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by Error Message & DN	= Edit applies to the data elements deemed essential for a ransmission/iransaction to be processed.  = "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:  = Claim: requirement is limited to "conditional" on new claims reported in R3 and continuement because the data may not (and may never be) available on legacy claims.  ### EVENT: requirement is limited to "conditional" on claims where benefits are reing "initiated" or "reinstated" in R3 because the data may not have been sollected at the time payments were started in the R1 environment.	ent edits (err msg 001 and 108)	pply edits?	ctions Indicator	present	orked must be 0-7		-9 CCYYMMDD)	r spaces	9	· Injury	Injury Jata Disability Regan	race Date of Death		ate	ase	the same date		by jurisdiction	by jurisdiction	Subsequent Report (A49)	occurrence for segment		ansaction	Code/ID invalid Non-match data varue not consistent with varue	renorted paper documentation not received	not met	not present	ance	Isriip ort/data not found	action count	Effective Date	Expiration Date	lg/embedded spaces	Date Disability Began	d in multiple variable segments	Current Date Disability Began	t Date Disability Began	ture	sent	ee Date of Hire	urisdiction Implementation Date	ent	flust be >=Initial Date Last Day Worked	Current Date Last Day Worked	ot consistent with value previously	Partner not approved to submit data for Insurer/
Sorted by	Jurisdiction will apply edits?:  = Essential data element; must be edited for successful transaction processing  1 - 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	Relaxed requirement	Jurisdiction will apply edits?	Population Restrictions Indicator	Mandatory field not		Days must be 0-6	All algits must be 0-9 Must be a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	Must be a valid time	Must be <= Date of Injury	Must be >= Date of Injury	Must be <= Imital Date	Must be <= Mainte	Must be >= Start Date	No match on database	All digits cannot be the s Must be <= current date	Not statutorily valid	Value is > required	Value is < required	No matching Subs	Must be valid occurrence	Must be < Employ	Duplicate Batch/Transaction	Code/ID invalid Non-matcn data va	previously reporter Previous paper do	Event Table criteria not met	Required segment not present	Invalid event sequence	mvand data relationship Corresponding report/data not fou	Invalid record/transaction	>= Policy	Must be <= Policy		pe.	qe	II A	Must be <= Currer	Mariable segment	Expected field not	Must be >=Employ	st be	Must be valid conten	Must be >=Initial E	Must be >= Currer	Match data value I	Trading Partner no
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SS	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	<u>.</u>		atol		oe 0			8				, Be	)eal	Code					<u>_</u>	_	<u>-</u> ا	gme	ē		ste	pot					5	٥	ate		٥		. a		ž	Ξ		<u>e</u> .	ple		۶ ا≷	a کا	ž 🛮	ns c
Ž	claims.	err (err	ts?	gi		ıst			₹				ability	of [	be		٥	,		: <u>ict</u>		림	r segr	Ę	_	SUO	tion		ent		3	T I	Dat	٦D	Se	lctic	≣ :	ble c	Disability	2 2	шa		of H	П	ı,	Day	st [	sisten	d to
Error	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	requirement edits	edir	모	ent	Ę			ΣΙ	ces	>	, ,	Š	Date of Death	Ţ		ä			risd	risd	t of	e for	te o	tion	0 10	renorted paper documentation	met	rese		ş	2 2	ive ive	atio	pac	g	<= Initial Date Disability	received in multiple var			segment counter > maximum value	Ħ		ctio	- 1	Last Day Worked	ة   ة	nsis	90
	collected at the time payments were started in the R1 environment.	nte	Ę	io	present	ķe		_	<u>Ö</u>	sba	alid time	Date of Injury	te [	e D	ance.	e e	be s	ate		ű.	ار ار ا	an log	- Suc	Da	sac	varue not	J E	lot	ot p	8	di i	ctio Car	fect	cpira	s p	Jr p	e .	בׄובֿ	)ate	our ent Date	, la	ese	=Employee Date	isdi		Date Las	Jate	t cor	dde
Sorted by	NI = No migration impact	me	ap	ict	not	Wo	<b>~</b>	6-0	ate	o,	e F	o Jo	Da	Employee	tens	Dat	s that	nt d	<u>.</u>	g	g   g	t Re	nrre	yee	lran	vanu	덩덩	ria r	r L	nen	ous	lsa lsa	λĒ	y E	dde	d fc	Da	y ed	1	<u>ئا ]:</u>	8	t pres	уее	Jur	content		ž Į	2	ot
orte	Jurisdiction will apply edits?:	ire	Ĭ.	est	ā	ays	9-0	t be	р <u>Б</u>	6-0	I d to	ate	itial	ldm	ain	tart	ot k	il e	va	lire	al la	Firs	000	oldı	딩		er c	rite	mer	sed	elati	y re	olic Si	olic	nbe	ove.	IIIa	le le	l l	stru	Jen	2	nplc	۱	8 [	tial	Current	value	e
Ó	F = Essential data element; must be edited for successful transaction processing	nbe.	6	Ę	/ fie	Ď	t be	Just	٧a	Ņ,	a val		1 =	Ξ	2	S	al a	I	orily	9	9 5	<u> </u>	alid	Εr	Bat	lva Tα	pap	e c	seg	aut	ta ra	ord	= -	= P	3/er	ddt	<u>-</u>	9 I		5 ج	egn :	fie	쀼	t be	valid	=Initial	<u> </u>	a Ve	art
	Y = Yes - indicates that all edits marked for the data element will be applied;	<u>8</u>	Iurisdiction will apply edits?	Population Restrictions Indicator	Aandatory field	Number of Days Worked must be 0-	Jays must be	All digits must be 0-9	Must be a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	/ust be a valid time	Must be >=	Aust be >= Initial Date	e v	Must be <= Maintenance	Must be >= Start Date	All digits cannot be the same	Must be <= current date	Not statutorily valid	Value is > required by jurisdiction	/alue is < required by jurisdiction	No matching First Report of Injury	Aust be valid occurrence	Must be < Employee Date of Hire	icate Batch/Transaction	Code/ID invalid Non-match data		Event Table criteria not met	Required segment not present	nvalid event sequence	Invalid data relationship	nyalid record/transaction count	Must be >= Policy Effective Date	Must be <= Policy Expiration Date	No leading/embedded spaces	MTC not approved for production	o T	Same code	v v	rust be <= current Day				ate Must be		A /	D Q	atch data v	g G
	some may be based on conditions defined in the Element Requirement Table <b>N</b> = No - indicates that none of the standard edits marked for the data	Relaxed	risc	Ind	. I g	ф	ysı	dig	st	stb	Must be	St	stb	Must be	stb	stp	g ig	stb	t sta	lue.	e le	B   B	stb	stb	nplic .	de/	revious revious	ent	qui	alid	alid	alid	stb	st b	lea	ပ်	Must be	a t	, t	nvalid ba	/ariable	bec	/ust be	te N	Aust be	st be	st be	atch	gdir
	elements will	Re	n۲	Ъ			]							~	-		_	_	_				_	4	ng (	$o_z$	<u>a</u> 0			_		_	_			_		" <		<u> </u>	- 2	Ě	Ĭ	О	≦ :	₹ ₹	žΣ		
DN	IAIABC Data Element Name				001	018	019	028	029	030	033	034	035	920	037	038	040	041	042	944	045	053	054	055	057	058	090	190	062	063	96	990	190	890	100	101	102	103	105	106	107	108	109	110	= 1	112	114	117	118
###	Return to Work With Same Employer Indicator	L/V	Υ		1			Ħ											H							L					+					1		$\top$	+	T	$\top$				1	十	+	+	Ħ
###	Suspension Narrative	NI	N																		T														L	T				T	T				T	T	T	1	$\Box$
###	Witness Business Phone Number	L	N	_				L	7	1	1								H		T										T					1		1		T	T				T	T	T	1	$\Box$
###	Witness Name	L	N																		T														L	T				T	T				T	T	T	1	$\Box$
###	Reduced Earnings Week Number	NI	Υ					L																																T									П
###	Accident Premises Code	NI	Υ		L																					L					T									T	1				T		T		T
###	Employee Last Name Suffix	NI	N																												T				L					T	1				T		T		T
###	Wage Effective Date	L	N					T	L			L																			T									T	1				T		T		T
###	Employee ID Type Qualifier	NI	Υ	Р	L			T				Т														L					T									T	1				T		T		T
###	Employer Paid Salary in Lieu of Compensation Indicator	NI	Υ		L																					L					T									T	1						T		T
###	Number of Accident/Injury Description Narratives	NI	F		F			L															L						L											Т	L								
###	Number of Concurrent Employers	NI	F		F			L															L						L											Т	L								
###	Number of Denial Reason Narratives	NI	F		F			L															L						L											T	L								П
###	Number of Full Denial Reason Codes	NI	F		F			L															L						L											Т	L						T		
###	Number of Managed Care Organizations	NI	F		F			L															L						L											T	L								П
###	Number of Witnesses	NI	F		F			L															L						L											T	L								П
###	Accident Site Country Code	L	N																							L														Т									
###	Date Employer Had Knowledge of Date of Disability	L	N						L			L																												T									П
###	Number of Other Benefits	NI	F		F			L				Т											L						L		T									T	L				T		T		Ħ
###	Number of Payments	NI	F		F			L															L						L											T	L								П
###	Number of Recoveries	NI	F		F			L															L						L											T	L								П
###	Number of Reduced Earnings	NI	F		F			L															L						L											T	L								П
###	Average Wage	L	Υ		L			L	T																															T						T	T	T	$\prod$
###	Number of Suspension Narratives	NI	F		F			L	T										Πİ				L						L											T	L					T	1	1	П
###	Number of Benefits	NI	F		F	L		L															L						L											J	L							1	$\prod$
###	Number of Benefit ACR	NI	F		F			L															L						L											T	L					T	T	T	$\prod$
###	Type of Loss Code	L	Υ		L			j	T																	L														T						T	T	T	$\prod$
###	Insolvent Insurer FEIN	NI	Υ					L	T							L	L		Πİ																					T	T					T	1	1	П
###	Lump Sum Payment/Settlement Code	NI	Υ		L																					L					L																		$\prod$
###	Partial Denial Code	NI	Υ																							L														T						T	T	T	$\prod$
###	Maintenance Type Correction Code	NI	Υ					j	T																	L					Ţ	L								T						T	T	T	$\prod$
###	Maintenance Type Correction Code Date	NI	Υ			L			L									L														L								J								1	$\prod$
###	Initial Date of Lost Time	L	N						L			L																												T					T	T	T		$\prod$
###	Date Claim Administrator Had Knowledge of Lost Time	٧	Υ					ΠÍ	L			L							Πİ																					T	T					T	1	1	П
###	Award/Order Date	٧	Υ						L			L																												T									П
###	Insured FEIN	L	Υ		L			L	T							L	LL																							T						T	T	T	$\prod$
###	Employer UI Number	L	N													L	L																							Ι							1		

### Kentucky Workers' Claims Release 3 Value Table

### 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.

that	are statutorily valid and will be processed in	the j	urisd	lictio	n. Se	ee S	ectio	n 2 (	belo	w) fo	or Sta	atuto	rily v	/alid	cod	es th	nat a	re va	alid b	ut w	ill no	t be	proc	esse	ed by	juris	dicti	on.						
DN	Element Name	Capture?	Acc	epta	ıble	Cod	e Va	alue	List	- gra	ıyed	out	indi	cate	s th	at a	valı	ıe is	'Not	t Sta	tuto	rily \	/alic	ľ										
0002	Maintenance Type Code (for FROI)	Υ	00	01	02	04			AU																									
0002	Maintenance Type Code (for SROI)	Υ	02	04	AB	AP	CA					ER									P9			PY							ı			
	Maintenance Type Codes (for SROI continued)	Υ	RB	RE	S1	S2	S3	S4	S5	S6	S7	S8	S9	SD	SJ	UI	UR	VE	AN	ВМ	BW	MN	QT	SA										
0039	Initial Treatment Code	Υ	0	1	2	3	4	5																										
0053	Employee Gender Code	Υ	F	М	U																													
0054	Employee Marital Status Code	Υ	U	М	S	K																												
0058	Employment Status Code	Υ	С	9	8	Α	В	1	2	3	6	4	5	7	(see	hiera	rchica	al orde	er in d	iction	ary)													
0063	Wage Period Code (FROI)	Υ	01	02	04	06	07																											
0063	Wage Period Code (SROI)	Υ	01	04																													$\exists$	
0069	Pre-Existing Disability Code	Υ	Υ	N	U																													
0073	Claim Status Code	Υ	0	С	R	Х																											$\neg$	
0074	Claim Type Code	Υ	М	I	N	В	L	W	Р																								$\dashv$	$\neg$
0075	Agreement to Compensate Code	Υ	W	L																													$\neg$	$\neg$
0077	Late Reason Code	Υ	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							$\neg$
0083	Permanent Impairment Body Part Code	Υ	99																														$\neg$	$\neg$
	Benefit Type Code	Υ	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	##	##
	Benefit Adjustment Code	Υ	Α	В	Е	G	ı	J	L	N	Q	R	S	Т	U	V	w	Х	Υ	Z	1	2											_	$\exists$
	Dependent/Payee Relationship Code (1st character)	Υ	2	3	4	5	6	7	8	9																							$\dashv$	$\dashv$
0001	Dependent/Payee Relationship Code (2nd character)	Y	0	1	2	3	4	5	6	7	8	9																					$\dashv$	$\dashv$
0126	Benefit Credit Code	Y	С	М	P	-	-	-		-	_																				-	$\rightarrow$	-+	$\dashv$
	Benefit Redistribution Code	Y	Н	K	•																										-	$\rightarrow$	-+	$\dashv$
	Death Result of Injury Code	Y	Y	N	U																										$\rightarrow$	-	+	$\dashv$
	Employee Tax Filing Status Code	N	A	В	С	D																									-	$\dashv$	+	$\dashv$
	Insured Type Code	Y		S	U																										$\rightarrow$	$\rightarrow$	+	$\dashv$
	Insurer Type Code	Y	H:	S	G																												-	-
	Return to Work Type Code	Y	R	A	G																											-	$\dashv$	$\dashv$
	Full Denial Reason Code	Y	1A	1B	1C	1D	1E	1F	1G	10	2A	2B	2C	2D	20	2F	3A	3B	3C	3D	3E	3F	3G	3H	31	4A	4B	5A	5B	5C	$\rightarrow$	$\dashv$	$\dashv$	$\dashv$
	Reduced Benefit Amount Code	Y	R	S	N	טו	IL	IF	10	1111	ZA	20	20	20	2	21	JA	36	30	30	JE	JF.	30	311	31	4/1	40	JA	JB	30		-	$\dashv$	$\dashv$
	Employer Paid Salary Prior to Acquisition Code	Y	E	3	IN																										$\rightarrow$	$\rightarrow$	$\dashv$	$\dashv$
	Work Week Type Code	Y	S	F	V																										-	$\rightarrow$	$\dashv$	$\dashv$
	• •	Y	S	N	٧																										$\longrightarrow$	$\rightarrow$	$\dashv$	$\dashv$
	Work Days Scheduled Code  Managed Care Organization Code	N	-		00	02	0.4	05																							-	$\dashv$	$\dashv$	$\dashv$
	Non-Consecutive Period Code	Y	00 A	01 B	02 W	03	04	05																							-	$\dashv$	$\dashv$	$\dashv$
_		_	_												46.5	4.5.5		4.5.5					40.7	4.5-		4	46.5		46.5		$\longrightarrow$		$\dashv$	$\dashv$
	Other Benefit Type Code	Y	_									370																					$\dashv$	_
0222	Payment Reason Code	Υ	010		-							090																		580	590		_	_
	Payment Reason codes (continued)	Υ	300									370						422	430	440	450	455	460	465	470	475	480	485	490		$\longrightarrow$		$\dashv$	_
	Recovery Code	Υ	-	810		830	840	845	850	860	865	866	867	868	870	880	890																	
-	Accident Premises Code	Υ	Е	L	Х																												$\perp$	
0270	Employee ID Type Qualifier	Υ	Α	Е	G	Р	S																											

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### Kentucky Workers' Claims Release 3 Value Table

0290	Type of Loss Code	Υ	01	02	03																									
0293	Lump Sum Payment Code					SF		1																						
0294	Partial Denial Code	Υ	Α	В	С	D	Е	F	G																					
This beer	ion 2 – Valid code values, from Section 1, table provides a way for the jurisdiction to cograyed out, in this section, indicates that the trading partner.	mm	unica	ate, o	of th	e val	id co	ode v	/alue																					
DN	Element Name		Stat	utor	ily \	/alid	coc	de va	lues	s - gr	aye	d ou	ıt ind	licat	es th	nat a	valu	ue is	not	pro	ces	sed	by th	ne J	urisc	dicti	on			

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## 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	Existing	Corrections
			Claims	Claims	
Claim	0004	Jurisdiction Code			
	0005	Jurisdiction Claim Number		Р	Р
	0015	Claim Administrator Claim Number			
Claimant		Employee ID	Р	S	
		■ Employee SSN – Preferred (DN0042)	Р	S	
		■ Employee Green Card (DN0153)	Р	S	
		■ Employee Employment Visa (DN0152)			
		Employee ID Assigned by Jurisdiction	Р	S	
		■ Employee Passport Number (DN0156)			
	0031	Date of Injury	Р	S	
	0043	Employee Last Name			
	0044	Employee First Name			
	0052	Employee Date of Birth			
Claim	0187	Claim Administrator FEIN			
Administrator	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)**			Р
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction)**			Р
	0002	Maintenance Type Code		Р	Р
		Maintenance Type Code Date		Р	Р

<sup>\*\*</sup> 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		

### Kentucky Workers' Claims Release 3

**Population Restrictions Table** 

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, CQ, 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	<del>058</del>	Code/ID invalid	Valid values limited to I, B, N, L, W, or P.	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, <del>051</del> , 070, 080, 090, 210, 230, 240, 242, 250, <del>251</del> , 270, 410, 500, 501, 510, 520, 521, 524, 530, 540, 541, 550, <del>551</del> , 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 Codemust = 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

Edit Matrix (rev. 5-03-05)

Apply Seq Edit? Y, N, NA			Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Busines		1. Establish Claim or New Claim Administration not made	rator	T	
NA		Under Investigation FROI			None
14/ (	1b. Report of	<u> </u>			Titolic
NA	•	Original			None
	1c. Denial				
NA	04 - FROI	Full Denial FROI			None
	1d. Acquired	Claim			
Y		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
sequenc	ing edits.	cepted, jurisdictions must consider the requestions.  2. Initial Payment of Indemnity or equivale		defined for the UR to successfully apply	
		nent of Indemnity			
Y		Full Denial SROI	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted
Y		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
		Lieu of Compensation			
Y		Employer Paid	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
		ment of Weekly Benefits			
Υ		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 Pay	yment by New Claim Administrator			

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code			limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Y	AP	Acquired/Payment	063		An AU or AQ must have been accepted

Edit? Y, N, NA			Error Number (DN0116)	limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Business	s Event Group	3. Changes to benefits (if applicable). May	occur mu	Itiple times after Event 2b, 2c or 2d.	
Y	AB	Add Concurrent Benefit Type	063	` ,	An EP (DN0085-2xx), IP or AP must have been accepted
Υ	CA	Change in Benefit Amount	063	, , , , , , , , , , , , , , , , , , , ,	An EP (DN0085-2xx), IP or AP must have been accepted
Υ	СВ	Change in Benefit Type	063	` ,	An EP (DN0085-2xx), IP or AP must have been accepted
	3a. Concurre	nt benefits only			
Υ	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
Υ	Р7	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	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	A SROI Px must have been accepted

Apply Seq	Incoming Maintenance			, ,	MINIMUM SEQUENCING REQUIREMENTS
Edit? Y, N, NA	Type Code		Number (DN0116)		
Busines	s Event Group	4. Suspension of all indemnity benefits			
Υ	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
Υ	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	<b>S</b> 3	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
¥	<del>\$5</del>	Suspension, Incarceration	<del>063</del>	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
Υ	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 - <del>(applicable only when the partial denial report is suspending benefits)</del>	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			Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
		occur multiple times during the life of the cl 5 occurs, Event 7 must occur before 5 can o		n (Event 6 may not always occur)	
	risdiction mu				
				ments defined for the UR to successfully appl	y sequencing edits.
		5. Resumption of Benefits	•		
Υ	Any Event Group 5		063	Event 1 (FROI) not previously accepted	
Υ	5a. Reinstate	ed 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
Υ	5b. Reinstate	d Weekly Benefits			
Υ	RB	Reinstatement of Benefits	063	Event 4 (SROI, Sx) not previously accepted	An Sx must have been accepted
	s Event Group				
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	СВ	Change in Benefit Type	063	Event 5 (SROI) not previously accepted	An ER (2xx -DN0085) or RB must have been accepted
	Concurrent b				
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
Υ	P7	Partial Suspension, Benefits Exhausted	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted

Apply	Incoming		Element	Suggested Error Text (DN0291)	MINIMUM SEQUENCING		
Seq	Maintenance			limited to 50 bytes	REQUIREMENTS		
Edit?	Type Code		Number	,			
Y, N, NA	•		(DN0116)				
		7. Suspension of Resumed Benefits					
Y	ANY Event Group 7		063	Event 1 (FROI) not previously accepted			
Υ	S1	Suspension, Returned to Work or Medically	063	Event 5 (SROI) not previously accepted	An ER or RB must have been		
		Determined/Qualified to Return to Work			accepted		
Υ	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		
¥	<del>\$5</del>	Suspension, Incarceration	<del>063</del>	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted		
Υ	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		
Υ	SD	Suspension, Directed by Jurisdiction	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted		
Υ	PD	Partial Denial - <del>(applicable only when the partial denial report is suspending benefits)</del>	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		
Busines	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		
		can occur anytime after Event 1 - Claim est	tablished)				
		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		

Edit? Y, N, NA		10. Periodic reporting		limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Y		Bi-Monthly (Periodic Report)	063	Event 1b, 1c or 1d (FROI) not previously	A 00, FROI 04, or AQ/AU must
Y		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		11. Corrections/Changes			
¥	CO - FROI	Correction FROI	<del>063</del>	Event 1 (FROI) not previously accepted	TE acknowledgment returned prior to 1/16/2009
	Changes				
Υ	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	s 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
¥	01	Cancel	<del>063</del>	Event 4 or 7 (SROI, Sx) not previously accepted	A (SROI) Event 2c, 2d, 3, 3a, 3b, 5a, 5b, 6 or 10 must be
¥	04	Full Denial - FROI	<del>063</del>	Event 4 or 7 (SROI, Sx) not previously accepted	A (SROI) Event 2c, 2d, 3, 3a, 3b, 5a, 5b, 6 or 10 must be
Υ	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