

# Workers' Compensation And No-Fault Auto Electronic Billing State of the States

Updated: December 2024

This guide is a summary of recent state-by-state requirements announced that relate to the electronic billing of workers' compensation and auto claims. This guide incorporates anticipated changes as well as regulations which have recently gone into effect. For more information related to electronic billing, please contact us at [info@cariskpartners.com](mailto:info@cariskpartners.com)

## 2024 Updates

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**New York:** [https://www.wcb.ny.gov/content/ebiz/eclaims/eclaims\\_overview.jsp](https://www.wcb.ny.gov/content/ebiz/eclaims/eclaims_overview.jsp)

- The New York Workers' Compensation Board mandates that all board-authorized healthcare providers transition to electronic submission via the CMS-1500 form effective August 1, 2025. As of that date, the Board will no longer take action on or enforce payment of bills submitted on paper CMS-1500 forms. Submissions received before August 1, 2025, will continue to be processed; however, providers are strongly encouraged to transition to electronic submission well in advance to prevent the risk of submissions being "lost" during the transition.
- Providers are urged to utilize the narrative template provided by the Board for the medical narrative report accompanying the CMS-1500 form. This template highlights the essential elements of causal relationships, work status, and impairment/disability level. Providers using their templates should ensure these elements are prominently displayed in their reports.
- The New York State Workers' Compensation Board Electronic Claims Submission and Explanation of Benefits Initiative requires all board authorized Payers to transition to electronic receipt via CMS-1500 form effective October 1, 2021. The board urges administrators to begin preparations immediately and has provided technical and informational resources on its website to support the change:
  - Technical Specifications: [CMS-1500 Initiative](#)
  - FAQs: [CMS-1500 FAQ](#)

## 2021 Update

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**North Dakota:** <https://www.workforcesafety.com/medical-providers/billing-payment>

- Effective July 1, 2021, WSI accepts medical bills solely by Electronic Data Interchange (EDI) through an exclusive vendor, Carisk Intelligent Clearinghouse. To establish a direct EDI connection, contact Carisk by email at [cicinfo@cariskpartners.com](mailto:cicinfo@cariskpartners.com) or by phone at 888-238-4792. If a practice currently uses a clearinghouse other than Carisk, contact that clearinghouse to check if an indirect connection can be established.
- Provider Registration Prior to receiving reimbursement, a provider must complete a Medical Provider Payee Registration form for each unique business National Provider Identifier (NPI) used to bill WSI. WSI sets up a single medical provider payee account for each unique billing NPI, regardless of the number of service locations sharing it.

## 2020 Updates

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### **Alabama:** <https://labor.alabama.gov/wc/EDI/edipg1.aspx>

- Claims payment information is no longer due on March 1 and the new submission deadline will be set when you receive your new instructions
- Effective January 1, 2020, the Alabama Department of Labor, Workers' Compensation Division, must receive a completed WC-4 Claim Summary Form for all Alabama Workers' Compensation settlements regardless of whether the settlement goes before a Circuit Court Judge or an ADOL Ombudsman

### **Colorado:**

- For providers choosing electronic billing, Division Rule 16-9(E) specifies how these providers can prove timely filing in event of a future dispute. The rule states “[f]or claims submitted through electronic data interchange (EDI), providers may prove timely filing by showing a payer acknowledgement (claim accepted). Rejected claims or clearinghouse acknowledgment reports are not proof of timely filing.”

### **Florida:**

- Medical bills may be submitted electronically provided the insurance carrier agrees. See subsection 69L-7.730(1)(f), F.A.C.; <https://www.flrules.org/gateway/RuleNo.asp?id=69L-7.730>.

### **Michigan:** [https://www.michigan.gov/leo/0,5863,7-336-78421\\_95508\\_27669---,00.html](https://www.michigan.gov/leo/0,5863,7-336-78421_95508_27669---,00.html)

- The Michigan Claims EDI implementation process will be included in the replacement of the Workers' Compensation Agency data system (WORCS). IAIABC Claims Release 3.1 EDI reporting will be included in new system expected to be implemented November 2020.

### **Minnesota:**

- E-Billing has been mandatory in Minnesota since 2009.
- Health Care providers, except hospitals, must send medical records with the 837 in the 275 format. See MN Stat. §176.135 subd.7a <https://www.revisor.mn.gov/statutes/cite/176.135> for this and other workers' compensation requirements. MN R. 5221.0700 requires health care providers to bill on the appropriate electronic form. <https://www.revisor.mn.gov/rules/5221.0700>

### **Illinois:** <http://www.ilga.gov/commission/jcar/admincode/050/05002908sections.html>

- Currently, every health care provider or facility rendering treatment pursuant to the Illinois Workers' Compensation Act must submit medical bills for payment on standardized forms either electronically or on paper. IWCC is not aware of any pending legislation to make the electronic submission of medical bills mandatory.

### **Oregon:** <https://security-us.mimecast.com/ttpwp#/enrollment?key=94b8968e-f8bc-4608-9e4e-79321ee9505e>

- Electronic billing is voluntary for providers but mandatory for payers. Our electronic medical billing requirements are located in Oregon Administrative Rules Division 008 Electronic Medical Billing.

### **South Carolina:** <https://wcc.sc.gov/claims/electronic-claims-reporting-edi>

- South Carolina will be mandating XML reporting with the IAIABC's EDI Claims Release 3.1 Standard beginning in the Spring of 2020.

**Washington:** <https://www.walniedi.info/>

- Mandatory reporting became effective January 1, 2020.

## 2019 Updates

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**California:** Payers are required to accept electronically submitted bills

It is optional for providers to submit bills electronically

Electronic submissions must comply with the regulations established

Visit [Division of Workers' Compensation e-billing webpage](#) for specific regulations

California anticipates initiating a rulemaking action to update the regulations, Companion Guide, and Medical Billing and Payment Guide in the coming months

Subscribe to the DWC mailing list through the following web page to receive timely updates from CA <https://www.dir.ca.gov/email/listsab.asp?choice=1>

**New Jersey:** Workers' Compensation & Auto [https://www.nj.gov/labor/wc/wc\\_index.html](https://www.nj.gov/labor/wc/wc_index.html)

- Mandatory for No-Fault Auto effective September 1, 2019 - Senate P.L. 2017, c369 Auto/PIP
- Mandatory for Workers' Compensation effective November 1, 2019 - Senate P.L. 2016, c64 Workers Compensation
- All healthcare providers or their billing representative processing over 25 claims per month shall submit workers' compensation and no-fault auto bills with supporting documentation electronically in accordance with the guidelines.
- Provider exemptions: Providers submitting less than 25 bills per month for workers' compensation or auto
- Insurance Carriers, medical management companies or their third-party administrators shall accept electronic bills and acknowledge receipt of a complete electronic medical bill to the submitting party
- Payer exemptions: Payers receiving fewer than 25 bills per month for workers' compensation or auto

**Pennsylvania:** <https://www.dli.pa.gov/Businesses/Compensation/WC/claims/edi/Pages/default.aspx>

- All form types are accepted electronically based on payer capabilities
- Mandatory EDI for:
  - First Report of Injury (FROI)
  - Subsequent Report of Injury (SROI)

**Virginia:** Workers' Compensation <http://workcomp.virginia.gov/>

- Mandatory for Workers' Compensation effective July 1, 2019 - 16VAC30-16-80, § 65.2-603 of the Code of Virginia for all medical bills with supporting documentation to be submitted electronically through a clearinghouse.
- Payers:
  - Accept electronic medical bills submitted in accordance with the adopted standards;
  - Transmit acknowledgments and remittance advice in compliance with the adopted standards in response to electronically submitted medical bills; and
  - Support methods to receive electronic documentation required for the adjudication of a bill, as described in 16VAC30-16-80.

- Payer exemptions: processes fewer than 250 workers' compensation medical bills annually

### Healthcare Providers:

- Implement a software system capable of exchanging medical bill data in accordance with the adopted standards or contract with a clearinghouse to exchange its medical bill data;
- Submit medical bills as provided in 16VAC30-16-30 A 1 to any payers that have established connectivity to the health care provider's system or clearinghouse;
- Submit required documentation in accordance with subsection E of this section; and
- Receive and process any acceptance or rejection acknowledgment from the payer.
- Provider exemptions: employs 10 or fewer full-time employees or submits fewer than 250 workers' compensation medical bills annually.

## 2018 Updates

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**Tennessee:** Mandatory medical billing <https://www.tn.gov/workforce/injuries-at-work/available-resources/redirecr-available-resources/medical-e-billing-requirements.html>

- In Tennessee, eBilling is mandatory for both payers and health care providers.
- Effective July 1, 2018, Tennessee Rules and Regulations 0800-2-26 requires health care providers to submit medical bills to insurance carriers, or their agents, electronically, and for insurance carriers to accept these electronic bills.
- Exceptions: The exception to this requirement will be made automatically for healthcare providers that employ 10 or fewer employees or that submitted fewer than 120 bills for workers' compensation treatment in the previous calendar year. Exceptions will also be made automatically for insurance carriers if they processed fewer than 250 bills for workers' compensation treatment or services in the previous calendar year. Finally, if either a health care provider or insurance carrier establishes that compliance will result in an unreasonable financial burden, it may be exempted from the electronic billing requirements, as determined by the Bureau. To qualify for exemption based on the unreasonable financial burden, the organization must submit its rationale and supporting documentation to the [WC.eBill@tn.gov](mailto:WC.eBill@tn.gov). The rationale should be on the organization's own letterhead and addressed to the Bureau Administrator, Abbie Hudgens.