Instructions

double click on image to open

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Relaxed requirement edits:

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

NI = No migration impact

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Column (error message) key:

- R = Relaxed requirement edits (err msg 001 and 108)
- J = Jurisdiction will apply edits?
- P = Population Restrictions Indicator
- 001 Mandatory field not present
- 018 Number of Days Worked must be 0-7
- 019 Days must be 0-6
- 028 All digits must be 0-9
- 029 Must be a valid date (CCYYMMDD)
- 030 Must be A-Z, 0-9, or spaces
- 031 Must be a valid time
- 033 Must be <= Date of Injury
- 034 Must be >= Date of Injury
- 035 Must be >= Initial Date Disability Began
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- 037 Must be <= Maintenance Type Code Date
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- 042 Not statutorily valid
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- 117 Match data value not consistent with value previously reported
- 118 Trading Partner not approved to submit data for Insurer/...

DN	IAIABC Data Element Name	R	J	P	001	018	019	028	029	030	031	033	034	035	036	037	038	039	040	041	042	044	045	050	053	054	055	057	058	059	060	061	062	063	064	065	066	067	068	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	117	118
###	Entire Batch	NI	Y																									L								L										L											
###	Transaction Set ID	NI	F		F																							L																													
###	Maintenance Type Code	NI	F	P	F																			L	L			L	L			L		L		L		L																		
###	Maintenance Type Code Date	NI	F		F				L			L					L												L																												
###	Jurisdiction Code	NI	F		F																								L																												
###	Jurisdiction Claim Number	NI	Y		L			L										L							L	L																														
###	Insurer FEIN	NI	F		F			L										L	L																					L																
###	Insurer Name	NI	Y		L																																																			
###	Claim Administrator Primary Address	NI	N																																					L																
###	Claim Administrator Secondary Address	NI	N																																					L																
###	Claim Administrator City	NI	N																																					L																
###	Claim Administrator State Code	NI	N																									L																												
###	Claim Administrator Postal Code	NI	F		F													L											L																											
###	Claim Administrator Claim Number	NI	F		F																												F						L																
###	Employer FEIN	NI	Y		L			L																	L	L																														
###	Insured Name	NI	Y		L																																			L																
###	Employer Name	NI	Y		L																																			L																
###	Employer Physical Primary Address	NI	Y		L																																			L																
###	Employer Physical Secondary Address	NI	N																																																					
###	Employer Physical City	NI	Y		L																								L											L																
###	Employer Physical State Code	NI	Y		L																								L																												
###	Employer Physical Postal Code	NI	Y		L													L											L											L																
###	Industry Code	NI	Y		L			L																				L																												
###	Insured Report Number	NI	N							L																														L																
###	Insured Location Identifier	NI	Y								L																													L																
###	Policy Number Identifier	L	Y		L						L							L																																						
###	Policy Effective Date	NI	N						L																														L																	
###	Policy Expiration Date	NI	N						L																															L																	
###	Date of Injury	NI	Y		L			L				L	L							L																							L							L				L	L	L	
###	Time of Injury	L	Y		L						L																																													
###	Accident Site Postal Code	NI	Y		L													L											L											L																
###	Nature of Injury Code	NI	Y		L																								L																											L	
###	Part of Body Injured Code	NI	Y		L																								L																											L	
###	Cause of Injury Code	NI	Y		L																								L																												
###	Accident/Injury Description Narrative	NI	Y		L																																			L																
###	Initial Treatment Code	NI	Y																										L											L																
###	Date Employer Had Knowledge of the Injury	NI	Y		L				L			L					L																																							

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DN	IAIABC Data Element Name	Relaxed req	Juris apply	Pop Restr	001	018	019	028	029	030	031	033	034	035	036	037	038	039	040	041	042	044	045	050	053	054	055	057	058	059	060	061	062	063	064	065	066	067	068	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	117	118
###	Date Claim Administrator Had Knowledge of the Injury	NI	Y		L				L			L				L																																								
###	Employee SSN	NI	Y		L			L											L										L																												L
###	Employee Last Name	NI	Y		L																																		L																
###	Employee First Name	NI	Y		L																																		L																
###	Employee Middle Name/Initial	NI	N																																				L																
###	Employee Mailing Primary Address	NI	Y		L																																		L																
###	Employee Mailing Secondary Address	NI	N																																																				
###	Employee Mailing City	NI	Y		L																																		L																
###	Employee Mailing State Code	NI	Y		L																								L																									
###	Employee Mailing Postal Code	NI	Y		L												L	L											L										L																
###	Employee Phone Number	NI	Y					L																																																
###	Employee Date of Birth	NI	Y		L				L			L				L																					L											L								
###	Employee Gender Code	NI	Y		L																								L																									
###	Employee Marital Status Code	NI	Y																										L																									
###	Employee Number of Dependents	NI	Y		L			L																																															
###	Initial Date Disability Began	NI	Y		L				L			L		L	L	L																															L			L				
###	Employee Date of Death	NI	Y		L				L			L				L													L																									
###	Employment Status Code	L	Y		L																								L																									
###	Manual Classification Code	L	Y		L																								L																									
###	Occupation Description	NI	N																																				L																
###	Employee Date of Hire	NI	Y		L				L			L																																					L						
###	Wage	NI	Y		L			L																																															
###	Wage Period Code	NI	Y		L																								L																									
###	Number of Days Worked Per Week	NI	Y		L	L	L																																																
###	Initial Date Last Day Worked	NI	Y		L				L			L				L																																	L						
###	Full Wages Paid for Date of Injury Indicator	NI	Y																																				L																
###	Initial Return to Work Date	NI	Y		L				L			L															L													L															
###	Pre-Existing Disability Code	NI	Y																										L																									
###	Date of Maximum Medical Improvement	L	Y						L			L															L																												
###	~~Current Return to Work Date~~ Latest Return to Work Status Da	NI	Y		L				L					L													L																											L	
###	Claims Status Code	L	Y		L																								L																									
###	Claim Type Code	NI	Y	P	L																								L																									
###	Agreement to Compensate Code	NI	Y																										L																									
###	Date Claim Administrator Notified of Employee Representation	NI	Y						L			L				L																																							
###	Late Reason Code	NI	Y																										L																									
###	Number of Permanent Impairments	NI	F	F				L																			L					L																				L			
###	Number of Death Dependent/Payee Relationships	NI	F	F				L																			L					L																				L			

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###	Permanent Impairment Body Part Code	NI	Y	L													L				L
###	Permanent Impairment Percentage	NI	Y	L			L										L				L
###	Benefit Type Code	NI	Y	P													L				L
###	Benefit Type Amount Paid	NI	Y				L														
###	Net Weekly Amount	NI	Y				L														
###	Benefit Period Start Date	NI	Y					L			L	L		L							
###	Benefit Period Through Date	NI	Y					L						L							
###	Benefit Type Claim Weeks	NI	Y				L												L		
###	Benefit Type Claim Days	NI	Y			L													L		
###	Benefit Adjustment Code	NI	Y	L													L				L
###	Benefit Adjustment Weekly Amount	NI	Y	L			L														
###	Benefit Adjustment Start Date	NI	Y					L			L	L									
###	Dependent/Payee Relationship Code	NI	Y	L													L				L
###	Sender ID	NI	F	F											L						
###	Receiver ID	NI	F	F											L						
###	Date Transmission Sent	NI	F	F				L								L					
###	Time Transmission Sent	NI	F	F						L											
###	Test/Production Code	NI	F	F													L				
###	Interchange Version ID	NI	F	F													L	F			
###	Detail Record Count	NI	F	F			L													L	
###	Accident Site County/Parish	L	N	L L																	L
###	Accident Site Location Narrative	L	N																		L
###	Accident Site Organization Name	L	Y	L																	L
###	Accident Site City	L	Y	L																	L
###	Accident Site Street	L	Y	L																	L
###	Accident Site State Code	L	Y	L													L				L
###	Actual Reduced Earnings	NI	Y				L														
###	Benefit Adjustment End Date	NI	Y					L						L							
###	Benefit Credit Code	NI	Y	L													L				L
###	Benefit Credit Start Date	NI	Y	L				L			L	L									
###	Benefit Credit End Date	NI	Y					L						L							
###	Benefit Credit Weekly Amount	NI	Y	L			L														
###	Benefit Redistribution Code	NI	Y	L													L				L
###	Benefit Redistribution Start Date	NI	Y	L				L			L	L									
###	Benefit Redistribution End Date	NI	Y					L						L							
###	Benefit Redistribution Weekly Amount	NI	Y	L			L														
###	Calculated Weekly Compensation Amount	NI	N				L														

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DN	IAIABC Data Element Name	Relaxed req edits	Jur will apply edits?	Pop Restr Ind	Edit columns marked with "L"
###	Claim Administrator Information/Attention Line	NI	N		
###	Claim Administrator Country Code	NI	N		058
###	Claim Administrator Claim Representative Business Phone Number	L	Y		001, 028
###	Claim Administrator Claim Representative E-Mail Address	NI	N		100
###	Claim Administrator Claim Representative Fax Number	NI	Y		028
###	Claim Administrator Representative Name	L	Y		001, 100
###	Concurrent Employer Name	L	Y		001, 100
###	Concurrent Employer Contact Business Phone Number	L	Y		028
###	Concurrent Employer Wage	L	Y		001, 028
###	Current Date Disability Began	V	Y		001, 029, 033, 034, 035, 117
###	Current Date Last Day Worked	V	Y		001, 029, 033, 034, 035, 114, 117
###	Death Result of Injury Code	L	Y		001, 058
###	Deemed Reduced Earnings	NI	N		028 (grayed)
###	Discontinued Fringe Benefits	NI	N		028 (grayed)
###	Employee Authorization to Release Medical Records Indicator	L	N		058
###	Employee Education Level	L	Y		028
###	Employee Employment Visa	NI	N		100
###	Employee Green Card	NI	Y		001, 058 (green), 100, 117
###	Employee ID Assigned by Jurisdiction	NI	Y		001, 028, 044, 058 (green), 100, 117
###	Employee Mailing Country Code	NI	N		058
###	Employee Passport Number	NI	N		100
###	Employee Social Security Number Release Indicator	L	N		058
###	Employee Tax Filing Status Code	L	N		058
###	Employer Contact Business Phone Number	L	Y		028
###	Employer Contact Name	L	N		100
###	Employer Mailing Information/Attention Line	L	N		100 (grayed)
###	Employer Physical Country Code	L	N		058
###	Employer Mailing City	L	Y		001, 100
###	Employer Mailing Country Code	L	N		058
###	Employer Mailing Postal Code	L	Y		001, 045, 058, 100
###	Employer Mailing Primary Address	L	Y		001, 100
###	Employer Mailing Secondary Address	L	N		
###	Employer Mailing State Code	L	Y		001, 058
###	Estimated Gross Weekly Amount Indicator	V	Y		058
###	Gross Weekly Amount	V1	Y		028
###	Gross Weekly Amount Effective Date	V1	Y		029, 034
###	Insured Type Code	NI	Y		001, 058

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###	Insurer Type Code	NI	Y		L																								L																										
###	Jurisdiction Branch Office Code	NI/L	N																										L																										
###	Claim Administrator FEIN	NI	F		F			L																L	L																														L
###	Claim Administrator Name	NI	Y		L																																			L																
###	Return to Work Type Code	NI	Y		L																								L																										
###	Transaction Count	NI	F		F																															L																			
###	Benefit Payment Issue Date	NI	Y						L				L							L																																		
###	Suspension Effective Date	NI	Y		L				L				L	L																																									
###	Payment Issue Date	NI	Y		L				L				L							L																																			
###	Denial Rescission Date	NI	Y						L				L							L																																			
###	Denial Reason Narrative	V/NI	Y		L																																			L																
###	Full Denial Reason Code	V/NI	Y																											L																						L				
###	Full Denial Effective Date	V/NI	Y						L				L							L																																			
###	Claim Administrator Alternate Postal Code	NI	N															L											L																										
###	Anticipated Wage Loss Indicator	L	N																											L																										
###	Reduced Benefit Amount Code	L	Y																											L	L																									
###	Employer Paid Salary Prior to Acquisition Code	NI	Y																											L																										
###	Work Week Type Code	NI	Y																											L																										
###	Work Days Scheduled Code	NI	Y																											L																										
###	Employee Security ID	NI	Y																											L																										
###	Managed Care Organization Code	L	N																											L															L											
###	Managed Care Organization Identification Number	L	N															L																																						
###	Managed Care Organization Name	L	N																																									L												
###	Net Weekly Amount Effective Date	V1	Y						L				L																																											
###	Non-Consecutive Period Code	NI	N																											L																										
###	Employee Number of Entitled Exemptions	L	N					L																																																
###	Other Benefit Type Amount	NI	Y		L																																																			
###	Other Benefit Type Code	NI	Y		L																									L																					L				
###	Payee	NI	Y		L																																											L								
###	Payment Amount	NI	Y		L			L																																															
###	Payment Covers Period Start Date	NI	Y		L				L				L																																											
###	Payment Covers Period Through Date	NI	Y		L				L				L					L																																					
###	Payment Reason Code	NI	Y		L																									L																					L				
###	Permanent Impairment Minimum Payment Indicator	V	Y																											L																										
###	Physical Restrictions Indicator	L	Y		L																									L																										
###	Recovery Amount	NI	Y		L			L																																																
###	Recovery Code	NI	Y		L																									L																					L				

Edit Matrix Population Legend:

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

L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table.
  *Grayed out: The standard edit will not be applied by the jurisdiction

Relaxed requirement edits:
L = Claim: requirement is limited to "conditional" on new claims reported in R3 environment because the data may not (and may never be) available on legacy claims.
V = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3 because the data may not have been collected at the time payments were started in the R1 environment.
NI = No migration impact

Jurisdiction will apply edits?:
F = Essential data element; must be edited for successful transaction processing
Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table
N = No - indicates that none of the standard edits marked for the data elements will

Column (edit) legend:
- 001 Mandatory field not present
- 018 Number of Days Worked must be 0-7
- 019 Days must be 0-6
- 028 All digits must be 0-9
- 029 Must be a valid date (CCYYMMDD)
- 030 Must be A-Z, 0-9, or spaces
- 031 Must be a valid time
- 033 Must be <= Date of Injury
- 034 Must be >= Date of Injury
- 035 Must be >= Initial Date Disability Began
- 036 Must be <= Employee Date of Death
- 037 Must be <= Maintenance Type Code Date
- 038 Must be >= Start Date
- 039 No match on database
- 040 All digits cannot be the same
- 041 Must be <= current date
- 042 Not statutorily valid
- 044 Value is > required by jurisdiction
- 045 Value is < required by jurisdiction
- 050 No matching Subsequent Report (A49)
- 053 No matching First Report of Injury (148)
- 054 Must be valid occurrence for segment
- 055 Must be < Employee Date of Hire
- 057 Duplicate Batch/Transaction
- 058 Code/ID invalid
- 059 Non-match data value not consistent with value previously reported
- 060 Previous paper documentation not received
- 061 Event Table criteria not met
- 062 Required segment not present
- 063 Invalid event sequence
- 064 Invalid data relationship
- 065 Corresponding report/data not found
- 066 Invalid record/transaction count
- 067 Must be >= Policy Effective Date
- 068 Must be <= Policy Expiration Date
- 100 No leading/embedded spaces
- 101 MTC not approved for production
- 102 Must be <= Initial Date Disability Began
- 103 Same code received in multiple variable segments
- 104 Must be >= Current Date Disability Began
- 105 Must be <= Current Date Disability Began
- 106 Invalid batch structure
- 107 Variable segment counter > maximum value allowed
- 108 Expected field not present
- 109 Must be >=Employee Date of Hire
- 110 Date Must be >= Jurisdiction Implementation Date
- 111 Must be valid content
- 112 Must be >=Initial Date Last Day Worked
- 113 Must be >= Initial Return to Work Date
- 114 Must be >= Current Date Last Day Worked
- 117 Match data value not consistent with value previously reported
- 118 Trading Partner not approved to submit data for Insurer/...

DN	IAIABC Data Element Name	Relaxed req edits	Jur applies?	Pop Restr	001	028	029	034	044	045	054	057	058	062	067	068	100	107
###	Return to Work With Same Employer Indicator	L/V	Y									L						
###	Suspension Narrative	NI	N														L	
###	Witness Business Phone Number	L	N			L												
###	Witness Name	L	N														L	
###	Reduced Earnings Week Number	NI	Y			L												
###	Accident Premises Code	NI	Y	L									L					
###	Employee Last Name Suffix	NI	N														L	
###	Wage Effective Date	L	N				L	L										
###	Employee ID Type Qualifier	NI	Y	P	L								L					
###	Employer Paid Salary in Lieu of Compensation Indicator	NI	Y		L								L					
###	Number of Accident/Injury Description Narratives	NI	F	F	L									L	L			L
###	Number of Concurrent Employers	NI	F	F	L									L	L			L
###	Number of Denial Reason Narratives	NI	F	F	L									L	L			L
###	Number of Full Denial Reason Codes	NI	F	F	L									L	L			L
###	Number of Managed Care Organizations	NI	F	F	L									L	L			L
###	Number of Witnesses	NI	F	F	L									L	L			L
###	Accident Site Country Code	L	N										L					
###	Date Employer Had Knowledge of Date of Disability	L	N				L	L										
###	Number of Other Benefits	NI	F	F	L									L	L			L
###	Number of Payments	NI	F	F	L									L	L			L
###	Number of Recoveries	NI	F	F	L									L	L			L
###	Number of Reduced Earnings	NI	F	F	L									L	L			L
###	Average Wage	L	Y	L	L													
###	Number of Suspension Narratives	NI	F	F	L									L	L			L
###	Number of Benefits	NI	F	F	L									L	L			L
###	Number of Benefit ACR	NI	F	F	L									L	L			L
###	Type of Loss Code	L	Y	L									L					
###	Insolvent Insurer FEIN	NI	Y		L				L	L								
###	Lump Sum Payment/Settlement Code	NI	Y	L									L			L		
###	Partial Denial Code	NI	Y										L					
###	Maintenance Type Correction Code	NI	Y										L		L			
###	Maintenance Type Correction Code Date	NI	Y				L				L				L			
###	Initial Date of Lost Time	L	N				L	L										
###	Date Claim Administrator Had Knowledge of Lost Time	V	Y				L	L										
###	Award/Order Date	V	Y				L	L										
###	Insured FEIN	L	Y	L	L				L	L								
###	Employer UI Number	L	N										L					

Section 1 – Code values that are 'Not Statutorily Valid' (Code values that are grayed out):
The jurisdiction should communicate in this section the code values that are not statutorily valid in the jurisdiction. A 'N' in the capture column indicates that the data element is not captured in the jurisdiction. A 'Y' in the capture column indicates that the data element is captured in the jurisdiction. A code value that has been grayed out indicates that the code is 'Not Statutorily Valid' in the jurisdiction. Jurisdictions may return Error Message-'042-Not Statutorily Valid' on grayed out values. The code values that are not grayed out are the code values that are statutorily valid and will be processed in the jurisdiction. See Section 2 (below) for Statutorily valid codes that are valid but will not be processed by jurisdiction.

DN	Element Name	Capture?	Acceptable Code Value List - grayed out indicates that a value is 'Not Statutorily Valid'																											
0002	Maintenance Type Code (for FROI)	Y	00	01	02	04	CO	AQ	AU	UI	UR																			
0002	Maintenance Type Code (for SROI)	Y	02	04	AB	AP	CA	CB	CD	CO	EP	ER	FN	IP	P1	P2	P3	P4	P5	P7	P9	PD	PJ	PY						
	Maintenance Type Codes (for SROI continued)	Y	RB	RE	S1	S2	S3	S4	S5	S6	S7	S8	S9	SD	SJ	UI	UR	VE	AN	BM	BW	MN	QT	SA						
0039	Initial Treatment Code	Y	0	1	2	3	4	5																						
0053	Employee Gender Code	Y	F	M	U																									
0054	Employee Marital Status Code	Y	U	M	S	K																								
0058	Employment Status Code	Y	C	9	8	A	B	1	2	3	6	4	5	7	(see hierarchical order in dictionary)															
0063	Wage Period Code (FROI)	Y	01	02	04	06	07																							
0063	Wage Period Code (SROI)	Y	01	04																										
0069	Pre-Existing Disability Code	Y	Y	N	U																									
0073	Claim Status Code	Y	O	C	R	X																								
0074	Claim Type Code	Y	M	I	N	B	L	W	P																					
0075	Agreement to Compensate Code	Y	W	L																										
0077	Late Reason Code	Y	L1	L2	L3	L4	L5	L6	L7	L8	L9	LA	LB	LC	C1	D1	D2	D3	D4	D5	D6	E1	E2	E3	E4	E5	E6			
0083	Permanent Impairment Body Part Code	Y	99																											
0085	Benefit Type Code	Y	010	020	021	030	040	050	051	070	080	090	210	230	240	242	250	251	270	410	500	501	510	520	521	524	530	540	541	550	551	570	##	##
0092	Benefit Adjustment Code	Y	A	B	E	G	I	J	L	N	Q	R	S	T	U	V	W	X	Y	Z	1	2								
0097	Dependent/Payee Relationship Code (1st character)	Y	2	3	4	5	6	7	8	9																				
	Dependent/Payee Relationship Code (2nd character)	Y	0	1	2	3	4	5	6	7	8	9																		
0126	Benefit Credit Code	Y	C	M	P																									
0130	Benefit Redistribution Code	Y	H	K																										
0146	Death Result of Injury Code	Y	Y	N	U																									
0158	Employee Tax Filing Status Code	N	A	B	C	D																								
0184	Insured Type Code	Y	I	S	U																									
0185	Insurer Type Code	Y	I	S	G																									
0189	Return to Work Type Code	Y	R	A																										
0198	Full Denial Reason Code	Y	1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	3G	3H	3I	4A	4B	5A	5B	5C
0202	Reduced Benefit Amount Code	Y	R	S	N																									
0203	Employer Paid Salary Prior to Acquisition Code	Y	E																											
0204	Work Week Type Code	Y	S	F	V																									
0205	Work Days Scheduled Code	Y	S	N																										
0207	Managed Care Organization Code	N	00	01	02	03	04	05																						
0212	Non-Consecutive Period Code	Y	A	B	W																									
0216	Other Benefit Type Code	Y	300	310	311	320	321	330	340	350	360	370	380	390	400	420	421	422	430	440	450	455	460	465	470	475	480	485	490	
0222	Payment Reason Code	Y	010	020	021	030	040	050	051	070	080	090	240	242	250	251	270	410	500	501	510	520	521	530	540	541	550	551	570	580	590
	Payment Reason codes (continued)	Y	300	310	311	320	321	330	340	350	360	370	380	390	400	420	421	422	430	440	450	455	460	465	470	475	480	485	490	
0226	Recovery Code	Y	800	810	820	830	840	845	850	860	865	866	867	868	870	880	890													
0249	Accident Premises Code	Y	E	L	X																									
0270	Employee ID Type Qualifier	Y	A	E	G	P	S																							

DN	Element Name	Y							
0290	Type of Loss Code	Y	01	02	03				
0293	Lump Sum Payment Code	Y	AD	AS	AW	SF	SP		
0294	Partial Denial Code	Y	A	B	C	D	E	F	G

Section 2 – Valid code values, from Section 1, not processed by jurisdiction:
This table provides a way for the jurisdiction to communicate, of the valid code values from Section 1, which code values will not be processed by the jurisdiction. A code value that has been grayed out, in this section, indicates that the code is valid but is not processed/collected by the jurisdiction. As an option, the grayed out code values may be suppressed (not sent) by the trading partner.

DN	Element Name	Statutorily Valid code values - grayed out indicates that a value is not processed by the Jurisdiction

Kentucky Workers' Claims
Release 3
Match Data Table

The Match Data Table is designed to convey which data elements should be used as primary or secondary "match" data elements. It is used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements (usually on a change or correction transaction), secondary "match" data elements are used to match a claim. Refer to the Match Data Rules in the instructions. A jurisdiction should provide Claim Administrators with primary match data element(s) and two or more secondary match data elements. Match Data Elements can only be changed on a MTC 02 Change transaction. Only one Match Data Element can be changed on the same MTC 02 Change transaction. If more than one Match Data Element is changed on the same MTC 02 Change transaction, an error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR-Transaction Rejected acknowledgment. Note: Data Elements within the
 'Transaction Grouping' are not applicable to the MTC 02 Change transaction.

The suggested data element names are listed below. Place a "P" (primary) or "S" (secondary) in the appropriate column in order to identify the match data.

MTC and MTC Date are prepopulated for Corrections. If the jurisdiction intends to accept "Correction" transactions, they must be able to recognize the transaction being corrected.

GROUPING	DN	DATA ELEMENT NAME	New Claims	Existing Claims	Corrections
Claim	0004	Jurisdiction Code			
	0005	Jurisdiction Claim Number		P	P
	0015	Claim Administrator Claim Number			
Claimant		Employee ID	P	S	
		▪ Employee SSN – Preferred (DN0042)	P	S	
		▪ Employee Green Card (DN0153)	P	S	
		▪ Employee Employment Visa (DN0152)			
		▪ Employee ID Assigned by Jurisdiction (DN0154)	P	S	
		▪ Employee Passport Number (DN0156)			
	0031	Date of Injury	P	S	
	0043	Employee Last Name			
	0044	Employee First Name			
	0052	Employee Date of Birth			
Claim Administrator	0187	Claim Administrator FEIN			
	0014	Claim Administrator Postal Code			
Employer	0026	Insured Report Number			
	0016	Employer FEIN			
	0023	Employer Physical Postal Code			
	0028	Policy Number Identifier			
Insurer	0006	Insurer FEIN			
Transaction	0295	Maintenance Type Correction Code (DN0002-From Original Transaction)**			P
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction)**			P
	0002	Maintenance Type Code		P	P
	0003	Maintenance Type Code Date		P	P

** Refer IAIABC Release 3 Error Correction Technical Rules in Section 4

Kentucky Workers' Claims
Release 3
Match Data Table

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

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

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

				New	Existing
Injury	0035	Nature of Injury		S	S
	0036	Part of Body		S	S
	0037	Cause of Injury			

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0002	Maintenance Type Code	058	Code/ID invalid	Valid values limited to 00, 01, 02, 04, AB, AP, AQ, AU, BM, CA, CB,CD, CO, EP, ER, FN, IP, P1, P4, P7, PD, PY, RB, S1, S2, S3, S4, S5, S6, S7, S8, S9, SD, VE, or UI.	Refer to KY Edit Matrix for valid values
0074	Claim Type Code	058	Code/ID invalid	Valid values limited to I, B, N, L, W, or P.	Refer to KY Edit Matrix for valid values
0083	Permanent Impairment Body Part Code	058	Code/ID invalid	Valid value is limited to 99.	Full Body "99" is the only code accepted by KY.
0085	Benefit Type Code	058	Code/ID invalid	Valid values limited to 010, 020, 021, 030, 040, 050, 051, 070, 080, 090, 210, 230, 240, 242, 250, 251, 270, 410, 500, 501, 510, 520, 521, 524, 530, 540, 541, 550, 551, 570, 580 or 590.	Refer to KY Edit Matrix for valid values
0085	Benefit Type Code	064	Invalid data relationship	If DN0146 Death Result of Injury Code = Y then Benefit Type Code must be = 010.	DN0146 Death Result of Injury Code must = Y
0222	Payment Reason Code	058	Code/ID invalid	Valid values limited to 010, 020, 021, 030, 040, 050, 051, 070, 080, 090, 240, 242, 250, 251, 270, 410, 500, 501, 510, 520, 521, 530, 540, 541, 550, 551, 570, 580 or 590.	Refer to KY Edit Matrix for valid values

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 1. Establish Claim or New Claim Administrator					
	1a. Determination not made				
NA	**UI - FROI**	Under Investigation FROI			None
	1b. Report of Injury				
NA	**00**	Original			None
	1c. Denial				
NA	**04 - FROI**	Full Denial FROI			None
	1d. Acquired Claim				
Y	**AQ**	Acquired Claim	063	No previous FROI from prior Clm Admin accepted	A 00, FROI 04 or AU must have been accepted
NA	**AU**	Acquired/Unallocated			None
Business Events 2b and 2c can occur once during the life of the claim. 3 can occur multiple times until benefits are suspended (Event 4). Event 2b or 2c may or may not occur after 2a. Event 2c may or may not occur after 2b. However, once Event 2b or 2c occurs, Event 4 must occur before 5a or 5b can occur. **Note: If FROI UR is accepted, jurisdictions must consider the requirements defined for the UR to successfully apply sequencing edits.**					
Business Event Group 2. Initial Payment of Indemnity or equivalent					
	2a. Non-payment of Indemnity				
Y	**04 - SROI**	Full Denial SROI	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted
Y	**CD**	Compensable Death - No Dependents/Payees	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
Y	**VE**	Volunteer	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
Y	**PD**	Partial Denial	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
	2b. Salary in Lieu of Compensation				
Y	**EP**	Employer Paid	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
	2c. Initial Payment of Weekly Benefits				
Y	**IP**	Initial Payment	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
	2d. Initial Payment by New Claim Administrator				

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Y	AP	Acquired/Payment	063	Event 1d (FROI) not previously accepted	An AU or AQ must have been accepted

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 3. Changes to benefits (if applicable). May occur multiple times after Event 2b, 2c or 2d.					
Y	AB	Add Concurrent Benefit Type	063	Event 2 (SROI) not previously accepted	An EP (DN0085-2xx), IP or AP must have been accepted
Y	CA	Change in Benefit Amount	063	Event 2 (SROI) not previously accepted	An EP (DN0085-2xx), IP or AP must have been accepted
Y	CB	Change in Benefit Type	063	Event 2 (SROI) not previously accepted	An EP (DN0085-2xx), IP or AP must have been accepted
	3a. Concurrent benefits only				
Y	P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	P4	Partial Suspension, Employee Death	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	P7	Partial Suspension, Benefits Exhausted	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
	3b. Reinstate suspended concurrent Benefits				
Y	AB	Add Concurrent Benefit Type	063	Event 3a (SROI) not previously accepted	A SROI Px must have been accepted

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 4. Suspension of all indemnity benefits					
Y	S1	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S2	Suspension, Medical Non-Compliance	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S3	Suspension, Administrative Non-Compliance	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S4	Suspension, Claimant Death	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
~~Y~~	~~S5~~	~~Suspension, Incarceration~~	~~063~~	~~Event 2b, c or d (SROI) not previously accepted~~	~~An IP, AP or EP must have been accepted~~
Y	S6	Suspension, Claimant's Whereabouts Unknown	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S7	Suspension, Benefits Exhausted	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S8	Suspension, Jurisdiction Change	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S9	Suspended Pending Settlement Approval	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	SD	Suspension, Directed by Jurisdiction	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	PD	Partial Denial - ~~(applicable only when the partial denial report is suspending benefits)~~	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, AQ/AU or FROI 04 must have been accepted
Y	04	Full Denial - SROI (applicable only when the denial report is suspending benefits)	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
colspan Events 5, 6 and 7 can occur multiple times during the life of the claim. However, once Event 5 occurs, Event 7 must occur before 5 can occur again. (Event 6 may not always occur) Note: Jurisdiction must be able to recognize previously reported starting and stopping of benefits					
Note: If SROI UR is accepted, jurisdictions must consider the requirements defined for the UR to successfully apply sequencing edits.					
Business Event Group 5. Resumption of Benefits					
Y	**Any Event Group 5**		063	Event 1 (FROI) not previously accepted	
Y	**5a. Reinstated Salary in Lieu of Compensation**				
Y	ER	Employer Reinstatement	063	Event 2b (SROI) and 4 (SROI, Sx) not previously accepted	An EP must have been accepted and if there has been a break in benefits, must be preceded by an Sx
Y	**5b. Reinstated Weekly Benefits**				
Y	RB	Reinstatement of Benefits	063	Event 4 (SROI, Sx) not previously accepted	An Sx must have been accepted
Business Event Group 6. Changes to Resumed benefits (if applicable)					
Y	**Any Event Group 6**		063	Event 1 (FROI) not previously accepted	
Y	AB	Add Concurrent Benefit Type	063	Event 5 (SROI) not previously accepted	An ER (2xx -DN0085) or RB must have been accepted
Y	CA	Change in Benefit Amount	063	Event 5 (SROI) not previously accepted	An ER (2xx -DN0085) or RB must have been accepted
Y	CB	Change in Benefit Type	063	Event 5 (SROI) not previously accepted	An ER (2xx -DN0085) or RB must have been accepted
	Concurrent benefits only				
Y	P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	P4	Partial Suspension, Employee Death	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	P7	Partial Suspension, Benefits Exhausted	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 7. Suspension of Resumed Benefits					
Y	**ANY Event Group 7**		063	Event 1 (FROI) not previously accepted	
Y	**S1**	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**S2**	Suspension, Medical Non-Compliance	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**S3**	Suspension, Administrative Non-Compliance	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**S4**	Suspension, Claimant Death	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
~~Y~~	~~**S5**~~	~~Suspension, Incarceration~~	~~063~~	~~Event 5 (SROI) not previously accepted~~	~~An ER or RB must have been accepted~~
Y	**S6**	Suspension, Claimant's Whereabouts Unknown	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**S7**	Suspension, Benefits Exhausted	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**S8**	Suspension, Jurisdiction Change	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**S9**	Suspended Pending Settlement Approval	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**SD**	Suspension, Directed by Jurisdiction	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**PD**	Partial Denial - ~~(applicable only when the partial denial report is suspending benefits)~~	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	**04**	Full Denial - SROI (applicable only when the denial report in suspending benefits)	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted
Business Event Group 8. Claim Closure					
Y	**FN**	Final	063	Event 4 or 7 (SROI, Sx) not previously accepted	An Sx must have been accepted
Conditional reporting (can occur anytime after Event 1 - Claim established)					
Business Event Group 9. One Time Payment Reporting					
Y	**PY**	Payment Report **(lump sum payments)**		Event 1b, 1c or 1d (FROI) not previously	A 00, FROI 04, or AQ/AU must

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Business Event Group 10. Periodic reporting					
Y	BM	Bi-Monthly (Periodic Report)	063	Event 1b, 1c or 1d (FROI) not previously	A 00, FROI 04, or AQ/AU must
Y	BM	Bi-Monthly (Periodic Report)	063	Event 2c or 2d (SROI) not previously accepted	A previous SROI (MTC IP, AP, or EP) must have been
Business Event Group 11. Corrections/Changes					
~~Y~~	~~CO - FROI~~	~~Correction FROI~~	~~063~~	~~Event 1 (FROI) not previously accepted~~	~~TE acknowledgment returned prior to 1/16/2009~~
	Changes				
Y	02 - FROI	Change	063	Event 1 (FROI) not previously accepted	A 00, FROI 04, AQ/AU or FROI UI must have been accepted
Y	02 - SROI	Change	063	Event 2-10 (SROI) not previously accepted	Any SROI must have been accepted
Business Event Group 12. Miscellaneous					
Y	01	Cancel	063	Event 1 (FROI) not previously accepted	A 00, FROI 04, AQ/AU or FROI UI must have been accepted
~~Y~~	~~01~~	~~Cancel~~	~~063~~	~~Event 4 or 7 (SROI, Sx) not previously accepted~~	~~A (SROI) Event 2c, 2d, 3, 3a, 3b, 5a, 5b, 6 or 10 must be~~
~~Y~~	~~04~~	~~Full Denial - FROI~~	~~063~~	~~Event 4 or 7 (SROI, Sx) not previously accepted~~	~~A (SROI) Event 2c, 2d, 3, 3a, 3b, 5a, 5b, 6 or 10 must be~~
Y	CA	Change in Benefit Amount	063	Event 2c or d (SROI) not previously accepted or (SROI, Sx) previously accepted	An AP or IP must have been accepted and not suspended