### Introduction:

This table was designed to provide a tool to communicate a Receiver's business data element requirements for each of its trading partners. This allows for data element requirements to be defined for each record layout (FROI or SROI) and down to the level of each Maintenance Type Code. Further, it provides for element requirements to differ based on Report Type criteria established on the Event Table. When completing the requirement table, consideration should be given to the point in time when the data was required by statute, rule or current version of EDI. If a data element has not always been required to be reported, but is required now, it should be listed as Mandatory Conditional (MC) on the table, and the condition should identify that from X date this data element is mandatory, but prior to that date, the data element is Not Applicable (NA).

Data elements intended to be used to match a transaction to the jurisdiction's database should be expressed as "Mandatory", with consideration given to "changes" to Match Data values. Refer to *Match Data Rules*.

When a jurisdiction makes a change to its Element Requirements, consideration should be given to the suggested implementation dates established in the *EDI IG Publication Standards* on the <u>IAIABC EDI</u> web page. See *Systems Rules* in Section 2 and *Error Correction Technical Rules* in Section 4 for transaction processing rules in regards to transaction acceptance, rejection, or acceptance with errors.

When completing requirements for legacy claims or acquired claims (FROI AQ, AU and SROI AP), special consideration should be given to availability of the data. See *Legacy Claims Processing* and *Acquired Claims Processing* in Section 4 prior to completion of the element requirements for these MTCs.

<u>Migration from Release 1:</u> Jurisdictions starting EDI with Claims Release 3 and not migrating from Claims Release 1 should not be concerned with this section and should hide the column labeled *Migration Consideration* from the element requirement table, by right clicking on the column and *selecting Hide.* 

Jurisdictions migrating from Claims Release 1 to Claims Release 3 should give special consideration to the availability of new Claims Release 3 data elements when completing their requirements for claims that were established in Release 1.

The Element Requirement table has a *Migration Consideration* column to assist jurisdictions who are migrating from IAIABC Claims Release 1 to Claims Release 3. New Release 3 data elements were evaluated and categorized. Recommended limitations for each category are described below:

**L** = **Claim**: When defining requirements for data elements indicated with an "L" in the *Migration Consideration* column, requirements must be Conditional (MC, EC), IA (If Applicable/Available) or Not Applicable. If MC or EC is used, the condition should indicate "Mandatory or Expected (whichever applies) if the *Date Claim Administrator Had Knowledge of the Injury* is on or after the Insurer's R3 production implementation date".

**V** = Event – MTC: These data elements are related to specific events (MTC) and therefore should be available at the time the event occurs. The relationship between these data elements and MTCs are described in the table below. When defining requirements for data elements indicated with a "V" in the *Migration Consideration* column, requirements must be Conditional (MC, EC), IA (If Applicable/Available) or Not Applicable. If MC or EC is used, the condition should indicate "Mandatory or Expected (whichever applies) when MTC = (jurisdiction defines where the requirement applies to the collected MTC) or "Mandatory or Expected (whichever applies) if the *Date Claim Administrator Had Knowledge of the Injury* is on or after the Insurer's R3 production implementation date".

| DN   | Data Element  | May be required if MTC = |
|------|---|--------------------------|
| 0298 | Date Claim Administrator Had Knowledge of Lost Time | AP, EP, ER, IP, or RB *  |
| 0228 | Return to Work with Same Employer Indicator         | S1                       |
| 0172 | Estimated Gross Weekly Amount Indicator             | AP, EP, ER, IP, or RB    |
| 0145 | Current Date Last Day Worked                        | AP, EP, ER, IP, or RB    |
| 0144 | Current Date Disability Began                       | AP, EP, ER, IP, or RB    |
|      | Permanent Impairment Minimum Payment Indicator      | AP, CB ** EP, ER, IP, or |
| 0223 | **(CB if changing BTC to perm total/partial)        | RB                       |
| 0299 | Award/Order Date                                    | IP, AP, RB, CA, CB, PY   |

**V1 = Event – BTC:** These data elements are related to specific Benefit Type Codes (BTC). The data may not have been collected when the benefits were initially started and therefore may not ever be available. When defining requirements for data elements indicated with a "V1" in the *Migration Consideration* column, requirements must be Conditional (MC, EC), IA (If Applicable/Available) or Not Applicable. If MC or EC is used, the condition should indicate "Mandatory or Expected (whichever applies) if the MTC in the Benefit segment is AB, IP, RB, EP, ER, CB and the Benefit Type Code has never been paid on the claim".

### **NI** = No migration impact

**Usage:** This table should be completed after the Event Table, as it relates to events described on that table.

The IAIABC Release 3 Element Requirement table contains worksheets to be completed for each report type and its related conditions that apply to the jurisdiction's reporting requirements:

- FROI (First Report of Injury)
- FROI Conditions (First Report of Injury applicable condition restrictions)
- SROI (Subsequent Report)
- SROI Conditions (Subsequent Report applicable condition restrictions)
- Event Benefits Segment (SROI Benefits variable segment)
- Event Benefits Conditions (SROI *Benefits* variable segment condition restrictions)

#### Element Requirement Table Layout:

- Rec (Record) This column indicates in which record the data element <u>must</u> be populated for Release 3 (See *Record Layouts* for details).
- DN# (Data Element Number) This column indicates the assigned Data Element Number. The Data Dictionary in Section 6 provides descriptions of the element.
- MTC's (Maintenance Type Codes) These columns indicate the available MTC's that the data elements will apply to. (See the state-specific event table for the MTC's that they will accept and the *Data Dictionary* for a description of each MTC). To simplify completion, jurisdictions should use their completed Event Table to "hide" MTCs that will not be accepted before completing the FROI or SROI requirement tables (highlight column, right click – select *HIDE*. Deletion may complicate adding MTCs later).
- UR MTC is hidden (FROI column K and SROI Column AO). When consistent UR requirements can be defined, jurisdictions may unhide the column and indicate their UR reporting requirements. Jurisdictions that may have varying UR requirements should reserve the right to define the requirements when the request for UR report is made. A separate UR FROI and UR SROI Requirement Table is provided at <a href="http://www.iaiabc.org/EDI/implementation.asp">http://www.iaiabc.org/EDI/implementation.asp</a> to define the requirements when the jurisdiction deems the UR report necessary.

SROI – the *Benefits* segment of the SROI Element Requirement table is blocked out and contains
references to R3 standards to assist in completion of the *Event Benefits Segment* requirements
as well as to acquaint senders with "standard" population of the segment. These references
should not be removed.

The minimum number of *Benefits* segments that can be expected on an MTC event is indicated in the segment title row and can be interpreted as follows:

**E0** = A *Benefits* segment may or may not be expected for the MTC. Data elements required when the *Benefits* segment is populated should be indicated in the Benefit Element Requirement table.

E1 = At least 1 *Benefits* segment should be expected for the MTC. Data elements required in the benefit segment in the MTC should be indicated in the Benefit Element Requirement table.

E2 = At least 2 *Benefits* segments should be expected for the MTC. Data elements required in the benefit segment in the MTC should be indicated in the Benefit Element Requirement table.

• Event Benefits Segment (SROI *Benefits* variable segment) - Requirements must be defined based on the Benefit Type Code (and MTC, when applicable). Jurisdictions should be aware of the *Event Benefits* Segment Rules described in the *Variable Segment Population Rules* and *Lump Sum Payment/Settlement Rules* in Section 4 when defining these requirements.

Some cells are pre-populated with *Requirement Code Values*. The Requirement rules defined below apply. Data elements indicated with a value of "F" (Fatal Technical) or X (Exclude) cannot be changed by the jurisdiction because they are necessary for technical processing or do not apply to the MTC, respectively. Some conditional values have been indicated by a character and apply only if the defined condition exists (see below for exceptions). These conditions are defined in the *Conditional* section for the report type of the Element Requirement table.

A *Requirement Code Value* must be entered at each cell marked by the intersection of a Maintenance Type Code column and a Data Element row. Those cells that do not contain a value are open to jurisdictions to assign a valid requirement code. **Special characters must be replaced with valid requirement codes.** 

**Conditional Requirements:** Each time an MC (Mandatory/Conditional), EC (Expected/Conditional) or YC (Yes Change/Conditional) requirement value is assigned by the jurisdiction on the SROI, FROI or Event Benefits table, the "conditional" data element number, data element name and the applicable condition(s) should be described on the related *Conditional* requirement tab in addition to the prepopulated values. Special conditions such as jurisdiction rule effective date(s) that are dependent on date of injury, etc. should be included in the described condition, when applicable. Each *Conditional* requirement tab is pre-populated with suggestions and/or limitations defined in the Release 3 standard. **Once conditions have been defined for all applicable data elements, modify the table presentation as follows:** 

- 1. Delete rows containing Data Elements that will not be collected or where "conditions" do not apply in your jurisdiction
- 2. Delete columns A (Req Code) from the table
- 3. Sort the table by Data Element Number
- 4. Describe the *Business Condition(s)* and *Technical Condition(s)*, when applicable for the requirement. Example: DN0065 Initial Date Last Day Worked:
  - Business Condition: Mandatory when claim is lost time
  - *Technical Condition:* Mandatory if DN0073 (Claim Status Code) is O or R and DN0074 (Claim Type Code) if Values are I or L

#### Standard Requirement Code Values:

- M = Mandatory. The data element must be present and must be a valid format or the transaction will be rejected. Note: When an M is marked on an MTC 02, then you are not allowed to change the value, but the element is required.
- MC = Mandatory/Conditional. The data element becomes mandatory under conditions established by the receiver. If the defined condition exists, the data element becomes mandatory and mandatory rules apply (the data element must be present and must be a valid format or the transaction will be rejected). For example, if the Benefit Type Code indicates death benefits, then the Date of Death becomes mandatory. The receiver must provide senders with the specific circumstances, which cause an element to become mandatory.
- E = Expected. The data element is expected on the MTC, yet the transaction will be accepted with errors should it fail any edit. If an "E" is designated, the transaction will not be rejected if it is the only edit failure.
- EC = Expected/Conditional. The data element becomes expected under conditions established by the receiver. The receiver must provide senders with a document describing the *specific* circumstances, which cause an element to become expected. The transaction would be accepted with errors should it fail any edit.
- IA = If Applicable/Available. Data should be sent if applicable and/or available. The data may or may not be populated. If the data is applicable to the claim, data must be sent. If present, may be edited for valid value and/or format. Jurisdiction may or may not return an error on validity edits.
- NA = Not Applicable. The data element is not applicable to the **jurisdiction's requirements** for the MTC and may or may not be sent; edits must not be applied.

**Requirement Code Values limited to "Change" transactions (MTC 02) in addition to M, IA and NA, above:** Whenever a data element that has been marked as FY, Y or YC, on the Element Requirement table under MTC 02 has changed, the claim administrator must trigger an 02 change transaction unless another MTC applies. All of the previously reported data should be submitted as well.

Changes to *Benefits* segment data: Some cells are pre-populated to comply with the R3 standard. Cells pre-populated with "N" should not be removed or changed by the jurisdiction; changes to these data elements should be reported on a CA (Change Amount) transaction. Cells pre-populated with YC can only be changed to "N" by the jurisdiction if changes are not allowed. Unpopulated data element can be changed to a Y, N, IA or NA. Jurisdictions should be aware of the limitations to changing data in these segments. Refer to *02 Change Processing Rules* in Section 4.

**Changes to Match Data elements:** Per the *Match Data Rules*, only one Match Data element can be changed per transaction. In order to communicate requirements for these data, the jurisdiction should populate the requirement code lower case instead of upper case. This does not change the requirement of the data, but only clarifies that *Match Data Rules* apply to changes to the data element. Refer to *Match Data Rules* in Section 4. Lower case requirement codes should <u>only</u> be used for *Match Data* elements indicated as Primary or Secondary in the "Existing Claims" column of the jurisdiction's Match Data table located in the Edit Matrix.

M = Mandatory. Note: When an M is marked on an MTC 02, then you are not allowed to change the value, but the element is required.

- IA = If Applicable/Available. Note: Jurisdiction will accept changes to this data element via an 02 Change transaction, but it is not necessary to trigger the 02 change transaction. Jurisdiction may return an error on validity edits.
- FY = Fatal Yes Change. Data elements indicated with this requirement code are essential for a transaction to be accepted into a jurisdiction's database or acknowledgment back to the claim administrator. Depending on their ability to recognize and process changes to these data elements, jurisdictions may choose not to allow "changes" by replacing the "FY" with an "F". An 02 Change transaction should be triggered when the value of this "Fatal" data element has changed.

| DN   | Name  | Considerations  |
|------|---|---|
| 0006 | Insurer Fein                                    | Change allowed only if value previously sent was<br>erroneous. If a different Insurer assumes the<br>employer's financial responsibility of the claim an<br>MTC AQ transaction applies. |
| 0014 | Claim Administrator Postal<br>Code              | a) office moved<br>b) if value previously sent was erroneous  |
| 0015 | Claim Administrator Claim<br>Number (Key Match) | If 02 FROI - Must change in both FROI and<br>companion records<br>If 02 SROI – Must change in both SROI and<br>companion records  |
| 0187 | Claim Administrator FEIN                        | Change allowed only if value previously sent was<br>erroneous. If a different entity assumes the<br>responsibility of the adjusting the claim an MTC<br>AQ transaction applies.         |

- FC = Fatal/Conditional. This data element must be populated with previously reported values if the segment has ever been reported on the claim. Data within the segment can be changed, but not the data element marked with FC. If data element(s) within the segment have changed, it must be sent on an 02 Change transaction if another MTC doesn't apply.
- N = No Change. This data element cannot be changed on an 02 transaction, eg. Jurisdiction claim number <u>or</u> the jurisdiction requires another method of reporting. eg. MTC CA, CB or paper. The data element must be reported, if applicable
- Y = Yes Change. Changes to the value of the data element are allowed by the jurisdiction. This is the equivalent of an MC or EC; however, it does not require the jurisdiction to define the condition "an 02 must be sent if the data element has changed". Jurisdictions should consider their ability to apply the same edits to the data element as when it was previously reported. If the data element has been marked as M for <u>all</u> FROI or <u>all</u> SROI transactions then it is mandatory on the 02-Change.
- YC = Yes Change/Conditional. Some data elements have been pre-populated with YC for 02 Change transactions. This data is expected if the data element changes under these predefined conditions:
  - Payment segment and its related DN0293 Lump Sum Payment/Settlement Code (if applicable): A previous PY should have been submitted if erroneous data previously submitted in the Payments segment.
  - *Benefits* segment: Change allowed if the data element changes under these predefined conditions:
    - Benefit Type Claim Weeks, Benefit Type Claim Days and Benefit Type Amount Paid were reported in error on a Benefit Type Code that was <u>ended</u>.

- If any data element in the Benefits segment is being changed, it is considered an Event Benefits segment and the MTC 02 must be present in that segment.
- Benefit Payment Issue Date: If an erroneous date was reported on a Benefit Type Code

**Benefit Segment Data Element Requirement Table (for MTCs other than 02 Change):** The Event Benefits segment Element Requirement Table is intended to apply to the *Benefits* segment reporting the "Event" (refer to Variable Segment Rules for *Benefits* segment in Section 4). Standard EDI processing assumes that a *Benefits* segment is expected when benefits have been paid on the claim for each Benefit Type Code value indicated on the jurisdiction Edit Matrix. The following requirement codes may be used to describe jurisdiction's limitations to Benefit Type Codes in the *Benefits* segment. *Standard Requirement Codes* described above should be used for other *Benefits* segment data elements

R = Restricted – The data element value will not be accepted by the jurisdiction. For example, the jurisdiction does not accept Benefit Type Code 080. When this code is inserted in the Benefit Type Code cell, "NA" should be inserted in cells for the remaining data elements in the row (*Benefits* segment).

RC = Restricted/Conditional – The data element value cannot be accepted if a stated condition exists, as defined by the jurisdiction. For example, the jurisdiction does not accept Benefit Type Code 080 prior to a specified date of accident.

*Systems/Processing Requirement Codes:* These are standards designations only; the codes cannot be used by a jurisdiction or be changed:

- F = Fatal Technical. Data elements that are essential for a transmission/transaction to be accepted into a jurisdiction's workers compensation administration database or acknowledgment back to the claim administrator.
- X = Exclude -- The data element is not applicable to the **standard requirements** for the MTC and may or may not be sent; edits must not be applied.

*Exceptions:* These characters represent Requirement Codes that must be changed by the jurisdiction. You must assign either a valid requirement code or change to NA if not used for the MTC.

- # = Only If Applicable/Available (IA) or Not Applicable (NA) are valid Requirement codes for these elements.
- @ = Only Mandatory/Conditional (MC), Expected/Conditional (EC), If Applicable/Available (IA) or Not Applicable (NA) are valid Requirement codes for these elements. See the Conditional Requirements for the report type (FROI, SROI) for those rules that apply.
- > = Only Mandatory/Conditional (MC) or Not Applicable (NA) are valid Requirement codes for these elements. See the Conditional Requirements for the report type (FROI, SROI) for those rules that apply
- % = Only Mandatory/Conditional (MC), Expected/Conditional (EC), If Applicable/Available (IA) or Not Applicable (NA) are valid Requirement codes for these elements. See Data Population Rules in the Data Dictionary (Section 6).
- & = See Conditional requirements tab for specifications/restrictions on use.

- \$ = Element Requirements are limited to the requirements applicable to the MTC being corrected. These characters cannot be replaced with any other value. The data submitter will apply the same values of the MTC that they are correcting. See *Error Correction Technical Rules* in Section 4 for data element requirement limitations on CO transactions.
- \* = Only Mandatory/Conditional (MC), Expected/Conditional (EC), or Not Applicable (NA) are valid Requirement codes for these SROI *Event Benefits* segment elements. See *Variable Segment Population Rules* Benefits Segment (Section 4).
- A = Only Mandatory/Conditional (MC), Restricted (R) or Restricted/Conditional (RC) are valid requirement codes for the Benefit Type Code (DN0085) in the *Benefits Element Requirement* tab.
- ? = Only Mandatory/Conditional (MC), Expected/Conditional (EC), or Not Applicable (NA) are valid Requirement codes for these SROI Payment segment elements. If Payee, Payment Issue Date and/or the amount of the original check must be preserved in the event of a TE or TR on an AP, IP or RB transaction, the *Payments* segment must be required. Refer to the *Variable Segment Population Rules Payments* segment in Section 4.

### Legend for Requirement Code/Application Acknowledgement Code:

There is a relationship between the Requirement Code assigned to a data element and DN0111-Application Acknowledgment Code that is returned on the Acknowledgment Record (AKC). The Edit Matrix is designed to convey which data elements have edits applied to them and to provide standard error messages to use in association with these edits. Error messages are communicated in the Acknowledgement Record in the form of error messages using DN0115-Element Number, DN0116-Element Error Number, DN0117-Variable Segment Number and DN0291-Element Error Text. The severity of applied edits (Application Acknowledgment Code: TR, TE, TA), if not passed, is determined by referencing the Jurisdiction's completed "Element Requirement Table". The Application Acknowledgment Code field on the AKC is based on the Requirement Code assigned to the data element as outlined in the table below, where the application acknowledgment code applies to the most severe edit failure for the transaction.

| Requirement Code             | Result of Failed Element Requirement Edit                                       |
|------------------------------|---|
| M (Mandatory)                | TR (Transaction Rejected)   |
| MC (Mandatory/Conditional)   | TR (Transaction Rejected)   |
| E (Expected)                 | TE (Transaction Accepted with Errors)   |
| EC (Expected/Conditional)    | TE (Transaction Accepted with Errors)   |
| IA (If Applicable/Available) | TA (Transaction Accepted) <b>OR</b><br>TE (Transaction Accepted with Errors) *  |
| N (No Change)                | TR (Transaction Rejected)   |
| NA (Not Applicable)          | TA (No error messages may be applied)   |
| R (Restricted)               | TR (Transaction Rejected)   |
| RC (Restricted/Conditional)  | TR (Transaction Rejected)   |
| F (Fatal)                    | TR (Transaction Rejected)   |
| FC (Fatal/Conditional)       | TR (Transaction Rejected)   |
| FY                           | TR (Transaction Rejected)   |
| X (Exclude)                  | TA (No error messages may be applied)   |
| Y                            | TE (Transaction Accepted with Errors) <b>OR</b><br>TR (Transaction Rejected) ** |
| YC                           | TE (Transaction Accepted with Errors) <b>OR</b><br>TR (Transaction Rejected) ** |

\* The result depends on whether the jurisdiction chooses to apply edits to the "IA" data

\*\*The result depends upon the requirements and edits that were originally applied to the element.

|       |        | * Legacy -TE's prior to 1/16/09                               |           |         |         |       |        |        |        |          |                       |
|-------|--------|---|-----------|---------|---------|-------|--------|--------|--------|----------|-----------------------|
|       |        | 1 - This MTC is only accepted for legacy claims therefore jur | isdictior | clain   | n nun   | nber  | is alw | avs r  | eauire | əd.      |                       |
|       |        | 2 - KY uses this as a means to match the Employer.            |           | - orain |         |       |        | ayon   | oquiit | <i>.</i> |                       |
|       |        | 3 - This MTC is only accepted for legacy claims therefore En  | nplover   | FEIN    | is alv  | vavs  | requi  | red.   |        |          |                       |
|       |        | E (Expected)  |           |         |         | ,     |        |        |        |          |                       |
|       |        | M (Mandatory)   |           |         |         |       |        |        |        |          |                       |
|       |        | MC (Mandatory/Conditional)                                    |           |         |         |       |        |        |        |          |                       |
|       |        | EC (Expected/Conditional)                                     |           |         |         |       |        |        |        |          |                       |
|       |        | IA (If Applicable/Available)                                  |           |         |         |       |        |        |        |          |                       |
|       |        | NA (Not Applicable)   |           |         |         |       |        |        |        |          |                       |
|       |        | F (Fatal Technical)   |           |         |         |       |        |        |        |          |                       |
|       |        | X (Exclude)   |           |         |         |       |        |        |        |          |                       |
|       |        | FY (Fatal yes change) Essential data elements which are r     | iessesa   | ry foi  | r a tra | ansm  | issio  | n/ tra | nsaci  | tion t   | hat                   |
|       |        | can be changed on a MTC 02.                                   |           |         |         |       |        |        |        |          |                       |
|       |        | Y (Change allowed) <i>limited to 02 Change</i>                |           |         |         |       |        |        |        |          |                       |
|       |        | N (No Change) <i>limited to 02 Change</i>                     |           |         |         |       |        |        |        |          |                       |
|       |        | Note: For MTC 02, per the Match Data Rules, only one Mate     | ch Data   | elem    | ent c   | an be | e chai | nged   | per tr | ansa     | ction.                |
|       |        | Claim Administrator Postal Code (DN0014) and related addre    | ess field | s sho   | uld b   | e pop | oulate | d with | n:     |          |                       |
|       |        | Mailing Or Physical   |           |         |         |       |        |        |        |          |                       |
| Migra | tion C | onsiderations:  |           |         |         |       |        |        |        |          |                       |
|       |        | Refer to Claims R1 to R3 Migration http://www.iaiabc.org/i4a  | /pages/   | index   | .cfm?   | page? | eid=3  | 347    |        |          |                       |
|       |        | Refer to Element Requirement Table Instructions               |           |         |         |       |        |        |        |          |                       |
|       |        |   |           |         |         |       | FROI   | МТС    | 'S     |          |                       |
| REC   | DN#    | DATA ELEMENT NAME   | Format    | 00      | 01      | 02    | 04     | AQ     | AU     | UI       | * CO                  |
| 148   | 0001   | Transaction Set ID  | 3 A/N     | F       | F       | F     | F      | F      | F      | F        | F                     |
| 148   |        | Maintenance Type Code   | 2A/N      | F       | F       | F     | F      | F      | F      | F        | F                     |
| 148   | 0003   | Maintenance Type Code Date                                    | Date      | F       | F       | F     | F      | F      | F      | F        | F                     |
| 148   |        | Jurisdiction Code   | 2A/N      | F       | F       | F     | F      | F      | F      | F        | F                     |
| 148   |        | Jurisdiction Claim Number                                     | 25 A/N    |         | М       | Ν     | MC     | IA     | IA     | NA       | <b>M</b> <sup>1</sup> |
| 148   | 0006   | Insurer FEIN  | 9 A/N     | F       | F       | FY    | F      | F      | F      | F        | F                     |

|     |      |  |        |    |    |    | ROI            | мтс | 'S | [  |                |
|-----|------|--|--------|----|----|----|----------------|-----|----|----|----------------|
| REC | DN#  | DATA ELEMENT NAME                                | Format | 00 | 01 | 02 | 04             | AQ  | AU | UI | * CO           |
| 148 | 0012 | Claim Administrator City                         | 15 A/N | NA | NA | Y  | NA             | NA  | NA | NA | \$             |
| 148 | 0013 | Claim Administrator State Code                   | 2 A/N  | NA | NA | Y  | NA             | NA  | NA | NA | \$             |
| 148 | 0014 | Claim Administrator Postal Code                  | 9 A/N  | F  | F  | FY | F              | F   | F  | F  | F              |
| 148 | 0015 | Claim Administrator Claim Number (Key Match)     | 25 A/N | F  | F  | FY | F              | F   | F  | F  | F              |
| 148 |      | Employer FEIN                                    | 9 A/N  | М  | М  | Y  | M <sup>2</sup> | М   | М  | М  | M <sup>3</sup> |
| 148 |      | Employer Physical City                           | 15 A/N | MC | MC | Y  | МС             | IA  | MC | IA | \$             |
| 148 | 0022 | Employer Physical State Code                     | 2 A/N  | MC | MC | Y  | MC             | IA  | MC | IA | \$             |
| 148 | 0023 | Employer Physical Postal Code                    | 9 A/N  | MC | MC | Y  | МС             | IA  | MC | IA | \$             |
| 148 |      | Industry Code                                    | 6 A/N  | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0027 | Insured Location Identifier                      | 15 A/N | MC | NA | Y  | MC             | МС  | MC | IA | \$             |
| 148 | 0028 | Policy Number Identifier                         | 18 A/N | MC | NA | Y  | MC             | MC  | MC | IA | \$             |
| 148 | 0029 | Policy Effective Date                            | Date   | NA | NA | Y  | NA             | NA  | NA | NA | \$             |
| 148 | 0030 | Policy Expiration Date                           | Date   | NA | NA | Y  | NA             | NA  | NA | NA | \$             |
| 148 | 0031 | Date of Injury                                   | Date   | М  | М  | у  | М              | М   | М  | М  | М              |
| 148 | 0032 | Time of Injury                                   | ннмм   | М  | NA | Y  | MC             | IA  | MC | IA | \$             |
| 148 | 0033 | Accident Site Postal Code                        | 9 A/N  | М  | NA | Y  | М              | NA  | М  | NA | \$             |
| 148 | 0035 | Nature of Injury Code                            | 2 A/N  | М  | NA | у  | М              | IA  | М  | IA | \$             |
| 148 | 0036 | Part of Body Injury Code                         | 2 A/N  | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0037 | Cause of Injury Code                             | 2 A/N  | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0039 | Initial Treatment Code                           | 2 A/N  | IA | NA | Y  | NA             | IA  | IA | IA | \$             |
| 148 | 0040 | Date Employer Had Knowledge of the Injury        | Date   | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0041 | Date Claim Administrator Had Knowledge of Injury | Date   | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0044 | Employee First Name                              | 15 A/N | М  | М  | Y  | М              | Μ   | М  | М  | М              |
| 148 | 0048 | Employee Mailing City                            | 15 A/N | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0049 | Employee Mailing State Code                      | 2 A/N  | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0050 | Employee Mailing Postal Code                     | 9 A/N  | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0052 | Employee Date of Birth                           | Date   | М  | NA | Y  | М              | IA  | М  | М  | \$             |
| 148 | 0053 | Employee Gender Code                             | 1 A/N  | М  | NA | Y  | М              | IA  | М  | IA | \$             |
| 148 | 0054 | Employee Marital Status Code                     | 1 A/N  | IA | NA | Y  | IA             | IA  | IA | IA | \$             |
| 148 | 0055 | Employee Number of Dependents                    | 2 N    | MC | NA | Y  | MC             | IA  | MC | IA | \$             |

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|-----|------|--|--------|---|----|-----|------|---------------------------------------|----|----|------|--|--|
| REC | DN#  | DATA ELEMENT NAME                              | Format | 00  | 01 | 02  | 04   | AQ                                    | AU | UI | * CO |  |  |
| 148 | 0056 | Initial Date Disability Began                  | Date   | мс  | NA | Y   | мс   | IA                                    | МС | IA | \$   |  |  |
| 148 | 0057 | Employee Date of Death                         | Date   | МС  | NA | Y   | MC   | IA                                    | MC | IA | \$   |  |  |
| 148 | 0058 | Employment Status Code                         | 2 A/N  | М   | NA | Y   | М    | IA                                    | М  | IA | \$   |  |  |
| 148 | 0059 | Manual Classification Code                     | 4 A/N  | М   | NA | Y   | М    | NA                                    | М  | NA | \$   |  |  |
| 148 | 0061 | Employee Date of Hire                          | Date   | IA  | NA | Y   | IA   | IA                                    | IA | IA | \$   |  |  |
| 148 | 0062 | Wage   | \$9.20 | MC  | NA | Y   | MC   | IA                                    | MC | IA | \$   |  |  |
| 148 | 0063 | Wage Period Code                               | 2 A/N  | MC  | NA | Y   | MC   | IA                                    | MC | IA | \$   |  |  |
| 148 | 0064 | Number of Days Worked Per Week                 | 1 N    | IA  | NA | Y   | IA   | IA                                    | IA | IA | \$   |  |  |
| 148 | 0065 | Initial Date Last Day Worked                   | Date   | MC  | NA | Y   | MC   | IA                                    | MC | IA | \$   |  |  |
| 148 | 0066 | Full Wages Paid for Date of Injury Indicator   | 1 A/N  | NA  | NA | Y   | NA   | NA                                    | NA | NA | \$   |  |  |
| 148 | 0068 | Initial Return to Work Date                    | Date   | IA  | NA | Y   | IA   | IA                                    | IA | IA | \$   |  |  |
| R21 | 0001 | Transaction Set ID                             | 3 A/N  | F   | F  | F   | F    | F                                     | F  | F  | F    |  |  |
| R21 | 0295 | Maintenance Type Correction Code               | 2 A/N  | Х   | Х  | Х   | Х    | Х                                     | Х  | Х  | F    |  |  |
| R21 | 0296 | Maintenance Type Correction Code Date          | Date   | Х   | Х  | Х   | Х    | Х                                     | Х  | Х  | F    |  |  |
| R21 | 0186 | Jurisdiction Branch Office Code                | 2 A/N  | NA  | NA | Y   | NA   | NA                                    | NA | NA | \$   |  |  |
| R21 | 0015 | Claim Administrator Claim Number               | 25 A/N | F   | F  | FY  | F    | F                                     | F  | F  | F    |  |  |
| R21 | 0187 | Claim Administrator FEIN                       | 9 A/N  | F   | F  | FY  | F    | F                                     | F  | F  | F    |  |  |
| R21 | 0188 | Claim Administrator Name                       | 40 A/N | М   | NA | Y   | М    | М                                     | М  | М  | \$   |  |  |
| R21 | 0135 | Claim Administrator Information/Attention Line | 50 A/N | IA  | NA | Y   | IA   | IA                                    | IA | IA | \$   |  |  |
| R21 | 0010 | Claim Administrator Primary Address            | 40 A/N | IA  | NA | Y   | IA   | IA                                    | IA | IA | \$   |  |  |
| R21 | 0011 | Claim Administrator Secondary Address          | 40 A/N | IA  | NA | Y   | IA   | IA                                    | IA | IA | \$   |  |  |
| R21 | 0136 | Claim Administrator Country Code               | 3 A/N  | IA  | NA | Y   | IA   | IA                                    | IA | IA | \$   |  |  |
| R21 | 0270 | Employee ID Type Qualifier                     | 1 A/N  | М   | М  | Y   | М    | Μ                                     | М  | Μ  | М    |  |  |
| R21 | *    | Employee ID                                    |        | *One of the following Emplo<br>5 A/N may be populated in position |    |     |      |                                       |    |    |      |  |  |
|     |      |  |        |   |    | · · |      | · · · · · · · · · · · · · · · · · · · |    |    |      |  |  |
| -   |      | Employee SSN                                   | **     | MC  | MC | У   | MC   | MC                                    |    | MC | MC   |  |  |
| -   |      | Employee Employment Visa                       |        | NA  | NA | Y   | NA   | NA                                    | NA | NA | NA   |  |  |
|     |      | Employee Green Card                            | **     | MC  | MC | У   | MC   | MC                                    | MC | MC | MC   |  |  |
|     |      | Employee ID Assigned by Jurisdiction           | **     | IA  | MC | У   | MC   | MC                                    | IA | MC | MC   |  |  |
|     | 0156 | Employee Passport Number                       |        | NA  | NA | Y   | NA   | NA                                    | NA | NA | NA   |  |  |

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|-----|------|---|--------|----|----|----|-----|-----|----|----|------|
| REC | DN#  | DATA ELEMENT NAME   | Format | 00 | 01 | 02 | 04  | AQ  | AU | UI | * CO |
| R21 | 0255 | Employee Last Name Suffix                                   | 4 A/N  | IA | NA | Y  | IA  | IA  | IA | IA | \$   |
| R21 |      | Employee Authorization to Release Medical Records Indicator | 1 A/N  | NA | NA | Y  | NA  | NA  | NA | NA | \$   |
| R21 | 0157 | Employee Social Security Number Release Indicator           | 1 A/N  | NA | NA | Y  | NA  | NA  | NA | NA | \$   |
| R21 |      | Employee Last Name  | 40 A/N | М  | М  | Y  | М   | М   | М  | М  | M    |
| R21 | 0045 | Employee Middle Name/Initial                                | 15 A/N | IA | IA | Y  | IA  | IA  | IA | IA | \$   |
| R21 | 0046 | Employee Mailing Primary Address                            | 40 A/N | Μ  | NA | Y  | М   | IA  | М  | IA | \$   |
| R21 | 0047 | Employee Mailing Secondary Address                          | 40 A/N | IA | NA | Y  | IA  | IA  | IA | IA | \$   |
| R21 | 0155 | Employee Mailing Country Code                               | 3 A/N  | NA | NA | Y  | NA  | NA  | NA | NA | \$   |
| R21 | 0051 | Employee Phone Number                                       | 15 A/N | IA | NA | Y  | IA  | IA  | IA | IA | \$   |
| R21 | 0146 | Death Result of Injury Code                                 | 1 A/N  | MC | NA | Y  | MC  | NA  | MC | NA | \$   |
| R21 | 0290 | Type of Loss  | 2 A/N  | MC | NA | Υ  | MC  | NA  | MC | NA | \$   |
| R21 | 0228 | Return to Work with Same Employer Indicator                 | 1 A/N  | IA | NA | Y  | IA  | IA  | IA | IA | \$   |
| R21 | 0189 | Return to Work Type Code                                    | 1 A/N  | MC | NA | Y  | MC  | MC  | MC | MC | \$   |
| R21 | 0224 | Physical Restrictions Indicator                             | 1 A/N  | MC | NA | Y  | MC  | IA  | MC | IA | \$   |
| R21 | 0314 | Insured FEIN  | 9 A/N  | MC | NA | Y  | MC  | IA  | MC | IA | \$   |
| R21 | 0017 | Insured Name  | 40 A/N | М  | NA | Y  | MC  | IA  | Μ  | IA | \$   |
| R21 | 0184 | Insured Type Code   | 1 A/N  | Μ  | NA | Y  | MC  | IA  | Μ  | IA | \$   |
| R21 | 0026 | Insured Report Number                                       | 25 A/N | NA | NA | Y  | NA  | NA  | NA | NA | \$   |
| R21 | 0007 | Insurer Name  | 40 A/N | М  | NA | Y  | MC  | М   | М  | М  | \$   |
| R21 | 0185 | Insurer Type Code   | 1 A/N  | М  | NA | Y  | MC  | IA  | М  | IA | \$   |
| R21 | 0292 | Insolvent Insurer FEIN                                      | 9 A/N  | IA | IA | Y  | IA  | IA  | IA | IA | \$   |
| R21 | 0200 | Claim Administrator Alternate Postal Code                   | 9 A/N  | NA | NA | Y  | NA  | NA  | NA | NA | \$   |
| R21 | 0249 | Accident Premises Code                                      | 1 A/N  | М  | NA | Y  | MC  | IA  | М  | IA | \$   |
| R21 | 0118 | Accident Site County/Parish                                 | 20 A/N | NA | NA | Y  | NA  | NA  | NA | NA | \$   |
| R21 | 0119 | Accident Site Location Narrative                            | 50 A/N | NA | NA | Y  | NA  | NA  | NA | NA | \$   |
| R21 | 0120 | Accident Site Organization Name                             | 50 A/N | MC | NA | Y  | MC  | IA  | MC | IA | \$   |
| R21 | 0121 | Accident Site City  | 15 A/N | MC | NA | Y  | MC  | IA  | MC | IA | \$   |
| R21 | 0122 | Accident Site Street  | 40 A/N | MC | NA | Y  | MC  | IA  | MC | IA | \$   |
| R21 | 0123 | Accident Site State Code                                    | 2 A/N  | MC | NA | Y  | MC  | IA  | MC | IA | \$   |
| R21 | 0280 | Accident Site Country Code                                  | 3 A/N  | NA | NA | Y  | NA  | NA  | NA | NA | \$   |

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|--------|-----------|--|--------|----|----|----|------|-----|----|----|------|
| REC    | DN#       | DATA ELEMENT NAME                                      | Format | 00 | 01 | 02 | 04   | AQ  | AU | UI | * CO |
| R21    | 0281      | Date Employer Had Knowledge of Date of Disability      | Date   | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21    | 0018      | Employer Name  | 40 A/N | М  | М  | Y  | М    | М   | М  | М  | \$   |
| R21    | 0329      | Employer UI Number                                     | 15 A/N | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21    | 0019      | Employer Physical Primary Address                      | 40 A/N | MC | NA | Y  | MC   | IA  | MC | IA | \$   |
| R21    |           | Employer Physical Secondary Address                    | 40 A/N | IA | NA | Y  | IA   | IA  | IA | IA | \$   |
| R21    | 0164      | Employer Physical Country Code                         | 3 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21    | 0159      | Employer Contact Business Phone Number                 | 15 A/N | IA | NA | Y  | IA   | IA  | IA | IA | \$   |
| R21    | 0160      | Employer Contact Name                                  | 40 A/N | IA | NA | Y  | IA   | IA  | IA | IA | \$   |
| R21    | 0163      | Employer Mailing Information/Attention Line            | 50 A/N | NA | NA | Υ  | NA   | NA  | NA | NA | \$   |
| R21    | 0165      | Employer Mailing City                                  | 15 A/N | MC | NA | Υ  | MC   | IA  | MC | IA | \$   |
| R21    | 0166      | Employer Mailing Country Code                          | 3 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21    | 0167      | Employer Mailing Postal Code                           | 9 A/N  | MC | NA | Y  | MC   | IA  | MC | IA | \$   |
| R21    | 0168      | Employer Mailing Primary Address                       | 40 A/N | MC | NA | Y  | MC   | IA  | MC | IA | \$   |
| R21    | 0169      | Employer Mailing Secondary Address                     | 40 A/N | IA | NA | Y  | IA   | IA  | IA | IA | \$   |
| R21    | 0170      | Employer Mailing State Code                            | 2 A/N  | MC | NA | Y  | MC   | IA  | MC | IA | \$   |
| R21    | 0060      | Occupation Description                                 | 50 A/N | IA | NA | Y  | IA   | IA  | IA | IA | \$   |
| R21    | 0199      | Full Denial Effective Date                             | Date   | Х  | NA | Y  | М    | Х   | Х  | Х  | \$   |
| R21    | 0073      | Claim Status Code                                      | 1 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21    | 0074      | Claim Type Code  | 1 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21    | 0077      | Late Reason Code                                       | 2 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21    | 0273      | Employer Paid Salary in Lieu of Compensation Indicator | 1 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| Variab | le Seg    | ment Counters  |        |    |    |    |      |     |    |    |      |
| R21    | 0274      | Number of Accident/Injury Description Narratives       | 2 N    | F  | F  | F  | F    | F   | F  | F  | F    |
| R21    | 0277      | Number of Full Denial Reason Codes                     | 2 N    | F  | F  | F  | F    | F   | F  | F  | F    |
| R21    | 0276      | Number of Denial Reason Narratives                     | 2 N    | F  | F  | F  | F    | F   | F  | F  | F    |
| R21    |           | Number of Managed Care Organizations                   | 2 N    | F  | F  | F  | F    | F   | F  | F  | F    |
| R21    |           | Number of Witnesses                                    | 2 N    | F  | F  | F  | F    | F   | F  | F  | F    |
| Variab | · · · · · | Iments   |        |    |    |    |      |     |    |    |      |
|        |           | lent/Injury Description Narratives                     |        |    |    |    | r    |     |    | 1  |      |
| R21    | 0038      | Accident/Injury Description Narrative                  | 50 A/N | М  | NA | Y  | Μ    | IA  | Μ  | IA | \$   |

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|-----|--------|---|--------|----|----|----|------|-----|----|----|------|
| REC | DN#    | DATA ELEMENT NAME                               | Format | 00 | 01 | 02 | 04   | AQ  | AU | UI | * CO |
|     | Full D | enial Reason Codes                              |        |    |    |    |      |     |    |    |      |
| R21 | 0198   | Full Denial Reason Code                         | 2 A/N  | Х  | NA | Y  | Μ    | Х   | Х  | Х  | \$   |
|     | Full D | enial Reason Narratives                         |        |    |    |    |      |     |    |    |      |
| R21 | 0197   | Denial Reason Narrative                         | 50 A/N | Х  | NA | Y  | Μ    | Х   | Х  | Х  | \$   |
|     | Mana   | ged Care Organizations                          |        |    |    |    |      |     |    |    |      |
| R21 | 0207   | Managed Care Organization Code                  | 2 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21 | 0209   | Managed Care Organization Name                  | 40 A/N | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21 | 0208   | Managed Care Organization Identification Number | 9 A/N  | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
|     | Witne  | sses  |        |    |    |    |      |     |    |    |      |
| R21 | 0238   | Witness Name                                    | 40 A/N | NA | NA | Y  | NA   | NA  | NA | NA | \$   |
| R21 | 0237   | Witness Business Phone Number                   | 15 A/N | NA | NA | Y  | NA   | NA  | NA | NA | \$   |

| FRO  | I DATA ELEMENT                        |   |   |
|------|---------------------------------------|---|---|
| DN#  | DATA ELEMENT NAME                     | BUSINESS CONDITION(S)   | TECHNICAL CONDITION(S)  |
| 0005 | Jurisdiction Claim Number             | If MTC 04 previously reported and accepted, and JCN assigned. If FROI 00 or FROI 04 follows a FROI UI, then it is mandatory.                  | If DN0002 = 00 or 04.   |
| 0007 | Insurer Name                          | If the 04 is the Org. FROI then the Insurer Name is mandatory.  | If DN0002 = 04 and is establishing document.  |
| 0017 | Insured Name                          | If the 04 is the original FROI and the Full Denial Reason Code (DN0198) is not = to 3E, then the Insured Name is mandatory.                   | If DN0002 = 04 and is establishing document and DN0198 is not = to 3E.                            |
|      | Employer Physical Primary Address     | Required when the responsible party is an Insured.  | If DN0184 Insured Type Code = I-Insured then mandatory.   |
|      | Employer Physical City                | Required when the responsible party is an Insured.  | If DN0184 Insured Type Code = I-Insured then mandatory.   |
| 0022 | Employer Physical State Code          | Required when the responsible party is an Insured.  | If DN0184 Insured Type Code = I-Insured then mandatory.   |
| 0023 | Employer Physical Postal Code         | Required when the responsible party is an Insured.  | If DN0184 Insured Type Code = I-Insured then mandatory.   |
| 0027 | Insured Location Identifier           | Required when Insured Type Code not = 'S'. On MTC 04, Full denial reason code does not = 3E- no coverage or 3D - no coverage, no              | If DN0184 Insured Type Code not = S-Self Insured then mandatory. On MTC 04, DN0198 not = 3E or    |
| 0028 | Policy Number Identifier              | Required when Insured Type Code not = 'S'. On MTC 04, Full denial reason code does not = 3E- no coverage or 3D - no coverage, no juridiction. | If DN0184 Insured Type Code not = S-Self Insured then mandatory. On MTC 04, DN0198 not = 3E or 3D |
|      | Time of Injury                        | If the 04 or AU is the Org. FROI then the Time of Injury is mandatory.  | If DN0002 = 04 or DN0002 = AU, and is establishing document.                                      |
| 0042 | Employee SSN                          | Required if Green Card or Employee ID Assigned by Jurisdiction not entered.   | If DN 0270 Employee ID Type Qualifier = S.  |
| 0055 | Employee Number of Dependents         | If a date of death is populated, then mandatory.  | If DN0057 Employee Date of Death is present, then mandatory.                                      |
| 0056 | Initial Date Disability Began         | Mandatory when claim is lost time.  | If DN0073 Claim Status Code is O or R and DN0074 Claim Type Code is I or L.                       |
| 0057 | Employee Date of Death                | If the Benefit Type Code is fatal (010) or Death Result of Injury Code = Y.   | If DN0085 = 010 or DN0146 = Y.  |
| 0062 | C C C C C C C C C C C C C C C C C C C | Required for Lost Time Claims.  | DN0063 Wage Period Code is present or DN0074<br>Claim Type Code is I or L.                        |
|      | Wage Period Code                      | M if first FROI and Claim Type Code (DN0074) = I or L.  | M if first FROI and DN0074 Claim Type Code is I<br>or L.  |
| 0065 | Initial Date Last Day Worked          | Required for Lost Time Claims.  | DN0073 Claim Status Code is O or R and DN0074<br>Claim Type Code is I or L.                       |

| FRC  | DI DATA ELEMENT                      |  |  |
|------|--------------------------------------|--|--|
| DN#  | DATA ELEMENT NAME                    | BUSINESS CONDITION(S)  | TECHNICAL CONDITION(S)   |
| 0120 | Accident Site Organization Name      | Required if the location of injury is a Lessee. Mandatory if the Date  | If DN0249 Accident Premises Code = L.                                    |
| 0120 |                                      | Claim Administrator had knowledge of the injury is on or after the R3 implementation date.   |  |
| 0121 | Accident Site City                   | Required if the location of injury is a Lessee. Mandatory if the Date<br>Claim Administrator had knowledge of the injury is on or after the R3<br>implementation date. | If DN0249 Accident Premises Code = L.                                    |
| 0122 | Accident Site Street                 | Required if the location of injury is a Lessee. Mandatory if the Date<br>Claim Administrator had knowledge of the injury is on or after the R3<br>implementation date. | If DN0249 Accident Premises Code = L.                                    |
| 0123 | Accident Site State Code             | Required if the location of injury is a Lessee. Mandatory if the Date<br>Claim Administrator had knowledge of the injury is on or after the R3<br>implementation date. | If DN0249 Accident Premises Code = L.                                    |
| 0146 | Death Result of Injury Code          | Required if death is a result of the injury. Mandatory if the Date Claim<br>Administrator had knowledge of the injury is on or after the R3<br>implementation date.    | If DN0057 Employee Date of Death is present.                             |
| 0153 | Employee Green Card                  | Required if SSN or Employee ID Assigned by Jurisdiction not entered.   | If DN0270 Employee ID Type Qualifier = G.                                |
| 0154 | Employee ID Assigned by Jurisdiction | Required if Employee Green Card or SSN not entered.  | When DN0270 Employee ID Type Qualifier = A, then mandatory.              |
| 0165 | Employer Mailing City                | Required when the responsible party is an Insured. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.    | If DN0184 Insured Type Code = I-Insured then mandatory.                  |
| 0167 | Employer Mailing Postal Code         | Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.   | Migration from R1 to R3.   |
| 0168 | Employer Mailing Primary Address     |  | If DN0184 Insured Type Code = I-Insured then mandatory.                  |
| 0170 | Employer Mailing State Code          | Required when the responsible party is an Insured. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.    | If DN0184 Insured Type Code = I-Insured then mandatory.                  |
| 0184 | Insured Type Code                    | If the 04 is the Org. FROI and the Full Denial Reason Code is not = to 3E the Insured Type Code is mandatory.  | If DN0002 = 04 and is establishing document and DN0198 does not = $3E$ . |
|      | Insurer Type Code                    | If the 04 is the Org. FROI then the Insurer Type Code is mandatory.  | If DN0002 = 04 and is establishing document.                             |
| 0189 | Return to Work Type Code             | Required if injured worker released to RTW or actually returned to work.   | If DN0068 Initial Return to Work Date is present.                        |

| FRC  | DI DATA ELEMENT                 |   |   |
|------|---------------------------------|---|---|
| DN#  | DATA ELEMENT NAME               | BUSINESS CONDITION(S)   | TECHNICAL CONDITION(S)                            |
|      |                                 |   |   |
| 0224 | Physical Restrictions Indicator | Required if physical restrictions in place upon release and or RTW.   | If DN0068 Initial Return to Work Date is present. |
| 0249 | Accident Premises Code          | If the 04 is the Org. FROI then the Accident Premises Code is mandatory.  | If DN0002 = 04 and is establishing document.      |
| 0290 | Type of Loss                    | Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.  | Migration from R1 to R3.                          |
| 0314 | Insured FEIN                    | If the 04 is the Org. FROI then the Insured FEIN is mandatory.<br>Mandatory if the Date Claim Administrator had knowledge of the injury<br>is on or after the R3 implementation date. | If DN0002 = 04 and is establishing document.      |

M (Mandatory) MC (Mandatory/Conditional) E (Expected) EC (Expected/Conditional) IA (If Applicable/Available) NA (Not Applicable) R (Restricted) F (Fatal Technical) X (Exclude) FC (Fatal/Conditional) - Limited to 02 Change. Essential data elements that are required for a variable segment to be processed. These data elements must be FY (Fatal yes change) Essential data elements which are nessesary for a transmission/transaction that can be changed on a MTC 02. Y (Yes Change) limited to 02 Change YC (Yes Change/conditional) limited to 02 Change N (No Change) limited to 02 Change Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction. Lower case Claim Administrator Postal Code (DN0014) and related address fields should be populated with: O Mailing or O Physical

Migration Considerations:

Refer to Claims R1 to R3 Migration http://www.iaiabc.org/i4a/pages/index.cfm?pageid=3347 Refer to Element Requirement Table Instructions

|        |         |  |        |                            |        | SRC | л м | TC'S |       |    |    |    |    |    |    |    |    |    |    |      |      |       |     |    |      |    |    |    |     |            |            |    |    | DIC |
|--------|---------|--|--------|----------------------------|--------|-----|-----|------|-------|----|----|----|----|----|----|----|----|----|----|------|------|-------|-----|----|------|----|----|----|-----|------------|------------|----|----|-----|
| REC    | DN#     | DATA ELEMENT NAME  | FORMAT | Migration<br>Consideration | Format | 02  | 04  | АВ   | АР    | CA | СВ | CD | EP | ER | FN | IP | P1 | P4 | P7 | PD I | PY I | RB \$ | S1  | S2 | S3   | S4 | S5 | S6 | S7  | <b>S</b> 8 | <b>S</b> 9 | SD | VE | вм  |
| A49    | 0001    | Transaction Set ID   | 3 A/N  | NI                         |        | F   | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    |    |    | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0002    | Maintenance Type Code  | 2 A/N  | NI                         |        | F   | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    | F  | F  | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0003    | Maintenance Type Code Date                                   | DATE   | NI                         |        | F   | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    |    |    | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0004    | Jurisdiction Code  | 2 A/N  | NI                         |        | F   | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    | F  | F  | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0006    | Insurer FEIN   | 9 A/N  | NI                         |        | FY  | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    | F  | F  | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0014    | Claim Administrator Postal Code                              | 9 A/N  | NI                         |        | FY  | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    | F  | F  | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0055    | Employee Number of Dependents                                | 2 N    | NI                         |        | Ν   | NA  | NA   | NA    | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA   | I Al | NA I  | ٨N  | NA | NA   | NA | NA | NA | NA  | NA         | NA         | NA | NA | NA  |
| A49    | 0069    | Pre-existing Disability Code                                 | 1 A/N  | NI                         |        | Y   | IA  | IA   | IA    | IA | IA | IA | IA | IA | IA | IA | IA | IA | IA | IA   | A    | IA    | IA  | IA | IA   | IA | IA | IA | IA  | IA         | IA         | IA | IA | IA  |
| A49    | 0056    | Initial Date Disability Began                                | DATE   | NI                         |        |     | MC  |      | IA    | IA | IA | М  | М  | NA | IA | M  | МС | MC | MC | MC   | IC I | MC N  | /IC | MC | MCI  | ΝС | MC | МС | MCI | MC         | MC         | MC | MC | IA  |
| A49    | 0070    | Date of Maximum Medical Improvement                          | DATE   | NI                         |        | Y   | Х   | NA   | IA    | NA | NA | NA | NA | NA | IA | NA | IA | NA | NA | NA   | A    | IA    | A   | NA | NA   | NA | NA | NA | NA  | NA         | NA         | NA | NA | NA  |
| A49    | 0072    | Current Return to Work Date                                  | DATE   | NI                         |        |     |     |      | NA    | IA | IA | Х  | NA | NA | IA | NA | МС | IA | IA | IA   | Α    | ΧI    | ЛC  | IA | IA I | NA | IA | IA | IA  | IA         | IA         | IA | IA | NA  |
| A49    | 0057    | Employee Date of Death                                       | DATE   | NI                         |        | Y   | MC  | MC   | MC    | MC | MC | М  | NA | NA | MC | MC | Х  | М  | NA | NA   | AI   | NA    | Х   | NA | NA   | М  | Х  | Х  | NA  | NA         | NA         | IA | NA | NA  |
| A49    | 0063    | Wage Period Code   | 2 A/N  | NI                         |        | Y   | IA  | М    | Μ     | IA | IA | IA | М  | IA | IA | М  | IA | IA | IA | IA   | Α    | IA    | A   | IA | IA   | IA | IA | IA | IA  | IA         | IA         | IA | IA | М   |
| A49    | 0064    | Number of Days Worked Per Week                               | 1 N    | NI                         |        | Y   | NA  | М    | М     | IA | IA | IA | М  | IA | IA | М  | IA | IA | IA | IA   | A    | IA    | IA  | IA | IA   | IA | IA | IA | IA  | IA         | IA         | IA | IA | М   |
| A49    | 0031    | Date of Injury   | DATE   | NI                         |        | n   | М   | М    | Μ     | Μ  | М  | М  | М  | М  | м  | М  | М  | М  | М  | М    | М    | М     | М   | М  | М    | М  | М  | М  | М   | М          | М          | М  | М  | М   |
| A49    | 0026    | Insured Report Number  | 25 A/N | NI                         |        | Y   | NA  | NA   | NA    | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA   | I AI | NA    | A   | NA | NA   | NA | NA | NA | NA  | NA         | NA         | NA | NA | NA  |
| A49    | 0015    | Claim Administrator Claim Number                             | 25 A/N | NI                         |        | FY  | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    | F  | F  | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0005    | Jurisdiction Claim Number                                    | 25 A/N | NI                         |        | n   | М   | М    | IA    | Μ  | М  | М  | М  | М  | М  | М  | М  | М  | М  | М    | М    | М     | М   | М  | М    | М  | М  | М  | М   | М          | М          | М  | М  | М   |
| A49    | 0073    | Claim Status Code  | 1 A/N  | NI                         |        | Y   | М   | М    | IA    | М  | М  | М  | М  | М  | М  | М  | М  | М  | М  | М    | м    | М     | М   |    |      | М  | М  | М  | М   | М          | М          | М  | NA | М   |
| A49    | 0074    | Claim Type Code  | 1 A/N  | NI                         |        | Y   | М   | М    | MC    | Μ  | М  | М  | М  | М  | М  | М  | М  | М  | М  | М    | м    | М     | М   | М  | М    | М  | М  | М  | М   | М          | М          | М  | NA | М   |
| A49    | 0075    | Agreement to Compensate Code                                 | 1 A/N  | NI                         |        | Y   | Х   | IA   | IA    | IA | IA | IA | Х  | Х  | IA | NA | NA | NA | NA | NA   | AI   | NA    | A   | NA | NA   | NA | NA | NA | NA  | NA         | NA         | NA | NA | NA  |
| A49    | 0076    | Date Claim Administrator Notified of Employee Representation | DATE   | NI                         |        | Y   | IA  | IA   | IA    | IA | IA | IA | IA | IA | IA | IA | IA | IA | IA | IA   | A    | IA    | IA  | IA | IA   | IA | IA | IA | IA  | IA         | IA         | IA | IA | IA  |
| A49    | 0077    | Late Reason Code   | 2 A/N  | NI                         |        | Y   | NA  | IA   | IA    | IA | IA | IA | IA | IA | NA | IA | IA | IA | IA | IA   | Α    | IA    | IA  | IA | IA   | IA | IA | IA | IA  | IA         | IA         | IA | NA | IA  |
| Variab | le Segn | nent Counters  |        |                            |        |     |     |      |       |    |    |    |    |    |    |    |    |    |    |      |      |       |     |    |      |    |    |    |     |            |            |    |    |     |
| A49    | 0078    | Number of Permanent Impairments                              | 2 N    | NI                         |        | F   | F   | F    | F     | F  |    | F  |    | F  |    |    |    | F  | F  | F    |      |       |     | F  | F    |    |    | F  | F   | F          | F          | F  | F  | F   |
| A49    | 0082    | Number of Death Dependent/Payee Relationships                | 2 N    | NI                         |        | F   | F   | F    | F     | F  | F  | F  | F  | F  | F  | F  | F  | F  | F  | F    | F    | F     | F   | F  | F    | F  | F  | F  | F   | F          | F          | F  | F  | F   |
| Variab | le Segn | nents  |        |                            |        |     |     |      |       |    |    |    |    |    |    |    |    |    |    |      |      |       |     |    |      |    |    |    |     |            |            |    |    |     |
|        | Perma   | nent Impairments   |        |                            |        |     |     |      | s mus |    |    |    |    |    |    |    |    |    |    |      |      |       |     |    |      |    |    |    |     |            |            |    |    |     |
| A49    | 0083    | Permanent Impairment Body Part Code                          | NA     | NI                         |        |     |     |      | IA    |    |    |    |    |    |    |    |    |    |    |      |      |       |     |    |      |    |    |    |     |            |            |    |    | IA  |
| A49    | 0084    | Permanent Impairment Percentage                              | 3.2 N  | NI                         |        | Y   | Х   | MC   | IA    | NA | MC | Х  | NA | NA | IA | MC | NA | NA | NA | NA   | A    | NC I  | A   | NA | NA   | NA | NA | NA | NA  | NA         | NA         | NA | NA | IA  |
|        | Death/  | Dependent/Payee Relationships                                |        |                            |        |     |     |      |       |    |    |    |    |    |    |    |    |    |    |      |      |       |     |    |      |    |    |    |     |            |            |    |    |     |

| 1          |              |  |                  |                            |        | SRC     | л м     | TC'S     |         |      |     |           |    |      |              |            |    |         |            |               |      |    |            |         |          |       | Т        | Т            | Т     |          | DIC      |
|------------|--------------|--|------------------|----------------------------|--------|---------|---------|----------|---------|------|-----|-----------|----|------|--------------|------------|----|---------|------------|---------------|------|----|------------|---------|----------|-------|----------|--------------|-------|----------|----------|
|            |              |  |                  | 5                          |        |         |         |          |         |      |     |           |    |      |              |            |    |         |            |               |      |    |            |         |          |       |          | -            |       | -        |          |
| REC        | DN#          | DATA ELEMENT NAME  | FORMAT           | Migration<br>Consideration | Format | 02      | 04      | АВ       | AP      | CA   | СВ  | CD E      | EP | ER F | N            | IP P1      | P4 | P7 P    | DF         | Y RE          | S1   | S2 | <b>S</b> 3 | S4      | S5       | S6 \$ | 37 S     | S8 S9        | ) SD  | VE       | вм       |
| A49        | 0097         | Dependent/Payee Relationship Code                                      | 2 A/N            | NI                         |        | Y       | Х       | IA       | MC      | MC   | мс  | ΧI        | IA | IA I | IA N         | NC X       | Х  | IA I    | A I        | A IA          | Х    | Х  | IA         | х       | Х        | ΧI    | AI       | A IA         | IA    | х        | IA       |
| R22        | 0001         | Transaction Set ID   | 3 A/N            | NI                         |        | F       | F       | F        | F       | F    | F   | F         | F  | F    | F            | FF         | F  | F       | - 1        | FF            | F    | F  | F          | F       | F        | F     | FI       | FF           | F     | F        | F        |
|            |              | Maintenance Type Correction Code                                       | 2 A/N            | NI                         |        | Х       | Х       | Х        | Х       | Х    | х   | X         | Х  | X    | х            | х х        | Х  | X       | (          | х х           | Х    | Х  | Х          | Х       | Х        | X     | X X      | х х          | Х     | Х        | Х        |
| R22        | 0296         | Maintenance Type Correction Code Date                                  | DATE             | NI                         |        | Х       | Х       | Х        | Х       | Х    | Х   | X         | Х  | X    | Х            | X X        | Х  | X       | ( )        | х х           | Х    | Х  | Х          | Х       | Х        | Х     | X        | X X          | Х     | Х        | Х        |
| R22        |              | Date Claim Administrator Had Knowledge of Lost Time                    | DATE             | v                          |        |         | NA      | IA       |         |      |     |           |    |      |              | A IA       |    |         |            | A IA          |      |    | IA         | IA      | IA       |       |          | IA IA        |       |          | IA       |
| R22        | 0186         | Jurisdiction Branch Office Code  | 2 A/N            | L                          |        |         | NA      | NA       |         |      |     |           |    |      |              | NA NA      | _  |         |            | IA NA         | _    |    | NA         |         | NA       |       |          | NA NA        |       | _        |          |
| R22        |              | Claim Administratoristrator Claim Number                               | 25 A/N           | NI                         |        | FY      | F       | F        | F       | F    |     | -         |    |      |              | FF         | _  |         |            | FF            | _    |    | F          | F       | F        |       |          | FF           |       | F        | F        |
| R22<br>R22 | 0187<br>0188 | Claim Administrator FEIN<br>Claim Administrator Name                   | 9 A/N<br>40 A/N  | NI<br>NI                   |        | FY<br>Y | F       | F        | F       |      |     |           |    |      |              | F F<br>M M | _  |         |            | F F<br>M M    | _    |    | F          | F       | F        |       |          | F F<br>M M   |       | F        | M        |
| R22        | 0188         | Claim Administrator Claim Representative Name                          | 40 A/N<br>40 A/N | NI                         |        |         | NA      | M        | M       |      |     |           |    |      |              | M NA       | _  |         |            | M             | M    |    | M          | M       | M        |       |          | MM           |       | NA       |          |
|            |              | Claim Administrator Claim Representative Nume                          | 15 A/N           | NI                         |        |         | NA      | M        |         |      |     |           |    |      |              | M NA       | _  |         |            | M M           | _    |    | M          | M       | M        |       |          | MM           |       | _        |          |
| R22        | 0138         | Claim Administrator Claim Representative Email Address                 | 80 A/N           | NI                         |        |         | NA      | IA       |         |      |     |           |    |      |              |            |    |         | AI         |               |      |    | IA         |         | IA       |       |          |              |       |          |          |
| R22        | 0139         | Claim Administrator Claim Representative Fax Number                    | 10 A/N           | NI                         |        |         | NA      | IA       |         | IA   |     |           |    |      |              | A NA       | _  |         | AI         |               | _    |    |            |         | IA       |       |          | IA IA        |       | NA       |          |
| R22        | 0270         | Employee ID Type Qualifier   | 1 A/N            | NI                         |        | n       | М       | М        | М       | М    | М   | M         | М  | M    | M            | MM         | Μ  | M       | 1          | M             | М    | М  | Μ          | М       | М        | M     | M        | MM           | М     | М        | М        |
| R22        | *            | Employee ID  |                  | -                          |        |         |         |          |         |      |     |           |    |      |              |            |    | positio |            |               |      |    |            |         |          |       |          |              |       |          |          |
|            | 0042         | Employee SSN   | 15 A/N           | NI                         | **     |         | MC      | MC       | MC      | MC   |     |           |    |      |              |            | -  | MC N    | _          |               | MC   |    | MC         | MC      | MC       | MC    |          | IC MC        | ; MC  | MC       | MC       |
|            | 0152         | Employee Employment Visa   | 15 A/N           | NI                         |        | >       | >       | >        | >       | >    |     | >         |    | >    | >            | > >        | >  | > :     |            | > >           | >    | >  | >          | >       | >        | >     | > :      | > >          | >     | >        | >        |
|            | 0153         | Employee Green Card  | 15 A/N           | NI                         | **     |         | MC      |          |         | MC   |     |           |    | MC N |              |            | MC |         | CN         |               | _    | MC |            |         |          |       |          |              |       | MC       |          |
|            | 0154<br>0156 | Employee ID Assigned by Jurisdiction<br>Employee Passport Number       | 15 A/N<br>15 A/N | NI<br>NI                   |        | n<br>>  | MC<br>> | MC >     | MC<br>> | MC > |     | MC N<br>> |    |      | /IC   N<br>> |            | MC |         |            | IC MC         | MC > | _  | MC >       | MC<br>> | MC >     |       |          | /C MC        | -     | MC >     | MC       |
| R22        | 0156         | Employee Passport Number   | 40 A/N           | NI                         |        | N       | M       | M        |         |      |     |           |    |      |              | <u>м</u> м |    |         |            | M M           |      |    | M          | M       | M        |       |          | <u>м</u> м   |       |          | M        |
| R22        | 0040         | Employee First Name  | 15 A/N           | NI                         |        | N       | M       | M        | M       |      |     |           |    |      |              | MM         | _  |         |            | M N           | _    |    | M          | M       | M        |       |          | мм           |       | M        | M        |
| R22        | 0045         | Employee Middle Name/Initial   | 15 A/N           | NI                         |        |         | NA      | NA       |         |      |     |           |    |      |              | NA NA      |    |         | AN         |               |      |    |            |         | NA       |       |          | NA NA        |       |          |          |
|            |              | Employee Last Name Suffix  | 4 A/N            | NI                         |        | Ν       | NA      | NA       | NA      | NA   | NA  | NAN       | NA | NAN  | NA N         | NA NA      | NA | NA N    | AN         | IA NA         | NA   | NA | NA         | NA      | NA       | NA    | NA N     | NA NA        | A NA  | NA       | NA       |
| R22        | 0052         | Employee Date of Birth   | DATE             | NI                         |        | Ν       | NA      | NA       | NA      | NA   | NA  | NA        | NA | NAN  | NA N         | NA NA      | NA | NA N    | AN         | IA NA         | NA   | NA | NA         | NA      | NA       | NA M  | NA N     | NA NA        | A NA  | NA       | NA       |
| R22        | 0054         | Employee Marital Status Code   | 1 A/N            | NI                         |        |         | NA      | NA       |         |      |     |           |    |      |              | NA NA      |    |         |            | IA NA         |      |    |            |         | NA       |       |          | NA NA        |       |          |          |
| R22        | 0151         | Employee Education Level   | 2 N              | L                          |        |         | NA      | IA       |         |      |     |           |    |      |              | IA NA      | _  |         |            | A IA          | _    |    | IA         | IA      | IA       |       |          | IA IA        |       |          |          |
| R22        | 0213         | Employee Number of Entitled Exemptions                                 | 2 N              | L                          |        | Y       | X       | NA       |         |      |     |           |    |      |              | NA X       | _  |         |            | IA NA         | _    |    | X          | X       | X        | -     |          | X X          |       | X        | NA       |
| R22<br>R22 | 0201<br>0202 | Anticipated Wage Loss Indicator<br>Reduced Benefit Amount Code         |                  | L                          |        | Y<br>Y  | X       | X        | X       |      |     |           |    |      |              | X X        |    |         |            | X X<br>A IA   |      |    | X          | X       | XIA      |       |          | X X<br>IA IA |       |          | <u> </u> |
| R22        | 0202         | Employee Tax Filing Status Code  | 1 A/N            |                            |        | v       | X       | NA       |         |      |     |           |    |      |              | NA X       | _  |         |            | A IA          | _    |    | X          | X       | X        | -     |          | X X          |       |          | IA<br>NA |
|            |              | Death Result of Injury Code  | 1 A/N            |                            |        | Ý       | IA      |          |         | NA   |     | MCN       |    |      |              |            |    |         |            |               |      |    |            | MC      | x        |       |          |              |       |          |          |
| R22        |              | Insured FEIN   | 9 A/N            | L                          |        |         | NA      | MC       | -       |      |     | -         | -  | -    |              | IC MC      | _  |         | _          |               |      | _  |            | -       | MC       |       |          |              |       | _        | MC       |
| R22        | 0292         | Insolvent Insurer FEIN   | 9 A/N            | NI                         |        | Y       | IA      | IA       | IA      | IA   | IA  | IA I      | IA | IA I | IA I         | IA IA      | IA | IA I    | A I        | A IA          | IA   | IA | IA         | IA      | IA       | IA I  | IA I.    | IA IA        | IA IA | IA       | IA       |
| R22        | 0016         | Employer FEIN  | 9 A/N            | NI                         |        | Y       | IA      | IA       | IA      | IA   | IA  | IA I      | IA | IA I | IA           | IA IA      | IA | IA I    | A I        | A IA          | IA   | IA | IA         | IA      | IA       | IA I  | IA L     | IA IA        | IA IA | IA       | IA       |
| R22        | 0023         | Employer Physical Postal Code  | 9 A/N            | NI                         |        |         | NA      | NA       |         |      |     |           |    |      |              | NA NA      | _  |         | AN         |               | _    |    |            |         |          |       |          | NA NA        |       | NA       |          |
| R22        |              | Return to Work with Same Employer Indicator                            | 1 A/N            | v                          |        |         | NA      | NA       |         | NA   |     |           |    |      |              | AI A       | _  |         |            | A NA          | _    | NA |            |         |          |       |          | A X          |       |          |          |
| R22        | 0281         | Date Employer Had Knowledge of Date of Disability                      | DATE             | L                          |        |         | NA      | NA       |         |      |     |           |    |      |              | NA NA      |    |         | AN         |               |      |    |            |         |          |       |          | NA NA        |       |          |          |
| R22<br>R22 | 0212<br>0172 | Non-Consecutive Period Code<br>Estimated Gross Weekly Amount Indicator | 1 A/N<br>1 A/N   | NI<br>V                    |        | Y<br>Y  | X       | NA<br>IA |         | NA   |     |           |    |      |              | NA NA      | _  |         | A N<br>A I | IA NA<br>A IA | _    |    | NA         |         | NA<br>NA |       |          | NA NA        |       |          | X        |
| R22<br>R22 | 0172         | Current Date Last Day Worked   | DATE             | v                          |        | Y       | x       | NA       |         | NA   |     |           |    |      |              |            |    |         | AI         |               |      |    |            |         |          |       |          |              |       |          |          |
|            |              | Current Date Disability Began  | DATE             | v                          |        |         | NA      |          | MC      |      | _   |           |    |      |              |            |    |         |            |               |      | NA |            |         | NA       |       |          |              |       | _        |          |
| R22        | 0065         | Initial Date Last Day Worked   | DATE             | NI                         |        |         | NA      | IA       | -       | IA   |     |           |    |      | _            | A IA       | _  |         |            | A IA          |      |    | IA         |         | IA       |       |          | IA IA        |       | _        | IA       |
| R22        | 0189         | Return to Work Type Code   | 1 ID             | NI                         |        | Y       | NA      | NA       |         |      |     |           |    |      |              | NA MC      |    |         | A I        |               |      |    |            |         | NA       |       |          | NA NA        | A NA  | IA       | NA       |
| R22        |              | Physical Restrictions Indicator  | 1 A/N            | NI                         |        | Y       | MC      | MC       | MC      | MC   | MC  | MCN       | NC |      |              | IC MC      |    |         | CN         |               |      | MC |            | NA      | MC       | MC    | NC M     | VC WC        | ) MC  | MC       | MC       |
| R22        | 0193         | Suspension Effective Date  | DATE             | NI                         |        | Y       | Х       | Х        | Х       |      |     |           |    |      |              | X M        | _  |         |            | х х           | _    |    | Μ          | М       | М        |       |          | MM           |       |          | Х        |
| R22        | 0199         | Full Denial Effective Date   | DATE             | NI                         |        | Y       | Μ       | х        | X       |      |     |           |    |      |              | X X        |    |         |            | х х           |      |    | Х          | X       | X        |       |          | х х          |       |          | х        |
| R22        | 0196         | Denial Rescission Date   | DATE             | NI                         |        | Y       | X       | X        | IA      | X    |     |           |    |      |              | A X        | _  |         |            | A IA          | _    |    | Х          | X       | Х        |       |          | X X          |       |          |          |
| R22        | 0294         | Partial Denial Code  | 1 A/N            | NI                         |        | Y<br>Y  | X       | X        | X       |      |     |           |    |      |              | X X        |    |         |            | X X           | _    |    | X          | X       | X        |       |          | X X          |       | X        | X        |
| R22<br>R22 |              | Calculated Weekly Compensation Amount Wage Effective Date              | \$9.2<br>DATE    | NI<br>L                    |        | -       | NA      | NA       |         | NA   |     |           |    |      | NA N<br>NA N | NA NA      |    |         | A N        | IA NA         |      |    | NA<br>NA   |         | NA<br>NA |       |          | NA NA        |       |          |          |
| R22<br>R22 |              | Discontinued Fringe Benefits   | \$9.2            | NI                         |        | Y       | X       |          |         |      |     |           |    |      |              | NA NA      | _  |         |            |               | _    | _  |            |         |          |       |          |              |       |          |          |
| R22        | 0290         | Type of Loss Code  | 2 A/N            | L                          |        | N       | NA      |          |         |      |     |           |    |      |              |            |    |         |            |               |      |    |            |         |          |       |          |              |       |          |          |
|            |              | Employment Status Code   | 2 A/N            | NI                         |        |         | NA      |          |         | NA   |     |           |    | NA N |              |            |    | NA N    |            |               |      | NA |            |         |          |       |          |              |       | NA       |          |
|            |              |  | 27010            |                            |        |         |         |          |         |      | 1 - |           |    |      |              |            |    |         |            |               | 1    | 1  |            |         |          |       | <u> </u> |              |       | <u> </u> | L        |

| Rec         DN1 & ELEMENT NAME         FORM 7         Str. 2         Str. 4         DA1 & ELEMENT NAME         FORM 7         Str. 2         DIA & ELEMENT NAME         FORM 7         Str. 2         DIA & ELEMENT NAME         FORM 7         Str. 2         DIA & ELEMENT NAME         FORM 7         DIA & ELEMENT NAME         DIA & ELEMENT NAME <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>SPO</th><th></th><th>TC'S</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>T</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Τ</th><th>DIC</th></t<>   |      |       |  |        |                            |        | SPO   |      | TC'S   |      |         |      |         |       |         |         | T       |         |         |        |         |          |        |         |        |           |          |          |         | Τ       | DIC      |
|---|------|-------|--|--------|----------------------------|--------|-------|------|--------|------|---------|------|---------|-------|---------|---------|---------|---------|---------|--------|---------|----------|--------|---------|--------|-----------|----------|----------|---------|---------|----------|
| 12       12       12       14 <th< th=""><th></th><th></th><th></th><th>I</th><th></th><th></th><th>3/0</th><th></th><th>103</th><th></th><th></th><th>-</th><th></th><th>-</th><th></th><th>_</th><th>_</th><th></th><th></th><th>-</th><th>-</th><th></th><th></th><th>_</th><th>_</th><th></th><th></th><th></th><th>-</th><th>+</th><th></th></th<>   |      |       |  | I      |                            |        | 3/0   |      | 103    |      |         | -    |         | -     |         | _       | _       |         |         | -      | -       |          |        | _       | _      |           |          |          | -       | +       |          |
| TE2       SOL       Intel Result is Vol. A. J.       I. A. J.       J. J.       <   | REC  | DN#   | DATA ELEMENT NAME                                      | FORMAT | Migration<br>Consideration | Format | 02    | 04   | АВ     | AP   | CAC     | вС   | D EP    | ER    | FN      | IP      | P1      | P4      | P7 PI   | D PY   | RB      | S1       | S2     | S3      | S4 S   | 55 S6     | S7       | S8 S     | 59 SE   | ) VE    | вм       |
| 12       10 <th< td=""><td>R22</td><td>0223</td><td>Permanent Impairment Minimum Payment Indicator</td><td>1 A/N</td><td>v</td><td></td><td>Y</td><td>NA</td><td>NA</td><td>мс</td><td>NA M</td><td>C N/</td><td>A NA</td><td>NA</td><td>IA</td><td>MC</td><td>NA</td><td>NA</td><td>NA N/</td><td>A NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td></td><td>IA NA</td><td>NA</td><td>NA N</td><td>IA NA</td><td>A NA</td><td>MC</td></th<>   | R22  | 0223  | Permanent Impairment Minimum Payment Indicator         | 1 A/N  | v                          |        | Y     | NA   | NA     | мс   | NA M    | C N/ | A NA    | NA    | IA      | MC      | NA      | NA      | NA N/   | A NA   | NA      | NA       | NA     | NA      |        | IA NA     | NA       | NA N     | IA NA   | A NA    | MC       |
| 122       Diam Pyrometry Statery (1.e. 0. Compension Enclose)       3.0       N   | R22  |       |  | DATE   | NI                         |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         | NA       |
| 12       217       Single Period Sample Period Period Sample Period Period Sample Period Period Sample Period Peri                           | R22  | 0066  | Full Wages Paid for Date of Injury Indicator           | 1 A/N  | NI                         |        | Y     | NA   | IA     | IA   | IA IA   | I IA | A IA    | NA    | NA      | IA      | NA      | NA      | NA N/   | A NA   | NA      | NA       | NA     | NA      | NAN    | IA NA     | NA       | NA N     | IA NA   | A IA    | IA       |
| P122       Dials / Normage Wage.       P132       N       V       N       V       N   | R22  | 0293  | Lump Sum Payment/Settlement Code                       | 2 A/N  | NI                         |        | YC    | Х    | Х      | Х    | ХХ      | X    | ( X     | Х     | Х       | Х       | Х       | Х       | ХХ      | MC     | X       | Х        | Х      | Х       | X      | х х       | Х        | X        | х х     | Х       | х        |
| Part       DATE       L       T       T       N </td <td>R22</td> <td>0273</td> <td>Employer Paid Salary in Lieu of Compensation Indicator</td> <td>1 A/N</td> <td>NI</td> <td></td> <td>Y</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA N</td> <td>× X</td> <td>(M</td> <td>М</td> <td>IA</td> <td>NA</td> <td>NA</td> <td>XI</td> <td>NA N/</td> <td>A NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>XN</td> <td>IA NA</td> <td>NA</td> <td>NA N</td> <td>IA NA</td> <td>A X</td> <td>NA</td>   | R22  | 0273  | Employer Paid Salary in Lieu of Compensation Indicator | 1 A/N  | NI                         |        | Y     | NA   | NA     | NA   | NA N    | × X  | (M      | М     | IA      | NA      | NA      | XI      | NA N/   | A NA   | NA      | NA       | NA     | NA      | XN     | IA NA     | NA       | NA N     | IA NA   | A X     | NA       |
| P12       OPAL       OPAL       V   | R22  | 0286  | Average Wage   | \$9.2  | NI                         |        | Y     | IA   | Μ      | М    | IA IA   | L IA | A M     | IA    | IA      |         |         |         |         |        |         |          |        |         |        |           | NA       | NA N     | IA NA   | ۸ NA    | IA       |
| 122       Column Administratory Advanced Poylar Code       N       Y       N  | R22  | 0297  | Initial Date of Lost Time                              | DATE   | L                          |        | Y     | NA   | NA     | NA   | NA N    | A N/ | A NA    | NA    | NA      | NA      | NA      | NA      | NA N/   | A NA   | NA      | NA       | NA     | NA      | NAN    | IA NA     | NA       | NA N     | IA NA   | ۱ NA    | NA       |
| Watch Segment Counters         P         F  | R22  | 0299  | Award/Order Date                                       | DATE   | V                          |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         | IA       |
| 122       208       Number of Benents       2 NI       NN       F<  | R22  | 0200  | Claim Administrator Alternate Postal Code              |        | NI                         |        | Y     | NA   | NA     | NA   | NA N    | A N/ | A NA    | NA    | NA      | NA      | NA      | NA      | NA N/   | A NA   | NA      | NA       | NA     | NA      | NAN    | IA NA     | NA       | NA N     | IA NA   | ۱ NA    | NA       |
| 122       Data       Market of Pognement       2 N       Na       F   |      |       | le Segment Counters                                    |        | _                          |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
| 122       2022       Number of Part Part Part Part Part Part Part Part  | R22  | 0288  | Number of Benefits                                     | 2 N    | NI                         |        |       | F    | F      | F    | FF      | F    | F       |       |         |         |         |         |         |        |         |          | F      |         | F      | FF        | F        | F        | FF      | F       | F        |
| P12       Column or demonstration       Column       Column <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td>-</td><td></td><td>-</td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td>-</td><td>-</td><td></td><td></td><td></td><td>-</td><td>-</td><td>-</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>-</td></th<>   |      |       |  |        |                            |        | -     | -    |        | -    |         | -    |         |       | -       |         | -       | -       |         |        |         | -        | -      | -       | -      |           |          |          |         |         | -        |
| P122       Q24       Number of Reduced Entrongs       2.N       Nu       F  | R22  | 0282  |  |        |                            |        |       |      |        | F    |         | _    |         | _     | _       |         |         |         |         |        | _       | F        |        |         |        |           |          |          |         |         |          |
| P122       Desp       Number of Packados Estinga       P  | R22  | 0289  | Number of Benefit ACR                                  | -      |                            |        | -     |      |        | F    |         |      |         | _     |         |         |         |         |         |        |         |          | -      |         |        |           |          |          |         |         |          |
| 122       202:       Number of Concurrent Employees       2 h       Nu       F  |      |       |  |        |                            |        |       |      |        | F    |         | -    |         |       | _       |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
| P22         OZY         Number of Full Densitel Resource Codes         2 N         NN         F </td <td></td>  |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
| 122       202       Number of Duratives       2 N       Nu       F  | -    |       |  |        |                            |        |       |      |        |      |         |      |         |       | _       |         | _       |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
| 122         2287         Number of Suggendion Nurratives         2         N         F     <  |      | -     |  |        |                            |        |       |      |        | -    |         |      |         |       |         |         |         |         |         |        |         |          | -      |         |        |           |          |          |         |         |          |
| Variable Segments         D <thd< th="">         D         D</thd<>   | -    |       |  |        |                            |        |       |      |        |      |         | _    |         | _     | _       |         |         |         |         | _      |         |          |        |         |        |           |          |          |         |         |          |
| Benefits         E0         E0         E1         <  |      |       |  | 2 N    | NI                         |        | F     | F    | F      | F    | FF      | F    | F       | F     | F       | F       | F       | F       | FF      | F      | F       | F        | F      | F       | F      | FF        | F        | F        | FF      | F       | F        |
| Process         Provide Name  |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         | _      |         |          |        |         |        | _         |          |          | _       |         | <u> </u> |
| P22         Code         Sanding Type Code         3 AN         Ni         FCC         Event Benefits Segment Requirements must be defined on the <i>Event Benefits Segment Req Tab</i> Req           222         Code         Annonance Type Code         2 AN         Ni         YC         For MitCriss RA, PC, RE, PF, RP, IP, PY (Benefits Type Codes other than SXX), RB, CA, RE 02, CD, CB, PL+PB, une men         men           222         Cort IN answerky Annount Effective Date         DATE         Ni         Y         For Attable Segment Requirements for WTC (See Variable Segment Population Rules in Versite)         Ort Segment Requirements for WTC (See Variable Segment Population Rules in Section 4)         ort Segment Segment Segment Population Rules in Section 4         ort Segment Segment Requirements for WTC (See Variable Segment Population Rules in Section 4)         Performance Segment Segment Segment Segment Requirements for WTC (See Variable Segment Population Rules in Section 4)         Performance Segment Segmen  |      | Benef | its  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         | -        |
| Test         DOI2         Maintenance Type Code         2 AN         N         Test         For MTC's:: AB, AP, CB, 'EP, EB, IP, PV (Benefit Type Codes other than 5XX); RB, CA, RE 02, CO, CB, P1-P9, memory         United to the segment cannot by MTC (See Variable Segment Population Rules is 'B', P1-P3, SD, SD, SD, SD, SD, SD, SD, SD, SD, SD  |      |       |  |        | 1                          |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        | rom th    | e Ber    | nefits s | segme   | ent ar  |          |
| B22       D174       Cross Weekly Amount Effective Date       DATE       NI       PJ, S1-8, D, SJ       PJ, S1-8, SJ <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Eve</td> <td></td> <td></td> <td>•</td> <td></td> <td>•</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |      |       |  |        |                            |        |       | Eve  |        |      | •       |      |         |       |         |         |         |         |         |        |         | •        |        | •       |        |           |          |          |         |         |          |
| B22       D175       Closes       Weakly Amount Effective Date       DATE       NI       Y       P       ED   |      |       |  |        |                            |        |       |      |        |      |         |      | B, EP,  | ER, I | IP, PY  | (Bene   | efit Ty | pe Co   | odes o  | ther t | han 52  | KX), R   | B, C   | A, RE   | 02, C  | о, св,    | P1-P9    | ,        |         |         |          |
| The first of the firs |      | -     | ,  |        |                            |        | _     |      | - /    |      | , . ,   |      |         |       |         |         |         |         |         |        |         |          |        | (0)     |        |           |          |          |         |         |          |
| Part         OATE         N         Y         Part           R22         0211         Net Weekly Amount Effective Date         DATE         N         Y         Parte         Apply to "non-veent" Benefits segment Sue and Lump Sum Payment/Settlements from Variable Segment Population Rules in Section 4         odd         apply to "non-veent" Benefits segment on the "Change" transaction should be described in the "02" column, when applicable merges (see Section 4)         report           R22         0009         Benefit Period Through Date         DATE         N         Y         ?         Allowable changes to Disi in the Benefits segment on the "Change" transaction should be described in the "02" column, when applicable merges (see Section 4)         are         are           R22         0008         Benefit Type Claim Weeks         4         N         N         YC         ?         Benefits Segment on the "Change" transactions, when applicable may vary at the request of the jurisdiction         are           R22         0008         Benefit Segment Code         3 A/N         N         YC         ?         Benefits Segment Routements         N         N         X  |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        | -       | -        |        |         |        |           | -        | -        |         | unes i  |          |
| TR22         D088         Benefit Period Start Date         DATE         NI         Y         apply to Ton-event' Benefits segments         DUT         NI         YC           R22         0088         Benefit Type Claim Weeks         4 N         NI         YC         ?         Allowable charges to DNs in the Benefits segments         Page See Section 4)         are           R22         0091         Benefit Type Claim Days         1 N         NI         YC         ?         Fror Correction Technical Rules in Section 4 apply to Benefit Segments on Corrections (MTC CO)         benefit Segments         defit Type Claim Case  |      |       |  |        |                            |        | _     |      |        |      | •       |      |         |       |         |         |         |         | 0       |        |         |          | •      |         |        |           |          |          |         | ment.   | Peri     |
| P22         0093         Benefit Tryop Claim Weeks         DATE         NI         Y C         Allowable changes to DNs in the <i>Gamedits</i> segment on the 'Change' transaction should be described in the '02' column, when applicablits         Allowable changes to DNs in the <i>Gamedits</i> segment on the 'Change' transaction should be described in the '02' column, when applicablits           R22         0096         Benefit Type Claim Weeks         4 N         NI         YC         ?         Allowable changes to DNs in the <i>Gamedits</i> segment on the 'Change' transaction should be described in the '02' column, when applicablits         Batelits           R22         0096         Benefit Type Claim Weeks         4 N         NI         YC         ?         Benefits segment required in the '02' column, when applicablits         Batelits         Segment as social as a social asocial asocial as a social asocial as a social asocial asocial a  |      |       | · · · · · · · · · · · · · · · · · · ·                  |        |                            |        |       | ?    |        |      |         | -    |         |       |         | np Sui  | пгау    | menu    | Sellier | nents  |         | di idi.  | ie Se  | giner   | ггор   | uiauoi    | Rules    | s in Sec | 2001 4  |         | odic     |
| R22       0000       Benefit Type Claim Weeks       4 N       NI       YC       Peter to limitations described in Changes (see Section 4)       are         R22       0001       Benefit Type Claim Days       1 N       NI       YC       ?       Benefit Type Anount Paid       Social Apply to Benefit Begments on Corrections (MTC CO)       bas         R22       0102       Benefit Type Anount Paid       Social Apply to Benefit Segments should not be expected on CD. Ulor VE MTC transactions, when applicable, may vary at the request of the jurisdiction on the Payment Segment requirements for UR MTC transactions, when applicable, may vary at the request of the jurisdiction on the Payment Reason Code       7       Benefits Segments requirements for UR MTC transactions, when applicable, may vary at the request of the jurisdiction on the Payment Reason Code       7       N N       YC       X       N A       X  | -    |       |  |        |                            |        |       | 2    |        |      |         |      |         |       |         | coam    | ont o   | n tha   | "Chone  | o" tro | acactic | on cho   | uld b  | o doci  | ribod  | in tho "  | 02" 00   | lump u   | hon or  | oplicat | repo     |
| R22         0091         Benefit Type Amount Paid         1         NI         YC         ?         Error Correction Technical Rules in Section 4 apply to Benefit Segments on Corrections (MTC CO)         base           R22         0048         Benefit Type Amount Paid         \$3.2         NI         YC         ?         Benefit Segments should not be expected on CD, Ul or YE MTC transactions, when any vary at the request of the jurisdiction on the payment the sub Date         DATE         NI         YC         ?         Benefit Segment requirements for UR MTC transactions, when any vary at the request of the jurisdiction on the payment Segment are requested for UR MTC transactions, when any vary at the request of the jurisdiction on the payment Segment are requested for UR MTC transactions, when any vary at the request of the jurisdiction on the payment Reason Code         3 A/N         NI         YC         X         NA         X         X         X         M         NA         X<   |      |       |  |        |                            |        |       | f    |        |      |         |      |         |       |         |         |         |         | Ghang   | e ua   | ISacii  | 511 5110 | ulu D  | e uesi  | nbeu   | in uie    | 02 00    | iunni, w | nen a   | pilcau  |          |
| R22         0086         Benefit Syge Amount Paid         \$92.         NI         YCC         ?         Benefits segment should not be expected on CD, U or VE MTC transactions         Segment segment requirements for UR MTC transactions         Segment segment requirements for UR MTC transactions           R22         0218         Payment Covers Period Start Date         3 A/N         NI         YC  |      |       |  |        |                            |        |       | 2    |        |      |         |      |         |       | •       | •       |         |         | Renefit | Seam   | ents c  | n Cor    | rectic | ns (M   | TC CC  | ור        |          |          |         |         |          |
| Insc         Oteo         Date         Init         Yes         Payment         Barefits segment requirements for UR MTC transactions, when applicable, may vary at the request of the jurisdiction         On           Payments         Jurisdictions must require Jurisdictions must require DN0222 - Payment Reason Code if any of the following data elements for UR MTC transactions, when applicable, may vary at the request of the jurisdiction         N         X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td>-</td> <td></td> <td></td> <td>rectic</td> <td>113 (11</td> <td>10.00</td> <td>)</td> <td></td> <td></td> <td></td> <td></td> <td></td>  |      |       |  |        |                            |        |       | 2    |        |      |         |      |         |       |         |         |         | •       |         | -      |         |          | rectic | 113 (11 | 10.00  | )         |          |          |         |         |          |
| Payments         Jurisdictions must require         Jurisdictions must require         DN0222 - Payment Reason Code if any of the following data elements from the Payments segment are requested           R22         0222         Payment Reason Code         3 /N         Ni         YC         X   |      |       |  |        |                            |        |       |      |        |      | -       |      |         |       | •       |         |         |         |         |        |         |          | vatt   | he rec  | west c | of the iu | risdicti | on       |         |         | on       |
| R22       0222       Payment Reason Code       3 A/N       NI       YC       X       X       NA       X   | TILL |       |  |        |                            | equir  |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          | ent are | e reav  | ested    |
| R22       0217       Payee       40 A/N       NI       YC       X       X       NA       X  | R22  |       |  |        |                            |        | _     |      |        |      |         | -    |         | -     | -       |         |         |         |         |        |         |          |        | -       |        |           |          |          | -       |         | -        |
| R22       0218       Payment Amount       \$9.2       NI       YC       X       X       NA       X<   |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          | х      |         |        |           |          |          | х х     |         |          |
| R22       0219       Payment Covers Period Start Date       DATE       NI       YC       X<   |      |       | ,  |        | NI                         |        | YC    | Х    | х      | NA   |         | _    |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          | х х     |         |          |
| R22       0195       Payment issue Date       DATE       NI       YC       X <th< td=""><td>R22</td><td></td><td></td><td>DATE</td><td>NI</td><td></td><td>YC</td><td>Х</td><td>Х</td><td>NA</td><td>хх</td><td>X</td><td>( X</td><td>Х</td><td></td><td></td><td></td><td></td><td>X X</td><td>M</td><td>NA</td><td></td><td>Х</td><td>Х</td><td>X</td><td>х х</td><td>Х</td><td>X</td><td>х х</td><td>X</td><td>X</td></th<>  | R22  |       |  | DATE   | NI                         |        | YC    | Х    | Х      | NA   | хх      | X    | ( X     | Х     |         |         |         |         | X X     | M      | NA      |          | Х      | Х       | X      | х х       | Х        | X        | х х     | X       | X        |
| Other Benefits         Jurisdictions must require DN0216 - Other Benefit Type Code if any of the following data elements from the Other Benefits segment are require           R22         0216         Other Benefit Type Code         3 A/N         NI         Y         X         MC   | R22  | 0220  | Payment Covers Period Through Date                     | DATE   | NI                         |        | YC    | Х    | Х      | NA   | ХХ      | X    | ( X     | Х     | Х       | NA      | Х       | Х       | X X     | М      | NA      | Х        | Х      | Х       | X      | х х       | Х        | X        | х х     | X       | X        |
| R22       0216       Other Benefit Type Code       3 A/N       NI       Y       X       MC   | R22  | 0195  |  | DATE   | NI                         |        | YC    | Х    | Х      | NA   | хх      |      |         | Х     |         |         |         |         |         |        |         | Х        | Х      | Х       |        |           | Х        | X        | х х     | X       | X        |
| R22       0215       Other Benefit Type Amount       \$9.2       NI       Y       X       MC   |      | Other | Benefits   |        |                            |        | Juris | dict | ions   | must | require | DN0  | 216 - C | Other | Bene    | fit Typ | oe Co   | de if a | any of  | the fo | llowin  | ng da    | a ele  | ment    | s from | the O     | ther B   | enefits  | segm    | ient ar | re requ  |
| Benefit ACR -         Segment contains Adjustments, Credits or Redistributions         Jurisdictions must require DN0092 - Benefit Adjustment Code if any of the following Benefit Adjustment data elements are requested           R22         0092         Benefit Adjustment S, Credits or Redistributions         Jurisdictions must require DN0092 - Benefit Adjustment Code if any of the following Benefit Adjustment data elements are requested           R22         0092         Benefit Adjustment Start Date         JATE         NI         FC         X         MC         MC </td <td>R22</td> <td>0216</td> <td>Other Benefit Type Code</td> <td>3 A/N</td> <td>NI</td> <td></td> <td>Y</td> <td>Х</td> <td>MC</td> <td>MC</td> <td>MC M</td> <td>C M</td> <td>CMC</td> <td>MC</td> <td>: MC</td> <td>MC</td> <td>MCI</td> <td>MC</td> <td>MC M</td> <td>СМС</td> <td>MC</td> <td>MC</td> <td>MC</td> <td>MC</td> <td>MCN</td> <td></td> <td>MC</td> <td>MC N</td> <td></td> <td>СМС</td> <td>MC</td>  | R22  | 0216  | Other Benefit Type Code                                | 3 A/N  | NI                         |        | Y     | Х    | MC     | MC   | MC M    | C M  | CMC     | MC    | : MC    | MC      | MCI     | MC      | MC M    | СМС    | MC      | MC       | MC     | MC      | MCN    |           | MC       | MC N     |         | СМС     | MC       |
| Benefit ACR -         Segment contains Adjustments, Credits or Redistributions         Jurisdictions must require DN092 - Benefit Adjustment Code         Image: Contains Adjustment Code         Image: Contains Adjustment Adjustadjustick Adjustment Adjustment Adjustment Adjustment A                                     | R22  |       |  | \$9.2  | NI                         |        | Y     | Х    | MC     | MC   | MC M    | C M  | CMC     | MC    | MC      | MC      | мсι     | мси     | MC M    | СМС    | MC      | MC       | МС     | MC      | MCN    | IC MC     | MC       | MC N     |         | с мс    | MC       |
| R22       0092       Benefit Adjustment Code       4 A/N       NI       FC       X       MC  |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
| R22       0094       Benefit Adjustment Start Date       DATE       NI       Y       X       MC       MC <td></td> <td>Segme</td> <td>ent contains Adjustments, Credits or Redistributions</td> <td></td> <td></td> <td></td> <td>Juris</td> <td>dict</td> <td>ions I</td> <td>must</td> <td>require</td> <td>DN0</td> <td>092 - E</td> <td>Benef</td> <td>fit Adj</td> <td>ustme</td> <td>nt Co</td> <td>ode if</td> <td>any of</td> <td>the f</td> <td>ollowi</td> <td>ng Be</td> <td>enefit</td> <td>Adju</td> <td>stmen</td> <td>t data</td> <td>eleme</td> <td>nts are</td> <td>reque</td> <td>sted</td> <td></td>   |      | Segme | ent contains Adjustments, Credits or Redistributions   |        |                            |        | Juris | dict | ions I | must | require | DN0  | 092 - E | Benef | fit Adj | ustme   | nt Co   | ode if  | any of  | the f  | ollowi  | ng Be    | enefit | Adju    | stmen  | t data    | eleme    | nts are  | reque   | sted    |          |
| R22       0125       Benefit Adjustment End Date       DATE       NI       Y       X       IA  | R22  | 0092  | Benefit Adjustment Code                                |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
| R22       0033       Benefit Adjustment Weekly Amount       \$9.2       NI       Y       X       MC  | R22  | 0094  | Benefit Adjustment Start Date                          |        | NI                         |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         | MC       |
| Image: Note of the problem in the problem i | R22  | 0125  | Benefit Adjustment End Date                            | DATE   | NI                         |        | Y     | Х    | IA     | IA   | IA IA   | I/   | A IA    | IA    | IA      | IA      | IA      | IA      | IA IA   | IA     | IA      | IA       | IA     | IA      | IA I   | A IA      | IA       | IA I     | A IA    | . IA    | IA       |
| R22         0126         Benefit Credit Code         4 A/N         NI         FC         X         MC         M   | R22  | 0093  | Benefit Adjustment Weekly Amount                       | \$9.2  | NI                         |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         | ) MC    | MC       |
| R22         0127         Benefit Credit Start Date         DATE         NI         Y         X         MC         <   |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
|   |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
|   |      |       |  |        |                            |        |       |      |        |      |         |      |         |       |         |         |         |         |         |        |         |          |        |         |        |           |          |          |         |         |          |
|   | R22  | 0128  | Benefit Credit End Date                                | DATE   | NI                         |        | Y     | X    | IA     | IA   | IA IA   | Ī    | A IA    | IA    | IA      | IA      | IA      | IA      | IA      | IA     | IA      | IA       | IA     | IA      | IA I   | AIA       | IA       | IA I     | AIA     | IA      | IA       |

|     |       |  |             |                            |        | SRO   | л мт  | CIS   |       |        |        |      |        |       |        |        |       |       |         |      |        |       |       |       |            |       |        |        |       |            |            | Т     |      | DIC   |
|-----|-------|--|-------------|----------------------------|--------|-------|-------|-------|-------|--------|--------|------|--------|-------|--------|--------|-------|-------|---------|------|--------|-------|-------|-------|------------|-------|--------|--------|-------|------------|------------|-------|------|-------|
| REC | DN#   | DATA ELEMENT NAME                          | FORMAT      | Migration<br>Consideration | Format |       |       |       | AP    | CA     | СВ     | CD   | EP     | ER    | FN     | IP     | P1    | P4    | P7 I    | PD 1 | PY F   | кв (  | 61    | S2    | <b>S</b> 3 | S4    | S5     | S6 :   | S7    | <b>S</b> 8 | <b>S</b> 9 | SD    |      |       |
| R22 | 0129  | Benefit Credit Weekly Amount               | \$9.2       | NI                         |        | Y     | Х     | MC    | MC    | MC     | MC     | MC   | MC     | MC    | MC     | MC     | MC    | MC    | MC      |      |        | NC N  | IC I  | MC I  | MC         | MC    | мс     | мсі    | МС    | MC         | MC         | MC    | MC   | MC    |
|     |       |  |             |                            |        | Juris | dicti | ons r | nust  | requi  | ire Di | N013 | 0 - Be | enefi | it Red | istrib | ution | O Cod | e if ar | y of | the fe | ollow | ing l | Bene  | fit Re     | distr | ributi | ion da | ata e | leme       | ents a     | re re | ques | ted   |
| R22 | 0130  | Benefit Redistribution Code                | 4 A/N       | NI                         |        |       |       |       |       |        |        |      |        |       |        |        |       |       | MC      |      |        |       |       |       |            |       |        |        |       |            |            |       |      |       |
| R22 | 0131  | Benefit Redistribution Start Date          | DATE        | NI                         |        | Y     | Х     | MC    | MC    | MC     | MC     | MC   | MC     | MC    | MC     | MC     | MC    | MC    | MC      | NC N |        | NC N  |       | MC I  | MC         | MC    | МС     | MC     | МС    | MC         | MC         | MC    | MC   | MC    |
| R22 | 0132  | Benefit Redistribution End Date            | DATE        | NI                         |        |       | Х     |       |       |        |        |      |        |       |        |        |       |       | IA      |      |        |       |       |       |            |       |        |        |       |            |            |       | IA   |       |
| R22 | 0133  | Benefit Redistribution Weekly Amount       | \$9.2       | NI                         |        | Y     | Х     | MC    | MC    | MC     | MC     | MC   | MC     | MC    | MC     | MC     | MC    | MC    | MC      | NC N |        | NC N  |       | MC I  | MC         | MC    | МС     | MC     | МС    | MC         | MC         | MC    | MC   | МС    |
|     | Recov | reries                                     | Jurisdictio | ns must r                  | equire |       |       |       |       |        |        |      |        |       |        |        |       |       |         |      |        |       |       |       |            |       |        |        |       |            |            |       |      |       |
| R22 | 0226  | Recovery Code                              | 3 A/N       | NI                         |        | FC    | MC    | MC    | MC    | MC     | MC     | MC   | MC     | MC    | MC     | MC     | MC    | MC    | MC      | NC N |        | NC N  |       | NC I  | MC         | MC    | MC     | MC     | МС    | MC         | MC         | MC    | МС   | МС    |
| R22 | 0225  | Recovery Amount                            | \$9.2       | NI                         |        | Y     | MC    | MC    | MC    | MC     | MC     | MC   | MC     | MC    | MC     | MC     | MC    | MC    | MC      | NC N |        | NC N  |       | MC I  | MC         | MC    | МС     | MC     | МС    | MC         | MC         | MC    | MC   | МС    |
|     | Reduc | ed Earnings                                | Jurisdictio | ns must i                  | equire | Juris | sdict | tions | s mus | st rec | quire  | DN(  | 0242   | - Re  | educe  | ed Ea  | Irnin | gs V  | /eek l  | Numl | ber i  | f any | of t  | he fo | ollow      | /ing  | Red    | uced   | Ear   | rning      | ıs da      | ta el | eme  | nts a |
| R22 | 0242  | Reduced Earnings Week Number               | 2 N         | NI                         |        |       |       |       |       | х      |        |      |        |       |        |        |       |       | MC      |      |        |       |       |       |            |       |        |        |       |            |            |       | Х    | х     |
| R22 | 0124  | Actual Reduced Earnings                    | \$9.2       | NI                         |        | Х     | Х     | MC    | MC    | Х      | MC     |      |        |       |        |        |       |       | MC      |      |        |       |       |       |            |       |        |        |       |            |            |       | Х    | Х     |
| R22 | 0147  | Deemed Reduced Earnings                    | \$9.2       | NI                         |        | Х     | Х     | NA    | NA    | Х      | NA     | Х    | Х      | Х     | Х      | NA     | NA    | NA    | NA      | х    | XI     | NA N  | IA I  | NA    | NA         | NA    | NA     | NA     | NA    | NA         | NA         | NA    | Х    | Х     |
|     | Concu | irrent Employers                           | Jurisdictio | ns must i                  | equire |       |       |       |       |        |        |      |        |       |        |        |       |       |         |      |        |       |       |       |            |       |        |        |       |            |            |       |      |       |
|     |       | Concurrent Employer Name                   | 40 A/N      | L                          |        |       |       |       |       |        |        |      |        |       |        |        |       |       | MC      |      |        |       |       |       |            |       |        |        |       |            |            |       |      |       |
|     |       | Concurrent Employer Contact Business Phone | 15 A/N      | L                          |        | Y     | IA    | IA    | IA    | IA     | IA     | IA   | IA     | IA    | IA     | IA     | IA    | IA    | IA      | IA   | IA     | IA I  | Α     | IA    | IA         | IA    | IA     | IA     | IA    | IA         | IA         | IA    | IA   |       |
| R22 | 0143  | Concurrent Employer Wage                   | \$9.2       | L                          |        | Y     | MC    | MC    | MC    | MC     | MC     | MC   | MC     | MC    | MC     | MC     | MC    | MC    | MC      |      |        |       |       | NC I  | MC         | MC    | МС     | MC     | МС    | MC         | MC         | MC    | MC   | MC    |
|     |       | Reason Codes                               |             |                            |        |       |       |       |       |        |        |      |        |       |        |        |       |       |         |      |        |       |       |       |            |       |        |        |       |            |            |       |      |       |
| R22 | 0198  | Full Denial Reason Code                    | 2 A/N       | NI                         |        | Y     | MC    | Х     | Х     | Х      | Х      | Х    | Х      | Х     | Х      | Х      | Х     | Х     | Х       | Х    | Х      | Х     | х     | Х     | Х          | Х     | Х      | Х      | Х     | Х          | Х          | Х     | Х    | Х     |
|     |       | Reasons                                    |             |                            |        |       |       |       |       |        |        |      |        |       |        |        |       |       |         |      |        |       |       |       |            |       |        |        |       |            |            |       |      |       |
| R22 | 0197  | Denial Reason Narrative                    | 50 A/N      | NI                         |        | Y     | MC    | Х     | Х     | X      | X      | X    | X      | X     | X      | х      | х     | X     | Х       | х    | х      | х     | Х     | х     | х          | Х     | x      | Х      | Х     | X          | X          | х     | Х    | Х     |
|     |       | nsion Narratives                           |             |                            |        |       |       |       |       |        |        |      |        |       |        |        |       |       |         |      |        |       |       |       |            |       |        |        |       |            |            |       |      |       |
| R22 | 0233  | Suspension Narrative                       | 50 A/N      | NI                         |        | Y     | Х     | X     | X     | Х      | X      | X    | X      | X     | X      | х      | IA    | IA    | IA      | х    | х      | XI    | Α     | IA    | IA         | IA    | IA     | IA     | IA    | IA         | IA         | IA    | Х    | Х     |

#### SROI DATA ELEMENT

| DN#   | DATA ELEMENT NAME                    | BUSINESS CONDITION(S)  | TECHNICAL CONDITION(S)   |
|-------|--------------------------------------|--|--|
| 00.40 | 5 1 0011                             |  |  |
| 0042  | Employee SSN                         | Mandatory if reporting a SSN, selected in Employee ID Type<br>Qualifier.   | When DN0270 Employee ID Type Qualifier = S, then mandatory         |
| 0055  | Employee Number of Dependents        | If Employee Date of Death is populated, then DN0055 is<br>Mandatory.   | If DN0057 is present, then this is mandatory.                      |
| 0056  | Initial Date Disability Began        | If the Claim Type Code is I or L this is mandatory and Claim Status Code is O or R.  | If DN0074 = I or L and DN0073 = O or R.                            |
| 0057  | Employee Date of Death               | If the Benefit Type Code is fatal (010) or Death Result of Injury Code = Y.  | If DN0085 = 010 or DN0146 = Y.                                     |
| 0068  | Initial Return to Work Date          | If this is the first suspension of benefits.   | If there are no prior MTC P1 or S1 on file, then mandatory.        |
| 0072  | Current Return to Work Date          | This is required when there are broken periods of disability and there is a second RTW date after the initial RTW date.  | If prior MTC P1 or S1 on file, then mandatory.                     |
| 0074  | Claim Type Code                      | Conditional based on new Insurer/Carrier (DN0006) submitting<br>their first payment information.   | If DN0006 does not equal previous DN0006                           |
| 0083  | Permanent Impairment Body Part Code  | Mandatory if there are permanent impairments.  | If DN0078 > 0, this is mandatory.                                  |
| 0084  | Permanent Impairment Percentage      | Mandatory if there are permanent impairments.  | If DN0078 > 0, this is mandatory.                                  |
|       | Benefit Adjustment Code              | If Number of Benefit ACR is greater than 0, and Benefit Credit<br>Code and Benefit Redistribution Code are empty, this is<br>mandatory.  | If DN0289 > 0 and DN0126, DN0130 are empty, this is mandatory.     |
| 0093  | Benefit Adjustment Weekly Amount     | If Benefit Adjustment Code is populated, this is mandatory.  | If DN0092 is populated, this is mandatory.                         |
|       | Benefit Adjustment Start Date        | If Benefit Adjustment Code is populated, this is mandatory.  | If DN0092 is populated, this is mandatory.                         |
| 0097  | Dependent/Payee Relationship Code    | Mandatory if Injured Worker is dead.   | If DN0057 is present.  |
| 0124  | Actual Reduced Earnings              | If reduced earnings week number is present (DN0242), actual reduced earnings (DN0124) is mandatory.  | If DN0242 is populated, this is mandatory.                         |
| 0126  | Benefit Credit Code                  | If Number of Benefit ACR is greater than 0, and Benefit Adjustment<br>Code and Benefit Redistribution Code are empty, this is<br>mandatory.  | If DN0289 > 0, and DN0092, DN0130 are empty, this is<br>mandatory. |
|       | Benefit Credit Start Date            | If Benefit Credit Code is populated, this is mandatory.  | If DN0126 is populated, this is mandatory.                         |
|       | Benefit Credit Weekly Amount         | If Benefit Credit Code is populated, this is mandatory.  | If DN0126 is populated, this is mandatory.                         |
| 0130  | Benefit Redistribution Code          | If Number of Benefit ACR is greater than 0, and Benefit Adjustment<br>Code and Benefit Credit Code are empty, this is mandatory.   | If DN0289 > 0, and DN0126, DN0092 are empty, this is mandatory.    |
| 0131  | Benefit Redistribution Start Date    | If Benefit Redistribution Code is populated, this is mandatory.  | If DN0130 is populated, this is mandatory.                         |
| 0133  | Benefit Redistribution Weekly Amount | If Benefit Redistribution Code is populated, this is mandatory.  | If DN0130 is populated, this is mandatory.                         |
| 0141  | Concurrent Employer Name             | If Number of Concurrent Employers is greater than 0, this is<br>mandatory. Mandatory if the Date Claim Administrator had<br>knowledge of the injury is on or after the R3 implementation date.                                     | If DN0275 > 0, this is mandatory.                                  |
| 0143  | Concurrent Employer Wage             | If Number of Concurrent Employers is greater than 0, and Claim<br>Type Code is an I or L this is mandatory. Mandatory if the Date<br>Claim Administrator had knowledge of the injury is on or after the<br>R3 implementation date. | If DN0275 > 0 and DN0074 = I or L this is mandatory.               |
| 0144  | Current Date Disability Began        | Required if subsequent period of disability occurs and if current<br>date last day worked is present. Mandatory if the Date Claim<br>Administrator had knowledge of the injury is on or after the R3<br>implementation date.       | If DN0145 is present, and DN0144 does not = DN0056.                |

#### SROI DATA ELEMENT

| DN#             | DATA ELEMENT NAME                                 | BUSINESS CONDITION(S)   | TECHNICAL CONDITION(S)   |
|-----------------|---|---|--|
|                 |   |   |  |
| 0146            | Death Result of Injury Code                       | If Date of Death is populated, this is mandatory. Mandatory if the<br>Date Claim Administrator had knowledge of the injury is on or after<br>the R3 implementation date.  | If DN0057 is populated, this is mandatory.   |
| 0153            | Employee Green Card                               | Mandatory if reporting a Green Card, selected in Employee ID<br>Type Qualifier.   | When DN0270 Employee ID Type Qualifier = G, then mandatory   |
| 0154            | Employee ID Assigned by Jurisdiction              | Mandatory if reporting an ID Assigned by Jurisdiciton, selected in<br>Employee ID Type Qualifier.   | When DN0270 Employee ID Type Qualifier = A, then mandatory   |
|                 | Return to Work Type Code                          | Only if injured worker returns to work or is released to return to<br>work.   | If prior DN0072 or DN0068 are populated, then mandatory.   |
| <del>0195</del> | Payment Issue Date                                | If Payment Reason Code is populated, this is mandatory.   | If DN0222 is populated, this is mandatory.   |
| 0197            | Denial Reason Narrative                           | If Number of Denial Reason Narratives is greater than 0, this is<br>mandatory.  | If DN0276 > 0, this is mandatory.  |
| 0198            | Denial Reason Code                                | If Number of Full Denial Reason Codes is greater than 0, this is<br>mandatory.  | If DN0277 > 0, this is mandatory.  |
| 0215            | Other Benefit Type Amount                         | If Number of Other Benefits is greater than 0, this is mandatory.   | If DN0282>0, this is mandatory.  |
| 0216            | Other Benefit Type Code                           | If Other Benefit Type Amount is populated, this is mandatory.   | If DN0215 is populated, this is mandatory.   |
| 0217            | Payee   | If Payment Reason Code is populated, this is mandatory.   | If DN0222 is populated, this is mandatory.   |
|                 | Payment Covers Period Start Date                  | If Payment Reason Code is populated, this is mandatory.   | If DN0222 is populated, this is mandatory.   |
|                 | Payment Covers Period End Date                    | If Payment Reason Code is populated, this is mandatory.   | If DN0222 is populated, this is mandatory.   |
| 0223            | Permanent Impairment Minimum Payment<br>Indicator | If Permanent Impairment Percentage is greater than 0, Benefit<br>Type Code is 030, 040, this is mandatory. If Benefit Type Code is<br>530 or 540, this is mandatory. Mandatory if the Date Claim<br>Administrator had knowledge of the injury is on or after the R3<br>implementation date. | If DN0084 is greater than zero and DN0085 = 030, 040, this is mandatory. If DN0085 = 530, 540, this is mandatory |
| 0224            | Physical Restrictions Indicator                   | If the Initial Return to Work Date or Current Return to Work Date is populated.   | If DN0068 or DN0072 is present.  |
| 0225            | Recovery Amount                                   | If Recovery Code is populated, this is mandatory.   | If DN0226 is populated, this is mandatory.   |
|                 | Recovery Code                                     | If Number of Recoveries is greater than 0, this is mandatory.   | If DN0284 > 0, this is mandatory.  |
|                 | Reduced Earnings Week Number                      | If Number of Reduced Earnings is greater than 0, this is mandatory.   | If DN0285 > 0, this is mandatory.  |
| 0293            | Lump Sum Payment/Settlement Code                  | If Payment Reason Code is of 5xx series, then this is mandatory.  | If DN0222 = 5xx, then this is mandatory.   |

### Kentucky Workers' Claims Claims Release 3 Subsequent Report of Injury Event Benefits Segment Element Requirements

| For MTC's: AB, AP, CB, EP, ER, IP, PY (Benefit Type Codes other than 5XX),<br>RB, CA, RE 02, CO, CB, P1-P9, PJ, S1-9, SD, SJ<br>Legend:<br>E = Expected<br>EC = Expected/Conditional<br>F = Fatal Technical<br>M = Mandatory<br>MC = Mandatory/Conditional<br>NA = Not applicable<br>R = Restricted<br>RC = Restricted/Conditional<br>X = Exclude | Benefit Type | 0085 Benefit Type Code | 0002 MTC | 0174 Gross Weekly Amount | 0175 Gross Wkly Amt Eff Date | 0087 Net Weekly Amount | 0211 Net Wkly Amt Eff Date | 0088 Ben Period Start Date | 0089 Ben Period Thru Date | 0090 Ben Type Claim Weeks | 0091 Ben Type Claim Days | 0086 Ben Type Amount Paid |
|---|--------------|------------------------|----------|--------------------------|------------------------------|------------------------|----------------------------|----------------------------|---------------------------|---------------------------|--------------------------|---------------------------|
| Migration Considerations  |              | NI                     | NI       | V1                       | <u> </u>                     | NI                     | V1                         | NI                         | NI                        | NI                        | NI                       | NI                        |
| Fatal   | 010          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Permanent Total   | 010          | MC                     | F        | MC                       | MC                           | MC                     | MC                         |                            | MC                        | MC                        | MC                       | MC                        |
| Permanent Total Supplemental  | 020          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Permanent Partial Scheduled   | 021          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Permanent Partial Unscheduled   | 030          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Temporary Total   | 040          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Temporary Total Catastrophic  | 050          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Temporary Partial   | 070          | R                      | F        | NA                       | NA                           | NA                     | NA                         | NA                         | NA                        | NA                        | NA                       | NA                        |
| Employer's Liability  | 080          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Permanent Partial Disfigurement   | 090          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Employer Paid Fatal Benefits  | 210          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Employer Paid Permanent Partial Scheduled   | 230          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Employer Paid Unspecified   | 240          | MC                     | F        | X                        | X                            | X                      | X                          | MC                         | MC                        | X                         | X                        | X                         |
| Employer Paid Vocational Rehab Maintenance  | 242          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Employer Paid Temporary Total   | 250          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |
| Employer Paid Temporary Total Catastrophic  | 251          | MC                     | F        | MC                       | MC                           | MC                     | MC                         |                            | MC                        | MC                        | MC                       | MC                        |
| Employer Paid Temporary Partial   | 270          | R                      | F        | NA                       | NA                           | NA                     | NA                         | NA                         | NA                        | NA                        | NA                       | NA                        |
| Vocational Rehabilitation Maintenance   | 410          | MC                     | F        | MC                       | MC                           | MC                     | MC                         | MC                         | MC                        | MC                        | MC                       | MC                        |

### Kentucky Workers' Claims Claims Release 3 Subsequent Report of Injury Event Benefit Conditional Requirements

| BENE | FIT DATA ELEMENT                   |  |   |
|------|------------------------------------|--|---|
| DN#  | DATA ELEMENT NAME                  | BUSINESS CONDITION(S)  | TECHNICAL CONDITION(S)  |
| 0085 | Benefit Type Code                  | Mandatory if Number of Benefits is greater than zero.  | If DN0288 > 0, this is mandatory.   |
| 0086 | Benefit Type Amount Paid           | Mandatory if Benefit Type<br>Code is not 240   | If DN0085 not = 240, this is mandatory.   |
| 0087 | Net Weekly Amount                  | For MTC Codes EP and ER<br>Mandatory if Benefit Type<br>Code is 2xx, but not 240. For<br>all other MTC Codes<br>Mandatory if Benefit Type<br>Code is 0xx or 410. | If MTC Code = EP or ER, and<br>DN0085 = 2xx and not = 240,<br>this is mandatory. If MTC<br>Code does not = EP or ER and<br>DN0085 = 0xx or 410, this is<br>mandatory. |
| 0088 | Benefit Period Start Date          | Mandatory if Benefit Type<br>Code is present.  | If DN0085 is present.   |
| 0089 | Benefit Period Through Date        | Mandatory if Benefit Type<br>Code is present.  | If DN0085 is present.   |
| 0090 | Benefit Type Claim Weeks           | Mandatory if Benefit Type<br>Code is not = 240 or 5xx.   | If DN0085 is not = 240 or 5xx,<br>this is mandatory.  |
| 0091 | Benefit Type Claim Days            | Mandatory if Benefit Type<br>Code is not = 240 or 5xx.   | If DN0085 is not = 240 or 5xx,<br>this is mandatory.  |
| 0174 | Gross Weekly Amount                | For MTC Codes EP and ER<br>Mandatory if Benefit Type<br>Code is 2xx, but not 240. For<br>all other MTC Codes<br>Mandatory if Benefit Type<br>Code is 0xx or 410. | If MTC Code = EP or ER, and<br>DN0085 = 2xx and not = 240,<br>this is mandatory. If MTC<br>Code does not = EP or ER and<br>DN0085 = 0xx or 410, this is<br>mandatory. |
| 0175 | Gross Weekly Amount Effective Date | For MTC Codes EP and ER<br>Mandatory if Benefit Type<br>Code is 2xx, but not 240. For<br>all other MTC Codes<br>Mandatory if Benefit Type<br>Code is 0xx or 410. | If MTC Code = EP or ER, and<br>DN0085 = 2xx and not = 240,<br>this is mandatory. If MTC<br>Code does not = EP or ER and<br>DN0085 = 0xx or 410, this is<br>mandatory. |
| 0192 | Benefit Payment Issue Date         | Mandatory if Benefit Type<br>Code  | If DN0085 is present.   |