

Data Requirements for First Reports of Injury Release 2, Interim (November 2000 until date to be announced)

Maintenance Type Codes						
Original	Acquired / Unallocated	Cancel	Under Investigation	Denial	Change, Correction	Upon Request
00	AU	01	UI	04	02, CO	UR

DN#	Release 2 Data Element Name	
	Transaction	
2	Maintenance Type Code	M/F M/F M/F M/F M/F M/F M/F
3	Maintenance Type Code Date	M/F M/F M/F M/F M/F M/F M/F
	Jurisdiction	
4	Jurisdiction Code	M/F M/F M/F M/F M/F M/F M/F
	Insurer	
6	Insurer FEIN	M/F M/F M/S M/F M/F M/S M/F
7	Insurer Name	M/F M/F M/F M/F M/F M/S M/F
	Claim Administrator	
187	Claim Administrator Fein	M/F M/F M/F M/F M/F M/F M/F
188	Claim Administrator Name	M/F M/F M/F M/F M/F M/S M/F
10	Claim Administrator Mailing Primary Address	M/M M/M M/M M/M M/M M/M
11	Claim Administrator Mailing Secondary Address	C/M C/M C/M C/M C/M C/M
12	Claim Administrator Mailing City	M/M M/M M/M M/M M/M M/M
13	Claim Administrator Mailing State Code	M/M M/M M/M M/M M/M M/M
14	Claim Administrator Mailing Postal Code	M/S M/S M/S M/S M/S M/S
	Employer	
16	Employer FEIN	C/S C/S C/S C/S C/S C/S
329	Employer UI Number	O O O O O O
18	Employer Name	M/S M/S M/S M/F M/S M/S
19	Employer Physical Primary Address	M/M M/M M/M M/M M/M M/M
20	Employer Physical Secondary Address	C/M C/M C/M C/M C/M C/M
21	Employer Physical City	M/M M/M M/M M/M M/M M/M
22	Employer Physical State Code	M/M M/M M/M M/M M/M M/M
23	Employer Physical Postal Code	M/S M/S M/S M/S M/S M/S
184	Insured Type Code	M/S M/S M/S M/S M/S M/S
	Accident	
31	Date of Injury	M/F M/F M/F M/F M/F M/F
33	Accident Site Postal Code	M/S M/S M/S M/S M/S M/S
35	Nature of Injury Code	M/S M/S M/S M/S M/S M/S
36	Part of Body Injured Code	M/S M/S M/S M/S M/S M/S
37	Cause of Injury Code	M/S M/S M/S M/S M/S M/S
38	Accident/Injury Description Narrative	M/M M/M M/M M/M M/M M/M
39	Initial Treatment Code	O O O O O O
	Accident cont.	
40	Date Employer Had Knowledge of the Injury	M/S M/S M/S M/M M/S M/S

Data Requirements for First Reports of Injury Release 2, Interim (November 2000 until date to be announced)

Maintenance Type Codes						
Original	Acquired / Unallocated	Cancel	Under Investigation	Denial	Change, Correction	Upon Request
00	AU	01	UI	04	02, CO	UR

DN#	Release 2 Data Element Name
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- 41 Date Claim Administrator Had Knowledge of the Injury
- 146 Death Result of Injury Code

M/S	M/S		M/S	M/S	M/S	M/S
O	O		O	O	O	O

Claim

- 5 Jurisdiction Claim Number
- 15 Claim Administrator Claim Number
- 26 Insured Report Number
- 74 Claim Type Code
- 173 Denial Reason Code
- 240 Denial Effective Date

		C/F	C/M	C/M	C/F	C/M
M/F	M/F	C/F	M/F	M/F	M/F	M/F
O	O		O	O	O	O
O	O		O	O	O	O
				O		
				O		

Employee

- 42 Employee Social Security Number
- 43 Employee Last Name
- 44 Employee First Name
- 45 Employee Middle Name/Initial
- 46 Employee Mailing Primary Address
- 47 Employee Mailing Secondary Address
- 48 Employee Mailing City
- 49 Employee Mailing State Code
- 50 Employee Mailing Postal Code
- 155 Employee Mailing Country Code
- 51 Employee Phone Number
- 52 Employee Date of Birth
- 53 Employee Gender Code
- 54 Employee Marital Status Code
- 55 Employee Number of Dependents
- 56 Initial Date Disability Began
- 189 Return to Work Type Code
- 224 Physical Restrictions Indicator
- 68 Initial Return to Work Date
- 57 Employee Date of Death

C/M	C/M		C/M	C/M	C/M	C/M
M/F	M/F		M/F	M/F	M/S	M/F
M/F	M/F		M/F	M/F	M/S	M/F
C/M	C/M		C/M	C/M	C/M	C/M
M/M	M/M		M/M	M/M	M/M	M/M
C/M	C/M		C/M	C/M	C/M	C/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
O	O		O	O	O	O
C/M	C/M		C/M	C/M	C/M	C/M
M/S	M/S		M/S	M/S	M/S	M/S
M/S	M/S		M/S	M/S	M/S	M/S
C/S	C/S		C/S	C/S	C/S	C/S
C/S	C/S		C/S	C/S	C/S	C/S
C/M	C/M		C/M	C/M	C/M	C/M
C/M	C/M		C/M	C/M	C/M	C/M
C/M	C/M		C/M	C/M	C/M	C/M
C/M	C/M		C/M	C/M	C/M	C/M

Employment

- 58 Employment Status Code
- 59 Manual Classification Code
- 60 Occupation Description
- 61 Employee Date of Hire
- 62 Average Wage
- 63 Wage Period Code
- 65 Initial Date Last Day Worked
- 67 Salary Continued in Lieu of Compensation Indicator

M/M	M/M		M/M	M/M	M/M	M/M
C/S	C/S		C/S	C/S	C/S	C/S
M/S	M/S		M/S	M/S	M/S	M/S
M/M	M/M		M/M	M/M	M/M	M/M
C/M	C/M		C/M	C/M	C/M	C/M
C/S	C/S		C/S	C/S	C/S	C/S
C/M	C/M		C/M	C/M	C/M	C/M
M/M	M/M		M/M	M/M	M/M	M/M

Conditional Rules and Implementation Notes First Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
Claim		
5	Jurisdiction Claim Number/Agency Claim Number	Rel 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory. Rel. 2 Interim and Rel. 2 Eventual: For FROI MTC=01, 02, CO and all Subsequent Reports: If (Claim Admin FEIN, [DN 187], is missing) OR (Claim Admin Claim Number, [DN15], is missing), then Jurisdiction Claim Number (DN5) is Mandatory. Rel. 2 Eventual only: If MTC=AQ AND (DN31 null or DN35 null or DN36 null or DN43 null or DN44 null) then Mandatory. For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
15	Claim Administrator Claim Number	
26	Insured Report Number	
74	Claim Type Code	
173	Denial Reason Code	
240	Denial Effective Date	
Employee		
42	Employee Social Security Number	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 2: If MTC=AQ AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 2: If MTC=AQ AND Jurisdiction Claim Number (DN5) not provided, then Mandatory. Rel. 1: If (MTC=00, AU, 04, 02 or CO) AND (Date of Death provided), then Mandatory. Rel. 2: If (MTC=00, AU, UI, 04, 02 or CO) AND (Death Result of Injury Indicator, DN146=Y), then Mandatory. Rel. 1: If (MTC=00, AU, 04, 02 or CO) AND (Date of Death provided), then Mandatory. Rel. 2: If (MTC=00, AU, UI, 04, 02 or CO) AND (Death Result of Injury Indicator, DN146=Y), then Mandatory.
43	Employee Last Name	
44	Employee First Name	
45	Employee Middle Name/Initial	
46	Employee Mailing Primary Address	
47	Employee Mailing Secondary Address	
48	Employee Mailing City	
49	Employee Mailing State	
50	Employee Mailing Postal Code	
155	Employee Mailing Country Code	
51	Employee Phone Number	
52	Employee Date of Birth	
53	Employee Gender Code	
54	Employee Marital Status Code	
55	Employee Number of Dependents	
56	Initial Date Disability Began	
189	Return to Work Type Code	
224	Physical Restrictions Indicator	
68	Initial Return to Work Date	
57	Employee Date of Death	
Employment		
58	Employment Status Code	Rel. 1: If (MTC=00, AU, 04, 02, CO, or UR) AND Self Insured Indicator (DN24)=N, then Mandatory. Rel. 2: If (MTC=00, AU, UI, 04, 02, CO, or UR) AND Insured Type Code (DN184)=I, then Mandatory. If Average Wage (DN62) provided, then Mandatory.
59	Manual Classification Code	
60	Occupation Description	
61	Employee Date of Hire	
62	Average Wage	
63	Wage Period Code	
65	Initial Date Last Day Worked	
67	Salary Continued in Lieu of Compensation Indicator	

**Data Requirements for Subsequent Report of Injury
Release 2, Interim Implementation (November 2000 until date to be announced)**

Maintenance Type Code																			
Initial Payment	Acquired Payment	Employer Paid	Employer Reinstatement	Compensable Death	Under Investigation	Partial Denial	Denial	Change in Amount	Change in Benefit	Add Concurrent Benefit	Reduced Earnings	Partial Suspensions	Suspensions	Reinstatement of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
IP	AP	EP	ER	CD	UI	PD	04	CA	CB	AB	RE	P1-9, PJ	S1-9, SD, SJ	RB	02, CO	PY	FN	AN	UR

DN#	Release 2 Data Element Name
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Transaction

- 1 Transaction Set ID
- 2 Maintenance Type Code
- 3 Maintenance Type Code Date

M/F																				
M/F																				
M/F																				

Jurisdiction

- 4 Jurisdiction Code

M/F																				
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Insurer

- 6 Insurer FEIN

M/F																				
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Claim Administrator

- 187 Claim Administrator FEIN
- 14 Claim Administrator Mailing Postal Code

M/F																				
M/F																				

Accident

- 31 Date of Injury
- 146 Death Result of Injury Code

																	M/S*			
				O													O	O		O

Claim

- 5 Jurisdiction Claim Number
- 15 Claim Administrator Claim Number
- 26 Insured Report Number
- 73 Claim Status
- 74 Claim Type Code
- 76 Date Claim Administrator Notified of Employee Representation
- 173 Denial Reason Code
- 240 Denial Effective Date

C/F	C/F	C/F	C/F																	
C/F	M/F	C/F	C/F	C/F																
																	O			
							M/S	M/S									M/S*	M/S	M/S	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
C/M	C/M	C/M	C/M																	
							O	O									O			
							O	O									O			

Employee

- 42 Employee Social Security Number
- 55 Employee Number of Dependents

																				C/M
																				C/M

**Data Requirements for Subsequent Report of Injury
Release 2, Interim Implementation (November 2000 until date to be announced)**

Maintenance Type Code																			
Initial Payment	Acquired Payment	Employer Paid	Employer Reinstatement	Compensable Death	Under Investigation	Partial Denial	Denial	Change in Amount	Change in Benefit	Add Concurrent Benefit	Reduced Earnings	Partial Suspensions	Suspensions	Reinstatement of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
IP	AP	EP	ER	CD	UI	PD	04	CA	CB	AB	RE	P1-9, PJ	S1-9, SD, SJ	RB	02, CO	PY	FN	AN	UR

DN#	Release 2 Data Element Name
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- 56 Initial Date Disability Began
- 144 Current Date Disability Began
- 70 Date of Maximum Medical Improvement
- 189 Return to Work Type Code
- 224 Physical Restrictions Indicator
- 68 Initial Return to Work Date
- 72 Current Return to Work Date
- 228 Returned to Work with Same Employer Indicator
- 57 Employee Date of Death

C/S	C/M	C/S			C/M										C/S*				C/S
C/S	C/S	M/S	C/S						C/S						C/S	C/S*			C/S
C/S	C/S								C/S	C/S					C/M				C/S
C/M	C/M	C/M						C/M	C/M		M/S	C/S	C/S		C/M				C/M
								C/M	C/M		M/S	C/S	C/S		C/M				C/M
C/M	C/M	C/M						C/M	C/M		M/S	C/S	C/S		C/M				C/M
O	O	O						O	O		O	O	O		O				O
				M/S								C/S	C/S		C/M			C/S	

Employment

- 62 Average Wage
- 63 Wage Period Code
- 65 Initial Date Last Day Worked
- 145 Current Date Last Day Worked
- 67 Salary Continued in Lieu of Compensation Indicator

M/S	M/S							M/S	M/S	M/S					M/S*				M/S
M/S	M/S							M/S	M/S	M/S					M/S*				M/S
															C/M				
O	O	O	O						O	O	O				O	O			O
		M/M	M/M												M/M*				

Financial Reporting

- 227 Reporting Period Code

																			O	
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Permanent Impairments

- 83 Permanent Impairment Body Part Code
- 84 Permanent Impairment Percentage

C/S*	C/S*								C/S*	C/S*					C/S*	C/S*	C/S*		C/S*
C/S*	C/S*								C/S*	C/S*					C/S*	C/S*	C/S*		C/S*

Benefit Payments

- 85 Benefit Type Code
- 174 Gross Weekly Amount
- 86 Benefit Type Amount Paid
- 87 Net Weekly Amount

M/F*	M/F*	M/F*	M/F*			M/S*			M/F*	C/S*	C/S*	C/S*	M/F*							
O	O	O	O						O	O	O	O	O	O	O	O	O	O	O	O
M/F*	M/F*	M/F*	M/F*			M/S*			M/F*	C/S*	C/S*	C/S*	M/F*							
O	O	O	O			O			O	O	O	O	O	O	O	O	O	O	O	O

Benefit Payments cont

- 88 Benefit Period Start Date
- 89 Benefit Period Through Date
- 90 Benefit Type Claim Weeks
- 91 Benefit Type Claim Days
- 212 Non-Consecutive Period

M/F*	M/F*	M/F*	M/F*			C/F*			M/F*	C/F*			M/F*							
M/F*	M/F*	M/F*	M/F*			C/F*			M/F*	C/F*			M/F*							
O	O	O	O			O			O	O	O	O	O	O	O	O	O			O
O	O	O	O			O			O	O	O	O	O	O	O	O	O			O
						O	0		O	O			O	O						

Benefit Adjustments

**Data Requirements for Subsequent Report of Injury
Release 2, Interim Implementation (November 2000 until date to be announced)**

Maintenance Type Code																			
Initial Payment	Acquired Payment	Employer Paid	Employer Reinstatement	Compensable Death	Under Investigation	Partial Denial	Denial	Change in Amount	Change in Benefit	Add Concurrent Benefit	Reduced Earnings	Partial Suspensions	Suspensions	Reinstatement of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
IP	AP	EP	ER	CD	UI	PD	04	CA	CB	AB	RE	P1-9, PJ	S1-9, SD, SJ	RB	02, CO	PY	FN	AN	UR

DN#	Release 2 Data Element Name
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92	Benefit Adjustment Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							
93	Benefit Adjustment Weekly Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							
94	Benefit Adjustment Start Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							
125	Benefit Adjustment End Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							

Benefit Credits

126	Benefit Credit Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							
129	Benefit Credit Weekly Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							
127	Benefit Credit Start Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							
128	Benefit Credit End Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	C/M				<input type="checkbox"/>							

Paid to Dates

216	Other Benefit Type Code	C/M	C/M	C/M	C/M	C/M		C/M	C/S*	C/M	C/S*	C/M								
215	Other Benefit Type Amount	C/M	C/M	C/M	C/M	C/M		C/M	C/S*	C/M	C/S*	C/M								

Payments

77	Late Reason Code	C/M	C/M	C/M	C/M			C/M		C/M										
222	Payment Reason Code																			
218	Payment Amount																			
195	Payment Issue Date	<input type="checkbox"/>	<input type="checkbox"/>																	
241	Settlement Type Code																			

Reduced Earnings

242	Reduced Earnings Week Number	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
124	Actual Reduced Earnings	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>
147	Deemed Reduced Earnings	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>

Conditional Rules and Implementation Notes Subsequent Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
Transaction		
1	Transaction Set Id	
2	Maintenance Type Code	If MTC = CB, RB, ER, or AB, then must be preceded by at least one previous benefit event of any BTC. If MTC = EP or ER, then must contain benefit record with BTC = 240 or 524. If MTC = RE, then must contain benefit record with BTC = 070 or 410. If MTC = CD or FN, then all previously reported benefit periods must be closed. If MTC = FN or AN, then must report all previously reported Benefit Type Codes. If MTC = VE, BM, BW, MN, QT, or SA reported transaction will be rejected. Rel. 2 Eventual only: If MTC = CB, then transaction must contain at least 2 benefit records.
3	Maintenance Type Code Date	
Jurisdiction		
4	Jurisdiction	CALIFORNIA EDIT: Must be "CA".
Insurer		
6	Insurer FEIN	If self-insured, provide Employer FEIN in this field.
Claim Administrator		
8	Third Party Administrator FEIN	
187	Claim Administrator FEIN	
14	Claim Administrator Mailing Postal Code	
Accident		
31	Date of Injury	CALIFORNIA EDIT: Must be on or after 9/1/1999.
146	Death Result of Injury Code	Rel. 1: Not applicable. Rel. 2, Interim: No edits. Rel. 2, Eventual: If employee death date (DN57) provided or MTC=P4 or MTC=S4 or MTC=CD or [(MTC=FN) AND (DN85=010 or 510)], then Mandatory
Claim		
5	Jurisdiction Claim Number/Agency Claim Number	Rel. 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory. Rel. 2 Interim and Rel. 2 Eventual: For FROI MTC=01, 02, CO and all Subsequent Reports: If (Claim Admin FEIN, [DN 187], is missing) OR (Claim Admin Claim Number, [DN15], is missing), then Jurisdiction Claim Number (DN5) is Mandatory. Rel. 2 Eventual only: If MTC=AQ AND (DN31 null or DN35 null or DN36 null or DN43 null or DN44 null) then Mandatory.
15	Claim Administrator Claim Number	For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
26	Insured Report Number	
73	Claim Status	
74	Claim Type Code	
76	Date Claim Administrator Notified of Employee Representation	
173	Denial Reason Code	
240	Denial Effective Date	
Employee		
42	Employee Social Security Number	
55	Employee Number of Dependents	
56	Initial Date Disability Began	If reporting temporary disability benefits (DN85=050, 051, or 070), then Mandatory.
144	Current Date Disability Began	Rel. 1: Not applicable. Rel. 2, Interim: No edits. Rel. 2, Eventual: If starting or restarting temporary disability benefits (DN85=050, 051, or 070), then Mandatory.
70	Date of Maximum Medical Improvement	If reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090), then Mandatory.
71	Return to Work Qualifier	Rel. 1 only: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
189	Return to Work Type Code	Rel. 2 only: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
224	Physical Restrictions Indicator	Rel. 1: Not applicable. Rel. 2, Interim: No edits. Rel. 2, Eventual: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
68	Initial Return to Work Date	If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
72	Current Return to Work Date	If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
228	Returned to Work with Same Employer Indicator	Rel. 1: Not applicable. Rel. 2, Interim: No edits. Rel. 2, Eventual: If MTC=S1 or MTC=P1 (returned to work) or [(MTC=IP, AP, EP, CA or CB) AND DN189="A"], then Mandatory.

Conditional Rules and Implementation Notes Subsequent Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
57	Employee Date of Death	If MTC=P4 or MTC=S4 or [MTC=FN and transaction includes any benefit type code (DN85) = 010 or 510], then Mandatory.
Employment		
62	Average Wage	
63	Wage Period Code	If Average Wage (DN62) provided, then Mandatory.
65	Initial Date Last Day Worked	
145	Current Date Last Day Worked	Rel. 1: Not applicable. Rel. 2, Interim: No edits. Rel. 2, Eventual: If MTC = {IP, AP, EP, CB, AB, RB, ER, 02 or CO} AND Benefit Type Code = {050, 051, or 070}, then Mandatory.
67	Salary Continued in Lieu of Compensation Indicator	
Variable Segment (Rel. 1 tech elements)		
78	Number of Permanent Impairments	Rel. 1 EDIT: Must be >0 if [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})]; SERIOUS error, R1 code = 062: required segment not present
79	Number of Payment Adjustments	Rel 1 only. FATAL EDIT: If [MTC={IP, AP, FS, CA, CB, RE, Px, Sx, or RB}] then DN 79 must be >0; SERIOUS EDIT: If [MTC=4P or (MTC=PY and DN 81 = 0) or (MTC={AN or FN} and Claim Administrator previously reported events with DN 86>0) then DN 79 must be > 0; R1 error code
80	Number of Benefit Adjustments	
81	Number of Paid to Dates/Reduced Earnings/Recoveries	Release 1 EDIT: If [(MTC=PY and DN 79 = 0) or (MTC=AN and Claim Administrator previously reported events with DN86>0)] then must have DN81>0. FATAL Error, R1 code = 062: Required segment not present.
82	Number of Death Dependent/Payee Relationships	
Financial Reporting		
227	Reporting Period Code	EDIT: Must be "CL" - total over life of claim.
Permanent Impairments		
83	Permanent Impairment Body Part Code	Use Codes 90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for all impairments. Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] then Mandatory. Rel. 2: If [MTC={IP, AP, AB, CB, PY, FN, 02 or CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] OR [Insured (DN184=I) AND MTC={PY or FN} AND making PD settlement (i.e., DN218>0 AND DN222={020, 021, 030, 040, or 090})] then Mandatory.
84	Permanent Impairment Percentage	Report percent for DN83=90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for any/all impairments. Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] then Mandatory. Rel. 2: If [MTC={IP, AP, AB, CB, PY, FN, 02 or CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] OR [Insured (DN184=I) AND MTC={PY or FN} AND making PD settlement (i.e., DN218>0 AND DN222={020, 021, 030, 040, or 090})] then Mandatory.
Benefit Payments		
85	Benefit Type Code	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79). Rel 2: If [MTC=PY AND (DN222 and DN216 not provided)] OR [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory.
174	Gross Weekly Amount	
86	Benefit Type Amount Paid	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79). Rel 2: If [MTC=PY AND (DN222 and DN216 not provided)] OR [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory.
87	Net Weekly Amount	
88	Benefit Period Start Date	Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date. Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0) } then Mandatory. Rel 2: If {MTC=PD AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0) }, then Mandatory. EDIT: Must be >= Ben. Period Start Date (DN88). Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date.
89	Benefit Period Through Date	Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0) } then Mandatory. Rel 2: If {MTC=PD AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0) }, then Mandatory.
90	Benefit Type Claim Weeks	
91	Benefit Type Claim Days	

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1 and Release 2

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
212	Non-Consecutive Period	
Benefit Adjustments		
92	Benefit Adjustment Code	
93	Benefit Adjustment Weekly Amount	
94	Benefit Adjustment Start Date	
125	Benefit Adjustment End Date	
Benefit Credits		
126	Benefit Credit Code	
129	Benefit Credit Weekly Amount	
127	Benefit Credit Start Date	
128	Benefit Credit End Date	
Paid to Dates		
95	Paid to Date/Reduced Earnings/Recoveries Code	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.
216	Other Benefit Type Code	Rel. 2 only: If [MTC=PY AND (DN222 and DN85 not provided)] OR [MTC=AN AND Claim Administrator previously reported events with DN215>0], then Mandatory.
96	Paid to Date/Reduced Earnings/Recoveries Amount	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.
215	Other Benefit Type Amount	Rel. 2 only: If [MTC=PY AND (DN218 and DN86 not provided)] OR [MTC=AN AND Claim Administrator previously reported events with DN215>0], then Mandatory.
Payments		
77	Late Reason Code	
222	Payment Reason Code	
218	Payment Amount	
195	Payment Issue Date	If using DN85/DN86 or DN216/DN215 to report a lump-sum payment/settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date.
241	Settlement Type Code	
Reduced Earnings		
242	Reduced Earnings Week Number	
124	Actual Reduced Earnings	
147	Deemed Reduced Earnings	