

## IAIABC Claims Release 3 Event Table



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**First Report of Injury (FROI - 148 & R21)  
Refer to Systems Rules - Transmissions**

<b>Paper Equivalent Form(s)</b>	<b>Comments</b>	<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will this report be accepted electronically? (Yes/No)</b>
SF1 IA1	SF1 - <1996 IA1 - submitted to carrier	00	Original	The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.	Yes
N/A	EDI Release 1	01	Cancel	The original first report was sent in error.	Yes
N/A	EDI Release 1	02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.	Yes
N/A	EDI Release 1	04	Denial	The entire claim is being denied.	Yes
N/A	EDI Release 3	AQ	Acquired Claim	Minimal data sent to report that a new claim administrator has acquired the claim.	Yes
N/A	EDI Release 1	AU	Acquired/ Unallocated	The equivalent of an initial first report (MTC 00) filed by a new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table.	Yes
N/A	EDI Release 1 for legacy purposes only. - TE acknowledgement received prior to 1/16/09.	CO	Correction	Corrected data element values are transmitted in response to an acknowledgment containing non-critical errors.	Yes
N/A	EDI Release 3	UI	Under Investigation	A determination has not yet been made as to whether this is a compensable claim. This MTC may be sent as the First Report.	Yes
N/A	N/A	UR	Upon Request	Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator.	No

**Subsequent Report of Injury (SROI A49 & R22)  
Refer to Systems Rules - Transmissions**

<b>Paper Equivalent</b>	<b>Comments</b>	<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will the Receiver accept this report through EDI?</b>
N/A	EDI Release 1	02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.	Yes
N/A	EDI Release 1	04	Denial	The entire claim is being denied.	Yes
N/A	EDI Release 3	AB	Add Concurrent Benefit Type	Indemnity benefits are currently being paid and concurrent benefit type is being added.	Yes
N/A	EDI Release 1	AP	Acquired/ Payment	The claim administrator who acquired the claim has processed AP Acquired/Payment – the first payment of indemnity benefits.	Yes

**Subsequent Report of Injury (SROI A49 & R22)  
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N/A	EDI Release 1	CA	Change in Benefit Amount	The Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount (DN0087).	Yes
N/A	EDI Release 1	CB	Change in Benefit Type	A benefit type being paid has changed and payments are being continued under a different benefit type without a break in continuity of benefits.	Yes
N/A	EDI Release 1	CD	Compensable Death	The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation.	Yes
N/A	EDI Release 1	CO	Correction	Corrected data element values are transmitted in response to an acknowledgment containing non-critical errors.	No
N/A	EDI Release 3	EP	Employer Paid	The employer is paying the injured employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.	Yes
N/A	EDI Release 3	ER	Employer Reinstatement	The employer has resumed paying the injured employee's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.	Yes
N/A	EDI Release 1	FN	Final	Closed claim, no further payments of any kind anticipated.	Yes
N/A	EDI Release 1	IP	Initial Payment	The first payment for an indemnity benefit other than a settlement has been issued by a claim administrator.	Yes
N/A	EDI Release 1	P1	Partial Suspension, RTW, or Medically Determined/Q ualified RTW	Payment(s) of one concurrent indemnity benefit have stopped because the injured employee has returned to work, and payment(s) of other indemnity benefits continues.	Yes
N/A	EDI Release 1	P2	Partial Suspension, Medical Non-compliance	Payment(s) of one concurrent indemnity benefit have stopped because of medical non-compliance, and payment(s) of other indemnity benefits continues.	No
N/A	EDI Release 1	P3	Partial Suspension, Administrative Non-compliance	Payment(s) of one concurrent indemnity benefit have stopped because of administrative non-compliance, and payment(s) of other indemnity benefits continues.	No
N/A	EDI Release 1	P4	Partial Suspension, Claimant Death	Payment(s) of one concurrent indemnity benefit have stopped because of employee death, and payment(s) of other indemnity benefits continues.	Yes
N/A	EDI Release 1	P5	Partial Suspension, Incarceration	Payment(s) of one concurrent indemnity benefit have stopped because the employee has been incarcerated, and payment(s) of other indemnity benefits continues.	No

**Subsequent Report of Injury (SROI A49 & R22)**  
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N/A	EDI Release 1	P7	Partially Suspension, Benefits Exhausted	Payment(s) of one concurrent indemnity benefit have stopped because limits of benefit or entitlement have been reached, and payment(s) of other indemnity benefits continues.	Yes
N/A	EDI Release 1	P9	Partial Suspended Pending Settlement Approval	Payment(s) of one concurrent indemnity benefit have stopped pending settlement approval, and payment(s) of other indemnity benefits continues.	No
N/A	EDI Release 3	PD	Partial Denial	A specific benefit(s) has been denied.	Yes
N/A	EDI Release 1	PJ	Partially Suspended Pending Appeal or Judicial Review	Payment(s) of one concurrent indemnity benefit have stopped pending appeal or judicial review, and payment(s) of other indemnity benefits continues.	No
N/A	EDI Release 1	PY	Payment Report	Identifies payment information for which reporting is required by the jurisdiction.	Yes
N/A	EDI Release 1	RB	Reinstatement of Benefits	Indemnity payments have been resumed, but the reinstated benefit type may or may not have been paid previously.	Yes
N/A	EDI Release 1	RE	Reduced Earnings	The injured employee has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported.	No
N/A	EDI Release 1	S1	Suspension, RTW, or Medically Determined/Q ualified RTW	All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.	Yes
N/A	EDI Release 1	S2	Suspension, Medical Non- compliance	All payments of indemnity benefits have stopped because of medical non-compliance.	Yes
N/A	EDI Release 1	S3	Suspension, Administrative Non- compliance	All payments of indemnity benefits have stopped because of administrative non-compliance.	Yes
N/A	EDI Release 1	S4	Suspension, Claimant Death	All payments of indemnity benefits have stopped because the employee has died.	Yes
N/A	EDI Release 1	S5	Suspension, Incarceration	All payments of indemnity benefits have stopped because the employee has been incarcerated.	No
N/A	EDI Release 1	S6	Suspension, Claimant's Whereabouts Unknown	All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.	Yes
N/A	EDI Release 1	S7	Suspension, Benefits Exhausted	All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.	Yes

**Subsequent Report of Injury (SROI A49 & R22)  
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N/A	EDI Release 1	S8	Suspension, Jurisdiction Change	All payments of indemnity benefits have stopped because the jurisdiction has been changed.	Yes
N/A	EDI Release 1	S9	Suspended Pending Settlement Approval	All payments of indemnity benefits have stopped pending settlement approval.	Yes
N/A	EDI Release 3	SD	Suspension, Directed by Jurisdiction	All payments of indemnity benefits have stopped per jurisdiction order.	Yes
N/A	EDI Release 1	SJ	Suspended Pending Appeal or Judicial Review	All payments of indemnity benefits have stopped pending appeal or judicial review.	No
N/A	N/A	UI	Under Investigation	A determination has not yet been made as to whether this is a compensable claim.	No
N/A	N/A	UR	Upon Request	Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator.	No
N/A	EDI Release 1	VE	Volunteer	The employee is a volunteer for the covered employer, and the claim administrator will make no indemnity payments.	Yes

**Kentucky Department of Workers' Claims**  
**IAIABC Claims Release 3**  
**First Report of Injury Event Table**

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

**Interpreting the jurisdiction's requirements:** For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria		Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	FROI	00	Original	1=Date of Injury	1996	Implementation of R3	C = Lost Time	Used to report injury resulting in lost time of more than 1 day.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	00	Original	1=Date of Injury	2010		C = Lost Time	Used to report injury resulting in lost time of more than 1 day.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	00	Original	1=Date of Injury	2010		C = Lost Time	Used to report injury resulting in lost time of more than one day and immediately follows UI filed with jurisdiction.	<40 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	00	Original	1=Date of Injury	2010		A = New Claim	Used to report injury resulting in no lost time.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	00	Original	1=Date of Injury	2010		A = New Claim	Used to report injury resulting in no lost time and immediately follows UI filed with jurisdiction.	<40 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R1	FROI	01	Cancel	2=EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	A previously established claim is now being cancelled.	N/A	N/A	H = Immediate	N/A	N/A
R3	FROI	01	Cancel	2=EDI Mandate Date	2010		M = MTC Defined	A previously established claim is now being cancelled.	N/A	N/A	H = Immediate	N/A	N/A
R1	FROI	02	Change	3=Jurisdiction defined	1996	Implementation of R3	M = MTC Defined	Change of FROI data elements, based on Element Requirement Table, initiated by the administrator. If data element is on both FROI and SROI, change should be sent on FROI.	N/A	N/A	H = Immediate	N/A	N/A
R3	FROI	02	Change	3=Jurisdiction defined	2010		M = MTC Defined	* Change of FROI data elements, based on Element Requirement Table, initiated by the administrator. If data element is on both FROI and SROI, change should be sent on FROI.	N/A	N/A	H = Immediate	N/A	N/A
R1	FROI	02	Change	3=Jurisdiction defined	1996	Implementation of R3	J = Jurisdiction Defined	Change of FROI data elements, Date of Injury, Nature, SSN and Date of Death reported in error initiated by the administrator.	N/A	N/A	J = From Report Trigger (Manual Change Form)	N/A	N/A
R1	FROI	04	Denial	1=Date of Injury	1996	Implementation of R3	C = Lost Time	Administrator denied claim of injury resulting in lost time of more than 1 day.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	04	Denial	1=Date of Injury	2010		C = Lost Time	Administrator denied claim of injury resulting in lost time of more than 1 day.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	04	Denial	1=Date of Injury	2010		C = Lost Time	Administrator denied claim of injury resulting in lost time of more than 1 day and immediately follows a UI filed with jurisdiction.	<40 days	C = Calendar Days	C = From Employer Notification	N/A	N/A

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		Code	Description	Criteria		Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	FROI	04	Denial	1=Date of Injury	1996	Implementation of R3	A = New Claim	Administrator denied claim of injury resulting in <u>no</u> lost time.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	04	Denial	1=Date of Injury	2010		A = New Claim	Administrator denied claim of injury resulting in <u>no</u> lost time.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	04	Denial	1=Date of Injury	2010		A = New Claim	Administrator denied claim of injury resulting in <u>no</u> lost time and immediately follows a UI filed with jurisdiction.	<40 days	C = Calendar Days	C = From Employer Notification	N/A	N/A

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		Code	Description	Criteria		Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	FROI	04	Denial	1=Date of Injury	1996	Implementation of R3	M = MTC Defined	Administrator denied claim following 00 previously filed.	N/A	N/A	N/A	N/A	N/A
R3	FROI	04	Denial	1=Date of Injury	2010		M = MTC Defined	Administrator denied claim following 00 previously filed.	N/A	N/A	N/A	N/A	N/A
R3	FROI	AQ	Acquired Claim	1=Date of Injury	2010		C = Lost Time	Possession of claim from another administrator used to report minimal information of an injury resulting in lost time of more than 1 day.	<8 days	C = Calendar Days	D = From Administrator Notification	N/A	N/A
R3	ERQI	AQ	Acquired Claim	1=Date of Injury	2010	-	C = Lost Time	<del>Possession of claim from another administrator used to report minimal information of an injury resulting in lost time of more than 1 day and immediately following an UI filing with jurisdiction.</del>	<38 days	C = Calendar Days	D = From Administrator Notification	N/A	N/A
R3	FROI	AQ	Acquired Claim	1=Date of Injury	2010		A = New Claim	Possession of claim from another administrator used to report minimal information of an injury resulting in no lost time.	<8 days	C = Calendar Days	D = From Administrator Notification	N/A	N/A
R3	ERQI	AQ	Acquired Claim	1=Date of Injury	2010	-	A = New Claim	<del>Possession of claim from another administrator used to report minimal information of an injury resulting in no lost time and immediately following an UI filing with jurisdiction.</del>	<38 days	C = Calendar Days	D = From Administrator Notification	N/A	N/A
R1	FROI	AU	Acquired/ Unallocated	1=Date of Injury	1996	Implementation of R3	C = Lost Time	Possession of claim from another administrator used to report injury resulting in lost time of more than 1 day.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	AU	Acquired/ Unallocated	1=Date of Injury	2010		C = Lost Time	Possession of claim from another administrator used to report injury resulting in lost time of more than 1 day.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	AU	Acquired/ Unallocated	1=Date of Injury	2010		C = Lost Time	Possession of claim from another administrator used to report injury resulting in lost time of more than 1 day and immediately following an UI filing with jurisdiction.	<40 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	AU	Acquired/ Unallocated	1=Date of Injury	2010		A = New Claim	Possession of claim from another administrator used to report injury resulting in no lost time.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R3	FROI	AU	Acquired/ Unallocated	1=Date of Injury	2010		A = New Claim	Possession of claim from another administrator used to report injury resulting in no lost time and immediately following an UI filing with jurisdiction.	<40 days	C = Calendar Days	C = From Employer Notification	N/A	N/A

**Kentucky Department of Workers' Claims  
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First Report of Injury Event Table**

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**Interpreting the jurisdiction's requirements:** For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria		Thru	Criteria	Trigger Value	Value	Due Type	From		
R3	FROI	UI	Under Investigation	1=Date of Injury	2010		A = New Claim	Claim is under investigation.	<10 days	C = Calendar Days	C = From Employer Notification	N/A	N/A
R1	FROI	CO	Correction	3=Jurisdiction defined	1996	1/15/2009	M = MTC Defined	Correction of errors in response to a FROI TE acknowledgment.	N/A	N/A	N/A	N/A	N/A
R1	FROI	CO	Correction	3=Jurisdiction defined	1/16/2009	Implementation of R3	M = MTC Defined	Correction of errors in response to a ** legacy FROI TE acknowledgment.	N/A	N/A	N/A	N/A	N/A
R3	FROI	CO	Correction	3=Jurisdiction defined	2010	6/30/2011	M = MTC Defined	Correction of errors in response to a <del>** legacy FROI TE</del> acknowledgment.	N/A	N/A	N/A	N/A	N/A

**Kentucky does not accept the following MTC Code: UR.**

**MTC Code: 04 will generate a statute letter.**

**If a date of death is reported a statute letter will be generated.**

**\* If changing match data elements (DN0031, DN0035, DN0036, DN0042, DN0153, DN0154) only one can be changed per 02 transaction.**

**\*\* Legacy -TE's prior to 1/16/09**

**KY DWC no longer accepts MTC CO as of 10/27/2011**

<u>Release</u>	<u>Event Rule Criteria</u>	<u>Report Trigger Criteria Codes</u>	<u>Report Due Type</u>	<u>Report Due From Code</u>	<u>Receiver Codes</u>
IAIABC Claims Release number	1=Date of Injury 2=EDI Mandate Date 3=Jurisdiction defined	A = New Claim B = Cumulative Medical \$ Paid C = Lost Time D = Cumulative Wage Replacement E = Days Open F = Formula J = Jurisdiction Defined L = Determination of Compensable Death M = MTC Defined N = Cumulative Indemnity \$ Paid Q = Employee Death	B = Business Days C = Calendar Days	A = From Date of Accident/Injury B = From Date of Disability C = From Employer Notification D = From Administrator Notification E = From Jurisdiction Notification F = From Carrier Notification G = From Initial Payment (IP) H = Immediate I = From Date of Death J = From Report Trigger K = Prior to Final Report (FN)	EE = Employee ER = Employer PR = Provider Others as defined by jurisdiction

### IAIABC Claims Release 3 Subsequent Report of Injury Event Table

The Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

**Interpreting the jurisdiction's requirements:** For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From) If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	SROI	02	Change	3=Jurisdiction defined	1996	Implementation of R3	M = MTC Defined	Change of SROI data elements, based on Element Requirement Table, initiated by the administrator.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	02	Change	3=Jurisdiction defined	2010		M = MTC Defined	Change of SROI data elements, based on Element Requirement Table, initiated by the administrator.	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	02	Change	3=Jurisdiction defined	1996	Implementation of R3	J = Jurisdiction Defined	Change of SROI data elements, Date of Injury, Nature, SSN and Date of Death reported in error initiated by the administrator must be submitted on a FROI 02	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	02	Change	3=Jurisdiction defined	2010		J = Jurisdiction Defined	Change of SROI match data elements reported in error initiated by the administrator must be submitted on a FROI 02	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	04	Denial	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Denial of entire claim after indemnity payments have started	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	04	Denial	2 = EDI Mandate Date	2010		M = MTC Defined	Denial of entire claim after indemnity payments have started	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	AB	Add Concurrent Benefit Type	2 = EDI Mandate Date	2010		M = MTC Defined	Concurrent-TP & PP-payments	N/A	N/A	H = Immediate	N/A	N/A

**IAIABC Claims Release 3**  
**Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	SROI	AP	Acquired/Payment	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	The claim administrator who acquired the claim has processed their first payment of indemnity benefits.	<8 Days	C = Calendar Days	J = Payments began	N/A	N/A
R3	SROI	AP	Acquired/Payment	2 = EDI Mandate Date	2010		M = MTC Defined	The claim administrator who acquired the claim has processed their first payment of indemnity benefits.	<8 Days	C = Calendar Days	J = Payments began	N/A	N/A
R1	SROI	CA	Change in Benefit Amount	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Changed from the previously reported Net Weekly Amount (DN0087).	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	CA	Change in Benefit Amount	2 = EDI Mandate Date	2010		M = MTC Defined	Changed from the previously reported Net Weekly Amount (DN0087).	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	CB	Change in Benefit Type	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Changed from the previously reported Benefit Type Code (DN0085).	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	CB	Change in Benefit Type	2 = EDI Mandate Date	2010		M = MTC Defined	Changed from the previously reported Benefit Type Code (DN0085).	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	CD	Compensable Death	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	The injured employee has died as a result of a covered injury and no payment(s) have been made. (See note at bottom of page.)	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	CD	Compensable Death	2 = EDI Mandate Date	2010		M = MTC Defined	The injured employee has died as a result of a covered injury and no payment(s) have been made. (See note at bottom of page.)	N/A	N/A	H = Immediate	N/A	N/A

**IAIABC Claims Release 3**  
**Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R3	SROI	EP	Employer Paid	2 = EDI Mandate Date	2010		M = MTC Defined	Employer paying benefits	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	ER	Employer Reinstatement	2 = EDI Mandate Date	2010		M = MTC Defined	Employer has resumed paying the injured employee's salary in lieu of compensation	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	FN	Final	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Closed claim, no further payments of any kind anticipated. Does not generate Statute letter.	NA	NA	H = Immediate	N/A	N/A
R1	SROI	FN	Final	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Closed claim, no further payments of any kind anticipated. Does not generate Statute letter.	NA	N/A	H = Immediate	N/A	N/A
R3	SROI	FN	Final	2 = EDI Mandate Date	2010		M = MTC Defined	Closed claim, no further payments of any kind anticipated. Does not generate Statute letter.	NA	N/A	H = Immediate	N/A	N/A
R1	SROI	IP	Initial Payment	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	The first payment of an indemnity benefit other than a lump sum payment/settlement.	<8 Days	C = Calendar Days	J = Payments began	N/A	N/A
R3	SROI	IP	Initial Payment	2 = EDI Mandate Date	2010		M = MTC Defined	The first payment of an indemnity benefit other than a lump sum payment/settlement.	<8 Days	C = Calendar Days	J = Payments began	N/A	N/A

**IAIABC Claims Release 3  
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	SROI	P1	Partial Suspension, RTW, or Medically Determined/Qualified RTW	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Payment(s) of one concurrent indemnity benefit have stopped because the injured employee has returned to work or medically determined/qualified RTW, and payment(s) of other indemnity benefits continues.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	P1	Partial Suspension, RTW, or Medically Determined/Qualified RTW	2 = EDI Mandate Date	2010		M = MTC Defined	Payment(s) of one concurrent indemnity benefit have stopped because the injured employee has returned to work or medically determined/qualified RTW, and payment(s) of other indemnity benefits continues.	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	P4	Partial Suspension, Claimant Death	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Payment(s) of one concurrent indemnity benefit have stopped because of employee death, and payment(s) of other indemnity benefits continues.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	P4	Partial Suspension, Claimant Death	2 = EDI Mandate Date	2010		M = MTC Defined	Payment(s) of one concurrent indemnity benefit have stopped because of employee death, and payment(s) of other indemnity benefits continues.	N/A	N/A	H = Immediate	N/A	N/A

**IAIABC Claims Release 3**  
**Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	SROI	P7	Partial Suspension, Benefits Exhausted	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Payment(s) of one concurrent indemnity benefit have stopped because limits of benefit or entitlement have been reached, and payment(s) of other indemnity benefits continues.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	P7	Partial Suspension, Benefits Exhausted	2 = EDI Mandate Date	2010		M = MTC Defined	Payment(s) of one concurrent indemnity benefit have stopped because limits of benefit or entitlement have been reached, and payment(s) of other indemnity benefits continues.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	PD	Partial Denial	2 = EDI Mandate Date	2010		M = MTC Defined	Partial denial of TP or PP benefits	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	PY	Payment Report	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Identifies payment information for which reporting is required by the Jurisdiction other than indemnity payments.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	PY	Payment Report	2 = EDI Mandate Date	2010		M = MTC Defined	Identifies lump sum payment information for which reporting is required by the Jurisdiction including lump sum indemnity payments.	N/A	N/A	H = Immediate	N/A	N/A

**IAIABC Claims Release 3**  
**Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	SROI	RB	Reinstatement of Benefits	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	Reinstatement of benefits subsequent to previous suspension	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	RB	Reinstatement of Benefits	2 = EDI Mandate Date	2010		M = MTC Defined	Reinstatement of benefits subsequent to previous suspension	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	S1	Suspension, RTW, or Medically Determined/Qualified RTW	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R3	SROI	S1	Suspension, RTW, or Medically Determined/Qualified RTW	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R1	SROI	S2	Suspension, Medical Non-compliance	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped because of medical non-compliance.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	S2	Suspension, Medical Non-compliance	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of indemnity benefits have stopped because of medical non-compliance.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A

**IAIABC Claims Release 3**  
**Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	SROI	S3	Suspension, Administrative Non-compliance	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped because of administrative non-compliance.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	S3	Suspension, Administrative Non-compliance	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of indemnity benefits have stopped because of administrative non-compliance.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R1	SROI	S4	Suspension, Claimant Death	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped because the employee has died.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	S4	Suspension, Claimant Death	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of indemnity benefits have stopped because the employee has died.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R1	SROI	S5	Suspension, Incarceration	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped because the employee has been	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	S5	Suspension, Incarceration	2 = EDI Mandate Date	2010	-	M = MTC Defined	All payments of indemnity benefits have stopped because the employee has been incarcerated.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R1	SROI	S6	Suspension, Claimant's Whereabouts Unknown	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.	N/A	N/A	H = Immediate	N/A	N/A

**IAIABC Claims Release 3  
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R3	SROI	S6	Suspension, Claimant's Whereabouts Unknown	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R1	SROI	S7	Suspension, Benefits Exhausted	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	S7	Suspension, Benefits Exhausted	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R1	SROI	S8	Suspension, Jurisdiction Change	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of benefits for the jurisdiction receiving the S8 have stopped because the jurisdiction has been changed. The jurisdiction receiving the S8 should mark their claim as closed.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	S8	Suspension, Jurisdiction Change	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of benefits for the jurisdiction receiving the S8 have stopped because the jurisdiction has been changed. The jurisdiction receiving the S8 should mark their claim as closed.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A

**IAIABC Claims Release 3  
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
R1	SROI	S9	Suspended Pending Settlement Approval	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	All payments of indemnity benefits have stopped pending settlement approval.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	S9	Suspended Pending Settlement Approval	2 = EDI Mandate Date	2010		M = MTC Defined	All payments of indemnity benefits have stopped pending settlement approval.	<8 Days	C = Calendar Days	J = Date of Final Indemnity Payment	N/A	N/A
R3	SROI	SD	Suspension, Directed by Jurisdiction	2 = EDI Mandate Date	2010		M = MTC Defined	Suspension ordered by jurisdiction.	N/A	N/A	H = Immediate	N/A	N/A
R1	SROI	VE	Volunteer	2 = EDI Mandate Date	1996	Implementation of R3	M = MTC Defined	No indemnity payments made to employee with Volunteer status.	N/A	N/A	H = Immediate	N/A	N/A
R3	SROI	VE	Volunteer	2 = EDI Mandate Date	2010		M = MTC Defined	No indemnity payments made to employee with Volunteer status.	N/A	N/A	H = Immediate	N/A	N/A

**Kentucky does not accept the following MTC Codes: CO, P2, P3, P5, P9, PJ, RE, S5, SJ, UI and UR.**

**MTC Codes: 04, CD, S1, S2, S3, S4, S5, S6, S7, S8, S9, SD will generate a statute letter.**

**If a date of death is reported a statute letter will be generated.**

**The CD should only be used when the beneficiary is still being investigated and no payment of indemnity benefits have been made.**

<u>Release</u>	<u>Rule Date Criteria</u>	<u>Report Trigger Criteria Codes</u>	<u>Report Due Type</u>	<u>Receiver Codes</u>
IAIABC Claims Release number	1=Date of Injury 2=EDI Mandate Date 3=Jurisdiction defined	A = New Claim B = Cumulative Medical \$ Paid C = Lost Time D = Cumulative Wage Replacement Paid E = Days Open F = Formula J = Jurisdiction Defined L = Determination of Compensable Death M = MTC Defined N = Cumulative Indemnity \$ Paid Q = Employee Death	B = Business Days C = Calendar Days  <u>Report Due From Codes</u> A = From Date of Accident/Injury B = From Date of Disability C = From Employer Notification D = From Claim Administrator Notification E = From Jurisdiction Notification F = From Carrier Notification G = From Initial Payment (IP)	EE = Employee ER = Employer PR = Provider Others as defined by jurisdiction

**IAIABC Claims Release 3  
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		

H = Immediate  
 I = From Date of Death  
 J = From Report Trigger  
 K = Prior to Final Report (FN)

## IAIABC Claims Release 3 Periodic Report Event Table

The Periodic Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

**Interpreting the jurisdiction's requirements:** A (Report Type) (Maintenance Type-Code) must be filed based on the (Event Rule Criteria) within (Event Rule Date range) on Claims that meet the Report Trigger (Criteria and Trigger Value), meets the Periodic Qualifier (Status and Activity) and must be filed by the Periodic Report Due indicated (Value, Due Type, From).

\* If the Event Rule Thru date is blank, reporting requirements apply until further notice.

\* Periodic Report Due indicated (Value, Due Type, From) is the last day a claim administrator has to receive a "Transaction Accepted" or "Transaction Accepted with Errors" for that MTC, and not just the date on which that transaction must be triggered regardless of errors. It was suggested that the Claim Administrator trigger the reports prior to this date in order to allow time for correcting errors.

Release	Report Type	Maintenance Type		Event Rule		Report Trigger		Periodic Qualifiers		Periodic Report Due		
		Code	Description	From	Thru	Criteria	Trigger Value	Status	Activity	Value	Due Type	From
R1	SROI	BM	Bi-Monthly	1996	Implementation of R3	M = MTC Defined	If claimant continues to draw benefits, must be reported every 60 days while claim is ongoing.	1 = Open (If claim is open at time of Report Trigger)	IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)	60	C = Calendar Days	J = Payments Began
R3	SROI	BM	Bi-Monthly	2010		M = MTC Defined	If claimant continues to draw benefits, must be reported every 60 days while claim is ongoing.	1 = Open (If claim is open at time of Report Trigger)	IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)	60	C = Calendar Days	J = Payments Began

### Release

IAIABC Claims Release number

### Status Qualifier

- 1 = Open (If claim is open at time of Report Trigger)
- 2 = Closed (If claim has closed since the last periodic report)
- 3 = Either (if claim is open or has closed since the last periodic report)

### Activity Qualifier

- E = Either (either IL or MB)
- IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)
- J = Jurisdiction defined (define details in column)
- MB = Medical Only (If Claim Type Code = Medical Only or Became Medical Only)

### Due Type

- B = Business Days
- C = Calendar Days