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**Kentucky Workers' Claims
Release 3
DN-Error Message Table**

DN	IAIABC Data Element Name	Relaxed requirement edits (err msg 001 and 108)																
		NI	Y	F	P	L												
0000	Entire Batch	NI	Y															
0001	Transaction Set ID	NI	F	F														
0002	Maintenance Type Code	NI	F	P	F													
0003	Maintenance Type Code Date	NI	F	F		L				L								
0004	Jurisdiction Code	NI	F	F								L						
0005	Jurisdiction Claim Number	NI	Y	L		L							L	L				
0006	Insurer FEIN	NI	F	F		L							L	L				
0007	Insurer Name	NI	Y	L														
0010	Claim Administrator Primary Address	NI	N														L	
0011	Claim Administrator Secondary Address	NI	N															
0012	Claim Administrator City	NI	N														L	
0013	Claim Administrator State Code	NI	N														L	
0014	Claim Administrator Postal Code	NI	F	F													L	
0015	Claim Administrator Claim Number	NI	F	F													F	
0016	Employer FEIN	NI	Y	L		L											L	
0017	Insured Name	NI	Y	L													L	
0018	Employer Name	NI	Y	L													L	
0019	Employer Physical Primary Address	NI	Y	L													L	
0020	Employer Physical Secondary Address	NI	N															
0021	Employer Physical City	NI	Y	L													L	
0022	Employer Physical State Code	NI	Y	L													L	
0023	Employer Physical Postal Code	NI	Y	L													L	
0025	Industry Code	NI	Y	L		L											L	
0026	Insured Report Number	NI	N														L	
0027	Insured Location Identifier	NI	Y														L	
0028	Policy Number Identifier	L	Y	L													L	
0029	Policy Effective Date	NI	N			L											L	
0030	Policy Expiration Date	NI	N			L											L	
0031	Date of Injury	NI	Y	L		L											L	
0032	Time of Injury	L	Y	L													L	
0033	Accident Site Postal Code	NI	Y	L													L	
0035	Nature of Injury Code	NI	Y	L													L	
0036	Part of Body Injured Code	NI	Y	L													L	
0037	Cause of Injury Code	NI	Y	L													L	
0038	Accident/Injury Description Narrative	NI	Y	L													L	
0039	Initial Treatment Code	NI	Y														L	
0040	Date Employer Had Knowledge of the Injury	NI	Y	L		L											L	
0041	Date Claim Administrator Had Knowledge of the Injury	NI	Y	L		L											L	
0042	Employee SSN	NI	Y	L		L											L	
0043	Employee Last Name	NI	Y	L													L	
0044	Employee First Name	NI	Y	L													L	
0045	Employee Middle Name/Initial	NI	N														L	

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IAIABC Data Element Name	118
Entire Batch	
Transaction Set ID	
Maintenance Type Code	
Maintenance Type Code Date	
Jurisdiction Code	
Jurisdiction Claim Number	
Insurer FEIN	
Insurer Name	
Claim Administrator Primary Address	
Claim Administrator Secondary Address	
Claim Administrator City	
Claim Administrator State Code	
Claim Administrator Postal Code	
Claim Administrator Claim Number	
Employer FEIN	
Insured Name	
Employer Name	
Employer Physical Primary Address	
Employer Physical Secondary Address	
Employer Physical City	
Employer Physical State Code	
Employer Physical Postal Code	
Industry Code	
Insured Report Number	
Insured Location Identifier	
Policy Number Identifier	
Policy Effective Date	
Policy Expiration Date	
Date of Injury	
Time of Injury	
Accident Site Postal Code	
Nature of Injury Code	
Part of Body Injured Code	
Cause of Injury Code	
Accident/Injury Description Narrative	
Initial Treatment Code	
Date Employer Had Knowledge of the Injury	
Date Claim Administrator Had Knowledge of the Injury	
Employee SSN	
Employee Last Name	
Employee First Name	
Employee Middle Name/Initial	

**Kentucky Workers' Claims
Release 3
DN-Error Message Table**

Sorted by Error Message & DN		F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. *Grayed out: The standard edit will not be applied by the jurisdiction		Relaxed requirement edits:		Jurisdiction will apply edits?:		Population Restrictions Indicator		Relaxed requirement edits (err msg 001 and 108)		Jurisdiction will apply edits?		Population Restrictions Indicator			
		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		L = 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		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		Mandatory field not present		Mandatory field not present		Mandatory field not present		Mandatory field not present		Mandatory field not present	
DN	IAIABC Data Element Name																
0046	Employee Mailing Primary Address	NI	Y														
0047	Employee Mailing Secondary Address	NI	N														
0048	Employee Mailing City	NI	Y														
0049	Employee Mailing State Code	NI	Y														
0050	Employee Mailing Postal Code	NI	Y														
0051	Employee Phone Number	NI	Y														
0052	Employee Date of Birth	NI	Y														
0053	Employee Gender Code	NI	Y														
0054	Employee Marital Status Code	NI	Y														
0055	Employee Number of Dependents	NI	Y														
0056	Initial Date Disability Began	NI	Y														
0057	Employee Date of Death	NI	Y														
0058	Employment Status Code	L	Y														
0059	Manual Classification Code	L	Y														
0060	Occupation Description	NI	N														
0061	Employee Date of Hire	NI	Y														
0062	Wage	NI	Y														
0063	Wage Period Code	NI	Y														
0064	Number of Days Worked Per Week	NI	Y														
0065	Initial Date Last Day Worked	NI	Y														
0066	Full Wages Paid for Date of Injury Indicator	NI	Y														
0068	Initial Return to Work Date	NI	Y														
0069	Pre-Existing Disability Code	NI	Y														
0070	Date of Maximum Medical Improvement	L	Y														
0072	Current Return to Work Date Latest Return to Work Status Date	NI	Y														
0073	Claims Status Code	L	Y														
0074	Claim Type Code	NI	Y														
0075	Agreement to Compensate Code	NI	Y														
0076	Date Claim Administrator Notified of Employee Representation	NI	Y														
0077	Late Reason Code	NI	Y														
0078	Number of Permanent Impairments	NI	F														
0082	Number of Death Dependent/Payee Relationships	NI	F														
0083	Permanent Impairment Body Part Code	NI	Y														
0084	Permanent Impairment Percentage	NI	Y														
0085	Benefit Type Code	NI	Y														
0086	Benefit Type Amount Paid	NI	Y														
0087	Net Weekly Amount	NI	Y														
0088	Benefit Period Start Date	NI	Y														
0089	Benefit Period Through Date	NI	Y														
0090	Benefit Type Claim Weeks	NI	Y														
0091	Benefit Type Claim Days	NI	Y														
0092	Benefit Adjustment Code	NI	Y														

**Kentucky Workers' Claims
Release 3
DN-Error Message Table**

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IAIABC Data Element Name		
Employee Mailing Primary Address		
Employee Mailing Secondary Address		
Employee Mailing City		
Employee Mailing State Code		
Employee Mailing Postal Code		
Employee Phone Number		
Employee Date of Birth		
Employee Gender Code		
Employee Marital Status Code		
Employee Number of Dependents		
Initial Date Disability Began		
Employee Date of Death		
Employment Status Code		
Manual Classification Code		
Occupation Description		
Employee Date of Hire		
Wage		
Wage Period Code		
Number of Days Worked Per Week		
Initial Date Last Day Worked		
Full Wages Paid for Date of Injury Indicator		
Initial Return to Work Date		
Pre-Existing Disability Code		
Date of Maximum Medical Improvement		
Current Return to Work Date Latest Return to Work Status Date		
Claims Status Code		
Claim Type Code		
Agreement to Compensate Code		
Date Claim Administrator Notified of Employee Representation		
Late Reason Code		
Number of Permanent Impairments		
Number of Death Dependent/Payee Relationships		
Permanent Impairment Body Part Code		
Permanent Impairment Percentage		
Benefit Type Code		
Benefit Type Amount Paid		
Net Weekly Amount		
Benefit Period Start Date		
Benefit Period Through Date		
Benefit Type Claim Weeks		
Benefit Type Claim Days		
Benefit Adjustment Code		

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IAIABC Data Element Name	
Benefit Adjustment Weekly Amount	118
Benefit Adjustment Start Date	
Dependent/Payee Relationship Code	
Sender ID	
Receiver ID	
Date Transmission Sent	
Time Transmission Sent	
Test/Production Code	
Interchange Version ID	
Detail Record Count	
Accident Site County/Parish	
Accident Site Location Narrative	
Accident Site Organization Name	
Accident Site City	
Accident Site Street	
Accident Site State Code	
Actual Reduced Earnings	
Benefit Adjustment End Date	
Benefit Credit Code	
Benefit Credit Start Date	
Benefit Credit End Date	
Benefit Credit Weekly Amount	
Benefit Redistribution Code	
Benefit Redistribution Start Date	
Benefit Redistribution End Date	
Benefit Redistribution Weekly Amount	
Calculated Weekly Compensation Amount	
Claim Administrator Information/Attention Line	
Claim Administrator Country Code	
Claim Administrator Claim Representative Business Phone Number	
Claim Administrator Claim Representative E-Mail Address	
Claim Administrator Claim Representative Fax Number	
Claim Administrator Representative Name	
Concurrent Employer Name	
Concurrent Employer Contact Business Phone Number	
Concurrent Employer Wage	
Current Date Disability Began	
Current Date Last Day Worked	
Death Result of Injury Code	
Deemed Reduced Earnings	
Discontinued Fringe Benefits	
Employee Authorization to Release Medical Records Indicator	

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IAIABC Data Element Name	118
Employee Education Level	
Employee Employment Visa	
Employee Green Card	
Employee ID Assigned by Jurisdiction	
Employee Mailing Country Code	
Employee Passport Number	
Employee Social Security Number Release Indicator	
Employee Tax Filing Status Code	
Employer Contact Business Phone Number	
Employer Contact Name	
Employer Mailing Information/Attention Line	
Employer Physical Country Code	
Employer Mailing City	
Employer Mailing Country Code	
Employer Mailing Postal Code	
Employer Mailing Primary Address	
Employer Mailing Secondary Address	
Employer Mailing State Code	
Estimated Gross Weekly Amount Indicator	
Gross Weekly Amount	
Gross Weekly Amount Effective Date	
Insured Type Code	
Insurer Type Code	
Jurisdiction Branch Office Code	
Claim Administrator FEIN	L
Claim Administrator Name	
Return to Work Type Code	
Transaction Count	
Benefit Payment Issue Date	
Suspension Effective Date	
Payment Issue Date	
Denial Rescission Date	
Denial Reason Narrative	
Full Denial Reason Code	
Full Denial Effective Date	
Claim Administrator Alternate Postal Code	
Anticipated Wage Loss Indicator	
Reduced Benefit Amount Code	
Employer Paid Salary Prior to Acquisition Code	
Work Week Type Code	
Work Days Scheduled Code	
Employee Security ID	

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IAIABC Data Element Name	
Managed Care Organization Code	118
Managed Care Organization Identification Number	
Managed Care Organization Name	
Net Weekly Amount Effective Date	
Non-Consecutive Period Code	
Employee Number of Entitled Exemptions	
Other Benefit Type Amount	
Other Benefit Type Code	
Payee	
Payment Amount	
Payment Covers Period Start Date	
Payment Covers Period Through Date	
Payment Reason Code	
Permanent Impairment Minimum Payment Indicator	
Physical Restrictions Indicator	
Recovery Amount	
Recovery Code	
Return to Work With Same Employer Indicator	
Suspension Narrative	
Witness Business Phone Number	
Witness Name	
Reduced Earnings Week Number	
Accident Premises Code	
Employee Last Name Suffix	
Wage Effective Date	
Employee ID Type Qualifier	
Employer Paid Salary in Lieu of Compensation Indicator	
Number of Accident/Injury Description Narratives	
Number of Concurrent Employers	
Number of Denial Reason Narratives	
Number of Full Denial Reason Codes	
Number of Managed Care Organizations	
Number of Witnesses	
Accident Site Country Code	
Date Employer Had Knowledge of Date of Disability	
Number of Other Benefits	
Number of Payments	
Number of Recoveries	
Number of Reduced Earnings	
Average Wage	
Number of Suspension Narratives	
Number of Benefits	

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IAIABC Data Element Name	118
Number of Benefit ACR	
Type of Loss Code	
Insolvent Insurer FEIN	
Lump Sum Payment/Settlement Code	
Partial Denial Code	
Maintenance Type Correction Code	
Maintenance Type Correction Code Date	
Initial Date of Lost Time	
Date Claim Administrator Had Knowledge of Lost Time	
Award/Order Date	
Insured FEIN	
Employer UI Number	

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

Section 1 – Code values that are 'Not Statutorily Valid' (Code values that are grayed out):			
The jurisdiction should communicate in this section the code values that are not statutorily valid in the jurisdiction. A 'N' in the capture column indicates that the data element is not captured in the jurisdiction. A 'Y' in the capture column indicates that the data element is captured in the jurisdiction. A code value that has been grayed out indicates that the code is 'Not Statutorily Valid' in the jurisdiction. Jurisdictions may return Error Message-'042-Not Statutorily Valid' on grayed out values. The code values that are not grayed out are the code values that are statutorily valid and will be processed in the jurisdiction. See Section 2 (below) for Statutorily valid codes that are valid but will not be processed by jurisdiction.			
DN	Element Name	Capture?	Acceptable Code Value List - grayed out indicates that a value is 'Not Statutorily Valid'
0002	Maintenance Type Code (for FROI)	Y	00 01 02 04 CO AQ AU UI UR
0002	Maintenance Type Code (for SROI)	Y	02 04 AB AP CA CB CD CO EP ER FN IP P1 P2 P3 P4 P5 P7 P9 PD PJ PY
	Maintenance Type Codes (for SROI continued)	Y	RB RE S1 S2 S3 S4 S5 S6 S7 S8 S9 SD SJ UI UR VE AN BM BW MN QT SA
0039	Initial Treatment Code	Y	0 1 2 3 4 5
0053	Employee Gender Code	Y	F M U
0054	Employee Marital Status Code	Y	U M S K
0058	Employment Status Code	Y	C 9 8 A B 1 2 3 6 4 5 7 (see hierarchical order in dictionary)
0063	Wage Period Code (FROI)	Y	01 02 04 06 07
0063	Wage Period Code (SROI)	Y	01 04
0069	Pre-Existing Disability Code	Y	Y N U
0073	Claim Status Code	Y	O C R X
0074	Claim Type Code	Y	M I N B L
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	010 020 021 030 040 050 051 070 080 090 210 230 240 242 250 251 270 410 500 501 510 520 521 524 530 540 541 550 551 570 580 590
0092	Benefit Adjustment Code	Y	A B E G I J L N Q R S T U V W X Y Z 1 2
0097	Dependent/Payee Relationship Code (1st character)	Y	2 3 4 5 6 7 8 9
	Dependent/Payee Relationship Code (2nd character)	Y	0 1 2 3 4 5 6 7 8 9
0126	Benefit Credit Code	Y	C M P
0130	Benefit Redistribution Code	Y	H K
0146	Death Result of Injury Code	Y	Y N U
0158	Employee Tax Filing Status Code	N	A B C D
0184	Insured Type Code	Y	I S U
0185	Insurer Type Code	Y	I S G
0189	Return to Work Type Code	Y	R A
0198	Full Denial Reason Code	Y	1A 1B 1C 1D 1E 1F 1G 1H 2A 2B 2C 2D 2E 2F 3A 3B 3C 3D 3E 3F 3G 3H 3I 4A 4B 5A 5B 5C
0202	Reduced Benefit Amount Code	Y	R S N
0203	Employer Paid Salary Prior to Acquisition Code	Y	E
0204	Work Week Type Code	Y	S F V
0205	Work Days Scheduled Code	Y	S N
0207	Managed Care Organization Code	N	00 01 02 03 04 05
0212	Non-Consecutive Period Code	Y	A B W
0216	Other Benefit Type Code	Y	300 310 311 320 321 330 340 350 360 370 380 390 400 420 421 422 430 440 450 455 460 465 470 475 480 485 490
0222	Payment Reason Code	Y	010 020 021 030 040 050 051 070 080 090 240 242 250 251 270 410 500 501 510 520 521 530 540 541 550 551 570 580 590
	Payment Reason codes (continued)	Y	300 310 311 320 321 330 340 350 360 370 380 390 400 420 421 422 430 440 450 455 460 465 470 475 480 485 490
0226	Recovery Code	Y	800 810 820 830 840 845 850 860 865 866 867 868 870 880 890
0249	Accident Premises Code	Y	E L X
0270	Employee ID Type Qualifier	Y	A E G P S
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

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

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

Kentucky Workers' Claims Release 3 Match Data Table

The Match Data Table is designed to convey which data elements should be used as primary or secondary "match" data elements. It is used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements (usually on a change or correction transaction), secondary "match" data elements are used to match a claim. Refer to the Match Data Rules in the instructions. A jurisdiction should provide Claim Administrators with primary match data element(s) and two or more secondary match data elements.

Match Data Elements can only be changed on a MTC 02 Change transaction. Only one Match Data Element can be changed on the same MTC 02 Change transaction. If more than one Match Data Element is changed on the same MTC 02 Change transaction, an error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR-Transaction Rejected acknowledgment. Note: Data Elements within the 'Transaction Grouping' are not applicable to the MTC 02 Change transaction.

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

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

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

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

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*.

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

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	A	A
	0036	Part of Body	A	A
	0037	Cause of Injury		

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

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0002	Maintenance Type Code	058	Code/ID invalid	Valid values limited to 00, 01, 02, 04, AB, AP, AQ, AU, BM, CA, CB, CD, CO , EP, ER, FN, IP, P1, P4, P7, PD, PY, RB, S1, S2, S3, S4, S5 , S6, S7, S8, S9, SD, VE, or UI.	Refer to KY Edit Matrix for valid values
0074	Claim Type Code	058	Code/ID invalid	Valid values limited to I, B, N or L.	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, 054 , 070, 080, 090, 210, 230, 240, 242, 250, 254 , 270, 410, 500, 501, 510, 520, 521, 524, 530, 540, 541, 550, 554 , 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, 054 , 070, 080, 090, 240, 242, 250, 254 , 270, 410, 500, 501, 510, 520, 521, 530, 540, 541, 550, 554 , 570, 580 or 590.	Refer to KY Edit Matrix for valid values

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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
Business Event Group 1. Establish Claim or New Claim Administrator					
1a. Determination not made					
NA	UI - FROI	Under Investigation FROI			None
1b. Report of Injury					
NA	00	Original			None
1c. Denial					
NA	04 - FROI	Full Denial FROI			None
1d. Acquired Claim					
Y	AQ	Acquired Claim	063	No previous FROI from prior Clm Admin accepted	A 00, FROI 04 or AU must have been accepted
NA	AU	Acquired/Unallocated			None
<p>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.</p> <p>Note: If FROI UR is accepted, jurisdictions must consider the requirements defined for the UR to successfully apply sequencing edits.</p>					
Business Event Group 2. Initial Payment of Indemnity or equivalent					
2a. Non-payment of Indemnity					
Y	04 - SROI	Full Denial SROI	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted
Y	CD	Compensable Death - No Dependents/Payees	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
Y	VE	Volunteer	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
Y	PD	Partial Denial	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
2b. Salary in Lieu of Compensation					
Y	EP	Employer Paid	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
2c. Initial Payment of Weekly Benefits					
Y	IP	Initial Payment	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04 or AQ/AU must have been accepted
2d. Initial Payment by New Claim Administrator					
Y	AP	Acquired/Payment	063	Event 1d (FROI) not previously accepted	An AU or AQ 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
Business Event Group 3. Changes to benefits (if applicable). May occur multiple times after Event 2b, 2c or 2d.					
Y	AB	Add Concurrent Benefit Type	063	Event 2 (SROI) not previously accepted	An EP (DN0085-2xx), IP or AP must have been accepted
Y	CA	Change in Benefit Amount	063	Event 2 (SROI) not previously accepted	An EP (DN0085-2xx), IP or AP must have been accepted
Y	CB	Change in Benefit Type	063	Event 2 (SROI) not previously accepted	An EP (DN0085-2xx), IP or AP must have been accepted
3a. Concurrent benefits only					
Y	P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to 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
3b. Reinstate suspended concurrent Benefits					
Y	AB	Add Concurrent Benefit Type	063	Event 3a (SROI) not previously accepted	A SROI Px must have been accepted

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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
Business Event Group 4. Suspension of all indemnity benefits					
Y	S1	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S2	Suspension, Medical Non-Compliance	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S3	Suspension, Administrative Non-Compliance	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S4	Suspension, Claimant Death	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S5	Suspension, Incarceration	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S6	Suspension, Claimant's Whereabouts Unknown	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S7	Suspension, Benefits Exhausted	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S8	Suspension, Jurisdiction Change	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	S9	Suspended Pending Settlement Approval	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	SD	Suspension, Directed by Jurisdiction	063	Event 2b, c or d (SROI) not previously accepted	An IP, AP or EP must have been accepted
Y	PD	Partial Denial - (applicable only when the partial denial report is suspending benefits)	063	Event 1b, 1c or 1d (FROI) not previously accepted	A 00, AQ/AU or FROI 04 must have been accepted
Y	04	Full Denial - SROI (applicable only when the denial report is suspending benefits)	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted

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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
Events 5, 6 and 7 can occur multiple times during the life of the claim. However, once Event 5 occurs, Event 7 must occur before 5 can occur again. (Event 6 may not always occur) Note: Jurisdiction must be able to recognize previously reported starting and stopping of benefits					
Note: If SROI UR is accepted, jurisdictions must consider the requirements defined for the UR to successfully apply sequencing edits.					
Business Event Group 5. Resumption of Benefits					
Y	Any Event Group 5 MTC		063	Event 1 (FROI) not previously accepted	
Y	5a. Reinstated Salary in Lieu of Compensation				
Y	ER	Employer Reinstatement	063	Event 2b (SROI) and 4 (SROI, Sx) not previously accepted	An EP must have been accepted and if there has been a break in benefits, must be preceded by an Sx
Y	5b. Reinstated Weekly Benefits				
Y	RB	Reinstatement of Benefits	063	Event 4 (SROI, Sx) not previously accepted	An Sx must have been accepted
Business Event Group 6. Changes to Resumed benefits (if applicable)					
Y	Any Event Group 6 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
Concurrent benefits only					
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
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
Business Event Group 7. Suspension of Resumed Benefits					
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
Y	S5	Suspension, Incarceration	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S6	Suspension, Claimant's Whereabouts Unknown	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S7	Suspension, Benefits Exhausted	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S8	Suspension, Jurisdiction Change	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	S9	Suspended Pending Settlement Approval	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	SD	Suspension, Directed by Jurisdiction	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	PD	Partial Denial - (applicable only when the partial denial report is suspending benefits)	063	Event 5 (SROI) not previously accepted	An ER or RB must have been accepted
Y	04	Full Denial - SROI (applicable only when the denial report in suspending benefits)	063	MTC 04 not valid - No Prior SROI	A SROI must have been previously accepted
Business Event Group 8. Claim Closure					
Y	FN	Final	063	Event 4 or 7 (SROI, Sx) not previously accepted	An Sx must have been accepted
Conditional reporting (can occur anytime after Event 1 - Claim established)					
Business Event Group 9. One Time Payment Reporting					
Y	PY	Payment Report (lump sum payments)		Event 1b, 1c or 1d (FROI) not previously accepted	A 00, FROI 04, or AQ/AU must

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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
Business Event Group 10. Periodic reporting					
Y	BM	Bi-Monthly (Periodic Report)	063	Event 1b, 1c or 1d (FROI) not previously accepted	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
Business Event Group 11. Corrections/Changes					
Y	CO - FROI	Correction FROI	063	Event 1 (FROI) not previously accepted	TE acknowledgment returned prior to 1/16/2009
Changes					
Y	02 - FROI	Change	063	Event 1 (FROI) not previously accepted	A 00, FROI 04, AQ/AU or FROI UI must have been accepted
Y	02 - SROI	Change	063	Event 2-10 (SROI) not previously accepted	Any SROI must have been accepted
Business Event Group 12. Miscellaneous					
Y	01	Cancel	063	Event 1 (FROI) not previously accepted	A 00, FROI 04, AQ/AU or FROI UI must have been accepted
Y	04	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 suspended
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 suspended
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