Oregon
John A. Kitzhaber, MD, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter Street NE
P.O. Box 14480
Salem, Oregon 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

June 6, 2014

Adoption of Temporary Workers' Compensation Rules

OAR 436-160, Electronic Data Interchange; Medical Bill Data

The Workers' Compensation Division has adopted temporary rules in order to postpone the scheduled July 1, 2014, effective date for adoption of the IAIABC EDI Implementation Guide for Medical Bill Payment Records, Release 2.0.

Although several rules have been adopted under new numbers, the content of these temporary rules is unchanged from the rules that have been in effect since Jan. 1, 2011.

Public testimony on the proposed adoption of Release 2.0 included several requests to defer the requirement to report under the new standard until a later date. The agency agrees that the scheduled July 1, 2014, effective date would cause an unwarranted administrative burden on insurers and self-insured employers that must report medical bill data to the State of Oregon.

The agency will separately adopt the Release 2.0 standard to go into effect at a later date.

Additional information about adoption of these rules and a statement of need are attached.

How can I get copies of these temporary rules?

On the Workers' Compensation Division's website –

http://www.cbs.state.or.us/wcd/policy/rules/rules.html

Or call 503-947-7717 to get free paper copies

Contact Fred Bruyns, 503-947-7717.

Blank page for two-sided printing

Secretary of State
Certificate and Order for Filing

TEMPORARY ADMINISTRATIVE RULES

A Statement of Need and Justification accompanies this form.

I certify that the attached copies are true, full and correct copies of the TEMPORARY Rule(s) adopted on June 5, 2014 by the
Date prior to or same as filing date

Department of Consumer and Business Services, Workers' Compensation Division	436
Agency and Division	Administrative Rules Chapter Number

Fred Bruyns	350 Winter St. NE; PO Box 14480, Salem OR 97309	503-947-7717
Rules Coordinator	Address	Telephone

to become effective July 1, 2014 through Dec. 27, 2014.
Date upon filing or later — A maximum of 180 days including the effective date.

RULE CAPTION

Electronic data interchange; medical bill data - extending effective dates of current rules

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

ADOPT: 436-160-0011, 436-160-0012, 436-160-0013, 436-160-0014, 436-160-0015, 436-160-0016, 436-160-0017, 436-160-0018, 436-160-0019

AMEND: 436-160-0001, 436-160-0004, 436-160-0005, 436-160-0040, 436-160-0060, 436-160-0405, 436-160-0410, 436-160-0415, 436-160-0420, 436-160-0430, 436-160-0440, 436-160-0445

Stat. Auth.: ORS 656.264, 656.704, 656.726(4)

Other Auth.:

Stats. Implemented: ORS 84.001 through 84.061, 656.252, 656.254, 656.264, 656.455, 656.726, 656.745, 731.475

RULE SUMMARY

The agency adopts these temporary rules in order to extend the rules (OAR 436-160) in effect since Jan. 1, 2011. These temporary rules will supersede rules scheduled to go into effect on July 1, 2014, that would have adopted a newer standard for electronic data interchange of medical bill data. The agency will separately adopt that newer standard to go into effect at a later date.

/s/ Kevin Willingham	Kevin Willingham	June 5, 2014
Authorized Signer	Printed name	Date

Distribution: WCD-S, U, AT, CE, EG, NM, MR; Electronic mailing lists

Secretary of State

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Department of Consumer and Business Services, Workers' Compensation Division	436
Agency and Division	Administrative Rules Chapter Number

In the Matter of: Amendment of OAR 436-160, Electronic Data Interchange; Medical Bill Data

Rule Caption: (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)
Electronic data interchange; medical bill data - extending effective dates of current rules

Statutory Authority: ORS 656.264, 656.704, 656.726(4)

Other Authority:

Stats. Implemented: ORS 84.001 through 84.061, 656.252, 656.254, 656.264, 656.455, 656.726, 656.745, 731.475

Need for the Temporary Rule(s): These rules are needed to postpone the scheduled July 1, 2014, effective date for adoption of the IAIABC EDI Implementation Guide for Medical Bill Payment Records, Release 2.0. Although several rules have been adopted under new numbers, the content of these temporary rules is unchanged from the rules that have been in effect since Jan. 1, 2011.

Documents Relied Upon, and where they are available: Public rulemaking testimony about the effective date of new standards for electronic data interchange of medical bill data. These documents are available for public inspection on the division's website, http://wcd.oregon.gov/policy/rules/testimony_on_proposed_oars.html, and in the Administrator's Office, Workers' Compensation Division, 350 Winter Street NE, Salem, Oregon 97301-3879, upon request and between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

Justification of Temporary Rule(s): Failure to act promptly will result in serious prejudice to the public interest or the interest of the parties concerned. Public testimony on the proposed adoption of the IAIABC EDI Implementation Guide for Medical Bill Payment Records, Release 2.0, includes several requests to defer the requirement to report under the new standard until a later date. The agency agrees that the scheduled July 1, 2014, effective date would cause an unwarranted administrative burden on insurers and self-insured employers that must report medical bill data to the State of Oregon.

/s/ Kevin Willingham	Kevin Willingham	June 5, 2014
Authorized Signer	Printed name	Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

Electronic Data Interchange; Medical Bill Data Temporary Oregon Administrative Rules Chapter 436, Division 160

Effective July 1, 2014*

TABLE OF CONTENTS

*** NOTE: These rules supersede rules previously published to be effective on July 1, 2014. Adoption of the IAIABC EDI Implementation Guide for Medical Bill Payment Records, Release 2.0, has been postponed. The content of these rules is unchanged from rules that have been in effect from Jan. 1, 2011, through June 30, 2014. However, several rules that were previously projected for repeal on July 1 – 436-160-0002, 0003, 0006, 0010, 0020, 0030, 0050, 0070, and 0090) have been adopted under new numbers 0011 through 0019.**

HISTORY LINES: These rules include only the most recent "History" lines. The history line shows when the rule was last revised (or "filed" if the rule has never been revised) and its effective date. To obtain a comprehensive history for OAR chapter 436, please call the Workers' Compensation Division, (503) 947-7717, or visit the division's Web site: http://wcd.oregon.gov/policy/rules/history.html

Blank page for two-sided printing

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
ELECTRONIC DATA INTERCHANGE; MEDICAL BILL DATA

TEMPORARY OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 160

NOTE: These rules supersede rules previously published to be effective on July 1, 2014. Adoption of the IAIABC EDI Implementation Guide for Medical Bill Payment Records, Release 2.0, has been postponed. The content of these rules is unchanged from rules that have been in effect from Jan. 1, 2011, through June 30, 2014. However, several rules that were previously projected for repeal on July 1 – 436-160-0002, 0003, 0006, 0010, 0020, 0030, 0050, 0070, and 0090) have been adopted under new numbers 0011 through 0019.

436-160-0001 Authority for Rules

These rules are promulgated under the director's authority contained in ORS 656.726(4).

Stat. Authority: ORS 656.264 and 656.726(4); **Stat. Implemented:** ORS ch. 84, 656.264
Hist: Adopted 3/17/03 as Admin. Order 03-052, eff. 4/1/03
Amended 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0004 Adoption of Standards

The director adopts, by reference, *IAIABC EDI Implementation Guide for Medical Bill Payment Records*, Release 1.1, dated July 1, 2009, unless otherwise provided in these rules. Copies of the guide are available from the IAIABC website: http://www.iaiabc.org/i4a/pages/index.cfm?pageid=3339.

Stat. Authority: ORS 656.264; **Stat. Implemented:** ORS 656.264
Hist: Amended 10/5/09 as WCD Admin. Order 09-052, eff. 1/1/2010
Amended 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0005 General Definitions

For the purpose of these rules, unless it conflicts with statute or rule:

(1) "ANSI" means the American National Standards Institute.

(2) "Conditional data element" means an element that becomes mandatory under certain conditions. Once mandatory, a conditional data element will cause a rejection of the transaction if the data element is omitted or submitted in a format not capable of being processed by the division's information processing system.

(3) "Director" means the Director of the Department of Consumer and Business Services or the director's designee for the matter.

(4) "Division" means the Workers' Compensation Division of the Department of Consumer and Business Services.

(5) "Electronic Data Interchange" or "EDI" means a computer to computer exchange of information in a standardized electronic format.

(6) "Electronic Record" means information created, generated, sent, communicated, received, or stored by electronic means.

(7) "FEIN" means the federal employer identification number or other federal reporting number used by the insurer, insured, or employer for federal tax reporting purposes.

(8) "Header record" means the record that precedes each transmission for the purpose of identifying a sender, the date and time of the transmission, and the transaction set within the transmission.

(9) "IAIABC" means the International Association of Industrial Accident Boards and Commissions, a professional trade association comprised of state workers' compensation regulators and insurance representatives (www.iaiabc.org).

(10) "Information" means data, text, images, sounds, codes, computer programs, software, databases, or the like.

(11) "Insurer" means the State Accident Insurance Fund Corporation, an insurer authorized under ORS chapter 731 to transact workers' compensation insurance in Oregon, or a self-insured employer.

(12) "Mandatory data element" means an element that will cause a rejection of a transaction if the data element is omitted or submitted in a format not capable of being processed by the division's information processing system.

(13) "Optional data element" means an element that an insurer should report to the director if the information is available to the insurer. Optional data elements will not cause a rejection if missing or invalid.

(14) "Record" means electronic record.

(15) "Reprocessed transaction" means a rejected transaction that, at the discretion of the director, has been reprocessed and accepted by the division.

(16) "Sender" means the person or entity reporting electronic data interchange transactions to the division. Sender may include vendors or insurers.

(17) "Trading partner agreement" means the agreement entered into under OAR 436-160-0020 between the director and an insurer to conduct transactions via EDI.

(18) "Trailer record" means the record that designates the end of a transmission and provides a count of transactions contained within the transmission, not including the header and trailer records.

(19) "Transaction" means a set of EDI records, defined according to standards in OAR 436-160-0004.

(20) "Transmission" means a defined set of transactions, including both header and trailer records to be sent to the division or sender via EDI.

(21) "Vendor" means an agent identified by the insurer to submit transmissions to the division on behalf of an insurer. Vendors may include service companies, third party administrators, and managing general agents.

Stat. Authority: ORS 656.264 and ORS 656.726(4); **Stat. Implemented:** ORS 84.004 and ORS 656.264
Hist: Amended 9/17/08 as Admin. Order 08-062, eff. 7/1/09
Amended 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0011 Purpose (formerly 436-160-0002)

The director's purpose is to require workers' compensation medical data reporting via electronic data interchange.

Stat. Authority: ORS 656.264 and 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0012 Applicability of Rules (formerly 436-160-0003)

(1) These rules apply to workers' compensation related transactions filed with the director via electronic data interchange on or after the effective date of these rules.

(2) The director may, unless otherwise obligated by statute, waive any procedural rules in this rule division as justice so requires.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.726(4)
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0013 Administration of Rules (formerly 436-160-0006)

Orders issued by the division in carrying out the director's authority to enforce ORS chapter 656 are considered orders of the director.

Stat. Authority: ORS 656.704 and ORS 656.726(4);
Stat. Implemented: ORS 656.704 and ORS 656.726(4)
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0014 Security (formerly 436-160-0010)

(1) The sender will verify that an electronic signature, record, or performance is that of a specific person.

(2) The sender will utilize anti-virus software to eliminate any viruses on all electronic transmissions. The sender will maintain the anti-virus software with the most recent anti-virus update files from the software provider. The sender will notify the director immediately if a virus is detected.

Stat. Authority: ORS 656.264 and ORS 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0015 Trading Partner Agreement (formerly 436-160-0020)

(1) If the director so requires, an insurer must enter into a trading partner agreement with the director before the division will begin testing with or accept production electronic transmissions from the insurer or from a vendor on behalf of that insurer.

(2) The trading partner agreement will include:

(a) A statement that the insurer will remain responsible and liable for all electronic records transmitted to the director;

(b) Transmission protocol between sender and director;

(c) A specific description of the form, format, and delivery of electronic transmissions under OAR 436-160-0004 and 436-160-0050;

(d) Specific identifying information for insurer, third party administrator, if any, and vendor, if any;

(e) Cost allocation of transactions, if any;

(f) The time frame for the director to submit acknowledgements of transmissions; and

(g) Any other necessary statements, conditions, or requirements to facilitate EDI.

Stat. Authority: ORS 656.264 and ORS 656.726(4); **Stat. Implemented:** ORS 84.013 and ORS 656.264
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0016 Retention of Electronic Records (formerly 436-160-0030)

Insurers and self-insured employers must retain workers' compensation records under OAR 436-050-0120, OAR 436-050-0220, and OAR 436-009-0030. Records may be retained in electronic format if the records can be reproduced.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.455 and ORS 731.475
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0017 Form, Format, and Delivery for Electronic Data Reporting (formerly 436-160-0050)

The form, format, and delivery of data elements and definitions will conform to the standards specified in OAR 436-160-0004, or as otherwise identified in the trading partner agreement.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 84.013 and ORS 656.264
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0018 Electronic signature (formerly 436-160-0070)

The sender's federal employer identification number (FEIN) plus its postal code as reported in the header record and stated in the trading partner agreement, if such an agreement is required, is the unique identifier that is the electronic signature for electronic data interchange.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 84.001-84.061 and ORS 656.264
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0019 Address Reporting (formerly 436-160-0090)

The sender will follow the standard United States Postal Service guidelines in reporting all addresses.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: **Adopted 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)**

436-160-0040 Recognized Filing Date

(1) Unless otherwise stated in the trading partner agreement, an electronic record is sent when it:

(a) Is addressed or directed properly to an information processing system designated or used by the division to receive electronic records or information;

(b) Is in a form and format capable of being processed by that system; and

(c) Enters an information processing system outside the control of the sender or enters a region of the information processing system designated or used by the division and that is under control of the division.

(2) Unless otherwise stated in the trading partner agreement an electronic record is received when it:

(a) Enters an information processing system designated or used by the division to receive electronic records or information of the type sent and from which the division is able to retrieve the electronic record; and

(b) Is in a form and format capable of being processed by the division's information processing system.

(3) For the purpose of these rules, an electronic transaction is capable of being processed by the division's information processing system when all the required data elements are in the form and format specified in these rules, in the proper sequence, and in accordance with the terms of the trading partner agreement.

(4) A reprocessed transaction retains the filing date of the original transaction.

Stat. Authority: ORS 656.264 and ORS 656.726(4); **Stat. Implemented:** ORS 84.043 and ORS 656.264
Hist: Adopted 3/17/03 as Admin. Order 03-052, eff. 4/1/03
Amended 9/17/08 as Admin. Order 08-062, eff. 7/1/09
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0060 Testing Procedures and Requirements

Testing and transition to production:

(1) To initiate a test for EDI, the sender must contact the director.

(2) Each transmission for test purposes must conform to the standards specified in OAR 436-160-0004, or as otherwise identified in the trading partner agreement. Test files will be evaluated in terms of whether the data was sent in the correct, standardized format.

(3) To be approved to send production transmissions, the sender must:

(a) Transmit records via EDI; and

(b) Accomplish secure file transfer protocol (SFTP) uploads and downloads.

(4) The sender must demonstrate the ability to send transmissions to the director that are readable, in the correct format, and can be processed through the division's information processing system. An EDI FTP test is successful if the sender is able to resolve any consistently recurring fatal technical errors identified by the division so that:

(a) Transmissions are sent to the director without structural errors;

(b) Transmissions are sent to the director without transaction level technical errors; and

(c) The sender can receive and process the automated EDI acknowledgement transactions.

(5) To move from test to production, 80 percent of the sender's transactions must have been accepted by the division by the end of the testing period, including corrected and resubmitted transactions. The director will consider the sender's anticipated volume of production transactions to determine the number of transactions per test transmission required.

(6) Test periods will last a maximum of 120 days. Test periods begin the day the division processes the sender's first test file. If the sender has not met the minimum requirements to move from test to production within 120 days of the start of testing, the sender may request a testing extension period of 60 days.

(7) Senders that fail to successfully transition from test into production within 180 days must wait an additional 180 days before requesting a new test period of 120 days.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 84.013 and ORS 656.264
Hist: Amended 9/17/08 as Admin. Order 08-062, eff. 7/1/09
Amended 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0405 Insurers' Reporting Responsibilities

(1) Insurers with an average of at least 100 accepted disabling claims per year are required to electronically submit detailed medical bill payment data to the Department of Consumer and Business Services under OAR 436-160-0415. The number of accepted disabling claims is determined by the director based on an average accepted disabling claim volume for the previous three calendar years.

(2) Once the director has determined that an insurer's average accepted disabling claim count is 100 or higher the insurer must report medical bill payment data in subsequent years. If the insurer's claim count drops below an average of 50 accepted disabling claims, the insurer may apply to the director for exemption from the reporting requirement.

(3) The director will publish the list of insurers required to report medical bill data in Bulletin 359.

(4) Insurers that were required to report medical bill payment data under OAR 436-009-0030(12) before Jan. 1, 2011, must successfully complete EDI testing and begin reporting production data before Jan. 1, 2011.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: Adopted 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0410 Medical Bill Electronic Filing Requirements

(1) The transmission data and format requirements are included in the *IAIABC EDI Implementation Guide for Medical Bill Payment Records*, Release 1.1, dated July 1, 2009, and Appendix A of these rules. Additional Oregon-specific information can be found in the Oregon Medical State Reporting Electronic Data Interchange (EDI) Implementation Guide, available from the division's website: http://www.cbs.state.or.us/wcd/operations/edi/ediindex.html#bill.

(2) The chart in Appendix "A" shows all medical bill data elements accepted via EDI in Oregon, and whether the data element is mandatory (M), conditional (C), or optional (O) for each transaction type.

(3) Unless otherwise provided in these rules, the data elements must have the meaning provided in the data dictionary included in the IAIABC EDI Implementation Guide for Medical Bill Payment Records, Release 1.1, dated July 1, 2009, Section 6, Medical Bill Payment Records Dictionaries, available from the IAIABC website: http://www.iaiabc.org/i4a/pages/index.cfm?pageid=3339.

(4) Transactions will be rejected if mandatory or required conditional data elements are omitted or submitted in a format that is not capable of being processed by the division's information processing system designated for medical bill transactions.

(5) Optional data element(s) in a transaction will be ignored if the optional data element is either omitted, or submitted in a format that is not capable of being processed by the division's information processing system designated for medical bill transactions.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: Amended 10/5/09 as WCD Admin. Order 09-052, eff. 1/1/2010
Amended 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 2/13/14 as WCD Admin. Order 14-050, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0415 Oregon ASC X12 837 Medical Bill Reporting Requirements

(1) Event reporting requirements:

(a) Original medical bills, including interpreter bills under OAR 436-009, must be reported within 60 days of date paid.

(b) Denied bills for accepted claims must be reported within 60 days of date denied. Denied bills are defined as any bills in which there is a non-zero charge and a zero payment.

(c) Transactions must be accepted by the division within 60 days of either the date paid or the date denied to be considered timely reported. If a transaction is initially rejected it must be corrected, resubmitted, and accepted within the original 60 day time period to be considered timely reported.

(d) Cancellations: Report immediately, as soon as the payer knows that an original medical bill was previously sent in error.

(e) Corrections: Report via a Replacement transaction or a Cancel/Original combination transaction within 60 days of changes to any of the following data elements:

(A) DN15 – Claim Administrator Claim Number

(B) DN504 – Facility Code

(C) DN555 – Place of Service Bill Code

(D) DN518 – DRG Code

(E) DN682 – Facility NPI

(F) DN634 – Billing Provider NPI

(G) DN647 – Rendering Bill Provider NPI

(H) DN592 – Rendering Line Provider NPI

(I) DN726 – HCPCS Line Procedure Paid Code

(J) DN576 – Revenue Paid Code

(K) DN728 – NDC Paid Code

(L) DN580 – Days/Units Paid

(M) DN516 – Total Amount Paid per Bill

(N) DN501 – Total Charges per Bill

(2) Data reporting requirements: See "Medical Bill Data Element Requirement Table" Appendix A.

(3) Technical Requirements: See the Oregon Medical State Reporting Electronic Data Interchange (EDI) Implementation Guide for specifications on the Secure File Transfer Protocol (SFTP) requirements.

(4) Data Quality: The director will conduct electronic edits for blank or invalid data. Affected insurers are responsible for pre-screening the data they submit to check that all the required information is reported and is formatted correctly. See OAR 436-160-0420 for a description of the acceptance/rejection protocol for all reported medical bills. The insurer is responsible for timely correcting and resubmitting all rejected transactions for which law or rule require filing, reporting, or notice to the director.

(5) An insurer must request and receive authorization from the department to stop submitting a previously rejected transaction when the department determines the transaction is uncorrectable. The department may impose a civil penalty against the insurer when, within any six month period, the insurer's number of uncorrectable transactions exceeds one percent of the insurer's total accepted transactions.

(6) The director will periodically review reported bill data to monitor insurer performance. If the director finds repeated or egregious violations of the reporting requirements of these rules the director may issue civil penalties under OAR 436-160-0445 and ORS 656.745.

(a) Medical bills must be reported timely. "Timely" means that an insurer reports medical payment data within 60 days of the date the bill is paid or denied as outlined in OAR 436-160-0415(1).

(b) Medical bills must be reported accurately. "Accurate" means that the medical bill data on bills accepted by the division conforms to the reporting requirements of the Medical Bill Data Element Requirement Table in Appendix A of these rules.

(c) The insurer may be subject to penalties for any reported medical bills that have not been accepted by the division or designated as uncorrectable under OAR 436-160-0415(5) within 180 days of the date of bill payment or denial.

(d) If the insurer's volume of uncorrectable bills exceeds one percent of the insurer's total accepted transactions within any six month period, the insurer may be assessed a penalty.

(7) The director may conduct additional audits to monitor insurer reporting compliance.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: Adopted 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0420 Medical Bill Acknowledgement

(1) The sender will receive both TA1 and 997 interchange and functional acknowledgements (as defined by ANSI X12N) for each medical bill batch submitted, unless technical errors in the file prevent 997 processing. In addition, the sender will receive an 824 detailed acknowledgement (as defined by ANSI X12N) for each medical bill batch submitted, if the batch has successfully passed the 997 edits. The detailed acknowledgement will indicate either a transaction accepted (TA) or a transaction rejected (TR) acknowledgement for each individual transaction.

(2) A TA1, 997, or 824 error will be sent for all transactions incapable of being processed by the division's information processing system, including, but not limited to:

(a) An omitted mandatory data element;

(b) An improperly populated data element field, e.g., numeric data element field is populated with alpha or alphanumeric data, or is not a valid value according to the standards adopted in 436-160-0004;

(c) Transactions or electronic records within the transaction which require matching and cannot be matched to the division's database, e.g., cancellation of an original bill that does not match on Unique Bill ID;

(d) Illogical data in mandatory or required conditional field, e.g., payment date is after reporting date;

(e) Duplicate transmission or duplicate transaction within the transmission;

(f) Invalid bill submission reason code; or

(g) Illogical event sequence relationship between transactions, e.g., cancellation transaction submitted before an original bill is accepted.

(3) The insurer must correct and resubmit any transactions rejected for which law or rule requires filing, reporting, or notice to the director.

(4) A transaction accepted acknowledgement will be sent for all transactions that are in a format capable of being processed by the division's information processing system and are not rejected pursuant to section (2) of this rule.

(5) An insurer's obligation to file medical bill data for the purposes of this rule is not satisfied unless the director acknowledges acceptance of the transaction.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: Amended 10/5/09 as WCD Admin. Order 09-052, eff. 1/1/2010
Amended 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0430 Medical Bill Data Changes or Corrections

(1) Changes or corrections to medical bill information must be submitted according to the standards referenced in OAR 436-160-0004.

(2) The Unique Bill ID will be used to match cancellations and replacements to the original bill. Failure to match on this data element will result in a rejected transaction.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.264
Hist: Adopted 11/1/07 as Admin. Order 07-068, eff. 1/1/08
Amended 6/12/08 as Admin. Order 08-059, eff. 7/1/08
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0440 Monitoring and Auditing Insurers

(1) The department may monitor and conduct periodic audits of medical bill data to ensure compliance with ORS chapter 656 and these rules.

(2) All records maintained or required to be maintained must be disclosed upon request by the director.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.252, 656.254, 656.264, 656.455, 656.726
Hist: Adopted 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

436-160-0445 Assessment of Civil Penalties

(1) Under ORS 656.745, the director may assess a civil penalty against an insurer who fails to comply with ORS chapter 656 or the director's rules and orders.

(2) The insurer is responsible for its own actions as well as the actions of others acting on the insurer's behalf. If an insurer or someone acting on the insurer's behalf violates any provisions of these rules, the director may impose a civil penalty against the insurer.

Stat. Authority: ORS 656.726(4); **Stat. Implemented:** ORS 656.254, 656.745
Hist: Adopted 10/1/10 as WCD Admin. Order 10-057, eff. 1/1/11
Amended 10/10/13 as WCD Admin. Order 13-057, eff. 7/1/14 (See next)
Amended 6/5/14 as WCD Admin. Order 14-057, eff. 7/1/14 (Temp)

OAR 436-160-0410
Appendix A

NOTE: M = mandatory; C = conditional element which becomes mandatory under the stated trigger;
O = optional (must be reported if available)

The following data must be reported to the department:

	Medical Bill Data Element Requirement Table				
	Bill Submission Reason Codes				
		Accepted Original/Replace	Denied Original/Replace	Cancellation	
DN	Data Element Name	00/05	00/05	01	Mandatory Trigger or Implementation Note
719	ADA Procedure Billed Code	C	O	O	If DN715 Jurisdiction Procedure Billed Code, DN721 NDC Billed Code, and DN714 HCPCS Line Procedure Billed Code are not present. Must be used in the SV3 segment.
722	ADA Procedure Paid Code	C	O	O	If different from DN719, DN721, DN715, or DN714 and paid with ADA code (i.e., if paid is different than billed).
513	Admission Date	C	O	O	If DN504 Facility Code is one of the following: 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89.
535	Admitting Diagnosis Code	C	O	O	If DN504 Facility Code is one of the following: 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89.
564	Basis of Cost Determination Code	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., required for pharmacy bills).
545	Bill Adjustment Amount	C	C	O	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill. Total of all adjustments plus amount paid must equal amount billed.
543	Bill Adjustment Group Code	C	C	O	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill.
544	Bill Adjustment Reason Code	C	C	O	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill.
546	Bill Adjustment Units	C	O	O	If DN580 Days/Units Paid is different from DN554 Days/Units Billed.
508	Bill Submission Reason Code	M	M	M	
503	Billing Format Code	M	M	O	
629	Billing Provider FEIN	M	M	O	
569	Billing Provider Country Code	C	O	O	If provider address is outside the US.
528	Billing Provider Last/Group Name	M	M	O	
634	Billing Provider National Provider ID	C	O	O	Must be reported if billing provider has a National Provider ID.
537	Billing Provider Primary Specialty Code	O	O	O	
630	Billing Provider State License Number	C	O	O	Report DN 630 State License Number only if DN634 Billing Provider does not have a National Provider ID. Use "99999" if provider type not licensed by the state (e.g., ambulance or durable medical equipment).
523	Billing Provider Unique Bill Identification Number	M	M	M	If not available, use default of all 9s.
502	Billing Type Code	C	C	O	If DN502 = "DD," there must be an SV3 segment. If DN502 = "RX" or "MO," there must be an SV4 segment. If DN502 = "DM," there must be an SV5 segment. A combination SV1 and SV5 is permitted on a single line.
015	Claim Administrator Claim Number	M	M	M	
187	Claim Administrator FEIN	C	C	O	If different from DN6 Insurer FEIN.
188	Claim Administrator Name	C	O	O	If different from DN7 Insurer name.
515	Contract Type Code	C	O	O	If DN518 DRG Code is present.
512	Date Insurer Paid Bill	M	M	O	
511	Date Insurer Received Bill	M	M	O	

	Medical Bill Data Element Requirement Table				
	Bill Submission Reason Codes				
		Accepted Original/Replace	Denied Original/Replace	Cancellation	
DN	Data Element Name	00/05	00/05	01	Mandatory Trigger or Implementation Note
31	Date of Injury	M	M	M	
100	Date Transmission Sent	M	M	M	
554	Days/Units Billed	C	O	O	If Professional (SV1 segment used), Institutional (SV2 segment used), or DME (SV5 segment used) bills.
553	Days/Units Code	C	O	O	If DN554 Days/Units Billed is present.
580	Days/Units Paid	C	O	O	If different from DN554 Days/Units Billed.
557	Diagnosis Pointer	C	O	O	If DN503 Billing Format Code equals "B" and DN 715 Jur. Proc. Billed Code or DN 714 HCPCS Line Proc. Billed Code is present or a drug is dispensed by a physician during an office visit. Diagnosis pointer not required for ambulance services, DME or jurisdiction service codes.
514	Discharge Date	C	O	O	If DN503 Billing Format Code equals "A" and patient has been discharged.
562	Dispense As Written Code	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., for pharmacy bills).
567	DME Billing Frequency Code	C	O	O	If DN502 Billing Type Code = DM and DN565 Total Chg. per Line - Rental is present. Use the SV5 segment for DME rental and purchase services billed.
518	DRG Code	C	O	O	If DN503 Billing Format Code equals "A" and DN504 Facility Code is one of the following; 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89 and DN682 Facility National Provider ID identifies a required facility. Reported DRG Codes must be MS-DRG Codes; as referenced in OAR 436-009 Medical Billing and Payment Rules.
563	Drug Name	O	O	O	
572	Drugs/Supplies Billed Amount	C	C	O	If DN502 Billing Type Code value is "RX" or "MO" (i.e., for pharmacy bills).
579	Drugs/Supplies Dispensing Fee	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., for pharmacy bills).
571	Drugs/Supplies Number of Days	C	O	O	If DN502 Billing Type Code value is "RX" or "MO" (i.e., for pharmacy bills).
570	Drugs/Supplies Quantity Dispensed	C	O	O	If DN502 Billing Type Code value is "RX" or "MO" (i.e., for pharmacy bills).
152	Employee Employment Visa	C	C	C	If DN42 Employee Social Security number or DN153 Employee Green Card number is not available.
44	Employee First Name	M	M	M	
153	Employee Green Card	C	C	C	If DN42 Employee Social Security number is not available.
154	Employee ID Assigned by Jurisdiction	C	C	C	If DN42 Employee Social Security, DN153 Employee Green Card, DN152 Employee Employment Visa or DN156 Employee Passport Number not available.
43	Employee Last Name	M	M	M	
156	Employee Passport Number	C	C	C	If DN42 Employee Social Security, DN153 Employee Green Card, or DN152 Employee Employment Visa not available.

	Medical Bill Data Element Requirement Table				
	Bill Submission Reason Codes				
		Accepted Original/Replace	Denied Original/Replace	Cancellation	
DN	Data Element Name	00/05	00/05	01	Mandatory Trigger or Implementation Note
42	Employee Social Security Number	C	C	C	DN42 Employee SSN is preferred ID number. If none, see DN153 Employee Green Card. If injured worker is not a US citizen and has no other identification, use “999999999.”
18	Employer Name	M	M	M	
504	Facility Code	C	O	O	If DN503 Billing Format Code = "A."
689	Facility Country Code	C	O	O	If facility address is outside the US.
678	Facility Name	C	O	O	If service performed in a facility, (e.g., hospital, ambulatory surgical center, etc.).
682	Facility National Provider ID	C	O	O	Must be reported if service performed in a facility within the US.
737	HCPCS Bill Procedure Code	C	C	O	If DN503 Billing Format Code = "A" and if DN626 HCPCS Prin. Procedure Billed Code is present and more than one procedure is performed.
714	HCPCS Line Procedure Billed Code	C	C	O	If DN502 Billing Type Code does not equal RX or MO, and if DN715 Jurisdiction Procedure Billed Code, DN721 NDC Billed Code, and DN719 ADA Procedure Billed Code are not present. Must be used in the SV1, SV2, SV3, or SV5 segment.
726	HCPCS Line Procedure Paid Code	C	O	O	If different from DN719ADA Procedure Billed Code, DN721 NDC Billed Code, DN715 Jurisdictional Procedure Billed Code, or DN714 HCPCS Line Procedure Billed Code, and paid with HCPCS code (i.e., if paid is different than billed).
717	HCPCS Modifier Billed Code	O	O	O	If present, must be a valid code.
727	HCPCS Modifier Paid Code	C	O	O	If different from DN717 HCPCS Modifier Billed Code.
626	HCPCS Principal Procedure Billed Code	C	C	O	Must be reported if DN503 Billing Format Code = "A" and included on provider's bill.
736	ICD-9 CM Procedure Code	C	O	O	If DN503 = "A" and if DN525 ICD-9 CM Prin. Proc. Code is present and more than one procedure is performed.
522	ICD-9 CM Diagnosis Code	C	O	O	If DN521 Principal Diagnosis Code is present and more than one diagnosis occurs or if DN503 Billing Format Code = B and DN714 HCPCS Line Proc. Billed Code or DN715 Jurisdiction Procedure Billed Code are present or a drug is dispensed by a physician during an office visit. Code must be specific enough to provide valid diagnosis, according to CMS definition. Summary codes that are specifically excluded from use as a diagnosis will be rejected. Diagnosis code not required for DME, jurisdiction service codes, or ambulance services.
525	ICD-9 CM Principal Procedure Code	C	C	O	Must be reported if DN503 Billing Format Code = "A" and included on provider's bill.
6	Insurer FEIN	M	M	M	Cancel and Replace transactions must match previously accepted Original DN6 Insurer FEIN. Resubmitted Original transactions must match previously submitted DN6 Insurer FEIN.
7	Insurer Name	M	M	M	
5	Jurisdictional Claim Number	C	O	O	If the first report of injury has been filed and a jurisdictional claim number has been returned to the insurer.

	Medical Bill Data Element Requirement Table				
	Bill Submission Reason Codes				
		Accepted Original/Replace	Denied Original/Replace	Cancellation	
DN	Data Element Name	00/ 05	00/ 05	01	Mandatory Trigger or Implementation Note
718	Jurisdictional Modifier Billed Code	O	O	O	Use HCPCS modifier values in this field if billing based on jurisdiction code.
730	Jurisdictional Modifier Paid Code	C	O	O	If different than DN718 Jurisdictional Modifier Billed Code. Use HCPCS modifier values in this field if payment based on jurisdiction code.
715	Jurisdictional Procedure Billed Code	C	O	O	If the procedure is included as an Oregon-specific code in the Oregon Medical Fee Schedule; and if DN502 Billing Type Code does not equal RX or MO; and if DN714 HCPCS Line Procedure Billed Code, DN721 NDC Billed Code, and DN719 ADA Procedure Billed Code are not present. Must be used in the SV1 or SV2 segment.
729	Jurisdictional Procedure Paid Code	C	O	O	If different from DN719 ADA Procedure Billed Code, DN721 NDC Billed Code, DN715 Jurisdictional Procedure Billed Code, or DN714 HCPCS Line Procedure Billed Code and paid with Jurisdictional code (i.e., if paid is different than billed).
547	Line Number	M	M	O	Required in Loop 2400/LX segment.
208	Managed Care Organization Identification Number	C	O	O	If DN507 Provider Agreement Code equals 'P.'
721	NDC Billed Code	C	O	O	If DN502 Billing Type Code is 'RX' or 'MO', or if DN714 HCPCS Line Procedure Billed Code, DN715 Jurisdictional Procedure billed Code, and DN719 ADA Procedure Billed Code are not present. Must be used in the SV1 or SV4 segment. For compound drugs, use "99999."
728	NDC Paid Code	C	O	O	If different from DN719ADA Procedure Billed Code, DN721 NDC Billed Code, DN715 Jurisdictional Procedure Billed Code, or DN714 HCPCS Line Procedure Billed Code and paid with NDC code (i.e., if paid is different than billed).
555	Place of Service Bill Code	C	O	O	If DN503 Billing Format Code equals "B."
600	Place of Service Line Code	C	O	O	If different from DN555 Place of Svc. Billed Code.
527	Prescription Bill Date	O	O	O	
604	Prescription Line Date	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., required for pharmacy bills).
561	Prescription Line Number	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., required for pharmacy bills).
521	Principal Diagnosis Code	C	O	O	If DN503 Billing Format Code equals "A."
550	Principal Procedure Date	C	O	O	If DN626 HCPCS Principal Procedure Code or DN525 ICD-9 CM Principal Procedure Code is present.
524	Procedure Date	C	O	O	If DN736 ICD-9 CM Procedure Code or DN737 HCPCS Bill Procedure Code is present.
507	Provider Agreement Code	M	O	O	Enter "P" if worker is enrolled in a WCD-certified Managed Care Organization at time of service or if provider participates in a WCD-registered fee discount agreement. Enter "Y" for any other agreement. Enter "N" for none.
657	Rendering Bill Provider Country Code	C	O	O	If provider address is outside the US.
642	Rendering Bill Provider FEIN	O	O	O	

	Medical Bill Data Element Requirement Table				
	Bill Submission Reason Codes				
		Accepted Original/Replace	Denied Original/Replace	Cancellation	
DN	Data Element Name	00/05	00/05	01	Mandatory Trigger or Implementation Note
639	Rendering Bill Provider First Name	C	C	O	If Rendering Bill Provider is a person.
638	Rendering Bill Provider Last/Group Name	M	M	O	
647	Rendering Bill Provider National Provider ID	C	O	O	Must be reported if DN503 Billing Format Code equals A, and if provider has a National Provider ID.
651	Rendering Bill Provider Primary Specialty Code	O	O	O	
643	Rendering Bill Provider State License Number	C	O	O	Report DN643 Rendering Bill Provider State License Number only if DN647 Rendering Bill Provider does not have a National Provider ID. Use "99999" if provider type not licensed by the state (e.g., ambulance or durable medical equipment).
585	Rendering Line Provider Country Code	C	O	O	If provider address is outside the US.
586	Rendering Line Provider FEIN	O	O	O	
592	Rendering Line Provider National Provider ID	C	C	O	Must be reported if provider has a National Provider ID.
595	Rendering Line Provider Primary Specialty Code	O	O	O	
599	Rendering Line Provider State License Number	C	O	O	If DN592 Rendering Line Provider does not have a National Provider ID, DN599 State License Number must be present. Use "99999" if provider type not licensed by the state (e.g., ambulance or durable medical equipment).
615	Reporting Period	M	M	M	
559	Revenue Billed Code	C	C	O	If a value for DN504 Facility Code with 1st digit equal to 1.
576	Revenue Paid Code	C	O	O	If different from DN559 Revenue Billed Code.
733	Service Adjustment Amount	C	C	O	If DN574 Total Amount Paid Per Line is different from DN552 Total Charge Per Line, DN566 Total Charge Per Line – Purchase, DN565 Total Charge Per Line – Rental, or DN572 Drugs/Supplies Billed amount.
731	Service Adjustment Group Code	C	C	O	If DN574 Total Amount Paid Per Line is different from DN552 Total Charge Per Line, DN566 Total Charge Per Line – Purchase, DN565 Total Charge Per Line – Rental, or DN572 Drugs/Supplies Billed amount.
732	Service Adjustment Reason Code	C	C	O	If DN574 Total Amount Paid Per Line is different from DN552 Total Charge Per Line, DN566 Total Charge Per Line – Purchase, DN565 Total Charge Per Line – Rental, or DN572 Drugs/Supplies Billed amount.
734	Service Adjustment Units	C	O	O	If DN580 Days/Units Paid is not equal to DN554 Days/Units Billed.
509	Service Bill Date(s) Range	C	O	O	If different from DN605 Svc. Lines Date Range.
605	Service Line Date(s) Range	C	O	O	If bill type is not pharmacy. (DN604 Prescription Line Date is used specifically for pharmacy.)
101	Time Transmission Sent	M	M	M	
516	Total Amount Paid Per Bill	C	C	O	If different from DN501 Total Charge per Bill and must equal the sum of all the amounts paid at the line level.

	Medical Bill Data Element Requirement Table				
	Bill Submission Reason Codes				
		Accepted Original/Replace	Denied Original/Replace	Cancellation	
DN	Data Element Name	00/05	00/05	01	Mandatory Trigger or Implementation Note
574	Total Amount Paid Per Line	C	O	O	If paid amount is not equal to DN552 Total Charge per Line, DN572 Drugs/Supplies Billed Amount, or the sum of DN566 Total Charge Per Line–Purchase plus DN565 Total Charge Per Line–Rental.
501	Total Charge Per Bill	M	M	O	
552	Total Charge Per Line	C	C	O	If professional and institutional service lines (i.e., SV1, SV2, and SV3).
566	Total Charge Per Line – Purchase	C	O	O	If Durable Medical Equipment is purchased.
565	Total Charge Per Line – Rental	C	O	O	If Durable Medical Equipment is rented.
266	Transaction Tracking Number	M	M	M	
500	Unique Bill ID Number	M	M	M	Cancel & Replace transactions must match previously accepted Original DN500 Unique Bill ID Number. Resubmitted Original transactions must match previously submitted DN500 Unique Bill ID Number.

BEFORE THE DIRECTOR OF THE
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
OF THE STATE OF OREGON

In the Matter of the Amendment of OAR chapter 436, division 160: Electronic Data Interchange; Medical Bill Data	)))	ORDER OF ADOPTION OF TEMPORARY RULES No. 14-057

The Director of the Department of Consumer and Business Services, under rulemaking authority in ORS 656.726(4), and in accordance with the procedure in ORS 183.335(5), temporarily amends OAR chapter 436, division 160.

EXPLANATION

The agency adopts these temporary rules in order to extend the rules in effect since Jan. 1, 2011. These temporary rules will supersede rules scheduled to go into effect on July 1, 2014, that would have adopted a newer standard for electronic data interchange of medical bill data. The agency will separately adopt that newer standard to go into effect at a later date.

FINDINGS

Failure to act promptly will result in serious prejudice to the public interest.

IT IS THEREFORE ORDERED:

(1) Temporary amendments to OAR Chapter 436, Division 160, Electronic Data Interchange; Medical Bill Data, are **adopted on this 5th day of June, 2014, to be effective July 1, 2014**.

(2) The attached Statement of Need and Justification is incorporated by reference.

(3) The amended rules, the Certificate and Order for Filing, and the Statement of Need and Justification will be filed with the Secretary of State.

(4) The amended rules, with marked revisions, will be filed with Legislative Counsel in accordance with ORS 183.715 within ten days after filing with the Secretary of State.

Dated this 5th day of June, 2014.

DEPARTMENT OF CONSUMER
AND BUSINESS SERVICES

/s/ Kevin Willingham
Kevin Willingham, Deputy Administrator
Workers' Compensation Division

Under ADA Guidelines, alternate format copies of the rules will be made available to qualified individuals upon request.

If you have questions about these rules or need them in a different format, contact the Workers' Compensation Division at 503-947-7810.

Distribution: WCD-S, U, AT, CE, EG, NM, MR; Electronic mailing lists