# CMS-1500
# Guide for Electronic Submission Partners

2025

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NEW YORK STATE | Workers' Compensation Board

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## Welcome

To increase health care provider participation in the New York State workers' compensation system and improve injured workers' access to timely, quality medical care, the New York State Workers' Compensation Board (Board) made the strategic decision to adopt the *CMS-1500* form. The *CMS-1500* is already used by virtually all medical providers and insurance carriers. It is the universal claim form used to bill the Centers for Medicare and Medicaid Services (CMS), as well as health payers. This initiative leverages providers' current medical billing software and medical records while promoting a more efficient workers' compensation system.

Providers have indicated that the unique paperwork requirements currently in the workers' compensation system are time consuming to fulfill. Adoption of the *CMS-1500* form has enabled the Board to consolidate and eliminate certain medical billing forms, thereby reducing the administrative burden on health care providers. Careful review and discussion with various stakeholders confirm that the *CMS-1500* form is easy to use and provides all the necessary information, when supplemented by a medical narrative.

The Board has replaced the following forms with the *CMS-1500* form:

- *Doctor's Initial Report (Forms C-4, EC-4)*
- *Continuation to Carrier/Employer Billing Section (Form C-4.1)*
- *Doctor's Progress Report (Forms C-4.2, EC-4.2)*
- *Ancillary Medical Report (Forms C-4AMR, EC-4AMR)*
- *Doctor's Narrative Report (Form EC-4NARR)*
- *Occupational/Physical Therapist's Report (Forms OT/PT-4, EOT/PT-4)*
- *Psychologist's Report (Form PS-4)*
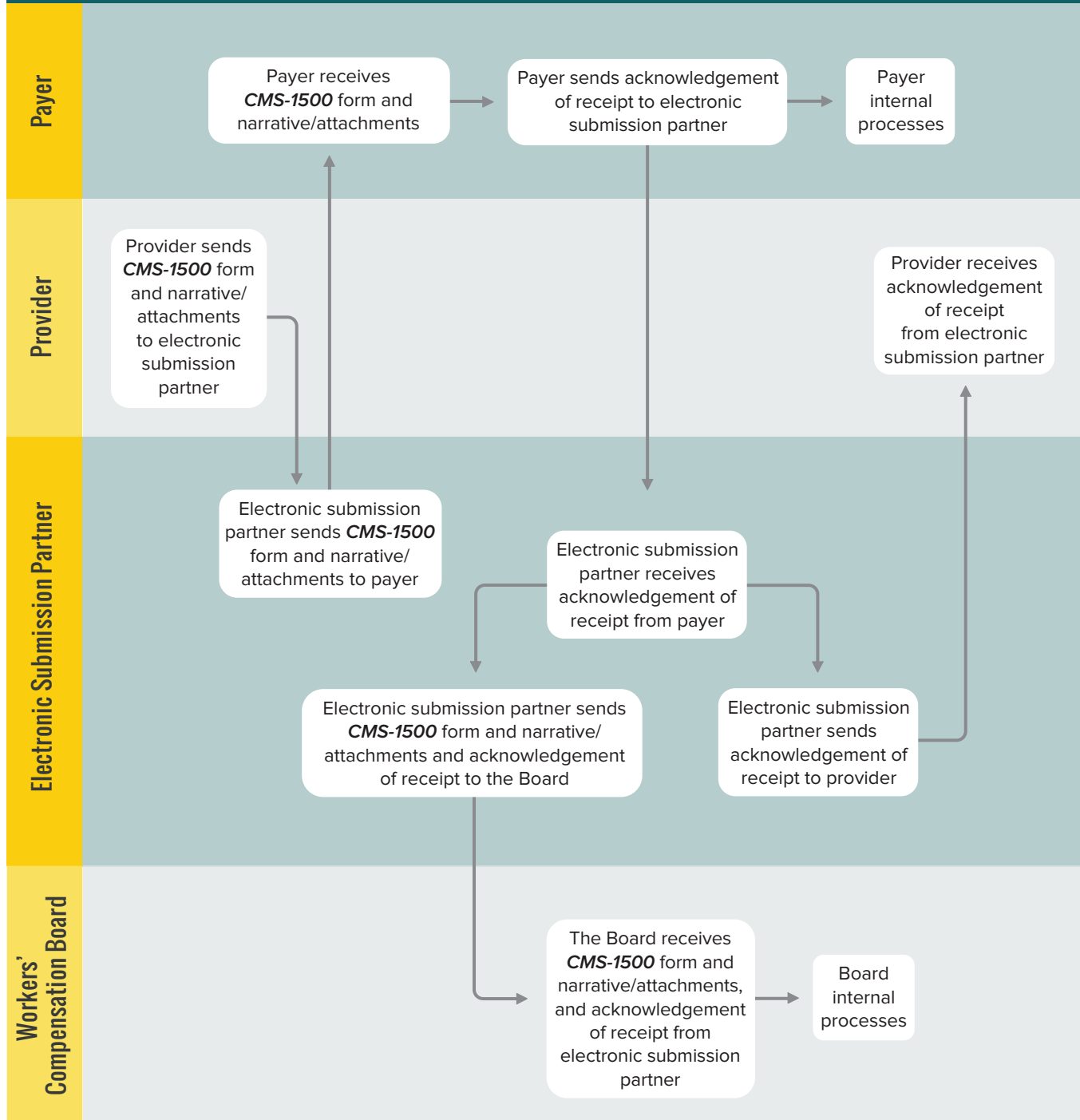- *Attending Ophthalmologist's Report (Form C-5)*

This document explains how to become an electronic submission partner (also known as XML submission partner) with the Board, approved to submit *CMS-1500* form data and attachments. Testing XML transactions that contain *CMS-1500* form data is required to ensure that there are no connectivity issues, and that the transactions are submitted without errors. If additional background information is needed regarding the *CMS-1500* initiative, please email the Board at **CMS1500@wcb.ny.gov**.

The New York State Workers' Compensation Board has developed a reference schema, which describes the data elements of the XML submission. An XML submission consists of a zip file submitted to the Board containing the discrete data described by the schema and all attachments. Attachments must be in binary format as a TIFF image. The *CMS-1500 XML Matrix* is provided as an attachment to this document. Upon completing the registration process, your organization will produce test files, and ultimately production files that will contain:

- XML rendering of the *CMS-1500* form
- TIFF image of the *CMS-1500* form
- TIFF image of the Medical Narrative

The data file produced must conform to the requirements of the *CMS-1500 XML Matrix.*

# CMS-1500 Electronic Submission Process

**Payer**

- Payer receives *CMS-1500* form and narrative/attachments
- Payer sends acknowledgement of receipt to electronic submission partner
- Payer internal processes

**Provider**

- Provider sends *CMS-1500* form and narrative/attachments to electronic submission partner
- Provider receives acknowledgement of receipt from electronic submission partner

**Electronic Submission Partner**

- Electronic submission partner sends *CMS-1500* form and narrative/attachments to payer
- Electronic submission partner receives acknowledgement of receipt from payer
- Electronic submission partner sends *CMS-1500* form and narrative/attachments and acknowledgement of receipt to the Board
- Electronic submission partner sends acknowledgement of receipt to provider

**Workers' Compensation Board**

- The Board receives *CMS-1500* form and narrative/attachments, and acknowledgement of receipt from electronic submission partner
- Board internal processes

# Overview of CMS-1500 Electronic Submission Process

Providers may transmit medical bills using the *CMS-1500* form (and required medical narratives, and/or attachments as applicable) through their electronic submission partners to workers' compensation payers or self-insured employers.

The *CMS-1500* form must be submitted with a detailed narrative report to be considered a valid submission. The Board has provided guidance on required medical narratives and attachments at the end of this document for your reference.

Workers' compensation payers will accept the *CMS-1500* form from electronic submission partners and return electronic acknowledgments of receipt of the *CMS-1500* form to the electronic submission partners. The electronic submission partners will then forward the acknowledgements (including receipt date) to the providers and the Board.

The Board will receive *CMS-1500* forms, narrative attachments, and payers' acknowledgments of receipt from electronic submission partners in a designated XML format. The *CMS-1500* data and narrative attachments received by the Board will be combined and displayed in the applicable claimants' WCB case folders.

The electronic submission partners are required to submit *CMS-1500* form data and narrative reports to the Board within the same time frame that the payer must submit its acceptance (within seven business days of receipt from the treating provider). When a *CMS-1500* form and narrative report are not accepted by the payer within seven business days, the electronic submission partner will be required to advise the provider and seek direction as to whether to continue electronic submission attempts or submit the *CMS-1500* form and the narrative report in an alternate format, e.g., mail or email. When a *CMS-1500* form and narrative report are sent to the payer in a non-EDI manner, the electronic submission partner must populate the Carrier Received Date as 19000101 in Field 19 and on the corresponding *CMS-1500* TIF file attachment.

The reporting requirements of the Workers' Compensation Law and its regulations, specifically 12 NYCRR §325-1.3, remain unchanged. Providers (and electronic submission partners on behalf of providers) are required to comply with these reporting requirements.

# Electronic Submission Partner Registration

All prospective electronic submission partners must register with the Board to submit the *CMS-1500* form electronically.

You can register on our website:

**wcb.ny.gov/content/ebiz/XMLSubmissions/xmlSubmissions_howtoreg.jsp**

# Testing and Approval

## Testing Overview

To be approved to submit the *CMS-1500* form in XML format, all electronic submission partners must successfully transmit test XML submissions to the Board. The goal of testing is to ensure that the Board receives the required *CMS-1500* form data and/or attachments during the electronic submission process. If required data, as documented by the XML schema, is not present on current medical claim forms for any given transaction, then this data will need to be added to the *CMS-1500* form transactions in the XML submission.

Electronic submission partners will receive two agreements after their registrations have been processed:

- *Test Agreement for Business Partners Submitting Medical Reports in XML Format* — An agreement between the electronic submission partner and the Board to test the submission of XML files. The submitter must return the signed and notarized *Test Agreement* to the Board prior to beginning the test phase.

- *XML Submission Partner Agreement for XML Submission of Form CMS-1500 Data and Medical Narrative Reports on Behalf of Health Care Provider* — An agreement

between the electronic submission partner and the Board to submit production XML files.

A listing of all approved electronic submission partners for the *CMS-1500* form is posted on the Board's website. After each entity successfully completes testing and executes an *XML Submission Partner Agreement* with the Board, their status will be updated on the list and they will be approved to submit production *CMS-1500* form data and medical narrative attachments. Electronic submission partners may present an executed copy of their *Electronic Submission Partner Agreement* to every treating provider who will use their filing service.

**To participate in the testing phase, the submitter must partner with payers and medical providers.** The medical provider's role during the test phase will be to submit production medical claim form data to the Board as they normally do, and, at the same time, make this production data available to the submitter. The submitter will create an XML submission from the production data and submit it to the Board to test.

## Develop Test Files & Provide to Board

The testing plan consists of Part 1: XML Submissions via Web Portal to test matrix rules; and Part 2: an optional XML Submission via sFTP to test communications. Part 1 has two cycles: Cycle 1 will test four scenarios; Cycle 2 is a

parallel test of 100 production records. The Part 1 test phases of the project must be successfully completed before the submitter may submit *CMS-1500* form data and medical narrative attachments for production.

## Develop Test Files & Provide to Board (cont'd)

**TEST PART 1: XML Submissions via Web Portal to Test Matrix Rules**

Part 1 of the testing phase will be accomplished in two cycles to manage the volume of transactions. The test files must pass 100% of expected results to proceed to the next testing phase.

| CYCLE 1 | |
|---|---|
| The electronic submission partner will develop a test file made up of four example scenarios noted below: | |
| ■ Services provided by authorized physician. | **wcb.ny.gov/CMS-1500/ CMS1500-Sample-MD.pdf** |
| ■ Services provided by self-employed physical therapist referred by authorized physician. | **wcb.ny.gov/CMS-1500/ CMS1500-Sample-PT.pdf** |
| ■ Services provided by an authorized physician assistant under the supervision of an authorized physician. | **wcb.ny.gov/CMS-1500/ CMS1500-Sample-PA.pdf** |
| ■ DME product ordered by authorized physician. | **wcb.ny.gov/CMS-1500/ CMS1500-Sample-DME.pdf** |

Upon successful completion of Cycle 1, the submitter will proceed to Cycle 2.

**CYCLE 2**

The electronic submission partner will send one test file that contains 100 complete records of production data. This data will be provided to the electronic submission partner by its medical provider customers. The medical providers should have already submitted this data to the Board and the respective payers.

The Cycle 2 test should include as many of these form types noted below as possible:

■ *Doctor's Initial Report*

■ *Doctor's Progress Report*

■ *Ancillary Medical Report*

■ *Occupational/Physical Therapist's Report*

■ *Psychologist's Report*

■ *Attending Ophthalmologist's Report*

**Cycle 2 testing should be completed within 120 days. During this time, the submitter will be provided with detailed exception reports that should be reviewed and corrected prior to submission of the next test file. If the submitter is not successful after multiple test file attempts, the Board may not consider that submitter again.**

**TEST PART 2: Optional XML submission via sFTP to test communications**

Part 2 of the test consists of re-transmitting the Part 1, Cycle 2 test file via sFTP to ensure connectivity. Once scheduled, testing and feedback should occur within the same day.

Once the test submissions pass, they will be queued to load for final cutover to production.

Please refer to the terminology section for more information regarding attachments.

# Test XML File Acceptance Criteria

A test XML submission is composed of multiple *CMS-1500* form transactions.

Each *CMS-1500* transaction in a test XML submission will earn a 1 (acceptable) or 0 (not acceptable). To earn a 1 for the transaction, all the criteria below must be met for that transaction:

- All <u>required</u> fields as specified in the schema must be provided.

- All <u>conditionally</u> required fields as specified in the schema must be provided.

- All <u>attachments</u> included in the corresponding production medical claim form must be included with the XML *CMS-1500* form transaction.

- All <u>data</u> contained in the corresponding production medical claim form must be included, and match 100%, with the corresponding XML *CMS-1500* form transaction.

If one or more of the criteria above is not satisfied, then the transaction will earn a 0.

# Zip File Requirements and Validation

The XML submission consists of a zip file containing a single XML file with at least one TIFF image file. The zip file format provides a simple container mechanism that eases management of all submissions. The XML file will describe one or more documents, each of which consists of discrete form data followed by zero or more attachments. An attachment can be a block of text (which is included in the XML file itself) or a TIFF image, which is included separately in the zip file. The submission will be transmitted to the Workers' Compensation Board via an encrypted (SSL) browser connection to the Board's website. Details on this connection will be described when the Board schedules you for testing. Immediately upon receipt of the submission, a set of overall integrity checks will be performed:

- Is the zip file valid?
- Is the included XML file valid, that is, does it conform to the schema?
- Is the set of included TIFF files complete — anything missing or unreferenced?
- Do the included TIFF files meet specific formatting requirements (Group 4 Fax format, 200dpi, black & white (color depth = 1), etc.)?

If the above criteria are satisfied, the submission is accepted for processing. If any of the above checks fail, the submission is immediately rejected.

During the Board's "batch window" (roughly 7 p.m. – 7 a.m.), all accepted submissions will be processed. Each document in a submission will be examined in detail to ensure the data meets requirements.

During the examination, cross-element edits, code lookups/verifications, medical provider authorizations, etc. will be performed on each document. For specific details, refer to *CMS-1500 Field Table Matrix for XML Submission* (**wcb. ny.gov/CMS-1500/CMS1500-FieldTableMatrix_ XMLSubmissionPartners.xlsx**). Upon completion, one of three statuses will be assigned:

| STATUS | MEANING |
|---|---|
| Accepted | Processed without errors or warnings (there is no text message associated with this status) |
| Accepted with Errors | Processed, but there was a problem with some aspect of the document (the associated text message will provide detail) |
| Rejected | Not processed (the associated text message will provide detail) |

For each document that is assigned one of the first two statuses, the discrete data elements and images will be stored in the appropriate repositories. Upon completion of submission processing, results will be made available to the electronic submission partner for download (formatted per the results.xsd schema). *Access to this file will be granted once the test is scheduled.*

# Terminology

**ATTACHMENT TYPES:**

- **Binary Attachment:** An electronic file in TIFF format that is included as part of the XML submission.

- **Text Attachment:** Additional text in ASCII format within the XML file, which must conform to the XML schema.

- **Electronic Attachments (binary and text):** Binary or text attachments that are included as part of the XML submission. They are associated with the discrete data provided in each respective *CMS-1500* form within the XML submission. The electronic attachments correspond to the separate paper documents that would be submitted with a paper *CMS-1500* form.

**ADDITIONAL TERMS:**

- **Medical Provider:** The author of the *CMS-1500* form data and attachments.

- **Production Form CMS-1500:** *CMS-1500* form, either electronic or paper, that is submitted to the Board's production Claims Information System to be processed as part of the claimant's case.

- **Submitter:** The company that is submitting the XML submission to the Board. This company is registered with the Board and executed an *XML Submission Partner's Agreement for XML Submission of Form CMS-1500 Data and Medical Narrative Reports on Behalf of Health Care Provider* attesting to authenticity of electronic signature.

- **Transaction:** A discrete *CMS-1500* form and all the corresponding data and attachments submitted with it.

- **XML Submission:** The zip file submitted to the Board containing the discrete data described by the schema and all attachments. Attachments may be text attachments (ASCII) contained within the schema or binary attachments (TIFF).

# Timelines

Once the registration process is complete and test files are developed, then testing can be scheduled. Please note for the table below, the items represent submissions that have no errors on the first attempt. The typical test schedule is as follows:

| TESTING SCHEDULE | | |
|---|---|---|
| Day 1 | Submit Part 1/Cycle 1 | Submission confirmed |
| Day 4 | Initial feedback provided to submitter for Cycle 1 | |
| Day 7 | Final feedback provided to submitter for Cycle 1 | TEST ACCEPTED - Submit Cycle 2 |
| | | TEST REJECTED - Submitter addresses feedback |
| Day 10 | Submitter retests Cycle 1 *(if previously rejected)* | Submission confirmed |
| Day 14 | Final feedback provided to submitter for Cycle 2 | TEST ACCEPTED |
| | | TEST REJECTED - Submitter addresses feedback |
| Day 20 | Submitter retests Cycle 2 *(if previously rejected)* | Submission confirmed |
| Day 22 | Final feedback provided to submitter for Cycle 2 *(retest)* | RETEST ACCEPTED |
| | | RETEST REJECTED - Submitter reschedules Cycle 2 for later date |
| Prepare for cutover to production | Part 2/Test load of all accepted files via sFTP | |

# Performance Reports

Once the electronic submission partner has completed testing and is approved to submit production XML files and attachments, the following reports will be generated to measure performance:

- Counts and percentage of acceptances vs. rejections (both payer and electronic submission partner)
- Rejection reasons included
- Response time of payer to acknowledge receipt of *CMS-1500* form submissions
- Provider submission volume

# Resources

- *CMS-1500* Form Example
- CMS-1500 XML Matrix. The matrix is available on the Board's website:
  **wcb.ny.gov/CMS-1500/CMS1500-FieldTableMatrix_XMLSubmissionPartners.xlsx**

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The New York State Workers' Compensation Board protects the rights of employees and employers by ensuring the proper delivery of benefits and by promoting compliance with the law. To learn more about the Board, visit **wcb.ny.gov**.