eClaims Summary: EDI R3 to R3.1 Table Changes for New York State

Revised 10/20/2020 — changes are highlighted in gold

The New York State Workers' Compensation Board (Board) is transitioning to the International Association of Industrial Accident Boards and Commissions (IAIABC) Claims EDI Release 3.1 standard. This document summarizes the table changes related to First Report of Injury (FROI) and Subsequent Report of Injury (SROI).

Event Table

- **Updated** the Paper Forms and Receiver columns to "NA" for the FROI-02 Event where the Report Criteria is "R = 02 Change timeline".

- **New Maintenance Type Code (MTC) SROI-AC (Acquisition/Indemnity Ceased):** The claim administrator who acquired the claim and has not processed indemnity payments must notify the Board that payments are not being made within <u>16 days</u> of receiving "B" = SROI Due in DN0410 Acquisition Status Code on the returned acknowledgement from an AQ or AU pursuant to §300.23. Mailing is required.

- **New MTC SROI-SU (Sync Up):** Filed when the claim administrator has identified missed/delayed transactions or other data issues and has a need to send the most current value for SROI data elements to replace all the missed/delayed information. It is only filed when permission is granted by jurisdiction. The sender must email **eClaims@wcb.ny.gov** for approval and file within <u>10 days</u> pursuant to § 25[3](e.)

- **New Event for SROI-RB for Net to Zero:** §300.22 (f)(2) will state that a report is due within <u>18 days</u> of a resumption of payments for a disability becoming due in the event that payments are not being made due to a credit owed to the carrier. Mailing is required.

- **New Event for SROI-02 for Overpayment:** When the claim administrator seeks to recover an alleged overpayment for benefits to the claim, the claim administrator must file an Add/Update to DN0433 (Overpayment Amount — Current) as defined by proposed amendment to §300.23(g).

  Note: New York requested this new data element in R3.1 per the claim administrators' request, as they currently must file correspondence in R3.0 to indicate an alleged overpayment to request a recoupment directive by the Board.

- **Updated** the Report Trigger Values in accordance with the IAIABC Event Table Instructions. 02s are due if a periodic report is still due or claim administrator is still paying medical on claim.

- **Modified Event for SROI-SA based on a modification to §300.22(f)(3):** The new event (which will reduce the number of sub-annuals required since open cases without a directive of continuing indemnity will no longer be required) will state:

  For initial summary report:

  1. The SROI-SA is due <u>180 days</u> from the date of accident. If there is not a full date of accident, the SROI-SA is due <u>180 days</u> from the filing date of the initial FROI.
  OR

  2. If DN0299 (Award/Order Date) falls within that first <u>180 days</u>, the SROI-SA will instead be due <u>180 days</u> from the Award/Order Date (duly filed date of *Notice of Decision*) where there is a Board direction to continue payments. The SROI-SA is required every <u>180 days</u> until the continuing payments stops.

Event table (cont'd)

3. If the case is closed with no continuing payments within the first <u>180 days</u>, the SROI-SA will instead be due <u>180 days</u> from initial closure. If the case is reopened within <u>six months</u> of the initial closure, the SROI-SA would then be due within <u>180 days</u> from subsequent closure, if no continuing payments.

For subsequent summary report:

1. If the case is reopened and an award of additional indemnity (no continuing payments) is made and the case is closed per a ***Notice of Decision***, the SROI-SA is due within <u>180 days</u> from the Award/Order date (***Notice of Decision*** duly filed date).

OR

2. If a case is reopened and an award of additional indemnity is made (no continuing payments) and the case remains continued, the SROI-SA would not be due until <u>180 days</u> from the subsequent closure.

3. If a case is reopened and an award of additional indemnity with continuing payments is made, the SROI-SA is due <u>180 days</u> from the Award/Order Date (duly filed date of ***Notice of Decision***) where there is a Board direction to continue payments. The SROI-SA is required every <u>180 days</u> until the continuing payments stops.

4. If the case is closed with no continuing payments more than <u>180 days</u> from the date of accident or, if there is not a full date of accident, the filing date of initial FROI, the SROI-SA will be due <u>180 days</u> from the initial closure.

▶ **Updated Periodic Qualifier Activity trigger for SROI-SA to read:** IL = ("P" Indemnity with No Lost Time Beyond Waiting Period; "I" Indemnity for Lost Time; or "L" Became Indemnity for Lost Time).

Element Requirement Table

Severity Rankings		
M	**Mandatory**	will be rejected if not sent
MC	**Mandatory with Conditions**	will be rejected if not sent when conditions are met
AR	**If available**	sent if data is available; edits will be applied
AA	**If available**	sent if data is available; no edits will be applied
NA	**Not Applicable**	will be ignored if sent

New Data Elements Added to FROI		
	DN#	**Data Element Name (MTC Severity Rankings)**
1	0072	**Latest RTW/Status Date:** MC on 00/04/AU. **Condition:** Required when the employee returns to work after a subsequent period of disability.
2	0137	**Claim Administrator/Claim Representative Business Phone Number:** M on 00/04/AU and AR on AQ/UR.
3	0138	**Claim Administrator/Claim Representative E-Mail Address:** M on 00/04/AU and AR on AQ/UR.
4	0140	**Claim Administrator/Claim Representative Name:** M on 00/04/AU and AA on AQ/UR.
5	0144	**Current Date Disability Began:** AR on 00/04/AQ/AU/UR.
6	0145	**Current Date Last Day Worked:** AR on 00/04/AQ/AU/UR.

*Changes are highlighted in gold

Element Requirement Table: New Data Elements — FROI (cont'd)

New Data Elements Added to FROI

	DN#	Data Element Name (MTC Severity Rankings)
7	0400	**Cancel Reason Code (M on FROI-01 only):** D (Duplicate/Combined Claim), J (Jurisdiction Wrong/Changed).
8	0401	**Jurisdiction Claim Number-Related:** MC FROI-01 only. **Condition:** Required when DN0400 Cancel Reason Code is equal to D (Duplicate/Combined Claim).
9	0402	**Cancel Reason Narrative:** FROI-01 only on AR.
10	0403	**Initial RTW Type Code:** MC on 00/04/AU/UR. **Condition:** Required if DN0068 (Initial RTW Date) is present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and AR on AQ.
11	0404	**Initial RTW Physical Restrictions Indicator:** MC on 00/04/AU/UR. **Condition:** Required if DN0068 (Initial RTW Date) is present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and AR on AQ.
12	0405	**Initial RTW with same Employer Indicator:** MC on 00/04/AU/UR. **Condition:** Required if DN0068 (Initial RTW Type Code) = A (Actual) and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and AR on AQ.
13	0406	**Latest RTW Type Code:** MC on 00/04/AU/UR. **Condition:** Required if DN0072 (Latest RTW/Status Date) is present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and AR on AQ.
14	0407	**Latest RTW Physical Restrictions Indicator:** MC on 00/04/AU/UR. **Condition:** Required if DN0072 (Latest RTW/Status Date) is present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and AR on AQ.
15	0408	**Latest RTW With Same Employer Indicator:** MC on 00/04/AU/UR. **Condition:** Required if DN0406 (Latest RTW Type Code) = A (Actual) and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and AR on AQ.
16	0412	**Change Data Element/Segment Number (FROI-02 only):** See Change 02 reference document for requirements.
17	0413	**Change Reason Code (FROI-02 only):** A (Add), U (Update), R (Remove), D (Delete). See Change 02 reference document for requirements.
18	0416	**Current Date Employer Had Knowledge of Current Date of Disability:** AR on 00/04/AQ/AU/UR.
19	0417	**Current Date Claim Admin Had Knowledge of Current Date of Disability:** NA.
20	0421	**Part of Body Injured Location Code:** MC on 00/04/AU. **Condition:** Required when DN0036 "Part of Body Injured Code" is 13 (Ears), 14 (Eyes), 30 (Multiple Upper Extremities), 31 (Upper Arm), 32 (Elbow), 33 (Lower Arm), 34 (Wrist), 35 (Hand), 36 (Fingers other than thumb), 37 (Thumb), 38 (Shoulders), 39 (Wrists and Hand), 50 (Multiple Lower Extremities), 51 (Hip), 52 (Upper Leg), 53 (Knee), 54 (Lower Leg), 55 (Ankle), 56 (Foot), 57 (Toes), 58 (Great Toe), 60 (Lungs), 62 (Buttocks), and AR on AQ.
21	0422	**Part of Body Injured Fingers/Toes Location Code:** MC on 00/04/AU. **Condition:** Required if the associated DN0036 Part of Body Injured Code = 36 (Fingers other than thumb), and/or 57 (Toes), and AR on AQ.
22	0437	**Employee Individual Taxpayer Identification Number:** NA
23	0438	**Collective Bargaining Agreement:** NA

New Data Elements Added to SROI

	DN#	Data Element Name (MTC Severity Rankings)
1	0401	**Jurisdiction Claim Number-Related:** MC on AC/PY/UR. **Condition:** Required when DN0202 (Reduced Benefit Amount Code) = S (Claim Settled Under Another DOI).
2	0403	**Initial RTW Type Code:** MC on 04, AC, AP, CB, EP, ER, IP, PD, PY, RB, UR. **Condition:** Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and DN0068 (Initial RTW Date) or DN0072 (Latest RTW Status Date) is present, **or** is required if DN0285 (Number of Reduced Earnings) is > 0. **MC on SX. Condition:** Required when Suspension Reason Code-Full when DN0418 is S1 (Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work), S2 (Suspension, Medical Non-Compliance), S7 (Suspension, Benefits Exhausted), and if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and DN0068 (Initial RTW Date) or DN0072 (Latest RTW Status Date) is present, **or** required if DN0285 (Number of Reduced Earnings) is > 0.
3	0404	**Initial RTW Physical Restrictions Indicator:** MC on 04, AC, AP, CB, EP, ER, IP, PD, PY, RB, SX, UR. **Condition:** Required if DN0403 (Initial RTW Type Code) is present and if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
4	0405	**Initial RTW With Same Employer Indicator:** MC on 04, AC, AP, CB, EP, ER, IP, PD, PY, RB, UR. **Condition:** Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and DN0403 (Initial RTW Type Code) = A (Actual). **MC on SX. Condition:** Required when Suspension Reason Code-Full when DN0418 is S1 (Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work), S2 (Suspension, Medical Non-Compliance), S7 (Suspension, Benefits Exhausted), and if DN0041 (Date Claim administrator had Knowledge of the Injury) is on or after 1/1/08 and DN0403 (Initial RTW Type Code) = A (Actual).
5	0406	**Latest RTW Type Code:** MC on 04, AC, AP, CB, EP, ER, IP, PD, PY, RB, **SX**, UR. **Condition:** Required if DN0072 (Latest RTW/Status Date) is present and if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 Effective 1/22/2019 **or** is required if DN0285 (Number of Reduced Earnings) is > 0.
6	0407	**Latest RTW Physical Restrictions Indicator:** MC on 04, AC, AP, CB, EP, ER, IP, PD, PY, RB, SX, UR. **Condition:** Required if DN0406 (Latest RTW Type Code) is present and if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
7	0408	**Latest RTW With Same Employer Indicator:** MC on 04, AC, AP, CB, EP, ER, IP, PD, PY, RB, UR. **Condition:** Required if DN0406 (Latest RTW Type Code) = A(Actual)and if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08. **MC on SX. Condition:** Required when Suspension Reason Code-Full when DN0418 is S1 (Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work), S2 (Suspension, Medical Non-Compliance), S7 (Suspension, Benefits Exhausted)and if DN0406 (Latest RTW Type Code) = A (Actual) and if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
8	0409	**Weekly Income Amount for Offset:** NA
9	0412	**Change Data Element/Segment Number (SROI-02 only):** See Change 02 reference document for requirements.
10	0413	**Change Reason Code (SROI-02 only):** A (Add), U (Update), R (Remove), D (Delete). See Change 02 reference document for requirements.

*Changes are highlighted in gold and red

Element Requirement Table: New Data Elements — SROI (cont'd)

New Data Elements Added to SROI

	DN#	Data Element Name (MTC Severity Rankings)
11	0414	**Reduced Earnings Week Start Date:** MC on AP, CA, CB, IP, RB, SX, SU. **Condition:** Required if DN0285 (Number of Reduced Earnings) >0.
12	0415	**Reduced Earnings Week End Date — Reduced Earnings Week Start Date:** MC on AP, CA, CB, IP, RB, SX, SU. **Condition:** Required if DN0285 (Number of Reduced Earnings) >0.
13	0416	**Current Date Employer Had Knowledge of Current Date of Disability:** AR on 04, AC, AP, CA, CB, EP, ER, IP, PD, PY, RB, SX, UR.
14	0417	**Current Date Claim Administrator Had Knowledge of Current Date of Disability:** NA
15	0418	**Suspension Reason Code-Full:** M on SX
16	0423	**Acquired Claim Last Known Indemnity Through Date:** MC on AC. **Condition:** Required if DN0203 (Employer Paid Salary Prior to Acquisition) is not equal to E (Only 2xx Benefit Type Code(s) paid prior to acquisition).
17	0425	**Dependent First Name:** MC ALL except AC, CD, SA. **Condition:** Required when DN0097 (Dependent/Payee Relationship Code) is present.
18	0426	**Dependent Last Name — Dependent First Name:** MC ALL except AC, CD, SA. **Condition:** Required when DN0097 (Dependent/Payee Relationship Code) is present.
19	0427	**Dependent Date of Birth — Dependent First Name:** MC ALL except AC, CD, SA. **Condition:** Required when DN0097 (Dependent/Payee Relationship Code) is present.
20	0428	**Dependent Gender Code:** NA
21	0429	**Dependent Extent of Dependency:** NA
22	0432	**Permanent Impairment Body Part Location Code:** MC on AC, AP, CA, CB, EP, ER, IP, PY, RB, SX, SU, UR. **Condition:** Required when DN0083 (Permanent Impairment Body Part Code) equals a code as listed on Permanent Impairment Body Part Location Code in Section 6 of the Implementation Guide.
23	0433	**Overpayment Amount — Current:** AR on all SROIs. See SROI-02 Event Table as defined by Proposed Amendment to §300.23(g).
24	0435	**Reduced Earnings Net Weekly Amount Due by Claim Administrator:** MC on AP, CA, CB, IP, RB, SX, SU. **Condition:** Required if DN0285 (Number of Reduced Earnings) >0.
25	0436	**Partial Denial Effective Date:** M on PD
26	0439	**Benefit Change Reason Code:** M on CA, CB. **For SROI-02:** Add-N, Update-Y, Remove-N

*Changes are highlighted in gold

Modifications to Element Requirement Table: FROI

	DN#	FROI Element Requirements
1	0026	**Insured Report Number:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
2	0038	**Accident/Injury Description Narrative:** Changed MC274 to MC on the 02 Requirement Code.
3	0054	**Employee Martial Status:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
4	0073	**Claim Status Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
5	0150	**Employee Authorization to release medical records indicator:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
6	0152	**Employee Employment Visa:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
7	0153	**Employee Green Card:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
8	0154	**Employee ID Assigned by Jurisdiction:** Changed MC to mc on the FROI-02.
9	0156	**Employee Passport Number:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
10	0157	**Employee SSN Release Indicator:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
11	0186	**Jurisdiction Branch Office Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
12	0200	**Claim Admin Alternate Postal Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
13	0206	**Employee Security ID:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
14	0209	**Managed Care Org Name:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
15	0229	**Injury Severity Type Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
16	0230	**Employer ID Assigned by Jurisdiction:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
17	0231	**Manual Classification Sub-Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
18	0292	**Insolvent Insurer FEIN:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.

*Changes are highlighted in gold

Element Requirement Table: Modifications — FROI (cont'd)

Modifications to Element Requirement Table: FROI

	DN#	FROI Element Requirements
19	0417	**Current Date Claim Admin had Knowledge of Current Date of Disability:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
20	0437	**Employee Individual Taxpayer Identification Number:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
21	0438	**Collective Bargaining Agreement Code:** Changed MC to NA on the FROI-02. For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.

Modifications to Element Requirement Table: SROI

	DN#	SROI Element Requirements
1	0005	**Jurisdiction Claim Number:** Changed from MC to M on SROI-AP (as set by standard).
2	0026	**Insured Report Number:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
3	0054	**Employee Marital Status Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
4	0072	**Latest RTW/Status Date:** Changed from AR to MC on SROI-AP. **Condition:** Required when the employee returns to work after a subsequent period.
5	0073	**Claim Status Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
6	0092	**Benefit Adjustment Code:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
7	0093	**Benefit Adjustment Weekly Amount:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
8	0094	**Benefit Adjustment Start Date:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
9	0097	**Dependent/Payee Relationship Code:** Changed MC082 to MC424 on the SROI-02 for the 02 Requirement Code. For the SROI-AC MTC, dependent data has been changed from NA to X.
10	0124	**Actual Reduced Earnings:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
11	0125	**Benefit Adjustment End Date:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
12	0126	**Benefit Credit Code:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.

*Changes are highlighted in gold

Element Requirement Table: Modifications — SROI (cont'd)

Modifications to Element Requirement Table: SROI

	DN#	SROI Element Requirements
13	0127	**Benefit Credit Start Date:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
14	0128	**Benefit Credit End Date:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
15	0129	**Benefit Credit Weekly Amount:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
16	0130	**Benefit Redistribution Code:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
17	0131	**Benefit Redistribution Start Date:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
18	0132	**Benefit Redistribution End Date:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
19	0133	**Benefit Redistribution Weekly Amount:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
20	0134	**Calculated Weekly Compensation Amount:** Change from AR to MC on SROI-PD. **Condition:** Required if DN0288 (Number of Benefits) on this SROI or any previously accepted SROI is > 0.
21	0147	**Deemed Reduced Earnings:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
22	0149	**Discontinued Fringe Benefits:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
23	0151	**Employee Education Level:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
24	0152	**Employee Employment Visa:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
25	0153	**Employee Green Card:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
26	0156	**Employee Passport Number:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
27	0158	**Employee Tax Filing Status Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
28	0186	**Jurisdiction Branch Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
29	0193	**Suspension Effective Date:** For the SROI-AC MTC, DN0193 has been changed from NA to X. For the SROI-SU MTC, Suspension DNs have been changed from X to AA/AR.

*Changes are highlighted in gold

Element Requirement Table: Modifications — SROI (cont'd)

Modifications to Element Requirement Table: SROI

	DN#	SROI Element Requirements
30	0197	**Denial Reason Narrative:** For the SROI-SU MTC, Denial DNs have been changed from X to AA/AR.
31	0198	**Full Denial Reason Code:** For the SROI-SU MTC, Denial DNs have been changed from X to AA/AR.
32	0199	**Full Denial Effective Date:** For the SROI-SU MTC, Denial DNs have been changed from X to AA/AR.
33	0200	**Claim Administrator Alternate Postal Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
34	0206	**Employee Security ID:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
35	0212	**Non-Consecutive Period Code:** For the SROI-AC MTC, DN0212 has been changed from NA to X.
36	0213	**Employee Number of Entitled Exemptions:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
37	0223	**Permanent Impairment Minimum:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
38	0229	**Injury Severity Type Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
39	0233	**Suspension Narrative:** For the SROI-SU MTC, Suspension DNs have been changed from X to AA/AR. The 02 Requirement Code for DN0233 has been changed from MC0287 to MC. Changed the 02 Reportable Change Code for Delete from an H to an N.
40	0242	**Reduced Earnings Week Number:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
41	0256	**Wage Effective Date:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
42	0292	**Insolvent Insurer FEIN:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
43	0293	**Lump Sum Payment/Settlement Code:** For the SROI-SU MTC, DN0293 has been changed from X to AR.
44	0294	**Partial Denial Code:** For the SROI-SU MTC, Denial DNs have been changed from X to AR.
45	0298	**Date Claim Admin Knew Disability Exceeded the Waiting Period:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
46	0233	**Suspension Narrative:** Changed MC to M for the SX MTC column on the SROI Element Requirements.
47	0242	**Reduced Earnings Week Number:** Changed from MC to NA.
48	0281	Initial Date Employer Had Knowledge of Date of Disability Changed from MC to AR on SROI-AP.
49	0409	**Weekly Income Amount for Offset:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.

*Changes are highlighted in gold

Element Requirement Table: Modifications — SROI (cont'd)

Modifications to Element Requirement Table: SROI

	DN#	SROI Element Requirements
50	0414	**Reduced Earnings Week Start Date:** For the SROI-AC MTC, benefit related and Reduced Earnings DNs have been changed from various values to X.
51	0415	**Reduced Earnings Week End Date:** For the SROI-AC MTC, benefit-related and Reduced Earnings DNs have been changed from various values to X.
52	0417	**Current Date Claim Admin had knowledge of Current Date of Disability:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.
53	0418	**Suspension Reason Code-Full:** For the SROI-SU MTC, Suspension DNs have been changed from X to AA/AR.
54	0419	**Suspension Reason Code-Partial:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA. For the SROI-AC MTC, benefit related and Reduced Earnings DNs have been changed from various values to X. For the SROI-SU MTC, DN0419 has been changed from X to NA.
55	0425	**Dependent First Name:** Changed MC082 to MC424 on the SROI-02 for the 02 Requirement Code. For the SROI-AC MTC, dependent data has been changed from NA to X.
56	0426	**Dependent Last Name:** Changed MC082 to MC424 on the SROI-02 for the 02 Requirement Code. For the SROI-AC MTC, dependent data has been changed from NA to X.
57	0427	**Dependent Date of Birth:** Changed MC082 to MC424 on the SROI-02 for the 02 Requirement Code. For the SROI-AC MTC, dependent data has been changed from NA to X.
58	0428	**Dependent Gender Code:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA. For the SROI-AC MTC, dependent data has been changed from NA to X.
59	0429	**Dependent Extent of Dependency:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA. For the SROI-AC MTC, dependent data has been changed from NA to X.
60	0435	**Reduced Earnings Net Weekly Amount Due by Claim Administrator:** For the SROI-AC MTC, benefit related and Reduced Earnings DNs have been changed from various values to X.
61	0436	**Partial Denial Effective Date:** For the SROI-SU MTC, Denial DNs have been changed from X to AR. Updated format from "1 A/N" to "DATE".
62	0437	**Employee Individual Taxpayer:** For 02 Reportable change columns of A (Add), U (Update), R (Remove) and D (Delete) columns, changed N to NA.

Modifications to Conditional Requirement Table: FROI

	DN#	FROI Conditional Requirements
1	0274	**Number of Accident/Injury Description Narratives:** Removed entire condition since we don't allow Deletes on this Data Element.

*Changes are highlighted in gold

Modifications to Conditional Requirement Table: SROI

	DN#	FSROI Conditional Requirements
1	0068	**Initial Return to Work Date:** Removed DN0418 (Full Suspension Reason Code) "S5" as a condition.
2	0072	**Latest RTW/Status Date:** Removed DN0418 (Full Suspension Reason Code) "S5" as a condition.
3	0084	**Permanent Impairment Percentage:** Changed condition so that this DN is not required if Benefit Type Code is 530.
4	0124	**Actual Reduced Earnings:** Removed SROI-AC from the MTC Column.
5	0144	**Current Date Disability Began:** Added restriction to DN0144 that makes it conditionally required only when DN0085 (Benefit Type Code) is either 070 (Temporary Partial) or 270 (Employer Paid Temporary Partial), and either DN0403 (Initial RTW Type Code), DN0404 (Initial RTW Physical Restrictions Indicator), DN0405 (Initial RTW with Same Employer Indicator), DN0406 (Latest RTW Type Code), DN0407 (Latest RTW Physical Restrictions Indicator), or DN0408 (Latest RTW with Same Employer Indicator) are present, in addition to DN0202 (Reduced Benefit Amount Code) is Z (Net to Zero).
6	0195	**Payment Issue Date:** For the AP, IP, RB, and PY MTCs, this data element is not required if DN0202 (Reduced Benefit Amount Code) = Z (Net to Zero).
7	0217	**Payee:** For the AP, IP, RB, and PY MTCs, this data element is not required if DN0202 (Reduced Benefit Amount Code) = Z (Net to Zero).
8	0218	**Payment Amount:** For the AP, IP, RB, and PY MTCs, this data element is not required if the DN0202 (Reduced Benefit Amount Code) = Z (Net to Zero).
9	0219	**Payment Covers Period Start Date:** For the AP, IP, RB, and PY MTCs, this data element is not required if DN0202 (Reduced Benefit Amount Code) = Z (Net to Zero).
10	0220	**Payment Covers Period Through Date:** For the AP, IP, RB, and PY MTCs, this data element is not required if the Reduced Benefit Amount Code = Z (Net to Zero).
11	0222	**Payment Reason Code:** For the AP, IP, RB, and PY MTCs, this data element is not required if DN0202 (Reduced Benefit Amount Code) = Z (Net to Zero).
12	0233	**Suspension Narrative:** Removed the corresponding Conditional requirement on SROI Conditional Requirements.
13	0287	**Number of Suspension Narratives:** Removed Entire Condition for 02 since we don't allow Deletes on this Data Element.
14	0403	**Initial Return to Work Date:** Removed DN0418 (Full Suspension Reason Code) "S5" as a condition. Modified Condition from "And Reduced Earnings > 0" to "Or Reduced Earnings > 0".
15	0405	**Initial Return to Work Date:** Removed DN0418 (Full Suspension Reason Code) "S5" as a condition.
16	0406	**Initial Return to Work Date:** Removed DN0418 (Full Suspension Reason Code) "S5" as a condition. Modified Condition from "And Reduced Earnings > 0" to "Or Reduced Earnings > 0".
17	0408	**Initial Return to Work Date:** Removed DN0418 (Full Suspension Reason Code) "S5" as a condition.
18	0424	**Number of Dependent/Payee Relationships:** Replacing instances of 0082 with 0424.

*Changes are highlighted in gold

Added to Acknowledgement

	DN#	Status Code
1	0410	**Acquisition Status Code:** Will be returned on AQ/AU. **Value:** B (SROI Due: Benefit types have not ended, and an AP/AC may be due). See SROI-AC Event Table. Collective Bargaining Agreement Code

Edit Matrix

Valid Value Table and Valid Value Detail Page
(formerly called the Quick Code Reference List)

	DN#	Valid Value
1	0002	**Maintenance Type Code:** Added SROI-AC (Acquisition/Indemnity Ceased) and SROI-SU (Sync Up). Grayed out SROI-NT (Narrative). FROI-UR (Grandfathered) and SROI-UR (Grandfathered) accepted. Grayed out FROI-UR (Update Report) and SROI-UR (Update Report). Removed Sx.
2	0075	**Agreement to Compensate Code:** Grayed out S (Accepting Liability for Medical), T (Without Liability for Medical), and U (Without Liability for Indemnity).
3	0202	**Reduced Benefit Amount Code:** Added Z (Net to Zero).
4	0249	**Accident Premised Code:** Added R (Employee Residence) and X (Other).
5	0400	**Cancel Reason Code:** Added D (Duplicate/Combined Claim), J (Jurisdiction Wrong/Changed). Grayed out R (Disputed Request by Jurisdiction) and N (Not Required by Jurisdiction).
6	0403	**Initial RTW Type Code:** Added A (Actual), R (Released).
7	0406	**Latest RTW Type Code:** Added A (Actual), R (Released).
8	0413	**Change Reason Code:** Added A (Add), U (Update), R (Remove), D (Delete).
9	0418	**Suspension Reason Code-Full:** Added S1 (Suspension, RTW or Medically Determined/Qualified to RTW), S2 (Suspension, Medial Non-Compliance), S4 (Suspension, Claimant Death), S5 (Suspension, Incarceration), S7 Suspension, Benefits Exhausted), SD (Suspension, Directed by Jurisdiction), and SJ (Suspended Pending Appeal of Judicial Review). Grayed out S3 (Suspension, Administrative Non-Compliance), S6 (Suspension, Claimant's Whereabouts Unknown), S8 Suspension, Jurisdiction Change), and S9 (Suspended Pending Settlement Approval).
10	0419	**Suspension Reason Code - Partial:** Grayed out all values.
11	0421	**Part of Body Injured Location Code:** Added B (Bilateral), L (Left), R (Right).
12	0422	**Part of Body Injured Fingers/Toes Location Code:** Added 1 (Index Finger or 1st Toe), 2 (Middle Finger or 2nd Toe), 3 (Ring Finger or 3rd Toe), 4 (Little Finger or Little Toe).
13	0429	**Dependent Extent of Dependency:** Grayed out all values.
14	0432	**Permanent Impairment Body Part Location Code:** Added B (Bilateral), L (Left), R (Right).
15	0439	**Benefit Change Reason Code added:** **A:** Independent Medical Exam (IME) or Claim Administrator Consultant **B:** Employee Treating Physician medical report **C:** Recalculation of Net Weekly Amount based on Wage Statement **D:** Jurisdiction Directed **E:** Stipulated or negotiated Net Weekly Amount (not jurisdiction directed)

*Changes are highlighted in gold

DN – Error Message Table

- **Error 037 (Must be <= Maintenance Type Code Date):** Added edits per IRR882 to 0029 (Policy Effective Date), 0061 (Employee Date of Hire), 0196 (Denial Rescission Date), 0199 (Full Denial Effective Date), 0281 (Initial Date Employer Had Knowledge of Date of Disability), 0416 (Current Date Employer Had Knowledge of Current Date of Disability), 0423 (Acquired Claim Last Known Indemnity Through Date), 0427 (Dependent Date of Birth)

- **Error 041 (Must be <= Current Date):** Added edits per IRR882 to 0029 (Policy Effective Date), 0061 (Employee Date of Hire), 0196 (Denial Rescission Date), 0199 (Full Denial Effective Date), 0414 (Reduced Earnings Week Start Date)

- **Error 044:** Added edits to DN0434 (Number of Cancel Elements)

- **Error 045:** Added edits to DN0420 (Number of Part of Body Injured Code)

- **Error 045:** Added edits to DN0434 (Number of Cancel Elements)

- **Error 058:** Added DN0439 to the list of applicable data elements

- **Removed Error 059 to DN0134** (Calculated Weekly Compensation Amount)

- **Error 064:** Added "L" to 0421 (Part of Body Injured Code) and 0422 (Part of Body Injured Fingers/Toes Location Code).

- **Error 100:** Removed Leading/Embedded spaces and broke out into Error 120: No Embedded Spaces and Error 121: No Leading Spaces.

- **Error 120:** No Embedded Spaces will be applied to DN0187 (Claim Administrator FEIN), DN0314 (Insured FEIN).

- **Error 121:** No Leading Spaces will be applied to:

	DN#	Error 121 will be applied to:
1	0006	Insurer FEIN
2	0007	Insurer Name
3	0010	Claim Administrator Primary Address
4	0012	Claim Administrator City
5	0015	Claim Administrator Claim Number
6	0017	Insured Name
7	0018	Employer Name
8	0019	Employer Physical Primary Address
9	0021	Employer Physical City
10	0023	Employer Physical Postal Code
11	0027	Insured Location Identifier
12	0028	Policy Number Identifier
13	0033	Accident Site Postal Code
14	0038	Accident/Injury Description Narrative
15	0039	Initial Treatment Code
16	0042	Employee SSN

*Changes are highlighted in gold

Edit Matrix: DN – Error Message Table (cont'd)

	DN#	Error 121 will be applied to:
17	0043	Employee Last Name
18	0044	Employee First Name
19	0045	Employee Middle Name/Initial
20	0046	Employee Mailing Primary Address
21	0048	Employee Mailing City
22	0050	Employee Mailing Postal Code
23	0118	Accident Site County/Parish
24	0119	Accident Site Location Narrative
25	0120	Accident Site Organization Name
26	0121	Accident Site City
27	0122	Accident Site Street
28	0123	Accident Site State Code
29	0138	Claim Administrator Claim Representative E-Mail Address
30	0140	Claim Administrator Representative Name
31	0141	Concurrent Employer Name
32	0154	Employee ID Assigned by Jurisdiction
33	0163	Employer Mailing Information/Attention Line
34	0165	Employer Mailing City
35	0167	Employer Mailing Postal Code
36	0168	Employer Mailing Primary Address
37	0187	Claim Administrator FEIN
38	0188	Claim Administrator Name
39	0197	Denial Reason Narrative
40	0217	Payee
41	0233	Suspension Narrative
42	0255	Employee Last Name Suffix
43	0314	Insured FEIN
44	0402	Cancel Reason Narrative
45	0425	Dependent First Name
46	0426	Dependent Last Name

Edit Matrix: DN – Error Message Table (cont'd)

◗ **Error 122 (Must be > Reduced Earning Week Start Date):** Added. Will be applied to DN0415 (Reduced Earnings Week End Date).

◗ **Error 123 (Invalid Change Reason Code relationship):** Added. Will be applied to DN0412 (Change Date Element/Segment Number).

◗ **Error 124 (No recognizable change found):** Added. Will be applied to DN0411 (Number of Change Data Elements) and DN0412 (Change Date Element/Segment Number).

◗ **Error 125 (Must Be > 00 for D Delete):** Added. Will be applied to 0274 (Number of Accident/Injury Description Narratives), 0283 (Number of Payments), 0420 (Number of Part of Body Injured).

◗ **Error 125 and Error 126:** Grayed out Red L for DN0277 (Number of Full Denial Reason Codes).

◗ **Error 126 (Number of Occurrences < or > Previously Reported for DN0413 Change Reason):** Added. Will be applied to:

	DN#	Error 126 will be applied to:
1	0078	Number of Permanent Impairments
2	0275	Number of Concurrent Employers
3	0278	Number of Managed Care Organizations
4	0279	Number of Witnesses
5	0282	Number of Other Benefits
6	0283	Number of Payments
7	0284	Number of Recoveries
8	0285	Number of Reduced Earnings
9	0288	Number of Benefits
10	0289	Number of Benefit ACR
11	0420	Number of Part of Body Injured
12	0424	Number of Dependent/Payee Relationships
13	0434	Number of Cancel Elements

New data elements with errors added

Edit Matrix Population Legend:
F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed.
L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table.
    *Grayed out: The standard edit will not be applied by the jurisdiction.

Jurisdiction will apply edits?:
F = Essential data element; must be edited for successful transaction processing
Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table
N = No - indicates that none of the standard edits marked for the data elements will be applied

For Population Restrictions:
For Data Elements that have certain 'population values' allowed for specific data elements, a "P" is indicated in the 'Population Restrictions Indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.

Table 1 (columns 001–064)

DN	IAIABC Data Element Name	Relaxed requirement edits (err msg 001 and 108)	Jurisdiction will apply edits?	Population Restrictions Indicator	001 Mandatory field not present	018 Number of Days Worked must be 0-7	019 Days must be 0-6	028 All digits must be 0-9	029 Must be a valid date (CCYYMMDD)	030 Must be A-Z, 0-9, or spaces	031 Must be a valid time	033 Must be <= Date of Injury	034 Must be >= Date of Injury	035 Must be >= Initial Date Disability Began	036 Must be <= Employee Date of Death	037 Must be = Maintenance Type Code Date	038 Must be >= Start Date	039 No match on database	040 All digits cannot be the same	041 Must be < current date	042 Not statutorily valid	044 Value is > required by jurisdiction	045 Value is < required by jurisdiction	050 No matching Subsequent Report (A49)	053 No matching First Report of Injury (148)	054 Must be valid occurrence for segment	055 Must be < Employee Date of Hire	057 Duplicate Batch/Transaction	058 Code/ID invalid	059 Non-match data value not consistent with value previously reported	060 Previous paper documentation not received	061 Event Table criteria not met	062 Required segment not present	063 Invalid event sequence	064 Invalid data relationship
0400	Cancel Reason Code	NI	Y		L																								L						
0401	Jurisdiction Claim Number - Related	NI	Y	P	L																	L													L
0402	Cancel Reason Narrative	NI	Y																																
0403	Initial RTW Type Code	V2	Y	P	L																							L	L					L
0404	Initial RTW Physical Restrictions Indicator	V2	Y	P	L																							L	L					
0405	Initial RTW With Same Employer Indicator	V2	Y	P	L																							L	L					
0406	Latest RTW Type Code	V2	Y	P	L																							L						L
0407	Latest RTW Physical Restrictions Indicator	V2	Y		L																							L						
0408	Latest RTW With Same Employer Indicator	V2	Y		L																							L						
0411	Number of Change Data Elements	NI	F	F				L																				L					L	L
0412	Change Data Element/Segment Number	L2	Y	P																									L						
0413	Change Reason Code	L2	Y																										L						
0414	Reduced Earnings Week Start Date	V2	Y		L				L				L								L													
0415	Reduced Earnings Week End Date	V2	Y		L				L				L								L													
0416	Current Date Employer Had Knowledge of Current Date of	L2	Y						L				L			L																		
0417	Current Date Claim Administrator Had Knowledge of Current Date	L2	N						L				L			L																		
0418	Suspension Reason Code – Full	L2	Y	P	L																							L						L
0420	Number of Part of Body Injured	NI	F	F				L																					L					L	
0421	Part of Body Injured Location Code	L2	Y		L																								L						
0422	Part of Body Injured Fingers/Toes Location Code	L2	Y		L																														
0423	Acquired Claim Last Known Indemnity Through Date	L2	Y		L				L					L	L	L																		
0424	Number of Dependent/Payee Relationships	NI	F	P	F			L																	L	L	L						L	
0425	Dependent First Name	L2	Y		L																														
0426	Dependent Last Name	L2	Y		L																														
0427	Dependent Date of Birth	L2	Y		L				L							L																		
0432	Permanent Impairment Body Part Location Code	L2	Y		L																								L						
0433	Overpayment Amount - Current	L2	Y					L																											
0434	Number of Cancel Elements	NI	F	F				L																				L					L	
0435	Reduced Earnings Net Weekly Amount Due by Claim	NI	Y	P	L			L																										L
0436	Partial Denial Effective Date	V/NI	Y		L				L			L																						

Table 2 (columns 065–126)

Edit Matrix Population Legend: (same legend as above)

DN	IAIABC Data Element Name	065 Corresponding report/data not found	066 Invalid record/transaction count	067 Must be >= Policy Effective Date	068 Must be <= Policy Expiration Date	101 MTC not approved for production	102 Must be <= Initial Date Disability Began	103 Same code received in multiple variable segments	104 Must be >= Current Date Disability Began	105 Must be <= Current Date Disability Began	106 Invalid batch structure	107 Variable segment counter > maximum value allowed	108 Expected field not present	109 Must be >=Employee Date of Hire	110 Date Must be >= Jurisdiction Implementation Date	111 Must be valid content	112 Must be >Initial Date Last Day Worked	113 Must be >= Initial RTW Date	114 Must be >= Current Date Last Day Worked	117 Match data value not consistent with value previously reported	118 Trading Partner not approved to submit data for Insurer/CI	120 No embedded spaces	121 No leading spaces	122 Must be >= Reduced Earnings Week Start Date	123 Invalid Change Reason Code relationship	124 No recognizable change found	125 Must be > 00 for D Delete	126 Number of Occurrences < or > Previously Reported for DN0413 Change Reason
0400	Cancel Reason Code																											
0401	Jurisdiction Claim Number - Related																											
0402	Cancel Reason Narrative																							L				
0403	Initial RTW Type Code																											
0404	Initial RTW Physical Restrictions Indicator																											
0405	Initial RTW With Same Employer Indicator																											
0406	Latest RTW Type Code																											
0407	Latest RTW Physical Restrictions Indicator																											
0408	Latest RTW With Same Employer Indicator																											
0411	Number of Change Data Elements											L														L	L	L
0412	Change Data Element/Segment Number																								L	L		L
0413	Change Reason Code																											
0414	Reduced Earnings Week Start Date																											
0415	Reduced Earnings Week End Date																							L				
0416	Current Date Employer Had Knowledge of Current Date of						L																					
0417	Current Date Claim Administrator Had Knowledge of Current Date																											
0418	Suspension Reason Code – Full																											
0420	Number of Part of Body Injured											L														L	L	
0421	Part of Body Injured Location Code																											
0422	Part of Body Injured Fingers/Toes Location Code																											
0423	Acquired Claim Last Known Indemnity Through Date																											
0424	Number of Dependent/Payee Relationships											L															L	
0425	Dependent First Name																						L					
0426	Dependent Last Name																						L					
0427	Dependent Date of Birth																											
0432	Permanent Impairment Body Part Location Code																											
0433	Overpayment Amount - Current																											
0434	Number of Cancel Elements											L															L	
0435	Reduced Earnings Net Weekly Amount Due by Claim																											
0436	Partial Denial Effective Date																											

Sequencing Table

- **Relaxed Edit to allow IP after CB.**

- **New Edit for SROI-SU:** SROI-SU will only be accepted upon request and approval of **eClaims@wcb.ny.gov**. If the request is not approved, then an incoming SROI-SU will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "Z SROI-SU needs to be pre-approved first (see Edit #3)."

- **SROI-AC added:** Allowed if last accepted FROI is AQ/AU. Allowed if last accepted SROI is 04/UR.

- **Relaxed Edit to allow SROI-04 after a FROI-04 or another SROI-04.**

- **New Edit to reject an IP after an AC.**

- **The following edits have been added for SROI-SU:**

  - (2) Aside from FROI-02, if any other new MTCs are filed against that Claim before a Sync Up transaction is successfully filed, the transaction will be rejected with error code Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "AA) Pre-approved SROI-SU has not been accepted yet."

  - (3) If a SROI-SU transaction is filed against that Claim after the Sync Up Submission Time Window has elapsed, the transaction will be rejected with error code Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "AB) SROI-SU is too late. Need pre-approval again."

  - At any point during the Sync Up Submission Time window, the Sync Up Approval can be rescinded by request. Additionally, an extension to the Time window can also be requested.

Population Restriction Table

- **Removed 0056-059** Initial Date Disability Began must be same as previously reported unless MTC 02 due to data population rule change in R3.1.

- **Removed 0068-059** Initial Return to Work must be same as previously reported unless MTC 02 due to data population rule change in R3.1.

- **Removed** all references to SROI-RE due to retirement of MTC.

- **Modified** all references of SROI-Sx to Suspension Reason Code-Full due to change from SROI-Sx to SROI-SX with Suspension Reason Codes.

- **New Edit 0006-117** Insurer FEIN can only be changed on FROI-02.

- **New Edit 0187-117** Claim Administrator FEIN can only be changed on FROI-02.

- **New Edit 0281-064 C)** Initial Date Employer Had Knowledge of Date of Disability must be on or after DN0056 (Initial Date Disability Began).

- **Removed 0139-111** Claim Administrator Claim Rep Fax Number must be 10 digits due to retired data element.

- **Modified 0072-064** <u>from</u>: must be after DN0056 (Initial Date Disability Began) unless DN0189 (Returned to Work Type Code) = R <u>to</u>: must be after DN0056 (Initial Date Disability Began) unless DN0406 (Latest RTW Type Code) = R.

- **New Edit 0403-059** Initial RTW Type Code must be same as previously reported unless MTC 02.

- **New Edit 0403-064** Initial RTW Type Code must be Actual if DN0285 (Number of Reduced Earnings) is > 0.

- **New Edit 0404-059** Initial RTW Physical Restrictions Indicator must be same as previously reported unless MTC 02.

- **New Edit 0405-059** Initial RTW With Same Employer Indicator must be same as previously reported unless MTC 02.

- **Modified 0189-064** Return to Work Type Code must be Actual if DN0285 is > 0.

- **Created** two new Population Restrictions for DN0403 (Initial RTW Type Code) and DN0406 (Latest RTW Type Code).

- **New Edit 0411-064** If DN0002 (Maintenance Type Code) does not = 02 (02 Change), then DN0411 (Number of Change Data Elements) must be 0.

*Changes are highlighted in gold

Edit Matrix: Population Restriction Table (cont'd)

- **New Edits 0412-064:**
  - The Number of DN should be reported in DN0412 (Change Data Element/Segment Number) when any data within the segment is being changed. Specific DNs within the segment should not be reported in the Change Data Elements Segment, per the 02 Change Processing Rules in Section 4 of the Implementation Guide. Refer to FROI and SROI record layouts in Section 2 of the Implementation Guide to determine which DNs reside within a variable segment. Edit: If DN0412 (Change Data Element/Segment Number) is equal to a DN that is located in a Variable Segment then it is invalid. The Number of DN should be sent.
  - If the same DN is listed multiple times in DN0412 (Change Data Element/Segment Number), then the transaction will be rejected per Section 6 of the Implementation Guide.

- **Modified 0134-059** Calculated Weekly Compensation Amount can only be on certain MTCs to include PD and SU.

- **Modified 0087-059** Net Weekly Amount can only be on certain MTCs to include SU.

- **Modified 0424 (formerly 0082)** Error 044 Number of Death Dependent/Payee Relationships must be 0 since SROI-CD, and 0424 (formerly 0082). Error 045 Number of Death Dependent/Payee Relationships must be > 0 if BTC 010, 210 or Dth Rslt of Inj is Y w/ EE Dep > 0.

- **New Edit 0435-064** Reduced Earnings Net Weekly Amount Due by Claim Administrator must be 0 unless 070 Benefit Type Code is sent.

- **New Edit 0420-045** Number of Part of Body Injured must be > 0 on FROI for all except 01, AQ.

- **New Edit 0418-064** Suspension Reason Code-Full. SROI-SX must have a Suspension Reason Code-Full of SJ when temporary payments made pursuant to §21-a cease.

- **Modified edits to accommodate Reduced Benefit Amount Code = Net to Zero (Z). IAIABC processing rules as follows:**
  - **New Edit 0202-064** Reduced Benefit Amount Code cannot be S (Claim Settled Under another DOI) unless S (Claim Settled Under another DOI) has been accepted on AC, PY, UR.
  - **New Edit 0401-064** Jurisdiction Claim Number-Related must not exist if DN0400 is not D (Duplicate/Combined Claim) or DN0202 is not equal to S (Claim Settled Under another DOI).
  - **New Edit 0002-065 B)** If SROI-CB has a Benefit Segment with DN0202 (Reduced Benefit Amount Code) of R (Reclassification of Benefit), D (Decrease in Indemnity), or Z (Net to Zero), then there must be at least one Benefit Segment with its DN0002 (Maintenance Type Code) populated with A49 records DN0002 (MTC) of CB.
  - **New Edit 0002-065 Maintenance Type Code C)** If SROI-CB does not have a Benefit Segment with DN0202 (Reduced Benefit Amount Code) of R (Reclassification of Benefit), D (Decrease in Indemnity), or Z (Net to Zero), then there must be at least two Benefit Segments with its DN0002 (Maintenance Type Code) populated with A49 records DN0002 (MTC) of CB.

- **Modified 0288-045 Number of Benefits Edits to read:**
  A. If SROI-CB does not have a DN0202 (Reduced Benefit Amount Code) = D (Decrease in Indemnity), N (No Money Settlement), S (Claim Settled Under Another DOI), or Z (Net to Zero), and does not include DN0226 (Recovery Code) = 880, then DN0288 (Number of Benefits) must not be 0 or 1.
  B. If SROI-AP/CA/EP/ER/IP/RB/SX does not have a DN0202 (Reduced Benefit Amount Code) = D (Decrease in Indemnity), N (No Money Settlement), S (Claim Settled Under Another DOI), or Z (Net to Zero), and does not include DN0226 (Recovery Code) = 880, then DN0288 (Number of Benefits) must not be 0.

- **New Edit 0002-065 Maintenance Type Code:** If DN0288 is present in the Change Segment with Change Reason Code of A/U, then there must be at least one benefit segment with MTC code.

- **Modified Edit 0006-117 Insurer FEIN:** Specified that If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0006-117 Insurer FEIN:** C) If DN0002 (Maintenance Type Code) is 02 and DN0006 (Insurer FEIN) value has changed, then DN0006 (Insurer FEIN) must be present in the Change Variable Segment by having "0006" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit 0015-117 Claim Administrator Claim Number:** B) If DN0002 (Maintenance Type Code) is 02 has Error Message 117 occurring on it, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

Edit Matrix: Population Restriction Table (cont'd)

- **New Edit 0015-117 Claim Administrator Claim Number:** C) If DN0002 (Maintenance Type Code) is 02 and DN0015 (Claim Administrator Claim Number) value has changed, then DN0015 (Claim Administrator Claim Number) must be present in the Change Variable Segment by having "0015" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit 0016-117 Employer FEIN:** B) If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0016-117 Employer FEIN:** C) If DN0002 (Maintenance Type Code) is 02 and DN0016 (Employer FEIN) value has changed then DN0016 (Employer FEIN) must be present in the Change Variable Segment by having "0016" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit 0031-117 Date of Injury:** B) If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **Neew Edit 0031-117 Date of Injury:** C) If DN0002 (Maintenance Type Code) is 02 and DN0031 (Date of Injury) value has changed, then DN0031 (Date of Injury) must be present in the Change Variable Segment by having "0031" in DN0412 (Change Data Element/Segment Number).

- **New Edits 0036-064 Part Of Body Injured Code:**

  A. Multiple Codes can only be used if Number of Body Parts is 10.

  B. If the same Part of Body, must report B (Bilateral) and cannot use L (Left) or R (Right) individually.

- **Modified Edit 0036-64:** B) by removing 91 (Body Systems and Multiple Body Systems).

- **Modified Edit 0042-117 Employee SSN:** B) If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0042-117 Employee SSN:** C) If DN0002 (Maintenance Type Code) is 02 and DN0042 (Employee SSN) value has changed, then DN0270 (Employee ID Type Qualifier) must be present in the Change Variable Segment by having "0270" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit 0043-117 Employee Last Name:** B) If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0043-117 Employee Last Name:** C) If DN0002 (Maintenance Type Code) is 02 and DN0043 (Employee Last Name) value has changed, then DN0043 (Employee Last Name) must be present in the Change Variable Segment by having "0043" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit 0044-117 Employee First Name:** B) If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0044-117 Employee First Name:** C) If DN0002 (Maintenance Type Code) is 02 and DN0044 (Employee First Name) value has changed, then DN0044 (Employee First Name) must be present in the Change Variable Segment by having "0044" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit 0052-117 Employee Date of Birth:** B) If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0052-117 Employee Date of Birth:** C) If DN0002 (Maintenance Type Code) is 02 and DN0052 (Employee Date of Birth) value has changed, then DN0052 (Employee Date of Birth) must be present in the Change Variable Segment by having "0052" in DN0412 (Change Data Element/Segment Number).

- **New Edit 0056-064 Initial Date Disability Began:** C) DN0056 (Initial Date Disability Began) must be <= than DN0068 (Initial Return to Work Date) Effective 3/15/2021.

- **Modified Edit 0092-064 Benefit Adjustment Code:** Added A) to beginning to accommodate new Population Restriction.

- **New Edit 0092-064 Benefit Adjustment Code:** B) if DN0202 (Reduced Benefit Amount Code) is not R (Reclassification) then benefit type code portion of DN0092 (Benefit Adjustment Code) must exist on the previously reported SROI with benefit ACR

*Changes are highlighted in gold

Edit Matrix: Population Restriction Table (cont'd)

- **Modified Edit 0126-064 Benefit Credit Code:** Added A) to beginning to accommodate new Population Restriction.

- **New Edit 0126-064 Benefit Credit Code:** B) if DN0202 (Reduced Benefit Amount Code) is not R (Reclassification), then benefit type code portion of DN0126 (Benefit Credit Code) must exist on the previously reported SROI with benefit ACRs

- **Removed Population Restriction 0134-059.**

- **Modified Edit 0187-117 Claim Administrator FEIN:** Specified that If DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0187-117 Claim Administrator FEIN:** C) If DN0002 (Maintenance Type Code) is 02 and DN0187 (Claim Administrator FEIN) value has changed, then DN0187 (Claim Administrator FEIN) must be present in the Change Variable Segment by having "0187" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit 0270-117 Employee ID Type Qualifier:** Specified that if DN0002 (Maintenance Type Code) is 02 and Error Message 117 occurs, then Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.

- **New Edit 0270-117 Employee ID Type Qualifier:** C) If DN0002 (Maintenance Type Code) is 02 and DN0270 (Employee ID Type Qualifier) value has changed, then DN0270 (Employee ID Type Qualifier) must be present in the Change Variable Segment by having "0270" in DN0412 (Change Data Element/Segment Number).

- **Modified Edit to remove references to 02 MTC for the following DNs:**

  A. DN0276 (Number of Denial Reason Narratives) - 044

  B. DN0277 (Number of Full Denial Reason Codes) - 044

- **Modified Edit 0283-045 by adding DN0202 (Reduced Benefit Amount Code) = Z as a restriction:**

  A. If SROI-IP/AP/RB, then DN0283 (Number of Payments) must not be 0 unless DN0202 (Reduced Benefit Amount Code) has Z.

  B. If SROI-PY and DN0202 (Reduced Benefit Amount Code) does not have S (Claim Settled Under Another DOI), N (No Money Settlement), or Z (Net to Zero), then DN0283 (Number of Payments) must not be 0.

- **Modified Edit 0288-045 A) so that it reads:** A) If SROI-CB, then DN0288 (Number of Benefits) must not be 0 or 1, unless DN0202 (Reduced Benefit Amount Code) has D (Decrease in Indemnity), N (No Money Settlement), S (Claim Settled Under Another DOI), or Z (Net to Zero) or DN0226 (Recovery Code) = 880.

- **Modified Edit 0288-045 B) so that it reads:** B) If SROI-AP/CA/EP/ER/IP/RB/SX, then DN0288 (Number of Benefits) must not be 0, unless DN0202 (Reduced Benefit Amount Code) has D (Decrease in Indemnity), N (No Money Settlement), S (Claim Settled Under Another DOI), or Z (Net to Zero) or DN0226 (Recovery Code) = 880.

- **Modified Edit 0401-064** so that it only applies to FROI-01 and SROI-02s, AC, PY, UR(G).

- **New Edit 0421-064** Part of Body Injured Location Code must be null unless DN0036 "Part of Body Injured Code" is 13 (Ears), 14 (Eyes), 30 (Multiple Upper Extremities), 31 (Upper Arm), 32 (Elbow), 33 (Lower Arm), 34 (Wrist), 35 (Hand), 36 (Fingers other than thumb), 37 (Thumb), 38 (Shoulders), 39 (Wrists and Hand), 50 (Multiple Lower Extremities), 51 (Hip), 52 (Upper Leg), 53 (Knee), 54 (Lower Leg), 55 (Ankle), 56 (Foot), 57 (Toes), 58 (Great Toe), 60 (Lungs), 62 (Buttocks).

- **New Edit 0422-064** Part of Body Injured Fingers/Toes Location Code must be null unless DN0421 (Part of Body Injured Location Code) is 36-Finger(s) other than thumb and/or 57-Toes.

- **Modified Edit 0422-064 so that it reads:** "0422-064 Part of Body Injured Fingers/Toes Location Code must be null unless DN0036 (Part of Body Injured Code) is 36 (Fingers other than thumb) and/or 57 (Toes)."

- **New Edits for 0434:**

  A. 044: If not 01, then DN0434 (Number of Cancel Elements) must be 0.

  B. 045: If FROI-01, then DN0434 (Number of Cancel Elements) must not be 0.

*Changes are highlighted in gold

For more information, see the eClaims Implementation Guide, Section 4.6 Legacy Claim Reporting

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