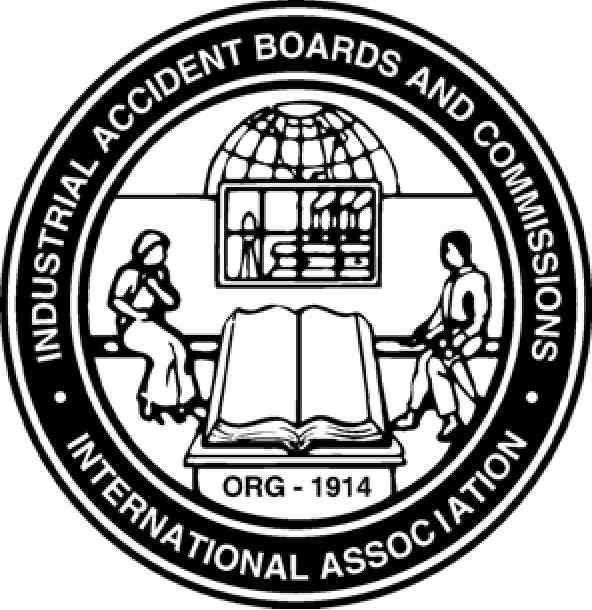


# **Section 6**

**Claims Release 3.0 Standards**

**Data Dictionary**



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SECTION 6:

RELEASE 3 COMBINED BUSINESS & TECHNICAL DATA DICTIONARY

**INTRODUCTION**

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

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

**Definition:** The meaning or purpose of the data element

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

applicable.

**Record**: An indication of which flat file the ta element resides:

**148** = First Report

**R21** = First Report Companion Record

**A49** = Subsequent Report

**R22** = Subsequent Report Companion Record

**AKC** = Claims Acknowledgment Detail Record

**ARC** = Claims Re-Acknowledgment Detail Record

**HD1** = Transmission Header Record

**TR2** = Transmission Trailer Record **Format:** The field length and type of the data element **Values:** When applicable, a list of valid codes and their meaning. Refer to the Jurisdiction Value

Table in their Edit Matrix for the codes that are excluded by each jurisdiction. **DP Rule**: The data population (DP) rule for the data element. Implementation notes and other

process rules for the data element are located in this section as well.

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**ACCIDENT/INJURY DESCRIPTION NARRATIVE – DN0038**

Definition: A free form description of how the accident occurred and the resulting injuries.

Orig/Rev.: 08/09/95, 07/01/97

Record: R21

Format: 500 A/N (up to 10 occurrences of 50)

**ACCIDENT PREMISES CODE – DN0249**

Definition: A code to indicate the premises where the accident occurred. Orig/Rev: 07/01/97, 04/24/03, 03/31/07 Record: R21 Format: 1 A/N Values: **E = Employer**

Accident occurred on employer’s/lessor’s premises.

**L = Lessee**

Accident occurred on the premises of the lessee for which the employee was hired to work.

**X = Other**

Accident occurred at a location other than the employer or for which the employee was hired to work.

**ACCIDENT SITE CITY – DN0121**

Definition: The city where the accident or injury occurred. Orig/Rev: 07/01/97 Record: R21 Format: 15 A/N

DP Rule: Accident Site City cannot be required when Accident Site Location Narrative is used.

**ACCIDENT SITE COUNTRY CODE – DN0280**

Definition: A code to indicate the country where the accident or injury occurred

Orig/Rev: 03/01/03, 04/24/03

Record: R21

Format: 3 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

DP Rule: Accident Site Country Code cannot be required when Accident Site Location

Narrative is used. Not required unless other than US.

Values are 2 digit left-justified

**ACCIDENT SITE COUNTY/PARISH – DN0118**

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

**ACCIDENT SITE LOCATION NARRATIVE – DN0119**

Definition: A free form text field describing the address of the accident when the location is not post office identifiable.

Orig/Rev: 07/01/97, 04/24/03

Record: R21

Format: 50 A/N

DP Rule: Either an Accident Site Organization Name and physical address or an Accident Site Location Narrative can be required, but not both. Enough information must be sent to sufficiently identify the site. Accident Site Location Narrative cannot be required when Accident Site Street/City/State/Postal Code/Country is used.

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**ACCIDENT SITE ORGANIZATION NAME – DN0120**

Definition: The name of the entity corresponding to the Accident Site Street/City/State/Country.

Orig/Rev: 07/01/97, 04/24/03

Record: R21

Format: 50 A/N

DP Rule: Accident Site Organization Name cannot be required unless the Accident Premises Code is equal to “L”. If Accident Premises Code is equal to “E” or “X”, Accident Site Organization Name cannot be required when Accident Site Location Narrative is used in lieu of Accident Site Address/City/State/Country.

**ACCIDENT SITE POSTAL CODE – DN0033**

Definition: The postal code for the location where the accident or injury occurred. Orig/Rev: 03/11/94, 07/01/97, 04/24/03 Record: 148 Format: 9 A/N

DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country’s postal code list.

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

**ACCIDENT SITE STATE CODE – DN0123**

Definition: A code to indicate the state where the accident or injury occurred. Orig/Rev: 07/01/97, 04/24/03 Record: R21 Format: 2 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org) DP Rule: Accident Site State Code cannot be required when Accident Site Location Narrative is used.

**ACCIDENT SITE STREET – DN0122**

Definition: The street address where the accident or injury occurred. Orig/Rev: 07/01/97 Record: R21 Format: 40 A/N

DP Rule: Accident Site Street cannot be required when Accident Site Location Narrative is used.

**ACKNOWLEDGMENT TRANSACTION SET ID – DN0110**

Definition: Identifies the type of transaction being acknowledged.

Orig/Rev: 09/26/98, 07/12/02, 05/27/03

Record: AKC, ARC

Format: 3 A/N

Values: **148** – First Report

**A49** – Subsequent Report

**ACTUAL REDUCED EARNINGS – DN0124**

Definition: The weekly wages of an employee who has returned to work with physical

restrictions or reduced earnings. Orig/Rev: 07/01/97 Record: R22 Format: $9.2

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**AGREEMENT TO COMPENSATE CODE – DN0075**

Definition: A code identifying the condition under which compensation benefits are being

paid. Orig/Rev: 08/09/95, 07/01/97 Record: A49 Format: 1 A/N Values: **W** = Without Liability

**L** = With Liability

**ANTICIPATED WAGE LOSS INDICATOR – DN0201**

Definition:

An indicator that Temporary Partial Disability benefits are anticipated to be owed,

but the claim administrator has not yet received the required wage

documentation in order to make payment(s).

Orig/Rev: Record: Format: Values:

11/30/06

R22

1 A/N

**Y** = Yes

**N** = No

**APPLICATION ACKNOWLEDGMENT CODE – DN0111**

Definition: A code used to identify the accepted/rejected status of the transaction being acknowledged.

Orig/Rev: 08/09/95, 07/01/97, 07/12/02

Record: AKC, ARC

Format: 2 A/N

Values: **HD = Batch Rejected**: Batch rejected in its entirety.

**TA = Transaction Accepted**: The transaction was accepted by the jurisdiction.

No errors were found on the transaction.

**TE = Transaction Accepted with Error:** An error was found on an expected

data element. A CO (Correction) should be submitted to resolve the error(s).

**TN = Transaction Rejected by Service Provider:** Fails Jurisdiction Mandatory

Requirements

**TR = Transaction Rejected:** An error was found on a mandatory or mandatory

conditional data element. The transaction was not accepted by the jurisdiction. A

review of the error should take place to determine if the transaction should be

resubmitted with the same MTC – correcting the error. If an error of duplicate

**AVERAGE WAGE – DN0286**

transaction, invalid event sequence, etc. then resubmission may not be required.

Definition:

The employee’s pre-injury wage for the wage period as statutorily defined by the

jurisdiction, including discontinued fringes and concurrent employer wages,

if any.

Orig/Rev: Record: Format: DP Rule:

03/11/94, 07/01/97, 04/24/03, 04/28/04

R22

$9.2

This amount may include commissions, piecework earnings, and other forms of

income converted to a normal scheduled workweek, plus the estimated value of

lodging, food, laundry and other payments in kind, as per jurisdictional

requirements.

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**AWARD/ORDER DATE**

Definition:

Orig.Rev: Record: Format: DP Rule:

**DN0299**

The date associated with an award, order, settlement or agreement as defined by

the jurisdiction.

04/30/04, 02/24/05

R22

8 DATE

If required on a transaction, the most recent Award/Order Date should always be

reported. If a jurisdiction does not accept all MTC’s, it is possible that they will

not receive all Award/Order Dates.

Jurisdictions requiring this data element should include in their Trading Partner

Tables (all that apply):

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

**BENEFIT ADJUSTMENT CODE – DN0092**

Definition:

Orig/Rev:

Record:

Format:

A code identifying reductions or increases applied to the Gross Weekly Amount

resulting in a new Net Weekly Amount for a specific benefit type.

06/07/95, 07/01/97, 04/24/03

R22

4 A/N (BNNN)

B = Benefit Adjustment Code (See values below)

NNN = Benefit Type Codes (DN0085)

Values:

**A = Apportionment/Contribution**

Weekly payment amount reduced for shared or partial liability(s).

**B = Subrogation (Third Party Offset)**

Weekly payment amount reduced for recovery from third party tort-feasor.

**E = Employer Provided Pension**

Weekly payment amount reduced for eligibility or payments under an employer provided pension program.

**G = Age 65 Reduction**

Weekly payment amount reduced after employee reaches age 65.

**I = Intoxication**

Weekly payment amount reduced due to employee’s intoxication at the time of the injury.

**J = Appeal Adjustment**

Weekly payment amount reduced while case is on appeal.

**L = Disability Insurance/Income**

Weekly payment amount reduced for disability insurance/income eligibility or payment other than social security.

**N = Non-cooperation: Rehabilitation, Training, Education, and Medical**

Weekly payment amount reduced for non-cooperation/failure to comply with jurisdictional requirements.

**Q = Illegally Employed Minor**

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

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**R = Social Security Retirement**

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

**S = Social Security Disability**

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

**T = Acceleration of Benefits**

Weekly payment amount increased over and above the compensation rate.

**U = Unemployment Compensation**

Weekly payment amount reduced for eligibility for, or payments under, unemployment compensation.

**V = Safety Violation**

Weekly payment amount reduced for safety violation(s).

**W = Partial Wage Continuation**

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

**X = Death Benefit Reduction**

Weekly payment amount reduced for eligibility for, or payment to survivors.

**Y = Partial Reimbursement of Claimant Attorney Fees**

Weekly payment amount increased to the employee for partial reimbursement of claimant attorney fees.

**Z = 2 Years Continuous Disability**

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

**1 = Cost of Living Adjustment**

Weekly payment amount increased for cost of living adjustment.

**2 = Fraud/Misrepresentation**

Weekly payment amount reduced due to fraud/misrepresentation as defined by the jurisdiction.

**BENEFIT ADJUSTMENT END DATE – DN0125**

Definition: The last date through which the benefit adjustment was applied to the Benefit

Type Code. Orig/Rev: 07/01/97 Record: R22 Format: 8 DATE

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**BENEFIT ADJUSTMENT START DATE – DN0094**

Definition: The first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code. For acquired claims, the Benefit Adjustment Start Date will be the first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator. This may be prior to the acquisition date if the acquiring claim administrator issued an adjustment for a period of time in which the file was handled by the previous claim administrator.

Orig/Rev: 03/11/94, 07/01/97, 03/15/05, 06/28/05, 11/22/05, 01/01/08

Record: R22

Format: 8 DATE

**BENEFIT ADJUSTMENT WEEKLY AMOUNT – DN0093**

Definition: The weekly amount of benefit adjustment corresponding to the Benefit

Adjustment Code. Orig/Rev: 07/24/95, 07/01/97, 01/01/09 Record: R22 Format: $9.2 DP Rule: If the period represented by the Benefit Adjustment Start Date and Benefit

Adjustment End Date are less than 7 days, the Benefit Adjustment Weekly

Amount may represent the actual amount of the adjustment rather than being a

weekly amount.

**BENEFIT CREDIT CODE – DN0126**

Definition:

Orig/Rev:

Record:

Format:

A code identifying a reduction that is applied to the Gross Weekly Amount to

yield a new Net Weekly Amount to recoup monies previously paid.

07/01/97, 04/24/03

R22

4 A/N (BNNN)

B = Benefit Credit Code (see values below)

NNN = Benefit Type Code (DN0085)

Values:

**C = Overpayment**

Recoupment of benefits paid, but not due.

**M = Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit**

Claim administrator’s liability for payment of certain benefits is reduced or fully offset because the employer provided excess payments to the worker (in excess of the weekly benefit amount) by agreement, as provided by jurisdiction.

**P = Advance**

Reimbursement of pre-paid benefit/advance.

**BENEFIT CREDIT END DATE – DN0128**

Definition: The last date through which the benefit credit was applied to the Benefit Type

Code. Orig/Rev: 07/01/97 Record: R22 Format: 8 DATE

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**BENEFIT CREDIT START DATE – DN0127**

Definition: The first date of the uninterrupted period in which the current Benefit Credit Weekly Amount was applied to the Benefit Type Code. For acquired claims, the Benefit Credit Start Date will be the first date of the uninterrupted period in which the current Benefit Credit Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator. This may be prior to the acquisition date if the acquiring claim administrator issued a credit for a period of time in which the file was handled by the previous claim administrator.

Orig/Rev: 07/01/97, 03/15/05, 06/28/05, 11/22/05, 01/01/08

Record: R22

Format: 8 DATE

**BENEFIT CREDIT WEEKLY AMOUNT – DN0129**

Definition: The weekly amount of benefit credit corresponding to the Benefit Credit Code (DN0126).

Orig/Rev: 07/01/97, 01/01/09

Record: R22

Format: $9.2

DP Rule: If the period represented by the Benefit Credit Start Date and Benefit Credit End Date are less than 7 days, the Benefit Credit Weekly Amount may represent the actual amount of the credit rather than being a weekly amount.

**BENEFIT PAYMENT ISSUE DATE - DN0192**

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

Orig/Rev: 03/01/06

Record: R22

Format: 8 DATE

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

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

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**BENEFIT PERIOD START DATE – DN0088**

Definition: For all MTC’s that are initiating or reinstating a Benefit Type Code (AB, IP, RB, EP, ER, CB): The Benefit Period Start Date is the first date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code. For MTC AP and all subsequent MTC’s filed on acquired claims, the Benefit Period Start Date is the first date of the uninterrupted period of benefit payments made by the acquiring claim administrator that corresponds to the Benefit Type Code. This may be prior to the acquisition date if the acquiring claim administrator issued payment(s) for a period of time in which the file was handled by the previous claim administrator.

For MTC’s (on non-acquired claims) that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, UR, and 04 if preceded by payment): The Benefit Period Start Date is the earliest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.

Orig/Rev: 03/11/94, 07/1/97, 04/26/03, 03/15/05, 11/22/05, 01/01/08

Record: R22

Format: 8 DATE

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

**BENEFIT PERIOD THROUGH DATE – DN0089**

Definition: For all MTC’s that are initiating or reinstating a Benefit Type Code (AB, AP, IP, RB, EP, ER, CB): The Benefit Period Through Date is the latest date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code.

For MTC’s that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, and UR): The Benefit Period Through Date is the latest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.

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

Record: R22

Format: 8 DATE

DP Rule: One per Benefit Type Code used. Benefit Period Through Date should not be edited on full or partial settlements as they may vary considerably from one claim administrator to the other. Benefit Period Through Date may be a future date if Permanent Partial Scheduled Benefits (030 or 530) are paid in a lump sum.

**BENEFIT REDISTRIBUTION CODE – DN0130**

Definition: A code identifying that a portion of the Net Weekly Amount is directed to another party on behalf of the employee or beneficiary, but which does not reduce the Gross Weekly Amount or affect the Net Weekly Amount.

Orig/Rev: 07/01/97, 04/24/03

Record: R22

Format: 4 A/N (BNNN)

B = Benefit Redistribution Code (see values below) NNN = Benefit Type Code (DN0085)

Values: **H = Court Ordered Lien**

A portion of the Net Weekly Amount which is being sent to another party on behalf of the employee as a result of a court order (i.e. Child Support)

**K = Claimant Attorney Fees**

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

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**BENEFIT REDISTRIBUTION END DATE – DN0132**

Definition: The last date through which the benefit redistribution was applied to the Benefit

Type Code. Orig/Rev: 07/01/97 Record: R22 Format: 8 DATE

**BENEFIT REDISTRIBUTION START DATE – DN0131**

Definition: The first date of the uninterrupted period in which the current Benefit Redistribution Weekly Amount was applied to the Benefit Type Code. For acquired claims, the Benefit Redistribution Start Date will be the first date of the uninterrupted period in which the current Benefit Redistribution Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator, This may be prior to the acquisition date if the acquiring claim administrator issued a redistribution for a period of time in which the file was handled by the previous claim administrator.

Orig/Rev: 07/01/97, 03/15/05, 06/28/05, 11/22/05, 01/01/08

Record: R22

Format: 8 DATE

**BENEFIT REDISTRIBUTION WEEKLY AMOUNT – DN0133**

Definition: The weekly amount of benefit redistribution corresponding to the Benefit

Redistribution Code (DN0130). Orig/Rev: 07/01/97, 01/01/09 Record: R22 Format: $9.2 DP Rule: If the period represented by the Benefit Redistribution Start Date and Benefit

Redistribution End Date are less than 7 days, the Benefit Redistribution Weekly

Amount may represent the actual amount of the redistribution rather than being a

weekly amount.

**BENEFIT TYPE AMOUNT PAID – DN0086**

Definition: The cumulative paid to date amount for the Benefit Type Code(s) being reported.

For acquired claims, the Benefit Type Amount Paid will be the cumulative paid to

date amount by the acquiring claim administrator. Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/24/05, 03/15/05 Record: R22 Format: $9.2 DP Rule: One per Benefit Type (DN0085) Code used. Not required for Benefit Type Code

240.

**BENEFIT TYPE CLAIM DAYS – DN0091**

Definition: The residual number of days after determining the Benefit Type Claim Weeks

(DN0090).

For acquired claims, the Benefit Type Claim Days will be the residual number of

days after determining the Benefit Type Claim Weeks paid by the acquiring claim

administrator. Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/8/05, 02/24/05, 03/15/05, 11/22/05 Record: R22 Format: 1 N Values: 0 through 6 DP Rule: One per Benefit Type Code used. Benefit Type Claim Days may not be required

for Benefit Type Code 240, full or partial settlements, or lump sum payments with

a Benefit Type Code of 5XX.

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**BENEFIT TYPE CLAIM WEEKS – DN0090**

Definition: The cumulative number of whole weeks paid for a Benefit Type Code (DN0085)

for all benefit periods.

For acquired claims, the Benefit Type Claim Weeks will be the cumulative

number of whole weeks paid for a Benefit Type Code, by the acquiring claim

administrator. Orig/Rev: 03/11/94, 07/01/97, 04/24/03, 02/8/05, 02/24/05, 03/14/05, 11/22/05 Record: R22 Format: 4 N DP Rule: One per Benefit Type Code used. Benefit Type Claim Weeks may not be

required for Benefit Type Code 240, full or partial settlements, or lump sum

payments with a Benefit Type Code of 5XX.

**BENEFIT TYPE CODE – DN0085**

Definition: A code identifying the payment being made.

Orig/Rev: 09/16/94, 07/01/97, 04/26/03, 02/8/05

Record: R22

Format: 3 A/N

Values: **010 = Fatal**

Benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.

**020 = Permanent Total**

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

**021 = Permanent Total Supplemental**

Benefits paid to supplement permanent total benefits.

**030 = Permanent Partial Scheduled**

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

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

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

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

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

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

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**040 = Permanent Partial Unscheduled**

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

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

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

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

**050 = Temporary Total**

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

**051 = Temporary Total Catastrophic**

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

**070 = Temporary Partial**

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

**080 = Employers Liability**

Reports the indemnity loss portion of Employer’s Liability.

**090 = Permanent Partial Disfigurement**

Benefits paid or payable for any scarring or cosmetic defect.

Includes:

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

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

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

**210 = Employer Paid Fatal Benefits**

Wages paid by the employer in lieu of Fatal/Death compensation due.

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**230 = Employer Paid Permanent Partial Scheduled**

Wages paid by the employer in lieu of Permanent Partial Scheduled compensation due.

**240 = Employer Paid Unspecified**

Wages paid by the employer in lieu of compensation of an unspecified benefit type due.

**242 = Employer Paid Vocational Rehabilitation Maintenance**

Wages paid by the employer in lieu of Vocational Rehabilitation Maintenance compensation due.

**250 = Employer Paid Temporary Total**

Wages paid by the employer in lieu of Temporary Total compensation due.

**251 = Employer Paid Temporary Total Catastrophic**

Wages paid by the employer in lieu of Temporary Total Catastrophic compensation due.

**270 = Employer Paid Temporary Partial**

Wages paid by the employer in lieu of Temporary Partial compensation due.

**410 = Vocational Rehabilitation Maintenance**

Weekly maintenance benefits paid while the claimant is participating in vocational rehabilitation program.

**500 Unspecified Lump Sum Payment/Settlement**

Lump sum payment/ settlement amount that cannot be assigned to a specific benefit type.

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

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

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

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

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

1. **Permanent Partial Unscheduled Lump Sum Payment/Settlement** Lump Sum Payment**/**Settlement amount to end past, present or future liability for benefits paid or payable for injuries to parts of the body not covered by a schedule. These benefits are payable for the claimant's actual wage loss or reduction in wage earning ability, subject to limitations set forth in the statute. Includes, as described above in Benefit Type Code 040 Permanent Partial Unscheduled:- Supplemental Income Benefits - Supplemental Earnings and Permanent Partial - Other Partial Disability
2. **Vocational Rehabilitation Maintenance Lump Sum Payment/Settlement** Lump Sum Payment**/**Settlement amount to end past, present, or future liability for weekly maintenance benefits paid while the claimant is participating in a vocational rehabilitation program.
3. **Temporary Total Lump Sum Payment/Settlement** Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover and which period precedes the date of maximum medical improvement.
4. **Temporary Total Catastrophic Lump Sum Payment/Settlement** Lump Sum Payment**/**Settlement amount to end past, present, or future liability for benefits paid for catastrophic injuries.

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

**580 Employers Liability Lump Sum Payment/Settlement**

Lump Sum Payment**/**Settlement amount to end past, present, or future liability for

the indemnity loss portion of employer’s liability.

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

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**CALCULATED WEEKLY COMPENSATION AMOUNT – DN0134**

Definition: The result of multiplying the employee’s Average Wage (DN0286) by the statutory percentage and applying the minimum and maximum compensation amounts.

Orig/Rev: 07/01/97

Record: R22

Format: $9.2

**CAUSE OF INJURY CODE – DN0037**

Definition: The code corresponding to the cause of the injury based on the information available to the claim administrator.

Orig/Rev: 03/11/94, 07/01/97, 04/26/03

Record: 148

Format: 2 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

DP Rule: This code is subjective in nature and is assigned based on employer supplied text and other information available to the claim administrator. Minor differences between the code supplied and the text that supports the code should be expected based on the fact that the claim administrator is using additional information to meet their reporting needs.

**CLAIM ADMINISTRATOR ALTERNATE POSTAL CODE – DN0200**

Definition: The alternate postal code of the claim adjusting office handling the claim as

defined by the jurisdiction. Orig/Rev.: 03/09/06 Record: R21; R22; AKC; ARD Format: 9 A/N DP Rule: The 9-digit code associated with the Claim Administrator FEIN (DN00187). For

the United States and its territories, this will be the USPS zip code.

**CLAIM ADMINISTRATOR CITY – DN0012**

Definition: The city of the claim adjusting office handling the claim. This will be the carrier’s

claim adjusting office if there is no TPA. Orig/Rev.: 06/07/95, 07/01/97, 04/30/04, 03/09/06 Record: 148 Format: 15 A/N

**CLAIM ADMINISTRATOR CLAIM NUMBER – DN0015**

Definition: An identifier for a specific claim within a claim administrator’s claims processing

system. Orig/Rev: 06/07/95, 07/01/97 Record: 148; A49; R22; R21; AKC; ARC Format: 25 A/N DP Rule: This data element shall not contain leading spaces or leading special characters.

The number may contain embedded spaces and special characters.

**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE BUSINESS PHONE NUMBER – DN0137**

Definition: The telephone number of the individual responsible for handling the claim.

Orig/Rev: 07/01/97, 04/26/03

Record: R22

Format: 15 A/N

DP Rule: Standard telephone numbers are 10 numeric positions (area code and number).

The additional 5 bytes should be used for a numeric extension, when applicable.

The numeric extension immediately follows the 10 digit phone number and can

be 0 to 5 positions in length.

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**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE E-MAIL ADDRESS - DN0138**

Definition: The Internet E-mail address of the individual responsible for handling the claim.

Orig/Rev: 07/01/97, 04/26/03

Record: R22

Format: 80 A/N

**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE FAX NUMBER - DN0139**

Definition: The fax number of the individual responsible for handling the claim.

Orig/Rev: 07/01/97, 04/26/03

Record: R22

Format: 10 A/N

**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE NAME - DN0140**

Definition: The name of the individual working for the claim administrator that is responsible

for handling the claim.

Orig/Rev: 07/01/97, 04/26/03

Record: R22

Format: 40 A/N

DP Rule: This field may be invalid or not available on a periodic or final if the claim

administrator is not currently paying indemnity benefits. Jurisdictions recommend that this data element be updated upon the triggering of a new event. A claim representative name change does not require the triggering of a change transaction.

This field should be populated as follows:

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

**CLAIM ADMINISTRATOR COUNTRY CODE - DN0136**

Definition: The country code of the claim adjusting office handling the claim. This will be the

carrier’s claim adjusting office if there is no TPA.  
Orig/Rev: 07/01/97, 04/26/03, 04/30/04, 03/09/06

Record: R21

Format: 3 A/N

Values: See IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

DP Rule: Not required unless other than US.

Values are 2 digit left-justified

**CLAIM ADMINISTRATOR FEIN - DN0187**

Definition: The Federal Employer Identification Number of the entity licensed or allowed by

a jurisdiction to adjust a claim.  
Orig/Rev: 07/01/97, 04/26/03

Record: R21; R22; AKC; ARC

Format: 9 A/N

DP Rule: Always required. Claim Administrator FEIN may match Insurer FEIN.

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**CLAIM ADMINISTRATOR INFORMATION/ATTENTION LINE – DN0135**

Definition: The name of the person, department or other information to facilitate delivery

within the claim administrator’s organization. Orig/Rev: 07/01/97, 03/09/06 Record: R21 Format: 50 A/N DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

**CLAIM ADMINISTRATOR NAME – DN0188**

Definition: The legal name of the entity adjusting the claim.

Orig/Rev: 07/01/97, 05/13/03

Record: R21; R22

Format: 40 A/N

DP Rule: Always required. Name may match Insurer Name if the insurance carrier or self-insured employer is administering the claim. Otherwise, it is the entity contracted to adjust the claim on behalf of the insurance carrier or self-insured employer.

**CLAIM ADMINISTRATOR POSTAL CODE – DN0014**

Definition: The postal code of the claim adjusting office handling the claim. This will be the carrier’s claim adjusting office if there is no TPA.

Orig/Rev.: 08/09/95, 07/01/97, 04/30/04, 12/19/05, 03/09/06

Record: 148; A49; AKC; ARC

Format: 9 A/N

DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country’s postal code list.

**CLAIM ADMINISTRATOR PRIMARY ADDRESS – DN0010**

Definition: The address of the claim adjusting office handling the claim. This will be the

carrier’s claim adjusting office if there is no TPA. Orig/Rev.: 06/07/95, 07/01/97, 04/30/04, 03/09/06 Record: R21 Format: 40 A/N

**CLAIM ADMINISTRATOR SECONDARY ADDRESS – DN0011**

Definition: The address of the claim adjusting office handling the claim. This will be the

carrier’s claim adjusting office if there is no TPA. Orig/Rev.: 06/07/95, 07/01/97, 04/30/04, 03/09/06 Record: R21 Format: 40 A/N DP Rule: The Secondary Address field is for overflow text, characters that exceed the field

length. It is not for formatting, such as a second address line, mailstop or PO

Box. If the entire street address fits in the Primary Address field, the Secondary

Address field is not used. Do not use two lines.

**CLAIM ADMINISTRATOR STATE CODE – DN0013**

Definition: The state code of the claim adjusting office handling the claim. This will be the

carrier’s claim adjusting office if there is no TPA. Orig/Rev.: 03/11/94, 07/01/97, 04/26/03, 04/30/04, 03/09/06 Record: 148 Format: 2 A/N Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

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**CLAIM STATUS CODE – DN0073**

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

**C** = Closed

**R** = Re-open

**X** = Re-open/Closed

**CLAIM TYPE CODE – DN0074**

Definition: A code representing the current classification of the claim as interpreted by the

jurisdiction. Orig/Rev: 08/09/95, 07/01/97, 05/27/03, 02/08/05, 05/05/06 Record: A49; R21 Format: 1 A/N Values: **M** = Medical Only

**I** = Lost Time/Indemnity

**N** = Notification Only

**B** = Became Medical Only

**L** = Became Lost Time/Indemnity

**CONCURRENT EMPLOYER CONTACT BUSINESS PHONE NUMBER – DN0142**

Definition: The phone number associated with the Concurrent Employer Name.

Orig/Rev: 07/01/97

Record: R22

Format: 15 A/N

DP Rule: Standard telephone numbers are 10 numeric positions (area code and number).

The additional 5 bytes should be used for a numeric extension, when applicable.

The numeric extension immediately follows the 10 digit phone number and can

be 0 to 5 positions in length.

**CONCURRENT EMPLOYER NAME – DN0141**

Definition:

The legal name of an additional employer who employed the employee,

independently of the employer associated with the injury, during the period when

the injury occurred.

Orig/Rev: Record: Format: DP Rule:

07/01/97

R22

40 A/N

This is the employee’s additional employer at the time of injury which is not

otherwise reported, e.g. regular, lessee, lessor, or joint liability employer.

**CONCURRENT EMPLOYER WAGE – DN0143**

Definition:

The average wage the employee was earning at a concurrent employer at the

time of the injury as calculated by the Claim Administrator or jurisdictional

authority for the wage period.

Orig/Rev: Record: Format: DP Rule:

07/01/97, 04/26/03

R22

$9.2

The wage period for the concurrent employer is always equivalent to the Wage

Period Code (DN0063) for the primary employer.

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**CURRENT DATE DISABILITY BEGAN - DN0144**

Definition: The first qualifying day of disability in the current period of disability being

reported.

Orig/Rev: 07/01/97, 05/27/03

Record: R22

Format: 8 DATE

DP Rule: This date is used on subsequent periods of disability. An Initial Date Disability

Began (DN0056) should have already been sent, or the Current Date Disability Began should represent a subsequent period of disability in the same transaction, i.e., waiting period (see non-consecutive period code).

**CURRENT DATE LAST DAY WORKED - DN0145**

Definition: The last day worked prior to the first day of disability for a period subsequent to

the first period of disability.  
Orig/Rev: 07/01/97, 05/27/03, 01/01/09

Record: R22

Format: 8 DATE

DP Rule: This date is used on subsequent periods of disability.

* An Initial Date Last Day Worked (DN0065) should have already been sent, or the Current Date Last Day Worked should represent a subsequent period of disability in the same transaction, i.e., waiting period (see non-consecutive period code).
* Is after the Initial Date Last Day Worked
* Is on or before the Current Date Disability Began

**CURRENT RETURN TO WORK DATE – DN0072**

Definition:

The date, following the most recent disability period, on which the employee

actually returned to work, or was released to return to work, as identified by the

Return to Work Type Code (DN0189).

Orig/Rev: Record: Format: DP Rule:

06/07/95, 07/01/97, 05/27/03

A49

8 DATE

This date is used on subsequent periods of disability. An Initial Return to Work

Date (DN0068) should have already been sent, or the Current Return to Work

Date should represent a subsequent period of disability in the same transaction,

i.e., waiting period (see non-consecutive period code).

**DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF LOST TIME – DN0298**

Definition:

The date the claim administrator was notified or became aware that the

employee was disabled beyond the waiting period and/or was entitled to

Orig.Rev.:

Record:

Format:

indemnity benefits.

04/27/04

R22

8 DATE

**DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF THE INJURY – DN0041**

Definition: The earlier of the date(s) the claim administrator or the insurer first received

notice of the accident or injury from any source. Orig/Rev: 03/11/94, 07/01/97 Record: 148 Format: 8 DATE DP Rule: If the notice of loss or occurrence is passed from one entity to another; i.e.

Insurer to TPA, then the date reported will be the date that the first entity had

knowledge of the occurrence, whether notification was by phone, fax, mail, or

any other means.

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**DATE CLAIM ADMINISTRATOR NOTIFIED OF EMPLOYEE REPRESENTATION – DN0076**

Definition: The date the claim administrator was notified that the employee or beneficiary

has secured legal representation. Orig/Rev: 06/07/95, 07/01/97 Record: A49 Format: 8 DATE DP Rule: In California, this is the date the attorney lien was filed.

**DATE EMPLOYER HAD KNOWLEDGE OF DATE OF DISABILITY – DN0281**

Definition: The date the employer was notified or became aware of the initial or subsequent period of the employee’s work-related disability/incapacity.

Orig/Rev: 12/01/02

Record: R21; R22

Format: 8 DATE

DP Rule: This date may be equal to or different than Date Employer Had Knowledge of the Injury (DN0040). This date is used to reflect when the employer was aware of the Initial Date Disability Began (DN0056) or Current Date Disability Began (DN0144), as applicable.

**DATE EMPLOYER HAD KNOWLEDGE OF THE INJURY – DN0040**

Definition: The earlier of the date that the accident was reported to the employer or the date

that the employer had actual knowledge of an accident or injury. Orig/Rev: 06/07/95, 07/01/97 Record: 148 Format: 8 DATE

**DATE OF INJURY – DN0031**

Definition:

Orig/Rev:

Record:

Format:

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

**DATE OF MAXIMUM MEDICAL IMPROVEMENT – DN0070**

Definition:

The date after which further recovery from or lasting improvement to an injury or

disease can no longer be anticipated, based upon reasonable medical

probability.

Orig/Rev:

Record:

Format:

03/11/94, 07/01/97

A49

8 DATE

**DATE PROCESSED – DN0108**

Definition:

The date that the receiver processed the detail transaction. Together with the

time processed and a record sequence number, it will uniquely identify a specific

acknowledgment detail record.

Orig/Rev:

Record:

Format:

08/09/95

AKC; ARC

8 DATE

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**DATE TRANSMISSION SENT – DN0100**

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

**DEATH RESULT OF INJURY CODE – DN0146**

Definition: A code that indicates whether the worker’s death was a result of the injury. Orig/Rev: 07/01/97 Record: R21; R22 Format: 1 A/N Values: **Y** = Yes

**N** = No

**U** = Unknown

**DEEMED REDUCED EARNINGS – DN0147**

Definition: The estimated weekly wages an employee would have earned had they actually

returned to work. Orig/Rev: 07/01/97 Record: R22 Format: $9.2

**DENIAL REASON NARRATIVE – DN0197**

Definition: A description identifying reasons for denying a claim in its entirety or defending the assertion. The narrative may be used to present denial reasons not identified by code(s) or to provide a factual basis supporting and information for the denial reason(s) identified by codes(s). If both code and text are required, the narrative will contain only reasons in excess of the five codes, as text, and/or supporting information for any reasons submitted. Narrative reason will not include code values. The narrative will not be required to be a text equivalent of the denial reason codes. The narrative description will not invalidate a denial reason code.

Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 11/04/05, 9/9/09

Record: R21; R22

Format: 150 A/N (up to 3 occurrences of 50)

DP Rule: This is only applicable on MTC 04, PD (or its corresponding CO), 02 or UR. A FROI or SROI MTC 02 changing the denial reason narrative will only update the denial reason narrative on the most recently accepted denial transaction, regardless of whether the most recent denial reported was a FROI or a SROI transaction. See Variable Segment Population Rules for Denial Reason Narratives Segment in Section 4 for further explanation.

**DENIAL RESCISSION DATE – DN0196**

Definition: The date a previous denial was revoked.

Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06, 9/21/06

Record: R22

Format: 8 DATE

DP Rule: This is only applicable on MTC IP, AP, PD, PY, RB, EP, ER, CD, VE, (or their corresponding CO), 02 or UR. This may also be applicable on MTC FN, AN, BM, BW, MN, QT, or SA if the claim administrator is rescinding a “Medical Only” denial.

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**DEPENDENT/PAYEE RELATIONSHIP CODE – DN0097**

Definition: The code identifying the relationship of the qualified dependent(s)/payee(s) to the

deceased employee. Orig/Rev: 09/16/94, 07/01/97, 09/21/06 Record: A49

Format: 2 A/N (first position is relationship and second position is birth order) Values: R = Relationship

1. = Widow
2. = Widower
3. = Son or Daughter
4. = Brother or Sister
5. = Mother or Father
6. = Disabled Child
7. = Jurisdiction Fund/Estate (e.g., Death Without Dependents Fund – CA; Subsequent Injury Fund – TX; Employee’s Estate – MN)

**9** = Other  
N = Numerical Birth Order

**0 – 9** Birth order for each Relationship classification (Use 0 when paying Jurisdiction Fund/Estate) DP Rule: Both positions must be populated with values before being sent to the jurisdiction

**DETAIL RECORD COUNT – DN0106**

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

**DISCONTINUED FRINGE BENEFITS – DN0149**

Definition: The amount of non-salary remuneration which the employer has discontinued as

applicable to the calculation of benefits per the jurisdiction. Orig/Rev: 07/01/97 Record: R22 Format: $9.2

**ELEMENT ERROR NUMBER – DN0116**

Definition: A number to uniquely identify the edit performed on an element and is part of the

error report. Orig/Rev: 07/21/93, 07/01/97, 07/17/02 Record: AKC; ARC Format: 3 A/N DP Rule: Refer to Error Message Dictionary and Edit Matrix

**ELEMENT ERROR TEXT – DN0291**

Definition: A free form text conveying additional information regarding the error detected on

the data element. It is part of the error segment. Orig/Rev: 06/01/02 Record: AKC; ARC Format: 50 A/N

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**ELEMENT NUMBER**

Definition:

Orig/Rev:

Record:

Format:

**DN0115**

A unique number assigned to each data element and is part of the error segment. Abbreviation used “DN”. 08/18/94, 07/12/02 AKC; ARC 4 A/N

**EMPLOYEE AUTHORIZATION TO RELEASE MEDICAL RECORDS INDICATOR – DN0150**

Definition: An indicator that the employee’s written authorization to release medical records

related to the injury is on file. Orig/Rev: 07/01/97, 11/30/98 Record: R21 Format: 1 A/N Values: **Y** = Yes

**N** = No

**EMPLOYEE DATE OF BIRTH – DN0052**

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

**EMPLOYEE DATE OF DEATH – DN0057**

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

**EMPLOYEE DATE OF HIRE – DN0061**

Definition:

The date the employee began his/her employment with the employer under

whose coverage the claim is being filed. If there have been multiple periods of

employment with the same employer, this would be the beginning date of the

Orig/Rev: Record: Format: DP Rule:

current employment period.

03/11/92, 07/01/97, 05/22/03

148

8 DATE

If only employee’s number of years employed is known, an appropriate date

should be calculated using the Date of Injury month and 01 for the day.

**EMPLOYEE EDUCATION LEVEL – DN0151**

Definition: The highest number of years or equivalency level of formal education completed.

Orig/Rev: 07/01/97

Record: R22

Format: 2 N

Values: 12 = High School Grad/GED

NN = Actual grade of completion (e.g. 06, 15)

**EMPLOYEE EMPLOYMENT VISA – DN0152**

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

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**EMPLOYEE FIRST NAME – DN0044**

Definition: The employee’s legally recognized first name. Orig/Rev: 06/07/95, 07/01/97 Record: 148; R22 Format: 15 A/N

DP Rule: This field may only include a hyphen, apostrophe or multiple words if contained in the person’s legally recognized last name.

**EMPLOYEE GENDER CODE – DN0053**

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

**F** = Female

**U** = Unknown

**EMPLOYEE GREEN CARD – DN0153**

Definition:

The number assigned by the United States Government and issued on an Official

Document to foreign nationals permitting them to work in the United States.

Orig/Rev:

Record:

Format:

(Alien identification number.)

07/01/97

R21; R22

15 A/N

**EMPLOYEE ID ASSIGNED BY JURISDICTION – DN0154**

Definition: A number assigned to the employee by the jurisdiction in the absence of the

preferred identifier. Orig/Rev: 07/01/97 Record: R21; R22 Format: 15 A/N

**EMPLOYEE ID TYPE QUALIFIER – DN0270**

Definition: Identifies the employee ID being transmitted.

Orig/Rev: 07/01/97

Record: R21; R22

Format: 1 A/N

Values: **A** = Employee ID Assigned by Jurisdiction (DN0154)

**E** = Employee Employment Visa (DN0152)

**G** = Employee Green Card (DN0153)

**P** = Employee Passport Number (DN0156)

**S** = Employee Social Security Number (DN0042) DP Rule: There are five types of Employee ID numbers: Only one type can be sent. If SSN

is known, it is preferred.

**EMPLOYEE LAST NAME – DN0043**

Definition: The employee’s legally recognized last name. Orig/Rev: 06/07/95, 07/01/97 Record: R21; R22 Format: 40 A/N

DP Rule: This field may only include a hyphen, apostrophe or multiple words if contained in the person’s legally recognized last name.

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**EMPLOYEE LAST NAME SUFFIX – DN0255**

Definition: The legally recognized last name suffix, which is used on legal documents (Jr.,

Sr., II, III etc.) Orig/Rev: 07/01/97 Record: R21; R22 Format: 4 A/N

**EMPLOYEE MAILING CITY – DN0048**

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

**EMPLOYEE MAILING COUNTRY CODE – DN0155**

Description: The country of the employee’s mailing address. Orig/Rev: 07/01/97 Record: R21 Format: 3 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org) DP Rule: This code is required only if the employee country address is not in the US. Values are 2 digit left-justified

**EMPLOYEE MAILING POSTAL CODE – DN0050**

Description: The postal code of the employee’s mailing address. Orig/Rev: 06/07/95, 07/01/97, 12/19/05 Record: 148 Format: 9 A/N

DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country’s postal code list.

**EMPLOYEE MAILING PRIMARY ADDRESS – DN0046**

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

**EMPLOYEE MAILING SECONDARY ADDRESS – DN0047**

Definition: The mailing address for the employee.

Orig/Rev: 06/07/95, 07/01/97

Record: R21

Format: 40 A/N

DP Rule: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

**EMPLOYEE MAILING STATE CODE – DN0049**

Definition: The state of the employee’s mailing address.

Orig/Rev: 06/07/95, 07/01/97

Record: 148

Format: 2 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

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**EMPLOYEE MARITAL STATUS CODE – DN0054**

Definition: A code indicating the employee’s marital status as of the date of injury.

Orig/Rev: 03/11/94, 07/01/97, 05/28/03

Record: 148; R22

Format: 1 A/N

Values: **U** = Unmarried, Widowed, Divorced, Single

**M** = Married

**S** = Separated

**K** = Unknown

**EMPLOYEE MIDDLE NAME/INITIAL – DN0045**

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

**EMPLOYEE NUMBER OF DEPENDENTS – DN0055**

Definition: The number of individuals relying on the employee for economic support as

defined by the jurisdiction’s statute. Orig/Rev: 03/11/95, 07/01/97 Record: 148; A49 Format: 2 N

**EMPLOYEE NUMBER OF ENTITLED EXEMPTIONS – DN0213**

Definition: The maximum number of exemptions that the employee is entitled to claim on

their annual Federal Income Tax. Orig/Rev: 07/01/97 Record: R22 Format: 2 N

**EMPLOYEE PASSPORT NUMBER – DN0156**

Definition:

The number assigned to an officially recognized passport by a country’s

government to one of its citizens that authenticates the bearer’s identity,

citizenship, right to protection while abroad, and right to re-enter his or her native

Orig/Rev:

Record:

Format:

country.

07/01/97

R21; R22

15 A/N

**EMPLOYEE PHONE NUMBER – DN0051**

Definition: The phone number where the employee can be reached.

Orig/Rev: 06/07/95, 07/01/97

Release: R21

Format: 15 A/N

DP Rule: Standard telephone numbers are 10 numeric positions (area code and number).

The additional 5 bytes should be used for a numeric extension, when applicable.

The numeric extension immediately follows the 10 digit phone number and can

be 0 to 5 positions in length.

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**EMPLOYEE SOCIAL SECURITY NUMBER RELEASE INDICATOR – DN0157**

Definition:

An indicator acknowledging Claim Administrator’s receipt of the employee’s

written authorization to release the employee’s Social Security Number. It is used

Orig/Rev: Record: Format: Values:

when required by the trading partner (e.g. by statute).

07/01/97

R21

1 A/N

**Y** = Yes

**N** = No

**EMPLOYEE SSN – DN0042**

Definition: An identification number, issued by the Social Security Administration, used to

record an individual’s reported wages or self-employment income. Orig/Rev: 06/07/95, 07/01/97 Record: R21; R22 Format: 9 A/N

**EMPLOYEE TAX FILING STATUS CODE – DN0158**

Definition: The employee’s federal tax filing status as of the date of injury used on the

Internal Revenue Service tax forms. Orig/Rev: 07/01/97 Record: R22 Format: 1 A/N Values: **A** = Single

**B** = Single/Head of Household

**C** = Married/Filing Joint

**D** = Married/Filing Separate

**EMPLOYER CONTACT BUSINESS PHONE NUMBER – DN0159**

Definition: The business phone number of the intended contact, organization or individual.

Orig/Rev: 07/01/97

Record: R21

Format: 15 A/N

DP Rule: Standard telephone numbers are 10 numeric positions (area code and number).

The additional 5 bytes should be used for a numeric extension, when applicable.

The numeric extension immediately follows the 10 digit phone number and can

be 0 to 5 positions in length.

**EMPLOYER CONTACT NAME – DN0160**

Definition: The name of the intended contact organization, or individual.

Orig/Rev: 07/01/97

Record: R21

Format: 40 A/N

DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

**EMPLOYER FEIN – DN0016**

Definition: The Federal Employer Identification Number (FEIN) of the employer where the

employee was employed at the time of the injury. Orig/Rev: 08/09/95, 07/01/97, 11/22/05 Record: 148; R22 Format: 9 A/N DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident) or 3D (No Coverage - No jurisdiction)

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**EMPLOYER MAILING CITY – DN0165**

Definition: The city of the employer’s mailing address as provided by the employer to the

claim administrator. Orig/Rev: 07/01/97 Record: R21 Format: 15 A/N DP Rule: This may or may not be the official address at the employer’s organization to

receive legal documents, notices, or inquiries from the jurisdiction.

**EMPLOYER MAILING COUNTRY CODE – DN0166**

Definition: The country of the employer’s mailing address as provided by the employer to

the claim administrator. Orig/Rev: 07/01/97 Record: R21 Format: 3 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org) DP Rule: This may or may not be the official address of the employer‘s organization to

receive legal documents, notices, or inquiries from the jurisdiction.

This code is only required if the employer address is not in the US.

Values are 2 digit left-justified

**EMPLOYER MAILING INFORMATION/ATTENTION LINE – DN0163**

Definition: The name of the person, department, or other information, as provided by the

employer to the claim administrator that facilitates delivery within the employer’s

organization. Orig/Rev: 07/01/97 Record: R21 Format: 50 A/N DP Rule: This may or may not be the official contact at the employer’s organization to

receive legal documents, notices, or inquiries from the jurisdiction.

This is a free form text field that cannot be edited by the jurisdiction.

**EMPLOYER MAILING POSTAL CODE – DN0167**

Definition: The postal code of the employer’s mailing address as provided by the employer o the claim administrator.

Orig/Rev: 07/01/97, 12/19/05

Record: R21

Format: 9 A/N

DP Rule: This may or may not be the official address of the employer’s organization to receive legal documents, notices, or inquiries from the jurisdiction. For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country’s postal code list.

**EMPLOYER MAILING PRIMARY ADDRESS – DN0168**

Definition: The primary address of the employer’s mailing address as provided by the

employer to the claim administrator. Orig/Rev: 07/01/97 Record: R21 Format: 40 A/N DP Rule: This may or may not be the official address of the employer’s organization to

receive legal documents, notices, or inquiries from the jurisdiction.

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**EMPLOYER MAILING SECONDARY ADDRESS – DN0169**

Definition: The secondary address of the employer’s mailing address as provided by the employer to the claim administrator.

Orig/Rev: 07/01/97

Record: R21

Format: 40 A/N

DP Rule: This may or may not be the official address of the employer’s organization to receive legal documents, notices, or inquiries from the jurisdiction. The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mailstop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

**EMPLOYER MAILING STATE CODE – DN0170**

Definition: The state of the employer’s mailing address as provided by the employer to the

claim administrator. Orig/Rev: 07/01/97 Record: R21 Format: 2 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org) DP Rule: This may or may not be the official address of the employer’s organization to

receive legal documents, notices, or inquiries from the jurisdiction.

**EMPLOYER NAME – DN0018**

Definition:

The legal name of the business entity that is filing the claim, hired the employee

and provided direction and remuneration to the employee at the time of injury; or

as jurisdictionally defined for volunteers and other non-paid classes of

Orig/Rev:

Record:

Format:

employees. In a leasing situation, this would be the lessor.

08/09/95, 07/01/97

R21

40 A/N

**EMPLOYER PAID SALARY IN LIEU OF COMPENSATION INDICATOR – DN0273**

Definition: The status of whether the employer is currently paying the employee’s salary in

lieu of compensation caused by a work-related injury. Orig/Rev: 06/07/94, 07/01/97, 11/30/98, 04/28/04 Record: R21; R22 Format: 1 A/N Values: **Y** = Yes

**N** = No DP Rule: If the employer is reimbursed the full statutory amount for the benefit period paid

by the employer, then the indicator should be re-set to “N”.

**EMPLOYER PHYSICAL CITY – DN0021**

Definition: The city of the employer’s facility where the employee was employed at the time

of injury. Orig/Rev: 06/07/95, 07/01/97 Record: 148 Format: 15 A/N

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**EMPLOYER PHYSICAL COUNTRY CODE – DN0164**

Definition: The country of the employer’s facility where the employee was employed at the

time of injury. Orig/Rev: 07/01/97 Record: R21 Format: 3 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org) DP Rules: This code is required only if the employer country address is not in the US.

Values are 2 digit left-justified

**EMPLOYER PHYSICAL POSTAL CODE – DN0023**

Definition: The postal code of the employer’s facility where the employee was employed at the time of the injury.

Orig/Rev: 06/07/95, 07/01/97, 12/19/05

Record: 148; R22

Format: 9 A/N

DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country’s postal code list.

**EMPLOYER PHYSICAL PRIMARY ADDRESS – DN0019**

Definition: The address of the employer’s facility where the employee was employed at the

time of the injury. Orig/Rev: 06/07/9, 07/01/97 Record: R21 Format: 40 A/N

**EMPLOYER PHYSICAL SECONDARY ADDRESS – DN0020**

Definition: The address of the employer’s facility where the employee was employed at the

time of the injury. Orig/Rev: 06/07/95, 07/01/97 Record: R21 Format: 40 A/N DP Rule: The Secondary Address field is for overflow text, characters that exceed the field

length. It is not for formatting, such as a second address line, mailstop or PO

Box. If the entire street address fits in the Primary Address field, the Secondary

Address field is not used. Do not use two lines.

**EMPLOYER PHYSICAL STATE CODE – DN0022**

Definition: The state of the employer’s facility where the employee was employed at the

time of the injury. Orig/Rev: 06/07/95, 07/01/97 Record: 148 Format: 2 A/N Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

**EMPLOYER UI NUMBER – DN0329**

Definition: The unemployment insurance number assigned by the jurisdiction unemployment

agency to each employer. Orig/Rev: 07/01/97 Record: R21 Format: 15 A/N DP Rule: Depending on the jurisdiction, this information may be difficult for claim

administrators to report.

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**EMPLOYMENT STATUS CODE – DN0058**

Definition: A code indicating the employee’s primary work status at the time of the injury with the covered employer.

Orig/Rev: 03/28/94, 07/01/97, 05/27/03, 01/20/06

Record: 148; R22

Format: 2 A/N

Values: Hierarchy – In the event that two Employment Status Codes apply to an employee the topmost code in the following hierarchy will be reported, i.e., if employee is a part time seasonal worker, report as a seasonal worker.

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

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

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

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

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

1. **= Regular/Full-time Employee** indicates that the injured worker was employed on a full-time basis. (Schedule is comparable to other employees of the company and/or other employees in the same business or vicinity that are considered full­time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship or piece workers.
2. **= Part-time Employee** indicates that the injured worker was employed on a part-time basis and whose work history in the preceding months shows that the person worked on less than a full-time basis. This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship or piece workers.
3. **= Unemployed/Not Employed** indicates that the injured worker was not employed by the employer against whom the claim is submitted after the date of injury for reasons other than disability, strike, or retirement.

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

1. **= On Strike** indicates that the injured worker was on strike after the time of injury. This status is also used when reporting experience for on strike seasonal, volunteer, apprenticeship, or piece workers.
2. **= Disabled** indicates that the injured worker (who is still working) had a disability unrelated to the new injury in this report. This status is also used when

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reporting experience for disabled seasonal, volunteer, apprenticeship, or piece workers.

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

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

**ENTIRE BATCH/TRANSACTION - DN0000**

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

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

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

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

Orig/Rev: Record:

Format: Values: DP Rule:

POC:

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

07/01/97, 05/07/04

Not a DN located on a specific file layout. Used to communicate a batch or

transaction error on AK1, AKC, AKP

A/N 4

0000 = Entire Batch/Transaction

See Acknowledgment Scenarios in Section 3 for batch error examples.

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**ESTIMATED GROSS WEEKLY AMOUNT INDICATOR – DN0172**

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

**FREE FORM TEXT – DN0113**

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

**FULL DENIAL EFFECTIVE DATE – DN0199**

Definition: The date from which the claim administrator is denying all benefits for the claim.

Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06

Record: R21; R22

Format: 8 DATE

DP Rule: This is only applicable on MTC 04 (or its corresponding CO), 02 or UR.

**FULL DENIAL REASON CODE – DN0198**

Definition: A code used to identify reasons for denying a claim in its entirety or defending

that assertion. Orig/Rev: 07/01/97, 11/30/98, 05/08/02, 03/1/05, 02/08/06, 11/07/06 Record: R21; R22 Format: 2 A/N Values: **1** = No Compensable Accident

**A** = Coming and going

**B** = Horseplay

**C** = Willful intent to injure oneself

**D** = Does not meet statutory definition of accident

**E** = Deviation from employment

**F** = Recreational/social activity

**G** = Traveling employee

**H** = Subsequent intervening accident

1. = No Causal Relationship **A** = Idiopathic condition **B** = Pre-existing condition **C** = Stress non-work related **D** = No medical evidence of injury **E** = No injury per statutory definition F = Accident Not Major Contributing Cause of Injury
2. = No Coverage **A** = No employer/employee relationship **B** = Independent contractor **C** = Does not meet statutory definition of employee **D** = No jurisdiction

**E** = No policy in effect on the date of accident **F** = Statute of limitation expired

**G** = Statutory exemptions (sole proprietor, corporate officer etc) **H** = Elected other coverage (24 hour, collective bargaining, opted out) **I** = Employee Not Reported to PEO

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**4** = Substance Use/Abuse

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

**5** = Other (Not Elsewhere Classified)

**A** = Failure to report accident timely

**B** = Right to reserve

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

**FULL WAGES PAID FOR DATE OF INJURY INDICATOR – DN0066**

Definition: Indicates whether the employer paid full wages for the date of the accident/injury

or illness. Orig/Rev: 03/11/94, 07/01/97, 11/30/98 Release: 148; R22 Format: 1 A/N Values: Y = Yes

N = No

**GROSS WEEKLY AMOUNT – DN0174**

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

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

Orig/Rev: 07/01/97, 05/27/03, 02/8/05, 02/24/05, 03/31/07

Record: R22

Format: $9.2

DP Rule: Refer to *Variable Segment Population Rules (Benefit Segment)* in Section 4

In the event of an acquired claim, the current claim administrator would report the gross weekly amount as it applies to their own payments rather than the previous claim administrator’s payments. This is a benefit level amount and may be different than the Calculated Weekly Compensation Amount (DN134).

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

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**GROSS WEEKLY AMOUNT EFFECTIVE DATE – DN0175**

Definition: For MTC’s IP, CA, CB, AB, 02, CO, RB, RE, PY, Px, Sx (Benefit Type Code 0XX series only): The date the gross weekly amount became effective as applied by the current Claim Administrator. For MTC AP and all subsequent MTC’s filed on acquired claims, this may be prior to the acquisition date if the acquiring claim administrator issued payment(s) for a period of time in which the file was handled by the previous claim administrator. For MTC’s EP and ER only (other than Benefit Type Code 240): The date the Gross Weekly Amount became effective if the employee is receiving salary paid in lieu of compensation benefits by the employer as continued wages.

For Gross Weekly Amount Effective Dates for different types of temporary benefits, see the DP Rules below.

Orig/Rev: 07/01/97, 05/28/03, 02/8/05, 02/24/05, 03/31/07, 01/01/08 Record: R22 Format: 8 DATE

DP Rule: Refer to *Variable Segment Population Rules (Benefit Segment)* in Section 4 This date should never be prior to the date of accident

**Temporary Total (Standard Claim)**

Date will be the Date of Injury.

The initial Gross Weekly Amount Effective

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

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

Acquired Claims – The initial Gross Weekly Amount Effective Date will be the first date the Gross Weekly Amount became effective for the acquiring claim administrator

**INDUSTRY CODE – DN0025**

Definition:

The NAICS (North American Industry Classification System) code representing

the nature of the employer’s business which is contained in the industrial

classification manual published by the Federal Office of Management and

Budget.

Orig/Rev: Record: Format: Values:

DP Rule:

03/11/94, 07/01/97, 12/01/99, 05/28/03, 04/08/05, 04/09/08

148

6 A/N

The code list is maintained by the Federal Office of Management & Budget and

has been updated every 5 years since 1997.

It is recommended that the Industry Code (NAICS) be required as an element on

Proof of Coverage reporting PRIOR to being required as a mandatory data

element on Claims transactions. It is advised that claim administrators receive

this data element from their policy reporting areas.

The Federal Register always comes out about 6 months before the effective date for NAICS codes. The IAIABC will monitor the Federal Register and give the jurisdictions and industry 6 months notice that new NAICS codes are available.

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Jurisdictions should be prepared to accept and not reject the most recent version of NAICS codes 90 days prior to the effective date of that version.

The IAIABC recommends that jurisdictions could accept 6 digits but require no more than 5 digits.

**INITIAL DATE DISABILITY BEGAN - DN0056**

Definition: The first day qualifying as a day of disability in the first period of disability. This

will be the first day of the waiting period.  
Orig/Rev: 08/09/95, 07/01/97

Record: 148; A49

Format: 8 DATE

**INITIAL DATE LAST DAY WORKED - DN0065**

Definition: The last day worked prior to initial disability entitlement.

Initial Date Last Day Worked must meet all of the following conditions:

* Must be in the course of employment
* Is not contingent on payment of wages
* Is on or after the Date of Injury

**•** Is on or before the Initial Date Disability Began

**•** Be the first such event in this claim  
Orig/Rev: 08/09/95, 07/01/97

Record: 148; R22

Format: 8 DATE

**INITIAL DATE OF LOST TIME - DN0297**

Definition: The first day qualifying as a day of disability in the first period of disability after

the waiting period requirements have been met.  
Orig.Rev: 04/27/04

Record: R22

Format: 8 DATE

**INITIAL RETURN TO WORK DATE – DN0068**

Definition: The first date on which the employee was released to or actually returned to work

at full or reduced wages. Orig/Rev: 10/04/00, 04/11/08 Record: 148; R22 Format: 8 DATE DP Rule: This date could be equal to the Date of Injury if temporary partial benefits were

initially paid.

If an MTC 02 is sent with a change to the RTW Type Code and/or Physical Restrictions Indicator and there is no second period of disability, a subsequent Initial Return to Work Date may be sent to correspond with the revised RTW Type Code and/or Physical Restrictions Indicator. If a subsequent Initial Return to Work Date is not sent on an MTC 02, the jurisdiction could use the MTC Date as an estimate of when the subsequent RTW Type Code and/or Physical Restrictions Indicator took effect.

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**INITIAL TREATMENT CODE – DN0039**

Definition: A code identifying the extent of medical treatment received by the employee

immediately following the accident. Orig/Rev: 03/11/94, 07/01/97 Record: 148 Format: 2 A/N Values: **0** = No medical treatment

1. = Minor on-site remedies by employer medical staff
2. = Minor clinic/hospital medical remedies and diagnostic testing
3. = Emergency evaluation, diagnostic testing, and medical procedures
4. = Hospitalization greater than 24 hours
5. = Future major medical/Lost time anticipated (i.e. hernia case)

**INSOLVENT INSURER FEIN – DN0292**

Definition: The Federal Employer Identification Number (FEIN) of the insolvent insurance

company who no longer has financial responsibility for this claim. Orig/Rev: 05/14/03 Record: R21; R22 Format: 9 A/N DP Rule: This data element can only be required if the insurer is a Guarantee Fund.

**INSURED FEIN – DN0314**

Definition: The Federal Employer Identification Number (FEIN) corresponding to and

uniquely identifying the insured. Orig/Rev: 07/01/97 Record: R21; R22 Format: 9 A/N DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident)

**INSURED LOCATION IDENTIFIER – DN0027**

Definition: A code defined by the insured identifying the employer’s location of the accident.

Orig/Rev: 06/07/95, 07/01/97, 05/16/03

Record: 148

Format: 15 A/N

DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident)

**INSURED NAME – DN0017**

Definition: The named entity of the policy. Typically, the insured name is the parent

company in a hierarchically structured organization. Orig/Rev: 06/07/95, 07/01/97 Record: R21 Format: 40 A/N DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident)

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**INSURED REPORT NUMBER – DN0026**

Definition: A number assigned by the insured to identify a specific claim.

Orig/Rev: 03/11/94, 07/01/97, 12/19/05

Record: R21; A49; AKC; ARC

Format: 25 A/N

DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident)

If this data element is included on any FROI/SROI transaction, it should be

returned on the transaction’s acknowledgment regardless of whether it is a data

element collected by the jurisdiction.

**INSURED TYPE CODE – DN0184**

Definition: A code representing the kind of insurance arrangement held by the financially

responsible party associated with the claim. Orig/Rev: 07/01/97 Record: R21 Format: 1 A/N Values: **I** = Insured

**S** = Self-Insured

**U** = Uninsured DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident)

**INSURER FEIN – DN0006**

Definition: The Federal Employer Identification Number (FEIN) of the insurance company, self-insured, or guarantee fund assuming the employer’s financial responsibility for this claim.

Orig/Rev: 08/09/95, 07/01/97

Record: 148; A49; AKC; ARC

Format: 9 A/N

DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

**INSURER NAME – DN0007**

Definition: The legal name of the insurance company self-insured, or guarantee fund assuming the employer’s financial responsibility for this claim.

Orig/Rev: 06/07/95, 07/01/97

Record: R21

Format: 40 A/N

DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

**INSURER TYPE CODE – DN0185**

Definition: A code representing the type of entity providing financial responsibility for the

claim. Orig/Rev: 07/01/97, 05/22/03 Record: R21 Format: 1 A/N Values: **I** = Insurer

**S** = Self-Insurer

**G** = Guarantee Fund

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**INTERCHANGE VERSION ID – DN0105**

A composite field comprised of a batch type (positions 1-3), release number

(position 4) and version number (position 5). Interchange Version ID is a data

element located in the header record (HD1). It is used to identify the batch type,

release and version of the transactions contained within the batch following the

HD1 header through the trailer record (TR2). Batch type designates the type of

transactions within a batch. Release number identifies the release level of the

data of the record layout contained in the detail record that follow. Version

number identifies the version level of the release.

07/01/97, 12/31/02, 05/27/03

HD1

Batch Type 3 A/N

Release Number 1 A/N

Version Number 1 A/N

**14830** = First Report of Injury; Release 3, Version 0

**A4930** = Subsequent Report of Injury; Release 3, Version 0

**AKC30** = Claims Acknowledgment Detail Record; Release 3, Version 0

**ARC30 =** Claims Re-Acknowledgment Detail Record, Release 3, Version 0

Definition:

Orig/Rev:

Record:

Format:

Values:

**JURISDICTION BRANCH OFFICE CODE – DN0186**

Definition: A number assigned by the jurisdiction identifying the branch/field office

overseeing the handling of the claim. Orig/Rev: 07/01/97 Record: R21; R22; AKC; ARC Format: 2 A/N

**JURISDICTION CLAIM NUMBER – DN0005**

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

**JURISDICTION CODE**

Definition:

Orig/Rev: Record: Format: Values:

**– DN0004**

The code uniquely identifying the governing body or territory whose statutes

apply.

06/07/95, 07/01/97

148; A49

2 A/N

See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

plus list of non-state jurisdictions as follows:

**UL** = Long Shore & Harbor Workers’ Compensation Act

**U1** = Defense Base Act

**U2** = Non-Appropriated Fund Instrumentalities Act

**U3** = Outer Continental Shelf Act

**U4** = War Hazards Compensation Act

**FC** = Federal Coal Mine Health & Safety Act

**FE** = Federal Employers Liability Act

**M1** = Admiralty I & II

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**LATE REASON CODE – DN0077**

Definition: A code, identifying the reason a payment/report was not made within a

jurisdiction’s time requirements. Orig/Rev: 06/07/95, 07/01/97, 02/8/05, 05/05/06 Record: A49; R21 Format: 2 A/N Values: **Delays**

**L1** = No excuse

**L2** = Late notification, employer

**L3** = Late notification, employee

**L4** = Late notification, jurisdiction transfer

**L5** = Late notification, health care provider

**L6** = Late notification, assigned risk

**L7** = Late investigation

**L8** = Technical processing delay, computer failure

**L9** = Manual processing delay

**LA** = Intermittent lost time prior to first payment

**LB** - Late notification/payment due to a Natural Disaster

**LC** - Late notification/payment due to an act of Terrorism

**Coverage**

**C1** = Coverage lack of information

**Errors**

**E1** = Wrongful determination of no coverage

**E2** = Errors from employer

**E3** = Errors from employee

**E4** = Errors from jurisdiction

**E5** = Errors from health care provider

**E6** = Errors from other claim administrator/IA/TPA

**Disputes**

**D1** = Dispute concerning coverage

**D2** = Dispute concerning compensability in whole

**D3** = Dispute concerning compensability in part

**D4** = Dispute concerning disability in whole

**D5** = Dispute concerning disability in part

**D6** = Dispute concerning impairment

**LUMP SUM PAYMENT/SETTLEMENT CODE – DN0293**

Definition: A code describing the type of lump sum payment/settlement made.

Orig/Rev: 04/22/03, 02/8/05, 04/6/05, 02/08/06, 11/30/09

Record: R22

Format: 2 A/N

DP Rule: This can only be required on MTC “PY” (or its corresponding CO), 02 or UR. Refer to the Lump Sum Payment/Settlement rules in section 4.

Values: **SF - Settlement Full** - A settlement agreed upon by all parties to end past, present and future liability of all benefits. No future indemnity or medical benefits are due. The “SF” Lump Sum Payment/Settlement Code should also be used if all indemnity was previously settled and medical is now being settled, or if all medical was previously settled and indemnity is now being settled.

**DP Rule**: Refer to the Lump Sum Payment/Settlement Rules in Section 4 for processing rules. The Payment Reason Code equating to the Benefit Type Code 5XX would be used to report the benefits settled. The jurisdiction will determine which 5xx Payment Reason Code(s)/Benefit Type Code(s) is to be used to report

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a full settlement, and would **not** be able to calculate the accuracy of the payment. A claim administrator is not expected to pay any future benefits on this case.

**SP – Settlement Partial** - A settlement agreed upon by all parties to: o Settle all indemnity benefit type codes, but not medical (reported as BTC

5xx as defined by jurisdiction) –OR-o Settle a specific indemnity benefit type code(s) (reported as a specific

5xx BTC other than 500 or 501) –OR-o Settle all medical, but not indemnity (reported as BTC 501).

**DP Rule:** Refer to the Lump Sum Payment/Settlement Rules in Section 4 for processing rules The Payment Reason Code equating to the Benefit Type Code 5XX as defined above would be used to report the benefits settled. The jurisdiction would **not** be able to calculate the accuracy of the payment.

If all indemnity was previously settled and medical is now being settled, this should be reported with a Lump Sum Payment/Settlement Code of “SF” rather than “SP”.

If all medical was previously settled and indemnity is now being settled, this should be reported with a Lump Sum Payment/Settlement Code of “SF” rather than “SP”.

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

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

**AD - Advance** - A lump sum payment of benefits in advance of when it is due. This may be recouped as a weekly credit against future benefits; or by resuming benefit payments at the end of the advanced period; or by discontinuing benefits prior to the statutory limit.

**DP Rule:** The Benefit Type Code 0XX series would be used to report an advance that specified a rate and time period. The Benefit Type Code 5XX series would be used to report an advance that did not specify a rate and time period. An Advance on a pending settlement must be coded to the same Payment Reason Code and Benefit Type Code as the settlement.

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**MAINTENANCE TYPE**

Definition:

Orig/Rev:

Record: Format: DP Rule:

Values:

**CODE - DN0002**

A code defining the specific purpose of individual records within the transaction

being transmitted.

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

04/06/09, 08/21/09

148; A49; AKC; ARC; R22 - refer to specific MTC

2 A/N

Refer to Variable Segment Population Rules and MTC Simplification Guide in

Section 4 for valid MTC values within a batch and population Rules.

**00 Original -** The original/initial first report (FROI) transmitted between partners,  
including the re-transmission of a first report that was rejected due to a critical  
error or a claim that was previously cancelled (01), or a subsequent first report  
(FROI) for a claim that was previously denied in its entirety (04), was under  
investigation (UI) or was sent upon request (UR).

**Record:** 148

**DP Rule:** A jurisdiction may or may not allow a 00 Original after a 04, UI or UR. For example, in a case where a jurisdiction does not allow a 00 after a 04, the 04 is accepted as the originating document and a 00 may be rejected as a duplicate claim based on their match data rules. A different jurisdiction may choose to accept both the 04 and the 00.

**01 Cancel -** The original first report was sent in error.  
**Record: 148**

**DP Rule:** A previous first report must have been filed before the 01 is sent and may be sent even after subsequent report(s) have been filed. Refer to *01 Cancel Processing Rules and Jurisdiction Change* in Section 4.

**02 Change -** The claim administrator initiates a Change (02) MTC when it  
identifies a change in a data element designated on the Element Requirement  
Table**.** Refer to *02 Change Processing Rules* in Section 4.

**Record:** 148; A49; R22 **DP Rule:**

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

**04 Denial -**

**■ First Report** (FROI): The FROI 04 Denial serves the dual purpose of  
concurrently reporting a new claim to the jurisdiction while denying it  
in its entirety; or denying a previously reported claim in its entirety.  
The Event Table will indicate whether a jurisdiction will accept a  
FROI 04 to deny a claim after a previously reported FROI was  
accepted.

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**■ Subsequent Report** (SROI): The entire claim is being denied after  
any FROI or any SROI has been filed. The Event Table will indicate  
whether a jurisdiction will require a SROI 04 to deny a claim after a  
previously reported FROI was accepted.

**■**

**Record:** 148; A49; R22 **DP Rule:**

* Depending upon the jurisdiction’s Event Table, a FROI 04 may be sent (whether or not payments have been made) after an establishing FROI.
* The FROI 04 is intended to function as a first report. If it is intended to also replace a jurisdiction’s “denial” form, it should be indicated on the jurisdiction’s Event Table
* Depending upon the jurisdiction’s requirements, the SROI 04 may act like a suspension when benefit(s) are being terminated at the time of the denial. However, since a SROI 04 only contains Sweep Benefits segment data, if the jurisdiction needs Gross and/or Net Weekly Amounts and/or Effective Dates, or Benefit Payment Issue Date, they must also require an MTC Sx.

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

**AP Acquired/Payment -** The claim administrator who acquired the claim has

processed their first payment of indemnity benefits.

**Record:** A49; R22

**DP Rule:** A previous AQ or AU must have been filed. If a jurisdiction requires a

Payments segment on an IP and more than one check is issued for the same

indemnity Benefit Type/Payment Reason Code, all indemnity checks issued

should be populated in the Payments segment.

**AQ Acquired Claim -** Minimal data sent to report that a new claim administrator

has acquired the claim.

**Record:** 148

**DP Rule:** AQ or AU must always be the first filing on an acquired claim. If

neither the claim administrator nor insurer has changed, but some match data

has changed, a change MTC 02 is transmitted instead of an MTC AQ

transaction.

**AU Acquired/Unallocated -** The equivalent of an initial first report (MTC 00) filed by new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction’s Event Table, or when the acquiring claim administrator is reopening a claim that was previously cancelled. **Record:** 148

**DP Rule:** If neither the claim administrator nor insurer has changed, but some match data has changed, a change MTC 02 is transmitted instead of an MTC AU transaction.

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**CA Change in Benefit Amount -** The Claim Administrator has identified that the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and the Benefit Type Code has not changed, and benefits are not currently being reinstated. If the Net Weekly Amount is being changed in response to a TE, the CO MTC is used. **Record:** A49; R22 **DP Rule:**

**•** The CA Maintenance Type Code should only be used if a previous IP,  
AP or SROI UR has been filed, benefits are not currently being  
reinstated, and any of the following apply:

* The Net Weekly Amount is changed after a Suspension and a check for the rate adjustment is being issued for the same Benefit Period Start and/or Through Dates that were reported on the previous Suspension (unless in response to a TE, in which case a CO MTC is used). No additional Sx MTC is due.
* The Net Weekly Amount changes due to recalculation of the Gross Weekly Amount, or there are adjustments and/or credits that affect the Net Weekly Amount but not the Gross Weekly Amount.

**•** The RB Maintenance Type Code should be used if either of the following  
conditions apply:

* Ongoing benefits are being reinstated (regardless of the Net Weekly Amount)
* The Net Weekly Amount changes after a Suspension, and a check for the rate adjustment is being issued for a different Benefit Period Start Date and/or Benefit Period Through Date than was reported on the previous Suspension.
* The RE Maintenance Type Code should be used if the Gross Weekly Amount changes because of application of the employee’s current weekly wages while receiving Temporary Partial benefits (Benefit Type Code 070).
* The 02 Maintenance Type Code should be used if the Average Wage, or Concurrent Employer Wage changes but the Net Weekly Amount does not change.

**CB Change in Benefit Type -** The Claim Administrator has identified that the

Benefit Type Code (DN0085) has changed from the previously reported Benefit

Type Code without a break in continuity of benefits. A CB would also be filed if an

employer previously paid salary in lieu of compensation (EP with Benefit Type

Code 2xx) and is now paying salary in lieu of compensation again after the claim

administrator either began paying (IP with Benefit Type Code 0xx) or reinstated

benefits (RB with Benefit Type Code 0xx), without a break in continuity of

benefits (Sx).

If the Benefit Type Code is being corrected in response to a TE, the CO MTC is

used.

**Record:** A49; R22

**DP Rule:** A previous IP, AP or Subsequent Report UR has been filed.

**CD Compensable Death - No Known Dependents/Payees -** The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation. **Record:** A49

**DP Rule:** Filed to meet jurisdiction timeliness requirement as replacement for Initial Payment report.

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

**CO Correction -** Corrected data element values are transmitted in response to a “TE” Application Acknowledgment Code. **Record:** 148; A49; R22

**DP Rule:** “CO” (Correction) Maintenance Type Code is only sent in response to transaction “Accepted with Errors” (TE). Maintenance Type Code “02” is used when there is a change of an element designated on the trading partner tables. Transactions reported on an Acknowledgment Report as “Transaction Rejected” (TR) are corrected and re-sent as the original Maintenance Type Code in their entirety.

**EP Employer Paid -** The first report of payment of an indemnity benefit other

than a lump sum payment/settlement that has been paid by the employer in lieu

of compensation, and the claim administrator is not paying any indemnity

benefits at this time.

**Record:** A49; R22

**DP Rule:** A previous subsequent report may or may not have been filed.

**ER Employer Reinstatement -** The employer has resumed paying the injured employee’s salary in lieu of compensation, after a suspension of benefits, and the claim administrator is not paying any indemnity benefits at this time. **Record:** A49; R22

**DP Rule:** A previous subsequent report has been filed with a Maintenance Type Code of EP.

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

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

* The Initial Payment transaction implies that indemnity benefit payments are ongoing.
* The IP may follow an EP or the suspension (Sx) of Employer Paid benefits if the claim administrator is making the initial payment of indemnity benefits other than a lump sum payment/settlement after the employer has been paying salary in lieu of compensation.
* The IP may follow a PY if the claim administrator is making the initial payment of indemnity benefits after the payment of a lump sum/settlement. If the claim administrator’s initial payment of ongoing indemnity is issued as part of the lump sum payment, the IP should be triggered when the next indemnity check is issued.
* First indemnity payments by the acquiring claim administrator on acquired claims are reported on the AP transaction.
* If a jurisdiction requires a Payments segment on an IP and more than one check is issued for the same indemnity Benefit Type/Payment Reason Code, all indemnity checks issued should be populated in the Payments segment.

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

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

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

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

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

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

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

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

**PD Partial Denial -** A specific benefit(s) is currently being denied. **Record:** A49 **DP Rule:**

* A previous subsequent report may or may not have been filed. A previous First Report must have been filed
* MTC PD (Partial Denial) is not to be used in conjunction with the Full Denial data elements: Full Denial Reason Code and Full Denial Effective Date. Denial Reason Narrative can be used to further explain benefits being denied.
* Depending upon the jurisdiction’s requirements, for sequencing purposes, an RB may follow a PD without a previous Sx

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

**DP Rule:**

If more than one check is issued for the same indemnity Benefit Type/Payment Reason Code, all indemnity checks issued should be populated in the Payments segment. Refer to Variable Segment Population Rules (Payments Segment) in Section 4. The Steering Committee directed that Payee (DN0217) was established for specified transactions only (IP, AP, PY, RB or any corresponding 02 or CO for those specified Maintenance Type Codes) and that individual weekly check information would not be reported in Release 3. This is a free form text field that cannot be edited by the jurisdiction. **Record:** A49; R22

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

**•** A previous subsequent report must have been filed terminating all indemnity  
payments. Depending upon the jurisdiction's termination requirements, this  
could include an MTC Sx (Full Suspension), MTC 04 (SROI Full Denial) that  
is acting like a suspension when benefit(s) are being terminated at the time  
of the denial, or MTC FN (Final).

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

**•** The Benefit Type Code being resumed may or may not have been previously  
paid.

**RE Reduced Earnings -** The injured employee has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported.

**Record:** A49; R22 **DP Rules:**

* An IP or AP report has already been filed. The user must reference the trading partner agreement to determine when a submission is required.
* Reduced Earnings are transmitted upon payment of Temporary Partial Disability.
* When a Temporary Partial Disability payment is made at the time of a claim event, such as Initial Payment, Change of Benefit, or Suspension, etc. the corresponding MTC (IP, CB, Sx, etc) is used.
* The RE Maintenance Type Code should be used if the Gross Weekly Amount changes because of application of the employee’s current weekly wages while receiving Temporary Partial benefits (Benefit Type Code 070).
* Whenever there is a change to the Actual or Deemed Reduced Earnings which result in a change to the Gross Weekly Amount, a new “RE”

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transaction that includes the Reduced Earnings segment is sent to the jurisdiction. The only exception is when the Gross Weekly Amount changes to zero as a result of the injured worker’s earnings meeting or exceeding the Average Wage. In that situation, an “RE” filing is not necessary until Temporary Partial benefits are actually paid (at that time, however, a Reduced Earnings segment must be sent covering all weeks from the Benefit Period Through Date on the previous transaction) or some other event occurs in the claim (i.e., suspension due to lifting of restrictions, etc.). (see Variable Segment Population Rules in Section 4)

1. **Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work -** All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work. **Record:** A49; R22
2. **Suspension, Medical Non-Compliance –** All payments of indemnity benefits have stopped because of medical non-compliance. **Record:** A49; R22

**DP Rule:** Non-compliance of any party, relating to a medical issue. For example: employer, doctor, and employee. This includes vocational rehabilitation for those jurisdictions that consider vocational rehabilitation a medical benefit.

**53 Suspension, Administrative Non-Compliance –** All payments of indemnity  
benefits have stopped because of administrative non-compliance.  
**Record:** A49; R22

**DP Rule:** Non-compliance of any party, relating to a non-medical issue. For example: employer, doctor, and employee. This includes vocational rehabilitation for those jurisdictions that do not consider vocational rehabilitation a medical benefit.

**54 Suspension, Claimant Death –** All payments of indemnity benefits have  
stopped because the employee has died.  
**Record:** A49; R22

**DP Rule:** The Death Result of Injury Code (DN0146) will provide a determination as to whether the employee died as a result of a work-related injury.

1. **Suspension, Incarceration –** All payments of indemnity benefits have stopped because the employee has been incarcerated. **Record:** A49; R22
2. **Suspension, Claimant’s Whereabouts Unknown –** All payments of indemnity benefits have stopped because the employee’s whereabouts are unknown. **Record:** A49; R22
3. **Suspension, Benefits Exhausted –** All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached. **Record:** A49; R22
4. **Suspension, Jurisdiction Change –** All payments of benefits for the jurisdiction receiving the S8 have stopped because the jurisdiction has been changed. The jurisdiction receiving the S8 should mark their claim as closed. **Record:** A49; R22

**DP Rule:** When a claim is transferred to another jurisdiction after a payment(s) has been made, a Maintenance Type Code S8, Jurisdiction Change is used to

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submit a Subsequent Report to the original jurisdiction. Maintenance Type Code 00 is used to submit a First Report to the new jurisdiction. Maintenance Type Code “IP” with Late Reason Code “L4” (Late notification, jurisdiction transfer) is used to submit a Subsequent Report to the new jurisdiction. Refer to *01 Cancel Processing Rules and Jurisdiction Changes* in Section 4.

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

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

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

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

**UR Upon Request –** Submitted in response to a specific request from the

Jurisdiction, and manually triggered by the Claim Administrator.

**Record:** 148; A49

**DP Rule:** A separate Element Requirement Table “Upon Request

Requirements” has been developed to assist jurisdictions in defining their

requirements when a data call is necessary. The Requirement Table can be

downloaded from the IAIABC Release 3 EDI Implementation Guide page. .

**VE Volunteer –** The employee is a volunteer for the covered employer, and the

claim administrator will make no indemnity payments.

**Record:** A49

**DP Rule:** Filed to meet jurisdiction timeliness requirement as replacement for

Initial Payment report.

If accepting compensability after full denial for a VE claim, the MTC VE would be

used.

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

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

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

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

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

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

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

**MAINTENANCE TYPE CODE DATE – DN0003**

Definition: The date the Maintenance Type Code was moved to the transmission queue or

flagged for transmission. Orig/Rev: 03/11/94, 07/01/97, 09/26/98, 11/30/98, 09/03/03 Record: 148; A49; AKC; ARC Format: 8 DATE

**MAINTENANCE TYPE CORRECTION CODE – DN0295**

Definition: The Maintenance Type Code from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).

Orig/Rev: 06/15/03

Record: R21; R22; AKC; ARC

Format: 2 A/N

Values: Maintenance Type Codes (DN0002) except “CO”

DP Rule: Refer to Error Correction Technical Rules in Section 4 for usage and processing of this data element. The Maintenance Type Correction Code must be populated with the Maintenance Type Code from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

**MAINTENANCE TYPE CORRECTION CODE DATE – DN0296**

Definition: The Maintenance Type Code Date from the transaction that is being corrected in response to an acknowledgment containing non-critical errors (TE).

Orig/Rev: 06/15/03

Record: R21; R22; AKC; ARC

Format: 8 DATE

DP Rule: The Maintenance Type Correction Code Date must be populated with the date from the erroneous transaction. This field is only populated on a Correction (CO) transaction.

**MANAGED CARE ORGANIZATION CODE – DN0207**

Definition: A code indicating the existence and type of managed care organization involved

in the claim. Orig/Rev: 07/01/97 Record: R21 Format: 2 A/N

Values: See link found on IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org) page DP Rule: The MCO code term “approved” was defined as “meeting jurisdiction

requirements”.

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**MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER – DN0208**

Definition: The jurisdiction assigned number corresponding to and uniquely identifying the managed care organization involved in the claim.

Orig/Rev: 07/01/97

Record: R21

Format: 9 A/N

DP Rule: Send either the Managed Care Organization Name (DN0209) or the Managed Care Organization Identification Number (DN0208) at the time of the initial reporting of the claim. Refer to the Trading Partner Agreement for Jurisdictional requirements. Resend if any of the information changes.

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

**MANAGED CARE ORGANIZATION NAME – DN0209**

Definition: The legal name of the managed care organization involved in the claim. Orig/Rev: 07/01/97 Record: R21 Format: 40 A/N

DP Rule: Used when Managed Care Organization Identification Number (DN0208) is unassigned or unknown.

**MANUAL CLASSIFICATION CODE – DN0059**

Definition: A code that corresponds to the primary occupation in which the employee was engaged at the time of accident/injury, or injurious exposure.

Orig/Rev: 06/07/95, 07/01/97

Record: 148

Format: 4 A/N

Values: Contact the jurisdiction for the source of Manual Classification Codes. Generally, these codes are generated, maintained, and available through the Data Collection Organization (DCO) authorized in a jurisdiction. The DCO's authorized to publish manual classification codes are NCCI and the Independent Rating Organizations, although there may be some exceptions for monopolistic states.

DP Rule: If a jurisdiction requires both the Occupation Description (DN0060) and Manual Classification (DN0059), the two elements cannot be edited against each other.

**NATURE OF INJURY CODE – DN0035**

Definition: A code corresponding to the nature of the injury sustained by the employee.

Orig/Rev: 03/11/94, 07/01/97

Record: 148

Format: 2 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

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**NET WEEKLY AMOUNT – DN0087**

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

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

Orig/Rev: 02/03/95, 07/01/97, 10/09/03, 02/8/05, 02/24/05, 03/31/07

Record: R22

Format: $9.2

DP Rule: Refer to *Variable Segment Population Rules (Benefits* Segment*)* in Section 4

The amount will equal the weekly rate as determined by jurisdiction statute (i.e.

comp rate) plus or minus any applicable adjustments or credits for the

corresponding benefit type. This is equal to the Gross Weekly Amount (DN0174)

when there are no adjustments or credits.

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

**NET WEEKLY AMOUNT EFFECTIVE DATE – DN0211**

Definition: For MTC’s IP, CA, CB, AB, 02, CO, RB, RE, PY, Px, Sx (Benefit Type Code 0XX series only): The date the Net Weekly Amount became effective as applied by the current Claim Administrator. For MTC AP and all subsequent MTC’s filed on acquired claims, this may be prior to the acquisition date if the acquiring claim administrator issued payment(s) for a period of time in which the file was handled by the previous claim administrator.

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

Orig/Rev: 07/01/97, 10/09/03, 02/8/05, 02/24/05, 03/31/07, 01/01/08 Record: R22 Format: 8 DATE

DP Rule: Refer to *Variable Segment Population Rules (Benefits* Segment*)* in Section 4. This date should never be prior to the date of accident

**NON-CONSECUTIVE PERIOD CODE – DN0212**

Definition: Reflects whether the waiting period or benefit period being reported was comprised of non-consecutive days of disability.

Orig/Rev: 07/01/97

Record: R22

Format: 1 A/N

Values: **W = Waiting Period:** The actual dates of the waiting period cannot be captured if they are non-consecutive. If the employee is off work more than once during the waiting period, the Non-Consecutive Period Code "W" is used to report that the waiting period is composed of intermittent dates. The data elements: Initial Date Last Day Worked; Initial Date Disability Began; Initial Return to Work Date; Current Date Last Day Worked; Current Date Disability Began and Current Return to Work Date will give you the first and most recent of those dates. Any

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dates in between are not transmitted/provided. If applicable, this code is transmitted with MTC – IP, or AP (if this is the first payment on the case) **B = Benefit Period:** The Benefit Type Amount Paid, Benefit Type Claim Weeks and Benefit Type Claim Days do not represent a continuous period of time from the Benefit Period Start Date through the Benefit Period Through Date. This code is not transmitted with Final or Periodic MTC's. If sent with MTC IP, use “B” only if Code “W” doesn’t apply.

**A = Adjustment/Credit/Redistribution**: The A/C/R Start and End Dates do not represent a continuous period of time in relation to the adjusted Benefits. This code is not transmitted with Final or Periodic MTC's. If sent with MTC IP, use “A” only if neither Code “B” or “W” applies. DP Rule: The Non-Consecutive Period Code should be transmitted if the employee returns to work at least once during the waiting period, the benefit period being reported contains payment information for non-consecutive days or applied adjustment, credit or redistribution dates are non-consecutive. Hierarchy – In the event that two Non-Consecutive Period Codes apply to the reported benefit period the topmost code in the following hierarchy will be reported, i.e., if both the Benefit Period and an Adjustment period apply, report as a Benefit period:

W – Waiting Period

B – Benefit Period

A – Adjustment/Credit/Redistribution

**NUMBER OF ACCIDENT/INJURY DESCRIPTION NARRATIVES – DN0274**

Definition: The number of Accident/Injury Description Narrative segment occurrences.

Orig/Rev: 04/22/02

Record: R21

Format: 2 N

Max Occ: 10

Values: 00 through 10

**NUMBER OF BENEFIT ACR – DN0289**

Definition: The number of Benefit ACR segment occurrences.

Orig/Rev: 04/22/02, 09/01/07

Record: R22

Format: 3 N

Max Occ. 090

Values: 00 – 090

**NUMBER OF BENEFITS – DN0288**

Definition: The number of Benefit segment occurrences.

Orig/Rev: 04/22/02

Record: R22

Format: 2 N

Max. Occ. 10

Values: 00 through 10

**NUMBER OF CONCURRENT EMPLOYERS – DN0275**

Definition: The number of Concurrent Employers segments occurrences.

Orig/Rev: 04/22/02

Record: R22

Format: 2 N

Max Occ: 2

Values: 00 through 02

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**NUMBER OF DAYS WORKED PER WEEK – DN0064**

Definition: The employee’s number of regularly scheduled workdays per week.

Orig/Rev: 03/11/94, 07/01/97, 06/01/06

Record: 148; A49

Format: 1 N

DP Rule: Since this is the number of days worked with the covered employer at the time of

injury, it should not change, unless reported incorrectly. This data element has

no relationship to concurrent employment.

**NUMBER OF DEATH DEPENDENT/PAYEE RELATIONSHIPS – DN0082**

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

**NUMBER OF DENIAL REASON NARRATIVES – DN0276**

Definition: The number of Denial Reason Narrative segment occurrences.

Orig/Rev: 04/22/02

Record: R21; R22

Format: 2 N

Max Occ: 3

Values: 00 through 03

**NUMBER OF ERRORS – DN0114**

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

**NUMBER OF FULL DENIAL REASON CODES – DN0277**

Definition: The number of Full Denial Reason Codes segment occurrences.

Orig/Rev: 04/22/02

Record: R21; R22

Format: 2 N

Max Occ: 5

Values: 00 through 05

**NUMBER OF MANAGED CARE ORGANIZATIONS – DN0278**

Definition: The number of Managed Care Organization segment occurrences.

Orig/Rev: 04/22/02

Record: R21

Format: 2 N

Max Occ: 2

Values: 00 through 02

**NUMBER OF OTHER BENEFITS – DN0282**

Definition: The number of Other Benefits segment occurrences.

Orig/Rev: 04/22/02

Record: R22

Format: 2 N

Max Occ: 25

Values: 00 through 25

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**NUMBER OF PAYMENTS – DN0283**

Definition:

Orig/Rev:

Record:

Format:

Max Occ:

Values:

The number of Payment segment occurrences.

04/22/02

R22

2 N

5

00 through 05

**NUMBER OF PERMANENT IMPAIRMENTS – DN0078**

Definition:

Orig/Rev:

Record:

Format:

Max Occ:

Values:

The number of Permanent Impairment segment occurrences.

06/07/95

A49

2 N

6

00 – 06

**NUMBER OF RECOVERIES – DN0284**

Definition: The number of Recoveries segments occurrences.

Orig/Rev: 04/22/02

Record: R22

Format: 2 N

Max Occ: 10

Values: 00 through 10

**NUMBER OF REDUCED EARNINGS – DN0285**

Definition: The number of Reduced Earnings segment occurrences.

Orig/Rev: 04/22/02

Record: R22

Format: 2 N

Max Occ: 52

Values: 00 through 52

**NUMBER OF SUSPENSION NARRATIVES – DN0287**

Definition: The number of suspension narrative segment occurrences.

Orig/Rev: 04/22/02

Record: R22

Format: 2 N

Max Occ: 3

Values: 00 through 03

**NUMBER OF WITNESSES – DN0279**

Definition:

Orig/Rev:

Record:

Format:

Max Occ:

Values:

The number of Witness segment occurrences.

04/22/02

R21

2 N

5

00 through 05

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**OCCUPATION DESCRIPTION – DN0060**

Definition: Identifies the employee’s primary occupation at the time of the accident or injurious exposure.

Orig/Rev: 06/07/95, 07/01/97

Record: R21

Format: 50 A/N

DP Rule: The data that is passed should be sufficient to assign an occupation code. This text can be, but cannot be required to be, the Occupation Code source description. This is not the NCCI class code text description. If a jurisdiction requires both the Occupation Description (DN0060) and Manual Classification (DN0059), the two elements cannot be edited against each other.

**ORIGINAL TRANSMISSION DATE – DN0102**

Definition: The value obtained from the Date Transmission Sent (DN0100), from the originating batch header record. To allow a receiving party the ability to match back to the original batch file for reconciliation purposes. This field should only be populated on the acknowledgement (AKC or ARC) batch header to allow a receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Time field in the acknowledgment process.

Orig/Rev: 08/19/94, 07/01/97, 07/12/02, 05/12/06

Record: HD1 (of AKC or ARC only)

Format: 8 DATE

**ORIGINAL TRANSMISSION TIME – DN0103**

Definition: The value obtained from the Time Transmission Sent (DN0101), from the originating batch header record. This field should only be populated on the acknowledgement (AKC or ARC) batch header to allow the receiving party the ability to match back to the original batch file for reconciliation purposes. It is used in conjunction with the Original Transmission Date field in the acknowledgment process.

Revised 08/19/94, 07/01/97, 07/12/02, 05/12/06

Record: HD1 (of AKC or ARC only)

Format: 6 TIME

**OTHER BENEFIT TYPE AMOUNT – DN0215**

Definition: The cumulative amount paid to date associated with an Other Benefit Type Code

(DN0216).

For acquired claims, the Other Benefit Type Amount will be the cumulative

amount to date associated with an Other Benefit Type Code paid by the

acquiring claim administrator. Orig/Rev: 07/01/97, 03/15/05, 11/22/05 Record: R22 Format: $9.2

**OTHER BENEFIT TYPE CODE – DN0216**

Definition: A code identifying miscellaneous benefits not otherwise specifically defined with

a Benefit Type Code (DN0085). Orig/Rev: 07/01/97, 12/01/99, 05/13/03, 03/14/2005, 11/22/05, 05/05/06, 04/11/08 Reference: See each code below for specifics. Record: R22 Format: 3 A/N DP Rule: If a medical bill covers charges that fall under more than one OBT code, the code

that is tied to the type of provider being paid should be used. Values: **300 Total Funeral Expense –** Sum of the funeral expenses paid for this claim.

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

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

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

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

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

**340 Total Claimant’s Legal Expenses –** Sum of the claimant’s legal expenses paid for this claim. Note: This excludes employee attorney fees that are determined to be the responsibility of the employee but are deducted from any lump sum payments/settlements. Those attorney fees should be coded as the same indemnity type as the lump sum payment/settlement. If part of a weekly indemnity check is redistributed to a claimant’s attorney, it should be sent as a weekly Benefit Redistribution Code “K” (Claimant Attorney Fees) rather than OBT Code 340.

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

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

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

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

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

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

1. **Total Expert Witness Fees –** Sum of fees paid to expert witnesses for this claim.
2. **Total Court Reporter Fees –** Sum of fees paid to court reporters taking transcription at court hearings and depositions on this claim
3. **Total Private Investigator Fees –** Sum of fees paid to private investigators monitoring and documenting activities of the claimant for this claim

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

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

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

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

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

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

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

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

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

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

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

**PART OF BODY INJURED CODE – DN0036**

Definition: The code corresponding to the part(s) of the body injured.

Orig/Rev: 06/07/95, 07/01/97

Record: 148

Format: 2 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org)

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**PARTIAL DENIAL CODE – DN0294**

Definition: A code identifying which portion of the claim is currently being denied.

Orig/Rev: 05/08/02, 09/10/03, 01/20/06, 02/8/06, 09/21/06, 08/21/09

Record: R22

Format: 1 A/N

Values: **A** = Denying Indemnity in whole, but not Medical

**B** = Denying Indemnity in part, but not Medical

**C** = Denying Medical in whole, but not Indemnity

**D** = Denying Medical in part, but not Indemnity

**E** = Denying Indemnity in whole and Medical in part

**F** = Denying Medical in whole and Indemnity in part

**G** = Denying both Indemnity and Medical in part DP Rule: \*Applicable to MTC PD (Partial Denial) (or its corresponding CO, 02 or UR) only.

\*Partial Denial Codes are used when only a portion of the claim is being denied.

These codes are always sent with MTC PD (Partial Denial or its corresponding

CO, 02 or UR), and are not to be used in conjunction with the Full Denial data

elements: Full Denial Reason Code and Full Denial Effective Date.

\*If the Initial Payment (IP or AP) on the claim involves partial denial of indemnity

**PAYEE – DN0217**

Definition:

For PY (or any corresponding 02 or CO), or when the jurisdiction requires the

reporting of Payee on an IP, AP or RB: The name of the individual, organization,

or court assignment to whom the check is being issued.

07/01/97, 12/01/99, 05/27/03, 02/8/05

R22

40 A/N

Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4.

The Steering Committee directed that Payee (DN0217) was established for

specified transactions only (IP, AP, PY, RB or any corresponding 02 or CO for

those specified Maintenance Type Codes) and that individual weekly check

information would not be reported in Release 3.

This is a free form text field that cannot be edited by the jurisdiction.

benefits, the MTC IP should be preceded by MTC PD.

Orig/Rev: Record: Format: DP Rule:

**PAYMENT AMOUNT – DN0218**

Definition: The net amount of the check.

Orig/Rev: 07/01/97

Record: R22

Format: $9.2

DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4. Used for reporting one-time payments. Not to be used for on-going indemnity benefit payments. If a Payment Amount is present, Payment Reason Code (DN222) should also be sent.

**PAYMENT COVERS PERIOD START DATE – DN0219**

Definition: The beginning date of the period covered by a payment.

Orig/Rev: 07/01/97

Release: R22

Format: 8 DATE

DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4.

**PAYMENT COVERS PERIOD THROUGH DATE – DN0220**

Definition: The last date of the period covered by a payment. Orig/Rev: 07/01/97 Record: R22 Format: 8 DATE

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DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4.

**PAYMENT ISSUE DATE - DN0195**

Definition: For IP, AP, PY, RB: The date that the check that initiated the MTC is officially

surrendered during business hours to a letter delivery organization; or available for pickup per agreement with the employee. For CO transactions that have an MTCC of IP, AP, PY, or RB: the date of the check that initiated the IP, AP, PY, or RB that received a TE acknowledgment code.

Orig/Rev: 07/01/97, 11/30/98, 12/01/99, 05/27/03, 09/6/03, 02/8/05, 02/25/05, 3/1/06

Record: R22

Format: 8 DATE

DP Rule: The Payment Issue Date is in the Payments Segment. The equivalent of this

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

**PAYMENT REASON CODE - DN0222**

Definition: A code, equating to a Benefit Type Code (DN0085) or an Other Benefit Type

Code (DN0216), used when:

* The jurisdiction requires the reporting of lump sum payments/settlements (PY MTC)
* The jurisdiction requires the reporting of the first payment of funeral, penalty, attorney fees, or a minimum threshold amount of medical.
* The jurisdiction requires the reporting of Payee on an IP, AP, or RB (which requires the *Payments* segment to be sent).

Orig/Rev: 07/01/97, 04/08/03, 02/08/05, 05/05/06

Record: R22

Format: 3 A/N

Values: See Benefit Type Code and Other Benefit Type Code values for medical (350,

360, 370, 450, 455, 460, 465, 470), funeral (300), penalty (310, 311), and

attorney fees (330 & 340)  
DP Rule: Refer to *Variable Segment Population Rules (Payments* Segment*)* in Section 4

**PERMANENT IMPAIRMENT BODY PART CODE - DN0083**

Definition: A code referencing the anatomic classification of the injury.

Orig/Rev: 03/11/94, 07/01/97

Record: A49

Format: 3 A/N

Values: See link to code list at IAIABC Website: [www.iaiabc.org](http://www.iaiabc.org) and whole body “99”.

**PERMANENT IMPAIRMENT MINIMUM PAYMENT INDICATOR - DN0223**

Definition: An indicator that the payment is being made for a minimum amount when a final

rating is not yet available.  
Orig/Rev: 07/01/97, 11/30/98

Record: R22

Format: 1 A/N

Values: **Y** = Yes

**N** = No  
DP Rule: If this data element is required by the jurisdiction, the code should be set to “Y” if

the amount was based on a minimum and “N” if not. If the code was originally

sent as “Y” and a minimum rate is no longer being paid, the code should be reset

to “N”.

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**PERMANENT IMPAIRMENT PERCENTAGE – DN0084**

Definition: The amount of anatomic or functional abnormality or loss which results from the

injury and exists after the date of maximum medical improvement. Orig/Rev: 03/11/94, 07/01/97, 09/15/05 Record: A49 Format: 3.2 Values: 00000 (0%) to 10000 (100%)

**PHYSICAL RESTRICTIONS INDICATOR – DN0224**

Definition: An indicator that identifies the presence of physical restrictions upon the

employee’s release and/or return to work. Orig/Rev: 07/01/97, 11/30/98, 10/04/00, 04/11/08 Record: R21; R22 Format: 1 A/N Values: **N** = Without Physical Restrictions

**Y** = With Physical Restrictions DP Rule: This is required whenever an Initial Return to Work Date or Current Return to

Work Date is sent on the transaction.

If an MTC 02 is sent with a change to the RTW Type Code and/or Physical Restrictions Indicator and there is no second period of disability, a subsequent Initial Return to Work Date may be sent to correspond with the revised RTW Type Code and/or Physical Restrictions Indicator. If a subsequent Initial Return to Work Date is not sent on an MTC 02, the jurisdiction could use the MTC Date as an estimate of when the subsequent RTW Type Code and/or Physical Restrictions Indicator took effect.

**POLICY EFFECTIVE DATE – DN0029**

Definition: The date the employer’s insurance policy or self-insurance license/certificate

became effective. Orig/Rev: 06/06/95, 07/01/97, 11/22/05 Record: 148 Format: 8 DATE DP Rule: “Coverage” is usually equivalent to POC “Policy”, except when the employer is

self-insured where a policy does not exist but coverage does.

This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident) or 3D (No Coverage - No jurisdiction)

**POLICY EXPIRATION DATE – DN0030**

Definition: The date that the employer’s insurance policy or self-insurance license/certificate

expired. Orig/Rev: 06/06/95, 07/01/97, 11/22/05 Record: 148 Format: 8 DATE DP Rule: “Coverage” is usually equivalent to POC “Policy” except when the employer is

self-insured where a policy does not exist but coverage does.

This data element cannot be required on initiating 04 FROI Denial if DN0198 -

Full Denial Reason Code is 3E (No Coverage -No policy in effect on the date of

accident) or 3D (No Coverage - No jurisdiction)

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**POLICY NUMBER IDENTIFIER – DN0028**

Definition: The number identifying the coverage policy in effect for the claim. Orig/Rev: 03/11/94, 07/01/97, 11/22/05 Record: 148 Format: 18 A/N

DP Rule: “Coverage” is usually equivalent to POC “Policy”, except when self-insured status where policy does not exist but coverage does.

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

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

**PRE-EXISTING DISABILITY CODE – DN0069**

Definition: An indicator identifying the existence of a disability that existed prior to the injury. Orig/Rev: 03/11/94, 07/01/97 Record: A49 Format: 1 A/N Values: **Y** = Yes

**N** = No

**U** = Unknown

**RECEIVER ID – DN0099**

Definition: A composite or group level comprised of Receiver FEIN (Primary FEIN of the

receiving party), Filler, and Receiver Postal Code (Primary Postal Code of the

receiving party). Orig/Rev: 08/18/94, 07/01/97 Record: HD1 Format: Receiver FEIN 9 A/N

Filler 7 A/N

Receiver Postal Code 9 A/N

**RECORD SEQUENCE NUMBER – DN0107**

Definition: Identifying control number that must be unique within a batch. The originator of a

transaction assigns the number. Orig/Rev: 08/18/94, 07/01/97, 01/20/06 Record: AKC; ARC Format: 9 N Values: **000000000** = Header or batch structure Error

**000000001 thru 999999998** = Detail Record Identifier

**999999999** = Trailer Error DP Rule: The Record Sequence Number is assigned by the receiver based on the order of

the records in the original batch. The Record Sequence Number returned in the

acknowledgement corresponds to the Record Sequence Number of the primary

record of the transaction unless it is a Header, Batch Structure or Trailer Record

error.

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**RECOVERY AMOUNT – DN0225**

Definition: The sum of monies received by the insurer to date for the corresponding

recovery code. Orig/Rev: 07/01/97, 01/26/06, 01/19/07 Record: R22 Format: $9.2 DP Rule: If there is a Recovery Amount present, a Recovery Code (DN0226) must also be

sent.

To ensure that a claim reflects costs actually incurred, the Claim Administrator will back out the recoveries made under Code 830, 880 and/or 890 from the appropriate Benefit Type Amount Paid or Other Benefit Type amount before it transmits the report. Any recoveries the claims administrator receives under any other Recovery codes must not be backed out of their respective Benefit Type Amount Paid or Other Benefit Type Amounts.

**RECOVERY CODE – DN0226**

Definition: A code that identifies the type of recovery being made. Orig/Rev: 07/01/97, 12/19/05, 01/19/07 Record: R22 Format: 3 A/N

Values: **800 Special Fund Recovery –** Sum of monies recovered from special funds for this claim.

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

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

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

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

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

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

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

1. **Vocational Rehabilitation -** Monies reimbursed from a jurisdictional vocational rehabilitation fund.
2. **Uninsured Employer –** Monies reimbursed from a jurisdictional uninsured employer fund.
3. **Silicosis, Dust and Logging Industry Fund –** Monies reimbursed from a jurisdictional dust/logging industry fund.

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

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

**880 – Voided Indemnity Benefit Check Recovery** - The cumulative sum of monies for all indemnity checks returned/cancelled/voided in the Benefits segment(s).

**DP Rule:** The Claim Administrator will back out the returned/cancelled/voided indemnity check amounts from the Benefit Type Amount Paid in the Benefits segment(s) and any corresponding Benefit Adjustment, Credit, or Redistribution Amount in the Benefit A/C/R Segment(s). If all indemnity checks have been returned/cancelled/voided, a Benefit segment will not be present. If some, but not all indemnity checks have been returned/cancelled/voided, at least 1 Benefit segment will be present, but will be less the amount of the indemnity checks that were returned/cancelled/voided. The Benefit Type Amount Paid (if present) will reflect the amount that was actually paid out, but the other DN’s in the Benefits or A/C/R segment may or may not be retroactively adjusted. This value will always remain on the transaction and if additional checks are returned/cancelled/voided, this value will increase. If the jurisdiction compares the transaction to its database and everything calculates accurately, it should ignore the code/amount because the returned/cancelled/voided check may have occurred between the last transaction sent to the jurisdiction and the current transaction.

**890 – Voided Other Benefit Check Recovery** – The cumulative sum of monies for all Other Benefit Type check(s) returned/cancelled/voided included the Other Benefit Type segment(s).

**DP Rule:** The Claim Administrator will back out the returned/cancelled/voided check amounts from the Other Benefit Type Amount in the Other Benefits segment(s). If all “other benefit” checks have been returned/cancelled/voided, an Other Benefit segment will not be present. If some, but not all “other benefits” checks have been returned/cancelled/voided, at least 1 Other Benefit segment will be present, but will be less the amount of the other benefits checks that were returned/cancelled/voided. The Other Benefit Type Amount (if present) will reflect the amount that was actually paid out. This value will always remain on the transaction and if additional checks are returned/cancelled/voided, this value will increase. If the jurisdiction compares the transaction to its database and everything appears to be accurate, it should ignore the code/amount because the returned/cancelled/voided check may have occurred between the last transaction sent to the jurisdiction and the current transaction.

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

**REDUCED BENEFIT AMOUNT CODE – DN0202**

Definition: A code that identifies the reason a Benefits segment may be missing from a transaction or may contain values less than reported in a previous transaction due to a benefit amount being reclassified or a claim being reported that was settled under another Date of Injury.

Orig/Rev: 01/19/07, 09/21/09

Record: R22

Format: 1 A/N

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Values: **R = Reclassification of Benefit**

Indemnity benefits paid on this claim have been fully or partially reclassified to a different Benefit Type Code than was previously reported. DP Rule: The presence of code “R” means that a Benefits segment is always present but the Benefit Type Amount Paid for one or more Benefit Type Codes (and any corresponding ACR Amount(s)) that were previously reported may be either reduced or removed. This value will always remain on the transaction.

**S = Claim Settled Under Another DOI**

A lump sum settlement covered multiple dates of injury, including this case, and the settlement amount was reported on a different date of injury. DP Rule: The presence of code “S” means that a “Payments” segment will not be present on the transaction and a “Benefits” segment will only be present on the transaction if indemnity benefits had been paid for this date of injury prior to the settlement. If required by the jurisdiction, the Award/Order Dates and Lump Sum Payment/Settlement Codes would be the same for all files settled under one amount/date of injury. This value will always remain on the transaction.

**N = No Money Settlement**

A settlement has been agreed upon/approved for a single date of injury and the Claim Administrator is not paying any money as part of the workers’ compensation settlement.

DP Rule: The presence of code “N” means that a “Payments” segment will not be present on the transaction and a “Benefits” segment will only be present on the transaction if indemnity benefits had been paid for this date of injury prior to the settlement. If required by the jurisdiction, the Award/Order Date and Lump Sum Payment/Settlement Code would be sent.

Examples include a settlement with no dollars being paid due to waiver of a lien or forgiveness of overpayment.

**REDUCED EARNINGS WEEK NUMBER – DN0242**

Definition: A sequential value that indicates the week(s) for which reduced earning amounts

are being reported on this transaction. Orig/Rev: 07/01/97 Record: R22 Format: 2 N DP Rule: The Reduced Earnings Week Number is reset for each transaction.

**REQUEST CODE – DN0112**

Definition: A code conveying additional information such as the need to follow up or respond

manually to the transaction. Orig/Rev: 08/18/94, 07/01/97, 05/16/03 Record: AKC; ARC Format: 3 A/N Values: **001** = Contact Sender

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**RETURN TO WORK TYPE CODE – DN0189**

Definition: A code identifying the type of Initial Return to Work Date (DN0068) or Current Return to Work Date (DN0072).

Orig/Rev: 07/01/97, 10/04/00, 05/14/03, 04/11/08

Record: R21; R22

Format: 1 A/N

Values: **A** = Actual **R** = Released

DP Rule: The Return to Work Type Code will be required and used in conjunction with Initial Return to Work Date and Current Return to Work Date. If both Initial and Current Return to Work Dates are sent in one transaction, the Return to Work Type Code will refer to the Current Return to Work Date.

If an MTC 02 is sent with a change to the RTW Type Code and/or Physical Restrictions Indicator and there is no second period of disability, a subsequent Initial Return to Work Date may be sent to correspond with the revised RTW Type Code and/or Physical Restrictions Indicator. If a subsequent Initial Return to Work Date is not sent on an MTC 02, the jurisdiction could use the MTC Date as an estimate of when the subsequent RTW Type Code and/or Physical Restrictions Indicator took effect.

**RETURN TO WORK WITH SAME EMPLOYER INDICATOR – DN0228**

Definition: An indicator identifying whether or not the employee returned to work with the

same employer at which the injury occurred. Orig/Rev: 07/01/97, 10/04/00, 05/14/03, 06/15/04 Record: R21; R22 Format: 1 A/N Values: **Y** = Yes

**N** = No DP Rule: This value applies only when the Return to Work Type Code = “A” (Actual).

**SENDER ID – DN0098**

Definition: Composition or group level comprised of Sender FEIN (Primary FEIN of the

sending party), Filler, and Sender Postal Code (Primary Postal Code of the

sending party). Orig/Rev: 08/18/94 Record: HD1 Format: Sender FEIN 9 A/N

Filler 7 A/N

Sender Postal Code 9 A/N

**SUSPENSION EFFECTIVE DATE – DN0193**

Definition: The last date through which the concurrent indemnity benefit being partially suspended are due or the last date through which all indemnity benefits are due.

Orig/Rev: 07/01/97, 03/01/05, 02/08/06

Record: R22

Format: 8 DATE

DP Rule: This is only applicable on MTC Px and Sx (or its corresponding CO), 02 or UR. Suspension Effective Date may be a future date if Permanent Partial Scheduled Benefits (030 or 530) are paid in a lump sum and benefits are subsequently suspended.

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**SUSPENSION NARRATIVE – DN0233**

Definition: A factual basis for suspending all indemnity benefits or for partially suspending a

concurrent indemnity benefit. Orig/Rev: 07/01/97, 03/01/05, 02/08/06 Record: R22

Format: 150 A/N (up to 3 occurrences of 50) DP Rule: This is only applicable on MTC Px and Sx (or its corresponding CO), 02 or UR.

**TEST/PRODUCTION CODE – DN0104**

Definition:

Reflects an EDI participation status for specific transaction. It indicates whether

the transaction being sent is being targeted to a receiver’s “production” or “test”

system. Transactions performed while under “parallel” status should have the

Orig/Rev: Record: Format: Values:

Tech Note:

“test” indicator set.

08/18/94, 07/01/97, 5/16/03

HD1

1 A/N

**P** = Production

**T** = Test (Pilot parallel or Test)

This flag is set at the batch header level in the HD1. Therefore, all transactions

within a batch must be at the same test/production level.

**TIME OF INJURY – DN0032**

Definition: The time of the accident/injury.

Orig/Rev: 03/11/94, 07/01/97, 11/30/98

Record: 148

Format: 4 TIME

DP Rule: Only a valid time in military format, zeroes, or spaces are allowed in time fields. Use 24-hour military time. All zeroes in a time field is valid and equivalent to 240000 or 2400. Spaces indicate absence of data. May be left blank for occupational disease or cumulative injury.

**TIME PROCESSED – DN0109**

Definition:

Orig/Rev:

Record:

Format:

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

**TIME TRANSMISSION SENT – DN0101**

Definition: The time the sender prepared the batch file for transmission. Together with the

Date Transmission Sent will uniquely identify a specific transmission batch. Orig/Rev: 08/09/95, 07/01/97 Record: HD1 Format: 6 TIME

**TRANSACTION COUNT – DN0191**

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

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**TRANSACTION SET ID – DN0001**

Definition: A code that identifies the transaction being sent/received.

Orig/Rev: 08/18/94

Record: HD1; A49; 148; R21; R22; TR2; AKC; ARC

Format: 3 A/N

Values: **148** = First Report

**R21** = First Report Companion Record

**A49** = Subsequent Report

**R22** = Subsequent Report Companion Record

**AKC** = Claims Acknowledgment Detail Record

**ARC** = Claims Re-Acknowledgment Detail Record

**HD1** = Transmission Header Record

**TR2** = Transmission Trailer Record

**TYPE OF LOSS CODE – DN0290**

Definition: A code indicating the type of loss being reported. Orig/Rev: 12/31/02, 05/16/03 Record: R21; R22 Format: 2 A/N

Values: **01 = Traumatic Injury –** An injury that is traceable to a definite accident during the workers’ present employment.

1. **= Occupational Disease** – An injury caused by exposure to a disease-producing agent in the workers’ occupational environment. Injuries of this type are not traceable to a definite accident during the workers’ past or present employment.
2. **= Cumulative Injury (Other than Disease)** – An injury having occurred from, or aggravated by, a repetitive employment activity. Injuries of this type are not traceable to a definite accident during the workers’ past or present employment.

**VARIABLE SEGMENT NUMBER – DN0117**

Definition: A number to identify the occurrences of the variable segment in error and is part of the error code.

|  |  |
| --- | --- |
| Orig/Rev: | 08/18/94 |
| Record: | AKC; ARC |
| Format: | 2 N |
| **WAGE EFFECTIVE DATE – DN0256** | |
| Definition: | The date the average wage became effective. |
| Orig/Rev: | 07/01/97 |
| Record: | R22 |
| Format: | 8 DATE |
| DP Rule: | This date should never be prior to the date of accident |
| **WAGE – DN0062** |  |
| Definition: | The employee's pre-injury wage for the Wage Period a |
|  | employer. |
| Orig./Rev.: | 03/11/94, 07/01/97, 04/24/03, 04/28/04 |
| Record: | 148 |
| Format: | $9.2 |

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**WAGE PERIOD CODE**

Definition:

Orig/Rev: Record: Format: Values:

DP Rule:

**– DN0063**

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

**148 (FROI) A49 (SROI)**

1. = Weekly 01 = Weekly
2. = Bi-Weekly 04 = Monthly 04 = Monthly
3. = Daily
4. = Hourly

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

**WITNESS BUSINESS PHONE NUMBER – DN0237**

Definition: The business phone number of the witness to the incident/accident.

Orig/Rev: 07/01/97

Record: R21

Format: 15 A/N

DP Rule: Standard telephone numbers are 10 numeric positions (area code and number).

The additional 5 bytes should be used for a numeric extension, when applicable.

The numeric extension immediately follows the 10-digit phone number and can

be 0 to 5 positions in length.

**WITNESS NAME – DN0238**

Definition: The legal name of the person who observed the incident/accident.

Orig/Rev: 07/01/97

Record: R21

Format: 40 A/N

DP Rule: This is a free form text field that cannot be edited by the jurisdiction.

APAO WORD VERSION CONVERSION (IF NEEDED) AND ACCESSIBILITY CHECK: July 17, 2025

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