details, line items should be the number of details on the subsequent page.

Enter the earliest service date in the Service From field in YYYYMMDD format.

Enter the full 14 digit Vendor ID.

Press Enter.

If there are supplement or transaction records that seem to be duplicates of the bill being stamped in, a screen will pop-up showing these possible duplicates. If there is a possibility that you are stamping a bill in that is a resubmission of an earlier one, please stop the stamping process by hitting CLEAR and investigate.

The final pop-up should show the vendor's street address and have a confirmation field.

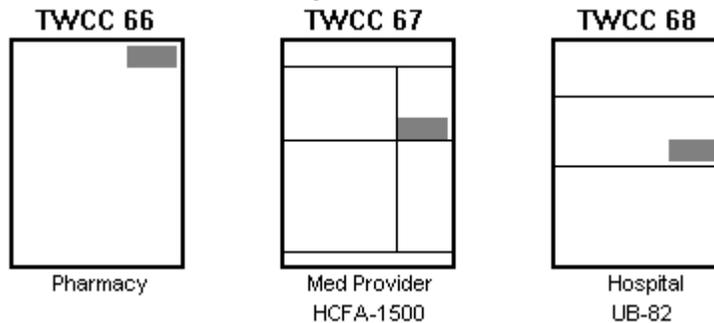
```

+-----+
| >> Enter "Y" and enter to confirm <<
| CLAIM NUMBER : 95B9999          ADJUSTER ID   : PSJPC
| PATIENT NAME  : CLEMENS, SAMUEL  STAMPER ID    : PSPFC
| PATIENT SSN   : 999999999       STAMP SEQUENCE: 2
| CLAIM STATUS  : OPEN
|
|                               Confirm?(Y/N): N
|                               Claimed Amount: 12.21      Line Items: 2
|                               Service From: 19950101   Vendor ID: 13619240255000
|                               WALGREENS
|                               P.O. BOX 70706, SUITE 21
|
|                               CHICAGO                IL 606910706
|                               To view Vendor Info, press Enter. To cancel, Press Clear
+-----+

```

Enter "N" in the confirmation field (or press Clear) to exit the stamping process without creating the stamp. To create the stamp, write the adjuster logon and stamp information on the stamp sticker and place it on the bill as indicated below. Avoid placing the sticker over totals or the "Rec'd UT System WCI" date stamp. Type "Y" in the confirmation field and press Enter.

Stamp Placement



Medical Cost Management

The medical cost management company reviews each bill we send them to ensure that the procedures were necessary, billed at a reasonable amount, associated with the claimant's work-related injury, etc. They have twenty-two days from the date of the stamp to return their payment recommendations to us. These recommendations are sent to us by modem and loaded into our files.

If the information they send us passes all our audits, a status "3" transaction is created and will be included in the next voucher. When the information fails an audit, the transaction is created as a status "1" and the failed audits are put in the transaction's comments.

Audits you may encounter are listed in Appendix 4.

Status One Medical Bills

Each time we receive the MCM company's recommendations, a report of status one transactions is created and distributed. The status one report is divided by component. The claims assistant assigned to each component will review all the status ones for their component that are related to "M"edical or "O"pen status claims. The adjuster for each component will then review the status ones related to any other claim status (Denied, Audit Med, etc.).

Each status one bill or fee should be converted to payable (status 3 for bills, 2 for fees) or unpayable (status 0) using the TPT (Transaction Posting) command. This decision should be based on a review of the comments on the transaction and of the transactions received on the stamp. Useful commands for researching a bill include the TSS (transactions by stamp), SSS (supplements by stamp), SL1 (supplements for one claim), TST (transactions by status), TSL and TSX (updated and unupdated transactions by claim or vendor), and, of course, the TPT, S66, S67, S68 for individual records.

Please document your decision in the comments of the transaction, especially if you are taking a bill to status 0 or there was research required to reach the decision. As with all comments in the TPT, please start your comment line with your initials followed by two ">" symbols.

When the status one bill is changed to status 0 or 3, a subprogram runs that finds the fees on the bill and, if the fee has no comment that is not on the bill, converts it to status 0 or 2 to mirror your action on the bill. This subprogram will not change the status of the fee if there is something unique about the fee, so please monitor the results of this subprogram from the pop-ups it presents and act on the fee yourself, if necessary.

Status Zero Medical Bills

The medical cost management company needs to know about any bills changed to status zero because their records will be showing it as paid. We are currently using a form that requires you to fill in Claimant (name), Claim Number, Stamp, MBMS Processing Number, and Reason.

If the bill should be retransmitted by MBMS to us (generally, only when it was transmitted on the wrong stamp), put a "Y" in the Retransmit column, otherwise put an "N".

SRT - Returned Medical Bill Tracking

Action: _ Claim: 95A0056 TWCC: Form Date Time: 19950703 101956
Vendor Id: 123456789____ AQ-Vendor Information:
PHYSICIAN'S BILLING SERVICE
Service From: 19950201 To: 19950301
Date Bill Received: 19950304
Claimed Amount: 21.51 TWCC form number (66,67,68,WF): 67

Reasons for returning a bill: MV OT _ _ _
WD Wrong Date of Injury RD Reconsideration Denied
MD Missing Date of Injury WF Wrong Form
MV Missing/Not listed VID OT Other

Remarks: Unknown Patient, SSN = 555555555_____

_____ <

The SRT - Returned Medical Bill Tracking command is used when a bill is returned to the medical provider before being stamped in. Typical reasons for this include missing or invalid claim or vendor information, billing on wrong form, and resubmission of an already audited bill.

To create the SRT, enter "A" in the Action field.

Type the Vendor ID (VID), if known, in the Vendor ID field. If the full VID is not known, enter as much as is known. If the VID is found on the Accounting department's Vendor file, the name and address of the Vendor will appear. If the VID is not found, you will get a pop-up redisplaying the VID and offering a field to enter the vendor name.

Type the service dates covered by the bill in the Service From and To fields in YYYYMMDD format.

Type the date from the "Rec'd UT System WCI" date stamp in the Date Bill Received field in YYYYMMDD format.

Type the amount of the bill in the Claimed Amount field with two digits after the decimal point and no "\$" sign.

Type the form number in the TWCC Form Number field. If the bill is on the wrong form, enter "WF".

Press Enter. The Reasons for Returning Bill fields should auto-fill with "MV" or "WF" if you have entered an invalid VID in the Vendor ID field or WF in the TWCC Form field. Add any other applicable codes in the empty Reasons for Returning Bill fields. If you specify code "OT", be sure to explain it in the Remarks field. If you need to expand the Remarks field, press PF5 with the cursor on the Remarks field or space through the "<" sign at the bottom right of the Remarks field.

To change the SRT record, enter "C" in the Action field. The SRT can be changed up to five days after being created, after which only the "SACCT" security can change it.

VID - Vendor ID Query

Input Vendor ID: _____ (? in ID field for *DEFINE query)

*DEFINE Output:

Name:

Non-Postal Address:

Postal Address:

City, St, Zip:

Phone:

FAX:

Inactive Date:

Update Date:

Last Paid Local:

Update Prgm:

Last Paid State:

Update User:

The VID - Vendor ID Query command can be used to look up Vendor ID's on the Accounting department's Vendor file by either name or number.

To query, type a "?" in the Input Vendor ID field and press ENTER. You will then be given a pop-up screen with a list of vendor ID's on UT Austin Accounting's vendor file. You can enter all or part of a name or vendor ID on this pop-up to narrow your search. Once you find the vendor you want, you mark the box next to it with an "N", "A", "P" or "I" to see related info and all mail codes for that vendor. From the listing of all variations for one vendor, mark the vendor ID/mail code combination you want, and press ENTER to return the vendor ID to the *WCMENU VID command screen.

Appendix 1 - Settlement Codes (Transaction types)

Settlement codes indicate type of expenditure. It is important to understand the codes in order to make the most efficient use of transaction listing commands and report programs.

Key	Description
DIB	COMP - DEATH INCOME BENEFITS
DIU	COMP - UNDER-PAYMENT(DIBS)
DIV	COMP - ADVANCE (DIBS)
IIA	COMP - ATTORNEY FEES(IIBS)
IIB	COMP - IMPAIRMENT INCOME BENEFITS
IIC	COMP - CHILD SUPPORT (IIBS)
IIR	COMP - BANKRUPTCY (IIBS)
IIU	COMP - UNDER-PAYMENT(IIBS)
IIV	COMP - ADVANCE (IIBS)
LIB	COMP - LIFETIME INCOME BENEFITS
LIU	COMP - UNDER-PAYMENT(LIBS)
LIV	COMP - ADVANCE (LIBS)
SIA	COMP - ATTORNEY FEES(SIBS)
SIB	COMP - SUPPLEMENTAL INCOME BENEFITS
SIU	COMP - UNDER-PAYMENT(SIBS)
SIV	COMP - ADVANCE (SIBS)
SUG	COMP - SUBROGATION
TIA	COMP - ATTORNEY FEES(TIBS)
TIB	COMP - TEMPORARY INCOME BENEFITS
TIC	COMP - CHILD SUPPORT (TIBS)
TIR	COMP - BANKRUPTCY (TIBS)
TIU	COMP - UNDER-PAYMENT(TIBS)
TIV	COMP - ADVANCE (TIBS)
AJ	SETT - AGREED JUDGEMENT
BA	SETT - BOARD AWARD
CA	SETT - COMMISSION AWARD
CJ	SETT - COURT JUDGEMENT
CSA	SETT - COMPOMISE SETTLEMENT AGREEMENT
HRI	MED - MEDICAL REIMBURSEMENT TO ANTHEM
LSP	SETT - LUMP SUM PAYMENT
REI	MED - MEDICAL REIMBURSEMENT TO CLAIMANT
SUG	MED - SUBROGATION
T66	MED - MBMS TWCC 66 PHARMACY
T67	MED - MBMS TWCC 67 PHYSICIAN
T68	MED - MBMS TWCC 68 HOSPITAL
980	MED - MBMS MEDICAL (HCFA 1500) BILL REVIEW FEES
981	MED - MBMS HOSP BILL (UB82) REVIEW FEES
982	MED - MBMS PHARMACY BILL (TWCC66) REVIEW FEES
983	MED - MBMS PRE-AUTHORIZATION FEES
984	MED - MBMS PPO FEES
985	MED - MBMS CASE MANAGEMENT FEES
986	MED - MBMS UTILIZATION REVIEW FEES
998	MED - INTERNATIONAL REHAB
999	MED - CORPORATE SYSTEMS
ADJ	OTHER- ADJUSTMENT
MDT	OTHER- MEDIATION FEES
OTH	OTHER- MISC
PIF	OTHER- PRIVATE INVESTIGATOR FEES

Appendix 2 - Late Reason Codes for Supplement

Late reason codes are used to report to the TWCC why a form is late.

CODE	DESCRIPTION
LA	INTERMITTENT LOST TIME BEFORE INITIAL PAYMENT
L1	NO EXCUSE
L2	LATE NOTIFICATION, EMPLOYER
L3	LATE NOTIFICATION, EMPLOYEE
L4	LATE NOTIFICATION, STATE
L5	LATE NOTIFICATION, HEALTH CARE PROVIDER
L6	LATE NOTIFICATION, ASSIGNED RISK
L7	LATE INVESTIGATION
L8	TECHNICAL PROCESSING DELAY/COMPUTER FAILURE
L9	MANUAL PROCESSING DELAY

Appendix 3 - Transaction Expenditure Codes

Expenditure codes identify the nature of a transaction.

AD	ADJUSTMENT
EX	EXPENDITURE
EC	EXP CANCELED
EF	EXP REFUNDED
EP	EXP STOPPED
ER	EXP STPD REISSD
EV	EXP REVERSED
RV	REVERSAL
CC	CANCEL CHECK
SP	STOP PAYMENT
SR	STOP PMT REISSUE
RF	REFUND
SU	SUBROGATION

Appendix 4 - Medical Bill Audits

JDR2>> Audits:

'*VID CONFLICT*'	The stamped in bill has a different VID than what MBMS sent us. This often indicates that MBMS transmitted with the wrong stamp.
'INVALID CLAIM NUMBER'	The claim number referenced is not on our files.
'**CLAIM=INVALID'	The claim number referenced is not on our files.
'NO STAMP FOUND'	The stamp referenced is not on our file. The first letter of the stamp will be converted to "X" to avoid future conflicts with valid stamps.
'RESUB 98*'	A fee was transmitted with a resubmission processing number. We should only pay one review fee per bill.
'RESUB W/O ORIGINAL'	A bill was transmitted as a resubmission, but we do not have a bill record already on file (the original).
'UNK TYPE '	The settlement code is unknown to our system.
'CODE 'IS INVALID CODE'	The settlement code is unknown to our system.

'DUP TYPE '	The settlement code has already been received at least once on the bill.
'**ERROR** Duplicate 985/986:'	Case management fee duplicate.
'**ERROR OVER LIMIT**'	The amount paid on the stamp exceeds the claimed amount on the bill.
'**ERROR**CLAIMED AMT'	The amount paid on the stamp exceeds the claimed amount on the bill.
'**ERROR OVER RECCOM**'	The amount paid on the stamp exceeds the amount recommended by MBMS.
'**RESUB WITH 984**'	A resubmission was received on a stamp that already has a PPO payment. The PPO may have been overpaid if the resub is a supplemental pay.
'**984 WITHOUT T6**'	A PPO payment was received without a bill. PPO's will be paid only when a bill is paid, never on a zero pay bill.
'**VID NOT COMPLETE**'	Vendor ID less than 14 digits.
'VENDOR NOT FOUND FOR VID:'	Vendor ID not on Accounting department's Vendor file.
'INACTIVE VENDOR FOR VID:'	Vendor ID inactive on Accounting's Vendor file.
'STAMP CLAIMED AMT:'	MBMS transmitted different claimed amount for stamp.
'CLAIM STATUS='	Claim status indicates bill must be reviewed before being paid.
'MED CLOSED'	Medical has been closed with the CLA command.
'Recoupment of overpay'	Suggested recovery of payment already made. Must start as status one because we will have to draft a letter to get the money back from the vendor.
'**ERROR** UNTIMELY'	Transmission received more than 22 days after bill was stamped in. Fees that are untimely should be status 0.
'** ERROR IN DATE -5 YEARS **'	Service date more than five years old.
'** ERROR IN DATE > BATCH **'	Service date greater than batch (transmission) date.
'** ERROR IN DATE FORMAT **'	Date not in YYYYMMDD format.
'** ERROR END BEFORE BEG **'	End date earlier than begin date.
'Duplicate MBMS stamp:'	A preauthorization was transmitted with the same MBMS stamp as one already on our file.
'Duplicate Beg Date:'	A preauthorization was transmitted with the same service date as one already on file for the claimant and VID.

JDR4>> Audits:

'status to "1", matches'
'already status "1", matches'

The JDR4 will mark as duplicate any transaction from the current batch that matches another transaction on the file in Claim, Vendor ID, and Begin Service Date excluding consecutive stamps (PSPFC 00001 would not conflict with PSPFC 00002) or reversing transactions (an amount of \$70.00 would not conflict with an amount of \$-70.00).

The JDR4 comment will be followed by up to 10 WT-SEQUENCE numbers that reference the matching transactions.

Appendix 5 - *WCMENU Authorizations

DVIEW DEPT: VIEW ALL
DCREA DEPT: CREATE FIRST REPORT
CVIEW COMP: VIEW ALL
CSAFE COMP: SAFETY OFFICE
CREAT COMP: CREATE FIRST REPORT
CAPPR COMP: APPROVE FIRST REPORT
CRAPR COMP: CREATE AND APPROVE FROI
CRAPW COMP: CREATE/APPR AND WAGE
CWAGE COMP: ENTERS WAGE STATEMENT
SVIEW SYST: VIEW ALL
SSAFE SYST: SAFETY OFFICE
SCARP SYST: CREATE AND APPROVE
STEMP SYST: TEMPORARY EMPLOYEE
SFAPR SYST: FINAL APPROVAL
SACA SYST: ASSISTANT CLAIMS ADJUST
SCA SYST: CLAIMS ADJUSTER
SACCT SYST: ACCOUNTANT