

Kansas Department of Labor, Division of Workers Compensation



Kansas EDI Release 3.1 Guide for Reporting First (FROI) and Subsequent (SROI) Reports of Injury

July 16, 2018 EDITION

Participation in the Kansas Division of Workers Compensation (KDWC) Electronic Data Interchange or EDI program requires adherence to all applicable reporting and KDWC data quality requirements set out in this Implementation Guide.

Participation in the KDWC EDI program is mandatory. The mandate date is November 29, 2018 for sending Release 3.1 FROIs and SROIs.

EDI Trading Partner Process

A trading partner is a term used to designate the entity responsible for submitting EDI reports to the KDWC. All of the Trading Partner Application and Agreement Documents must be completed before any files are submitted. Trading Partners must complete these forms immediately so that the KDWC EDI Coordinator can reserve an appropriate place in the testing and implementation schedule. Once the Trading Partner Agreement and Profile have been received, the Kansas EDI Coordinator will make contact to develop and agree upon a testing and implementation plan and schedule.

In preparation for testing, Trading Partners will need to review the Kansas EDI Data Requirements and Claim Events for reporting and determine changes that will need to be made in order to comply with the new standard. Testing requires that test transactions come from “actual” Kansas workers compensation claims that originate from your source system. This test data must be transmitted to KDWC through whatever reporting and “sending” systems used once approved to send “production” or live data is sent.

Testing

The objective of testing with KDWC is to ascertain the Trading Partner’s technical and business reporting competence. This includes the ability to meet the International Association of Industrial Accident Boards and Commissions (IAIABC) Release 3.1 approved record format requirements and the use of an approved data transport method.

If an organization or vendor uses an approved data transport method and have demonstrated EDI competency in other IAIABC EDI jurisdictions reporting the Release 3.1 claims standard then the EDI Coordinator will advise that testing requirements have been reduced accordingly.

The KDWC EDI Coordinator must be contacted and the proper documentation on file prior to sending of any test transaction(s) by a potential Trading Partner. The test plan will be created by the KDWC EDI Coordinator.

There are six steps in the KDWC testing process, as follows:

1. Pre-testing Requirements
 - Completing the Trading Partner Agreements and Documentation (link given above)
2. Technical Capability Test
 - Insure that the Trading Partner has a system that is compatible.
3. Business Content Test File (First Reports of Injury)
 - Test to insure that the format is compatible for First Reports of Injury.
4. Kansas Test Completion (First Reports of Injury)
 - Complete the testing, with completed First Reports of Injury sent.
5. Business Content Test File (Subsequent Reports of Injury)
 - Test to insure that the format is compatible for Subsequent Reports of Injury.
6. Kansas Test Completion (Subsequent Reports of Injury)
 - Complete the testing, with completed Subsequent Reports of Injury sent.

Kansas EDI Release 3.1 Claims Reporting Requirements

The following sections describe the specific EDI reporting requirements starting with the regulatory claim reports, or claim events. Please read the description of the specific requirement table before reviewing the tables. All specific Kansas EDI FROI and SROI requirements are found in the IAIABC Standard Trading Partner Tables.

Kansas EDI R3.1 Event Tables

Use of the FROI Event table, SROI Event table and Periodic Event table: The Kansas Claim Event Tables provide information to assist in planning, managing and/or full automation of a Trading Partner's EDI reporting process. For each reporting event, it relates EDI technical information to the business circumstances under which they are initiated. A separate table is provided for FROI, SROI and periodic reports. Each row represents a single type of regulatory claim report and is presented in a multi-column format which includes Claim Event MTC, Claim Event Name and other information such as report triggers and reporting timeframes.

Note that any changes to the tables following implementation will be recorded on the appropriate Change Log tab within this spreadsheet.

Please see the IAIABC Release 3.1 Guide describing how to read and use this table. There is a link provided to the Event Table Instructions on the first tab of this spreadsheet. There is also a link to a document of the changes adopted by Kansas when moving from Release 3 to Release 3.1.

Kansas EDI R3.1 Element Requirement Tables

Note that any changes to the tables following implementation will be recorded on the appropriate Change Log tab within this spreadsheet.

Please see the IAIABC Release 3.1 Guide describing how to read and use these tables. There is a link provided to the Element Table Instructions on the first tab of this spreadsheet. There is also a link to a document of the changes adopted by Kansas when moving from Release 3 to Release 3.1.

FROI and SROI Element Requirement Tables:

For both FROI and SROI reports and for each maintenance type code (MTC or report type), the element requirement table identifies the level of requirement for each data element, by assignment of a requirement code, and, by implication, indicates whether data edits will be applied. A data-element's requirement code can vary depending on the MTC. Please note that shading of cells is part of the IAIABC standard table structure, and was utilized by the Jurisdiction when developing our requirements.

Data-element requirements (for all MTCs except 02s) are coded as follows:

- 1) **'F'** (Fatal): Essential for transaction (report) to be successfully processed. Thus, data of valid format must always been provided and data edits will be applied.
- 2) **'M'** (Mandatory): Data of valid format must always be provided and data edits will be applied.
- 3) **'MC'** (Mandatory Conditional): Data of valid format must be provided, if conditions, as described in the respective conditional requirements table, are met and data edits will be applied. There are a few additional MC codes that have numerical values as well (such as MC420). These codes are related to reporting of the 02 change reports, specifically the presence of data in variable segments when a change is being made. The conditions for these are also found in the conditional requirements table.
- 4) **'E'** (Expected): Not used by the Jurisdiction.
- 5) **'EC'** (Expected Conditional): Not used by the Jurisdiction.
- 6) **'NA'** (Not Applicable): Data not applicable, but data of valid format may be sent, and no data edits will be applied.
- 7) **'X'** (Exclude): Data not applicable to respective MTC, the data may be sent, but no data edits will be applied.
- 8) **'AA'** (If Applicable/Available): If data is applicable to the claim or is available it should be sent. Data of valid format must be provided, no data edits are applied.
- 9) **'AE'** (If Applicable/Available transaction accepted with errors): If data is applicable to the claim or is available it should be sent. Data of valid format must be provided, data edits will be applied. If invalid formatting, must send 'CO' correction report to update the data.

- 10) **'AR'** (If Applicable/Available transaction rejected): If data is applicable to the claim or is available it should be sent. Data of valid format must always be provided, and data edits will be applied.
- 11) **'\$'**: Only applicable for MTC 'CO' (correction report), the data requirement is the same as that of the respective element on the MTC being corrected.

Data Element Requirements for MTC 02 Change Reports:

02				
Reportable Change				
02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)

These codes apply to the 02 Requirement Code column:

- 1) **'F'** (Fatal): Essential for transaction (report) to be successfully processed, and thus, data of valid format must always be provided, and data edits will be applied.
- 2) **'M'** (Mandatory): Data of valid format must always be provided, and data edits will be applied. Lower-case 'm' indicates match data.
- 3) **'MC'** (Mandatory Conditional): Data becomes mandatory when the DN has been identified as being changed. Lower-case 'mc' indicates match data.
- 4) **'NA'** (Not Applicable): Data not applicable, but data of valid format may be sent, and no data edits will be applied.

These codes apply to the Add, Update, Delete, and Remove section:

- 1) **'B'** (Restricted): IAIABC defined, no changes to the data is allowed.
- 2) **'N'** (No): No changes to the data is allowed.
- 3) **'H'** (No Change Required): These DN's are not applicable for the Jurisdiction, so a change is not required.
- 4) **'K'** (Required Change on FROI): If change is being made, it must be made on the most recent accepted FROI.
- 5) **'KG'** (Required Change on FROI with Exception): Not used by the Jurisdiction.
- 6) **'Y'** (Required Change on FROI or SROI not both): Required change when the DN has been identified as being changed. This code only appears for elements that are not reported on both the FROI and SROI.

- 7) **'YG'** (Required Change on FROI or SROI not both with Exception): Not used by the Jurisdiction.
- 8) **'I'** (Required Change on FROI or SROI not both – Claim Administrator Determines): Not used by the Jurisdiction.
- 9) **'IG'** (Required Change on FROI or SROI not both – Claim Administrator Determines): Not used by the Jurisdiction.
- 10) **'J'** (Required Change by Transaction Type – Change on SROI if Accepted, otherwise Change on FROI): If the Jurisdiction has an accepted SROI on file, then make the change with a SROI 02. If there is only an accepted FROI on file, then make the change with a SROI 02.
- 11) **'JG'** (Required Change by Transaction Type with Exception – Change on SROI if Accepted, otherwise Change on FROI): Not used by the Jurisdiction.

FROI and SROI Exceptions Tables:

These tables show the IAIABC Standard Exceptions, which apply to MTC 02 for both the FROI and SROI.

Event Benefits Segment Requirement and Conditional Tables:

Use of the Event Benefits Segment Requirement and Conditional Tables: The SROI Element Requirement Table contains a series of elements referred to as the Event Benefits Segment. The requirements for these data elements are described in a separate table, the Event Benefits Segment Element Requirement table. Unlike the format used for the FROI and SROI element requirement tables, the requirements for these data elements are not only MTC-specific but also depend on a subset of the codes for Benefit Type Code (DN0085), i.e., all of the non-lump-sum-payment- settlement codes.

FROI, SROI and Event Benefits Conditional Requirements Tables:

Use of the FROI, SROI and Event Benefits Conditional Requirements Tables: For each data element coded 'MC' on the element requirement tables, the conditional requirements tables describe the condition(s) (business and technical) that must be satisfied before the respective element is considered mandatory. The technical condition(s) is the data-system logical equivalent of the corresponding business condition(s). Where multiple conditions exist, either one or more or all, of the conditions must be met before the requirement for that element becomes mandatory. Where multiple conditions are joined only by 'OR,' only one of the conditions must be met before the requirement for that element becomes mandatory. In contrast, where multiple conditions are connected only by 'AND,' all such conditions must be met, before the requirement for that element becomes mandatory. Even if all of the requisite conditions are not met, and thus the element is not then mandatory, data for that element may still be sent and, if sent, will be edited for valid format.

Kansas EDI R3.1 Edit Matrix

The Kansas R3.1 Edit Matrix includes the DN Error Message table, Valid Values table, Valid Values Details tables, Match Data table, Population Restrictions table, Sequencing table, and KS Sequencing table and PI Body Part Code(s) Worksheet. These tables represent the edits that will be applied to both the MTC and the data within the submitted report.

Note that any changes to the tables following implementation will be recorded on the appropriate Change Log tab within this spreadsheet.

Please see the IAIABC Release 3.1 Guide describing how to read and use this table. There is a link provided to the Element Table Instructions on the first tab of this spreadsheet. There is also a link to a document of the changes adopted by Kansas when moving from Release 3 to Release 3.1.

DN Error Message table

Use of the DN Error Message table: All of the possible error messages that could be shown on each particular DN element are shown on the DN Error message table. This table contains all suggested IAIABC error messages and the ones chosen by the Kansas jurisdiction. These error messages that are potentially available for each DN element are represented with an 'L' and lined up with the corresponding error messages which are shown along the top of the table. Not all of these DN elements will have the edits (that result in error messages) applied to them. In 'Jurisdiction will apply edits?' column, if there is a 'Y' or 'F' then all available error messages will be possible for that DN element; if there is an 'N' then there will never be an error message sent on that element (they are also grayed out). The 'Population Restrictions Indicator' column shows with a 'P' those DN elements that have a population restriction, and in turn more possible error messages.

Valid Values table

Use of the Valid Values table: KS EDI R3.1 the Valid Values Requirements table shows code values for DN elements that will be accepted as valid code values by the Kansas jurisdiction. All available IAIABC values are represented in the table, with those that are grayed out being ones that the Kansas jurisdiction does not accept (not statutorily valid). Also, certain DN element codes are not captured; these are ones that are 'NA' (Not Applicable) in the FROI or SROI Element Requirements Tables. See 'Capture?' column, which flags each DN element as 'Y' (Yes) or 'N' (No), to discover if a code value is required to be reported by the Kansas jurisdiction. Those that are not captured by the Kansas jurisdiction will not cause the sending of a report to fail, information given will simply not be used. Refer back to this table if those reporting are unsure if a DN element code is required and if there are any restrictions on which code values are reported.

Valid Values Details tables

Use of the Valid Values Details tables: Using the established values in the valid values table, these tables show each DN that represents a code, lists out each code and shows whether it is an accepted code or not. These tables are the equivalent of our KS Quick Codes guide, which was previously a PDF file.

Match data table

Use of the Match Data table: The KS EDI R3.1 Match Data table lists those data elements that are used to identify a transaction as a new claim to be created or to match the incoming transaction to an existing claim to check for duplication or to update data. Elements used for matching data are differentially ranked according to importance which also dictates the order in which they will be applied in checking for uniqueness. Specifically, these elements are ranked as either primary or secondary match-data elements. The uniqueness of an incoming transaction is first assessed by comparing the value of each incoming primary match-data element to that which exists in the KS EDI R3.1 database. If the respective values of at least one of these primary match-data elements do not match, then the values of the secondary match-data elements are compared to determine uniqueness or sameness. Refer to the Match Data Rules in the instructions.

Match-data elements can only be changed on an MTC 02 (Change) transaction and, for the same MTC 02 transaction, only one match-data element can be changed at a time. If more than one match-data element is changed on the same MTC 02 (Change) transaction, Error message 117 ("Match data value not consistent with value previously reported") will be returned resulting in a TR (Transaction Rejected) acknowledgment. There is one combination of DN changes that will be allowed without receiving an error, please review the tables to find this information. Note: Data elements within the 'Transaction Grouping' are not applicable to the MTC 02 (Change) transaction.

Population restrictions table

Use of the Population Restrictions table: The KS EDI R3.1 Population Restrictions Table relates directly to the KS EDI R3.1 DN Error Message Table. This table shows restrictions on certain DN Elements and the corresponding error message that will follow if error occurs. For instance for the DN 0074 (Claim Type Code) on a SROI, if 'M' (Medical Only) is selected as the type code, it will be flagged as an error number 058 (Code/ID Invalid). The message that the sender will receive back is "'M' ('Medical Only') and 'B' (Became Medical Only) claims are not reportable in KS". If there are any questions as far as what an error message means and what is an acceptable code or value for DN in question, refer back to this table for guidance.

Sequencing table

Use of the Sequencing table: This is a new table, the table conveys to the trading partner the sequencing rules that clarify how KDOL will apply Edit 063 – Invalid Event Sequence. With respect to acquired claims, KDWC requires the filing of an AU before an AP so that a unique agency claim number (DN0005) can be acknowledged back to the trading partner for the filing of subsequent claims.

Kansas Sequence table

Use of the Kansas Sequence table: This table provides the KDWC MTC sequencing. It conveys much of the same information that is in the Sequencing table, but provides every possible sequencing scenario.

PI Body Part Code(s) Worksheet

Kansas does not use this worksheet.

**IAIABC Claims Release 3.1
First Report of Injury Event Table**

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			
3.0	FROI	00	Original	2=EDI Mandate Date	1/1/2014	11/23/2018	A = New Claim	Any injury or illness "sufficient wholly or partially to incapacitate the person injured from labor or service more than the remainder of the day, shift or turn on which such injuries were sustained" (KSA 44-557).*	28 days	C	C = From Employer Notification	KSA 44-557	N/A	N/A
3.1	FROI	00	Original	2=EDI Mandate Date	11/29/2018		A = New Claim	Any injury or illness "sufficient wholly or partially to incapacitate the person injured from labor or service more than the remainder of the day, shift or turn on which such injuries were sustained" (KSA 44-557).**	28 days	C	C = From Employer Notification	KSA 44-557	N/A	N/A
3.1	FROI	00	Original	2=EDI Mandate Date	11/29/2018		M = MTC Defined	The FROI 00 can be sent after a FROI 04 if the denial has been rescinded. This MTC is due immediately after the denial was rescinded.	N/A	N/A	H = Immediate		N/A	N/A
3.0	FROI	01	Cancel	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Cancel of an accepted claim.	N/A	N/A	H = Immediate		N/A	N/A
3.1	FROI	01	Cancel Entire Claim	2=EDI Mandate Date	11/29/2018		M = MTC Defined	Cancel of an accepted claim.	N/A	N/A	H = Immediate		N/A	N/A
3.0	FROI	02	Change	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Due immediately at the time any data element previously reported is updated in Claim Administrator's system based on the value of a FROI element with FY, YC, Y on Element Requirement table.	N/A	N/A	H = Immediate		N/A	N/A

**IAIABC Claims Release 3.1
First Report of Injury Event Table**

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Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			
3.1	FROI	02	Change	2=EDI Mandate Date	11/29/2018		R = 02 Change timeline: FROI 02 is due when a <i>reportable change</i> * occurs on the Claim Administrator's database until Report Trigger Value is reached	B = 1 year from last accepted FN.	N/A	N/A	H = Immediate		N/A	N/A
3.0	FROI	04	Denial	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	The FROI 04 can be sent as the first report, in lieu of a "00", if applicable. Send the FROI 04 as a follow-up to a FROI 00 or FROI AU and when no SROI report has been sent. This MTC is due immediately after denying a claim.	N/A	N/A	H = Immediate		N/A	N/A
3.1	FROI	04	Denial	2=EDI Mandate Date	11/29/2018		W1 = new claim is denied in its entirety	Any injury or illness "sufficient wholly or partially to incapacitate the person injured from labor or service more than the remainder of the day, shift or turn on which such injuries were sustained" (KSA 44-557).**	28 days	C	C = From Employer Notification	KSA 44-557	N/A	N/A
3.1	FROI	04	Denial	2=EDI Mandate Date	11/29/2018		W2 = deny entire claim after previously accepted FROI (no SROI)		N/A	N/A	H = Immediate		N/A	N/A
3.0	FROI	AU	Acquired/ Unallocated	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Within 21 days from the time the claims administrator becomes aware of the need to notify KDWC that a claim has been acquired.	21 days	C	D = From Claim Administrator Notification		N/A	N/A

IAIABC Claims Release 3.1 First Report of Injury Event Table

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			
3.1	FROI	AU	Acquired/Unallocated	2=EDI Mandate Date	11/29/2018		M = MTC Defined	Within 21 days from the time the claims administrator becomes aware of the need to notify KDWC that a claim has been acquired.	21 days	C	D = From Claim Administrator Notification		N/A	N/A
3.0	FROI	CO	Correction	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Correction of errors sent in response to a FROI TE acknowledgment.	N/A	N/A	H = Immediate		N/A	N/A
3.1	FROI	CO	Correction	2=EDI Mandate Date	11/29/2018		T = response to "TE" acknowledgment code from FROI MTC		N/A	N/A	H = Immediate		N/A	N/A
3.0	FROI	UR	Upon Request	2=EDI Mandate Date	1/1/2014	11/23/2018							N/A	N/A
3.1	FROI	UR	Update Report	2=EDI Mandate Date	11/29/2018		J = Jurisdiction Defined	Any open or reopened claim with DN0031 Date of Injury >= 7/1/2013 and previously reported via IAIABC R3.0 prior to 11/29/2018. Must be sent prior to submitting any other First Reports of Injury for claims that were initiated before implementation of R3.1.	N/A	N/A	H = Immediate		N/A	N/A

* refer to 02
MTC on FROI
Element
Requirement
Table
**Report
Trigger
Criteria**

<u>Release</u>	<u>Event Rule Criteria</u>	<u>Codes</u>	<u>Trigger Value (02)</u>	<u>Report Due Type</u>	<u>Receiver Codes</u>
IAIABC Claims Release number	1=Date of Injury	A = New Claim B = Cumulative Medical \$ Paid CM = Lost Time - cumulative days	A = <i>duration</i> from claim closure B = <i>duration</i> from last accepted FN C = <i>duration</i> from last accepted SX or 04 whichever is latest	B = Business Days C = Calendar Days Y = Years	EE = Employee ER = Employer PR = Provider

IAIABC Claims Release 3.1 First Report of Injury Event Table

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Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			

CV = Lost Time - consecutive days
 D = duration from jurisdiction defined

D = Cumulative Wage Replacement

E = Days Open

F = Formula

J = Jurisdiction Defined

L = Determination of Compensable

M = MTC Defined

N = Cumulative Indemnity \$ Paid

Q = Employee Death

R = 02 Change-timeline

T = response to "TE" acknowledgment

W1 = new claim is denied in its entirety

W2 = deny entire claim after previously accepted FROI (no SROI)

W4 = deny entire claim after any SROI has been accepted

Report Due From Code

A = From Date of Accident/Injury

B = From Date of Disability

C = From Employer Notification

D = From Administrator Notification

E = From Jurisdiction Notification

F = From Carrier Notification

G = From Initial Payment (IP)

H = Immediate

I = From Date of Death

J = From Report Trigger

K = Prior to Final Report (FN)

Others as defined by jurisdiction

****Kansas will accept claims that do not meet this statutory criteria for lost work time since it is so close to reporting of any and all claims. In other words, you can send any and all claims regardless of lost work time.**

IAIABC Claims Release 3.1
Subsequent Report of Injury Event Table

The Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From) If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			
3.0	SROI	02	Change	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Due immediately at the time any data element previously reported is updated in Claim Administrator's system based on the value of a SROI element with FY, YC, Y on Element Requirement table.	N/A	N/A	H= Immediate		N/A	N/A
3.1	SROI	02	Change	2=EDI Mandate Date	11/29/2018		R = 02 Change timeline: SROI 02 is due when a <i>reportable change</i> * occurs on the Claim Administrator's database until Report <i>Trigger Value</i> is reached A SROI 02 should not be used to include new payments and benefits made after the initial event, those should be reported on the next reportable event. The SROI 02 should only be used to correct values that were originally entered incorrectly.	B = 1 year from last accepted FN.	N/A	N/A	H= Immediate		N/A	N/A
3.0	SROI	04	Denial	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Due immediately at the time administrator is denying the claim and after any SROI MTC has been filed with KDWC.	N/A	N/A	H= Immediate		N/A	N/A
3.1	SROI	04	Denial	2=EDI Mandate Date	11/29/2018		W4 = deny entire claim after any SROI has been accepted		N/A	N/A	H= Immediate		N/A	N/A
3.0	SROI	AP	Acquired/Payment	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	When acquiring claim administrator makes their first indemnity payment after acquiring claim, and a FROI AU has been filed with KDWC.	5 days	B	G = From Initial Payment (IP)		N/A	N/A

**IAIABC Claims Release 3.1
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			
3.1	SROI	AP	Acquired/Payment	2=EDI Mandate Date	11/29/2018		M = MTC Defined	When acquiring claim administrator makes their first indemnity payment after acquiring claim, and a FROI AU has been filed with KDWC.	5 days	B	G = From Initial Payment (IP)		N/A	N/A
3.0	SROI	CD	Compensable Death	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	The obligation to pay benefits for an injured worker who died as a result of a covered injury, pending beneficiary investigation is being reported.	5 days	B	D= From Claim Administrator Notification		N/A	N/A
3.1	SROI	CD	Compensable Death	2=EDI Mandate Date	11/29/2018		M = MTC Defined	The obligation to pay benefits for an injured worker who died as a result of a covered injury, pending beneficiary investigation is being reported.	5 days	B	D= From Claim Administrator Notification		N/A	N/A
3.0	SROI	CO	Correction	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Correction of errors sent in response to a SROI TE acknowledgment.	N/A	N/A	H= Immediate		N/A	N/A
3.1	SROI	CO	Correction	2=EDI Mandate Date	11/29/2018		T = response to "TE" acknowledgment code from SROI MTC		N/A	N/A	H= Immediate		N/A	N/A
3.0	SROI	EP	Employer Paid	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	The first payment of the injured worker's salary in lieu of compensation by the employer is being reported.	5 days	B	G = From Initial Payment (IP)		N/A	N/A
3.1	SROI	EP	Employer Paid	2=EDI Mandate Date	11/29/2018		M = MTC Defined	The first payment of the injured worker's salary in lieu of compensation by the employer is being reported.	5 days	B	G = From Initial Payment (IP)		N/A	N/A
3.0	SROI	FN	Final	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	Closed claim, no further payments of any kind anticipated. A FN is not due if the claim has been previously denied, and a SROI 04 has been filed with KDWC. Also, if the claim reopens and payments are made, another FN can be filed on the claim.	5 days	B	J = From Report Trigger		N/A	N/A
3.1	SROI	FN	Final	2=EDI Mandate Date	11/29/2018		N = Cumulative Indemnity \$ Paid > \$0	A = 5 days from claim closure Closed claim, no further payments of any kind anticipated.	5 days	B	J = From Report Trigger		N/A	N/A

**IAIABC Claims Release 3.1
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			
3.1	SROI	FN	Final	2=EDI Mandate Date	11/29/2018		M = MTC Defined	A FN is not due if the claim has been previously denied, and a SROI 04 has been filed with KDWC. Also, if the claim reopens and payments are made, another FN can be filed on the claim.	5 days	B	J = From Report Trigger		N/A	N/A
3.0	SROI	IP	Initial Payment	2=EDI Mandate Date	1/1/2014	11/23/2018	N = Cumulative Indemnity \$ Paid	A claim administrator has issued the first payment (>\$0.00) of an indemnity benefit, other than a lump sum payment/settlement.	5 days	B	G = From Initial Payment (IP)		N/A	N/A
3.1	SROI	IP	Initial Payment	2=EDI Mandate Date	11/29/2018		N = Cumulative Indemnity \$ Paid	A claim administrator has issued the first payment (>\$0.00) of an indemnity benefit, other than a lump sum payment/settlement.	5 days	B	G = From Initial Payment (IP)		N/A	N/A
3.0	SROI	PY	Payment Report	2=EDI Mandate Date	1/1/2014	11/23/2018	M = MTC Defined	A PY identifies a lump sum payment/settlement report for indemnity claims only. If the first indemnity payment is included in a lump sum payment/settlement, do not send the IP or AP, send the PY.	5 days	B	J = From Report Trigger		N/A	N/A
3.1	SROI	PY	Payment Report	2=EDI Mandate Date	11/29/2018		M = MTC Defined	A PY identifies a lump sum payment/settlement report for indemnity claims only. If the first indemnity payment is included in a lump sum payment/settlement, do not send the IP or AP, send the PY.	5 days	B	J = From Report Trigger		N/A	N/A
3.1	SROI	PY	Payment Report	2=EDI Mandate Date	11/29/2018		M = MTC Defined	A claim administrator paid indemnity benefits on a denied claim and does not want to rescind the denial. They will submit a PY with Benefit Type Code 500.	5 days	B	J = From Report Trigger			
3.0	SROI	UR	Upon Request	2=EDI Mandate Date	1/1/2014	11/23/2018							N/A	N/A
3.1	SROI	UR	Update Report	2=EDI Mandate Date	11/29/2018		J = Jurisdiction Defined	Any open or reopened claim that has with DN0031 Date of Injury >= 7/1/2013 that were previously reported via IAIABC R3.0 and has had a SROI accepted prior to 11/29/2018. Must be sent prior to submitting any other Subsequent Reports of Injury for claims that were initiated before implementation of R3.1.	N/A	N/A	H = Immediate		N/A	N/A

**IAIABC Claims Release 3.1
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			

* refer to 02
MTC on SROI
Element
Requirement
Table

<u>Release</u>	<u>Rule Date Criteria</u>	<u>Report Trigger (Trigger Value (02))</u>	<u>Report Due Type</u>	<u>Receiver Codes</u>
IAIABC Claims Release number	1=Date of Injury	A = New Claim A = <i>duration</i> from claim clo B = <i>duration</i> from last	B = Business Days	EE = Employee
	2=EDI Mandate Date	B = Cumulative I accepted FN CM = Lost Time C = <i>duration</i> from last accepted SX or 04 whichever is latest	C = Calendar Days	ER = Employer
	3=Jurisdiction defined	CV = Lost Time D = <i>duration</i> from <i>jurisdiction defined</i> D = Cumulative Wage Replacement Paid E = Days Open <u>Trigger Value (AC)</u> F = Formula AB = <i>Acquisition Status Cc</i> J = Jurisdiction AJ = Jurisdiction defined Defined for acquired claims L = Determination of Compensable Death M = MTC Defined N = Cumulative Indemnity \$ Paid Q = Employee Death R = 02 Change timeline S = AC Acquisition/Indemnity Ceased T = response to "TE" acknowledgment code U = Narrative - Claim administrator chooses V = SU Sync Up W3 = deny entire claim after previously accepted FROI W4 = deny entire claim after any SROI has been accepted	<u>Report Due From Codes</u> A = From Date of Accident/Injury B = From Date of Disability C = From Employer Notification D = From Claim Administrator Notification E = From Jurisdiction Notification F = From Carrier Notification G = From Initial Payment (IP) H = Immediate I = From Date of Death J = From Report Trigger K = Prior to Final Report (FN) L = jurisdiction approval	PR = Provider Others as defined by

**IAIABC Claims Release 3.1
Periodic Report Event Table**

The Periodic Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: A (Report Type) (Maintenance Type-Code) must be filed based on the (Event Rule Criteria) within (Event Rule Date range) on Claims that meet the Report Trigger (Criteria and Trigger Value), meets the Periodic Qualifier (Status and Activity) and must be filed by the Periodic Report Due indicated (Value, Due Type, From).

* If the Event Rule Thru date is blank, reporting requirements apply until further notice.

* Periodic Report Due indicated (Value, Due Type, From) is the last day a claim administrator has to receive a "Transaction Accepted" or "Transaction Accepted with Errors" for that MTC, and not just the date on which that transaction must be triggered regardless of errors. It was suggested that the Claim Administrator trigger the reports prior to this date in order to allow time for

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		Statute	Periodic Qualifiers		Periodic Report Due		
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value		Status	Activity	Value	Due Type	From
3.0	SROI	AN	Annual	2=EDI Mandate Date	1/1/2014	Tentative 10/31/2018	J = Jurisdiction defined	For indemnity only claims, report is due within 52 weeks following the date of accident (DN0031-Date of Injury) every year until the claim closes and a FN is filed with KDWC.		1 = Open (If claim is open at time of Report Trigger)	IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)	52 weeks	C-Calendar	D = From Claim Administrator Notification
3.1	SROI	AN	Annual	2=EDI Mandate Date	Tentative 11/1/2018		J = Jurisdiction defined	For indemnity only claims, report is due within 52 weeks following the date of accident (DN0031-Date of Injury) every year until the claim closes and a FN is filed with KDWC.		1 = Open (If claim is open at time of Report Trigger)	IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)	52 weeks	C-Calendar	D = From Claim Administrator Notification

Release
IAIABC Claims Release number

Event Rule Criteria
1=Date of Injury
2=EDI Mandate Date
3=Jurisdiction defined

Status Qualifier
1 = Open (If claim is open at time of
2 = Closed (If claim has closed since the last periodic report)
3 = Either (if claim is open or has closed since the last periodic report)
4 = Jurisdiction defined

Due Type
B = Business Days
C =Calendar Days

Activity Qualifier
E = Either (either IL or MB)
IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)
J = Jurisdiction defined (define details in column)
MB = Medical Only (If Claim Type Code = Medical Only or Became Medical Only)

Report Due From Codes
A = From Date of Accident/Injury
J = From Report Trigger

**IAIABC Claims Release 3.1
First Report of Injury Element Requirements**

Data Requirement Codes																
M (Mandatory)															AE (If Applicable/Available Transaction Accepted with Errors)	
MC (Mandatory/Conditional)															AR (If Applicable/Available Transaction Rejected)	
E (Expected)															NA (Not Applicable)	
EC (Expected/Conditional)															F (Fatal Technical)	
AA (If Applicable/Available Transaction Accepted)															X (Exclude)	
					IAIABC Defined	#	%	&	>	?	+	+	*	^	1	2
Reportable change codes - applies A, U, D, R columns for 02 Change MTC when the change occurs within timeline describe on Event table only																
Changes should be reported unless the cell contains B, N, H or exception described in SROI 02 Exception worksheet applies to the data element																
B: Restricted - IAIABC Defined No Change Allowed								I: Required Change on Either FROI or SROI not both – Claim Administrator Determines								
N: No Change Allowed - Will Reject if Present								IG: Required Change on Either FROI or SROI not both with Exception								
H: No Change Required - Will Not Reject if Present								Claim Administrator Determines								
K: Required Change on FROI								J: Required Change by Transaction Type								
KG: Required Change on FROI with Exception								Change on SROI if Accepted otherwise Change on FROI								
Y: Required Change on FROI or on SROI not both								JG: Required Change by Transaction Type with Exception								
YG: Required Change on FROI or on SROI not both w. Exception								Change on SROI if Accepted otherwise Change on FROI								
Migration Considerations: Refer to Claims R1 to R3 to R3.1 Migration on IAIABC EDI Standard References web page																
Match Data Note: Lower case "m" or "mc" requirement code indicates Match Data data elements.																
Claim Administrator Postal Code (DN0014) and related address fields should be populated with:																
<input checked="" type="radio"/> Mailing or <input type="radio"/> Physical Please unfreeze the panes to see Legend information above.																
FROI MTC'S																
On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT		00	01	02				04	AU	CO	UR - Update Report	
								Reportable Change								
					Migration Consideration	Match Data		02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)				
Both	148	0001	Transaction Set ID	3 A/N	NI	F	F	F	B	B	B	B	F	F	F	F
Both	148	0002	Maintenance Type Code	2 A/N	NI	F	F	F	B	B	B	B	F	F	F	F
Both	148	0003	Maintenance Type Code Date	DATE	NI	F	F	F	B	B	B	B	F	F	F	F
Both	148	0004	Jurisdiction Code	2 A/N	NI	F	F	F	B	B	B	B	F	F	F	F
Both	148	0005	Jurisdiction Claim Number	25 A/N	NI	NA	M	m	B	N	B	B	MC	NA	\$	M
Both	148	0006	Insurer FEIN	9 A/N	NI	M	M	m	N	J	B	N	M	M	M	M
FROI	148	0012	Claim Administrator City	15 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	NA
FROI	148	0013	Claim Administrator State Code	2 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
Both	148	0014	Claim Administrator Postal Code	9 A/N	NI	M	M	MC	N	K	B	N	M	M	M	AA
Both	148	0015	Claim Administrator Claim Number (Key Match)	25 A/N	NI	F	F	F	B	J	B	B	F	F	F	F
Both	148	0016	Employer FEIN	9 A/N	NI	M	M	MC	K	J	B	K	MC	M	\$	AA
FROI	148	0021	Employer Physical City	15 A/N	NI	M	M	MC	Y	Y	B	Y	MC	M	\$	AA
FROI	148	0022	Employer Physical State Code	2 A/N	NI	M	M	MC	Y	Y	B	Y	MC	M	\$	AA
Both	148	0023	Employer Physical Postal Code	9 A/N	NI	M	M	MC	K	K	B	K	MC	M	\$	AA
FROI	148	0025	Industry Code	6 A/N	NI	M	NA	MC	Y	Y	B	Y	MC	MC	\$	AA
FROI	148	0027	Insured Location Identifier	15 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	148	0028	Policy Number Identifier	18 A/N	NI	M	NA	MC	Y	Y	B	Y	MC	AR	\$	AA
FROI	148	0029	Policy Effective Date	DATE	NI	M	NA	MC	Y	Y	B	Y	MC	AR	\$	AA
FROI	148	0030	Policy Expiration Date	DATE	NI	M	NA	MC	Y	Y	B	Y	MC	AR	\$	AA
Both	148	0031	Date of Injury	DATE	NI	M	M	m	B	J	B	B	M	M	M	M
FROI	148	0032	Time of Injury	HHMM	NI	M	M	MC	N	Y	B	N	M	M	\$	AA
FROI	148	0033	Accident Site Postal Code	9 A/N	NI	MC	NA	MC	Y	Y	B	Y	AA	MC	\$	AA
FROI	148	0035	Nature of Injury Code	2 A/N	NI	M	NA	mc	N	Y	B	N	M	M	\$	AA
FROI	148	0037	Cause of Injury Code	2 A/N	NI	M	NA	mc	N	Y	B	N	M	M	\$	AA
FROI	148	0039	Initial Treatment Code	2 A/N	NI	M	NA	MC	Y	Y	B	N	NA	AE	\$	AA
FROI	148	0040	Date Employer Had Knowledge of the Injury	DATE	NI	M	NA	MC	Y	Y	B	N	M	AE	\$	AA
FROI	148	0041	Date Claim Administrator Had Knowledge of Injury	DATE	NI	M	NA	MC	Y	Y	B	N	M	NA	\$	AA
Both	148	0044	Employee First Name	15 A/N	NI	M	M	M	N	J	B	B	M	M	M	M
FROI	148	0048	Employee Mailing City	15 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	148	0049	Employee Mailing State Code	2 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	148	0050	Employee Mailing Postal Code	9 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
Both	148	0052	Employee Date of Birth	DATE	NI	M	M	m	N	J	B	N	M	M	\$	M
FROI	148	0053	Employee Gender Code	1 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
Both	148	0054	Employee Marital Status Code	1 A/N	NI	AE	NA	MC	J	J	B	J	AA	AE	\$	AA
Both	148	0055	Employee Number of Dependents	2 N	NI	AE	NA	MC	J	J	B	J	AA	AE	\$	AA
Both	148	0056	Initial Date Disability Began	DATE	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA

IAIABC Claims Release 3.1
First Report of Injury Element Requirements

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT		00	01	02				04	AU	CO	UR - Update Report	
								Reportable Change								
								02 Requirement Code	A (Add)	U (Update)	D (Delete)					R (Remove)
Migration Consideration	Match Data															
Both	148	0057	Employee Date of Death	DATE	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	148	0058	Employment Status Code	2 A/N	NI	M	NA	MC	J	J	B	N	M	M	\$	AA
FROI	148	0059	Manual Classification Code	4 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	148	0061	Employee Date of Hire	DATE	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	148	0062	Wage	\$9.2	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	148	0063	Wage Period Code	2 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	148	0064	Number of Days Worked Per Week	1 N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	148	0065	Initial Date Last Day Worked	DATE	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	148	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	148	0068	Initial RTW Date	DATE	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0001	Transaction Set ID	3 A/N	NI	F	F	F	B	B	B	B	F	F	F	F
Both	R21	0295	Maintenance Type Correction Code	2 A/N	NI	X	X	X	B	B	B	B	X	X	F	X
Both	R21	0296	Maintenance Type Correction Code Date	DATE	NI	X	X	X	B	B	B	B	X	X	F	X
Both	R21	0196	Denial Rescission Date	DATE	NI	MC	NA	MC	J	J	B	J	X	NA	\$	AA
Both	R21	0186	Jurisdiction Branch Office Code	2 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0015	Claim Administrator Claim Number	25 A/N	NI	F	F	F	B	J	B	B	F	F	F	F
Both	R21	0187	Claim Administrator FEIN	9 A/N	NI	M	M	m	N	J	B	N	M	M	M	M
Both	R21	0188	Claim Administrator Name	40 A/N	NI	M	NA	MC	N	J	B	N	M	M	\$	AA
FROI	R21	0135	Claim Administrator Information/Attention Line	50 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0010	Claim Administrator Primary Address	40 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0011	Claim Administrator Secondary Address	40 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0136	Claim Administrator Country Code	3 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0270	Employee ID Type Qualifier	1 A/N	NI	M	M	M	B	J	B	B	M	M	M	M
FROI	R21	*	Employee ID	*One of the following Employee ID types may be populated												
Both	148	0042	Employee SSN	15 A/N	NI	MC	MC	mc	B	J	B	B	MC	MC	\$	MC
Both	R21	0152	Employee Employment Visa	15 A/N	NI	MC	MC	mc	B	J	B	B	MC	MC	\$	MC
Both	R21	0153	Employee Green Card	15 A/N	NI	MC	MC	mc	B	J	B	B	MC	MC	\$	MC
Both	R21	0154	Employee ID Assigned by Jurisdiction	15 A/N	NI	MC	MC	mc	B	J	B	B	MC	MC	\$	MC
Both	R21	0156	Employee Passport Number	15 A/N	NI	MC	MC	mc	B	J	B	B	MC	MC	\$	MC
Both	R21	0255	Employee Last Name Suffix	4 A/N	NI	AE	NA	MC	J	J	B	J	AA	AE	\$	AA
FROI	R21	0150	Employee Authorization to Release Medical Records Indica	1 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0157	Employee Social Security Number Release Indicator	1 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0043	Employee Last Name	40 A/N	NI	M	M	m	N	J	B	B	M	M	M	M
Both	R21	0045	Employee Middle Name/Initial	15 A/N	NI	AE	AA	MC	J	J	B	J	AA	AE	\$	AA
FROI	R21	0046	Employee Mailing Primary Address	40 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0047	Employee Mailing Secondary Address	40 A/N	NI	AA	NA	MC	Y	Y	B	Y	AA	AA	\$	AA
FROI	R21	0155	Employee Mailing Country Code	3 A/N	NI	MC	NA	MC	Y	Y	B	Y	MC	MC	\$	AA
FROI	R21	0051	Employee Phone Number	15 A/N	NI	AE	NA	MC	Y	Y	B	Y	AA	AE	\$	AA
Both	R21	0146	Death Result of Injury Code	1 A/N	L	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0290	Type of Loss	2 A/N	L	M	NA	MC	N	J	B	N	M	M	\$	AA
Both	R21	0314	Insured FEIN	9 A/N	L	M	NA	MC	J	J	B	J	MC	M	\$	AA
FROI	R21	0017	Insured Name	40 A/N	NI	M	M	MC	Y	Y	B	Y	MC	M	\$	AA
FROI	R21	0184	Insured Type Code	1 A/N	NI	M	NA	MC	Y	Y	B	Y	MC	M	\$	AA
Both	R21	0026	Insured Report Number	25 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0204	Work Week Type Code	1 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0205	Work Days Scheduled Code	7 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0229	Injury Severity Type Code	1 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0007	Insurer Name	40 A/N	NI	M	M	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0185	Insurer Type Code	1 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
Both	R21	0292	Insolvent Insurer FEIN	9 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0200	Claim Administrator Alternate Postal Code	9 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0206	Employee Security ID	15 A/N	NI	NA	NA	NA	B	H	B	B	NA	NA	\$	NA
Both	R21	0297	First Day of Disability After the Waiting Period	DATE		NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0249	Accident Premises Code	1 A/N	NI	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0118	Accident Site County/Parish	20 A/N	L	MC	NA	MC	Y	Y	B	Y	MC	MC	\$	AA
FROI	R21	0119	Accident Site Location Narrative	50 A/N	L	MC	NA	NA	Y	Y	B	Y	MC	MC	\$	AA
FROI	R21	0120	Accident Site Organization Name	50 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0121	Accident Site City	15 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA

IAIABC Claims Release 3.1
First Report of Injury Element Requirements

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT		00	01	02				04	AU	CO	UR - Update Report	
								Reportable Change								
								Migration Consideration	Match Data	02 Requirement Code	A (Add)					U (Update)
FROI	R21	0122	Accident Site Street	40 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0123	Accident Site State Code	2 A/N	L	MC	NA	MC	Y	Y	B	Y	MC	MC	\$	AA
FROI	R21	0280	Accident Site Country Code	3 A/N	L	MC	NA	MC	Y	Y	B	Y	MC	MC	\$	AA
Both	R21	0281	Initial Date Employer Had Knowledge of Date of Disability	DATE	L	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0075	Agreement to Compensate Code	1 A/N	L	NA	NA	NA	H	H	B	H	X	NA	\$	NA
FROI	R21	0018	Employer Name	40 A/N	NI	M	M	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0329	Employer UI Number	15 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0019	Employer Physical Primary Address	40 A/N	NI	M	M	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0020	Employer Physical Secondary Address	40 A/N	NI	AA	AA	MC	Y	Y	B	Y	AA	AA	\$	AA
FROI	R21	0164	Employer Physical Country Code	3 A/N	L	MC	NA	MC	Y	Y	B	Y	MC	MC	\$	AA
FROI	R21	0159	Employer Contact Business Phone Number	15 A/N	L	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0160	Employer Contact Name	40 A/N	L	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0230	Employer ID Assigned by Jurisdiction	15 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0231	Manual Classification Sub-Code	2 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0072	Latest RTW/Status Date	DATE	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0403	Initial RTW Type Code	1 A/N	L	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0404	Initial RTW Physical Restrictions Indicator	1 A/N	L	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0405	Initial RTW With Same Employer Indicator	1 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0406	Latest RTW Type Code	1 A/N	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0407	Latest RTW Physical Restrictions Indicator	1 A/N	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0408	Latest RTW With Same Employer Indicator	1 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0144	Current Date Disability Began	DATE	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0145	Current Date Last Day Worked	DATE	NI	MC	NA	MC	J	J	B	J	MC	MC	\$	AA
Both	R21	0416	Current Date Employer Had Knowledge of Current Date of Disability	DATE	V	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	DATE	V	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0163	Employer Mailing Information/Attention Line	50 A/N	L	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
FROI	R21	0165	Employer Mailing City	15 A/N	L	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0166	Employer Mailing Country Code	3 A/N	L	MC	NA	MC	Y	Y	B	Y	MC	MC	\$	AA
FROI	R21	0167	Employer Mailing Postal Code	9 A/N	L	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0168	Employer Mailing Primary Address	40 A/N	L	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0169	Employer Mailing Secondary Address	40 A/N	L	AA	AA	MC	Y	Y	B	Y	AA	AA	\$	AA
FROI	R21	0170	Employer Mailing State Code	2 A/N	L	M	NA	MC	N	Y	B	N	M	M	\$	AA
FROI	R21	0060	Occupation Description	50 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0199	Full Denial Effective Date	DATE	NI	X	NA	MC	N	J	B	N	M	X	\$	AA
Both	R21	0138	Claim Administrator Claim Representative E-Mail Address	80 A/N	NI	M	NA	MC	J	J	B	N	M	M	\$	AA
Both	R21	0140	Claim Administrator Claim Representative Name	40 A/N	NI	M	NA	MC	N	J	B	N	M	M	\$	AA
Both	R21	0137	Claim Administrator Claim Representative Business Phone Number	15 A/N	NI	M	NA	MC	J	J	B	N	M	M	\$	AA
Both	R21	0073	Claim Status Code	1 A/N	NI	NA	NA	NA	J	J	B	N	NA	NA	\$	NA
Both	R21	0074	Claim Type Code	1 A/N	NI	AE	AA	MC	J	J	B	N	AA	AE	\$	AA
Both (dif)	R21	0077	Late Reason Code	2 A/N	NI	NA	NA	NA	H	H	B	H	NA	NA	\$	NA
Both	R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	NI	AA	NA	NA	J	J	B	J	AA	AA	\$	AA
Variable Segment Counters																
FROI	R21	0274	Number of Accident/Injury Description Narratives	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
Both	R21	0277	Number of Full Denial Reason Codes	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
Both	R21	0276	Number of Denial Reason Narratives	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
FROI	R21	0278	Number of Managed Care Organizations	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
FROI	R21	0279	Number of Witnesses	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
FROI	R21	0420	Number of Part of Body Injured	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
Both	R21	0411	Number of Change Data Elements	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
FROI	R21	0434	Number of Cancel Elements	2 N	NI	F	F	F	F	F	F	F	F	F	F	F
Variable Segments																
Accident/Injury Description Narratives																
FROI	R21	0038	Accident/Injury Description Narrative	50 A/N	NI	M	NA	MC274	Y	Y	Y	B	M	M	\$	AA
Full Denial Reason Codes																
Both	R21	0198	Full Denial Reason Code	2 A/N	NI	X	NA	MC277	N	J	N	B	M	X	\$	AA

**IAIABC Claims Release 3.1
First Report of Injury Element Requirements**

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT	Migration Consideration	Match Data	00	01	02				04	AU	CO	UR - Update Report	
									02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)				
Reportable Change																	
Full Denial Reason Narratives																	
Both	R21	0197	Denial Reason Narrative	50 A/N	NI		X	NA	MC276	J	J	J	B	AE	X	\$	AA
Managed Care Organizations																	
FROI	R21	0207	Managed Care Organization Code	2 A/N	L		NA	NA	NA	H	H	H	B	NA	NA	\$	NA
FROI	R21	0209	Managed Care Organization Name	40 A/N	L		NA	NA	NA	H	H	H	B	NA	NA	\$	NA
FROI	R21	0208	Managed Care Organization Identification Number	9 A/N	L		NA	NA	NA	H	H	H	B	NA	NA	\$	NA
Witnesses																	
FROI	R21	0238	Witness Name	40 A/N	L		NA	NA	NA	H	H	H	B	NA	NA	\$	NA
FROI	R21	0237	Witness Business Phone Number	15 A/N	L		NA	NA	NA	H	H	H	B	NA	NA	\$	NA
Part of Body Injured																	
FROI	R21	0036	Part of Body Injured Code	2 A/N	NI		M	NA	MC420	Y	Y	Y	B	M	M	\$	AA
FROI	R21	0421	Part of Body Injured Location Code	1 A/N	L		NA	NA	NA	H	H	H	B	NA	NA	\$	NA
FROI	R21	0422	Part of Body Injured Fingers/Toes Location Code	1 A/N	L		NA	NA	NA	H	H	H	B	NA	NA	\$	NA
Change Data Elements																	
Both	R21	0412	Change Data Element/Segment Number	4 A/N	NI		X	X	M	B	B	B	B	X	X	\$	X
Both	R21	0413	Change Reason Code	1 A/N	NI		X	X	M	B	B	B	B	X	X	\$	X
Cancel Elements																	
FROI	R21	0400	Cancel Reason Code	1 A/N	NI		X	M	X	B	B	B	B	X	X	X	X
oth (dif	R21	0401	Jurisdiction Claim Number - Related	25 A/N	NI		X	NA	X	B	B	B	B	X	X	X	X
FROI	R21	0402	Cancel Reason Narrative	150 A/N	NI		X	NA	X	B	B	B	B	X	X	X	X

**IAIABC Claims Release 3.1
Subsequent Report of Injury Requirements**

Data Requirement Codes

M (Mandatory)
MC (Mandatory/Conditional)
E (Expected)
EC (Expected/Conditional)
AA (If Applicable/Available Transaction Accepted)

AE (If Applicable/Available Transaction Accepted with Errors)
AR (If Applicable/Available Transaction Rejected)
NA (Not Applicable)
F (Fatal Technical)
X (Exclude)

IAIABC Defined	@	%	&	>	?	+	+	*	^	1	2	3	4
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Reportable change codes - applies A, U, D, R columns for 02 Change MTC when the change occurs within timeline describe on Event table only

Changes should be reported unless the cell contains B, N,H or exception described in *SROI 02 Exception* worksheet applies to the data element

B: Restricted - IAIABC Defined No I: Required Change on Either FROI or SROI not both – Claim Administrator Determines
N: No Change Allowed - Will Reject if IG: Required Change on Either FROI or SROI not both with Exception
H: No Change Required - Will Not Reject Claim Administrator Determines
K: Required Change on FROI J: Required Change by Transaction Type
KG: Required Change on FROI with Change on SROI if Accepted otherwise Change on FROI
Y: Required Change on FROI or on SROI JG: Required Change by Transaction Type with Exception
YG: Required Change on FROI or on SROI Change on SROI if Accepted otherwise Change on FROI

Migration Considerations: Refer to Claims R1 to R3 to R3.1 Migration on IAIABC EDI Standard References

Match Data Note: Lower case "m" or "mc" requirement code indicates Match Data data elements.

Claim Administrator Postal Code (DN0014) and related address fields should be populated with:

☉Mailing or ☐Physical

Please unfreeze the panes to see Legend information above.				SROI MTC'S										Periodic						
On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT		02	04	AP	CD	CO	EP	FN	IP	PY	UR Update Report	AN				
					Migration Consideration	02 Requirement Code	A (Add)	U (Update)	D (Delete)	R (Remove)										
Both	A49	0001	Transaction Set ID	3 A/N	NI	F	B	B	B	B	F	F	F	F	F	F	F			
Both	A49	0002	Maintenance Type Code	2 A/N	NI	F	B	B	B	B	F	F	F	F	F	F	F			
Both	A49	0003	Maintenance Type Code Date	DATE	NI	F	B	B	B	B	F	F	F	F	F	F	F			
Both	A49	0004	Jurisdiction Code	2 A/N	NI	F	B	B	B	B	F	F	F	F	F	F	F			
Both	A49	0006	Insurer FEIN	9 A/N	NI	m	B	J	B	B	M	M	M	M	M	M	M			
Both	A49	0014	Claim Administrator Postal Code	9 A/N	NI	MC	B	K	B	B	M	M	M	\$	M	M	M			
Both	A49	0055	Employee Number of Dependents	2 N	NI	MC	J	J	B	J	AE	AE	NA	\$	AE	AE	AE			
SROI	A49	0069	Pre-existing Disability Code	1 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA			
Both	A49	0056	Initial Date Disability Began	DATE	NI	MC	J	J	B	J	NA	AE	NA	\$	MC	MC	MC			
SROI	A49	0070	Date of Maximum Medical Improvement	DATE	NI	MC	Y	Y	B	Y	X	MC	NA	\$	MC	MC	MC			
Both	A49	0072	Latest RTW/Status Date	DATE	NI	MC	J	J	B	J	NA	MC	X	\$	MC	MC	MC			
Both	A49	0057	Employee Date of Death	DATE	NI	MC	J	J	B	J	MC	MC	M	\$	MC	MC	MC			
Both	A49	0063	Wage Period Code	2 A/N	NI	MC	Y	Y	B	Y	NA	M	M	\$	M	M	M			
Both	A49	0064	Number of Days Worked Per Week	1 N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA			
Both	A49	0031	Date of Injury	DATE	NI	m	B	J	B	B	M	M	M	M	M	M	M			
Both	A49	0026	Insured Report Number	25 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA			
Both	A49	0015	Claim Administrator Claim Number	25 A/N	NI	F	B	J	B	B	F	F	F	F	F	F	F			
Both	A49	0005	Jurisdiction Claim Number	25 A/N	NI	m	B	N	B	B	M	M	M	\$	M	M	M			
Both	A49	0073	Claim Status Code	1 A/N	NI	MC	J	J	B	N	M	AE	M	\$	M	M	M			
Both	A49	0074	Claim Type Code	1 A/N	NI	MC	J	J	B	N	M	M	M	\$	M	M	M			
Both	A49	0075	Agreement to Compensate Code	1 A/N	NI	NA	H	H	B	H	X	NA	NA	\$	X	NA	NA			
SROI	A49	0076	Date Claim Administrator Notified of Employee Representation	DATE	NI	MC	Y	Y	B	N	NA	AE	AE	\$	AE	AE	AE			
Both	A49	0077	Late Reason Code	2 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA			
Both	R22	0001	Transaction Set ID	3 A/N	NI	F	B	B	B	B	F	F	F	F	F	F	F			
Both	R22	0295	Maintenance Type Correction Code	2 A/N	NI	X	B	B	B	B	X	X	X	F	X	X	X			
Both	R22	0296	Maintenance Type Correction Code Date	DATE	NI	X	B	B	B	B	X	X	X	F	X	X	X			
SROI	R22	0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	DATE	V	MC	Y	Y	B	Y	NA	MC	MC	\$	MC	MC	MC			
Both	R22	0186	Jurisdiction Branch Office Code	2 A/N	L	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA			

**IAIABC Claims Release 3.1
Subsequent Report of Injury Requirements**

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT	Migration Consideration	02					04	AP	CD	CO	EP	FN	IP	PY	UR Update Report	AN			
						02	A (Add)	U (Update)	D (Delete)	R (Remove)													
						Reportable Change																	
Both	R22	0015	Claim Administrator Claim Number	25 A/N	NI	F	B	J	B	B	F	F	F	F	F	F	F	F	F				
Both	R22	0187	Claim Administrator FEIN	9 A/N	NI	m	B	J	B	B	F	F	F	F	F	F	F	F	F				
Both	R22	0188	Claim Administrator Name	40 A/N	NI	MC	N	J	B	N	M	M	M	\$	M	M	M	M	AA				
Both	R22	0140	Claim Administrator Claim Representative Name	40 A/N	NI	MC	N	J	B	N	M	M	M	\$	M	M	M	M	AA				
Both	R22	0137	Claim Administrator Claim Representative Business Phone Number	15 A/N	NI	MC	J	J	B	N	M	M	M	\$	M	M	M	M	AA				
Both	R22	0138	Claim Administrator Claim Representative Email Address	80 A/N	NI	MC	J	J	B	N	M	M	M	\$	M	M	M	M	AA				
Both	R22	0270	Employee ID Type Qualifier	1 A/N	NI	M	B	J	B	B	M	M	M	\$	M	M	M	M	M				
SROI	R22	*	Employee ID																				
Both	R22	0042	Employee SSN	15 A/N	NI	mc	B	J	B	B	MC	MC	MC	\$	MC	MC	MC	MC	MC				
Both	R22	0152	Employee Employment Visa	15 A/N	NI	mc	B	J	B	B	MC	MC	MC	\$	MC	MC	MC	MC	MC				
Both	R22	0153	Employee Green Card	15 A/N	NI	mc	B	J	B	B	MC	MC	MC	\$	MC	MC	MC	MC	MC				
Both	R22	0154	Employee ID Assigned by Jurisdiction	15 A/N	NI	mc	B	J	B	B	MC	MC	MC	\$	MC	MC	MC	MC	MC				
Both	R22	0156	Employee Passport Number	15 A/N	NI	mc	B	J	B	B	MC	MC	MC	\$	MC	MC	MC	MC	MC				
Both	R22	0043	Employee Last Name	40 A/N	NI	m	B	J	B	B	M	M	M	M	M	M	M	M	M				
Both	R22	0044	Employee First Name	15 A/N	NI	MC	B	J	B	B	M	M	M	M	M	M	M	M	M				
Both	R22	0045	Employee Middle Name/Initial	15 A/N	NI	MC	J	J	B	J	AA	AE	AE	\$	AE	AE	AE	AE	AA				
Both	R22	0255	Employee Last Name Suffix	4 A/N	NI	MC	J	J	B	J	AA	AE	AE	\$	AE	AE	AE	AE	AA				
Both	R22	0052	Employee Date of Birth	DATE	NI	m	N	J	B	N	M	M	M	\$	M	M	M	M	M				
Both	R22	0054	Employee Marital Status Code	1 A/N	NI	MC	J	J	B	J	NA	AE	AE	\$	AE	AE	AE	AE	AA				
SROI	R22	0151	Employee Education Level	2 N	L	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA				
SROI	R22	0213	Employee Number of Entitled Exemptions	2 N	L	NA	H	H	B	H	X	NA	NA	\$	NA	NA	NA	NA	NA				
SROI	R22	0201	Anticipated Wage Loss Indicator	1 A/N	L	NA	H	H	B	H	X	X	X	\$	X	X	X	X	X				
SROI	R22	0202	Reduced Benefit Amount Code	1 A/N	L	MC	Y	Y	B	Y	NA	MC	MC	\$	MC	MC	MC	MC	AA				
SROI	R22	0158	Employee Tax Filing Status Code	1 A/N	L	NA	H	H	B	H	X	NA	NA	\$	NA	NA	NA	NA	NA				
Both	R22	0146	Death Result of Injury Code	1 A/N	L	MC	J	J	B	J	MC	MC	M	\$	MC	MC	MC	MC	AA				
Both	R22	0314	Insured FEIN	9 A/N	L	MC	J	J	B	J	NA	M	M	\$	M	M	M	M	AA				
Both	R22	0292	Insolvent Insurer FEIN	9 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA				
Both	R22	0016	Employer FEIN	9 A/N	NI	MC	K	J	B	K	M	M	M	\$	M	M	M	M	AA				
Both	R22	0023	Employer Physical Postal Code	9 A/N	NI	MC	K	K	B	K	M	AE	M	\$	M	M	M	M	AA				
Both	R22	0281	Initial Date Employer Had Knowledge of Date of Disability	DATE	L	MC	J	J	B	J	NA	AE	M	\$	M	M	M	MC	AA				
SROI	R22	0212	Non-Consecutive Period Code	1 A/N	NI	NA	H	H	B	H	X	X	X	\$	NA	X	NA	NA	NA				
SROI	R22	0172	Estimated Gross Weekly Amount Indicator	1 A/N	V	NA	H	H	B	H	X	NA	X	\$	X	NA	NA	NA	NA				
Both	R22	0145	Current Date Last Day Worked	DATE	V	MC	J	J	B	J	X	MC	NA	\$	MC	MC	MC	MC	AA				
Both	R22	0144	Current Date Disability Began	DATE	V	MC	J	J	B	J	NA	MC	NA	\$	MC	MC	MC	MC	AA				
Both	R22	0065	Initial Date Last Day Worked	DATE	NI	MC	J	J	B	J	NA	MC	NA	\$	MC	MC	MC	MC	AA				
SROI	R22	0193	Suspension Effective Date	DATE	NI	NA	B	H	B	H	X	X	X	\$	X	X	X	X	X				
Both	R22	0199	Full Denial Effective Date	DATE	NI	MC	B	J	B	N	M	X	X	\$	X	X	X	X	X				
Both	R22	0196	Denial Rescission Date	DATE	NI	MC	J	J	B	J	X	MC	MC	\$	MC	MC	MC	MC	AA				
SROI	R22	0294	Partial Denial Code	1 A/N	NI	NA	B	H	B	H	X	X	X	\$	X	X	X	X	X				
SROI	R22	0134	Calculated Weekly Compensation Amount	\$9.2	NI	NA	H	H	B	H	NA	NA	X	\$	NA	NA	NA	NA	NA				
SROI	R22	0256	Wage Effective Date	DATE	L	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA				
SROI	R22	0149	Discontinued Fringe Benefits	\$9.2	NI	NA	H	H	B	H	X	NA	X	\$	NA	NA	NA	NA	NA				
Both	R22	0290	Type of Loss Code	2 A/N	L	MC	N	J	B	N	M	M	M	\$	M	M	M	M	AA				
Both	R22	0058	Employment Status Code	2 A/N	NI	MC	J	J	B	N	NA	AE	M	\$	M	M	M	M	AA				
SROI	R22	0223	Permanent Impairment Minimum Payment Indicator	1 A/N	V	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA				
Both	R22	0068	Initial RTW Date	DATE	NI	MC	J	J	B	J	NA	MC	X	\$	MC	MC	MC	MC	AA				
Both	R22	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA				
SROI	R22	0293	Lump Sum Payment/Settlement Code	2 A/N	NI	MC	N	Y	B	N	X	X	X	\$	X	X	X	M	X				

**IAIABC Claims Release 3.1
Subsequent Report of Injury Requirements**

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT	Migration Consideration	02					04	AP	CD	CO	EP	FN	IP	PY	UR Update Report	AN
						Reportable Change	02 Requirement Code	A (Add)	U (Update)	D (Delete)										
Both	R22	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	NI	MC	J	J	B	J	NA	AE	X	\$	M	NA	NA	NA	AA	NA
SROI	R22	0286	Average Wage	\$9.2	NI	MC	N	Y	B	N	NA	M	M	\$	M	M	M	AA	M	
Both	R22	0297	First Day of Disability After the Waiting Period	DATE	L	MC	Y	Y	B	Y	NA	MC	NA	\$	MC	MC	MC	AA	MC	
SROI	R22	0299	Award/Order Date	DATE	V	NA	H	H	B	H	X	NA	X	\$	NA	NA	NA	NA	NA	
Both	R22	0200	Claim Administrator Alternate Postal Code	9 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA	
SROI	R22	0203	Employer Paid Salary Prior To Acquisition Code	1 A/N	V	NA	H	B	B	H	X	NA	X	\$	NA	X	X	X	NA	X
Both	R22	0204	Work Week Type Code	1 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA	
Both	R22	0205	Work Days Scheduled Code	7 A/N	NI	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA	
Both	R22	0206	Employee Security ID	15 A/N	NI	NA	B	H	B	B	NA	NA	NA	\$	NA	NA	NA	NA	NA	
Both	R22	0229	Injury Severity Type Code	1 A/N	L	NA	H	H	B	H	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Both	R22	0403	Initial RTW Type Code	1 A/N	L	MC	J	J	B	J	NA	MC	X	\$	MC	MC	MC	AA	MC	
Both	R22	0404	Initial RTW Physical Restrictions Indicator	1 A/N	L	MC	J	J	B	J	NA	MC	X	\$	MC	MC	MC	AA	AA	MC
Both	R22	0405	Initial RTW With Same Employer Indicator	1 A/N	L	NA	H	H	B	H	NA	NA	X	\$	NA	NA	NA	NA	NA	
Both	R22	0406	Latest RTW Type Code	1 A/N	NI	MC	J	J	B	J	NA	MC	X	\$	MC	MC	MC	AA	MC	
Both	R22	0407	Latest RTW Physical Restrictions Indicator	1 A/N	NI	MC	J	J	B	J	NA	MC	X	\$	MC	MC	MC	AA	AA	MC
Both	R22	0408	Latest RTW With Same Employer Indicator	1 A/N	NI	NA	H	H	B	H	NA	NA	X	\$	NA	NA	NA	NA	NA	
Both	R22	0416	Current Date Employer Had Knowledge of Current Date of Disability	DATE	V	NA	H	H	B	H	NA	NA	X	\$	NA	NA	NA	NA	NA	
Both	R22	0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	DATE	V	NA	H	H	B	H	NA	NA	X	\$	NA	NA	NA	NA	NA	
Both	R22	0401	Jurisdiction Claim Number - Related	25 A/N	V	NA	H	H	B	H	X	X	X	\$	X	X	X	NA	X	X
SROI	R22	0423	Acquired Claim Last Known Indemnity Through Date	DATE	V	NA	H	H	B	H	X	X	X	\$	X	X	X	X	X	
SROI	R22	0433	Overpayment Amount - Current	\$9.2	L	NA	H	H	B	H	NA	NA	NA	\$	NA	NA	NA	NA	NA	
SROI	R22	0418	Suspension Reason Code – Full	2 A/N	V	NA	B	H	B	B	X	X	X	\$	X	X	X	X	X	
SROI	R22	0419	Suspension Reason Code - Partial	2 A/N	V	NA	B	H	B	B	X	X	X	\$	X	X	X	X	X	
SROI	R22	0436	Partial Denial Effective Date	1 A/N	NI	NA	B	H	B	H	X	X	X	\$	X	X	X	X	X	
Variable Segment Counters																				
SROI	R22	0288	Number of Benefits	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0283	Number of Payments	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0282	Number of Other Benefits	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0289	Number of Benefit ACR	3 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0284	Number of Recoveries	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0285	Number of Reduced Earnings	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0275	Number of Concurrent Employers	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Both	R22	0277	Number of Full Denial Reason Codes	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Both	R22	0276	Number of Denial Reason Narratives	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0287	Number of Suspension Narratives	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0078	Number of Permanent Impairments	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0424	Number of Dependent/Payee Relationships	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Both	R22	0411	Number of Change Data Elements	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
SROI	R22	0430	Number of Narrative for Claim	2 N	NI	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Variable Segments																				
Benefits																				
						E0	E0	E0	E0	E0	E0	E1	X	\$	E1	E0	E1	E0	E0	

**IAIABC Claims Release 3.1
Subsequent Report of Injury Requirements**

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT	Migration Consideration	02					04	AP	CD	CO	EP	FN	IP	PY	UR Update Report	AN
						Reportable Change	02 Requirement Code	A (Add)	U (Update)	D (Delete)										
SROI	R22	0085	Benefit Type Code	3 A/N	NI	MC288a MC288b	N	Y	N	B										Event Benefits Segment Requirements must be defined on the <i>Event Benefits Segment Req Tab</i> :
SROI	R22	0002	Maintenance Type Code	2 A/N	NI	MC288a	B	B	B	B										For MTC's: AP, EP, IP, PY (Benefit Type Codes other than 5XX), RB, CA, RE 02, CO, CB, PX, SX
SROI	R22	0174	Gross Weekly Amount	\$9.2	NI		N	N	N	B										► E0, E1 and E2 labels on the <i>Benefits</i> title line shows the minimum # of segments by MTC (See <i>Variable Benefits</i> segment because the segment cannot be sent without this data element. ► "Sweep" Benefits Segment Rules and Lump Sum <i>Error Correction Technical Rules</i> in Section 4 apply to <i>Benefits</i> segments should not be expected on CD, UI <i>Benefits</i> segment requirements for UR MTC ► See "Sweep" Benefits Segment Rules tab. Requirements on Periodic reports are based on "Sweep" Benefits Segment Rules in Variable Segment Population Rules (see Section 4).
SROI	R22	0175	Gross Weekly Amount Effective Date	DATE	NI	NA	H	H	H	B										
SROI	R22	0087	Net Weekly Amount	\$9.2	NI	MC288a MC288b	N	Y	N	B										
SROI	R22	0211	Net Weekly Amount Effective Date	DATE	NI	NA	H	H	H	B										
SROI	R22	0088	Benefit Period Start Date	DATE	NI	NA	H	H	H	B										
SROI	R22	0089	Benefit Period Through Date	DATE	NI	NA	H	H	H	B										
SROI	R22	0090	Benefit Type Claim Weeks	4 N	NI	NA	H	H	H	B										
SROI	R22	0091	Benefit Type Claim Days	1 N	NI	NA	H	H	H	B										
SROI	R22	0086	Benefit Type Amount Paid	\$9.2	NI	MC288a MC288b	N	Y	N	B										
SROI	R22	0192	Benefit Payment Issue Date	DATE	NI		N	Y	N	B										
Payments																				
SROI	R22	0222	Payment Reason Code	3 A/N	NI	NA	B	H	B	B	X	MC	X	\$	X	X	MC	MC	X	X
SROI	R22	0217	Payee	40 A/N	NI	NA	B	H	B	B	X	NA	X	\$	X	X	NA	NA	X	X
SROI	R22	0218	Payment Amount	\$9.2	NI	NA	B	H	B	B	X	MC	X	\$	X	X	MC	MC	X	X
SROI	R22	0219	Payment Covers Period Start Date	DATE	NI	NA	B	H	B	B	X	NA	X	\$	X	X	NA	NA	X	X
SROI	R22	0220	Payment Covers Period Through Date	DATE	NI	NA	B	H	B	B	X	NA	X	\$	X	X	NA	NA	X	X
SROI	R22	0195	Payment Issue Date	DATE	NI	NA	B	H	B	B	X	MC	X	\$	X	X	MC	MC	X	X
Other Benefits																				
SROI	R22	0216	Other Benefit Type Code	3 A/N	NI	MC282	N	Y	N	B	NA	NA	MC	\$	MC	MC	MC	MC	AA	MC
SROI	R22	0215	Other Benefit Type Amount	\$9.2	NI	MC282	N	Y	N	B	NA	NA	MC	\$	MC	MC	MC	MC	AA	MC
Benefit ACR -																				
Segment contains Adjustments, Credits or Redistributions																				
SROI	R22	0092	Benefit Adjustment Code	4 A/N	NI	NA	B	H	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0094	Benefit Adjustment Start Date	DATE	NI	NA	B	H	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0125	Benefit Adjustment End Date	DATE	NI	NA	B	H	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0093	Benefit Adjustment Weekly Amount	\$9.2	NI	NA	B	B	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0409	Weekly Income Amount For Offset	\$9.2		NA	B	H	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0126	Benefit Credit Code	4 A/N	NI	NA	B	H	B	B	X	NA	NA	NA	NA	NA	NA	NA	NA	NA
SROI	R22	0127	Benefit Credit Start Date	DATE	NI	NA	B	H	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0128	Benefit Credit End Date	DATE	NI	NA	B	H	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0129	Benefit Credit Weekly Amount	\$9.2	NI	NA	B	B	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0409	Weekly Income Amount For Offset	\$9.2		NA	B	H	B	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0130	Benefit Redistribution Code	4 A/N	NI	NA	H	H	H	B	X	NA	NA	NA	NA	NA	NA	NA	NA	NA
SROI	R22	0131	Benefit Redistribution Start Date	DATE	NI	NA	H	H	H	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0132	Benefit Redistribution End Date	DATE	NI	NA	H	H	H	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0133	Benefit Redistribution Weekly Amount	\$9.2	NI	NA	H	H	H	B	X	NA	NA	\$	NA	NA	NA	NA	NA	NA
Recoveries																				
SROI	R22	0226	Recovery Code	3 A/N	NI	MC284	N	Y	N	B	NA	MC	MC	\$	MC	MC	MC	MC	AA	MC
SROI	R22	0225	Recovery Amount	\$9.2	NI	MC284	N	Y	N	B	NA	MC	MC	\$	MC	MC	MC	MC	AA	MC
Reduced Earnings																				
SROI	R22	0242	Reduced Earnings Week Number	2 N	NI	X	B	B	B	B	X	NA	X	\$	X	X	NA	X	NA	NA

**IAIABC Claims Release 3.1
Subsequent Report of Injury Requirements**

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT	Migration Consideration	02					04	AP	CD	CO	EP	FN	IP	PY	UR Update Report	AN
						Reportable Change	02 Requirement Code	A (Add)	U (Update)	D (Delete)										
SROI	R22	0124	Actual Reduced Earnings	\$9.2	NI	X	B	B	B	B	X	NA	X	\$	X	X	NA	X	NA	NA
SROI	R22	0147	Deemed Reduced Earnings	\$9.2	NI	X	B	B	B	B	X	NA	X	\$	X	X	NA	X	NA	NA
SROI	R22	0414	Reduced Earnings Week Start Date	DATE	V1	X	B	B	B	B	X	NA	X	\$	X	X	NA	X	NA	NA
SROI	R22	0415	Reduced Earnings Week End Date	DATE	V1	X	B	B	B	B	X	NA	X	\$	X	X	NA	X	NA	NA
SROI	R22	0435	Reduced Earnings Net Weekly Amount Due by Claim Administrator	\$9.2	V1	X	B	B	B	B	X	NA	X	\$	X	X	NA	X	NA	NA
Concurrent Employers																				
SROI	R22	0141	Concurrent Employer Name	40 A/N	L	NA	H	H	H	B	NA	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0142	Concurrent Employer Contact Business Phone	15 A/N	L	NA	H	H	H	B	NA	NA	NA	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0143	Concurrent Employer Wage	\$9.2	L	NA	H	H	H	B	NA	NA	NA	\$	NA	NA	NA	NA	NA	NA
Denial Reason Codes																				
Both	R22	0198	Full Denial Reason Code	2 A/N	NI	MC277	N	J	N	B	M	X	X	\$	X	X	X	X	X	X
Denial Reasons																				
Both	R22	0197	Denial Reason Narrative	50 A/N	NI	MC276	J	J	J	B	AE	X	X	\$	X	X	X	X	X	X
Suspension Narratives																				
SROI	R22	0233	Suspension Narrative	50 A/N	NI	NA	B	H	H	B	X	X	X	\$	X	X	X	X	X	X
Permanent Impairments																				
SROI	R22	0083	Permanent Impairment Body Part Code	3 A/N	NI	MC078	Y	Y	Y	B	X	MC	X	\$	MC	MC	MC	MC	AA	MC
SROI	R22	0084	Permanent Impairment Percentage	3.2 N	NI	MC078	Y	Y	Y	B	X	MC	X	\$	MC	MC	MC	MC	AA	MC
SROI	R22	0432	Permanent Impairment Body Part Location Code	1 A/N		NA	H	H	H	B	X	NA	X	\$	NA	NA	NA	NA	NA	NA
Dependent/Payee Relationships																				
SROI	R22	0097	Dependent/Payee Relationship Code	2 A/N	NI	NA	H	H	H	B	NA	NA	X	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0425	Dependent First Name	15 A/N	V	NA	H	H	H	B	NA	NA	X	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0426	Dependent Last Name	40 A/N	V	NA	H	H	H	B	NA	NA	X	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0427	Dependent Date of Birth	DATE	V	NA	H	H	H	B	NA	NA	X	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0428	Dependent Gender Code	1 A/N	V	NA	H	H	H	B	NA	NA	X	\$	NA	NA	NA	NA	NA	NA
SROI	R22	0429	Dependent Extent of Dependency	1 A/N	V	NA	H	H	H	B	NA	NA	X	\$	NA	NA	NA	NA	NA	NA
Change Data Element																				
Both	R22	0412	Change Data Element/Segment Number	4 A/N	NI	M	B	B	B	B	X	X	X	\$	X	X	X	X	X	X
Both	R22	0413	Change Reason Code	1 A/N	NI	M	B	B	B	B	X	X	X	\$	X	X	X	X	X	X
Narrative for Claim																				
SROI	R22	0431	Narrative For Claim	50 A/N	NI	X	B	B	B	B	X	X	X	\$	X	X	X	X	X	X

**IAIABC Claims Release 3.1
First Report of Injury 02 Exceptions**

02 MTC FROI DATA ELEMENT

Note: For MTC 02: If there is a Reportable Change Code of KG, JG, IG, YG on the Element Requirement Table then there is an entry here that indicates when a MTC 02 should be triggered. This table does not communicate the edits. The edits are provided on the Edit Matrix Population Restrictions table.

Req Code	Change Reason Code	DN#	DATA ELEMENT NAME	EXCEPTIONS	IAIABC NOTE
NA	A	varies	varies by DN0412 Change Data Element/Segment Number in the Change Data Elements segment for Match Data elements	FROI 02 may be sent to add data that has not been reported when indicated in the Reportable Change Column for A (Add) only if the data element was not previously reported.	
NA	U	varies	varies by DN0412 Change Data Element/Segment Number in the Change Data Elements segment for Match Data elements	FROI 02 may be sent to U (Update) Match Data. See Edit Matrix: Population Restriction.	

**IAIABC Claims Release 3.1
First Report of Injury SROI 02 Exceptions**

02 MTC SROI DATA ELEMENT

Note: For MTC 02: If there is a Reportable Change Code of KG, JG, IG, YG on the Element Requirement Table then there is an entry here that indicates when a MTC 02 should be triggered. This table does not communicate the edits. The edits are provided on the Edit Matrix Population Restrictions table.

Req Code	Change Reason Code	DN#	DATA ELEMENT NAME	EXCEPTIONS	IAIABC NOTE
NA	A	varies	varies by DN0412 Change Data Element/Segment Number in the Change Data Elements segment for Match Data elements	SROI 02 may be sent to add data that has not been reported when indicated in the Reportable Change Column for A (Add) only if the data element was not previously reported.	

**IAIABC Claims Release 3.1
Event Benefits Segment Element Requirements**

IAIABC Defined

@	#	%	&	>	?	+	*	^
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DN #/Name

Event: For MTC's: AP, EP, IP, PY (Benefit Type Codes other than 5XX), 02, CO Legend: E = Expected EC = Expected/Conditional F = Fatal Technical M = Mandatory MC = Mandatory/Conditional NA = Not applicable R = Restricted RC = Restricted/Conditional X = Exclude													
	Benefit Type	0085 Benefit Type Code	0002 MTC	0174 Gross Weekly Amount	0175 Gross Wkly Amt Eff Date	0087 Net Weekly Amount	0211 Net Wkly Amt Eff Date	0088 Ben Period Start Date	0089 Ben Period Thru Date	0090 Ben Type Claim Weeks	0091 Ben Type Claim Days	0086 Ben Type Amount Paid	0192 Benefit Payment Issue Date
	Migration Considerations		NI	NI	V1	V1	NI	V1	NI	NI	NI	NI	NI
	Fatal	010	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Permanent Total	020	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Permanent Total Supplemental	021	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Permanent Partial Scheduled	030	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Permanent Partial Unscheduled	040	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Temporary Total	050	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Temporary Total Catastrophic	051	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Temporary Partial	070	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Employer's Liability	080	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Permanent Partial Disfigurement	090	MC	F	NA	NA	MC	NA	NA	NA	NA	MC	MC
	Employer Paid Fatal Benefits	210	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X
Employer Paid Permanent Total Benefits	220	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X	
Employer Paid Permanent Total Supplemental Benefits	221	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X	
Employer Paid Permanent Partial Scheduled	230	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X	
Employer Paid Unspecified	240	MC	F	X	X	X	X	NA	NA	X	X	X	
Employer Paid Vocational Rehab Maintenance	242	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X	
Employer Paid Temporary Total	250	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X	
Employer Paid Temporary Total Catastrophic	251	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X	
Employer Paid Temporary Partial	270	MC	F	NA	NA	NA	NA	NA	NA	NA	MC	X	
Vocational Rehabilitation Maintenance	410	NA	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	

IAIABC Claims Release 3.1
First Report of Injury Conditional Requirements

Indicate
specific
MTC or
ALL

FROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC		0005	Jurisdiction Claim Number	Mandatory only if denial is being submitted after a previously submitted first report of injury is on file.	Mandatory for following conditions: MTC = 04 AND Is NOT first submitted report of injury
MC		0016	Employer FEIN	Not mandatory for following conditions: 1. Denial is being submitted where there is no jurisdiction. 2. Denial is being submitted where there is no policy in effect on date of accident.	Not mandatory for following conditions: MTC = 04 AND DN0198 (Full Denial Reason Code) = 3D OR 3E
MC		0017	Insured Name	Mandatory only if denial is being submitted after a previously submitted first report of injury is on file.	Mandatory for following conditions: MTC = 04 AND Is NOT first submitted report of injury AND DN0198 (Full Denial Reason Code) not equal to 3E
MC		0021	Employer Physical City	Not mandatory for following conditions: 1. Denial is being submitted where there is no jurisdiction. 2. Denial is being submitted where there is no policy in effect on date of accident.	Not mandatory for following conditions: MTC = 04 AND DN0198 (Full Denial Reason Code) = 3D OR 3E
MC		0022	Employer Physical State Code	Not mandatory for following conditions: 1. Denial is being submitted where there is no jurisdiction. 2. Denial is being submitted where there is no policy in effect on date of accident.	Not mandatory for following conditions: MTC = 04 AND DN0198 (Full Denial Reason Code) = 3D OR 3E
MC		0023	Employer Physical Postal Code	Not mandatory for following conditions: 1. Denial is being submitted where there is no jurisdiction. 2. Denial is being submitted where there is no policy in effect on date of accident.	Not mandatory for following conditions: MTC = 04 AND DN0198 (Full Denial Reason Code) = 3D OR 3E
MC		0025	Industry Code	Mandatory for following conditions: 1. Acquired claim is being submitted and NAICS code is known. 2. Denial is being submitted and policy number identifier is present.	Mandatory for following conditions: MTC = AU AND Claim administrator has NAICS code available OR MTC = 04 AND DN0028 (Policy Number Identifier) provided
MC		0028	Policy Number Identifier	Mandatory only when denial is being submitted and responsible party is insured and not a self-insured employer.	Mandatory for following conditions: MTC = 04 AND DN0184 (Insured Type Code) = I AND DN0185 (Insurer Type Code) not equal to S AND DN0198 (Full Denial Reason Code) not equal to 3D OR 3E

**IAIABC Claims Release 3.1
First Report of Injury Conditional Requirements**

Indicate
specific
MTC or
ALL

FROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC		0029	Policy Effective Date	Mandatory only when denial is being submitted and responsible party is insured and not a self-insured employer.	Mandatory for following conditions: MTC = 04 AND DN0184 (Insured Type Code) = I AND DN0185 (Insurer Type Code) not equal to S AND DN0198 (Full Denial Reason Code) not equal to 3D OR 3E
MC		0030	Policy Expiration Date	Mandatory only when denial is being submitted and responsible party is insured and not a self-insured employer.	Mandatory for following conditions: MTC = 04 AND DN0184 (Insured Type Code) = I AND DN0185 (Insurer Type Code) not equal to S AND DN0198 (Full Denial Reason Code) not equal to 3D OR 3E
MC		0033	Accident Site Postal Code	Mandatory on an originating report (Original or Acquired) if injury occurred on employer's premises within the state of Kansas.	Mandatory for following conditions: MTC = 00 OR AU AND DN0249 (Accident Premises Code) = E AND DN0022 (Employer Physical State Code) = KS
MC		0042	Employee SSN	Mandatory only if providing a social security number; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = S
MC		0056	Initial Date Disability Began	Mandatory only if injury results in filing of lost time claim.	Mandatory for following conditions: DN0074 (Claim Type Code) = I OR L
MC		0057	Employee Date of Death	Mandatory only if employee's death is result of a work related injury.	Mandatory for following condition: DN0146 (Death Result of Injury Code) = Y
MC		0065	Initial Date Last Day Worked	Mandatory when both of the following conditions are true: 1. Originating report (Original or Acquired) being submitted where Initial Date Disability Began is provided. 2. Denial being submitted is the first submitted report where Initial Date Disability Began is provided.	Mandatory for following conditions: MTC = 00 OR AU OR 04 AND Originating report being submitted AND DN0056 (Initial Date Disability Began) provided
MC		0068	Initial RTW Date	Mandatory only if employee released to return to work or has returned to work.	Mandatory for following conditions: DN0403 (Initial RTW Type Code) provided OR DN0404 (Initial RTW Physical Restrictions Indicator) provided
MC		0072	Latest RTW/Status Date	Mandatory only if employee released to return to work	Mandatory for following conditions: DN0406 (Latest RTW Type Code) provided OR DN0407 (Latest RTW Physical Restrictions Indicator) provided

**IAIABC Claims Release 3.1
First Report of Injury Conditional Requirements**

Indicate
specific
MTC or
ALL

FROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC		0118	Accident Site County/Parish	Mandatory when both of the following conditions are true: 1. Accident occurred at location other than on employer's premises 2. Accident Site Location Narrative, Accident Site State Code, and Accident Country Code are not provided	Mandatory for following conditions: DN0249 (Accident Premises Code) = L OR X AND DN0119 (Accident Site Location Narrative) not provided AND DN0123 (Accident Site State Code) is [KS CODE] OR not provided AND DN0280 (Accident Country Code) is [US CODE] OR not provided
MC		0119	Accident Site Location Narrative	Mandatory when both of the following conditions are true: 1. Accident occurred at location other than on employer's premises 2. Accident Site County/Parish, Accident Site State Code, and Accident Country Code are not provided	Mandatory for following conditions: DN0249 (Accident Premises Code) = L OR X AND DN0118 (Accident Site County/Parish) not provided AND DN0123 (Accident Site State Code) not provided AND DN0280 (Accident Country Code) is [US CODE] OR not provided
MC		0123	Accident Site State Code	Mandatory when both of the following conditions are true: 1. Accident occurred at location other than on employer's premises 2. Accident Site County/Parish, Accident Site Location Narrative, and Accident Country Code are not provided	Mandatory for following conditions: DN0249 (Accident Premises Code) = L OR X AND DN0118 (Accident Site County/Parish) not provided AND DN0119 (Accident Site Location Narrative) not provided AND DN0280 (Accident Country Code) is [US CODE] OR not provided
MC		0144	Current Date Disability Began	Mandatory only for subsequent period of disability.	Mandatory for following condition: DN0145 (Current Date Last Day Worked) provided
MC		0145	Current Date Last Day Worked	Mandatory only for subsequent period of disability.	Mandatory for following condition: DN0144 (Current Date Disability Began) provided
MC		0146	Death Result of Injury Code	Mandatory only if employee's death is result of a work-related injury.	Mandatory for following condition: DN0057 (Employee Date of Death) provided
MC		0152	Employee Employment Visa	Mandatory only if providing an employment visa number and employee does not have a SSN; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = E
MC		0153	Employee Green Card	Mandatory only if providing a green card number and employee does not have a SSN; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = G

**IAIABC Claims Release 3.1
First Report of Injury Conditional Requirements**

Indicate
specific
MTC or
ALL

FROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC		0154	Employee ID Assigned by Jurisdiction	Mandatory if reporting an alternative ID because the employee lacks an SSN or claim administrator cannot locate SSN for various business reasons; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = A
MC		0155	Employee Mailing Country Code	Mandatory if employee's mailing state code is not located in US.	Mandatory for following condition: DN0049 (Employee Mailing State Code) not a US state code
MC		0156	Employee Passport Number	Mandatory only if providing a passport number and employee does not have a SSN; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = P
MC		0164	Employer Physical Country Code	Mandatory if employer's physical state code is not located in US.	Mandatory for following condition: DN0022 (Employer Physical State Code) not a US state code
MC		0166	Employer Mailing Country Code	Mandatory if employer's mailing state code is not located in US.	Mandatory for following condition: DN0170 (Employer Mailing State Code) not a US state code
MC		0184	Insured Type Code	Not mandatory when Denial is being submitted where there is no policy in effect on date of injury.	Not mandatory for following conditions: MTC = 04 AND DN0198 (Full Denial Reason Code) = 3E
MC		0196	Denial Rescission Date	Mandatory only if claim's most recent status was "denied".	Mandatory for following conditions: Prior FROI-04 filed and prior denial status has not been revoked (i.e., still current) at time of submission.
MC274	Refer to FROI ERT for MC value	0274	Number of Accident/Injury Description Narratives	Following the IAIABC Rule: Must have at least one remaining occurrence when Change Reason Code = D	Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0274 AND DN0413 (Change Reason Code) = D (Delete)
MC276	Refer to FROI ERT for MC value	0276	Number of Denial Reason Narratives	Following the IAIABC Rule: Must have at least one remaining occurrence when Change Reason Code = D	Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0276 AND DN0413 Change Reason Code = D (Delete)
MC277	Refer to FROI ERT for MC value	0277	Number of Full Denial Reason Codes	Following the IAIABC Rule	Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0277 AND DN0413 Change Reason Code = U (Update)

**IAIABC Claims Release 3.1
First Report of Injury Conditional Requirements**

Indicate
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FROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC		0280	Accident Site Country Code	Mandatory only if accident did not occur on employer's premises, and accident site state code is not located in US.	Mandatory for the following conditions: DN0249 (Accident Premises Code) = L OR X AND DN0123 (Accident Site State Code) not a US state code
MC		0281	Date Employer Had Knowledge of Date of Disability	Mandatory only if employee's work-related injury resulted in disability.	Mandatory for following condition: DN0056 (Initial Date Disability Began) provided
MC		0314	Insured FEIN	Only mandatory if denial is being submitted after a previously submitted first report of injury is on file.	Mandatory for following conditions: MTC = 04 AND Is NOT first submitted report of injury
MC		0403	Initial RTW Type Code	Mandatory only if employee released to return to work or has returned to work.	Mandatory for following conditions: DN0068 (Initial RTW Date) provided
MC		0404	Initial RTW Physical Restrictions Indicator	Mandatory only if employee released to return to work or has returned to work.	Mandatory for following conditions: DN0068 (Initial RTW Date) provided
MC		0406	Latest RTW Type Code	Mandatory only if employee released to return to work AND the current return-to/released-to work event is for a subsequent period of disability.	Mandatory for following conditions: DN0072 (Latest RTW/Status Date) provided
MC		0407	Latest RTW Physical Restrictions Indicator	Mandatory only if employee released to return to work AND the current return-to/released-to work event is for a subsequent period of disability.	Mandatory for following conditions: DN0072 (Latest RTW/Status Date) provided
MC420	Refer to FROI ERT for MC value	0420	Number of Part of Body Injured	Following the IAIABC Rule: Must have at least one remaining occurrence when Change Reason Code = D.	Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0420 AND DN0413 (Change Reason Code) = D (deleted)
MC	02		varies by DN0412 <i>Change Data Element/Segment Number</i> in the <i>Change Data Elements</i> segment		Mandatory for the following conditions: DN0412 (Change Data Element/Segment Number) = DN# in column C AND DN0413 (Change Reason Code) = A (added), or U (Updated). NOT R (removed)

**IAIABC Claims Release 3.1
Subsequent Report of Injury Conditional Requirements**

SROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC288c	02	0002	Maintenance Type Code (Benefit Level)	When the DN0002 Maintenance Type Code is present in the Benefit Segment this will serve as an indication as to which BEN is being Added (A) or Updated (U).	Must be present on at least one Benefit Segment under the following conditions: DN0412 (Change Data Element/Segment Number) = 0288 (Number of Benefits) AND DN0413 (Change Reason Code) = A (Add) or = U (Update)
MC		0042	Employee SSN	Mandatory only if providing a social security number; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = S
MC		0056	Initial Date Disability Began	Not mandatory for SROI MTC codes IP, EP, FN, AN or PY if the BTC is 230.	Not mandatory for following conditions: BTC = 230 AND MTC = IP, EP, FN, AN or PY
MC		0057	Employee Date of Death	Mandatory for the following conditions: 1. Death resulted from work injury. 2. Death benefits paid as result of work injury. 3. Funeral benefits paid as result of work injury.	Mandatory for the following conditions: DN0146 (Death Result of Injury Code) = Y OR Where DN0085 (Benefit Type Code) = 010, 210 or 510 AND DN0086 (Benefit Type Amount Paid) > \$0 OR Where DN0216 (Other Benefit Type Code) = 300 AND DN0215 (Other Benefit Type Amount) > \$0
MC		0065	Initial Date Last Day Worked	Not mandatory for SROI MTC codes IP, EP, AP, FN, AN or PY if the BTC is 230.	Not mandatory for following conditions: BTC = 230 AND MTC = IP, EP, AP, FN, AN or PY
MC		0068	Initial RTW Date	Mandatory only if employee released to return to work or has returned to work.	Mandatory for following conditions: DN0403 (Initial RTW Type Code) provided OR DN0404 (Initial RTW Physical Restrictions Indicator) provided OR DN0072 (Latest RTW/Status Date) provided
MC		0070	Date of Maximum Medical Improvement	Mandatory for following conditions: 1. Employee reached maximum medical improvement. 2. Permanent impairment rating made. 3. Permanent disability benefits paid.	Mandatory for following conditions: DN0085 (Benefit Type Code) = 020, 021, 030, 040, 230, 520, 521, 530 or 540 AND DN0086 (Benefit Type Amount Paid) > \$0
MC		0072	Latest RTW/Status Date	Mandatory only if employee released to return to work or has returned to work.	Mandatory for following conditions: DN0406 (Latest RTW Type Code) provided OR DN0407 (Latest RTW Physical Restrictions Indicator) provided
MC078	02	0078	Number of Permanent Impairments		Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0078 AND DN0413 (Change Reason Code) = A (Add) or U (Update) or D (Delete)
MC		0083	Permanent Impairment Body Part Code	Mandatory for following conditions: 1. Permanent impairment rating made. 2. Permanent disability benefits paid.	Mandatory for following conditions: DN0085 (Benefit Type Code) = 020, 021, 030, 040, 230, 520, 521, 530 or 540 AND DN0086 (Benefit Type Amount Paid) > \$0
MC078	02	0083	Permanent Impairment Body Part Code		Required if Number of Permanent Impairments (DN0078) > 0
MC		0084	Permanent Impairment Percentage	Mandatory for following conditions: 1. Permanent impairment rating made 2. Permanent disability benefits paid	Mandatory for following conditions: DN0085 (Benefit Type Code) = 020, 021, 030, 040, 230, 520, 521, 530 or 540 AND DN0086 (Benefit Type Amount Paid) > \$0

**IAIABC Claims Release 3.1
Subsequent Report of Injury Conditional Requirements**

SROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC		0144	Current Date Disability Began	Mandatory only for subsequent period of disability.	Mandatory for following condition: DN0145 (Current Date Last Day Worked) provided
MC		0145	Current Date Last Day Worked	Mandatory only for subsequent period of disability.	Mandatory for following condition: DN0144 (Current Date Disability Began) provided
MC		0146	Death Result of Injury Code	Mandatory for following conditions: 1. Death resulted from injury. 2. Date of death reported. 3. Death benefits paid as result of injury. 4. Funeral benefits paid as result of injury.	Mandatory for following conditions: DN0057 (Employee Date of Death) provided OR Where DN0085 (Benefit Type Code) = 010 (Fatal), 210 (Employer Paid Fatal) or 510 (Fatal Lump Sum Payment/Settlement)] AND DN0086 (Benefit Type Amount Paid) > \$0 OR Where DN0216 (Other Benefit Type Code) = 300 (Total Funeral Expense) AND DN0215 (Other Benefit Type Amount) > \$0
MC		0152	Employee Employment Visa	Mandatory only if providing an employment visa number and employee does not have a SSN; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = E
MC		0153	Employee Green Card	Mandatory only if providing a green card number and employee does not have a SSN; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = G
MC		0154	Employee ID Assigned by Jurisdiction	Mandatory if reporting an alternative ID because the employee lacks an SSN or claim administrator cannot locate SSN for various business reasons; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following condition: DN0270 (Employee ID Type Qualifier) = A
MC		0156	Employee Passport Number	Mandatory only if providing a passport number and employee does not have a SSN; SSN, Employee Employment Visa, Employee Green Card, Employee ID Assigned by Jurisdiction or Employee Passport Number is required to complete a submission.	Mandatory for following conditions: DN0270 (Employee ID Type Qualifier) = P
MC	AP	0195	Payment Issue Date	Mandatory only if claim administrator is reporting Initial Payment, Acquired Payment or Payment Report.	Mandatory for following conditions: MTC = IP, AP or PY AND DN0222 (Payment Reason Code) provided OR DN0218 (Payment Amount) provided OR DN0283 (Number of Payments) > 0
MC		0196	Denial Rescission Date	Mandatory only if claim's most recent status was "denied". Not mandatory for Payment Reports that have a Benefit Type Code of Unspecified Lump Sum Payment.	Mandatory for following conditions: Prior FROI-04 or SROI-04 filed and prior denial status has not been revoked (i.e., still current) at time of submission. Not mandatory for following conditions: MTC = PY AND DN0085 (Benefit Type Code) = 500
MC		0202	Reduced Benefit Amount Code	Mandatory only if prior indemnity benefits were paid and benefits have since been reduced.	Mandatory for following conditions: Prior indemnity benefits were paid AND Such benefits were subsequently reduced AND Such reduced benefits were not previously reported
MC	AP	0215	Other Benefit Type Amount	Mandatory only if miscellaneous benefits were paid.	Mandatory for following conditions: DN0216 (Other Benefit Type Code) provided OR DN0282 (Number of Other Benefits) > 0

**IAIABC Claims Release 3.1
Subsequent Report of Injury Conditional Requirements**

SROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC	AP	0216	Other Benefit Type Code	Mandatory only if miscellaneous benefits were paid.	Mandatory for following conditions: DN0215 (Other Benefit Type Amount) > \$0 OR DN0282 (Number of Other Benefits) > 0
MC		0218	Payment Amount	Mandatory only if claim administrator is reporting Initial Payment, Acquired Payment or Payment Report.	Mandatory for following conditions: MTC = IP, AP or PY AND DN0195 (Payment Issue Date) provided OR DN0222 (Payment Reason Code) provided OR DN0283 (Number of Payments) > 0
MC		0222	Payment Reason Code	Mandatory only if claim administrator is reporting Initial Payment, Acquired Payment or Payment Report.	Mandatory for following conditions: MTC = IP, AP or PY AND DN0195 (Payment Issue Date) provided OR DN0218 (Payment Amount) provided OR DN0283 (Number of Payments) > 0
MC		0225	Recovery Amount	Mandatory only if monies were recovered by or reimbursed to the insurer due to overpayment.	Mandatory for following conditions: DN0226 (Recovery Code) provided OR DN0284 (Number of Recoveries) > 0
MC		0226	Recovery Code	Mandatory only if monies were recovered by or reimbursed to the insurer due to overpayment.	Mandatory for following conditions: DN0225 (Recovery Amount) > \$0 OR DN0284 (Number of Recoveries) > 0
MC276	02	0276	Number of Denial Reason Narratives	Must have at least one remaining occurrence when Change Reason Code = U or D	Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0276 AND DN0413 (Change Reason Code) = U (Update) or D (Delete)
MC277	02	0277	Number of Full Denial Reason Codes		Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0277 AND DN0413 (Change Reason Code) = A (Add) or U (Update). NOT D (Delete)
MC		0281	Date Employer Had Knowledge of Date of Disability	Mandatory for Payment Report, only if the BTC is not 230.	Mandatory for following conditions: MTC = PY AND BTC is not equal to 230
MC282	02	0282	Number of Other Benefits		Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0282 AND DN0413 (Change Reason Code) = A (Add) or U (Update). NOT D (Delete)
MC283	02	0283	Number of Payments		Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0283 AND DN0413 (Change Reason Code) = U (Update)
MC284	02	0284	Number of Recoveries		Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0284 AND DN0413 (Change Reason Code) = A (Add) or U (Update). NOT D (Delete)

IAIABC Claims Release 3.1
Subsequent Report of Injury Conditional Requirements

SROI DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC288a	02	0288	Number of Benefits		Mandatory and must be > 00 for the following conditions: DN0412 (Change Data Element/Segment Number) = 0288 AND DN0413 (Change Reason Code) = A (Add) or U (Update)
MC288b	Refer to SROI ERT for MC value	0288	Number of Benefits		Mandatory and must be > 00 for the following conditions: DN0412 Change Data Element/Segment Number = DN0288 AND DN0413 Change Reason Code = D (Delete) UNLESS DN0202 (Reduced Benefit Amount Code) = R or D OR DN0226 Recovery Code = 830 or 880

**IAIABC Claims Release 3.1
Event Benefit Conditional Requirements**

Event: BENEFIT DATA ELEMENT

Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC		0085	Benefit Type Code	Mandatory only if indemnity benefits were paid.	Mandatory for following conditions: DN0288 (Number of Benefits) > 0 OR DN0086 (Benefit Type Amount Paid) > \$0 OR DN0087 (Net Weekly Amount) > \$0 OR DN0192 (Benefit Payment Issue Date) provided
MC		0086	Benefit Type Amount Paid	Mandatory only if indemnity benefits were paid.	Mandatory for following conditions: DN0288 (Number of Benefits) > 0 OR DN0085 (Benefit Type Code) provided OR DN0087 (Net Weekly Amount) > \$0 OR DN0192 (Benefit Payment Issue Date) provided
MC		0087	Net Weekly Amount	Mandatory only if indemnity benefits were paid.	Mandatory for following conditions: DN0288 (Number of Benefits) > 0 OR DN0085 (Benefit Type Code) provided OR DN0086 (Benefit Type Amount Paid) > \$0 OR DN0192 (Benefit Payment Issue Date) provided
MC		0192	Benefit Payment Issue Date	Mandatory only if indemnity benefits were paid.	Mandatory for following conditions: DN0288 (Number of Benefits) > 0 OR DN0085 (Benefit Type Code) provided OR DN0086 (Benefit Type Amount Paid) > \$0 OR DN0087 (Net Weekly Amount) > \$0

**IAIABC Claims Release 3.1
DN Error Message**

Edit Matrix Population Legend:

F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed.

L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table.

*Grayed out: The standard edit will not be applied by the jurisdiction.

Relaxed requirement edits:

L1 = Claim: requirement is limited to "conditional" on new claims reported in R3.1 environment because the data may not (and may never be) available on legacy R1 claims.

L2 = Claim: requirement is limited to "conditional" on new claims reported in R3.1 environment because the data may not (and may never be) available on legacy (any Claim Release Standard prior to Release 3.1.) claims.

V = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3.1 because the data may not have been collected at the time payments were started in the R1 environment.

V2 = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3.1 because the data may not have been collected at the time payments were started in the any Claim Release Standard prior to Release 3.1.

V1 = Event BTC: Editing is applied based on the jurisdiction's ability to determine if the transaction is reporting the first payment of the Benefit Type Code because the data may not have been available if the Benefit Type was initiated prior to the Release 3.1 implementation date. If MC or EC is used, jurisdiction will only apply the mandatory or expected edit if the first payment of the Benefit Type Code is recognized.

NI = No migration impact

Jurisdiction will apply edits?:

F = Essential data element; must be edited for successful transaction processing

Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table

N = No - indicates that none of the standard edits marked for the data elements will be applied

For Population Restrictions:

For Data Elements that have certain 'population values' allowed for specific data elements, a "P" is indicated in the 'Population Restrictions Indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.

**IAIABC Claims R3.1
DN Error Message - DN List**

DN	IAIABC Data Element Name
0000	Entire Batch
0001	Transaction Set ID
0002	Maintenance Type Code
0003	Maintenance Type Code Date
0004	Jurisdiction Code
0005	Jurisdiction Claim Number
0006	Insurer FEIN
0007	Insurer Name
0010	Claim Administrator Primary Address
0011	Claim Administrator Secondary Address
0012	Claim Administrator City
0013	Claim Administrator State Code
0014	Claim Administrator Postal Code
0015	Claim Administrator Claim Number
0016	Employer FEIN
0017	Insured Name
0018	Employer Name
0019	Employer Physical Primary Address
0020	Employer Physical Secondary Address
0021	Employer Physical City
0022	Employer Physical State Code
0023	Employer Physical Postal Code
0025	Industry Code
0026	Insured Report Number
0027	Insured Location Identifier
0028	Policy Number Identifier
0029	Policy Effective Date
0030	Policy Expiration Date
0031	Date of Injury
0032	Time of Injury
0033	Accident Site Postal Code
0035	Nature of Injury Code
0036	Part of Body Injured Code
0037	Cause of Injury Code
0038	Accident/Injury Description Narrative
0039	Initial Treatment Code
0040	Date Employer Had Knowledge of the Injury
0041	Date Claim Administrator Had Knowledge of the Injury
0042	Employee SSN
0043	Employee Last Name
0044	Employee First Name
0045	Employee Middle Name/Initial
0046	Employee Mailing Primary Address
0047	Employee Mailing Secondary Address
0048	Employee Mailing City
0049	Employee Mailing State Code
0050	Employee Mailing Postal Code
0051	Employee Phone Number
0052	Employee Date of Birth

**IAIABC Claims R3.1
DN Error Message - DN List**

DN	IAIABC Data Element Name
0053	Employee Gender Code
0054	Employee Marital Status Code
0055	Employee Number of Dependents
0056	Initial Date Disability Began
0057	Employee Date of Death
0058	Employment Status Code
0059	Manual Classification Code
0060	Occupation Description
0061	Employee Date of Hire
0062	Wage
0063	Wage Period Code
0064	Number of Days Worked Per Week
0065	Initial Date Last Day Worked
0066	Full Wages Paid for Date of Injury Indicator
0068	Initial RTW Date
0069	Pre-Existing Disability Code
0070	Date of Maximum Medical Improvement
0072	Latest RTW/Status Date
0073	Claims Status Code
0074	Claim Type Code
0075	Agreement to Compensate Code
0076	Date Claim Administrator Notified of Employee Representation
0077	Late Reason Code
0078	Number of Permanent Impairments
0083	Permanent Impairment Body Part Code
0084	Permanent Impairment Percentage
0085	Benefit Type Code
0086	Benefit Type Amount Paid
0087	Net Weekly Amount
0088	Benefit Period Start Date
0089	Benefit Period Through Date
0090	Benefit Type Claim Weeks
0091	Benefit Type Claim Days
0092	Benefit Adjustment Code
0093	Benefit Adjustment Weekly Amount
0094	Benefit Adjustment Start Date
0097	Dependent/Payee Relationship Code
0098	Sender ID
0099	Receiver ID
0100	Date Transmission Sent
0101	Time Transmission Sent
0104	Test/Production Code
0105	Interchange Version ID
0106	Detail Record Count
0118	Accident Site County/Parish
0119	Accident Site Location Narrative
0120	Accident Site Organization Name
0121	Accident Site City

**IAIABC Claims R3.1
DN Error Message - DN List**

DN	IAIABC Data Element Name
0122	Accident Site Street
0123	Accident Site State Code
0124	Actual Reduced Earnings
0125	Benefit Adjustment End Date
0126	Benefit Credit Code
0127	Benefit Credit Start Date
0128	Benefit Credit End Date
0129	Benefit Credit Weekly Amount
0130	Benefit Redistribution Code
0131	Benefit Redistribution Start Date
0132	Benefit Redistribution End Date
0133	Benefit Redistribution Weekly Amount
0134	Calculated Weekly Compensation Amount
0135	Claim Administrator Information/Attention Line
0136	Claim Administrator Country Code
0137	Claim Administrator Claim Representative Business Phone Number
0138	Claim Administrator Claim Representative E-Mail Address
0140	Claim Administrator Representative Name
0141	Concurrent Employer Name
0142	Concurrent Employer Contact Business Phone Number
0143	Concurrent Employer Wage
0144	Current Date Disability Began
0145	Current Date Last Day Worked
0146	Death Result of Injury Code
0147	Deemed Reduced Earnings
0149	Discontinued Fringe Benefits
0150	Employee Authorization to Release Medical Records Indicator
0151	Employee Education Level
0152	Employee Employment Visa
0153	Employee Green Card
0154	Employee ID Assigned by Jurisdiction
0155	Employee Mailing Country Code
0156	Employee Passport Number
0157	Employee Social Security Number Release Indicator
0158	Employee Tax Filing Status Code
0159	Employer Contact Business Phone Number
0160	Employer Contact Name
0163	Employer Mailing Information/Attention Line
0164	Employer Physical Country Code
0165	Employer Mailing City
0166	Employer Mailing Country Code
0167	Employer Mailing Postal Code
0168	Employer Mailing Primary Address
0169	Employer Mailing Secondary Address
0170	Employer Mailing State Code

**IAIABC Claims R3.1
DN Error Message - DN List**

DN	IAIABC Data Element Name
0172	Estimated Gross Weekly Amount Indicator
0174	Gross Weekly Amount
0175	Gross Weekly Amount Effective Date
0184	Insured Type Code
0185	Insurer Type Code
0186	Jurisdiction Branch Office Code
0187	Claim Administrator FEIN
0188	Claim Administrator Name
0191	Transaction Count
0192	Benefit Payment Issue Date
0193	Suspension Effective Date
0195	Payment Issue Date
0196	Denial Rescission Date
0197	Denial Reason Narrative
0198	Full Denial Reason Code
0199	Full Denial Effective Date
0200	Claim Administrator Alternate Postal Code
0201	Anticipated Wage Loss Indicator
0202	Reduced Benefit Amount Code
0203	Employer Paid Salary Prior To Acquisition Code
0204	Work Week Type Code
0205	Work Days Scheduled Code
0206	Employee Security ID
0207	Managed Care Organization Code
0208	Managed Care Organization Identification Number
0209	Managed Care Organization Name
0211	Net Weekly Amount Effective Date
0212	Non-Consecutive Period Code
0213	Employee Number of Entitled Exemptions
0215	Other Benefit Type Amount
0216	Other Benefit Type Code
0217	Payee
0218	Payment Amount
0219	Payment Covers Period Start Date
0220	Payment Covers Period Through Date
0222	Payment Reason Code
0223	Permanent Impairment Minimum Payment Indicator
0225	Recovery Amount
0226	Recovery Code
0229	Injury Severity Type Code
0230	Employer ID Assigned by Jurisdiction
0231	Manual Classification Sub-Code
0233	Suspension Narrative
0237	Witness Business Phone Number
0238	Witness Name
0242	Reduced Earnings Week Number
0249	Accident Premises Code
0255	Employee Last Name Suffix
0256	Wage Effective Date

**IAIABC Claims R3.1
DN Error Message - DN List**

DN	IAIABC Data Element Name
0270	Employee ID Type Qualifier
0273	Employer Paid Salary in Lieu of Compensation Indicator
0274	Number of Accident/Injury Description Narratives
0275	Number of Concurrent Employers
0276	Number of Denial Reason Narratives
0277	Number of Full Denial Reason Codes
0278	Number of Managed Care Organizations
0279	Number of Witnesses
0280	Accident Site Country Code
0281	Initial Date Employer Had Knowledge of Date of Disability
0282	Number of Other Benefits
0283	Number of Payments
0284	Number of Recoveries
0285	Number of Reduced Earnings
0286	Average Wage
0287	Number of Suspension Narratives
0288	Number of Benefits
0289	Number of Benefit ACR
0290	Type of Loss Code
0292	Insolvent Insurer FEIN
0293	Lump Sum Payment/Settlement Code
0294	Partial Denial Code
0295	Maintenance Type Correction Code
0296	Maintenance Type Correction Code Date
0297	First Day of Disability After the Waiting Period
0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period
0299	Award/Order Date
0314	Insured FEIN
0329	Employer UI Number
0400	Cancel Reason Code
0401	Jurisdiction Claim Number - Related
0402	Cancel Reason Narrative
0403	Initial RTW Type Code
0404	Initial RTW Physical Restrictions Indicator
0405	Initial RTW With Same Employer Indicator
0406	Latest RTW Type Code
0407	Latest RTW Physical Restrictions Indicator
0408	Latest RTW With Same Employer Indicator
0409	Weekly Income Amount For Offset
0411	Number of Change Data Elements
0412	Change Data Element/Segment Number
0413	Change Reason Code
0414	Reduced Earnings Week Start Date
0415	Reduced Earnings Week End Date
0416	Current Date Employer Had Knowledge of Current Date of Disability

**IAIABC Claims R3.1
DN Error Message - DN List**

DN	IAIABC Data Element Name
0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability
0418	Suspension Reason Code – Full
0419	Suspension Reason Code - Partial
0420	Number of Part of Body Injured
0421	Part of Body Injured Location Code
0422	Part of Body Injured Fingers/Toes Location Code
0423	Acquired Claim Last Known Indemnity Through Date
0424	Number of Dependent/Payee Relationships
0425	Dependent First Name
0426	Dependent Last Name
0427	Dependent Date of Birth
0428	Dependent Gender Code
0429	Dependent Extent of Dependency Code
0430	Number of Narrative for Claim
0431	Narrative For Claim
0432	Permanent Impairment Body Part Location Code
0433	Overpayment Amount - Current
0434	Number of Cancel Elements
0435	Reduced Earnings Net Weekly Amount Due by Claim Administrator

**IAIABC Claims R3.1
DN Error Message - Key**

Error Number	Error Message
001	Mandatory field not present
018	Number of Days Worked must be 0-7
019	Days must be 0-6
028	All digits must be 0-9
029	Must be a valid date (CCYYMMDD)
030	Must be A-Z, 0-9, or spaces
031	Must be a valid time
033	Must be <= Date of Injury
034	Must be >= Date of Injury
035	Must be >= Initial Date Disability Began
036	Must be <= Employee Date of Death
037	Must be <= Maintenance Type Code Date

Error Number	Error Message
038	Must be >= Start Date
039	No match on database
040	All digits cannot be the same
041	Must be <= current date
042	Not statutorily valid
044	Value is > required by jurisdiction
045	Value is < required by jurisdiction
050	No matching Subsequent Report (A49)
053	No matching First Report of Injury (148)
054	Must be valid occurrence for segment
055	Must be < Employee Date of Hire
057	Duplicate Batch/Transaction

Error Number	Error Message
058	Code/ID invalid
059	Non-match data value not consistent with value previously reported
060	Previous paper documentation not received
061	Event Table criteria not met
062	Required segment not present
063	Invalid event sequence
064	Invalid data relationship
065	Corresponding report/data not found
066	Invalid record/transaction count
067	Must be >= Policy Effective Date
068	Must be <= Policy Expiration Date
101	MTC not approved for production

**IAIABC Claims R3.1
DN Error Message - Key**

Error Number	Error Message
102	Must be <= Initial Date Disability Began
103	Same code received in multiple variable segments
104	Must be >= Current Date Disability Began
105	Must be <= Current Date Disability Began
106	Invalid batch structure
107	Variable segment counter > maximum value allowed
108	Expected field not present
109	Must be >=Employee Date of Hire
110	Date Must be >= Jurisdiction Implementation Date
111	Must be valid content
112	Must be >=Initial Date Last Day Worked
113	Must be >= Initial RTW Date

Error Number	Error Message
114	Must be >= Current Date Last Day Worked
117	Match data value not consistent with value previously reported
118	Trading Partner not approved to submit data for Insurer/Claim Admin
120	No embedded spaces
121	No leading spaces
122	Must be >= Reduced Earnings Week Start Date
123	Invalid Change Reason Code relationship
124	No recognizable change found
125	Must be > 00 for D Delete
126	Number of Occurrences < or > Previously Reported for DN0413 Change Reason

IAIABC Claims Release 3.1
Valid Value

DN	Element Name	Capture?	Acceptable Code Value List - grayed out indicates that a value is 'Not Statutorily Valid'																	
0069	Pre-Existing Disability Code																			
0075	Agreement to Compensate Code																			
0077	Late Reason Code																			
0092	Benefit Adjustment Code																			
0097	Dependent/Payee Relationship Code (1st character)																			
	Dependent/Payee Relationship Code (2nd character)																			
0126	Benefit Credit Code																			
0130	Benefit Redistribution Code																			
0158	Employee Tax Filing Status Code																			
0204	Work Week Type Code																			
0205	Work Days Scheduled Code																			
0207	Managed Care Organization Code																			
0212	Non-Consecutive Period Code																			
0229	Injury Severity Type Code																			
0294	Partial Denial Code																			
0418	Suspension Reason Code - Full																			
0419	Suspension Reason Code - Partial																			
0421	Part of Body Injured Location Code																			
0422	Part of Body Injured Fingers/Toes Location Code																			
0428	Dependent Gender Code																			
0429	Dependent Extent of Dependency																			
0432	Permanent Impairment Body Part Location Code																			

**IAIABC Claims Release 3.1
Match Data Table**

The Match Data Table is designed to convey which data elements should be used as primary or secondary "match" data elements. It is used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. When there is no match on one of the primary "match" data elements, secondary "match" data elements are used to match a claim. Refer to the *Match Data* section in the instructions. A jurisdiction should provide Claim Administrators with primary match data element(s) and two or more secondary match data elements.

Match Data Elements can only be changed on a MTC 02 Change transaction. The suggested Match data element elements are listed below. Place a "P" (Primary) or "S" (Secondary) in the appropriate column in order to identify the match data. At the discretion of the jurisdiction, a 02 transaction may include one or more changed match values at a time but a minimum of two must remain the same in order to accomplish the match of the trading partner's records. Jurisdiction should include the allowable category number with "P" (Primary) or "S" (secondary) match designation. See *Multiple element changes Category legend* below. Unless a Category (or multiple Categories) is designated by the jurisdiction for the Match Data element, when more than one Match Data Element is changed on the same MTC 02 Change transaction, an error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR Transaction Rejected acknowledgment. Note: Data Elements within the 'Transaction Grouping' are not applicable to the MTC 02 Change transaction.

Greyed cells are not applicable.

MTC and MTC Date are prepopulated for:

- Existing Claims and Acquired Claims: The jurisdiction may use these for valid sequencing and determination of duplicate results.
- Corrections: If the jurisdiction intends to accept "Correction" transactions, they must be able to recognize the transaction being corrected.

GROUPING	DN	DATA ELEMENT NAME	New Claims	Existing Claims	Corrections MTC CO	Acquired Claims (MTC AU)	Legacy Claims (MTC UR Update Report) for Existing Claims
Claim	0004	Jurisdiction Code					
	0005	Jurisdiction Claim Number		P	P		P
	0015	Claim Administrator Claim Number	P	S			S
Claimant		Employee ID					
		▪ Employee SSN – Preferred (DN0042)	P	S	S	P	P
		▪ Employee Green Card (DN0153)	P	S	S	P	P
		▪ Employee Employment Visa (DN0152)	P	S	S	P	P
		▪ Employee ID Assigned by Jurisdiction (DN0154)	P	S	S	P	P
		▪ Employee Passport Number (DN0156)	P	S	S	P	P
	0206	Employee Security ID					
	0031	Date of Injury	P	S	S	P	S
	0043	Employee Last Name	S			S	S
	0044	Employee First Name					
0052	Employee Date of Birth	S			S	S	
Claim Administrator	0187	Claim Administrator FEIN	P	S	S		
	0014	Claim Administrator Postal Code					
Employer	0016	Employer FEIN					
	0329	Employer UI Number					
	0230	Employer ID Assigned by Jurisdiction					
Insurer	0006	Insurer FEIN	P	S	S		
Transaction	0295	Maintenance Type Correction Code			P		
	0296	Maintenance Type Correction Code Date			P		
	0002	Maintenance Type Code		P	P	P	P
	0003	Maintenance Type Code Date		P	P	P	P

Additional Match Data Confirmation: When a match is found on the primary or secondary "match" data elements per the table above, the following data elements can be used as 'additional' confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury. When these fields are evaluated and a match is found then a duplicate error message will be returned on Element Number 0002 Maintenance Type Code with Element Error Number 057-Duplicate Transmission/Transaction. If the duplicate is not identified the claim will be processed.

Limitations: The limitation of changing one match data element does not apply to these 'Additional' match data elements. See *Match Data Rules in Section 4*.

The suggested optional data element names are listed below. Place an "A" (Additional) in the appropriate column in order to identify the additional match data. Jurisdictions should not use the "additional" match data elements when processing an 02 change transaction because the 02 could be filed to change one or more of these elements.

**IAIABC Claims Release 3.1
Match Data Table**

			New	Existing	Corrections MTC CO	Acquired Claims (MTC AQ/AU)	Legacy Claims (MTC UR Update Report) for Existing Claims	
Injury	0035	Nature of Injury	A	A				
	0037	Cause of Injury	A	A				
When selecting Primary and Secondary Match Data elements, jurisdictions must recognize the following conditions may apply to the claim and consider which combinations, if any, can be changed at the same time by placing a Y or N in the Applicable column.								
Multiple element changes Category legend:						Applicable ? (Y/N)		
Category	Conditions						N	
1	Employee First Name (DN0043) and Employee Last Name (DN0044)						N	
2	Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187)						Y	
3	Claim Administrator postal code (DN0014) and Claim Administrator FEIN (DN0187)						N	
4	Employer FEIN (DN0016), Insurer FEIN (DN0006), and Claim Administrator FEIN (DN0187)						N	
5	Employer FEIN (DN0016), Insurer FEIN (DN0006)						N	
7	7 or greater - jurisdiction must define custom allowable combinations						N	

**IAIABC Claims Release 3.1
Population Restrictions**

DN	Report or MTC	Data Element Name	Population Restriction	Exception	Error Message Number	Error Message Text	Element Error Text (DN0291)
0002		Maintenance Type Code	MTC's not accepted: FROI: AQ, UI, UR Upon Request SROI: AB, AC, CA, CB, ER, NT, PD, PX, RB, SX, SU, UI, VE, BM, BW, MN, QT, SA		042	Not statutorily valid	KS does not accept this MTC type
0002		Maintenance Type Code	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0003		Maintenance Type Code Date	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0004		Jurisdiction Code	Value must be 'KS'		042	Not statutorily valid	Value must be 'KS'
0005		Jurisdiction Claim Number	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0006		Insurer FEIN	Only one match data value can be changed in one transaction	Does not apply when changing Claim Admin FEIN at the same time. See Match Data Table and exception Category 2	117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0015		Claim Administrator Claim Number	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0015		Claim Administrator Claim Number	Data must match value provided on companion record		064	Invalid data relationship	Data must match value provided on companion record
0025		Industry Code	NAICS 2017		058	Code/ID invalid	NAICS code not from 2017 standard
0031		Date of Injury	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0042		Employee SSN	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0043		Employee Last Name	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0052		Employee Date of Birth	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0074	All SROI MTCs	Claim Type Code	M' ('Medical Only'), 'B' ('Became Medical Only'), and W ('Lost Time with No Paid Indemnity') not accepted		042	Not statutorily valid	'M' ('medical only') and 'B' ('became medical only') claims are not reportable in KS
0105		Interchange Version ID	Format and value not consistent with type of report		064	Invalid data relationship	Format and value not consistent with type of report
0153		Employee Green Card	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0152		Employee Employment Visa	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0154		Employee ID Assigned by Jurisdiction	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported

**IAIABC Claims Release 3.1
Population Restrictions**

DN	Report or MTC	Data Element Name	Population Restriction	Exception	Error Message Number	Error Message Text	Element Error Text (DN0291)
N0156		Employee Passport Number	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0187		Claim Administrator FEIN	Only one match data value can be changed in one transaction	Does not apply when changing Insurer FEIN at the same time. See Match Data Table and exception Category 2	117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0293		Lump Sum Payment/Settlement Code	Value must be submitted on a PY report, and associated 02 and CO		064	Invalid data relationship	Value must be submitted on a PY report, and associated 02 and CO
0295		Maintenance Type Correction Code	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported
0296		Maintenance Type Correction Code Date	Only one match data value can be changed in one transaction		117	Match data value not consistent with value previously reported	Match data value not consistent with value previously reported

**IAIABC Claims Release 3.1
Sequencing**

The following table illustrates the sequence in which groups of business events (MTC) typically occur during the life of a claim. When used with the Jurisdiction Event table, the sequence of reporting requirements can be determined. See *Transaction Sequencing* in Section 4 of the IAIABC Release 3 Implementation Guide. Rows with MTCs not collected are hidden. Jurisdictions should use the *Suggested Error Text*, or some variation of it, to assist the trading partner in determining specifically what would cause a “sequencing” error.

Claim Events should be reported in the following sequence. Failure of sequencing rules result in rejection of report by the jurisdiction for Error Message 063 - Invalid Event Sequence

Apply Seq Edit?

Y = the MTC is collected and sequencing edits will be applied

N = the MTC is collected but sequencing edits will not be applied

NA = Sequencing edits cannot or will not be applied

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	Incoming Maintenance Type Code	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 1. Establish Claim or New Claim Administrator						
1a. Determination not made						
NA	UI - FROI	Under Investigation FROI			UI-FROI	None (refer to FROI Match Data/Duplicate Transactions <i>TRANSACTION PROCESSING GUIDELINES</i> in Section 2)
1b. Report of Injury						
Y	00	Original		Invalid Event Sequence	00	None (refer to FROI Match Data/Duplicate Transactions <i>TRANSACTION PROCESSING GUIDELINES</i> in Section 2)
1c. Denial						
Y	04 - FROI	Full Denial FROI		Invalid Event Sequence	04 - FROI	None (refer to FROI Match Data/Duplicate Transactions <i>TRANSACTION PROCESSING GUIDELINES</i> in Section 2)
1d. Acquired Claim						
NA	AQ	Acquired Claim	063	No previous FROI from prior Clm Admin accepted	AQ	No previous accepted First Report from prior Claim Administrator
Y	AU	Acquired/Unallocated		Invalid Event Sequence	AU	None (refer to FROI Match Data/Duplicate Transactions <i>TRANSACTION PROCESSING GUIDELINES</i> in Section 2)
Business Events 2b and 2c can occur once during the life of the claim. 3 can occur multiple times until						
Business Event Group 2. Initial Payment of Indemnity or equivalent						
2a. Non-payment of Indemnity						
Y	04 - SROI	Full Denial SROI	063	Event 1b, c, or d (FROI) not previously accepted	04-SROI	A 00, AU, or FROI UR must have been accepted Note: jurisdiction must define the value of Event 1 expectation - 1a, b, or d - 04 excluded by standard
Y	CD	Compensable Death - No Dependents/Payees	063	Event 1b, c, or d (FROI) not previously accepted	CD	A FROI 00, 04, AU, or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c, or d
NA	VE	Volunteer	063	Event 1x (FROI) not previously accepted	VD	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c, or d
NA	UI - SROI	Under Investigation SROI	063	Event 1x (FROI) not previously accepted	UI-SROI	A 00, AQ/AU or FROI UI or FROI UR must have been accepted Note: jurisdiction must define the value of Event 1 expectation - 1a, b, or d - 04 excluded by standard
NA	PD	Partial Denial	063	Event 1x (FROI) not previously accepted	PD	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c, or d
NA	SU	Sync Up	063	Event 1x (FROI) not previously accepted	SU	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c, or d

**IAIABC Claims Release 3.1
Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	Incoming Maintenance Type Code	MINIMUM SEQUENCING REQUIREMENTS
NA	NT	Narrative	063	Event 1x (FROI) not previously accepted	NT	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c or d
2b. Salary in Lieu of Compensation						
Y	EP	Employer Paid	063	Event 1b, c, or d (FROI) not previously accepted	EP	A FROI 00, 04, AU, or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c, or d
2c. Initial Payment of Weekly Benefits						
Y	IP	Initial Payment	063	Event 1b or c (FROI) not previously accepted	IP	A FROI 00, 04, AU, or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c, or d
2d. Initial Payment by New Claim Administrator						
Y	AP	Acquired/Payment	063	Event 1d (FROI) not previously accepted	AP	An AU must have been accepted
2e. Acquisition/Indemnity Ceased.						
NA	AC	Acquired/Payment	063	Event 1d (FROI) not previously accepted	AC	An AU or AQ must have been accepted
Business Event Group 3. Changes to benefits (if applicable). May occur multiple times after Event 2b, 2c or 2d.						
NA	AB	Add Concurrent Benefit Type	063	Event 2c, or d (SROI) not previously accepted	AB	An IP, AP, or SROI UR must have been accepted Note: Jurisdiction must be able to recognize that benefits have started and have not been suspended
NA	CA	Change in Benefit Amount	063	Event 2c, or d (SROI) not previously accepted	CA	An IP, AP, or SROI UR must have been accepted Note: Jurisdiction must be able to recognize that benefits have started and have not been suspended
NA	CB	Change in Benefit Type	063	Event 2b, 2c, or d (SROI) not previously accepted	CB	An IP, AP, or SROI UR must have been accepted Note: Jurisdiction must be able to recognize that benefits have started and have not been suspended

**IAIABC Claims Release 3.1
Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	Incoming Maintenance Type Code	MINIMUM SEQUENCING REQUIREMENTS
3a. Concurrent benefits only						
NA	PX	Partial Suspension - Payment(s) of one concurrent indemnity benefit have stopped.	063	Event 2c, or d (SROI) not previously accepted	PX	Note: Jurisdiction must be able to recognize that concurrent benefits are currently being paid on resumed benefits.
3b. Reinstate suspended concurrent Benefits						
NA	AB	Add Concurrent Benefit Type	063	Event 3a (SROI) not previously accepted	AB	A SROI Px or UR must have been accepted

**IAIABC Claims Release 3.1
Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	Incoming Maintenance Type Code	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 4. Suspension of all indemnity benefits						
NA	SX	Full Suspension - All payment(s) of indemnity benefits have stopped.	063	Event 2b, c, or d (SROI) not previously accepted	SX	An IP, AP, EP or SROI UR must have been accepted Note: Jurisdiction must be able to recognize that benefits have started and have not been previously suspended.
NA	PD	Partial Denial - (applicable only when the partial denial report is suspending benefits)	063	Event 2b, c, or d (SROI) not previously accepted	PD	Depending upon the jurisdiction's requirements, the PD may act like a suspension when benefit(s) are being terminated at the time of the denial. (DN0294 - Partial Denial Code is A, B, E, F, or G)
Y	04	Full Denial - SROI (applicable only when the denial report is suspending benefits)	063	Event 2b, c, or d (SROI) not previously accepted	04	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
Events 5, 6 and 7 can occur multiple times during the life of the claim. –						
N Note: if SROI UR is accepted, jurisdictions must consider the requirements defined for the UR to						
Business Event Group 5. Resumption of Benefits						
NA	Any Event Group 5 MTC		063	Event 1 (FROI) not previously accepted		
5a. Reinstated Salary in Lieu of Compensation						
NA	ER	Employer Reinstatement	063	Event 2b and 4 (SROI) not previously accepted	ER	An EP must have been accepted and if there has been a break in benefits, must be preceded by an Sx
5b. Reinstated Weekly Benefits						
NA	RB	Reinstatement of Benefits	063	Event 2c or d and 4 (SROI) not previously accepted	RB	A SROI UR, Sx or an FN must have been accepted
Business Event Group 6. Changes to Resumed benefits (if applicable)						
NA	Any Event Group 6 MTC		063	Event 1 (FROI) not previously accepted		
NA	AB	Add Concurrent Benefit Type	063	Event 5 (SROI) not previously accepted	AB	Note: Jurisdiction must be able to recognize that resumed benefits are currently being paid.
NA	CA	Change in Benefit Amount	063	Event 5 (SROI) not previously accepted	CA	Note: Jurisdiction must be able to recognize that resumed benefits are currently being paid.
NA	CB	Change in Benefit Type	063	Event 5 (SROI) not previously accepted	CB	Note: Jurisdiction must be able to recognize that resumed benefits are currently being paid.
Concurrent benefits only						
NA	PX	Partial Suspension - Payment(s) of one concurrent indemnity benefit have stopped.	063	No Event 5 (SROI) not previously accepted	PX	Note: Jurisdiction must be able to recognize that concurrent benefits are currently being paid on resumed benefits.
Business Event Group 7. Suspension of Resumed Benefits						
N	ANY Event Group 7 MTC		063	Event 1 (FROI) not previously accepted		
NA	SX	Full Suspension - All payment(s) of indemnity benefits have stopped.	063	Event 5 (SROI) not previously accepted	SX	Note: Jurisdiction must be able to recognize that benefits have resumed and have not been previously suspended.
NA	PD	Partial Denial - (applicable only when the partial denial report is suspending benefits)	063	Event 2b, c or d (SROI) not previously accepted	PD	Depending upon the jurisdiction's requirements, the PD may act like a suspension when benefit(s) are being terminated at the time of the denial. (DN0294 - Partial Denial Code is A, B, E, F, or G)
N	04	Full Denial - SROI (applicable only when the denial report in suspending benefits)	063	Event 5 (SROI) not previously accepted	04	DP Rule from Dictionary: 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
Business Event Group 8. Claim Closure						
Y	FN	Final	063	Event 1b, c, or d (FROI) not previously accepted	FN	A 00, FROI 04, AU, or FROI UR must have been accepted (with or without errors) Note: jurisdiction should define the value of Event 1 expectation - 1a, b, c, or d
Conditional reporting (can occur anytime after Event 1 - Claim established)						

**IAIABC Claims Release 3.1
Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	Incoming Maintenance Type Code	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 9. One Time Payment Reporting						
Y	PY	Payment Report (lump sum payments)		Event 1b, c, or d (FROI) not previously accepted	PY	A FROI 00, 04, AU, FROI UR must have been accepted
Business Event Group 10. Periodic reporting						
NA	BM	Bi-Monthly (Periodic Report)	063	Event 1 (FROI) not previously accepted	BM	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted
NA	BM	Bi-Monthly (Periodic Report)	063	Event x (SROI) not previously accepted	BM	A previous SROI (MTC x) must have been accepted
NA	BW	Bi-Weekly (Periodic Report)	063	Event 1 (FROI) not previously accepted	BW	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted
NA	BW	Bi-Weekly (Periodic Report)	063	Event x (SROI) not previously accepted	BW	A previous SROI (MTC x) must have been accepted
NA	MN	Monthly (Periodic Report)	063	Event 1 (FROI) not previously accepted	MN	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted
NA	MN	Monthly (Periodic Report)	063	Event x (SROI) not previously accepted	MN	A previous SROI (MTC x) must have been accepted
N	AN	Annual (Periodic Report)	063	Event 1 (FROI) not previously accepted	AN	A 00, FROI 04, AU, or FROI UR must have been accepted
Y	AN	Annual (Periodic Report)	063	Event x (SROI) not previously accepted	AN	A previous SROI (MTC x) must have been accepted
NA	QT	Quarterly (Periodic Report)	063	Event 1 (FROI) not previously accepted	QT	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted
NA	QT	Quarterly (Periodic Report)	063	Event x (SROI) not previously accepted	QT	A previous SROI (MTC x) must have been accepted
NA	SA	Sub-Annual (Periodic Report)	063	Event 1 (FROI) not previously accepted	SA	A 00, FROI 04, AQ/AU or FROI UI or FROI UR must have been accepted
NA	SA	Sub-Annual (Periodic Report)	063	Event x (SROI) not previously accepted	SA	A previous SROI (MTC x) must have been accepted
Business Event Group 11. Corrections/Changes						
Y	CO - FROI	Correction FROI	063	Event 1 (FROI) not previously accepted	CO - FROI	Sent only in response to an Application Acknowledgement Code of "TE" for a FROI report (see correction processing rules)
Y	CO - SROI	Correction SROI	063	Event x (SROI) not previously accepted	CO - SROI	Sent only in response to an Application Acknowledgement Code of "TE" for a SROI report (see correction processing rules)
Changes						
Y	02 - FROI	Change	063	Event 1 (FROI) not previously accepted	02 - FROI	A 00, FROI 04, AU, or FROI UR must have been accepted Note: It is highly recommended that changes to Data Elements should not be sent or accepted by jurisdictions in between a Transaction Accepted with Errors (TE) and the related CO (Correction) transaction. See Error Correction Process Guidelines elsewhere in Section 4. Jurisdictions that intend to enforce this recommendation must ensure that they are timely and accurately sending TE's and processing CO's.
Y	02 - SROI	Change	063	Event x (SROI) not previously accepted	02 - SROI	Any SROI must have been accepted Note: Change non-financial reported SROI data:It is highly recommended that changes to Data Elements should not be sent or accepted by jurisdictions in between a Transaction Accepted with Errors (TE) and the related CO (Correction) transaction. See Error Correction Process Guidelines elsewhere in Section 4. Jurisdictions that intend to enforce this recommendation must ensure that they are timely and accurately sending TE's and processing CO's.
Business Event Group 12. Miscellaneous						

**IAIABC Claims Release 3.1
Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	Incoming Maintenance Type Code	MINIMUM SEQUENCING REQUIREMENTS
Y	01	Cancel Entire Claim	063	Event 1 (FROI) not previously accepted	01	A 00, FROI 04, AU, or FROI UR must have been accepted Note: Once this MTC 01 Cancel transaction is accepted by the jurisdiction the claim no longer exists. If it is determined by the Claim Administrator that the MTC 01 Cancel was sent in error then the 'Transaction Sequencing' would start over with Event 1 to establish a new claim. See Section 4, 01 Cancel Processing Rules.
NA	CA	Change in Benefit Amount	063	Event 4 or 7 (SROI) not previously accepted	CA	Note: Jurisdiction must be able to recognize that the amount of suspended benefits are retroactively being changed.
Y	UR - FROI	Update Report			UR	Submitted on a legacy claim as defined by the jurisdiction's Event Table. Refer to the Legacy Claims Processing Rules in Section 4. DP Rule: FROI: The FROI UR is intended to match a claim previously reported to the state and/or initiate EDI reporting. The FROI UR may or may not be required prior to submitting the SROI UR if the JCN has already been communicated to the Claim Administrator. Refer to Legacy Processing Rules in Section 4 and Migration Document for more information.
Y	UR - SROI	Update Report			UR	Submitted on a legacy claim as defined by the jurisdiction's Event Table. Refer to the Legacy Claims Processing Rules in Section 4. SROI: The SROI UR is intended to provide a starting point for legacy claim data and benefits paid to date. Legacy claims where the initiating payment is issued post implementation will be reported on the Initial Payment or equivalent. Jurisdictions that accept a SROI UR should use the summary as the current picture of the claim. Refer to Legacy Processing Rules in Section 4 for more information.
NA	UR - FROI	Upon Request (Grandfathered)			UR	Jurisdictions who used the UR for a purpose other than legacy reporting prior to the adoption of the new definition are grandfathered in allowing the continued usage of the UR in that manner per the jurisdictions event table. A grandfathered jurisdiction may not adopt the new usage of the UR unless they no longer accept the prior usage.
NA	UR - SROI	Upon Request (Grandfathered)			UR	Jurisdictions who used the UR for a purpose other than legacy reporting prior to the adoption of the new definition are grandfathered in allowing the continued usage of the UR in that manner per the jurisdictions event table. A grandfathered jurisdiction may not adopt the new usage of the UR unless they no longer accept the prior usage.

Kansas Sequencing Table

If Last Submitted FROI MTC is:	If Last Submitted SROI MTC is:	Allow FROI MTC(s):	Allow SROI MTC(s):	Reject FROI MTC(s):	Reject SROI MTC(s):
None	None	00 04 AU		01 02 CO	IP EP CD AP 04 PY FN AN 02 CO UR
00	None	04 AU 01 02 CO	IP EP CD PY	00	AP 04 FN AN 02 CO
04		00 01 02 CO	IP EP CD PY	04 AU	AP 04 FN AN 02 CO
AU		04 01 02 CO	EP CD AP PY	00 AU	IP 04 FN AN 02 CO
01		00 04 AU CO		01 02	IP EP CD AP 04 PY FN AN 02 CO
02		NA	NA	NA	NA
CO		NA	NA	NA	NA
UR		Special use: Must use UR to establish legacy claims in 3.1. If a JCN exists on a claim and a UR has not been filed since implementation of 3.1, the next MTC sent will result in an Invalid Event Sequence error.			
	IP	02 CO 01	EP CD 04 PY FN AN 02 CO	00 04 AU	IP AP
	EP	02 CO 01	IP CD AP 04 PY FN AN 02 CO	00 04 AU	EP
	CD	02 CO 01	IP AP 04 PY FN AN 02 CO	00 04 AU	EP CD
	AP	02 CO 01	EP CD 04 PY FN AN 02 CO	00 04 AU	IP AP
	04	02 CO 01	IP EP CD AP PY FN AN 02 CO	00 04 AU	04
	PY	02 CO 01	FN AN 02 CO PY	00 04 AU	IP EP CD AP 04
	FN	02 CO 01	PY FN AN 02 CO	00 04 AU	IP EP CD AP 04
	AN	02 CO 01	04 PY FN AN 02 CO	00 04 AU	IP EP CD AP
	02	NA	NA	NA	NA
	CO	NA	NA	NA	NA
	UR	Special use: Must use UR to establish legacy claims in 3.1. If a JCN exists on a claim and a UR has not been filed since implementation of 3.1, the next MTC sent will result in an Invalid Event Sequence error.			