



Instructions

**double click on image to open**

Kentucky Workers' Claims  
Release 3  
DN-Error Message Table

Sorted by Error Message & DN				<p>F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the jurisdiction</p> <p><b>Relaxed requirement edits:</b> L = Claim: requirement is limited to "conditional" on new claims reported in R3 environment because the data may not (and may never be) available on legacy claims. V = Event: requirement is limited to "conditional" on claims where benefits are being "initiated" or "reinstated" in R3 because the data may not have been collected at the time payments were started in the R1 environment. NI = No migration impact</p> <p><b>Jurisdiction will apply edits?:</b> F = Essential data element; must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table N = No - indicates that none of the standard edits marked for the data elements will be applied</p> <p><b>For Population Restrictions:</b></p>													<p>Relaxed requirement edits (err msg 001 and 108)</p> <p>Jurisdiction will apply edits?</p> <p>Population Restrictions Indicator</p>		<p>Mandatory field not present 018 Number of Days Worked must be 0-7 019 Days must be 0-6 028 All digits must be 0-9 029 Must be a valid date (CCYYMMDD) 030 Must be A-Z, 0-9, or spaces 031 Must be a valid time 033 Must be &lt;= Date of Injury 034 Must be &gt;= Date of Injury 035 Must be &gt;= Initial Date Disability Began 036 Must be &lt;= Employee Date of Death 037 Must be &lt;= Maintenance Type Code Date 038 Must be &gt;= Start Date 039 No match on database 040 All digits cannot be the same 041 Must be &lt;= current date 042 Not statutorily valid 044 Value is &gt; required by jurisdiction 045 Value is &lt; required by jurisdiction 050 No matching Subsequent Report (A49) 053 No matching First Report of Injury (148) 054 Must be valid occurrence for segment 055 Must be &lt; Employee Date of Hire 057 Duplicate Batch/Transaction 058 Code/ID invalid 059 Non-matching data value not consistent with value previously reported 060 Previous paper documentation not received 061 Event Table criteria not met 062 Required segment not present 063 Invalid event sequence 064 Invalid data relationship 065 Corresponding report/data not found 066 Invalid record/transaction count 067 Must be &gt;= Policy Effective Date 068 Must be &lt;= Policy Expiration Date 100 No leading/embedded spaces 101 MTC not approved for production 102 Must be &lt;= Initial Date Disability Began 103 Same code received in multiple variable segments 104 Must be &gt;= Current Date Disability Began 105 Must be &lt;= Current Date Disability Began 106 Invalid batch structure 107 Variable segment counter &gt; maximum value allowed 108 Expected field not present 109 Must be &gt;=Employee Date of Hire 110 Date Must be &gt;= Jurisdiction Implementation Date 111 Must be valid content 112 Must be &gt;=Initial Date Last Day Worked 113 Must be &gt;= Initial Return to Work Date 114 Must be &gt;= Current Date Last Day Worked 117 Match data value not consistent with value previously reported 118 Trading Partner not approved to submit data for Insurer/Claim</p>												
DN	IAIABC Data Element Name																														
###	Entire Batch	NI	Y																												
###	Transaction Set ID	NI	F	F																											
###	Maintenance Type Code	NI	F	P	F																										
###	Maintenance Type Code Date	NI	F	F		L				L																					
###	Jurisdiction Code	NI	F	F																											
###	Jurisdiction Claim Number	NI	Y	L		L				L			L	L																	
###	Insurer FEIN	NI	F	F		L				L	L																				
###	Insurer Name	NI	Y	L																											
###	Claim Administrator Primary Address	NI	N																L												
###	Claim Administrator Secondary Address	NI	N																												
###	Claim Administrator City	NI	N																L												
###	Claim Administrator State Code	NI	N											L																	
###	Claim Administrator Postal Code	NI	F	F						L					L																
###	Claim Administrator Claim Number	NI	F	F												F			L												
###	Employer FEIN	NI	Y	L		L				L	L																				
###	Insured Name	NI	Y	L															L												
###	Employer Name	NI	Y	L															L												
###	Employer Physical Primary Address	NI	Y	L															L												
###	Employer Physical Secondary Address	NI	N																												
###	Employer Physical City	NI	Y	L											L				L												
###	Employer Physical State Code	NI	Y	L											L																
###	Employer Physical Postal Code	NI	Y	L						L						L			L												
###	Industry Code	NI	Y	L		L									L																
###	Insured Report Number	NI	N				L												L												
###	Insured Location Identifier	NI	Y				L												L												
###	Policy Number Identifier	L	Y	L		L				L									L												
###	Policy Effective Date	NI	N				L										L														
###	Policy Expiration Date	NI	N				L										L														
###	Date of Injury	NI	Y	L		L				L	L		L						L	L		L									
###	Time of Injury	L	Y	L				L																							
###	Accident Site Postal Code	NI	Y	L						L						L															
###	Nature of Injury Code	NI	Y	L																		L									



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DN	IAIABC Data Element Name																																									
###	Pre-Existing Disability Code	NI	Y																																							
###	Date of Maximum Medical Improvement	L	Y																																							
###	Current Return to Work Date Latest Return to Work Status Date	NI	Y	L																																						
###	Claims Status Code	L	Y	P	L																																					
###	Claim Type Code	NI	Y	P	L																																					
###	Agreement to Compensate Code	NI	Y																																							
###	Date Claim Administrator Notified of Employee Representation	NI	Y					L																																		
###	Late Reason Code	NI	Y																																							
###	Number of Permanent Impairments	NI	F	F	L																																					
###	Number of Death Dependent/Payee Relationships	NI	F	F	L																																					
###	Permanent Impairment Body Part Code	NI	Y	L																																						
###	Permanent Impairment Percentage	NI	Y	L				L																																		
###	Benefit Type Code	NI	Y	P																																						
###	Benefit Type Amount Paid	NI	Y					L																																		
###	Net Weekly Amount	NI	Y					L																																		
###	Benefit Period Start Date	NI	Y					L		L	L																															
###	Benefit Period Through Date	NI	Y					L																																		
###	Benefit Type Claim Weeks	NI	Y					L																																		
###	Benefit Type Claim Days	NI	Y					L																																		
###	Benefit Adjustment Code	NI	Y	L																																						
###	Benefit Adjustment Weekly Amount	NI	Y	L				L																																		
###	Benefit Adjustment Start Date	NI	Y	L				L	L																																	
###	Dependent/Payee Relationship Code	NI	Y	L																																						
###	Sender ID	NI	F	F																																						
###	Receiver ID	NI	F	F																																						
###	Date Transmission Sent	NI	F	F				L																																		
###	Time Transmission Sent	NI	F	F					L																																	
###	Test/Production Code	NI	F	F																																						
###	Interchange Version ID	NI	F	F																																						
###	Detail Record Count	NI	F	F				L																																		
###	Accident Site County/Parish	L	N	L	L																																					
###	Accident Site Location Narrative	L	N																																							

Kentucky Workers' Claims  
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Sorted by Error Message & DN	Relaxed requirement edits (err msg 001 and 108)	Jurisdiction will apply edits?	Population Restrictions Indicator	101	102	103	104	105	106	107	108	109	110	111	112	113	114	117	118	
DN	IAIABC Data Element Name	L	Y																	
###	Accident Site Organization Name	L	Y	L																
###	Accident Site City	L	Y	L																
###	Accident Site Street	L	Y	L																
###	Accident Site State Code	L	Y	L																
###	Actual Reduced Earnings	NI	Y		L															
###	Benefit Adjustment End Date	NI	Y			L														
###	Benefit Credit Code	NI	Y	L																
###	Benefit Credit Start Date	NI	Y	L		L			L	L										
###	Benefit Credit End Date	NI	Y			L					L									
###	Benefit Credit Weekly Amount	NI	Y	L		L														
###	Benefit Redistribution Code	NI	Y	L																
###	Benefit Redistribution Start Date	NI	Y	L			L			L	L									
###	Benefit Redistribution End Date	NI	Y				L				L									
###	Benefit Redistribution Weekly Amount	NI	Y	L		L														
###	Calculated Weekly Compensation Amount	NI	N			L														
###	Claim Administrator Information/Attention Line	NI	N																	
###	Claim Administrator Country Code	NI	N								L									
###	Claim Administrator Claim Representative Business Phone Number	L	Y	L		L														
###	Claim Administrator Claim Representative E-Mail Address	NI	N																	
###	Claim Administrator Claim Representative Fax Number	NI	Y			L														
###	Claim Administrator Representative Name	L	Y	L																
###	Concurrent Employer Name	L	Y	L																
###	Concurrent Employer Contact Business Phone Number	L	Y			L														
###	Concurrent Employer Wage	L	Y	L		L														
###	Current Date Disability Began	V	Y	L		L			L	L		L								
###	Current Date Last Day Worked	V	Y			L			L	L		L					L	L		
###	Death Result of Injury Code	L	Y	L																
###	Deemed Reduced Earnings	NI	N			L														
###	Discontinued Fringe Benefits	NI	N			L														
###	Employee Authorization to Release Medical Records Indicator	L	N								L									
###	Employee Education Level	L	Y			L														
###	Employee Employment Visa	NI	N																	

Edit Matrix (rev. 02-01-07)









**Kentucky Workers' Claims  
Release 3  
Value Table**

<b>Section 1 – Code values that are 'Not Statutorily Valid' (Code values that are grayed out):</b>			
The jurisdiction should communicate in this section the code values that are not statutorily valid in the jurisdiction. A 'N' in the capture column indicates that the data element is not captured in the jurisdiction. A 'Y' in the capture column indicates that the data element is captured in the jurisdiction. A code value that has been grayed out indicates that the code is 'Not Statutorily Valid' in the jurisdiction. Jurisdictions may return Error Message-'042-Not Statutorily Valid' on grayed out values. The code values that are not grayed out are the code values that are statutorily valid and will be processed in the jurisdiction. See Section 2 (below) for Statutorily valid codes that are valid but will not be processed by jurisdiction.			
<b>DN</b>	<b>Element Name</b>	<b>Capture?</b>	<b>Acceptable Code Value List - grayed out indicates that a value is 'Not Statutorily Valid'</b>
0002	Maintenance Type Code (for FROI)	Y	00 01 02 04 CO AQ AU UI UR
0002	Maintenance Type Code (for SROI)	Y	02 04 AB AP CA CB CD CO EP ER FN IP P1 P2 P3 P4 P5 P7 P9 PD PJ PY
	Maintenance Type Codes (for SROI continued)	Y	RB RE S1 S2 S3 S4 S5 S6 S7 S8 S9 SD SJ UI UR VE AN BM BW MN QT SA
0039	Initial Treatment Code	Y	0 1 2 3 4 5
0053	Employee Gender Code	Y	F M U
0054	Employee Marital Status Code	Y	U M S K
0058	Employment Status Code	Y	C 9 8 A B 1 2 3 6 4 5 7 (see hierarchical order in dictionary)
0063	Wage Period Code (FROI)	Y	01 02 04 06 07
0063	Wage Period Code (SROI)	Y	01 04
0069	Pre-Existing Disability Code	Y	Y N U
0073	Claim Status Code	Y	O C R X
0074	Claim Type Code	Y	M I N B L W P
0075	Agreement to Compensate Code	Y	W L
0077	Late Reason Code	Y	L1 L2 L3 L4 L5 L6 L7 L8 L9 LA LB LC C1 D1 D2 D3 D4 D5 D6 E1 E2 E3 E4 E5 E6
0083	Permanent Impairment Body Part Code	Y	99
0085	Benefit Type Code	Y	010 020 021 030 040 050 051 070 080 090 210 230 240 242 250 251 270 410 500 501 510 520 521 524 530 540 541 550 551 570 ## ##
0092	Benefit Adjustment Code	Y	A B E G I J L N Q R S T U V W X Y Z 1 2
0097	Dependent/Payee Relationship Code (1st character)	Y	2 3 4 5 6 7 8 9
	Dependent/Payee Relationship Code (2nd character)	Y	0 1 2 3 4 5 6 7 8 9
0126	Benefit Credit Code	Y	C M P
0130	Benefit Redistribution Code	Y	H K
0146	Death Result of Injury Code	Y	Y N U
0158	Employee Tax Filing Status Code	N	A B C D
0184	Insured Type Code	Y	I S U
0185	Insurer Type Code	Y	I S G
0189	Return to Work Type Code	Y	R A
0198	Full Denial Reason Code	Y	1A 1B 1C 1D 1E 1F 1G 1H 2A 2B 2C 2D 2E 2F 3A 3B 3C 3D 3E 3F 3G 3H 3I 4A 4B 5A 5B 5C
0202	Reduced Benefit Amount Code	Y	R S N
0203	Employer Paid Salary Prior to Acquisition Code	Y	E
0204	Work Week Type Code	Y	S F V
0205	Work Days Scheduled Code	Y	S N
0207	Managed Care Organization Code	N	00 01 02 03 04 05
0212	Non-Consecutive Period Code	Y	A B W
0216	Other Benefit Type Code	Y	300 310 311 320 321 330 340 350 360 370 380 390 400 420 421 422 430 440 450 455 460 465 470 475 480 485 490

**Kentucky Workers' Claims  
Release 3  
Value Table**

0222	Payment Reason Code	Y	010	020	021	030	040	050	051	070	080	090	240	242	250	251	270	410	500	501	510	520	521	530	540	541	550	551	570	580	590								
	Payment Reason codes (continued)	Y	300	310	311	320	321	330	340	350	360	370	380	390	400	420	421	422	430	440	450	455	460	465	470	475	480	485	490										
0226	Recovery Code	Y	800	810	820	830	840	845	850	860	865	866	867	868	870	880	890																						
0249	Accident Premises Code	Y	E	L	X																																		
0270	Employee ID Type Qualifier	Y	A	E	G	P	S																																
0290	Type of Loss Code	Y	01	02	03																																		
0293	Lump Sum Payment Code	Y	AD	AS	AW	SF	SP																																
0294	Partial Denial Code	Y	A	B	C	D	E	F	G																														
<p><b>Section 2 – Valid code values, from Section 1, not processed by jurisdiction:</b>          This table provides a way for the jurisdiction to communicate, of the valid code values from Section 1, which code values will not be processed by the jurisdiction. A code value that has been grayed out, in this section, indicates that the code is valid but is not processed/collected by the jurisdiction. As an option, the grayed out code values may be suppressed (not sent) by the trading partner.</p>																																							
<b>DN</b>	<b>Element Name</b>	<b>Statutorily Valid code values - grayed out indicates that a value is not processed by the Jurisdiction</b>																																					

**Kentucky Workers' Claims  
Release 3  
Match Data Table**

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

Note: Data Elements within the

'Transaction Grouping' are not applicable to the MTC 02 Change transaction.

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

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

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

**Kentucky Workers' Claims  
Release 3  
Match Data Table**

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

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

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

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

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

**Kentucky Workers' Claims  
Release 3  
Population Restrictions Table**

<b>DN</b>	<b>Data Element Name</b>	<b>Error Message Number</b>	<b>Error Message Text</b>	<b>Population Restriction</b>	<b>Element Error Text</b>
0002	Maintenance Type Code	058	Code/ID invalid	Valid values limited to 00, 01, 02, 04, AB, AP, AQ, AU, BM, CA, CB, CD, <del>CO</del> , EP, ER, FN, IP, P1, P4, P7, PD, PY, RB, S1, S2, S3, S4, <del>S5</del> , S6, S7, S8, S9, SD, VE, or UI.	Refer to KY Edit Matrix for valid values
0074	Claim Type Code	058	Code/ID invalid	Valid values limited to I, B, N, L, W, or P.	Refer to KY Edit Matrix for valid values
0083	Permanent Impairment Body Part Code	058	Code/ID invalid	Valid value is limited to 99.	Full Body "99" is the only code accepted by KY.
0085	Benefit Type Code	058	Code/ID invalid	Valid values limited to 010, 020, 021, 030, 040, 050, <del>054</del> , 070, 080, 090, 210, 230, 240, 242, 250, <del>254</del> , 270, 410, 500, 501, 510, 520, 521, 524, 530, 540, 541, 550, <del>554</del> , 570, 580 or 590.	Refer to KY Edit Matrix for valid values
0085	Benefit Type Code	064	Invalid data relationship	If DN0146 Death Result of Injury Code = Y then Benefit Type Code must be = 010.	DN0146 Death Result of Injury Code must = Y
0222	Payment Reason Code	058	Code/ID invalid	Valid values limited to 010, 020, 021, 030, 040, 050, <del>054</del> , 070, 080, 090, 240, 242, 250, <del>254</del> , 270, 410, 500, 501, 510, 520, 521, 530, 540, 541, 550, <del>554</del> , 570, 580 or 590.	Refer to KY Edit Matrix for valid values

**Kentucky Workers' Claims  
Release 3  
Transaction Sequencing**

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

**Kentucky Workers' Claims  
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Transaction Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
	<b>2c. Initial Payment of Weekly Benefits</b>				
Y	IP	Initial Payment	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
	<b>2d. Initial Payment by New Claim Administrator</b>				
Y	AP	Acquired/Payment	063	Event 1d (FROI) not previously accepted	An AU or AQ must have been accepted

**Kentucky Workers' Claims  
Release 3  
Transaction Sequencing**

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



**Kentucky Workers' Claims  
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Transaction Sequencing**

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

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

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Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Y	P4	Partial Suspension, Employee Death	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	P7	Partial Suspension, Benefits Exhausted	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted

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Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
<b>Business Event Group 7. Suspension of Resumed Benefits</b>					
Y	ANY Event Group 7 MTC		063	Event 1 (FROI) not previously accepted	
Y	S1	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S2	Suspension, Medical Non-Compliance	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S3	Suspension, Administrative Non-Compliance	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S4	Suspension, Claimant Death	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
<del>Y</del>	<del>S5</del>	<del>Suspension, Incarceration</del>	<del>063</del>	<del>Event 5 (SROI) not previously accepted</del>	<del>An ER or RB must have been accepted</del>
Y	S6	Suspension, Claimant's Whereabouts Unknown	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S7	Suspension, Benefits Exhausted	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S8	Suspension, Jurisdiction Change	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S9	Suspended Pending Settlement Approval	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	SD	Suspension, Directed by Jurisdiction	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	PD	Partial Denial - <del>(applicable only when the partial denial report is suspending benefits)</del>	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	04	Full Denial - SROI (applicable only when the denial report in suspending benefits)	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted
<b>Business Event Group 8. Claim Closure</b>					

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Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code		Element Error Number (DN0116)	Suggested Error Text (DN0291) limited to 50 bytes	MINIMUM SEQUENCING REQUIREMENTS
Y	FN	Final	063	Event 4 or 7 (SROI, Sx) not previously accepted	An Sx must have been accepted
<b>Conditional reporting (can occur anytime after Event 1 - Claim established)</b>					
<b>Business Event Group 9. One Time Payment Reporting</b>					
Y	PY	Payment Report (lump sum payments)		Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04, or AQ/AU must have been accepted

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