SECTION 6

CLAIMS RELEASE 3.0 STANDARDS DATA DICTIONARY

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SECTION 6
IAIABC CLAIMS RELEASE 3 STANDARDS: DATA DICTIONARY

INTRODUCTION

Code Values: Unused data element code values for any IAIABC standards product (Claims, Proof of Coverage, Medical) are reserved for future IAIABC use and may not be assigned and used for any proprietary purpose. Proposals to add new codes should be submitted through the IRR process

This dictionary contains some or all of the following information for every Claims Release 3 business and technical data element:

Definition: The meaning or purpose of the data element

Orig/Rev.: The date that the data element was originally created, followed by any revision dates, if applicable.

Record: An indication of which flat file the data element resides:
148 = First Report
R21 = First Report Companion Record
A49 = Subsequent Report
R22 = Subsequent Report Companion Record
AKC = Claims Acknowledgment Detail Record
ARC = Claims Re-Acknowledgment Detail Record
HD1 = Transmission Header Record
TR2 = Transmission Trailer Record

Format: The field length and type of the data element

Values: When applicable, a list of valid codes and their meaning. Refer to the Jurisdiction Value Table in their Edit Matrix for the codes that are excluded by each jurisdiction.

DP Rule: The data population (DP) rule for the data element. Implementation notes and other process rules for the data element are located in this section as well.

ACCIDENT/INJURY DESCRIPTION NARRATIVE – DN0038

Definition: A free form description of how the accident occurred and the resulting injuries.
Orig/Rev.: 08/09/95, 07/01/97
Record: R21
Format: 500 A/N (up to 10 occurrences of 50)

ACCIDENT PREMISES CODE – DN0249

Definition: A code to indicate the premises where the accident occurred.
Orig/Rev: 07/01/97, 04/24/03
Record: R21
Format: 1 A/N
Values: **E = Employer**
Accident occurred on employer's or lessor's premises.
L = Lessee
Accident occurred on lessee's premises.
X = Other
Accident occurred at a location other than the employer or lessee's premises.

ACCIDENT SITE CITY – DN0121

Definition: The city where the accident or injury occurred.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: Accident Site City cannot be required when Accident Site Location Narrative is used.

ACCIDENT SITE COUNTRY CODE – DN0280

Definition: A code to indicate the country where the accident or injury occurred
Orig/Rev: 03/01/03, 04/24/03
Record: R21
Format: 3 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
DP Rule: Accident Site Country Code cannot be required when Accident Site Location Narrative is used. Not required unless other than USA.
Values are 2 digit left-justified

ACCIDENT SITE COUNTY/PARISH – DN0118

Definition: The county or parish where the accident or injury occurred.
Orig/Rev: 07/01/97
Record: R21
Format: 20 A/N

ACCIDENT SITE LOCATION NARRATIVE – DN0119

Definition: A free form text field describing the address of the accident when the location is not post office identifiable.
Orig/Rev: 07/01/97, 04/24/03
Record: R21
Format: 50 A/N
DP Rule: Either an Accident Site Organization Name and physical address or an Accident Site Location Narrative can be required, but not both. Enough information must be sent to sufficiently identify the site. Accident Site Location Narrative cannot be required when Accident Site Street/City/State/Postal Code/Country is used.

ACCIDENT SITE ORGANIZATION NAME – DN0120

Definition: The name of the entity corresponding to the Accident Site Street/City/State/Country.
Orig/Rev: 07/01/97, 04/24/03
Record: R21
Format: 50 A/N
DP Rule: Accident Site Organization Name cannot be required unless the Accident Premises Code is equal to "L". If Accident Premises Code is equal to "E" or "X", Accident Site Organization Name cannot be required when Accident Site Location Narrative is used in lieu of Accident Site Address/City/State/Country.

ACCIDENT SITE POSTAL CODE – DN0033

Definition: The postal code for the location where the accident or injury occurred.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03
Record: 148
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

Accident Site Postal Code cannot be required when Accident Site Location Narrative is used.

ACCIDENT SITE STATE CODE – DN0123

Definition: A code to indicate the state where the accident or injury occurred.
Orig/Rev: 07/01/97, 04/24/03
Record: R21
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
DP Rule: Accident Site State Code cannot be required when Accident Site Location Narrative is used.

ACCIDENT SITE STREET – DN0122

Definition: The street address where the accident or injury occurred.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: Accident Site Street cannot be required when Accident Site Location Narrative is used.

ACKNOWLEDGMENT TRANSACTION SET ID – DN0110

Definition: Identifies the type of transaction being acknowledged.
Orig/Rev: 09/26/98, 07/12/02, 05/27/03
Record: AKC, ARC
Format: 3 A/N
Values: **148** – First Report
A49 – Subsequent Report

ACTUAL REDUCED EARNINGS – DN0124

Definition: The weekly wages of an employee who has returned to work with physical restrictions or reduced earnings.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

AGREEMENT TO COMPENSATE CODE – DN0075

Definition: A code identifying the condition under which compensation benefits are being paid.
Orig/Rev: 08/09/95, 07/01/97
Record: A49
Format: 1 A/N
Values: **W** = Without Liability
L = With Liability

APPLICATION ACKNOWLEDGMENT CODE – DN0111

Definition: A code used to identify the accepted/rejected status of the transaction being acknowledged.
Orig/Rev: 08/09/95, 07/01/97, 07/12/02
Record: AKC, ARC
Format: 2 A/N
Values: **HD = Batch Rejected**: Batch rejected in its entirety.
TA = Transaction Accepted: The transaction was accepted by the jurisdiction. No errors were found on the transaction.
TE = Transaction Accepted with Error: An error was found on an expected data element. A CO (Correction) should be submitted to resolve the error(s).
TN = Transaction Rejected by Service Provider: Fails Jurisdiction Mandatory Requirements
TR = Transaction Rejected: An error was found on a mandatory or mandatory conditional data element. The transaction was not accepted by the jurisdiction. A review of the error should take place to determine if the transaction should be resubmitted with the same MTC – correcting the error. If an error of duplicate transaction, invalid event sequence, etc. then resubmission may not be required.

AVERAGE WAGE – DN0286

Definition: The employee's pre-injury wage for the wage period as statutorily defined by the jurisdiction, including discontinued fringes and concurrent employer wages, if any.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 04/28/04
Record: R22
Format: $9.2
DP Rule: This amount may include commissions, piecework earnings, and other forms of income converted to a normal scheduled workweek, plus the estimated value of lodging, food, laundry and other payments in kind, as per jurisdictional requirements.

AWARD/ORDER DATE – DN0299

Definition: The date associated with an award, order, settlement or agreement as defined by the jurisdiction.
Orig.Rev: 04/30/04, 02/24/05
Record: R22
Format: 8 DATE
DP Rule: If required on a transaction, the most recent Award/Order Date should always be reported. If a jurisdiction does not accept all MTC's, it is possible that they will not receive all Award/Order Dates.
Jurisdictions requiring this data element should include in their Trading Partner Tables (all that apply):

- description of the type of award, order, settlement or agreement and the resulting filing requirements on their Event Table.
- description of the conditions that cause the element to be required on their Element Requirement Table.
- description of the data expected in the field on their Edit Matrix.

BENEFIT ADJUSTMENT CODE – DN0092

Definition: A code identifying reductions or increases applied to the Gross Weekly Amount resulting in a new Net Weekly Amount for a specific benefit type.
Orig/Rev: 06/07/95, 07/01/97, 04/24/03
Record: R22
Format: 4 A/N (BNNN)
B = Benefit Adjustment Code (See values below)
NNN = Benefit Type Codes (DN0085)
Values: **A = Apportionment/Contribution**
Weekly payment amount reduced for shared or partial liability(s).

B = Subrogation (Third Party Offset)
Weekly payment amount reduced for recovery from third party tort-feasor.

E = Employer Provided Pension
Weekly payment amount reduced for eligibility or payments under an employer provided pension program.

G = Age 65 Reduction
Weekly payment amount reduced after employee reaches age 65.

I = Intoxication
Weekly payment amount reduced due to employee's intoxication at the time of the injury.

J = Appeal Adjustment
Weekly payment amount reduced while case is on appeal.

L = Disability Insurance/Income
Weekly payment amount reduced for disability insurance/income eligibility or payment other than social security.

N = Non-cooperation: Rehabilitation, Training, Education, and Medical
Weekly payment amount reduced for non-cooperation/failure to comply with jurisdictional requirements.

Q = Illegally Employed Minor
Weekly payment amount increased for any minor less than 18 years of age whose employment has been shown to be illegal.

R = Social Security Retirement
Weekly payment amount reduced for eligibility for, or payments under, the Federal Old Age Survivors Act, 42 USC 402.

S = Social Security Disability
Weekly payment amount reduced for eligibility for, or payments under, the Federal Disability Act, 42 USC 423.

T = Acceleration of Benefits
Weekly payment amount increased over and above the compensation rate.

U = Unemployment Compensation
Weekly payment amount reduced for eligibility for, or payments under, unemployment compensation.

V = Safety Violation
Weekly payment amount reduced for safety violation(s).

W = Partial Wage Continuation
Weekly payment amount reduced for continuation of fringe benefits by the employer. (For example: room, board, health insurance, etc).

X = Death Benefit Reduction
Weekly payment amount reduced for eligibility for, or payment to survivors.

Y = Partial Reimbursement of Claimant Attorney Fees
Weekly payment amount increased to the employee for partial reimbursement of claimant attorney fees.

Z = 2 Years Continuous Disability
Weekly payment amount increased for employees who have been disabled for two continuous years and who are receiving a gross weekly amount, which is less than 50% of the jurisdiction average weekly wage for the year of injury.

1 = Cost of Living Adjustment
Weekly payment amount increased for cost of living adjustment.

2 = Fraud/Misrepresentation
Weekly payment amount reduced due to fraud/misrepresentation as defined by the jurisdiction.

BENEFIT ADJUSTMENT END DATE – DN0125

Definition: The last date through which the benefit adjustment was applied to the Benefit Type Code.
Orig/Rev: 07/01/97
Record: R22
Format: 8 DATE

BENEFIT ADJUSTMENT START DATE – DN0094

Definition: The first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code.
For acquired claims, the Benefit Adjustment Start Date will be the first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 03/15/05; 06/28/05, 11/22/05
Record: R22
Format: 8 DATE

BENEFIT ADJUSTMENT WEEKLY AMOUNT – DN0093

Definition: The weekly amount of benefit adjustment corresponding to the Benefit Adjustment Code.
Orig/Rev: 07/24/95, 07/01/97
Record: R22
Format: $9.2

BENEFIT CREDIT CODE – DN0126

Definition: A code identifying a reduction that is applied to the Gross Weekly Amount to yield a new Net Weekly Amount to recoup monies previously paid.
Orig/Rev: 07/01/97, 04/24/03
Record: R22
Format: 4 A/N (BNNN)
B = Benefit Credit Code (see values below)
NNN = Benefit Type Code (DN0085)
Values: **C = Overpayment**
Recoupment of benefits paid, but not due.

M = Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit
Claim administrator's liability for payment of certain benefits is reduced or fully offset because the employer provided excess payments to the worker (in excess of the weekly benefit amount) by agreement, as provided by jurisdiction.

P = Advance
Reimbursement of pre-paid benefit/advance.

BENEFIT CREDIT END DATE – DN0128

Definition: The last date through which the benefit credit was applied to the Benefit Type Code.
Orig/Rev: 07/01/97
Record: R22
Format: 8 DATE

BENEFIT CREDIT START DATE – DN0127

Definition: The first date of the uninterrupted period in which the current Benefit Credit Weekly Amount was applied to the Benefit Type Code.
For acquired claims, the Benefit Credit Start Date will be the first date of the uninterrupted period in which the current Benefit Credit Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator.
Orig/Rev: 07/01/97, 03/15/05; 06/28/05; 11/22/05
Record: R22
Format: 8 DATE

BENEFIT CREDIT WEEKLY AMOUNT – DN0129

Definition: The weekly amount of benefit credit corresponding to the Benefit Credit Code (DN0126).
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

BENEFIT PAYMENT ISSUE DATE - DN0192

Definition: For IP, AP, PY, RB: The date that the check that initiated the MTC is officially surrendered during business hours to a letter delivery organization; or available for pickup per agreement with the employee. For Sx MTC's, the Benefit Payment Issue Date is the date the last indemnity check was issued prior to the suspension. For CO transactions that have an MTCC of IP, AP, PY, or RB: the date of the check that initiated the IP, AP, PY, or RB that received a TE acknowledgment code.
Orig/Rev: 03/01/06
Record: R22
Format: 8 DATE

DP Rule: The Benefit Payment Issue Date is in the Benefits Segment. The equivalent of this data element in the Payments Segment is Payment Issue Date (DN0195). Refer to Variable Segment Population Rules (Benefits Segment and Payments Segment) in Section 4. The Steering Committee/EDI Council directed that Payment Issue Date (DN0195) (and the corresponding Benefit Payment Issue Date DN0192) was established for specified transactions only (IP, AP, PY, RB, Sx or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported.

For IP, AP, RB MTC's when No Payment Due - No Payment Issued - When no payment is due the claimant because Actual Reduced Earnings (DN0124), Deemed Reduced Earnings (DN0147) and/or Benefit Adjustment Weekly Amount(s) (DN0093) have resulted in a Net Weekly Amount (DN0087) of zero, the MTC Date should be used as the Benefit Payment Issue Date.

BENEFIT PERIOD START DATE – DN0088

Definition: For all MTC's that are initiating or reinstating a Benefit Type Code (AB, IP, RB, EP, ER, CB): The Benefit Period Start Date is the first date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code. For MTC AP and all subsequent MTC's filed on acquired claims, the Benefit Period Start Date is the first date of the uninterrupted period of benefit payments by the acquiring claim administrator that corresponds to the Benefit Type Code.
For MTC's (on non-acquired claims) that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, UR, and 04 if preceded by payment): The Benefit Period Start Date is the earliest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.

Orig/Rev: 03/11/94, 07/1/97, 04/26/03, 03/15/05, 11/22/05

Record: R22

Format: 8 DATE

DP Rule: One per Benefit Type Code used. Benefit Period Start Date should not be edited on full or partial settlements as they may vary considerably from one claim administrator to the other.

BENEFIT PERIOD THROUGH DATE – DN0089

Definition: For all MTC's that are initiating or reinstating a Benefit Type Code (AB, AP, IP, RB, EP, ER, CB): The Benefit Period Through Date is the latest date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code.
For MTC's that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, and UR): The Benefit Period Through Date is the latest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.

Orig/Rev: 03/28/94, 07/1/97, 04/26/03

Record: R22

Format: 8 DATE

DP Rule: One per Benefit Type Code used. Benefit Period Through Date should not be edited on full or partial settlements as they may vary considerably from one claim administrator to the other.

BENEFIT REDISTRIBUTION CODE – DN0130

Definition: A code identifying that a portion of the Net Weekly Amount is directed to another party on behalf of the employee or beneficiary, but which does not reduce the Gross Weekly Amount or affect the Net Weekly Amount.
Orig/Rev: 07/01/97, 04/24/03
Record: R22
Format: 4 A/N (BNNN)
B = Benefit Redistribution Code (see values below)
NNN = Benefit Type Code (DN0085)
Values: **H = Court Ordered Lien**
A portion of the Net Weekly Amount which is being sent to another party on behalf of the employee as a result of a court order (i.e. Child Support)

K = Claimant Attorney Fees
A portion of the Net Weekly Amount which is being sent to another party on behalf of the employee in order to pay attorney fees.

BENEFIT REDISTRIBUTION END DATE – DN0132

Definition: The last date through which the benefit redistribution was applied to the Benefit Type Code.
Orig/Rev: 07/01/97
Record: R22
Format: 8 DATE

BENEFIT REDISTRIBUTION START DATE – DN0131

Definition: The first date of the uninterrupted period in which the current Benefit Redistribution Weekly Amount was applied to the Benefit Type Code.
For acquired claims, the Benefit Redistribution Start Date will be the first date of the uninterrupted period in which the current Benefit Redistribution Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator,.
Orig/Rev: 07/01/97, 03/15/05, 06/28/05, 11/22/05
Record: R22
Format: 8 DATE

BENEFIT REDISTRIBUTION WEEKLY AMOUNT – DN0133

Definition: The weekly amount of benefit redistribution corresponding to the Benefit Redistribution Code (DN0130).
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

BENEFIT TYPE AMOUNT PAID – DN0086

Definition: The cumulative paid to date amount for the Benefit Type Code(s) being reported.
For acquired claims, the Benefit Type Amount Paid will be the cumulative paid to date amount by the acquiring claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/24/05, 03/15/05
Record: R22
Format: $9.2
DP Rule: One per Benefit Type (DN0085) Code used. Not required for Benefit Type Code 240.

BENEFIT TYPE CLAIM DAYS – DN0091

Definition: The residual number of days after determining the Benefit Type Claim Weeks (DN0090).
For acquired claims, the Benefit Type Claim Days will be the residual number of days after determining the Benefit Type Claim Weeks paid by the acquiring claim administrator,.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/8/05, 02/24/05, 03/15/05, 11/22/05
Record: R22
Format: 1 N
Values: 0 through 6
DP Rule: One per Benefit Type Code used. Benefit Type Claim Days may not be required for Benefit Type Code 240, full or partial settlements, or lump sum payments with a Benefit Type Code of 5XX.

BENEFIT TYPE CLAIM WEEKS – DN0090

Definition: The cumulative number of whole weeks paid for a Benefit Type Code (DN0085) for all benefit periods.
For acquired claims, the Benefit Type Claim Weeks will be the cumulative number of whole weeks paid for a Benefit Type Code, by the acquiring claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/8/05, 02/24/05, 03/14/2005, 11/22/05
Record: R22
Format: 4 N
DP Rule: One per Benefit Type Code used. Benefit Type Claim Weeks may not be required for Benefit Type Code 240, full or partial settlements, or lump sum payments with a Benefit Type Code of 5XX.

BENEFIT TYPE CODE – DN0085

Definition: A code identifying the payment being made.
Orig/Rev: 09/16/94, 07/01/97, 04/26/03, 02/8/05
Record: R22
Format: 3 A/N
Values: **010 = Fatal**
Benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.

020 = Permanent Total
Benefits paid or payable for the loss of or the permanent loss of use of any body part or function, which renders the claimant unable to engage in any employment or occupation.

021 = Permanent Total Supplemental
Benefits paid to supplement permanent total benefits.

030 = Permanent Partial Scheduled
Benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of body that was injured subject to limitations set forth in the statute. This includes:

Wage loss without impairment – (Florida - accident dates of 08/01/79 through 12/31/93) Benefits paid or payable for injuries not resulting in permanent disability, but with an impairment rating of at least 1% and post-injury wages of less than 80% of the pre-injury wage.

Impairment income benefits – (Florida - accident dates 01/01/94 and subsequent) Paid scheduled Impairment Benefits on permanent partial claims.

Supplemental earnings without permanent partial – (Louisiana - accident dates of 07/01/83 and subsequent) Benefits paid or payable for injuries, which are not covered by permanent partial schedule that cause wage loss of at least 10%.

Scheduled Disabilities – Benefits paid or payable for injuries that specifically appear on the schedule.

Economic Recovery – (Minnesota - Accident dates of 01/01/84 and subsequent) Benefits paid or payable for permanent partial injuries not covered in the schedule.

040 = Permanent Partial Unscheduled
Benefits paid or payable for injuries to parts of the body not covered by a schedule. These benefits are payable for the claimant's actual wage loss or reduction in wage earning ability, subject to limitations set forth in the statute. This includes:

Supplemental Income Benefits - (Florida - accident dates of 01/01/94 and subsequent) Paid supplemental benefits after the expiration of Scheduled Impairment benefits on Permanent Partial claims.

Supplemental Earnings and Permanent Partial – (Louisiana - accident dates of 07/01/83 and subsequent) Benefits paid or payable for the anatomical loss of use of 25% loss of physical function of a member, in addition to permanent partial benefits.

Other Partial Disability – Benefits paid or payable for injuries not appearing on the schedule.

050 = Temporary Total
Benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover, and which period precedes the date of maximum medical improvement.

051 = Temporary Total Catastrophic
Temporary Total Benefits (defined in 050 above) paid for catastrophic injuries.

070 = Temporary Partial
Benefits paid or payable for the period during which the claimant, as a result of disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving or is entitled to receive a reduced rate of pay, and which period precedes the date of maximum medical improvement.

080 = Employers Liability
Reports the indemnity loss portion of Employer's Liability.

090 = Permanent Partial Disfigurement
Benefits paid or payable for any scarring or cosmetic defect.
Includes:

Impairment Without Wage Loss - (Florida - accident dates of 08/01/79 through 12/31/93) Benefits paid or payable for amputation, loss of 80% or more of vision of either eye after correction, or serious facial or head disfigurement resulting from an injury, not resulting in a Permanent Total award without any wage loss benefits.

Permanent Partial Without Supplemental Earnings – (Louisiana - accident dates of 07/01/83 and subsequent) Benefits paid or payable for permanent partial injuries without supplemental earnings.

Impairment Compensation – (Minnesota - accident dates of 01/01/84 and subsequent) Benefits paid pr payable for scheduled permanent partial injuries.

240 = Employer Paid Unspecified
Wages paid by the employer in lieu of compensation of an unspecified benefit type due.

242 = Employer Paid Vocational Rehabilitation Maintenance
Wages paid by the employer in lieu of Vocational Rehabilitation Maintenance compensation due.

250 = Employer Paid Temporary Total
Wages paid by the employer in lieu of Temporary Total compensation due.

251 = Employer Paid Temporary Total Catastrophic
Wages paid by the employer in lieu of Temporary Total Catastrophic compensation due.

270 = Employer Paid Temporary Partial
Wages paid by the employer in lieu of Temporary Partial compensation due.

410 = Vocational Rehabilitation Maintenance
Weekly maintenance benefits paid while the claimant is participating in vocational rehabilitation program.

500 Unspecified Lump Sum Payment/Settlement
Lump sum payment/ settlement amount that cannot be assigned to a specific benefit type.

501 Medical Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, and/or future medical exposure.

510 Fatal Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.

520 Permanent Total Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid or payable for the loss of or the permanent loss of use of any body part or function which renders the claimant unable to engage in any employment or occupation.

521 Permanent Total Supplemental Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for permanent total supplemental benefits.

524 Employer Paid Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for wages paid by the employer in lieu of compensation of an unspecified benefit type due.

530 Permanent Partial Scheduled Lump Sum Payment/Settlement–
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of the body that was injured subject to limitations set forth in the statute. Includes, as described above in Benefit Type Code 030 Permanent Partial Scheduled: -- Wage Loss Without Impairment - - Impairment Income Benefits – Supplemental Earnings Without Permanent Partial – Scheduled Disabilities-Economic Recovery

540 Permanent Partial Unscheduled Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present or future liability for benefits paid or payable for injuries to parts of the body not covered by a schedule. These benefits are payable for the claimant's actual wage loss or reduction in wage earning ability, subject to limitations set forth in the statute. Includes, as described above in Benefit Type Code 040 Permanent Partial Unscheduled:- Supplemental Income Benefits - Supplemental Earnings and Permanent Partial - Other Partial Disability

541 Vocational Rehabilitation Maintenance Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for weekly maintenance benefits paid while the claimant is participating in a vocational rehabilitation program.

550 Temporary Total Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover and which period precedes the date of maximum medical improvement.

551 Temporary Total Catastrophic Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid for catastrophic injuries.

570 Temporary Partial Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability benefits paid or payable for the period during which the claimant, as a result of a disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving a reduced rate of pay and which period precedes the date of maximum medical improvement.

580 Employers Liability Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for the indemnity loss portion of employer’s liability.

590 Permanent Partial Disfigurement Lump Sum Payment/Settlement
Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid or payable for any scarring or cosmetic defect. Includes, as described above in Benefit Type Code 090 Permanent Partial Disfigurement: -- Impairment Without Wage Loss –Permanent Partial Without Supplemental Earnings - Impairment Compensation.

CALCULATED WEEKLY COMPENSATION AMOUNT – DN0134

Definition: The result of multiplying the employee's Average Wage (DN0286) by the statutory percentage and applying the minimum and maximum compensation amounts.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

CAUSE OF INJURY CODE – DN0037

Definition: The code corresponding to the cause of the injury based on the information available to the claim administrator.
Orig/Rev: 03/11/94, 07/01/97, 04/26/03
Record: 148
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
DP Rule: This code is subjective in nature and is assigned based on employer supplied text and other information available to the claim administrator. Minor differences between the code supplied and the text that supports the code should be expected based on the fact that the claim administrator is using additional information to meet their reporting needs.

CLAIM ADMINISTRATOR ALTERNATE POSTAL CODE – DN0200

Definition: The alternate postal code of the claim adjusting office handling the claim as defined by the jurisdiction.
Orig/Rev.: 03/09/06
Record: R21; R22; AKC; ARD
Format: 9 A/N
DP Rule: The 9-digit code associated with the Claim Administrator FEIN (DN00187). For the United States and its territories, this will be the USPS zip code.

CLAIM ADMINISTRATOR CITY – DN0012

Definition: The city of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev.: 06/07/95, 07/01/97, 04/30/04; 03/09/06
Record: 148
Format: 15 A/N

CLAIM ADMINISTRATOR CLAIM NUMBER – DN0015

Definition: An identifier for a specific claim within a claim administrator's claims processing system.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; A49; R22; R21; AKC; ARC
Format: 25 A/N
DP Rule: This data element shall not contain leading spaces or leading special characters. The number may contain embedded spaces and special characters.

CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE BUSINESS PHONE NUMBER – DN0137

Definition: The telephone number of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE E-MAIL ADDRESS – DN0138

Definition: The Internet E-mail address of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 80 A/N

CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE FAX NUMBER – DN0139

Definition: The fax number of the individual responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 10 A/N

CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE NAME – DN0140

Definition: The name of the individual working for the claim administrator that is responsible for handling the claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: 40 A/N
DP Rule: This field may be invalid or not available on a periodic or final if the claim administrator is not currently paying indemnity benefits. Jurisdictions recommend that this data element be updated upon the triggering of a new event. A claim representative name change does not require the triggering of a change transaction.

This field should be populated as follows:

- First name, middle initial, last name (no prefix or suffix) **with commas as the delimiters** (e.g., John,J,Smith)
- If there is no middle initial, a comma must be inserted in its place (leaving two commas between the first and last name) (e.g., John,,Smith)
- Only hyphens and apostrophes may be sent as special characters
- Multiple word first and last names must be separated by a space (e.g., Mary Jane,L,Smith or Mary,L,Smith Baker)
- Do not abbreviate words or use acronyms if there is enough room in the field to enter the entire name.

CLAIM ADMINISTRATOR COUNTRY CODE – DN0136

Definition: The country code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev.: 07/0197, 04/26/03, 04/30/04; 03/09/06
Record: R21
Format: 3 A/N
Values: See code list at: http://www.iaiabc.org/EDI/implementation.htm
DP Rule: Not required unless other than US.
Values are 2 digit left-justified

CLAIM ADMINISTRATOR FEIN – DN0187

Definition: The Federal Employer Identification Number of the entity licensed or allowed by a jurisdiction to adjust a claim.
Orig/Rev: 07/01/97, 04/26/03
Record: R21; R22; AKC; ARC
Format: 9 A/N
DP Rule: Always required. Claim Administrator FEIN may match Insurer FEIN.

CLAIM ADMINISTRATOR INFORMATION/ATTENTION LINE – DN0135

Definition: The name of the person, department or other information to facilitate delivery within the claim administrator's organization.
Orig/Rev: 07/01/97; 03/09/06
Record: R21
Format: 50 A/N
DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

CLAIM ADMINISTRATOR NAME – DN0188

Definition: The legal name of the entity adjusting the claim.
Orig/Rev: 07/01/97, 05/13/03
Record: R21; R22
Format: 40 A/N
DP Rule: Always required. Name may match Insurer Name if the insurance carrier or self-insured employer is administering the claim. Otherwise, it is the entity contracted to adjust the claim on behalf of the insurance carrier or self-insured employer.

CLAIM ADMINISTRATOR POSTAL CODE – DN0014

Definition: The postal code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev.: 08/09/95, 07/01/97, 04/30/04, 12/19/05; 03/09/06
Record: 148; A49; AKC; ARC
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

CLAIM ADMINISTRATOR PRIMARY ADDRESS – DN0010

Definition: The address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev.: 06/07/95, 07/01/97, 04/30/04; 03/09/06
Record: R21
Format: 40 A/N

CLAIM ADMINISTRATOR SECONDARY ADDRESS – DN0011

Definition: The address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev.: 06/07/95, 07/01/97, 04/30/04; 03/09/06
Record: R21
Format: 40 A/N
DP Rule: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

CLAIM ADMINISTRATOR STATE CODE – DN0013

Definition: The state code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.
Orig/Rev.: 03/11/94, 07/01/97, 04/26/03, 04/30/04; 03/09/06
Record: 148
Format: 2 A/N
Values: See code list at: http://www.iaiabc.org/EDI/implementation.htm

CLAIM STATUS CODE – DN0073

Definition: A code representing the claim administrator's current status.
Orig/Rev: 06/07/95, 07/01/97, 04/26/03
Record: A49; R21
Format: 1 A/N
Values: **O** = Open
C = Closed
R = Re-open
X = Re-open/Closed

CLAIM TYPE CODE – DN0074

Definition: A code representing the current classification of the claim as interpreted by the jurisdiction.
Orig/Rev: 08/09/95, 07/01/97, 05/27/03, 02/08/05, 05/05/06
Record: A49; R21
Format: 1 A/N
Values: **M** = Medical Only
I = Lost Time/Indemnity
N = Notification Only
B = Became Medical Only
L = Became Lost Time/Indemnity

CONCURRENT EMPLOYER CONTACT BUSINESS PHONE NUMBER – DN0142

Definition: The phone number associated with the Concurrent Employer Name.
Orig/Rev: 07/01/97
Record: R22
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

CONCURRENT EMPLOYER NAME – DN0141

Definition: The legal name of an additional employer who employed the employee, independently of the employer associated with the injury, during the period when the injury occurred.
Orig/Rev: 07/01/97
Record: R22
Format: 40 A/N
DP Rule: This is the employee's additional employer at the time of injury which is not otherwise reported, e.g. regular, lessee, lessor, or joint liability employer.

CONCURRENT EMPLOYER WAGE – DN0143

Definition: The average wage the employee was earning at a concurrent employer at the time of the injury as calculated by the Claim Administrator or jurisdictional authority for the wage period.
Orig/Rev: 07/01/97, 04/26/03
Record: R22
Format: $9.2
DP Rule: The wage period for the concurrent employer is always equivalent to the Wage Period Code (DN0063) for the primary employer.

CURRENT DATE DISABILITY BEGAN – DN0144

Definition: The first qualifying day of disability in the current period of disability being reported.
Orig/Rev: 07/01/97, 05/27/03
Record: R22
Format: 8 DATE
DP Rule: This date is used on subsequent periods of disability. An Initial Date Disability Began (DN0056) should have already been sent, or the Current Date Disability Began should represent a subsequent period of disability in the same transaction, i.e., waiting period (see non-consecutive period code).

CURRENT DATE LAST DAY WORKED – DN0145

Definition: The last day worked prior to the first day of disability for a period subsequent to the first period of disability.
Orig/Rev: 07/01/97, 05/27/03
Record: R22
Format: 8 DATE
DP Rule: This date is used on subsequent periods of disability. An Initial Date Last Day Worked (DN0065) should have already been sent, or the Current Date Last Day Worked should represent a subsequent period of disability in the same transaction, i.e., waiting period (see non-consecutive period code).

CURRENT RETURN TO WORK DATE – DN0072

Definition: The date, following the most recent disability period, on which the employee actually returned to work, or was released to return to work, as identified by the Return to Work Type Code (DN0189).
Orig/Rev: 06/07/95, 07/01/97, 05/27/03
Record: A49
Format: 8 DATE
DP Rule: This date is used on subsequent periods of disability. An Initial Return to Work Date (DN0068) should have already been sent, or the Current Return to Work Date should represent a subsequent period of disability in the same transaction, i.e., waiting period (see non-consecutive period code).

DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF LOST TIME – DN0298

Definition: The date the claim administrator was notified or became aware that the employee was disabled beyond the waiting period and/or was entitled to indemnity benefits.
Orig.Rev.: 04/27/04
Record: R22
Format:: 8 DATE

DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF THE INJURY – DN0041

Definition: The earlier of the date(s) the claim administrator or the insurer first received notice of the accident or injury from any source.
Orig/Rev: 03/11/94, 07/01/97
Record: 148
Format: 8 DATE
DP Rule: If the notice of loss or occurrence is passed from one entity to another; i.e. Insurer to TPA, then the date reported will be the date that the first entity had knowledge of the occurrence, whether notification was by phone, fax, mail, or any other means.

DATE CLAIM ADMINISTRATOR NOTIFIED OF EMPLOYEE REPRESENTATION – DN0076

Definition: The date the claim administrator was notified that the employee or beneficiary has secured legal representation.
Orig/Rev: 06/07/95, 07/01/97
Record: A49
Format: 8 DATE
DP Rule: In California, this is the date the attorney lien was filed.

DATE EMPLOYER HAD KNOWLEDGE OF DATE OF DISABILITY – DN0281

Definition: The date the employer was notified or became aware of the employee's work-related disability/incapacity.
Orig/Rev: 12/01/02
Record: R21; R22
Format: 8 DATE
DP Rule: This date may be equal to or different than Date Employer Had Knowledge of the Injury (DN0040).

DATE EMPLOYER HAD KNOWLEDGE OF THE INJURY – DN0040

Definition: The earlier of the date that the accident was reported to the employer or the date that the employer had actual knowledge of an accident or injury.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 8 DATE

DATE OF INJURY – DN0031

Definition: For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition; unless otherwise defined by statute.
Orig/Rev: 03/11/94, 07/01/97
Record: 148; A49
Format: 8 DATE

DATE OF MAXIMUM MEDICAL IMPROVEMENT – DN0070

Definition: The date after which further recovery from or lasting improvement to an injury or disease can no longer be anticipated, based upon reasonable medical probability.
Orig/Rev: 03/11/94, 07/01/97
Record: A49
Format: 8 DATE

DATE PROCESSED – DN0108

Definition: The date that the receiver processed the detail transaction. Together with the time processed and a record sequence number, it will uniquely identify a specific acknowledgment detail record.
Orig/Rev: 08/09/95
Record: AKC; ARC
Format: 8 DATE

DATE TRANSMISSION SENT – DN0100

Definition: Actual date the batch of data was sent *to the receiver*.
Orig/Rev: 06/07/95, 07/01/97, 05/25/04
Record: HD1
Format: 8 DATE

DEATH RESULT OF INJURY CODE – DN0146

Definition: A code that indicates whether the worker's death was a result of the injury.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 1 A/N
Values: **Y** = Yes
N = No
U = Unknown

DEEMED REDUCED EARNINGS – DN0147

Definition: The estimated weekly wages an employee would have earned had they actually returned to work.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

DENIAL REASON NARRATIVE – DN0197

Definition: A description identifying reasons for denying a claim in its entirety or defending the assertion. The narrative may be used to present denial reasons not identified by code(s) or to provide a factual basis supporting and information for the denial reason(s) identified by codes(s). If both code and text are required, the narrative will contain only reasons in excess of the five codes, as text, and/or supporting information for any reasons submitted. Narrative reason will not include code values. The narrative will not be required to be a text equivalent of the denial reason codes. The narrative description will not invalidate a denial reason code.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 11/04/05
Record: R21; R22
Format: 150 A/N (up to 3 occurrences of 50)
DP Rule: This is only applicable on MTC 04, PD (or its corresponding CO), 02 or UR.

DEPENDENT/PAYEE RELATIONSHIP CODE – DN0097

Definition: The code identifying the relationship of the qualified dependent(s)/payee(s) to the deceased employee.
Orig/Rev: 09/16/94, 07/01/97
Record: A49
Format: 2 A/N (first position is relationship and second position is birth order)
Values: R = Relationship
2 = Widow
3 = Widower
4 = Son or Daughter
5 = Brother or Sister
6 = Mother or Father
7 = Disabled Child
8 = Jurisdiction Fund (e.g. Death Without Dependents Fund – CA, Subsequent Injury Fund – TX)
9 = Other
N = Numerical Birth Order
0 – 9 Birth order for each Relationship classification
(Use 0 when paying Jurisdiction Fund)
DP Rule: Both positions must be populated with values before being sent to the jurisdiction

DETAIL RECORD COUNT – DN0106

Definition: Total number of records sent as part of this batch. This count represents the number of records where the Record Type Qualifier is not equal to HD1 or TR2.
Orig/Rev: 08/18/94, 07/01/97
Record: TR2
Format: 9 N

DISCONTINUED FRINGE BENEFITS – DN0149

Definition: The amount of non-salary remuneration which the employer has discontinued as applicable to the calculation of benefits per the jurisdiction.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2

ELEMENT ERROR NUMBER – DN0116

Definition: A number to uniquely identify the edit performed on an element and is part of the error report.
Orig/Rev: 07/21/93, 07/01/97, 07/17/02
Record: AKC; ARC
Format: 3 A/N
DP Rule: Refer to Error Message Dictionary and Edit Matrix

ELEMENT ERROR TEXT – DN0291

Definition: A free form text conveying additional information regarding the error detected on the data element. It is part of the error segment.
Orig/Rev: 06/01/02
Record: AKC; ARC
Format: 50 A/N

ELEMENT NUMBER – DN0115

Definition: A unique number assigned to each data element and is part of the error segment. Abbreviation used "DN".
Orig/Rev: 08/18/94, 07/12/02
Record: AKC; ARC
Format: 4 A/N

EMPLOYEE AUTHORIZATION TO RELEASE MEDICAL RECORDS INDICATOR – DN0150

Definition: An indicator that the employee's written authorization to release medical records related to the injury is on file.
Orig/Rev: 07/01/97, 11/30/98
Record: R21
Format: 1 A/N
Values: **Y** = Yes
N = No

EMPLOYEE DATE OF BIRTH – DN0052

Definition: The date the employee was born.
Orig/Rev: 06/07/95, 07/01/97, 05/27/03
Record: 148; R22
Format: 8 DATE

EMPLOYEE DATE OF DEATH – DN0057

Definition: The date the employee died.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; A49
Format: 8 DATE

EMPLOYEE DATE OF HIRE – DN0061

Definition: The date the employee began his/her employment with the employer under whose coverage the claim is being filed. If there have been multiple periods of employment with the same employer, this would be the beginning date of the current employment period.
Orig/Rev: 03/11/92, 07/01/97, 05/22/03
Record: 148
Format: 8 DATE
DP Rule: If only employee's number of years employed is known, an appropriate date should be calculated using the Date of Injury month and 01 for the day.

EMPLOYEE EDUCATION LEVEL – DN0151

Definition: The highest number of years or equivalency level of formal education completed.
Orig/Rev: 07/01/97
Record: R22
Format: 2 N
Values: 12 = High School Grad/GED
NN = Actual grade of completion (e.g. 06, 15)

EMPLOYEE EMPLOYMENT VISA – DN0152

Definition: The number assigned to an endorsement to a passport, by the proper authority, to note examination of the passport, and authorization of the bearer to proceed.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

EMPLOYEE FIRST NAME – DN0044

Definition: The employee's legally recognized first name.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; R22
Format: 15 A/N
DP Rule: This field may only include a hyphen, apostrophe or multiple words if contained in the person's legally recognized last name.

EMPLOYEE GENDER CODE – DN0053

Definition: The code indicating the sex of the employee.
Orig/Rev: 03/11/94, 07/01/97, 05/28/03
Record: 148
Format: 1 A/N
Values: **M** = Male
F = Female
U = Unknown

EMPLOYEE GREEN CARD – DN0153

Definition: The number assigned by the United States Government and issued on an Official Document to foreign nationals permitting them to work in the United States. (Alien identification number).
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

EMPLOYEE ID ASSIGNED BY JURISDICTION – DN0154

Definition: A number assigned to the employee by the jurisdiction in the absence of the preferred identifier.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

EMPLOYEE ID TYPE QUALIFIER – DN0270

Definition: Identifies the employee ID being transmitted.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 1 A/N
Values: **A** = Employee ID Assigned by Jurisdiction (DN0154)
E = Employee Employment Visa (DN0152)
G = Employee Green Card (DN0153)
P = Employee Passport Number (DN0156)
S = Employee Social Security Number (DN0042)
DP Rule: There are five types of Employee ID numbers: Only one type can be sent. If SSN is known, it is preferred.

EMPLOYEE LAST NAME – DN0043

Definition: The employee's legally recognized last name.
Orig/Rev: 06/07/95, 07/01/97
Record: R21; R22
Format: 40 A/N
DP Rule: This field may only include a hyphen, apostrophe or multiple words if contained in the person's legally recognized last name.

EMPLOYEE LAST NAME SUFFIX – DN0255

Definition: The legally recognized last name suffix, which is used on legal documents (Jr., Sr., II, III etc.)
Orig/Rev: 07/01/97
Record: R21; R22
Format: 4 A/N

EMPLOYEE MAILING CITY – DN0048

Description: The city of the employee's mailing address.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 15 A/N

EMPLOYEE MAILING COUNTRY CODE – DN0155

Description: The country of the employee's mailing address.
Orig/Rev: 07/01/97
Record: R21
Format: 3 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
DP Rule: This code is required only if the employee country address is not in the US. Values are 2 digit left-justified

EMPLOYEE MAILING POSTAL CODE – DN0050

Description: The postal code of the employee's mailing address.
Orig/Rev: 06/07/95, 07/01/97, 12/19/05
Record: 148
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

EMPLOYEE MAILING PRIMARY ADDRESS – DN0046

Definition: The mailing address for the employee.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N

EMPLOYEE MAILING SECONDARY ADDRESS – DN0047

Definition: The mailing address for the employee.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

EMPLOYEE MAILING STATE CODE – DN0049

Definition: The state of the employee's mailing address.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm

EMPLOYEE MARITAL STATUS CODE – DN0054

Definition: A code indicating the employee's marital status as of the date of injury.
Orig/Rev: 03/11/94, 07/01/97, 05/28/03
Record: 148; R22
Format: 1 A/N
Values: **U** = Unmarried, Widowed, Divorced, Single
M = Married
S = Separated
K = Unknown

EMPLOYEE MIDDLE NAME/INITIAL – DN0045

Definition: The employee's legally recognized middle name or initial.
Orig/Rev: 06/07/95, 07/01/97
Record: R21; R22
Format: 15 A/N

EMPLOYEE NUMBER OF DEPENDENTS – DN0055

Definition: The number of individuals relying on the employee for economic support as defined by the jurisdiction's statute.
Orig/Rev: 03/11/95, 07/01/97
Record: 148; A49
Format: 2 N

EMPLOYEE NUMBER OF ENTITLED EXEMPTIONS – DN0213

Definition: The maximum number of exemptions that the employee is entitled to claim on their annual Federal Income Tax.
Orig/Rev: 07/01/97
Record: R22
Format: 2 N

EMPLOYEE PASSPORT NUMBER – DN0156

Definition: The number assigned to an officially recognized passport by a country's government to one of its citizens that authenticates the bearer's identity, citizenship, right to protection while abroad, and right to re-enter his or her native country.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 15 A/N

EMPLOYEE PHONE NUMBER – DN0051

Definition: The phone number where the employee can be reached.
Orig/Rev: 06/07/95, 07/01/97
Release: R21
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

EMPLOYEE SOCIAL SECURITY NUMBER RELEASE INDICATOR – DN0157

Definition: An indicator acknowledging Claim Administrator's receipt of the employee's written authorization to release the employee's Social Security Number. It is used when required by the trading partner (e.g. by statute).
Orig/Rev: 07/01/97
Record: R21
Format: 1 A/N
Values: **Y** = Yes
N = No

EMPLOYEE SSN – DN0042

Definition: An identification number, issued by the Social Security Administration, used to record an individual's reported wages or self-employment income.
Orig/Rev: 06/07/95, 07/01/97
Record: R21; R22
Format: 9 A/N

EMPLOYEE TAX FILING STATUS CODE – DN0158

Definition: The employee's federal tax filing status as of the date of injury used on the Internal Revenue Service tax forms.
Orig/Rev: 07/01/97
Record: R22
Format: 1 A/N
Values: **A** = Single
B = Single/Head of Household
C = Married/Filing Joint
D = Married/Filing Separate

EMPLOYER CONTACT BUSINESS PHONE NUMBER – DN0159

Definition: The business phone number of the intended contact, organization or individual.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

EMPLOYER CONTACT NAME – DN0160

Definition: The name of the intended contact organization, or individual.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

EMPLOYER FEIN – DN0016

Definition: The Federal Employer Identification Number (FEIN) of the employer where the employee was employed at the time of the injury.
Orig/Rev: 08/09/95, 07/01/97; 11/22/05
Record: 148; R22
Format: 9 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction)

EMPLOYER MAILING CITY – DN0165

Definition: The city of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: This may or may not be the official address at the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

EMPLOYER MAILING COUNTRY CODE – DN0166

Definition: The country of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 3 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.
This code is only required if the employer address is not in the US.
Values are 2 digit left-justified

EMPLOYER MAILING INFORMATION/ATTENTION LINE – DN0163

Definition: The name of the person, department, or other information, as provided by the employer to the claim administrator that facilitates delivery within the employer's organization.
Orig/Rev: 07/01/97
Record: R21
Format: 50 A/N
DP Rule: This may or may not be the official contact at the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.
This is a free form text field that cannot be edited by the jurisdiction.

EMPLOYER MAILING POSTAL CODE – DN0167

Definition: The postal code of the employer's mailing address as provided by the employer o the claim administrator.
Orig/Rev: 07/01/97, 12/19/05
Record: R21
Format: 9 A/N
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.
For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

EMPLOYER MAILING PRIMARY ADDRESS – DN0168

Definition: The primary address of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

EMPLOYER MAILING SECONDARY ADDRESS – DN0169

Definition: The secondary address of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.
The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

EMPLOYER MAILING STATE CODE – DN0170

Definition: The state of the employer's mailing address as provided by the employer to the claim administrator.
Orig/Rev: 07/01/97
Record: R21
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

EMPLOYER NAME – DN0018

Definition: The legal name of the business entity that is filing the claim, hired the employee and provided direction and remuneration to the employee at the time of injury; or as jurisdictionally defined for volunteers and other non-paid classes of employees. In a leasing situation, this would be the lessor.
Orig/Rev: 08/09/95, 07/01/97
Record: R21
Format: 40 A/N

EMPLOYER PAID SALARY IN LIEU OF COMPENSATION INDICATOR – DN0273

Definition: The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work-related injury.
Orig/Rev: 06/07/94, 07/01/97, 11/30/98, 04/28/04
Record: R21; R22
Format: 1 A/N
Values: **Y** = Yes
N = No
DP Rule: If the employer is reimbursed the full statutory amount for the benefit period paid by the employer, then the indicator should be re-set to "N".

EMPLOYER PHYSICAL CITY – DN0021

Definition: The city of the employer's facility where the employee was employed at the time of injury.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 15 A/N

EMPLOYER PHYSICAL COUNTRY CODE – DN0164

Definition: The country of the employer's facility where the employee was employed at the time of injury.
Orig/Rev: 07/01/97
Record: R21
Format: 3 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
DP Rules: This code is required only if the employer country address is not in the US.
Values are 2 digit left-justified

EMPLOYER PHYSICAL POSTAL CODE – DN0023

Definition: The postal code of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/95, 07/01/97, 12/19/05
Record: 148; R22
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

EMPLOYER PHYSICAL PRIMARY ADDRESS – DN0019

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/9, 07/01/97
Record: R21
Format: 40 A/N

EMPLOYER PHYSICAL SECONDARY ADDRESS – DN0020

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

EMPLOYER PHYSICAL STATE CODE – DN0022

Definition: The state of the employer's facility where the employee was employed at the time of the injury.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm

EMPLOYER UI NUMBER – DN0329

Definition: The unemployment insurance number assigned by the jurisdiction unemployment agency to each employer.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: Depending on the jurisdiction, this information may be difficult for claim administrators to report.

EMPLOYMENT STATUS CODE – DN0058

Definition: A code indicating the employee's primary work status at the time of the injury with the covered employer.
Orig/Rev: 03/28/94, 07/01/97, 05/27/03, 01/20/06
Record: 148; R22
Format: 2 A/N
Values: Hierarchy – In the event that two Employment Status Codes apply to an employee the topmost code in the following hierarchy will be reported, i.e., if employee is a part time seasonal worker, report as a seasonal worker.

C = Piece Worker indicates that the claimant was paid for employment according to the number of products/services completed or number of trips completed.

9 = Volunteer indicates that the injured worker is a volunteer for the covered employer and sustained a compensable injury, but the claim administrator will make no indemnity payments unless indemnity benefits are required based on concurrent employment. .

8 = Seasonal Worker indicates that the claimant was employed in a position dependent on or controlled by the season of the year.

A = Apprenticeship Full-time indicates that the claimant was bound by a legal agreement to work full-time for another in return for instruction in a trade or occupation.

B = Apprenticeship Part-time indicates that the claimant was bound by a legal agreement to work part-time for another in return for instruction in a trade or occupation.

1 = Regular/Full-time Employee indicates that the injured worker was employed on a full-time basis. (Schedule is comparable to other employees of the company and/or other employees in the same business or vicinity that are considered full-time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship or piece workers.

2 = Part-time Employee indicates that the injured worker was employed on a part-time basis and whose work history in the preceding months shows that the person worked on less than a full-time basis. This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship or piece workers.

3 = Unemployed/Not Employed indicates that the injured worker was not employed by the employer against whom the claim is submitted after the date of injury for reasons other than disability, strike, or retirement.

6 = Retired indicates that the claimant was in retirement after the time of injury (i.e. a claimant with black lung). This status is also used when reporting experience for retired season, volunteer, apprenticeship or piece worker.

4 = On Strike indicates that the injured worker was on strike after the time of injury. This status is also used when reporting experience for on strike seasonal, volunteer, apprenticeship, or piece workers.

5 = Disabled indicates that the injured worker (who is still working) had a disability unrelated to the new injury in this report. This status is also used when reporting experience for disabled seasonal, volunteer, apprenticeship, or piece workers.

7 = Other indicates that the claimant had an employment status other than those previously listed at the time of the injury.

Hierarchy	Name	Value
1	Piece Worker	C
2	Volunteer	9
3	Seasonal	8
4	Apprenticeship Full-Time	A
5	Apprenticeship Part-Time	B
6	Regular/Full-Time	1
7	Part-Time Employee	2
8	Unemployed/Not Employed	3
9	Retired	6
10	On Strike	4
11	Disabled	5
12	Other	7

ENTIRE BATCH/TRANSACTION - DN0000

Definition: DN0000 was created to express rejection of the entire batch or transaction and is communicated in the acknowledgment.

Batch: A batch is a set of records containing one header record, one or more detail transactions and one trailer record. Trading partner tables (Transmission Profile, Element Requirement Table, System Rules, Edit Matrix, etc.) should be used to determine batch edit rules. Any batch edit failure will cause the entire batch to be rejected. If a batch is rejected, the individual transactions within the rejected batch are not processed. If a batch is accepted, the process continues to validate detail transactions within the batch.

Transaction: A POC transaction consists of 1 or more 'Records' to communicate a policy event. Failure of edits on the "primary" record will cause "all" "related" records to be rejected. DN0000 is used to express the rejection of the "related" records.

Claims uses DN0000 to communicate rejections at the “batch” level only; DN0000 is not used for transaction level rejections.

POC:

- Failure of edits on the PC1 (primary) record will cause the PC2 (related) record(s) to be rejected. DN0000 is used to communicate the rejection of the related record.
- Failure of edits on the PC2 (related) record(s) may cause PC1 (primary) record to be rejected. DN0000 is used to communicate the rejection of the primary record.

Orig/Rev: 07/01/97, 05/07/04
Record: Not a DN located on a specific file layout. Used to communicate a batch or transaction error on AK1, AKC, AKP
Format: A/N 4
Values: 0000 = Entire Batch/Transaction
DP Rule: See Acknowledgment Scenarios in Section 3 for batch error examples.

ESTIMATED GROSS WEEKLY AMOUNT INDICATOR – DN0172

Definition: An indicator that the Gross Weekly Amount is based on an estimated wage.
Orig/Rev: 07/01/97, 11/30/98
Record: R22
Format: 1 A/N
Values: **Y** = Yes
N = No

FREE FORM TEXT – DN0113

Definition: An unstructured field conveying a trading partner’s transaction review comments.
Orig/Rev: 08/18/94, 07/01/97
Record: AKC; ARC
Format: 60 A/N

FULL DENIAL EFFECTIVE DATE – DN0199

Definition: The date from which the claim administrator is denying all benefits for the claim.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06
Record: R21; R22
Format: 8 DATE
DP Rule: This is only applicable on MTC 04 (or its corresponding CO), 02 or UR.

FULL DENIAL REASON CODE – DN0198

Definition: A code used to identify reasons for denying a claim in its entirety or defending that assertion.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06
Record: R21; R22
Format: 2 A/N
Values: **1** = No Compensable Accident
- **A** = Coming and going
- **B** = Horseplay
- **C** = Willful intent to injure oneself
- **D** = Does not meet statutory definition of accident
- **E** = Deviation from employment
- **F** = Recreational/social activity
- **G** = Traveling employee
- **H** = Subsequent intervening accident

2 = No Causal Relationship
- **A** = Idiopathic condition
- **B** = Pre-existing condition
- **C** = Stress non-work related
- **D** = No medical evidence of injury
- **E** = No injury per statutory definition

3 = No Coverage
- **A** = No employer/employee relationship
- **B** = Independent contractor
- **C** = Does not meet statutory definition of employee
- **D** = No jurisdiction
- **E** = No policy in effect on the date of accident
- **F** = Statute of limitation expired
- **G** = Statutory exemptions (sole proprietor, corporate officer etc)
- **H** = Elected other coverage (24 hour, collective bargaining, opted out)

4 = Substance Use/Abuse
- **A** = Injury primarily occasioned by intoxication or use of any drug
- **B** = Substance use/abuse, violation of drug-free work place policy in effect

5 = Other (Not Elsewhere Classified)
- **A** = Failure to report accident timely
- **B** = Right to reserve
- **C** = Misrepresentation

DP Rule: If above code(s) and *Denial Reason Narrative* are approved for jurisdiction use, narrative will provide denial reasons for which there is no Full Denial Reason Code and/or supportive comments. Code fields will not be edited against the narrative. The Full Denial Reason Code may occur up to five times. This is only applicable on MTC 04 (or its corresponding CO), 02 or UR.

FULL DENIAL RESCISSION DATE – DN0196

Definition: The date a previous denial was revoked.
Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06
Record: R22
Format: 8 DATE
DP Rule: This is only applicable on MTC IP, AP, PY, RB, EP, ER, CD, VE, (or their corresponding CO), 02 or UR. This may also be applicable on MTC FN, AN, BM, BW, MN, QT, or SA if the claim administrator is rescinding a "Medical Only" denial.

FULL WAGES PAID FOR DATE OF INJURY INDICATOR – DN0066

Definition: Indicates whether the employer paid full wages for the date of the accident/injury or illness.
Orig/Rev: 03/11/94, 07/01/97, 11/30/98
Release: 148; R22
Format: 1 A/N
Values: Y = Yes
N = No

GROSS WEEKLY AMOUNT – DN0174

Definition: For MTC's IP, CA, CB, AP, AB, 02, CO, RB, RE, PY (Benefit Type Code 0XX series only): The weekly benefit amount due for a benefit type which is based on criteria such as pre-injury wages, statutory percentage, maximum and minimum limits, number of dependents, temporary partial earnings, etc (as determined by jurisdiction rule). Gross Weekly Amount always excludes the application of any adjustments, credits or redistributions.

For MTC's EP and ER only (other than Benefit Type Code 240): The gross weekly amount of the workers' compensation benefit the employee would be receiving instead of salary paid in lieu of compensation benefits by the employer as continued wages.

Orig/Rev: 07/01/97, 05/27/03, 02/8/05, 02/24/05
Record: R22
Format: $9.2
DP Rule: Refer to *Variable Segment Population Rules (Benefit Segment)* in Section 4
In the event of an acquired claim, the current claim administrator would report the gross weekly amount as it applies to their own payments rather than the previous claim administrator's payments. This is a benefit level amount and may be different than the Calculated Weekly Compensation Amount (DN134).

Temporary Partial (or other benefit types where the claimant's current weekly earnings reduce the Gross Weekly Amount) – The Gross Weekly Amount will represent the most current Temporary Partial rate for which benefits were paid.

GROSS WEEKLY AMOUNT EFFECTIVE DATE – DN0175

Definition: For MTC's IP, CA, CB, AP, AB, 02, CO, RB, RE, PY (Benefit Type Code 0XX series only): The date the gross weekly amount became effective. For Gross Weekly Amount Effective Dates for different types of temporary benefits, see the DP Rules below.

For MTC's EP and ER only (other than Benefit Type Code 240): The date the Gross Weekly Amount became effective if the employee is receiving salary paid in lieu of compensation benefits by the employer as continued wages.

Orig/Rev: 07/01/97, 05/28/03, 02/8/05, 02/24/05
Record: R22
Format: 8 DATE
DP Rule: Refer to *Variable Segment Population Rules (Benefit Segment)* in Section 4
This date should never be prior to the date of accident

Temporary Total (Standard Claim) – The initial Gross Weekly Amount Effective Date will be the Date of Injury.

Subsequent Temporary Total effective dates – If the Gross Weekly Amount changes, its effective date will reflect the first date that payments could have been paid at that amount, regardless of that date being a scheduled work day.

Temporary Partial (or other benefit types where the claimant's current weekly earnings reduce the Gross Weekly Amount) – The Gross Weekly Amount Effective Date will represent the most current Temporary Partial rate and date reported for which benefits were paid, and should be the first date that payments were made at this amount. (e.g. the first day of a benefit week).

Temporary Total (Acquired Claim) – The initial Gross Weekly Amount Effective Date will be the date the acquiring claim administrator assumed responsibility for handling the claim.

INDUSTRY CODE – DN0025

Definition: The code representing the nature of the employer's business which is contained in the industrial classification manual published by the Federal Office of Management and Budget.
Orig/Rev: 03/11/94, 07/01/97, 12/01/99, 05/28/03, 04/08/05
Record: 148
Format: 6 A/N
Values: Federal Office of Management & Budget – most recent version of NAICS codes
DP Rule: It is recommended that the Industry Code (NAICS) be required as an element on Proof of Coverage reporting PRIOR to being required as a mandatory data element on Claims transactions. It is advised that claim administrators receive this data element from their policy reporting areas.

INITIAL DATE DISABILITY BEGAN – DN0056

Definition: The first day qualifying as a day of disability in the first period of disability. This will be the first day of the waiting period.
Orig/Rev: 08/09/95, 07/01/97
Record: 148; A49
Format: 8 DATE

INITIAL DATE LAST DAY WORKED – DN0065

Definition: The last day worked prior to initial disability entitlement.
Initial Date Last Day Worked must meet all of the following conditions:

- Must be in the course of employment
- Is not contingent on payment of wages
- Is on or after the Date of Injury
- Is on or before the Initial Date Disability Began
- Be the first such event in this claim

Orig/Rev: 08/09/95, 07/01/97
Record: 148; R22
Format: 8 DATE

INITIAL DATE OF LOST TIME – DN0297

Definition: The first day qualifying as a day of disability in the first period of disability after the waiting period requirements have been met.
Orig.Rev: 04/27/04
Record: R22
Format: 8 DATE

INITIAL RETURN TO WORK DATE – DN0068

Definition: The first date on which the employee was released to or actually returned to work at full or reduced wages.
Orig/Rev: 10/04/00
Record: 148; R22
Format: 8 DATE
DP Rule: This date could be equal to the Date of Injury if temporary partial benefits were initially paid.

INITIAL TREATMENT CODE – DN0039

Definition: A code identifying the extent of medical treatment received by the employee immediately following the accident.
Orig/Rev: 03/11/94, 07/01/97
Record: 148
Format: 2 A/N
Values: **0** = No medical treatment
1 = Minor on-site remedies by employer medical staff
2 = Minor clinic/hospital medical remedies and diagnostic testing
3 = Emergency evaluation, diagnostic testing, and medical procedures
4 = Hospitalization greater than 24 hours
5 = Future major medical/Lost time anticipated (i.e. hernia case)

INSOLVENT INSURER FEIN – DN0292

Definition: The Federal Employer Identification Number (FEIN) of the insolvent insurance company who no longer has financial responsibility for this claim.
Orig/Rev: 05/14/03
Record: R21; R22
Format: 9 A/N
DP Rule: This data element can only be required if the insurer is a Guarantee Fund.

INSURED FEIN – DN0314

Definition: The Federal Employer Identification Number (FEIN) corresponding to and uniquely identifying the insured.
Orig/Rev: 07/01/97
Record: R21; R22
Format: 9 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident)

INSURED LOCATION IDENTIFIER – DN0027

Definition: A code defined by the insured identifying the employer's location of the accident.
Orig/Rev: 06/07/95, 07/01/97, 05/16/03
Record: 148
Format: 15 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident)

INSURED NAME – DN0017

Definition: The named entity of the policy. Typically, the insured name is the parent company in a hierarchically structured organization.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident)

INSURED REPORT NUMBER – DN0026

Definition: A number assigned by the insured to identify a specific claim.
Orig/Rev: 03/11/94, 07/01/97, 12/19/05
Record: R21; A49; AKC; ARC
Format: 25 A/N
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident)
If this data element is included on any FROI/SROI transaction, it should be returned on the transaction's acknowledgment regardless of whether it is a data element collected by the jurisdiction.

INSURED TYPE CODE – DN0184

Definition: A code representing the kind of insurance arrangement held by the financially responsible party associated with the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 1 A/N
Values: **I** = Insured
S = Self-Insured
U = Uninsured
DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident)

INSURER FEIN – DN0006

Definition: The Federal Employer Identification Number (FEIN) of the insurance company, self-insured, or guarantee fund assuming the employer's financial responsibility for this claim.
Orig/Rev: 08/09/95, 07/01/97
Record: 148; A49; AKC; ARC
Format: 9 A/N
DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

INSURER NAME – DN0007

Definition: The legal name of the insurance company self-insured, or guarantee fund assuming the employer's financial responsibility for this claim.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 40 A/N
DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

INSURER TYPE CODE – DN0185

Definition: A code representing the type of entity providing financial responsibility for the claim.
Orig/Rev: 07/01/97, 05/22/03
Record: R21
Format: 1 A/N
Values: **I** = Insurer
S = Self-Insurer
G = Guarantee Fund

INTERCHANGE VERSION ID – DN0105

Definition: A composite field comprised of a batch type (positions 1-3), release number (position 4) and version number (position 5). Interchange Version ID is a data element located in the header record (HD1). It is used to identify the batch type, release and version of the transactions contained within the batch following the HD1 header through the trailer record (TR2). Batch type designates the type of transactions within a batch. Release number identifies the release level of the data of the record layout contained in the detail record that follow. Version number identifies the version level of the release.
Orig/Rev: 07/01/97, 12/31/02, 05/27/03
Record: HD1
Format: Batch Type 3 A/N
Release Number 1 A/N
Version Number 1 A/N
Values: **14830** = First Report of Injury; Release 3, Version 0
A4930 = Subsequent Report of Injury; Release 3, Version 0
AKC30 = Claims Acknowledgment Detail Record; Release 3, Version 0
ARC30 = Claims Re-Acknowledgment Detail Record, Release 3, Version 0

JURISDICTION BRANCH OFFICE CODE – DN0186

Definition: A number assigned by the jurisdiction identifying the branch/field office overseeing the handling of the claim.
Orig/Rev: 07/01/97
Record: R21; R22; AKC; ARC
Format: 2 A/N

JURISDICTION CLAIM NUMBER – DN0005

Definition: The number assigned by the jurisdiction to identify a specific claim.
Orig/Rev: 03/11/94, 07/01/97
Record: 148; A49; AKC; ARC
Format: 25 A/N

JURISDICTION CODE – DN0004

Definition: The code uniquely identifying the governing body or territory whose statutes apply.
Orig/Rev: 06/07/95, 07/01/97
Record: 148; A49
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm
plus list of non-state jurisdictions as follows:
UL = Long Shore & Harbor Workers' Compensation Act
U1 = Defense Base Act
U2 = Non-Appropriated Fund Instrumentalities Act
U3 = Outer Continental Shelf Act
U4 = War Hazards Compensation Act
FC = Federal Coal Mine Health & Safety Act
FE = Federal Employers Liability Act
M1 = Admiralty I & II

LATE REASON CODE – DN0077

Definition: A code, identifying the reason a payment/report was not made within a jurisdiction's time requirements.
Orig/Rev: 06/07/95, 07/01/97, 02/8/05, 05/05/06
Record: A49; R21
Format: 2 A/N
Values:

Delays
L1 = No excuse
L2 = Late notification, employer
L3 = Late notification, employee
L4 = Late notification, jurisdiction transfer
L5 = Late notification, health care provider
L6 = Late notification, assigned risk
L7 = Late investigation
L8 = Technical processing delay, computer failure
L9 = Manual processing delay
LA = Intermittent lost time prior to first payment
LB - Late notification/payment due to a Natural Disaster
LC - Late notification/payment due to an act of Terrorism

Coverage
C1 = Coverage lack of information

Errors
E1 = Wrongful determination of no coverage
E2 = Errors from employer
E3 = Errors from employee
E4 = Errors from jurisdiction
E5 = Errors from health care provider
E6 = Errors from other claim administrator/IA/TPA

Disputes
D1 = Dispute concerning coverage
D2 = Dispute concerning compensability in whole
D3 = Dispute concerning compensability in part
D4 = Dispute concerning disability in whole
D5 = Dispute concerning disability in part
D6 = Dispute concerning impairment

LUMP SUM PAYMENT/SETTLEMENT CODE – DN0293

Definition: A code describing the type of lump sum payment/settlement made.
Orig/Rev: 04/22/03, 02/8/05, 04/6/05, 02/08/06
Record: R22
Format: 2 A/N
DP Rule: This can only be required on MTC "PY" (or its corresponding CO), 02 or UR. Refer to the Lump Sum Payment/Settlement rules in section 4
Values: **SF - Settlement Full** - A settlement agreed upon by all parties to end past, present and future liability of all benefits. No future indemnity or medical benefits are due.
DP Rule: The Payment Reason Code equating to the Benefit Type Code 5XX would be used to report the benefits settled. The jurisdiction would **not** be able to calculate the accuracy of the payment. A claim administrator is not expected to pay any future benefits on this case.

SP – Settlement Partial - A settlement agreed upon by all parties to end past, present and future liability of all indemnity benefits but not medical, OR all medical benefits after indemnity has previously been settled. No future indemnity is expected to be paid; however, medical benefits may remain open.
DP Rule: If the claim administrator had previously settled the indemnity and is now permitted to settle the medical, the partial settlement code may also be used to report the medical settlement (Payment Reason Code equating to Benefit Type Code 501). The Payment Reason Code equating to the Benefit Type Code 5XX would be used to report the benefits settled. The jurisdiction would **not** be able to calculate the accuracy of the payment.

AS – Agreement Stipulated - A lump sum payment, agreed upon by the parties, of one or more benefit types for one or more disputed periods of disability, which does not limit future liability. Future indemnity and medical benefits may be due.
DP Rule: The Benefit Type Code 0XX series would be used to report an agreement that specified a rate and time period (the jurisdiction should be able to calculate the accuracy of the payment). The Benefit Type Code 5XX series would be used to report an agreement that did not specify a rate and/or time period.

AW - Award – An adjudicated lump sum payment of one or more benefit types for a disputed period of disability, which does not limit future liability.
DP Rule: The Benefit Type Code 0XX series would be used to report an award that specified a rate and time period (the jurisdiction should be able to calculate the accuracy of the payment). The Benefit Type Code 5XX series would be used to report an award that did not specify a rate and time period, or if more than one rate was ordered.

AD - Advance - A lump sum payment of benefits in advance of when it is due. This may be recouped as a weekly credit against future benefits; or by resuming benefit payments at the end of the advanced period; or by discontinuing benefits prior to the statutory limit.
DP Rule: The Benefit Type Code 0XX series would be used to report an advance that specified a rate and time period. The Benefit Type Code 5XX series would be used to report an advance that did not specify a rate and time period.

MAINTENANCE TYPE CODE – DN0002

Definition: A code defining the specific purpose of individual records within the transaction being transmitted.

Orig/Rev: 08/09/95, 07/01/97, 11/30/98, 05/27/03, 02/8/05, 03/1/05, 04/08/05, 02/08/06

Record: 148; A49; AKC; ARC; R22 – refer to specific MTC

Format: 2 A/N

DP Rule: Refer to Variable Segment Population Rules and MTC Simplification Guide in Section 4 for valid MTC values within a batch and population Rules.

Values: **00 Original –** The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error or a claim that was previously cancelled.
Record: 148

01 Cancel – The original first report was sent in error.
Record: 148
DP Rule: A previous first report must have been filed before the 01 is sent and may be sent even after subsequent report(s) have been filed. Refer to *01 Cancel Processing Rules* in Section 4.

02 Change – The claim administrator initiates a Change (02) MTC when it identifies a change in a data element designated on the Element Requirement Table**.** Refer to *02 Change Processing Rules* in Section 4.
Record: 148; A49; R22
DP Rule:

- **Subsequent Report:** The "02" Maintenance Type Code should be used if the Average Wage (DN0286), Concurrent Employer Wage (DN0143), Calculated Weekly Compensation Amount (DN0134), Benefit Redistribution Weekly Amount (DN0133), or Gross Weekly Amount (DN0174) changes but the Net Weekly Amount (DN0087) does not change, unless it is in response to a "TE" (in which case a "CO" is used).If the Net Weekly Amount (DN0087) or Benefit Type Code (DN0085) changes, use the CA or CB Maintenance Type Code respectively, unless it is in response to a "TE" (in which case a "CO" is used).
- **First or Subsequent Report** - A transaction may not include changes to more than one "Match" Data element at a time in order to allow a match of the remaining values to the trading partner's records. Refer to the *Match Data Rules* in Section 4 and the Jurisdiction's Match Data Table.

04 Denial –

- **First Report** (FROI): The original/initial first report transmitted for a claim that is being denied in its entirety, including the re-transmission of a first report that was rejected due to a critical error or a claim that was previously cancelled.
- **Subsequent Report** (SROI): The entire claim is being denied after any FROI or any SROI has been filed.

Record: 148; A49; R22
DP Rule:

- If the jurisdiction does not accept electronic SROI's, a FROI 04 may be sent (whether or not payments have been made) after an establishing FROI.
- The 04 FROI is intended to function as a first report. If it is intended to also replace a jurisdiction's "denial" form, it should be indicated on the jurisdiction's Event Table

- If the jurisdiction accepts electronic SROI's, a SROI 04 must be sent to deny the claim in its entirety after the claim has been established (FROI).
- Depending upon the jurisdiction's requirements, the 04 SROI may act like a suspension when benefit(s) are being terminated at the time of the denial

AB Add Concurrent Benefit Type – Indemnity benefits are currently being paid and a concurrent benefit type is being added or reinstated.
Record: A49; R22 – Refer to Variable Segment Rules

AP Acquired/Payment - The claim administrator who acquired the claim has processed the first payment of indemnity benefits.
Record: A49; R22
DP Rule: A previous AQ or AU must have been filed.

AQ Acquired Claim – Minimal data sent to report that a new claim administrator has acquired the claim.
Record: 148
DP Rule: AQ or AU must always be the first filing on an acquired claim. If neither the claim administrator nor insurer has changed, but some match data has changed, a change MTC 02 is transmitted instead of an MTC AQ transaction.

AU Acquired/Unallocated – The equivalent of an initial first report (MTC 00) filed by new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table, or when the acquiring claim administrator is reopening a claim that was previously cancelled.
Record: 148
DP Rule: If neither the claim administrator nor insurer has changed, but some match data has changed, a change MTC 02 is transmitted instead of an MTC AU transaction.

CA Change in Benefit Amount – The Claim Administrator has identified that the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount. If the Net Weekly Amount is being changed in response to a TE, the CO MTC is used.
Record: A49; R22
DP Rule:

- A previous IP, AP or Subsequent Report UR has been filed.
- The CA Maintenance Type Code should be used if the Net Weekly Amount is changed after a Suspension and a check for the rate adjustment is being issued for the same Benefit Period Start and Through Dates that were reported on the previous Suspension (unless in response to a TE, in which case a CO MTC is used). No additional Sx MTC is due.
- The RB Maintenance Type Code should be used if the Net Weekly Amount changes after a Suspension and a check for the rate adjustment is being issued for a different Benefit Period Start and Through Date than was reported on the previous Suspension.
- The Net Weekly Amount (DN0087) may change due to re-calculation of the Gross Weekly Amount (DN0174), or changes to the adjustments and/or credits that affect the Net Weekly Amount but not the Gross Weekly Amount.

- If the Average Wage (DN0286), or Concurrent Employer Wage (DN0143) changes but the Net Weekly Amount (DN0087) does not change, the 02 Maintenance Type Code should be used.
- When the Gross Weekly Amount (DN0174) changes because of application of claimant's current weekly wages while receiving Temporary Partial benefits (Benefit Type Code 070), this will be reported on an RE (Reduced Earnings) transaction.

CB Change in Benefit Type – The Claim Administrator has identified that the Benefit Type Code (DN070) has changed from the previously reported Benefit Type Code without a break in continuity of benefits. If the Benefit Type Code is being corrected in response to a TE, the CO MTC is used.
Record: A49; R22
DP Rule: A previous IP, AP or Subsequent Report UR has been filed.

CD Compensable Death – No Known Dependents/Payees – The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation.
Record: A49
DP Rule: Filed to meet jurisdiction timeliness requirement as replacement for Initial Payment report.

If accepting compensability after full denial for a CD claim, the MTC CD would be used.

CO Correction – Corrected data element values are transmitted in response to a "TE" Application Acknowledgment Code.
Record: 148; A49; R22
DP Rule: "CO" (Correction) Maintenance Type Code is only sent in response to transaction "Accepted with Errors" (TE). Maintenance Type Code "02" is used when there is a change of an element designated on the trading partner tables. Transactions reported on an Acknowledgment Report as "Transaction Rejected" (TR) are corrected and re-sent as the original Maintenance Type Code in their entirety.

EP Employer Paid – The first report of payment of an indemnity benefit other than a lump sum payment/settlement that has been paid by the employer in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.
Record: A49; R22
DP Rule: A previous subsequent report may or may not have been filed.

ER Employer Reinstatement – The employer has resumed paying the injured employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.
Record: A49; R22
DP Rule: A previous subsequent report has been filed with a Maintenance Type Code of EP.

FN Final – Closed claim, no further payments of any kind anticipated.
Record: A49

IP Initial Payment – A claim administrator has issued the first payment of an indemnity benefit other than a lump sum payment/settlement.
Record: A49; R22
DP Rule:

- The Initial Payment transaction implies that indemnity benefit payments are ongoing.
- The IP may follow an EP or the suspension (Sx) of Employer Paid benefits if the claim administrator is making the initial payment of indemnity benefits other than a lump sum payment/settlement after the employer has been paying salary in lieu of compensation.
- The IP may follow a PY if the claim administrator is making the initial payment of indemnity benefits after the payment of a lump sum/settlement.
- First indemnity payments by the acquiring claim administrator on acquired claims are reported on the AP transaction.

P1 Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to Work – Payment(s) of one concurrent indemnity benefit have stopped because the injured employee has returned to work, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P2 Partial Suspension, Medical Non-Compliance – Payment(s) of one concurrent indemnity benefit have stopped because of medical non-compliance, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P3 Partial Suspension, Administrative Non-Compliance – Payment(s) of one concurrent indemnity benefit have stopped because of administrative non-compliance, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P4 Partial Suspension, Employee Death – Payment(s) of one concurrent indemnity benefit have stopped because of employee death, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P5 Partial Suspension, Incarceration – Payment(s) of one concurrent indemnity benefit have stopped because the employee has been incarcerated, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P7 Partial Suspension, Benefits Exhausted – Payment(s) of one concurrent indemnity benefit have stopped because limits of benefit or entitlement have been reached, and payment(s) of other indemnity benefits continues.
Record: A49; R22

P9 Partially Suspended Pending Settlement Approval – Payment(s) of one concurrent indemnity benefit have stopped pending settlement approval, and payment(s) of other indemnity benefits continues.
Record: A49; R22

PJ Partially Suspended Pending Appeal or Judicial Review – Payment(s) of one concurrent indemnity benefit have stopped pending appeal or judicial review and payment(s) of other indemnity benefits continues.
Record: A49; R22

PD Partial Denial – A specific benefit(s) has been denied.
Record: A49
DP Rule: A previous subsequent report may or may not have been filed. A previous First Report must have been filed.
MTC PD (Partial Denial) is not to be used in conjunction with the Full Denial data elements: Full Denial Reason Code, Full Denial Effective Date and Full Denial Rescission Date. Denial Reason Narrative can be used to further explain benefits being denied.

PY Payment Report – Identifies lump sum payment/settlement reports OR jurisdiction required reporting of the **first payment** of Other Benefit Type Codes for medical, funeral, penalty and attorney fees. This is not to be used for monitoring ongoing payments.
Record: A49; R22

RB Reinstatement of Benefits – Indemnity payments previously paid by the claim administrator have been resumed by the claim administrator, but the reinstated benefit type may or may not have been paid previously.
Record: A49; R22
DP Rule:

- A previous subsequent report must have been filed terminating all indemnity payments. Depending upon the jurisdiction's termination requirements, this could include an MTC Sx (Full Suspension), MTC 04 (SROI Full Denial) that is acting like a suspension when benefit(s) are being terminated at the time of the denial, or MTC FN (Final).
- The Benefit Type Code being resumed may or may not have been previously paid.

RE Reduced Earnings – The injured employee has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported.
Record: A49; R22
DP Rules: An IP or AP report has already been filed. The user must reference the trading partner agreement to determine when a submission is required. Reduced Earnings are transmitted upon payment of Temporary Partial Disability.

*****When a Temporary Partial Disability payment is made at the time of a claim event, such as Initial Payment, Change of Benefit, or Suspension, etc. the corresponding MTC (IP, CB, Sx, etc) is used. When Temporary Partial Disability earnings change, affecting the Partial disability weekly rate, the RE code is used

*****Whenever there is a change in the Temporary Partial amount owed, a new "RE" transaction that includes the reduced earnings segment is sent to the jurisdiction. The only exception is when the Temporary Partial amount changes to zero as a result of the injured worker's earnings meeting or exceeding the Average Wage. In that situation, an "RE" filing is not necessary until a Temporary Partial amount is actually paid (at that time, however, a reduced earnings segment must be sent covering all weeks from the Benefit Period Through Date on the previous transaction) or some other event occurs in the claim (i.e., suspension due to lifting of restrictions, etc.). (see *Variable Segment Population Rules* in Section 4)

S1 Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work - All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.
Record: A49; R22

S2 Suspension, Medical Non-Compliance – All payments of indemnity benefits have stopped because of medical non-compliance.
Record: A49; R22
DP Rule: Non-compliance of any party, relating to a medical issue. For example: employer, doctor, and employee. This includes vocational rehabilitation for those jurisdictions that consider vocational rehabilitation a medical benefit.

S3 Suspension, Administrative Non-Compliance – All payments of indemnity benefits have stopped because of administrative non-compliance.
Record: A49; R22
DP Rule: Non-compliance of any party, relating to a non-medical issue. For example: employer, doctor, and employee. This includes vocational rehabilitation for those jurisdictions that do not consider vocational rehabilitation a medical benefit.

S4 Suspension, Claimant Death – All payments of indemnity benefits have stopped because the employee has died.
Record: A49; R22
DP Rule: The Death Result of Injury Code (DN0146) will provide a determination as to whether the employee died as a result of a work-related injury.

S5 Suspension, Incarceration – All payments of indemnity benefits have stopped because the employee has been incarcerated.
Record: A49; R22

S6 Suspension, Claimant's Whereabouts Unknown – All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.
Record: A49; R22

S7 Suspension, Benefits Exhausted – All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.
Record: A49; R22

S8 Suspension, Jurisdiction Change – All payments of benefits for the jurisdiction receiving the S8 have stopped because the jurisdiction has been changed. The jurisdiction receiving the S8 should mark their claim as closed.
Record: A49; R22
DP Rule: When a claim is transferred to another jurisdiction after a payment(s) has been made, a Maintenance Type Code S8, Jurisdiction Change is used to submit a Subsequent Report to the original jurisdiction. Maintenance Type Code 00 is used to submit a First Report to the new jurisdiction. Maintenance Type Code "IP" with Late Reason Code "L4" (Late notification, jurisdiction transfer) is used to submit a Subsequent Report to the new jurisdiction.

S9 Suspended Pending Settlement Approval – All payments of indemnity benefits have stopped pending settlement approval.
Record: A49; R22

SD Suspension, Directed by Jurisdiction – All payments of indemnity benefits have stopped per jurisdiction order.
Record: A49; R22

SJ Suspended Pending Appeal or Judicial Review – All payments of indemnity benefits have stopped pending appeal or judicial review.
Record: A49; R22

UI Under Investigation – A determination has not yet been made as to whether this is a compensable claim. This MTC may be sent as the First Report.
Record: 148; A49

UR Upon Request – Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator.
Record: 148; A49
DP Rule: A separate Element Requirement Table "Upon Request Requirements" has been developed to assist jurisdictions in defining their requirements when a data call is necessary. The Requirement Table can be downloaded from http://www.iaiabc.org/EDI/implementation.htm.

VE Volunteer – The employee is a volunteer for the covered employer, and the claim administrator will make no indemnity payments.
Record: A49
DP Rule: Filed to meet jurisdiction timeliness requirement as replacement for Initial Payment report.
If accepting compensability after full denial for a VE claim, the MTC VE would be used.

Periodic Report Values – Periodic Reports are subsequent Reports that commence and terminate according to Trading Partner Table options, and repeat at specified intervals during the period.

AN Annual – Submitted at yearly intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

BM Bi-Monthly – Submitted at two-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

BW Bi-Weekly – Submitted at two-week intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

MN Monthly – Submitted at one-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

QT Quarterly – Submitted at three-month intervals based on the report trigger criteria column located on the jurisdiction's Event Table.
Record: A49

SA Sub-Annual – Submitted at timeframe(s) as defined on the jurisdiction's Event Table.
Record: A49

MAINTENANCE TYPE CODE DATE – DN0003

Definition: The date the Maintenance Type Code was moved to the transmission queue or flagged for transmission.
Orig/Rev: 03/11/94, 07/01/97, 09/26/98, 11/30/98, 09/03/03
Record: 148; A49; AKC; ARC
Format: 8 DATE

MAINTENANCE TYPE CORRECTION CODE – DN0295

Definition: The Maintenance Type Code from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).
Orig/Rev: 06/15/03
Record: R21; R22; AKC; ARC
Format: 2 A/N
Values: Maintenance Type Codes (DN0002) except "CO"
DP Rule: Refer to Error Correction Technical Rules in Section 4 for usage and processing of this data element. The Maintenance Type Correction Code must be populated with the Maintenance Type Code from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

MAINTENANCE TYPE CORRECTION CODE DATE – DN0296

Definition: The Maintenance Type Code Date from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).
Orig/Rev: 06/15/03
Record: R21; R22; AKC; ARC
Format: 8 DATE
DP Rule: The Maintenance Type Correction Code Date must be populated with the date from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

MANAGED CARE ORGANIZATION CODE – DN0207

Definition: A code indicating the existence and type of managed care organization involved in the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 2 A/N
Values: **00** = The claim had no medical services provided through a managed care organization.

01 = The claim had medical loss services provided through a jurisdiction approved managed care organization not specifically listed in the codes below.

02 = The claim had medical loss services provided through a jurisdiction approved Health Maintenance Organization.

03 = The claim had medical loss services provided through a jurisdiction approved Preferred Provider Organization.

04 = The claim had medical loss services provided through a jurisdiction approved Exclusive Provider Organization.

05 = The claim had medical loss services provided through a jurisdiction approved Independent Practice Association.
DP Rule: The MCO code term "approved" was defined as "meeting jurisdiction requirements".

MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER – DN0208

Definition: The jurisdiction assigned number corresponding to and uniquely identifying the managed care organization involved in the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 9 A/N
DP Rule: Send either the Managed Care Organization Name (DN0209) or the Managed Care Organization Identification Number (DN0208) at the time of the initial reporting of the claim. Refer to the Trading Partner Agreement for Jurisdictional requirements. Resend if any of the information changes.

If the Managed Care Organization Code (DN0207) shows that a managed care organization is involved, then either Managed Care Organization Name (DN0209) or Managed Care Organization Identification Number (DN0208) should be sent depending upon jurisdictional requirements.

MANAGED CARE ORGANIZATION NAME – DN0209

Definition: The legal name of the managed care organization involved in the claim.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: Used when Managed Care Organization Identification Number (DN0208) is unassigned or unknown.

MANUAL CLASSIFICATION CODE – DN0059

Definition: A code that corresponds to the primary occupation in which the employee was engaged at the time of accident/injury, or injurious exposure.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 4 A/N
Values: Contact the jurisdiction for the source of Manual Classification Codes. Generally, these codes are generated, maintained, and available through the Data Collection Organization (DCO) authorized in a jurisdiction. The DCO's authorized to publish manual classification codes are NCCI and the Independent Rating Organizations, although there may be some exceptions for monopolistic states.
DP Rule: If a jurisdiction requires both the Occupation Description (DN0060) and Manual Classification (DN0059), the two elements cannot be edited against each other.

NATURE OF INJURY CODE – DN0035

Definition: A code corresponding to the nature of the injury sustained by the employee.
Orig/Rev: 03/11/94, 07/01/97
Record: 148
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm

NET WEEKLY AMOUNT – DN0087

Definition: For MTC's IP, CA, CB, AP, AB, 02, CO, RB, RE, PY (Benefit Type Code 0XX series only): The weekly amount which is due by the current claim administrator for that benefit type, after applying adjustments and credits to the Gross Weekly Amount.

For MTC's EP and ER only (other than Benefit Type Code 240): The weekly amount of the workers' compensation benefit the employee would be receiving instead of salary paid in lieu of compensation benefits by the employer as continued wages.

Orig/Rev: 02/03/95, 07/01/97, 10/09/03, 02/8/05, 02/24/05
Record: R22
Format: $9.2
DP Rule: Refer to *Variable Segment Population Rules (Benefits* Segment*)* in Section 4
The amount will equal the weekly rate as determined by jurisdiction statute (i.e. comp rate) plus or minus any applicable adjustments or credits for the corresponding benefit type. This is equal to the Gross Weekly Amount (DN0174) when there are no adjustments or credits.

In the event of an acquired claim, the current claim administrator would report the Net Weekly Amount as it applies to their payments rather than to the previous claim administrator's payments.

NET WEEKLY AMOUNT EFFECTIVE DATE – DN0211

Definition: For MTC's IP, CA, CB, AP, AB, 02, CO, RB, RE, PY (Benefit Type Code 0XX series only): The date the Net Weekly Amount became effective as applied by the current Claim Administrator.

For MTC's EP and ER only (other than Benefit Type Code 240): The date the Net Weekly Amount became effective is the date the employee is receiving salary paid in lieu of compensation benefits by the employer as continued wages.

Orig/Rev: 07/01/97, 10/09/03, 02/8/05, 02/24/05
Record: R22
Format: 8 DATE
DP Rule: Refer to *Variable Segment Population Rules (Benefits* Segment*)* in Section 4. This date should never be prior to the date of accident

NON-CONSECUTIVE PERIOD CODE – DN0212

Definition: Reflects whether the waiting period or benefit period being reported was comprised of non-consecutive days of disability.
Orig/Rev: 07/01/97
Record: R22
Format: 1 A/N
Values: **W = Waiting Period:** The actual dates of the waiting period cannot be captured if they are non-consecutive. If the employee is off work more than once during the waiting period, the Non-Consecutive Period Code "W" is used to report that the waiting period is composed of intermittent dates. The data elements: Initial Date Last Day Worked; Initial Date Disability Began; Initial Return to Work Date; Current Date Last Day Worked; Current Date Disability Began and Current Return to Work Date will give you the first and most recent of those dates. Any dates in between are not transmitted/provided. If applicable, this code is transmitted with MTC – IP, or AP (if this is the first payment on the case)
B = Benefit Period: The Benefit Type Amount Paid, Benefit Type Claim Weeks and Benefit Type Claim Days do not represent a continuous period of time from the Benefit Period Start Date through the Benefit Period Through Date. This code

is not transmitted with Final or Periodic MTC's. If sent with MTC IP, use "B" only if Code "W" doesn't apply.

A = Adjustment/Credit/Redistribution: The A/C/R Start and End Dates do not represent a continuous period of time in relation to the adjusted Benefits. This code is not transmitted with Final or Periodic MTC's. If sent with MTC IP, use "A" only if neither Code "B" or "W" applies.

DP Rule: The Non-Consecutive Period Code should be transmitted if the employee returns to work at least once during the waiting period, the benefit period being reported contains payment information for non-consecutive days or applied adjustment, credit or redistribution dates are non-consecutive.

Hierarchy – In the event that two Non-Consecutive Period Codes apply to the reported benefit period the topmost code in the following hierarchy will be reported, i.e., if both the Benefit Period and an Adjustment period apply, report as a Benefit period:

W – Waiting Period
B – Benefit Period
A – Adjustment/Credit/Redistribution

NUMBER OF ACCIDENT/INJURY DESCRIPTION NARRATIVES – DN0274

Definition: The number of Accident/Injury Description Narrative segment occurrences.
Orig/Rev: 04/22/02
Record: R21
Format: 2 N
Max Occ: 10
Values: 00 through 10

NUMBER OF BENEFIT ACR – DN0289

Definition: The number of Benefit ACR segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 3 N
Max Occ. 100
Values: 00 – 100

NUMBER OF BENEFITS – DN0288

Definition: The number of Benefit segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max. Occ. 10
Values: 00 through 10

NUMBER OF CONCURRENT EMPLOYERS – DN0275

Definition: The number of Concurrent Employers segments occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 2
Values: 00 through 02

NUMBER OF DAYS WORKED PER WEEK – DN0064

Definition: The employee's number of regularly scheduled workdays per week.
Orig/Rev: 03/11/94, 07/01/97; 06/01/06
Record: 148; A49
Format: 1 N
DP Rule: Since this is the number of days worked with the covered employer at the time of injury, it should not change, unless reported incorrectly. This data element has no relationship to concurrent employment.

NUMBER OF DEATH DEPENDENT/PAYEE RELATIONSHIPS – DN0082

Definition: The number of Death/Dependent Payee segment occurrences.
Orig/Rev: 06/07/95
Record: A49
Format: 2 N
Values: 00 through 12

NUMBER OF DENIAL REASON NARRATIVES – DN0276

Definition: The number of Denial Reason Narrative segment occurrences.
Orig/Rev: 04/22/02
Record: R21; R22
Format: 2 N
Max Occ: 3
Values: 00 through 03

NUMBER OF ERRORS – DN0114

Definition: The number of error code segment occurrences.
Orig/Rev: 08/18/94, 07/01/97
Record: AKC; ARC
Format: 2 N

NUMBER OF FULL DENIAL REASON CODES – DN0277

Definition: The number of Full Denial Reason Codes segment occurrences.
Orig/Rev: 04/22/02
Record: R21; R22
Format: 2 N
Max Occ: 5
Values: 00 through 05

NUMBER OF MANAGED CARE ORGANIZATIONS – DN0278

Definition: The number of Managed Care Organization segment occurrences.
Orig/Rev: 04/22/02
Record: R21
Format: 2 N
Max Occ: 2
Values: 00 through 02

NUMBER OF OTHER BENEFITS – DN0282

Definition: The number of Other Benefits segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 25
Values: 00 through 25

NUMBER OF PAYMENTS – DN0283

Definition: The number of Payment segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 5
Values: 00 through 05

NUMBER OF PERMANENT IMPAIRMENTS – DN0078

Definition: The number of Permanent Impairment segment occurrences.
Orig/Rev: 06/07/95
Record: A49
Format: 2 N
Max Occ: 6
Values: 00 – 06

NUMBER OF RECOVERIES – DN0284

Definition: The number of Recoveries segments occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 10
Values: 00 through 10

NUMBER OF REDUCED EARNINGS – DN0285

Definition: The number of Reduced Earnings segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 52
Values: 00 through 52

NUMBER OF SUSPENSION NARRATIVES – DN0287

Definition: The number of suspension narrative segment occurrences.
Orig/Rev: 04/22/02
Record: R22
Format: 2 N
Max Occ: 3
Values: 00 through 03

NUMBER OF WITNESSES – DN0279

Definition: The number of Witness segment occurrences.
Orig/Rev: 04/22/02
Record: R21
Format: 2 N
Max Occ: 5
Values: 00 through 05

OCCUPATION DESCRIPTION – DN0060

Definition: Identifies the employee's primary occupation at the time of the accident or injurious exposure.
Orig/Rev: 06/07/95, 07/01/97
Record: R21
Format: 50 A/N
DP Rule: The data that is passed should be sufficient to assign an occupation code. This text can be, but cannot be required to be, the Occupation Code source description. This is not the NCCI class code text description.
If a jurisdiction requires both the Occupation Description (DN0060) and Manual Classification (DN0059), the two elements cannot be edited against each other.

ORIGINAL TRANSMISSION DATE – DN0102

Definition: The value obtained from the Date Transmission Sent (DN0100), from the originating batch header record. To allow a receiving party the ability to match back to the original batch file for reconciliation purposes. This field should only be populated on the acknowledgement (AKC or ARC) batch header to allow a receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Time field in the acknowledgment process.
Orig/Rev: 08/19/94, 07/01/97, 07/12/02. 05/12/06
Record: HD1 (of AKC or ARC only)
Format: 8 DATE

ORIGINAL TRANSMISSION TIME – DN0103

Definition: The value obtained from the Time Transmission Sent (DN0101), from the originating batch header record. This field should only be populated on the acknowledgement (AKC or ARC) batch header to allow the receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Date field in the acknowledgment process.
Revised 08/19/94, 07/01/97, 07/12/02, 5/12/06
Record: HD1 (of AKC or ARC only)
Format: 6 TIME

OTHER BENEFIT TYPE AMOUNT – DN0215

Definition: The cumulative amount paid to date associated with an Other Benefit Type Code (DN0216).
For acquired claims, the Other Benefit Type Amount will be the cumulative amount to date associated with an Other Benefit Type Code paid by the acquiring claim administrator.
Orig/Rev: 07/01/97, 03/15/05, 11/22/05
Record: R22
Format: $9.2

OTHER BENEFIT TYPE CODE – DN0216

Definition: A code identifying miscellaneous benefits not otherwise specifically defined with a Benefit Type Code (DN0085).
Orig/Rev: 07/01/97, 12/01/99, 05/13/03, 03/14/2005, 11/22/05, 05/05/06
Reference: See each code below for specifics.
Record: R22
Format: 3 A/N
Values: **300 Total Funeral Expense –** Sum of the funeral expenses paid for this claim.

310 Total Penalties – Sum of the penalties paid for this claim, including the penalty amount(s) paid to the employee/dependents (code 311).

311 - Total Employee Penalties - Sum of penalties paid to the employee/dependents for this claim.

320 Total Interest – Sum of the interest paid for this claim, including the interest paid to the employee/dependents (code 321).

321 Total Employee Interest – Sum of interest paid to the employee/dependents for this claim.

330 Total Employer's Legal Expenses – Sum of the employer's legal expenses paid for this claim.

340 Total Claimant's Legal Expenses – Sum of the claimant's legal expenses paid for this claim.

350 Total Payments to Physicians – Sum of services paid to physicians for this claim.

360 Total Hospital Costs – Sum of services paid to hospitals for this claim.

370 Total Other Medical – Sum of medical services not otherwise reported for this claim.

380 Total Vocational Rehabilitation Evaluation – Sum of vocational rehabilitation evaluation services for this claim.

390 Total Vocational Rehabilitation Education – Sum of vocational rehabilitation education payments to this claim.

400 Total Other Vocational Rehabilitation - Sum of vocational rehabilitation services not otherwise reported for this claim.

420 Total Expert Witness Fees – Sum of fees paid to expert witnesses for this claim.

421 Total Court Reporter Fees – Sum of fees paid to court reporters taking transcription at court hearings and depositions on this claim

422 Total Private Investigator Fees – Sum of fees paid to private investigators monitoring and documenting activities of the claimant for this claim

430 Total Unallocated Prior Indemnity Benefits – Sum of prior indemnity benefits paid to date by the previous Claim Administrator(s).

440 Total Unallocated Prior Medical – Sum of prior medical paid to date by the previous Claim Administrator(s).

450 Total Pharmaceutical Costs – Sum of the prescribed pharmacy costs paid for this claim.

455 Total Dental Expenses – Sum of dental expenses paid for this claim.

460 Total Physical Therapy Costs – Sum of physical therapy expenses paid for this claim.

465 Total Chiropractic Expenses – Sum of relevant chiropractic expenses paid for this claim.

470 Total Durable Medical Costs – Sum of costs for durable medical goods paid for this claim.

475 Total Medical Travel Expenses – Sum of relevant medical travel expenses paid for this claim. Examples are: mileage, room & board, childcare expenses etc.

480 Total Employee Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected by the employee and paid by the claim administrator for the purpose of adjudication or dispute resolution.

485 – Total Employer/Claim Administrator Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected and paid by the employer/claim administrator for the purpose of adjudication or dispute resolution.

490 Total Agreed Upon/Directed Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected by both parties or the jurisdiction and paid by the employer/claim administrator for the purpose of adjudication or dispute resolution.

PART OF BODY INJURED CODE – DN0036

Definition: The code corresponding to the part(s) of the body injured.
Orig/Rev: 06/07/95, 07/01/97
Record: 148
Format: 2 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm

PARTIAL DENIAL CODE – DN0294

Definition: A code identifying which portion of the claim is being denied.
Orig/Rev: 05/08/02, 09/10/03, 01/20/06, 02/8/06
Record: R22
Format: 1 A/N
Values:
A = Denying Indemnity in whole, but not Medical
B = Denying Indemnity in part, but not Medical
C = Denying Medical in whole, but not Indemnity
D = Denying Medical in part, but not Indemnity
E = Denying Indemnity in whole and Medical in part
F = Denying Medical in whole and Indemnity in part
G = Denying both Indemnity and Medical in part
DP Rule: *Applicable to MTC PD (Partial Denial) (or its corresponding CO, 02 or UR) only.
*Partial Denial Codes are used when only a portion of the claim is being denied. These codes are always sent with MTC PD (Partial Denial or its corresponding CO, 02 or UR), and are not to be used in conjunction with the Full Denial data elements: Full Denial Reason Code, Full Denial Effective Date and Full Denial Rescission Date
*If the Initial Payment (IP or AP) on the claim involves partial denial of indemnity benefits, the MTC IP should be preceded by MTC PD.

PAYEE – DN0217

Definition: For PY (or any corresponding 02 or CO), or when the jurisdiction requires the reporting of Payee on an IP, AP or RB: The name of the individual, organization, or court assignment to whom the check is being issued.
Orig/Rev: 07/01/97, 12/01/99, 05/27/03, 02/8/05
Record: R22
Format: 40 A/N
DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4. The Steering Committee directed that Payee (DN0217) was established for specified transactions only (IP, AP, PY, RB or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported in Release 3.
This is a free form text field that cannot be edited by the jurisdiction.

PAYMENT AMOUNT – DN0218

Definition: The net amount of the check.
Orig/Rev: 07/01/97
Record: R22
Format: $9.2
DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4. Used for reporting one-time payments. Not to be used for on-going indemnity benefit payments. If a Payment Amount is present, Payment Reason Code (DN222) should also be sent.

PAYMENT COVERS PERIOD START DATE – DN0219

Definition: The beginning date of the period covered by a payment.
Orig/Rev: 07/01/97
Release: R22
Format: 8 DATE
DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4.

PAYMENT COVERS PERIOD THROUGH DATE – DN0220

Definition: The last date of the period covered by a payment.
Orig/Rev: 07/01/97
Record: R22
Format: 8 DATE
DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4.

PAYMENT ISSUE DATE – DN0195

Definition: For IP, AP, PY, RB: The date that the check that initiated the MTC is officially surrendered during business hours to a letter delivery organization; or available for pickup per agreement with the employee. For CO transactions that have an MTCC of IP, AP, PY, or RB: the date of the check that initiated the IP, AP, PY, or RB that received a TE acknowledgment code.
Orig/Rev: 07/01/97, 11/30/98, 12/01/99, 05/27/03, 09/6/03, 02/8/05, 02/25/05, 3/1/06
Record: R22
Format: 8 DATE
DP Rule: The Payment Issue Date is in the Payments Segment. The equivalent of this data element in the Benefits Segment is Benefit Payment Issue Date (DN0192). Refer to Variable Segment Population Rules (Benefits Segment and Payments Segment) in Section 4. The Steering Committee/EDI Council directed that Payment Issue Date (DN0195) was established for specified transactions only (IP, AP, PY, RB, or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported.

PAYMENT REASON CODE – DN0222

Definition: A code, equating to a Benefit Type Code (DN0085) or an Other Benefit Type Code (DN0216), used when:
- The jurisdiction requires the reporting of lump sum payments/settlements (PY MTC)
- The jurisdiction requires the reporting of the first payment of funeral, penalty, attorney fees, or a minimum threshold amount of medical.
- The jurisdiction requires the reporting of Payee on an IP, AP, or RB (which requires the *Payments* segment to be sent).

Orig/Rev: 07/01/97, 04/08/03, 02/08/05, 05/05/06
Record: R22
Format: 3 A/N
Values: See Benefit Type Code and Other Benefit Type Code values for medical (350, 360, 370, 450, 455, 460, 465, 470), funeral (300), penalty (310, 311), and attorney fees (330 & 340)
DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4

PERMANENT IMPAIRMENT BODY PART CODE – DN0083

Definition: A code referencing the anatomic classification of the injury.
Orig/Rev: 03/11/94, 07/01/97
Record: A49
Format: 3 A/N
Values: See http://www.iaiabc.org/EDI/implementation.htm and whole body "99".

PERMANENT IMPAIRMENT MINIMUM PAYMENT INDICATOR – DN0223

Definition: An indicator that the payment is being made for a minimum amount when a final rating is not yet available.
Orig/Rev: 07/01/97, 11/30/98
Record: R22
Format: 1 A/N
Values: **Y** = Yes
N = No
DP Rule: If this data element is required by the jurisdiction, the code should be set to "Y" if the amount was based on a minimum and "N" if not. If the code was originally sent as "Y" and a minimum rate is no longer being paid, the code should be reset to "N".

PERMANENT IMPAIRMENT PERCENTAGE – DN0084

Definition: The amount of anatomic or functional abnormality or loss which results from the injury and exists after the date of maximum medical improvement.
Orig/Rev: 03/11/94, 07/01/97, 09/15/05
Record: A49
Format: 3.2
Values: 00000 (0%) to 10000 (100%)

PHYSICAL RESTRICTIONS INDICATOR – DN0224

Definition: An indicator that identifies the presence of physical restrictions upon the employee's release and/or return to work.
Orig/Rev: 07/01/97, 11/30/98, 10/04/00
Record: R21; R22
Format: 1 A/N
Values: **N** = Without Physical Restrictions
Y = With Physical Restrictions
DP Rule: This is required whenever an Initial Return to Work Date or Current Return to Work Date is sent on the transaction.

POLICY EFFECTIVE DATE – DN0029

Definition: The date the employer's insurance policy or self-insurance license/certificate became effective.
Orig/Rev: 06/06/95, 07/01/97, 11/22/05
Record: 148
Format: 8 DATE
DP Rule: "Coverage" is usually equivalent to POC "Policy", except when the employer is self-insured where a policy does not exist but coverage does.
This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction)

POLICY EXPIRATION DATE – DN0030

Definition: The date that the employer's insurance policy or self-insurance license/certificate expired.
Orig/Rev: 06/06/95, 07/01/97, 11/22/05
Record: 148
Format: 8 DATE
DP Rule: "Coverage" is usually equivalent to POC "Policy" except when the employer is self-insured where a policy does not exist but coverage does.
This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction)

POLICY NUMBER – DN0028

Definition: The number identifying the coverage policy in effect for the claim.
Orig/Rev: 03/11/94, 07/01/97, 11/22/05
Record: 148
Format: 18 A/N
DP Rule: "Coverage" is usually equivalent to POC "Policy", except when self-insured status where policy does not exist but coverage does.

Report the alphanumeric characters used for uniquely identifying the policy. Do NOT report any embedded blanks, marks of punctuation, or special characters.

This data element cannot be required on initiating 04 FROI Denial if DN0198 - Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction)

PRE-EXISTING DISABILITY CODE – DN0069

Definition: An indicator identifying the existence of a disability that existed prior to the injury.
Orig/Rev: 03/11/94, 07/01/97
Record: A49
Format: 1 A/N
Values: **Y** = Yes
N = No
U = Unknown

RECEIVER ID – DN0099

Definition: A composite or group level comprised of Receiver FEIN (Primary FEIN of the receiving party), Filler, and Receiver Postal Code (Primary Postal Code of the receiving party).
Orig/Rev: 08/18/94, 07/01/97
Record: HD1
Format: Receiver FEIN 9 A/N
Filler 7 A/N
Receiver Postal Code 9 A/N

RECORD SEQUENCE NUMBER – DN0107

Definition: Identifying control number that must be unique within a batch. The originator of a transaction assigns the number.
Orig/Rev: 08/18/94, 07/01/97, 01/20/06
Record: AKC; ARC
Format: 9 N
Values: **000000000** = Header or batch structure Error
000000001 thru 999999998 = Detail Record Identifier
999999999 = Trailer Error
DP Rule: The Record Sequence Number is assigned by the receiver based on the order of the records in the original batch. The Record Sequence Number returned in the acknowledgement corresponds to the Record Sequence Number of the primary record of the transaction unless it is a Header, Batch Structure or Trailer Record error.

RECOVERY AMOUNT – DN0225

Definition: The sum of monies received by the insurer to date for the corresponding recovery code.
Orig/Rev: 07/01/97, 01/26/06
Record: R22
Format: $9.2
DP Rule: If there is a Recovery Amount present, a Recovery Code (DN0226) must also be sent.

To ensure that a claim reflects costs actually incurred, the Claim Administrator will back out the recoveries made under Code 830 from the appropriate Benefit Type Amount Paid or Other Benefit Type amount before it transmits the report. Any recoveries the claims administrator receives under any other Recovery codes must not be backed out of their respective Benefit Type Amount Paid or Other Benefit Type Amounts.

RECOVERY CODE – DN0226

Definition: A code that identifies the type of recovery being made.
Orig/Rev: 07/01/97, 12/19/05
Record: R22
Format: 3 A/N
Values: **800 Special Fund Recovery –** Sum of monies recovered from special funds for this claim.

810 Deductible Recovery – Sum of monies recovered through insured reimbursement deductible amounts.

820 Subrogation Recovery – Sum of monies recovered through subrogation for this claim.

830 Overpayment Recovery – Sum of monies recovered due to overpayment of indemnity, medical or expenses for this claim.

840 Unspecified Recovery – Sum of monies recovered through salvage and all others not defined for this claim.

845 Apportionment/Contribution Recovery - Sum of monies recovered due to apportionment/contribution as a result of shared or partial liability(s) for this claim.

850 Second Injury Fund – Monies reimbursed from a jurisdictional second injury fund.

860 Future Credit Amount – The residual amount of monies available from a third party settlement after the insurer has recovered pre-paid benefits. Credit to be applied to future benefits.

865 Vocational Rehabilitation - Monies reimbursed from a jurisdictional vocational rehabilitation fund.

866 Uninsured Employer – Monies reimbursed from a jurisdictional uninsured employer fund.

867 Silicosis, Dust and Logging Industry Fund – Monies reimbursed from a jurisdictional dust/logging industry fund.

868 Vocationally Handicapped Fund – Monies reimbursed from a jurisdictional vocationally handicapped fund.

870 Other Funds – A code to identify the monies reimbursed from a jurisdictional special fund other than those listed above.

DP Rule: If there is a Recovery Amount (DN0225) present, a Recovery Code must also be sent.

REDUCED EARNINGS WEEK NUMBER – DN0242

Definition: A sequential value that indicates the week(s) for which reduced earning amounts are being reported on this transaction.
Orig/Rev: 07/01/97
Record: R22
Format: 2 N
DP Rule: The Reduced Earnings Week Number is reset for each transaction.

REQUEST CODE – DN0112

Definition: A code conveying additional information such as the need to follow up or respond manually to the transaction.
Orig/Rev: 08/18/94, 07/01/97, 05/16/03
Record: AKC; ARC
Format: 3 A/N
Values: **001** = Contact Sender

RETURN TO WORK TYPE CODE – DN0189

Definition: A code identifying the type of Initial Return to Work Date (DN0068) or Current Return to Work Date (DN0072).
Orig/Rev: 07/01/97, 10/04/00, 05/14/03
Record: R21; R22
Format: 1 A/N
Values: **A** = Actual
R = Released
DP Rule: The Return to Work Type Code will be required and used in conjunction with Initial Return to Work Date and Current Return to Work Date. If both Initial and Current Return to Work Dates are sent in one transaction, the Return to Work Type Code will refer to the Current Return to Work Date.

RETURN TO WORK WITH SAME EMPLOYER INDICATOR – DN0228

Definition: An indicator identifying whether or not the employee returned to work with the same employer at which the injury occurred.
Orig/Rev: 07/01/97, 10/04/00, 05/14/03, 06/15/04
Record: R21; R22
Format: 1 A/N
Values: **Y** = Yes
N = No
DP Rule: This value applies only when the Return to Work Type Code = "A" (Actual).

SENDER ID – DN0098

Definition: Composition or group level comprised of Sender FEIN (Primary FEIN of the sending party), Filler, and Sender Postal Code (Primary Postal Code of the sending party).
Orig/Rev: 08/18/94
Record: HD1
Format: Sender FEIN 9 A/N
Filler 7 A/N
Sender Postal Code 9 A/N

SUSPENSION EFFECTIVE DATE – DN0193

Definition: The last date through which the concurrent indemnity benefit being partially suspended are due or the last date through which all indemnity benefits are due.
Orig/Rev: 07/01/97, 03/01/05, 02/08/06
Record: R22
Format: 8 DATE
DP Rule: This is only applicable on MTC Px and Sx (or its corresponding CO), 02 or UR.

SUSPENSION NARRATIVE – DN0233

Definition: A factual basis for suspending all indemnity benefits or for partially suspending a concurrent indemnity benefit.
Orig/Rev: 07/01/97, 03/01/05, 02/08/06
Record: R22
Format: 150 A/N (up to 3 occurrences of 50)
DP Rule: This is only applicable on MTC Px and Sx (or its corresponding CO), 02 or UR.

TEST/PRODUCTION CODE – DN0104

Definition: Reflects an EDI participation status for specific transaction. It indicates whether the transaction being sent is being targeted to a receiver's "production" or "test" system. Transactions performed while under "parallel" status should have the "test" indicator set.
Orig/Rev: 08/18/94, 07/01/97, 5/16/03
Record: HD1
Format: 1 A/N
Values: **P** = Production
T = Test (Pilot parallel or Test)
Tech Note: This flag is set at the batch header level in the HD1. Therefore, all transactions within a batch must be at the same test/production level.

TIME OF INJURY – DN0032

Definition: The time of the accident/injury.
Orig/Rev: 03/11/94, 07/01/97, 11/30/98
Record: 148
Format: 4 TIME
DP Rule: Only a valid time in military format, zeroes, or spaces are allowed in time fields. Use 24-hour military time. All zeroes in a time field is valid and equivalent to 240000 or 2400. Spaces indicate absence of data. May be left blank for occupational disease or cumulative injury.

TIME PROCESSED – DN0109

Definition: The time the receiver processed the detail transaction. Together with date processed and a record sequence number it will uniquely identify a specific acknowledgment detail record.
Orig/Rev: 08/09/95, 07/01/97
Record: AKC; ARC
Format: 6 TIME

TIME TRANSMISSION SENT – DN0101

Definition: The time the sender prepared the batch file for transmission. Together with the Date Transmission Sent will uniquely identify a specific transmission batch.
Orig/Rev: 08/09/95, 07/01/97
Record: HD1
Format: 6 TIME

TRANSACTION COUNT – DN0191

Definition: Total number of transaction sent as part of the batch.
Orig/Rev: 07/01/97, 07/12/02
Record: TR2
Format: 9 N

TRANSACTION SET ID – DN0001

Definition: A code that identifies the transaction being sent/received.
Orig/Rev: 08/18/94
Record: HD1; A49; 148; R21; R22; TR2; AKC; ARC
Format: 3 A/N
Values: **148** = First Report
R21 = First Report Companion Record
A49 = Subsequent Report
R22 = Subsequent Report Companion Record
AKC = Claims Acknowledgment Detail Record
ARC = Claims Re-Acknowledgment Detail Record
HD1 = Transmission Header Record
TR2 = Transmission Trailer Record

TYPE OF LOSS CODE – DN0290

Definition: A code indicating the type of loss being reported.
Orig/Rev: 12/31/02, 05/16/03
Record: R21; R22
Format: 2 A/N
Values: **01 = Traumatic Injury –** An injury that is traceable to a definite accident during the workers' present employment.
02 = Occupational Disease – An injury caused by exposure to a disease-producing agent in the workers' occupational environment. Injuries of this type are not traceable to a definite accident during the workers' past or present employment.
03 = Cumulative Injury (Other than Disease) – An injury having occurred from, or aggravated by, a repetitive employment activity. Injuries of this type are not traceable to a definite accident during the workers' past or present employment.

VARIABLE SEGMENT NUMBER – DN0117

Definition: A number to identify the occurrences of the variable segment in error and is part of the error code.
Orig/Rev: 08/18/94
Record: AKC; ARC
Format: 2 N

WAGE EFFECTIVE DATE – DN0256

Definition: The date the average wage became effective.
Orig/Rev: 07/01/97
Record: R22
Format: 8 DATE
DP Rule: This date should never be prior to the date of accident

WAGE – DN0062

Definition: The employee's pre-injury wage for the Wage Period as reported by the employer.
Orig./Rev.: 03/11/94, 07/01/97, 04/24/03, 04/28/04
Record: 148
Format: $9.2

WAGE PERIOD CODE – DN0063

Definition: A code to designate the time period upon which the reported Wage (DN0062) or Average Wage (DN0286) was based.
Orig/Rev: 03/11/94, 07/01/97, 12/01/99, 05/27/03, 04/28/04
Record: 148; A49
Format: 2 A/N
Values:

148 (FROI)	**A49 (SROI)**
01 = Weekly	01 = Weekly
02 = Bi-Weekly	04 = Monthly
04 = Monthly	
06 = Daily	
07 = Hourly	

DP Rule: Always required when Wage, Average Wage, or Concurrent Employer Wage (DN0143) is reported. The Wage Period Code for the concurrent employer is always equivalent to the Wage Period Code for the primary employer.

WITNESS BUSINESS PHONE NUMBER – DN0237

Definition: The business phone number of the witness to the incident/accident.
Orig/Rev: 07/01/97
Record: R21
Format: 15 A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10-digit phone number and can be 0 to 5 positions in length.

WITNESS NAME – DN0238

Definition: The legal name of the person who observed the incident/accident.
Orig/Rev: 07/01/97
Record: R21
Format: 40 A/N
DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

APPENDIX

CLAIMS RELEASE 3.0 STANDARDS REVISIONS

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