

IAIABC CLAIMS RELEASE 3 STANDARDS: ELEMENT REQUIREMENT TABLE INSTRUCTIONS

Introduction:

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

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

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

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

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

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

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

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

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

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

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

NI = No migration impact

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

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

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

Element Requirement Table Layout:

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

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

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

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

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

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

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

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

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

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

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

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Standard Requirement Code Values:

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

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

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

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

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

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IA = If Applicable/Available. Note: Jurisdiction will accept changes to this data element via an 02 Change transaction, but it is not necessary to trigger the 02 change transaction. Jurisdiction may return an error on validity edits.

FY = Fatal Yes Change. Data elements indicated with this requirement code are essential for a transaction to be accepted into a jurisdiction's database or acknowledgment back to the claim administrator. Depending on their ability to recognize and process changes to these data elements, jurisdictions may choose not to allow "changes" by replacing the "FY" with an "F". An 02 Change transaction should be triggered when the value of this "Fatal" data element has changed.

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

FC = Fatal/Conditional. This data element must be populated with previously reported values if the segment has ever been reported on the claim. Data within the segment can be changed, but not the data element marked with FC. If data element(s) within the segment have changed, it must be sent on an 02 Change transaction if another MTC doesn't apply.

N = No Change. This data element cannot be changed on an 02 transaction, eg. Jurisdiction claim number or the jurisdiction requires another method of reporting. eg. MTC CA, CB or paper. The data element must be reported, if applicable

Y = Yes Change. Changes to the value of the data element are allowed by the jurisdiction. This is the equivalent of an MC or EC; however, it does not require the jurisdiction to define the condition "an 02 must be sent if the data element has changed". Jurisdictions should consider their ability to apply the same edits to the data element as when it was previously reported. If the data element has been marked as M for all FROI or all SROI transactions then it is mandatory on the 02-Change.

YC = Yes Change/Conditional. Some data elements have been pre-populated with YC for 02 Change transactions. This data is expected if the data element changes under these predefined conditions:

- *Payment* segment and its related DN0293 Lump Sum Payment/Settlement Code (if applicable): A previous PY should have been submitted if erroneous data previously submitted in the *Payments* segment.
- *Benefits* segment: Change allowed if the data element changes under these predefined conditions:
 - Benefit Type Claim Weeks, Benefit Type Claim Days and Benefit Type Amount Paid were reported in error on a Benefit Type Code that was **ended**.

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

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

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

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

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

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

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

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

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- \$ = Element Requirements are limited to the requirements applicable to the MTC being corrected. These characters cannot be replaced with any other value. The data submitter will apply the same values of the MTC that they are correcting. See *Error Correction Technical Rules* in Section 4 for data element requirement limitations on CO transactions.

- * = Only Mandatory/Conditional (MC), Expected/Conditional (EC), or Not Applicable (NA) are valid Requirement codes for these SROI *Event Benefits* segment elements. See *Variable Segment Population Rules – Benefits Segment* (Section 4).

- ^ = Only Mandatory/Conditional (MC), Restricted (R) or Restricted/Conditional (RC) are valid requirement codes for the Benefit Type Code (DN0085) in the *Benefits Element Requirement* tab.

- ? = Only Mandatory/Conditional (MC), Expected/Conditional (EC), or Not Applicable (NA) are valid Requirement codes for these SROI Payment segment elements. If Payee, Payment Issue Date and/or the amount of the original check must be preserved in the event of a TE or TR on an AP, IP or RB transaction, the *Payments* segment must be required. Refer to the *Variable Segment Population Rules - Payments* segment in Section 4.

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Legend for Requirement Code/Application Acknowledgement Code:

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

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

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

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

**Kentucky Workers' Claims
Claims Release 3
First Report of Injury Element Requirements**

* Legacy -TE's prior to 1/16/09											
1 - This MTC is only accepted for legacy claims therefore jurisdiction claim number is always required.											
2 - KY uses this as a means to match the Employer.											
3 - This MTC is only accepted for legacy claims therefore Employer FEIN is always required.											
E (Expected)											
M (Mandatory)											
MC (Mandatory/Conditional)											
EC (Expected/Conditional)											
IA (If Applicable/Available)											
NA (Not Applicable)											
F (Fatal Technical)											
X (Exclude)											
FY (Fatal yes change) Essential data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.											
Y (Change allowed) limited to 02 Change											
N (No Change) limited to 02 Change											
Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction.											
Claim Administrator Postal Code (DN0014) and related address fields should be populated with: <input type="radio"/> Mailing <input type="radio"/> Physical											
Migration Considerations:											
Refer to Claims R1 to R3 Migration http://www.iaiaabc.org/i4a/pages/index.cfm?pageid=3347											
Refer to Element Requirement Table Instructions											
FROI MTC'S											
REC	DN#	DATA ELEMENT NAME	Format	00	01	02	04	AQ	AU	UI	* CO
148	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	F
148	0002	Maintenance Type Code	2A/N	F	F	F	F	F	F	F	F
148	0003	Maintenance Type Code Date	Date	F	F	F	F	F	F	F	F
148	0004	Jurisdiction Code	2A/N	F	F	F	F	F	F	F	F
148	0005	Jurisdiction Claim Number	25 A/N	MC	M	N	MC	IA	IA	NA	M ¹
148	0006	Insurer FEIN	9 A/N	F	F	FY	F	F	F	F	F

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First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S								
				00	01	02	04	AQ	AU	UI	* CO	
148	0012	Claim Administrator City	15 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
148	0013	Claim Administrator State Code	2 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
148	0014	Claim Administrator Postal Code	9 A/N	F	F	FY	F	F	F	F	F	F
148	0015	Claim Administrator Claim Number (Key Match)	25 A/N	F	F	FY	F	F	F	F	F	F
148	0016	Employer FEIN	9 A/N	M	M	Y	M ²	M	M	M	M	M ³
148	0021	Employer Physical City	15 A/N	MC	MC	Y	MC	IA	MC	IA	IA	\$
148	0022	Employer Physical State Code	2 A/N	MC	MC	Y	MC	IA	MC	IA	IA	\$
148	0023	Employer Physical Postal Code	9 A/N	MC	MC	Y	MC	IA	MC	IA	IA	\$
148	0025	Industry Code	6 A/N	M	NA	Y	M	IA	M	IA	IA	\$
148	0027	Insured Location Identifier	15 A/N	MC	NA	Y	MC	MC	MC	IA	IA	\$
148	0028	Policy Number Identifier	18 A/N	MC	NA	Y	MC	MC	MC	IA	IA	\$
148	0029	Policy Effective Date	Date	NA	NA	Y	NA	NA	NA	NA	NA	\$
148	0030	Policy Expiration Date	Date	NA	NA	Y	NA	NA	NA	NA	NA	\$
148	0031	Date of Injury	Date	M	M	y	M	M	M	M	M	M
148	0032	Time of Injury	HHMM	M	NA	Y	MC	IA	MC	IA	IA	\$
148	0033	Accident Site Postal Code	9 A/N	M	NA	Y	M	NA	M	NA	NA	\$
148	0035	Nature of Injury Code	2 A/N	M	NA	y	M	IA	M	IA	IA	\$
148	0036	Part of Body Injury Code	2 A/N	M	NA	Y	M	IA	M	IA	IA	\$
148	0037	Cause of Injury Code	2 A/N	M	NA	Y	M	IA	M	IA	IA	\$
148	0039	Initial Treatment Code	2 A/N	IA	NA	Y	NA	IA	IA	IA	IA	\$
148	0040	Date Employer Had Knowledge of the Injury	Date	M	NA	Y	M	IA	M	IA	IA	\$
148	0041	Date Claim Administrator Had Knowledge of Injury	Date	M	NA	Y	M	IA	M	IA	IA	\$
148	0044	Employee First Name	15 A/N	M	M	Y	M	M	M	M	M	M
148	0048	Employee Mailing City	15 A/N	M	NA	Y	M	IA	M	IA	IA	\$
148	0049	Employee Mailing State Code	2 A/N	M	NA	Y	M	IA	M	IA	IA	\$
148	0050	Employee Mailing Postal Code	9 A/N	M	NA	Y	M	IA	M	IA	IA	\$
148	0052	Employee Date of Birth	Date	M	NA	Y	M	IA	M	M	M	\$
148	0053	Employee Gender Code	1 A/N	M	NA	Y	M	IA	M	IA	IA	\$
148	0054	Employee Marital Status Code	1 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
148	0055	Employee Number of Dependents	2 N	MC	NA	Y	MC	IA	MC	IA	IA	\$

**Kentucky Workers' Claims
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First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S							
				00	01	02	04	AQ	AU	UI	* CO
148	0056	Initial Date Disability Began	Date	MC	NA	Y	MC	IA	MC	IA	\$
148	0057	Employee Date of Death	Date	MC	NA	Y	MC	IA	MC	IA	\$
148	0058	Employment Status Code	2 A/N	M	NA	Y	M	IA	M	IA	\$
148	0059	Manual Classification Code	4 A/N	M	NA	Y	M	NA	M	NA	\$
148	0061	Employee Date of Hire	Date	IA	NA	Y	IA	IA	IA	IA	\$
148	0062	Wage	\$9.20	MC	NA	Y	MC	IA	MC	IA	\$
148	0063	Wage Period Code	2 A/N	MC	NA	Y	MC	IA	MC	IA	\$
148	0064	Number of Days Worked Per Week	1 N	IA	NA	Y	IA	IA	IA	IA	\$
148	0065	Initial Date Last Day Worked	Date	MC	NA	Y	MC	IA	MC	IA	\$
148	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	NA	NA	Y	NA	NA	NA	NA	\$
148	0068	Initial Return to Work Date	Date	IA	NA	Y	IA	IA	IA	IA	\$
R21	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	F
R21	0295	Maintenance Type Correction Code	2 A/N	X	X	X	X	X	X	X	F
R21	0296	Maintenance Type Correction Code Date	Date	X	X	X	X	X	X	X	F
R21	0186	Jurisdiction Branch Office Code	2 A/N	NA	NA	Y	NA	NA	NA	NA	\$
R21	0015	Claim Administrator Claim Number	25 A/N	F	F	FY	F	F	F	F	F
R21	0187	Claim Administrator FEIN	9 A/N	F	F	FY	F	F	F	F	F
R21	0188	Claim Administrator Name	40 A/N	M	NA	Y	M	M	M	M	\$
R21	0135	Claim Administrator Information/Attention Line	50 A/N	IA	NA	Y	IA	IA	IA	IA	\$
R21	0010	Claim Administrator Primary Address	40 A/N	IA	NA	Y	IA	IA	IA	IA	\$
R21	0011	Claim Administrator Secondary Address	40 A/N	IA	NA	Y	IA	IA	IA	IA	\$
R21	0136	Claim Administrator Country Code	3 A/N	IA	NA	Y	IA	IA	IA	IA	\$
R21	0270	Employee ID Type Qualifier	1 A/N	M	M	Y	M	M	M	M	M
R21	*	Employee ID	15 A/N	*One of the following Employee ID types may be populated in positions 232-246							
	0042	Employee SSN	**	MC	MC	y	MC	MC	MC	MC	MC
	0152	Employee Employment Visa		NA	NA	Y	NA	NA	NA	NA	NA
	0153	Employee Green Card	**	MC	MC	y	MC	MC	MC	MC	MC
	0154	Employee ID Assigned by Jurisdiction	**	IA	MC	y	MC	MC	IA	MC	MC
	0156	Employee Passport Number		NA	NA	Y	NA	NA	NA	NA	NA

**Kentucky Workers' Claims
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S								
				00	01	02	04	AQ	AU	UI	* CO	
R21	0255	Employee Last Name Suffix	4 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0150	Employee Authorization to Release Medical Records Indicator	1 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0157	Employee Social Security Number Release Indicator	1 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0043	Employee Last Name	40 A/N	M	M	Y	M	M	M	M	M	M
R21	0045	Employee Middle Name/Initial	15 A/N	IA	IA	Y	IA	IA	IA	IA	IA	\$
R21	0046	Employee Mailing Primary Address	40 A/N	M	NA	Y	M	IA	M	IA	IA	\$
R21	0047	Employee Mailing Secondary Address	40 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0155	Employee Mailing Country Code	3 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0051	Employee Phone Number	15 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0146	Death Result of Injury Code	1 A/N	MC	NA	Y	MC	NA	MC	NA	NA	\$
R21	0290	Type of Loss	2 A/N	MC	NA	Y	MC	NA	MC	NA	NA	\$
R21	0228	Return to Work with Same Employer Indicator	1 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0189	Return to Work Type Code	1 A/N	MC	NA	Y	MC	MC	MC	MC	MC	\$
R21	0224	Physical Restrictions Indicator	1 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0314	Insured FEIN	9 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0017	Insured Name	40 A/N	M	NA	Y	MC	IA	M	IA	IA	\$
R21	0184	Insured Type Code	1 A/N	M	NA	Y	MC	IA	M	IA	IA	\$
R21	0026	Insured Report Number	25 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0007	Insurer Name	40 A/N	M	NA	Y	MC	M	M	M	M	\$
R21	0185	Insurer Type Code	1 A/N	M	NA	Y	MC	IA	M	IA	IA	\$
R21	0292	Insolvent Insurer FEIN	9 A/N	IA	IA	Y	IA	IA	IA	IA	IA	\$
R21	0200	Claim Administrator Alternate Postal Code	9 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0249	Accident Premises Code	1 A/N	M	NA	Y	MC	IA	M	IA	IA	\$
R21	0118	Accident Site County/Parish	20 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0119	Accident Site Location Narrative	50 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0120	Accident Site Organization Name	50 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0121	Accident Site City	15 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0122	Accident Site Street	40 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0123	Accident Site State Code	2 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0280	Accident Site Country Code	3 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$

**Kentucky Workers' Claims
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S								
				00	01	02	04	AQ	AU	UI	* CO	
R21	0281	Date Employer Had Knowledge of Date of Disability	Date	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0018	Employer Name	40 A/N	M	M	Y	M	M	M	M	M	\$
R21	0329	Employer UI Number	15 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0019	Employer Physical Primary Address	40 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0020	Employer Physical Secondary Address	40 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0164	Employer Physical Country Code	3 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0159	Employer Contact Business Phone Number	15 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0160	Employer Contact Name	40 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0163	Employer Mailing Information/Attention Line	50 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0165	Employer Mailing City	15 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0166	Employer Mailing Country Code	3 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0167	Employer Mailing Postal Code	9 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0168	Employer Mailing Primary Address	40 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0169	Employer Mailing Secondary Address	40 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0170	Employer Mailing State Code	2 A/N	MC	NA	Y	MC	IA	MC	IA	IA	\$
R21	0060	Occupation Description	50 A/N	IA	NA	Y	IA	IA	IA	IA	IA	\$
R21	0199	Full Denial Effective Date	Date	X	NA	Y	M	X	X	X	X	\$
R21	0073	Claim Status Code	1 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0074	Claim Type Code	1 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0077	Late Reason Code	2 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	NA	NA	Y	NA	NA	NA	NA	NA	\$
Variable Segment Counters												
R21	0274	Number of Accident/Injury Description Narratives	2 N	F	F	F	F	F	F	F	F	F
R21	0277	Number of Full Denial Reason Codes	2 N	F	F	F	F	F	F	F	F	F
R21	0276	Number of Denial Reason Narratives	2 N	F	F	F	F	F	F	F	F	F
R21	0278	Number of Managed Care Organizations	2 N	F	F	F	F	F	F	F	F	F
R21	0279	Number of Witnesses	2 N	F	F	F	F	F	F	F	F	F
Variable Segments												
Accident/Injury Description Narratives												
R21	0038	Accident/Injury Description Narrative	50 A/N	M	NA	Y	M	IA	M	IA	IA	\$

**Kentucky Workers' Claims
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S								
				00	01	02	04	AQ	AU	UI	* CO	
		Full Denial Reason Codes										
R21	0198	Full Denial Reason Code	2 A/N	X	NA	Y	M	X	X	X		\$
		Full Denial Reason Narratives										
R21	0197	Denial Reason Narrative	50 A/N	X	NA	Y	M	X	X	X		\$
		Managed Care Organizations										
R21	0207	Managed Care Organization Code	2 A/N	NA	NA	Y	NA	NA	NA	NA		\$
R21	0209	Managed Care Organization Name	40 A/N	NA	NA	Y	NA	NA	NA	NA		\$
R21	0208	Managed Care Organization Identification Number	9 A/N	NA	NA	Y	NA	NA	NA	NA		\$
		Witnesses										
R21	0238	Witness Name	40 A/N	NA	NA	Y	NA	NA	NA	NA		\$
R21	0237	Witness Business Phone Number	15 A/N	NA	NA	Y	NA	NA	NA	NA		\$

**Kentucky Workers' Claims
Claims Release 3
First Report of Injury Conditional Requirements**

FROI DATA ELEMENT			
DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0005	Jurisdiction Claim Number	If MTC 04 previously reported and accepted, and JCN assigned. If FROI 00 or FROI 04 follows a FROI UI, then it is mandatory.	If DN0002 = 00 or 04.
0007	Insurer Name	If the 04 is the Org. FROI then the Insurer Name is mandatory.	If DN0002 = 04 and is establishing document.
0017	Insured Name	If the 04 is the original FROI and the Full Denial Reason Code (DN0198) is not = to 3E, then the Insured Name is mandatory.	If DN0002 = 04 and is establishing document and DN0198 is not = to 3E.
0019	Employer Physical Primary Address	Required when the responsible party is an Insured.	If DN0184 Insured Type Code = I-Insured then mandatory.
0021	Employer Physical City	Required when the responsible party is an Insured.	If DN0184 Insured Type Code = I-Insured then mandatory.
0022	Employer Physical State Code	Required when the responsible party is an Insured.	If DN0184 Insured Type Code = I-Insured then mandatory.
0023	Employer Physical Postal Code	Required when the responsible party is an Insured.	If DN0184 Insured Type Code = I-Insured then mandatory.
0027	Insured Location Identifier	Required when Insured Type Code not = 'S'. On MTC 04, Full denial reason code does not = 3E- no coverage or 3D - no coverage, no	If DN0184 Insured Type Code not = S-Self Insured then mandatory. On MTC 04, DN0198 not = 3E or
0028	Policy Number Identifier	Required when Insured Type Code not = 'S'. On MTC 04, Full denial reason code does not = 3E- no coverage or 3D - no coverage, no jurisdiction.	If DN0184 Insured Type Code not = S-Self Insured then mandatory. On MTC 04, DN0198 not = 3E or 3D
0032	Time of Injury	If the 04 or AU is the Org. FROI then the Time of Injury is mandatory.	If DN0002 = 04 or DN0002 = AU, and is establishing document.
0042	Employee SSN	Required if Green Card or Employee ID Assigned by Jurisdiction not entered.	If DN 0270 Employee ID Type Qualifier = S.
0055	Employee Number of Dependents	If a date of death is populated, then mandatory.	If DN0057 Employee Date of Death is present, then mandatory.
0056	Initial Date Disability Began	Mandatory when claim is lost time.	If DN0073 Claim Status Code is O or R and DN0074 Claim Type Code is I or L.
0057	Employee Date of Death	If the Benefit Type Code is fatal (010) or Death Result of Injury Code = Y.	If DN0085 = 010 or DN0146 = Y.
0062	Wage	Required for Lost Time Claims.	DN0063 Wage Period Code is present or DN0074 Claim Type Code is I or L.
0063	Wage Period Code	M if first FROI and Claim Type Code (DN0074) = I or L.	M if first FROI and DN0074 Claim Type Code is I or L.
0065	Initial Date Last Day Worked	Required for Lost Time Claims.	DN0073 Claim Status Code is O or R and DN0074 Claim Type Code is I or L.

**Kentucky Workers' Claims
Claims Release 3
First Report of Injury Conditional Requirements**

FROI DATA ELEMENT			
DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0120	Accident Site Organization Name	Required if the location of injury is a Lessee. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0249 Accident Premises Code = L.
0121	Accident Site City	Required if the location of injury is a Lessee. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0249 Accident Premises Code = L.
0122	Accident Site Street	Required if the location of injury is a Lessee. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0249 Accident Premises Code = L.
0123	Accident Site State Code	Required if the location of injury is a Lessee. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0249 Accident Premises Code = L.
0146	Death Result of Injury Code	Required if death is a result of the injury. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0057 Employee Date of Death is present.
0153	Employee Green Card	Required if SSN or Employee ID Assigned by Jurisdiction not entered.	If DN0270 Employee ID Type Qualifier = G.
0154	Employee ID Assigned by Jurisdiction	Required if Employee Green Card or SSN not entered.	When DN0270 Employee ID Type Qualifier = A, then mandatory.
0165	Employer Mailing City	Required when the responsible party is an Insured. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0184 Insured Type Code = I-Insured then mandatory.
0167	Employer Mailing Postal Code	Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	Migration from R1 to R3.
0168	Employer Mailing Primary Address	Required when the responsible party is an Insured. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0184 Insured Type Code = I-Insured then mandatory.
0170	Employer Mailing State Code	Required when the responsible party is an Insured. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0184 Insured Type Code = I-Insured then mandatory.
0184	Insured Type Code	If the 04 is the Org. FROI and the Full Denial Reason Code is not = to 3E the Insured Type Code is mandatory.	If DN0002 = 04 and is establishing document and DN0198 does not = 3E.
0185	Insurer Type Code	If the 04 is the Org. FROI then the Insurer Type Code is mandatory.	If DN0002 = 04 and is establishing document.
0189	Return to Work Type Code	Required if injured worker released to RTW or actually returned to work.	If DN0068 Initial Return to Work Date is present.

**Kentucky Workers' Claims
Claims Release 3
First Report of Injury Conditional Requirements**

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

**Kentucky Workers' Claims
Claims Release 3
Subsequent Report of Injury Requirements**

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

Migration Considerations:

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

REC	DN#	DATA ELEMENT NAME	FORMAT	Migration Consideration	Format	SROI MTC'S																														DIC	
						02	04	AB	AP	CA	CB	CD	EP	ER	FN	IP	P1	P4	P7	PD	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	S9	SD	VE	BM			
A49	0001	Transaction Set ID	3 A/N	NI		F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0002	Maintenance Type Code	2 A/N	NI		F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0003	Maintenance Type Code Date	DATE	NI		F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0004	Jurisdiction Code	2 A/N	NI		F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0006	Insurer FEIN	9 A/N	NI		FY	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0014	Claim Administrator Postal Code	9 A/N	NI		FY	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0055	Employee Number of Dependents	2 N	NI		N	NA																														
A49	0069	Pre-existing Disability Code	1 A/N	NI		Y	IA																														
A49	0056	Initial Date Disability Began	DATE	NI		Y	MC	MC	IA	IA	IA	M	M	NA	IA	M	MC																				
A49	0070	Date of Maximum Medical Improvement	DATE	NI		Y	X	NA	IA	NA	NA	NA	NA	NA	IA	NA	IA	NA	NA	NA	NA	IA	IA	IA	NA	IA											
A49	0072	Current Return to Work Date	DATE	NI		Y	NA	NA	NA	IA	IA	X	NA	NA	IA	NA	MC	IA	IA	IA	IA	X	MC	IA	IA	NA	IA										
A49	0057	Employee Date of Death	DATE	NI		Y	MC	MC	MC	MC	MC	M	NA	NA	MC	MC	X	M	NA	NA	IA	NA	X	NA	NA	M	X	X	NA	NA	NA	IA	IA	IA	IA		
A49	0063	Wage Period Code	2 A/N	NI		Y	IA	M	M	IA	IA	M	IA	IA	M	IA																					
A49	0064	Number of Days Worked Per Week	1 N	NI		Y	NA	M	M	IA	IA	IA	M	IA	IA	M	IA																				
A49	0031	Date of Injury	DATE	NI		n	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
A49	0026	Insured Report Number	25 A/N	NI		Y	NA	NA																													
A49	0015	Claim Administrator Claim Number	25 A/N	NI		FY	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
A49	0005	Jurisdiction Claim Number	25 A/N	NI		n	M	M	IA	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
A49	0073	Claim Status Code	1 A/N	NI		Y	M	M	IA	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
A49	0074	Claim Type Code	1 A/N	NI		Y	M	M	MC	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
A49	0075	Agreement to Compensate Code	1 A/N	NI		Y	X	IA	IA	IA	IA	IA	X	X	IA	NA	NA	NA	NA	NA	IA	NA															
A49	0076	Date Claim Administrator Notified of Employee Representation	DATE	NI		Y	IA																														
A49	0077	Late Reason Code	2 A/N	NI		Y	NA	IA	IA																												
Variable Segment Counters																																					
A49	0078	Number of Permanent Impairments	2 N	NI		F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
A49	0082	Number of Death Dependent/Payee Relationships	2 N	NI		F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Variable Segments																																					
Permanent Impairments																																					
A49	0083	Permanent Impairment Body Part Code	NA	NI		FC	X	MC	IA	NA	MC	X	NA	NA	IA	MC	NA	NA	NA	IA	MC	NA	IA														
A49	0084	Permanent Impairment Percentage	3.2 N	NI		Y	X	MC	IA	NA	MC	X	NA	NA	IA	MC	NA	NA	NA	IA	MC	NA	IA														
Death/Dependent/Payee Relationships																																					

Kentucky Workers' Claims
Claims Release 3
Subsequent Report of Injury Requirements

						SROI MTC'S																				DIC											
REC	DN#	DATA ELEMENT NAME	FORMAT	Migration Consideration	Format	02	04	AB	AP	CA	CB	CD	EP	ER	FN	IP	P1	P4	P7	PD	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	S9	SD	VE	BM			
R22	0129	Benefit Credit Weekly Amount	\$9.2	NI		Y	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																			
						Jurisdictions must require DN0130 - Benefit Redistribution Code if any of the following <i>Benefit Redistribution</i> data elements are requested																															
R22	0130	Benefit Redistribution Code	4 A/N	NI		FC	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																			
R22	0131	Benefit Redistribution Start Date	DATE	NI		Y	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																			
R22	0132	Benefit Redistribution End Date	DATE	NI		Y	X	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA																			
R22	0133	Benefit Redistribution Weekly Amount	\$9.2	NI		Y	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																			
						Jurisdictions must require DN0226 - Recovery Code if any of the following <i>Recoveries</i> data elements are requested																															
R22	0226	Recovery Code	3 A/N	NI		FC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																				
R22	0225	Recovery Amount	\$9.2	NI		Y	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																				
						Jurisdictions must require DN0242 - Reduced Earnings Week Number if any of the following <i>Reduced Earnings</i> data elements are requested																															
R22	0242	Reduced Earnings Week Number	2 N	NI		X	X	MC	MC	X	MC	X	X	X	X	MC	MC	MC	MC	X	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	X	X
R22	0124	Actual Reduced Earnings	\$9.2	NI		X	X	MC	MC	X	MC	X	X	X	X	MC	MC	MC	MC	X	X	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	X	X
R22	0147	Deemed Reduced Earnings	\$9.2	NI		X	X	NA	NA	X	NA	X	X	X	X	NA	NA	NA	NA	X	X	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	X	X	
						Jurisdictions must require DN0141 - Concurrent Employer Name if any of the following <i>Concurrent Employers</i> data elements are requested																															
R22	0141	Concurrent Employer Name	40 A/N	L		FC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																				
R22	0142	Concurrent Employer Contact Business Phone	15 A/N	L		Y	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA																				
R22	0143	Concurrent Employer Wage	\$9.2	L		Y	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC																				
						Jurisdictions must require DN0198 - Full Denial Reason Code if any of the following <i>Denial Reason Codes</i> data elements are requested																															
R22	0198	Full Denial Reason Code	2 A/N	NI		Y	MC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
						Jurisdictions must require DN0197 - Denial Reason Narrative if any of the following <i>Denial Reasons</i> data elements are requested																															
R22	0197	Denial Reason Narrative	50 A/N	NI		Y	MC	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
						Jurisdictions must require DN0233 - Suspension Narrative if any of the following <i>Suspension Narratives</i> data elements are requested																															
R22	0233	Suspension Narrative	50 A/N	NI		Y	X	X	X	X	X	X	X	X	X	IA	IA	IA	X	X	X	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	IA	X	X	

**Kentucky Workers' Claims
Claims Release 3
Subsequent Report of Injury Conditional Requirements**

SROI DATA ELEMENT

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0042	Employee SSN	Mandatory if reporting a SSN, selected in Employee ID Type Qualifier.	When DN0270 Employee ID Type Qualifier = S, then mandatory
0055	Employee Number of Dependents	If Employee Date of Death is populated, then DN0055 is Mandatory.	If DN0057 is present, then this is mandatory.
0056	Initial Date Disability Began	If the Claim Type Code is I or L this is mandatory and Claim Status Code is O or R.	If DN0074 = I or L and DN0073 = O or R.
0057	Employee Date of Death	If the Benefit Type Code is fatal (010) or Death Result of Injury Code = Y.	If DN0085 = 010 or DN0146 = Y.
0068	Initial Return to Work Date	If this is the first suspension of benefits.	If there are no prior MTC P1 or S1 on file, then mandatory.
0072	Current Return to Work Date	This is required when there are broken periods of disability and there is a second RTW date after the initial RTW date.	If prior MTC P1 or S1 on file, then mandatory.
0074	Claim Type Code	Conditional based on new Insurer/Carrier (DN0006) submitting their first payment information.	If DN0006 does not equal previous DN0006
0083	Permanent Impairment Body Part Code	Mandatory if there are permanent impairments.	If DN0078 > 0, this is mandatory.
0084	Permanent Impairment Percentage	Mandatory if there are permanent impairments.	If DN0078 > 0, this is mandatory.
	Benefit Adjustment Code	If Number of Benefit ACR is greater than 0, and Benefit Credit Code and Benefit Redistribution Code are empty, this is mandatory.	If DN0289 > 0 and DN0126, DN0130 are empty, this is mandatory.
0093	Benefit Adjustment Weekly Amount	If Benefit Adjustment Code is populated, this is mandatory.	If DN0092 is populated, this is mandatory.
0094	Benefit Adjustment Start Date	If Benefit Adjustment Code is populated, this is mandatory.	If DN0092 is populated, this is mandatory.
0097	Dependent/Payee Relationship Code	Mandatory if Injured Worker is dead.	If DN0057 is present.
0124	Actual Reduced Earnings	If reduced earnings week number is present (DN0242), actual reduced earnings (DN0124) is mandatory.	If DN0242 is populated, this is mandatory.
0126	Benefit Credit Code	If Number of Benefit ACR is greater than 0, and Benefit Adjustment Code and Benefit Redistribution Code are empty, this is mandatory.	If DN0289 > 0, and DN0092, DN0130 are empty, this is mandatory.
0127	Benefit Credit Start Date	If Benefit Credit Code is populated, this is mandatory.	If DN0126 is populated, this is mandatory.
0129	Benefit Credit Weekly Amount	If Benefit Credit Code is populated, this is mandatory.	If DN0126 is populated, this is mandatory.
0130	Benefit Redistribution Code	If Number of Benefit ACR is greater than 0, and Benefit Adjustment Code and Benefit Credit Code are empty, this is mandatory.	If DN0289 > 0, and DN0126, DN0092 are empty, this is mandatory.
0131	Benefit Redistribution Start Date	If Benefit Redistribution Code is populated, this is mandatory.	If DN0130 is populated, this is mandatory.
0133	Benefit Redistribution Weekly Amount	If Benefit Redistribution Code is populated, this is mandatory.	If DN0130 is populated, this is mandatory.
0141	Concurrent Employer Name	If Number of Concurrent Employers is greater than 0, this is mandatory. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0275 > 0, this is mandatory.
0143	Concurrent Employer Wage	If Number of Concurrent Employers is greater than 0, and Claim Type Code is an I or L this is mandatory. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0275 > 0 and DN0074 = I or L this is mandatory.
0144	Current Date Disability Began	Required if subsequent period of disability occurs and if current date last day worked is present. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0145 is present, and DN0144 does not = DN0056.

**Kentucky Workers' Claims
Claims Release 3
Subsequent Report of Injury Conditional Requirements**

SROI DATA ELEMENT

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0146	Death Result of Injury Code	If Date of Death is populated, this is mandatory. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0057 is populated, this is mandatory.
0153	Employee Green Card	Mandatory if reporting a Green Card, selected in Employee ID Type Qualifier.	When DN0270 Employee ID Type Qualifier = G, then mandatory
0154	Employee ID Assigned by Jurisdiction	Mandatory if reporting an ID Assigned by Jurisdiction, selected in Employee ID Type Qualifier.	When DN0270 Employee ID Type Qualifier = A, then mandatory
0189	Return to Work Type Code	Only if injured worker returns to work or is released to return to work.	If prior DN0072 or DN0068 are populated, then mandatory.
0196	Payment Issue Date	If Payment Reason Code is populated, this is mandatory.	If DN0222 is populated, this is mandatory.
0197	Denial Reason Narrative	If Number of Denial Reason Narratives is greater than 0, this is mandatory.	If DN0276 > 0, this is mandatory.
0198	Denial Reason Code	If Number of Full Denial Reason Codes is greater than 0, this is mandatory.	If DN0277 > 0, this is mandatory.
0215	Other Benefit Type Amount	If Number of Other Benefits is greater than 0, this is mandatory.	If DN0282>0, this is mandatory.
0216	Other Benefit Type Code	If Other Benefit Type Amount is populated, this is mandatory.	If DN0215 is populated, this is mandatory.
0247	Payee	If Payment Reason Code is populated, this is mandatory.	If DN0222 is populated, this is mandatory.
0249	Payment Covers Period Start Date	If Payment Reason Code is populated, this is mandatory.	If DN0222 is populated, this is mandatory.
0220	Payment Covers Period End Date	If Payment Reason Code is populated, this is mandatory.	If DN0222 is populated, this is mandatory.
0223	Permanent Impairment Minimum Payment Indicator	If Permanent Impairment Percentage is greater than 0, Benefit Type Code is 030, 040, this is mandatory. If Benefit Type Code is 530 or 540, this is mandatory. Mandatory if the Date Claim Administrator had knowledge of the injury is on or after the R3 implementation date.	If DN0084 is greater than zero and DN0085 = 030, 040, this is mandatory. If DN0085 = 530, 540, this is mandatory
0224	Physical Restrictions Indicator	If the Initial Return to Work Date or Current Return to Work Date is populated.	If DN0068 or DN0072 is present.
0225	Recovery Amount	If Recovery Code is populated, this is mandatory.	If DN0226 is populated, this is mandatory.
0226	Recovery Code	If Number of Recoveries is greater than 0, this is mandatory.	If DN0284 > 0, this is mandatory.
0242	Reduced Earnings Week Number	If Number of Reduced Earnings is greater than 0, this is mandatory.	If DN0285 > 0, this is mandatory.
0293	Lump Sum Payment/Settlement Code	If Payment Reason Code is of 5xx series, then this is mandatory.	If DN0222 = 5xx, then this is mandatory.

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

For MTC's: AB, AP, CB, EP, ER, IP, PY (Benefit Type Codes other than 5XX), RB, CA, RE 02, CO, CB, P1-P9, PJ, S1-9, SD, SJ													
Legend: E = Expected EC = Expected/Conditional F = Fatal Technical M = Mandatory MC = Mandatory/Conditional NA = Not applicable R = Restricted RC = Restricted/Conditional X = Exclude	Benefit Type	0085 Benefit Type Code	0002 MTC	0174 Gross Weekly Amount	0175 Gross Wkly Amt Eff Date	0087 Net Weekly Amount	0211 Net Wkly Amt Eff Date	0088 Ben Period Start Date	0089 Ben Period Thru Date	0090 Ben Type Claim Weeks	0091 Ben Type Claim Days	0086 Ben Type Amount Paid	
Migration Considerations		NI	NI	V1	V1	NI	V1	NI	NI	NI	NI	NI	NI
Fatal	010	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Total	020	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Total Supplemental	021	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Partial Scheduled	030	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Partial Unscheduled	040	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Temporary Total	050	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Temporary Total Catastrophic	051	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Temporary Partial	070	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer's Liability	080	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Partial Disfigurement	090	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Fatal Benefits	210	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Permanent Partial Scheduled	230	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Unspecified	240	MC	F	X	X	X	X	MC	MC	X	X	X	X
Employer Paid Vocational Rehab Maintenance	242	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Temporary Total	250	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Temporary Total Catastrophic	251	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Temporary Partial	270	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Vocational Rehabilitation Maintenance	410	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC

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

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