Key Takeaways

- Review the basic reporting rules and requirements for the Medical Data Call as outlined in the *Medical Data Call Reporting Guidebook*
- Demonstrate the features and functionality of the *Medical Data Collection (MDC)* tool

Topics

- Overview
- General Rules
- Core Resources
- Editing and Validation
- Medical Data Call Structure
- Compliance

Medical Data Call Overview

Medical Data Call

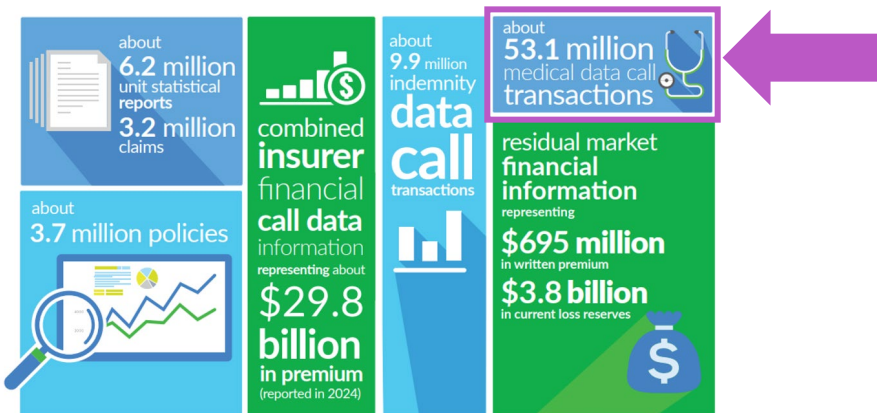Each medical service that occurs due to an employee's job-related injury.

- Hospital Stay
- Office Visit
- Physical Therapy
- Prescription Drugs
- MRI
- X-ray

Workers Compensation Medical Payment Transactions

Bill Line Detail

NCCI by the Numbers

LEAP Team

NCCI's Law Evaluation and Pricing (LEAP) Team reviews legislative proposals, rule changes, court decisions, and enacted laws.

Medical Data Call Uses

There are four main uses:

- Legislative Analysis
- Regulator Requests
- Research
- Informational Resources

Medical Data Call Core Resources

Core Resources—ncci.com

- *Medical Data Call Reporting Guidebook*
- *Electronic Transmission User's Guide*
- *Data Quality Guidebook*
- *MDC* tool
- *Medical Data Collection* Tool User's Guide
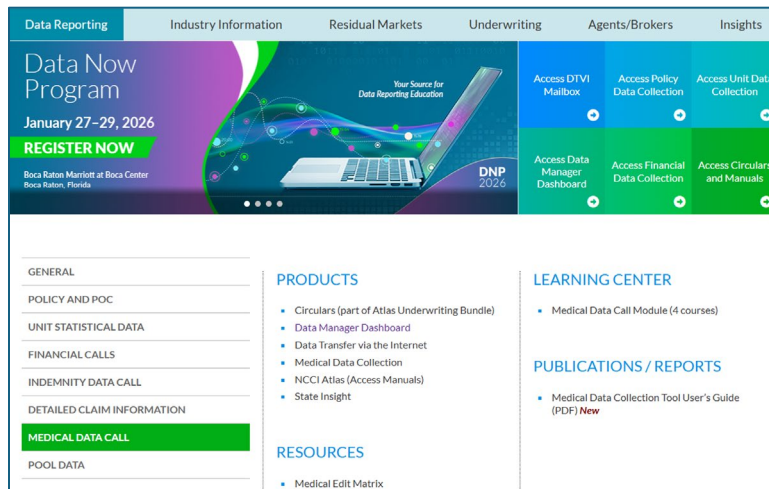
Medical Data Call Reporting Guidebook

The *Medical Data Call Reporting Guidebook* is your primary reference for the instructions needed to accurately complete your Medical Data Call reporting.

To access the guidebook, log in to **ncci.com** with your user ID and password.

1. From the main page of **ncci.com**, click on Access Data Reporting Resources or Data Reporting

2. The Data Reporting page defaults to General, so select Medical Data Call

3. From the Medical Data Call section, under Products, select *NCCI Atlas* (Access Manuals) or *Medical Data Collection*

4. From *NCCI Atlas*, click the Manuals section

5. From the Manual column (left side), scroll down to *Medical Data Call Reporting Guidebook* and click on the title

6. Click on the triangle to expand the list and select the *Medical Data Call Reporting Guidebook*

Medical Data Call General Rules

Medical Transactions

- Report all medical transactions associated with workers compensation claims in any Medical Data Call state
- The jurisdiction state is the state under whose Workers Compensation (WC) Act the claimant's benefits are being paid

Part 2
General
Rules

States

Legend:
- Participating NCCI States
- Participating Independent Bureaus
- Nonparticipating Using NCCI Format
- Nonparticipating
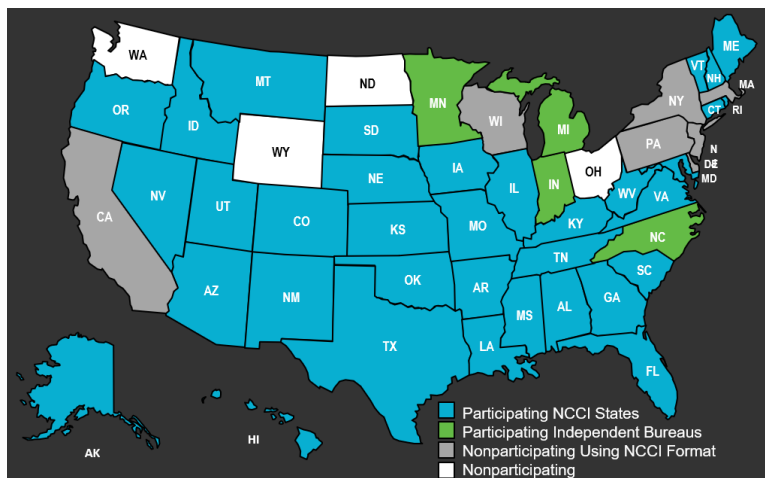
Jurisdiction State—Examples

Review the jurisdiction state for each example.

Exposure State Is …	Accident Occurs in …	Benefits Paid Under the WC Act in …	Jurisdiction State Is …
FL	NM	NM	NM
TX	NM	TX	TX
GA	FL	FL	FL

Participation

All Companies Aligned Within Affiliate Group

All NCCI Collection States

! When identified as a participant, NCCI will send notification of reporting obligation.

Reporting Responsibility

Participants in the Medical Data Call have the flexibility of meeting reporting requirements:

- Submit directly to NCCI
- Authorize a third-party vendor to submit on their behalf
- A combination of both

⚠️ Quality, timeliness, and completeness of the Medical data is the responsibility of the carrier.

Reporting Frequency

All medical transactions that occur on a date within a specific quarter must be reported by the end of the following quarter.

Transaction Quarter	Due Date
Quarter 1	June 30
Quarter 2	September 30
Quarter 3	December 31
Quarter 4	March 31

Part 2
General
Rules

Reporting Frequency Options

There is an option to report quarterly or monthly.

Quarterly
One submission due by the end of the following quarter

| Jul | Aug | Sep | Oct | Nov | Dec |

Transactions Processed

Sent in October

3rd Quarter due by December 31

Part 2 General Rules
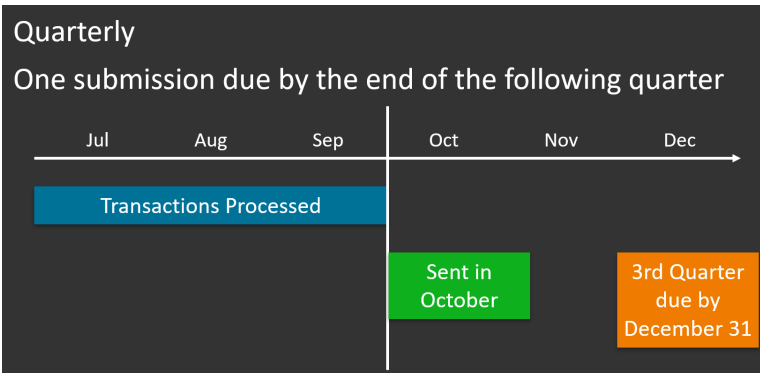
Third-quarter quarterly data can be sent as early as October.

Monthly
Three submissions due by the end of the following quarter

| Jul | Aug | Sep | Oct | Nov | Dec |

Jul Transactions | Aug Transactions | Sep Transactions

Jul sent in Aug | Aug sent in Sep | Sep sent in Oct | 3rd Quarter due by December 31

Part 2 General Rules
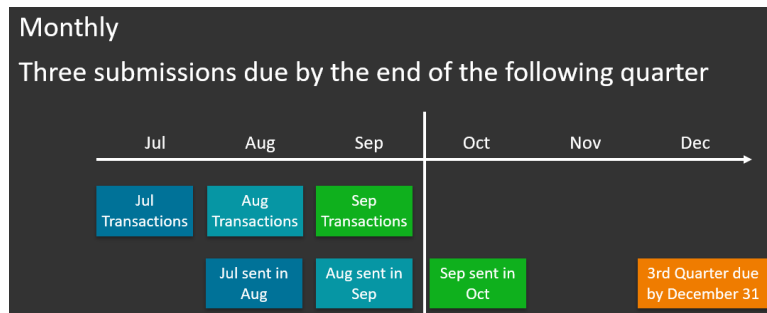
- Partial quarter's data submitted in three separate monthly submissions
- Can begin submitting third-quarter data as early as August 1

Due Date Examples

Review the examples:

Transaction Date	Include in Quarter …	Due Date
3/15/2025	Quarter 1	6/30/2025
6/30/2025	Quarter 2	9/30/2025
8/01/2025	Quarter 3	12/31/2025
12/31/2025	Quarter 4	3/31/2026

⚠️ Report all transactions based on the **Transaction Date**.

Medical Data Call Structure

Medical Data Call Elements

Key Fields:

Carrier Code, Policy Number Identifier, Policy Effective Date, Claim Number Identifier, Bill Identification Number, and Line Identification Number

Bill Header Data Elements:

Carrier Code, Policy Number Identifier, Policy Effective Date, Claim Number Identifier, Jurisdiction State Code, Claimant Gender Code, Birth Year, Accident Date, Bill Identification Number, Service From Date, Service to Date, Provider Taxonomy Code, Provider Identification Number, Provider Postal (ZIP) Code, Provider Postal (ZIP+4) Code, Network Service Code, and Place of Service Code

Bill Detail Data Elements:

Transaction Code, Transaction Date, Line Identification Number, Service Date, Paid Procedure Code, Paid Procedure Code Modifier(s), Amount Charged by Provider, Paid Amount, Primary ICD Diagnostic Code, Secondary ICD Diagnostic Code, Quantity/Number of Units per Procedure Code, and Secondary Procedure Code

Data Elements

- Carrier Group assigns:
  - Carrier Code
  - Policy Number Identifier
  - Policy Effective Date
  - Claim Number Identifier

- Vendor receives the Claim Number Identifier from the carrier and assigns:
  - Bill Identifier Number
  - Line Identifier Number
- Vendor provides:
  - Service Provider Information (e.g., Taxonomy, Provider Identifier, Network Service Code)
  - Procedure Information

⚠️ The Claim Number Identifier reported must match the Claim Number Identifier reported on the Unit Statistical Data.

Record Layouts

For NCCI to process data submissions, data providers are required to comply with specific requirements for:

- Record Layouts
- Data Elements
- Link Data

Part 4
Record
Layout

Medical Data Call Record Layout						
Field No.	Field Title/Description	Class	Position	Bytes	Header/Detail	Source
1	Carrier Code[1]	N	1–5	5	H	Payer
2	Policy Number Identifier[1]	AN	6–23	18	H	CMS 11
3	Policy Effective Date[1]	N	24–31	8	H	

Information included in layout:

- For Field No., there are 29 data elements.
- Field Title/Description provides the name of the data element.
- Class identifies (N) numeric, (AN) alphanumeric, or (A) alpha.
- Position number identifies the location within the 350-byte record.
- Bytes indicates the size of the data element.
- Header/Detail identifies if the data element is part of header information or detailed information.
- Source indicates the element can be found on standardized forms such as CMS or UB bill or from the payer. When data is not on a form, it is provided by the entity that pays the bill.
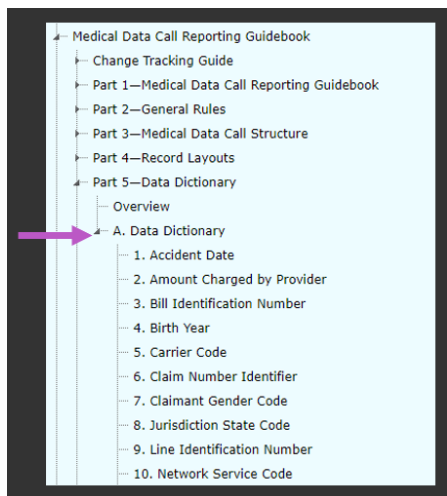
Data Dictionary

The Data Dictionary section of the *Medical Data Call Reporting Guidebook* (Part 5) is provided in alphabetical order.

<table>
<tr><td colspan="2">Medical Data Call Reporting Guidebook</td></tr>
<tr><td></td><td>Change Tracking Guide</td></tr>
<tr><td></td><td>Part 1—Medical Data Call Reporting Guidebook</td></tr>
<tr><td></td><td>Part 2—General Rules</td></tr>
<tr><td></td><td>Part 3—Medical Data Call Structure</td></tr>
<tr><td></td><td>Part 4—Record Layouts</td></tr>
<tr><td></td><td>Part 5—Data Dictionary</td></tr>
<tr><td></td><td>Overview</td></tr>
<tr><td></td><td>A. Data Dictionary</td></tr>
<tr><td></td><td>1. Accident Date</td></tr>
<tr><td></td><td>2. Amount Charged by Provider</td></tr>
<tr><td></td><td>3. Bill Identification Number</td></tr>
<tr><td></td><td>4. Birth Year</td></tr>
<tr><td></td><td>5. Carrier Code</td></tr>
<tr><td></td><td>6. Claim Number Identifier</td></tr>
<tr><td></td><td>7. Claimant Gender Code</td></tr>
<tr><td></td><td>8. Jurisdiction State Code</td></tr>
<tr><td></td><td>9. Line Identification Number</td></tr>
<tr><td></td><td>10. Network Service Code</td></tr>
</table>

14. Place of Service Code

Field(s):	27
Position(s):	282–289
Class:	Alphanumeric (AN)—Field contains alphabetic and numeric characters
Bytes:	8
Format:	A/N 8, this field must be left justified and blank-filled to right of the last number or character when the Place of Service Code is less than 8 bytes. Include leading zeros when part of the code. If converting codes from a system that does not store leading zeros, ensure that the leading zero(s) is inserted correctly. For example, if the system stores 9 for a code that is listed as 09 on the code list, insert a zero to the left of the 9 when reporting to NCCI.

Definition: A code that indicates where the medical service was performed.

Reporting Requirement: Report the Place of Service Code from the Place of Service list, that indicates where the medical service was performed. Do not report Place of Service Code 99 (Other Place of Service) when the place of service is unavailable. Instead, leave this field blank.

For facility and hospital services, the Place of Service Crosswalk was developed to provide a mapping of the Type of Bill code to the Place of Service code. Online readers can click to view/print details: Place of Service Crosswalk (PDF).

Place of Service[1]			
Code	Description	Code	Description
01	Pharmacy	33	Custodial Care Facility
02	Telehealth Provided Other Than in Patient's Home	34	Hospice
03	School	35–40	Unassigned—Not Valid for NCCI
04	Homeless Shelter	41	Ambulance—Land
05	Indian Health Service—Free-Standing Facility	42	Ambulance—Air or Water

Each data element provides:

- Data Element Name
- Field number from record layout
- Position numbers identifying the location of the element within the 350-byte record
- Class identifies (N) numeric, (AN) alphanumeric, or (A) alpha
- Bytes indicates the size of the data element
- Format provides the class and length of the element along with any additional formatting instructions
- Definition provides the industry standard meaning
- Reporting Requirement provides any special instructions for reporting the data

For the Place of Service Code example, the code values provided are 2 bytes in a field that is 8 bytes. NCCI purposely padded the record layout to allow for future expansion. Source: Centers for Medicare & Medicaid Services (CMS) (www.cms.hhs.gov). The codes listed are valid as of the guidebook issue date. New codes approved by CMS are valid.

Place of Service Crosswalk

NCCI's guidebook will provide additional external references when available. For the Service Code example, the Place of Service Crosswalk for facility and hospital services is provided as a link within the Reporting Requirement.

This was developed to provide a mapping of the Type of Bill code on medical billing form CMS-1450 (UB-04). This is intended for reporting facility and hospital services because the form does not contain Place of Service code information.

Place of Service Crosswalk				
Type of Bill	Type of Bill Position 1 (Type of Facility)	Type of Bill Position 2 (Bill Classification)	Place of Service Code[1]	Place of Service Description
11X	Hospital	Inpatient	21	Inpatient Hospital
12X	Hospital	Inpatient	21	Inpatient Hospital
13X	Hospital	Outpatient	22/19[2]	On-Campus/Off-Campus Outpatient Hospital
14X	Hospital	Other	22/19[2]	On-Campus/Off-Campus Outpatient Hospital
18X	Hospital	Swing Bed	21	Inpatient Hospital
21X	Skilled Nursing	Inpatient	31	Skilled Nursing Facility
22X	Skilled Nursing	Inpatient	31	Skilled Nursing Facility
23X	Skilled Nursing	Outpatient	32	Nursing Facility
28X	Skilled Nursing	Swing Bed	32	Nursing Facility
32X	Home Health	Inpatient	12	Home
33X	Home Health	Outpatient	12	Home
34X	Home Health	Other	12	Home

Provider Identification Number

This number uniquely identifies the medical service provider that performed the service. When reporting, the **National Provider Identification (NPI) Number is required**.

0510-02	Provider Identification Number	PROVIDER IDENTIFICATION NUMBER IS NOT VALID PER TABLE.	01, 03	Field	Quality Tracking	Count Occurrences	06/18/2024—Added new edit that checks that the reported value for Provider Identification Number exists in table.

Note: NCCI checks that the NPI Number is reported and is valid. This element is now included in the **Medical Incentive Program (MIP)**. Refer to MED-2024-01 and DQ-2025-01.

Provider Postal (ZIP+4) Code

MED-2024-01 and DQ-2025-01 announced that the implementation of the 9-digit ZIP+4 code is required and included in the **MIP**.

Record Layout—Transaction Code

5	Transaction Code	N	44–45	2	D	Payer

There are three different Transactions that can be submitted at the bill line detail level.

Medical Data Call Transactions

01 Original

Original
- The first reporting of a medical transaction
- Only one may be submitted for a medical transaction

02 Cancellation

Cancellation
- Used to delete or cancel record(s)
- Apply to prior record(s) or record(s) in same submission

03 Replacement

Replacement
- Used to revise non-key field values
- Apply to prior record(s) or record(s) in same submission

Part 6
Reporting
Rules

Cancellation Record

Transaction 02	Use	Cancels records on NCCI's database
	Include	Record **MUST** include all key fields from prior transaction
⚠ It is not necessary to provide any other data elements.	Include	Deletes a prior record or multiple recordings using key fields

Different Uses of the Cancellation Transaction

• Delete an Original (01) or Replacement (03) Transaction

Record	Carrier Code	Policy Number ID	Policy Effective Date	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider
A	99990	ABC123	20240101	0006	01	20241010	1001	1	20240903	00000010000
B	99990	ABC123	20240101	0006	02	20241010	1001	1	20240903	00000010000

• Used Instead of a Replacement (03) Transaction

Record	Carrier Code	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider	Paid Amount	Provider Postal (ZIP+4) Code
A	99990	A10000	01	20241210	1001	1	20241203	00000010000	00000010000	334870000
B	99990	A10000	02	20241217	1001	1	20241203	00000010000	00000010000	334870000
C	99990	A10000	01	20241217	1001	1	20241203	00000010000	00000010000	334670000

• Update to Key Fields

Scenario	Carrier Code	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider	Paid Amount	Quantity/# of Units
A	99990	1000	01	20241210	1001	1	20241203	00000010000	00000010000	0000001
B	99990	1000	02	20241217	1001	1	20241203	00000010000	00000010000	0000001
C	99990	1	01	20241217	1002	1	20241203	00000010000	00000010000	0000001

Replacement Record

Transaction 03	Use	Correcting a data entry issue
	Include	Replaces a prior record or multiple records using Transaction Code 03
⚠ Changes via a replacement record can only be made to non-key fields.	Include	Replacement record MUST include all data elements
	Include	Replacements must report all values cumulatively

Introduction to Medical Data Call

Replacement Record Examples

- The data provider reported the incorrect Jurisdiction State Code on all Federal Transactions

Record	Carrier Code	Policy Number ID	Policy Effective Date	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Jurisdiction State Code
A	99990	ABC123	20240101	0006	01	20241010	1001	1	20240903	10
B	99990	ABC123	20240101	0006	03	20241012	1001	1	20240903	09

- The data provider needs to report an additional reimbursement on a previously reported transaction

Scenario	Carrier Code	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider	Paid Amount	Quality/# of Units
A	99990	1000	01	20241210	1001	1	20241203	00000010000	0000009000	0000001
B	99990	1000	03	20241217	1001	1	20241203	00000010000	00000010000	0000001

Medical Data Call Transaction Date

The Transaction Date is the **date** the medical transaction was **originally processed, updated**, and **paid** by the administering entity's system**.**

If Transaction Code Is …	Then Report …
01—Original	The date the information was originally processed by the administering entity
02—Cancellation	The date the cancellation was performed in the system of the administering entity
03—Replacement	The date that the information was changed or corrected in the system of the administering entity

Medical Data Call Transaction Date

- The date the medical transaction was **originally processed, updated,** and **paid** by the administering entity's system

Medical Service on	1/15/2024
Bill Processed and Paid on	1/21/2024
Data Provider Reports Transaction 01 on	4/1/2024
Transaction Date Should Be?	**1/21/2024**

- The date the medical transaction was **cancelled, changed,** or **updated** by the administering entity's system
- MUST be **after** the Transaction Date of record being cancelled or replaced

Introduction to Medical Data Call

If Transaction Code Is …	Then Report …
02—Cancellation	The date the cancellation was performed in the system of the administering entity
03—Replacement	The date that the information was changed or corrected in the system of the administering entity

Key Fields

Key fields within the Medical Data Call:

- Carrier Code
- Policy Number Identifier
- Policy Effective Date
- Claim Number Identifier

Within the Medical Data Call, there are two additional key fields that are checked across transactions on the Bill Line records to link the claim records together:

- Bill ID Number
- Line ID Number

The Bill ID Number reported on any subsequent transaction must match the key fields reported in the original transaction or the record will reject.

Edit Number	Data Field	Edit Message	Transaction Code
0519-02	Transaction Code	Cancellation record does not match a previously reported record.	02
0519-04	Transaction Code	Replacement record does not match a previously reported record.	03

Review rejected records and resubmit them with correct key fields.

Importance of Claim Key Fields

Carrier Code, Policy Number, Policy Effective Date, and Claim Number identify all the transactions that identify a unique claim. NCCI uses these four fields to create a Claim ID. The Claim ID holds all payments and services together for the life of a particular claim.

Carrier Code + Policy Number + Policy Effective Date + Claim Number = Claim ID

Medical Data Claims

Regardless of who reports the date, the four key fields must be consistently reported.

Medical Data Provider 1	
Claim ID: 123	
Carrier Code:	99990
Policy Number:	ABC123
Policy Eff Date:	20240101
Claim Number:	WC111

Medical Data Provider 3	
Claim ID: 124	
Carrier Code:	99990
Policy Number:	ABC123
Policy Eff Date:	20240110
Claim Number:	WC111

Inconsistency in reporting key fields leads to the creation of new Claim IDs.

Consistency With Other Reporting

Consistency is "KEY" when reporting multi-data types.

Linking — Comparing Medical to Other Data — Large Difference in Medical Paid Amounts
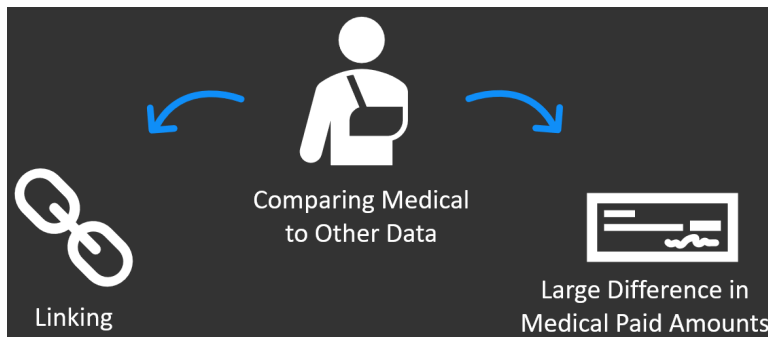
Consistently reporting linking data values across all data types enables NCCI to use these data elements for the same policy and associated claims.

Consistent Reporting of Multi-Data Type Fields

Consistently reporting the field values that NCCI uses for linking within each data type and across all data types enables NCCI to use all data elements for the same policy and associated claims. Below are the fields by data type:

Data Element	Policy Data	Unit Statistical Data	Financial Calls#1B, #1C, #31, #33	Medical Data Call	Indemnity Data Call	Pool Large Loss (LGL) Data
			Data Type			
Carrier Code	X	X	X	X	X	X
Policy Number	X	X	X	X	X	X
Policy Effective Date	X	X	X	X	X	X
Exposure State Code	X	X	X		X	X
Claim Number		X	X	X	X	X
Accident Date		X	X	X	X	X
Jurisdiction State Code		X		X	X	
Accident State Code					X	

Note: An "X" denotes that the data element is applicable for the data type.

Correcting Key Fields
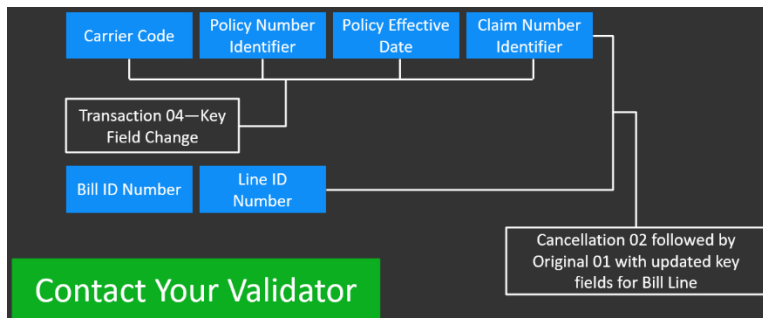
Key Fields—Medical Bill
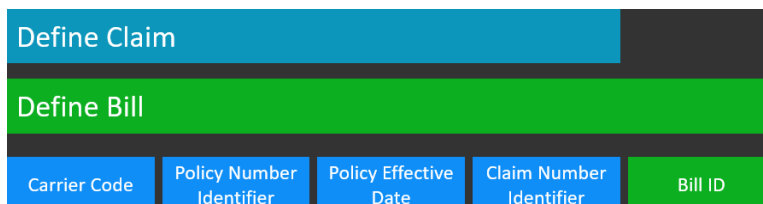
When the data related to a bill line changes (for example, additional payments), the updated transaction needs to report the same values in these key fields as was reported on the original transaction.
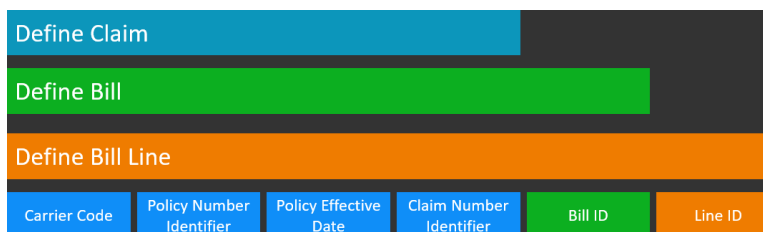

The ability to uniquely identify a bill line and process updates correctly means NCCI cannot load inconsistent key fields.

Reasons why NCCI may return individual records:

- Blank Claim Numbers
- Invalid Policy Effective Dates
- Carrier Codes That Are Not Recognized

If a significant number of records in a single file have errors, we assume there was an error when creating the file and reject the file.
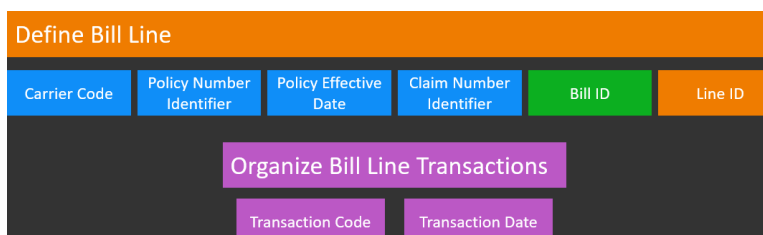
Additional fields help NCCI determine how to handle updates to a transaction. The Transaction Code indicates if the transactions are to be replaced or cancelled. The Transaction Date provides the order in which the updates should be processed.

Electronic Transmission User's Guide (ETUG)

This manual provides the necessary requirements, forms, and instructions for preparing and submitting test and production files.
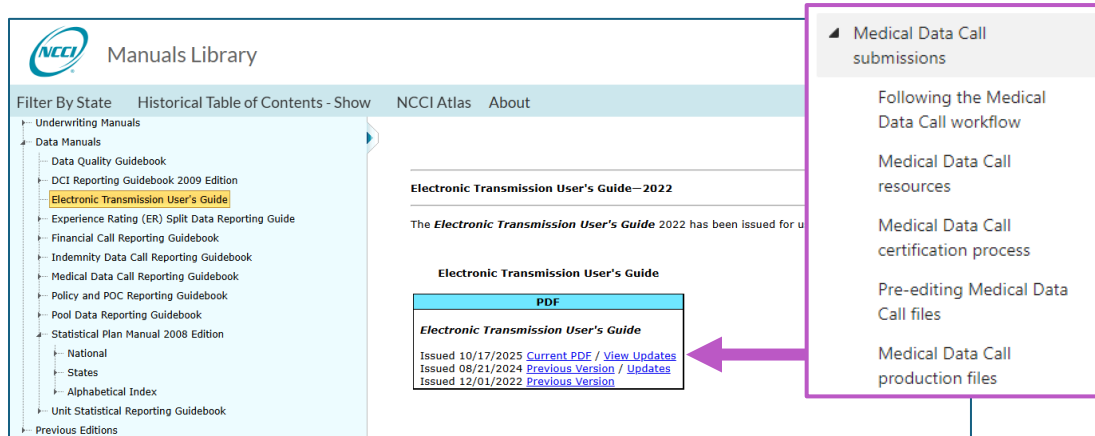
Submitting Medical Data Files

File Naming Conventions

- Production Bill Line—medical.30charactersmax.txt
- Certification Bill Line—medical.30charactersmax.tst
- Production KFC—medkey.30charactersmax.txt
- Certification KFC—medkey.30charactersmax.tst

Requirements

- Valid Characters: 0–9, A–Z, dash (-), underscore (_), or period (.)
- The file must contain only one File Control Record
- # of records/headers in file must match File Control Record
- Maximum record length is 350 bytes
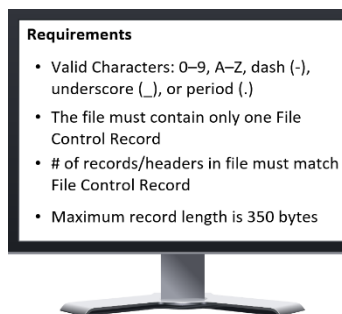
File Control Record

- Only one File Control Record is required for each file submitted to NCCI
- Place at the beginning or at the end of the Medical file
- The file provides:
  - Submission File Type Code (Original or Replacement)
  - Carrier Group
  - Reporting Quarter Code
  - Reporting Year
  - Record Total (**Note**: If this does not match the actual record count, NCCI will reject the file)

Introduction to Medical Data Call

Replacement File Use

Used for correcting major systemic programming issues.

Correcting a major systemic programming issue
Removes all records from Original File and adds records in Replacement File
Replaces a prior file using Submission File Type Code R
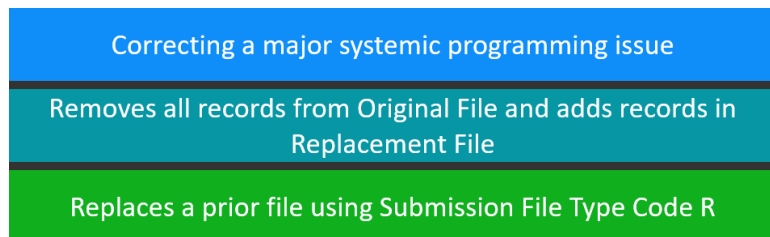
Do NOT use for minor data entry issues—use Replacement records instead

Replacement File Examples

- The data provider reported all Transaction Dates in the file as the date the records were submitted to NCCI, instead of the date the transactions occurred
- The data provider reported all ICD Diagnostic Codes missing the decimal point, and the spacing in the file is incorrect

Certification/Testing

Meets Requirements → Recertification → Process/FTP Connection → Edits Applied as if in Production → Each Carrier Group Must Pass
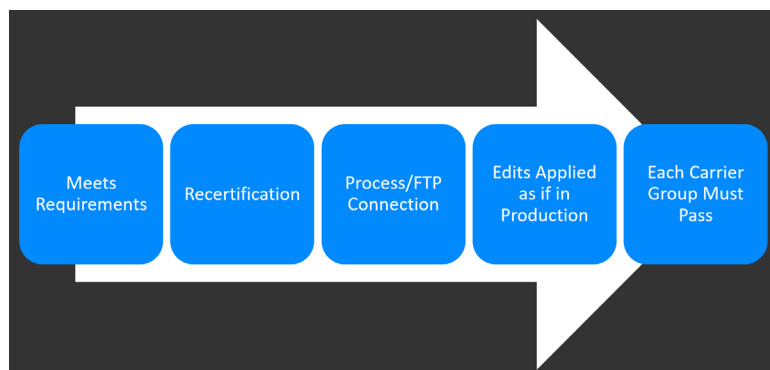
Certification testing ensures that test data files meet minimum formatting and quality requirements prior to production reporting. System changes require recertification as indicated on the affiliation agreement.

With certification testing:

- Data will meet minimum formatting and quality requirements prior to production reporting
- Edits are applied to each test file as if it were received in production
- The submission process and connection to NCCI is tested
- Edits are applied to test data as if it were production data
- Each carrier group MUST pass certification before they are approved to submit production data

Introduction to Medical Data Call

- .TST Extension
- Edits Applied as if Production Edit
- Use Real/Production Data

Contact Your Validator!

Certification Process

Three-step process:

1 Required forms are completed and submitted.

2 Test file is created and submitted.

3 Approved for production.
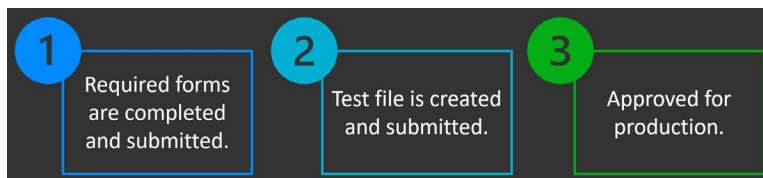
Medical Data Provider (MDP) Requirements

Steps required before reporting Medical data to NCCI:

- Data Provider Profile Form: For carriers that will be utilizing a third party administrator (TPA), vendor, or other outside MDP
- Service Provider Agreement: Authorizes the TPA or vendor to act on the affiliate's behalf
- Service Provider Data Tool Access Addendum: Attached to the Service Provider Agreement, it provides access to the data reporting tools and identifies the level of access

⚠ Contact NCCI's Customer Service Center at 800-**NCCI**-123 to verify that appropriate authorization is on file.

Pre-Edit

- Medical.30characters.tst
- Medkey.30characters.tst

- Edited as if Production data
- Results in *MDC* tool
- Submission and Quality Tracking at file level

Contact Your Validator!

Medical Data Call Editing and Validation

Editing Flow
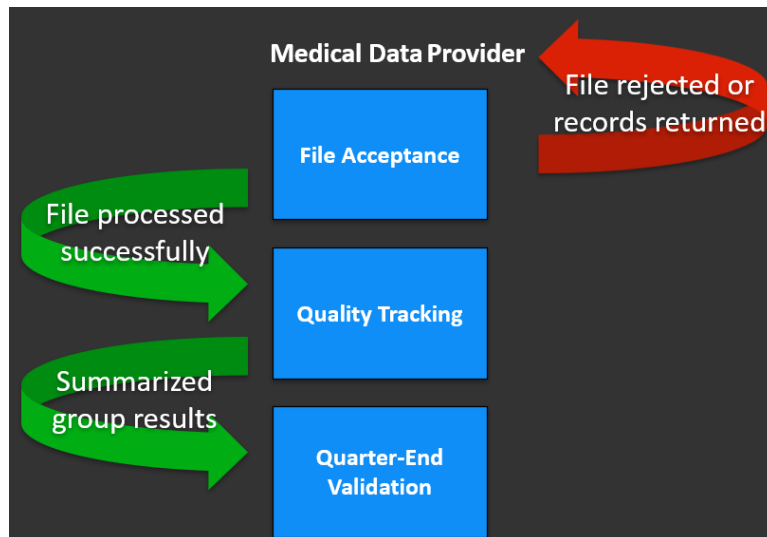
Within the *MDC* tool on **ncci.com**, the Submission Tracking page under the Manage My Data menu will provide a list of individual file submissions for a Received Date or Quarter/Year selected.
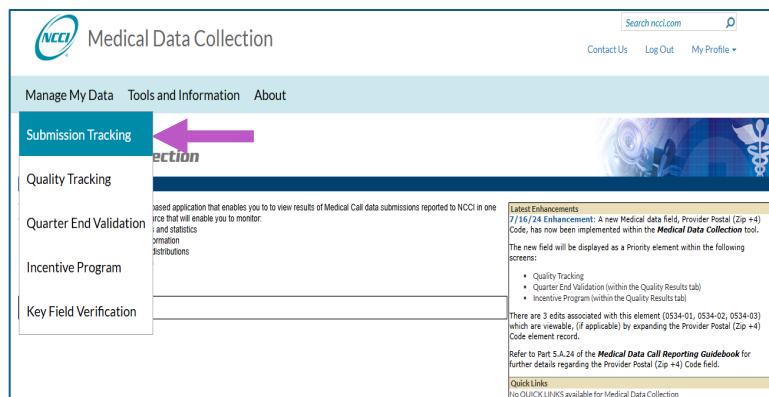
Submission Tracking with submission status is displayed.

Manage My Data	Tools and Information	About

Submission Tracking

Provider ID 99990   Qtr/Year Select ⌄ / (Current Qtr/Year - 4 Qtr/2024)

Received Date(s) (mm/dd/ccyy) 10/1/2024 Thru   Submission Status All ⌄   Submission Type All ⌄   Search   Clear Search

Data as of 10/23/2024   99990 - NCCI INC   Received Dates From 10/1/2024

Submission Status All

13 Items in 2 pages

#	Med Data Prvdr ID	Rpt Qtr/Yr	Sbmn Status	Trans Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	File Name	User ID	NCCI Trkng Nbr
1	99990	3Q -	Rejected	Production	Key Field Change	10/21/2024 16:44:08	10/21/2024 18:32:29	KFC1JSMEDFILEDTVILITAFORDXXXXX	medkey.js_qa51_99990.txt	1129470	5326248
2	99990	3Q -	Rejected	Certification	Key Field Change	10/21/2024 16:43:48	10/21/2024 17:25:32	KFC1JSMEDFILEDTVIGLORIAESTEFAN	medkey.js_qa51_99990.tst	1129470	5326247
3	99990	1Q -	Rejected	Production	Original	10/21/2024 16:43:04	10/21/2024 17:10:33	JSMEDFILE99990GUITARAYMUSICAXX	medical.js_qa21e_99990.txt	1129470	5326246
4	99990	1Q -	Rejected	Certification	Original	10/21/2024 16:42:32	10/21/2024 16:59:28	JSMEDFILE99990CHRISCORNELLXXXX	medical.js_qa21e_99990.tst	1129470	5326245
5	99990	3Q - 2023	Rejected	Certification	Original	10/17/2024 14:54:36	10/17/2024 14:54:33	JSMED4DTVI_STS_UPGRDXXXXXXXXXX	medical.js_qa252a_99990.tst	1129470	5325076
6	99990	3Q - 2023	Rejected	Certification	Original	10/17/2024 14:42:41	10/17/2024 14:43:32	JSMED4DTVI_STS_AUDTXXXXXXXXXXX	medical.js_qa252a_99990.tst	1129470	5325065
7	99990	4Q - 2022	Completed	Production	Original	10/15/2024 08:49:44	10/15/2024 08:57:20	AUDTst5190320241150840	medical.0519_03_test_o2.txt	1289989	5323701
8	99990	4Q - 2022	Completed	Production	Original	10/15/2024 08:38:55	10/15/2024 08:46:16	AUDTst5190320241150828	medical.0519_03_test_c.txt	1289989	5323690
9	99990	4Q - 2022	Completed	Production	Original	10/15/2024 08:24:30	10/15/2024 08:32:15	AUDTst5190320241015	medical.0519_03_test.txt	1289989	5323679

Three States of Editing

File Acceptance	Quality Tracking	Quarter-End Validation
▪ Submission, field, relational edits ▪ Pass or reject and return file/records	▪ Field, logical, relational edits ▪ Count occurrences ▪ Results available for viewing in *MDC* tool	▪ Logical and relational edits, distributions ▪ Count occurrences are aggregated ▪ Results available for viewing in *MDC* tool

File Acceptance—File Rejected

Can NCCI process the file?

- File naming convention is valid
- Data provider is authorized to report Medical data
- Record length is correct and contains valid characters
- Contains a File Control Record with valid values
- Key fields are populated

File Acceptance—Records Rejected

Can NCCI process the records in the file?

- Carrier Code is valid
- Cancellation record must have an associated Original or Replacement record in the submission or on NCCI's database
- Replacement record must match a previously reported record in the submission or on NCCI's database

Quality Tracking

Are the formats and values valid?

- Formatting is correct by field class
- Date fields are formatted YYYYMMDD
- Data is reported and values are valid from jurisdiction-approved codes

⚠️ Example: Alpha fields are only A–Z or blank. Numeric fields are only 0–9.

Relational Edits

- Dates are in logical order (Policy, Accident, Service, Transaction)
- Conditional fields are reported when a condition exists
- Paid fields align with charged fields
- Primary field is reported when its associated secondary field is reported
- Original, Replacement, and Cancellation transactions occur in a logical order
- Transactions are reported in chronological order by Transaction Date

Edit Matrix

Edit Number	Data Field	Edit Message	Transaction Code	Edit Type	Stage of Editing
0505-02	Paid Amount	PAID AMOUNT EQUALS AMOUNT CHARGED BY PROVIDER.	01, 03	Logical	Quality Validation

Medical Data Call Reporting Guidebook
- Change Tracking Guide
- Part 1—Medical Data Call Reporting Guidebook
- Part 2—General Rules
- Part 3—Medical Data Call Structure
- Part 4—Record Layouts
- Part 5—Data Dictionary
- Part 6—Reporting Rules
- Part 7—Editing and Other Validation Procedures
- Part 8—Data Quality Programs
- Part 9—Appendix
- Manual in PDF Format
- Edit Matrix Access

Element Categories

! Critical—Elements necessary for a transaction to have value

Priority—Elements needed for legislative analysis

✓ Low—Elements used in specialized studies

Part 7 Editing Process

Quarter-End Validation

Three States of Editing

File Acceptance	Quality Tracking	Quarter-End Validation
▪ Submission, field, relational edits ▪ Pass or reject and return file/records	▪ Field, logical, relational edits ▪ Count occurrences ▪ Results available for viewing in *MDC* tool	▪ Logical and relational edits, distributions ▪ Count occurrences are aggregated ▪ Results available for viewing in *MDC* tool

Part 7 Editing Process

NCCI compares quarterly aggregate results and provides the distribution bar graphs, percentages, and counts. We will review aggregate distributions and expected edits for reasonability.

Is the data complete?

- Submission checked for completeness and reasonability
- Transaction counts for elements that failed edits are evaluated against a tolerance threshold based on the element and the element category
- Aggregate validation distributions
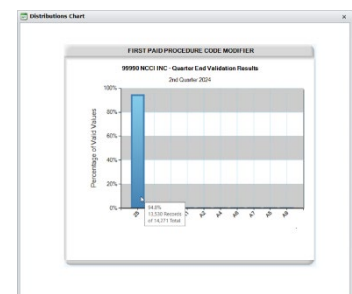
Introduction to Medical Data Call

Participating Independent Bureaus

Data Extracts
Compliance Reports

Completeness
- State
- Coverage Provider
- Medical Service—Pharmacy
- Service Date Distribution

Quality
- Critical Elements
- Priority Elements

Contact Us

- Contact your assigned validator directly
- Call our Customer Service Center
    - 800-**NCCI**-123 (800-622-4123), option 6
    - We're here to assist you Monday–Friday, 8:00 a.m. –8:00 p.m. ET
- Visit **ncci.com** and choose Contact Us, Email: Customer Service One-Day Response
    - Customer Service will respond to your request within 24 hours