



Workers' Compensation Administration

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EDI GUIDE

**To Completing and Filing
an Electronic Copy For:**

**EMPLOYER'S FIRST REPORT
OF INJURY OR ILLNESS
Form (E1.2)**

**NOTICE OF BENEFIT PAYMENT
Form (E6.2)**



Phone Numbers

Farmington 599-9746/1-800-568-7310
Las Cruces 524-6246/1-800-870-6826
Las Vegas 454-9251/1-800-281-7889
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**E4 Booklet (EDI)
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TABLE OF CONTENTS

Introduction	page 3
EDI General Filing Requirements	page 3
EDI Required Capabilities	page 3
FROI Technical Filing Requirements	page 4
Special Requirements.....	page 4
IAIABC 148 Record Definitions and Values	page 4
Error Processing	page 8
Reading the Acknowledgment Record	page 8
EDI Notice of Benefit Payment Filing Requirements	page 10
When to File Under EDI.....	page 10
How the Filing Process Works.....	page 10
Information Needed to Establish EDI Filing	page 10
EDI Report Records Format	page 10
Technical Filing Requirements	page 11
Special Requirements.....	page 12
IAIABC A49 Record Definitions and Values	page 12
Variable Counter Segment	page 14
Payment Adjustment Segment	page 15
Benefit Adjustment Segment	page 16
PTD/Reduced Earnings/Recoveries Segment	page 16
Error Processing For Notice of Benefit Payment	page 16
References	page 18
Appendix 1	page 19
Table A First Report of Injury (148 Record)	page 20
Table B Event Table	page 21
Table C 148 Record Requirements	page 22
Figure A Part of Body Codes.....	page 24
Figure B Nature of Injury Codes.....	page 25
Figure C Cause of Injury Codes.....	page 26
Appendix 2	page 27
EDI Transaction Flow Chart.....	page 28
Table D Event Table for A49 Record	page 29
IAIABC Subsequent Report Release 1A (A49 Record)	page 30
Table E Transmission Header Record.....	page 31
Table F Detail Acknowledgment	page 32
Table G Trailer Record	page 33
Data Element Mapping Table A49 Flat File	page 34
EDI Trading Partner Profile.....	page 37
Appendix 3	page 38
EDI Test Phase Requirements.....	page 39
Glossary of Terms and Tables	page 41
Appendix 4	page 42
IAIABC Standards: Error Message Dictionary	page 42

INTRODUCTION

Electronic Data Interchange (EDI) is the computer-to-computer exchange of formatted business documents between enterprises, a system which has been rapidly expanding in the last decade. In workers' compensation, EDI refers to the electronic transmission of accident and claims information from claims administrators (insurers, self-insured employers and third party administrators) to a state agency. The electronic transfer of accident information replaces the paper copies of the First Report of Injury or Illness (FROI) and the Notice of Benefit Payment which reports subsequent payment information. The International Association of Industrial Boards and Commissions (IAIABC) has been working with the insurance industry since 1991 in developing the standard formats and procedures which make electronic reporting possible. The IAIABC EDI Development committee has produced an "EDI Implementation Guide" which is the recommended reference for claims administrators in implementing EDI processing of workers' compensation information in New Mexico.

With the guide, claims administrators system personnel will be able to understand specific details of reporting the Notice of Benefit Payment data in the EDI flat file format (see glossary of terms in Appendix 2) required in New Mexico. The guide also provides information on trigger events and the reporting processes of EDI.

WHY EDI?

- Most claims administrators already keep computerized claims records
- The claims reporting process is both paper and labor extensive
- Duplication of data entry on computer and paper reports increases the probability of errors
- As workers' compensation costs continue to escalate, EDI is viewed as an avenue to reduce costs and enhance productivity
- EDI is a time-saving, more efficient means of processing claims

Where is the New Mexico Workers' Compensation Administration in this process? The WCA has been accepting FROI by EDI since April 1, 1994. In 1999, New Mexico began requiring parties processing more than 200 lost time claims per year to file by EDI. By January 1, 2000, claims administrators processing more than 100 indemnity claims per year were required to file using EDI. The mandatory requirements for filing the Notice of Benefit Payments have been in effect since January 1, 1998.

EDI GENERAL FILING REQUIREMENTS

New Mexico law requires that every employer or employer's representative file a FROI with the WCA within the time frames and criteria outlined in NMSA 1978, §52-1-58. Under EDI processing, a claims administrator may electronically file a FROI with the WCA in lieu of a paper copy. Organizations filing by EDI become the agent of the employer and are under the same legal filing requirements as the employer. Once the claims administrator has entered into a written EDI filing agreement with the WCA, and has passed the testing requirements (which entails the filing of a Trading Partner Profile), the employer no longer files a paper copy of the FROI with the WCA (See Appendix 2).

The New Mexico WCA requires that EDI transmissions be received by 9:00 a.m., Mountain Time on business days to ensure processing on that day.

The reporting party creates a file of FROIs from its data base system. These files must follow the record format as defined by the IAIABC 148 record schema. The files that are created are sent to the WCA electronic mailbox by the use of a communication software package. The WCA processes each report record through an edit program that checks for errors. The WCA then sends an acknowledgment file to the reporting party detailing the status of each record filed. The reporting party may contact the WCA (at phone number 505-841-6044) regarding any rejection of records. Reports that pass the edits are processed into the workers' compensation database.

EDI REQUIRED CAPABILITIES

In order for workers' compensation information to be filed electronically with the WCA, the claims administrator must have the capability to:

- Construct a data file in the ASCII format of the IAIABC record schema.
- Transmit the data file through electronic mail.
- Provide the information within the required parameters.

Currently, the WCA is using the Value Added Networks, the Internet and other vendors that send flat file transmissions. The WCA neither endorses nor requires that a particular software vendor be used. However, the software must meet certain WCA system requirements. As technology changes the WCA transmission requirements are subject to change. For further information on software compatibility contact the WCA Information Systems Bureau. Prior to reading New Mexico's EDI requirements, the claims administrator should be familiar with the IAIABC EDI manual. To obtain this manual please contact the IAIABC and ask for the Claims EDI Process, Version 1.

FROI TECHNICAL FILING REQUIREMENTS

The following rules apply for submission of the FROI:

- Maintenance Type Code = 00: Used for the original first report transmitted between partners, including the re-transmission of an original first report that was rejected due to critical errors. All mandatory fields and non-null required fields must be completed for transmission of the record.
- Maintenance Type Code = 01: (Cancellation) The original first report was sent in error and is now required to be eliminated from the WCA's data base. A previous original report must have been filed. Only mandatory fields are required for transmission of the record.
- Maintenance Type Code = 02: (Change) A change is made to the original first report. The change is made not as a result of a warning error from the WCA. A previous original report must have been filed. All mandatory fields and non-null required fields must be completed for transmission of the record.
- Maintenance Type Code = 04: (Denial) Used by the reporting party to indicate that the employer denies that an injury or illness has occurred. In New Mexico the First Report of Injury or Illness is not considered a claim for benefits until the Notice of Benefit Payment has been filed. A previous original report must have been filed. Only mandatory fields are required for transmission of the record.
- Maintenance Type Code = CO: (Correction) The reporting party uses this code when a warning error or non-critical error has been identified by the WCA. Since an original report has previously been filed with the WCA, the reporting party files a correction including all mandatory and non-null required fields with the transmission.
- Maintenance Type Code = AU: (Acquired) Used to identify that a claim or injury report has been acquired from a prior claims administrator.

The claims administrator transmitting the FROI records must ensure that the Federal Employer Identification Number (FEIN) for each organization they represent is correct.

SPECIAL REQUIREMENTS

The WCA uses the injured worker's Social Security Number and date of injury to establish a unique claim file. If either of these data elements have been reported in error, the claims administrator must first delete the original First Report sent and then transmit a new original report with the WCA. **Note:** if a Notice of Benefit Payment has been filed with the WCA prior to the discovery of the SSN or date of injury error, the claims administrator must call the Information Systems Management Bureau of the WCA to correct the error.

IAIABC 148 RECORD DEFINITIONS AND VALUES

These definitions can be found in the IAIABC EDI manual and are reproduced here to be New Mexico specific. Appendix 1, Table A provides specific information for use in developing the 148 record.

M = Mandatory field. A data element having this designation must be included in every transmission of a record. If a mandatory field element is not contained in the 148 transmission a critical error will result and the record will be sent back to the sender. (See Error Processing below for details).

C = Conditional field. A non-null data element having this designation must be transmitted with every first report record. This information is usually time sensitive and is not provided at every stage of the claims process. Once the information is known it must be provided to the WCA at all of the following reporting events.

O = Optional field. A non-null data element having this designation may be transmitted. Once transmitted, this field should be transmitted with every First Report.

Definitions:

[001] *Transaction Set ID:* Identifies the transaction being sent by the reporting party. For the FROI, Transaction Set ID = 148.

[002] *Maintenance Type Code* (Previously Maintenance Reason Code): Defines the specific purpose of individual records within the transaction being transmitted.

Values:

- 00 = Original
- 01 = Cancel
- 02 = Change
- 04 = Denial
- CO = Correction
- AU = Acquired

- [003] *Maintenance Type Code Date* (Previously Maintenance Reason Code Date): Designates the date corresponding to the Maintenance Type Code. {format CCYYMMDD}
- [004] *Jurisdiction*: The governing body or territory whose statutes apply to the complaint, claim or work injury. In New Mexico, Jurisdiction = NM.
- [005] *Agency claim Number*: The number assigned by the agency or commission to identify a specific claim. In New Mexico, the claim number is not assigned until a Notice of Benefit Payment (subsequent report) has been received by the WCA or a complaint has been filed with the Clerk's office. The Claim Number consists of the prefix WCAYY {YY = year of filing} plus five digits.
- [006] *Insurer FEIN*: The Federal Identification Number of the Insurance Company or Self-Insured handling the claim financially (financially responsible party).
- [007] *Insurer's Name*: The name of the insurance carrier or self-insured employer financially responsible for handling the claim or potential claim.
- [008] *Third Party Administrator FEIN*: The Federal Identification Number of the Claims Administrator contracted by the insurance carrier or self-insured employer to adjust and file claim information with jurisdiction.
- [009] *Third Party Administrator Name*: The name of the Claims Administrator handling the claim on behalf of the insurance carrier or self-insured employer.
- [010/011] *Claims Administrator Address, Lines 1 and 2*: The mailing address of the reporting party submitting statistical reports to the WCA.
- [012] *Claims Administrator City*: The city of the reporting party's processing facility's mailing address.
- [013] *Claims Administrator State*: The state of the reporting party's processing facility's mailing address.
- [014] *Claims Administrator Postal Code*: The zip/postal code of the reporting party's processing facility's mailing address.
- [015] *Claims Administrator Claim Number*: This number is assigned by the Claims Administrator or Third Party Administrator for identification of a specific claim within their system. The Claims Administrator must assign a number for this field. This number is a mandatory field because it is used by the WCA as the unique claim identifier.
- [016] *Employer FEIN*: Federal Identification Number of the injured worker's employer.
- [017] *Insured Name*: The name insured of the policy, typically the parent company in a hierarchically structured organization.
- [018] *Employer Name*: The name of the business entity employing or statutorily responsible for the claimant.
- [019/020] *Employer Address, Lines 1 and 2*: The mailing address of the injured worker's employer responsible for submitting the FROI to the claims administrator.
- [021] *Employer City*: The city address location of the injured worker's employer.
- [022] *Employer State*: The state address location of the injured worker's employer.
- [023] *Employer Postal Code*: The zip/postal code of the injured worker's employer.
- [024] *Self-Insurance Indicator*: Identifies the employer as one who retains the risks arising from its operation and bears the financial responsibility. {Values: Y = yes, N = No}.
- [025] *NAICS Code (North American Industrial Classification System)*: The code representing the nature of the employer's business. These codes are assigned from the NAICS manual published by the Federal Office of Management and Budget. These codes are typically assigned by the U.S. Department of Labor. (Note: SIC codes still may be provided until 1/1/2002).
- [026] *Insured Report Number*: A number determined by the insured to identify a specific claim for a company location.
- [027] ***Insured Location Number*: A code defined by the employer to identify the location of the accident. This number should reflect the location of the accident by store location or department location. (Mandatory field in 2009). For main location of employer at address on First Report, then location number should be assigned "0001" . For injuries occurring at different location (put in street abbreviation - city abbreviation: (example; manual-abq))**

- [028] *Policy Number:* The unique number assigned to the contract/policy by the insurance carrier or third party administrator for that employer or association group.
- [029] *Policy Effective:* Date that the contract/policy under which the claim occurred became effective. {Format CCYYMMDD}.
- [030] *Policy Expiration:* Date that the contract/policy under which the claim occurred expired. {Format CCYYMMDD}.
- [031] *Date of Injury:* For traumatic injury (injury resulting from a single incident), the date on which the accident occurred. For occupational disease or cumulative injury, the date of last injurious exposure to the cause or substance creating the condition. In New Mexico, for a traumatic injury, enter the date of occurrence. For an occupational illness arising from the workers' activity or exposure over an extended period, enter the date of diagnosis or the date first reported to the employer as possibly work-related, whichever is earlier. The item is very important because it is used along with the Social Security Number for identification and computer tacking of the FROI. It is a primary key in establishing a claim within the workers' compensation system. {Format CCYYMMDD}.
- [032] *Time of Injury:* For traumatic injury, the time at which the accident occurred. {Format HHMMSS}.
- [033] *Postal Code of Injury Site:* The zip/postal code that corresponds to the location where the injury occurred. This information is checked for a valid code. A "TE" transaction accepted with errors is sent back to sender if postal code is not New Mexico specific. The WCA does not review or monitor "TE" errors in this field.
- [034] *Employer's Premises Indicator:* Denotes whether the accident occurred at the employer's address specified in items 19 through 23 {Values: Y = Yes, N = No}.
- [035] *Nature of Injury Code:* Code corresponding to the major characteristic of the injury such as a sprain, fracture, burn, etc. (See Appendix 1, Figure A for list of codes).
- [036] *Part of Body Injury Code:* Corresponds to the claimant's part of body injured. (See Appendix A, Figure B for list of codes).
- [037] *Cause of Injury Code:* Corresponds to what caused the accident or illness, or how it occurred. (See Appendix A, Figure C for list of codes).
- [038] *Accident Description/Cause:* Text description of how the accident happened, or what caused the illness. This description can be up to 150 characters.
- [039] *Initial Treatment:* The code used to identify the extent of medical treatment received by the claimant immediately following the accident. The code is used to determine the severity of the injury and to inform medical cost containment programs.
Values: 00 = No medical treatment
01 = Minor on-site remedies by employer medical
02 = Minor clinic/hospital medical remedies and diagnostic testing
03 = Emergency evaluation, diagnostic testing and medical procedures
04 = Hospitalization > 24 hours
05 = Future major medical/lost time anticipated (i.e., hernia case)
- [040] *Date Reported to Employer:* The date the injured worker reported an accident or illness to a representative of the employer. {Format CCYYMMDD}.
- [041] *Date Reported to Claims Administrator:* The date the claims administrator received notice of the accident. **Note: This date should be updated on a compensable injury as to the date the employer informed the claim administrator that the injury lost more than seven days (7) days from work.** {Format CCYYMMDD}.
- [042] *Social Security Number:* Identification number assigned the injured worker by the Social Security Administration. This data element is a primary key in identifying workers' compensation claim within the WCA database.
- [043] *Employee Last Name:* The legal last name of the injured worker at the time of the accident or illness.
- [044] *Employee First Name:* The legal first name of the injured worker at the time of the accident or illness.
- [045] *Employee Middle Initial:* The first letter character of the injured worker's middle name.
- [046/047] *Employee Address, Lines 1 and 2:* The current mailing address of the injured worker.
- [048] *Employee City:* The current city location of the injured worker.

- [049] *Employee State:* The current state location of the injured worker.
- [050] *Employee Postal Code:* The current zip/postal code of the injured worker.
- [051] *Employee Phone:* The current telephone number of the injured worker.
- [052] *Date of Birth:* The birth date of the injured worker. This date must be older than the date of hire or the date of injury. {Format CCYYMMDD}.
- [053] *Gender Code:*
 Values: M = Male
 F = Female
 U = Unknown
- [054] *Marital Status Code:*
 Values: U = Widowed, Divorced, Single, Unmarried M = Married
 S = Separated K = Unknown
- [055] *Number of dependents:* The number of children injured worker has at the time of injury.
- [056] *Date disability Began:* The first day on which the claimant originally lost time from work due to the occupational injury or illness.
- [057] *Date of Death:* The date the claimant died. In New Mexico, this date is more specifically defined to be the date that the injured worker died due to his or her work-related injury or illness reported. {Format CCYYMMDD}.
- [058] *Employment Status Code:* A code used to indicate the employee's primary work code status at the time of the injury with the covered employer. New Mexico uses the ANSI values.
 Values PW = Piece Worker VO = Volunteer
 SL = Seasonal Worker AD = Apprenticeship Full Time
 FT = Full Time AP = Apprenticeship Part Time
 PT = Part Time RT = Retired
 NE = Not Employed DS = Disabled
 OS = On Strike ZZ = Other
- [059] *Class Code:* Corresponds to the primary occupation in which the claimant was engaged at the time of the accident or illness. The values are obtained through the NCCI Class Code Classification Manual. (See References).
- [060] *Occupation Description:* A descriptive text identifying the primary occupation of the claimant at the time of the accident, injury or illness. (Example: Janitor, Laborer, Supervisor dock area). Please be as specific as possible.
- [061] *Date of Hire:* The date the injured worker began his or her employment with the employer under which the claim is being filed. If there have been multiple periods of employment, this is the beginning date of the current employment period.
- [062] *Wage:* The claimant's reported pre-injury wage for the wage period defined. This amount may include estimated commissions and living or travel allotment earnings. (For New Mexico, the default value for the FROI when a wage amount is unknown is 0.00).
- [063] *Wage Period:* A code assigned indicating the time period during which the wage is earned.
 Values: 01 = Weekly 02 = Bi-Weekly
 04 = Monthly 06 = Daily
- [064] *Number of Days Worked:* The number of the injured worker's regular scheduled workdays per week. {Values: 01, 02, 03, 04, 05, 06, 07}.
- [065] *Date Last Day Worked:* The date the employee last worked. This date will not reflect dates on which the employee was absent from work in a paid status; vacation, comp time, sick leave, military leave, etc. {Format CCYYMMDD}.
- [066] *Full Wages Paid for Date of Injury:* Defines whether full wages for the date of the accident or illness were paid to the injured worker by the employer. {Values: Y = Yes, N = No}.
- [067] *Salary Continued Indicator:* For workers' compensation – indicates whether the employer is continuing to pay the injured worker's regular wages without charge to employee benefits (vacation time, sick leave, etc.) during an absence caused by a work injury. This indicator is also used to indicate if the injured worker is being paid by the employer under an injury time program. **Note: the 8th day of loss begins from the date the injury time (I-Time) ends.** { Y = Yes, N = No}.

[068] *Date of Return to Work*: The date, following the most recent disability period, on which the claimant returned to work.

ERROR PROCESSING

In Appendix 1 (see Table C), the EDI edit notes outline the technical and business edits of the 148 record by the WCA. The technical edits of a 148 file are processed within 24 hours or the next business day of the receipt date. The technical edits review the mandatory data elements values of each record and ensure the accuracy of the information. The business edits ensure that the record meets the processing requirements in the order of the record transactions accepted by the EDI methodology. In the case of the 148 record, a business edit would be the one that would ensure that an original 148 record was on file with the WCA data base before processing a deletion, correction or change record.

The technical edits create a detailed acknowledgment record for the claims administrator to review to ensure that all records sent were accepted by the WCA (see Appendix 2, Figure D).

Records that have been accepted with non-critical errors should be examined by the claims administrator for discrepancies and corrections should be made as soon as possible.

READING THE ACKNOWLEDGMENT RECORD

The claims administrator submitting a FROI is responsible for reviewing the acknowledgment records to ensure that all the reports sent to the WCA were processed. Records that are assigned a "TR" or "TE" in the detail acknowledgment file need further action by the claims administrator. The following transaction codes are used by the claims administrator to determine the status of their claim data submitted:

- TR = the 148 record was rejected due to critical errors in processing:
- TE = the 148 record was accepted with non-critical errors:
- TA = the 148 record was accepted, no errors.

The claims administrator should maintain all acknowledgment files for approximately five years. The IAIABC EDI manual must be obtained to read error messages. Please see Section 6 in the IAIABC EDI manual for the error matrix.

For testing procedures, please see Appendix 3.

Notice of Benefit Payment

EDI NOTICE OF BENEFIT PAYMENT FILING REQUIREMENTS

New Mexico law requires that the claims administrator file a Notice of Benefit Payment (known under EDI as the Subsequent Report) with the WCA within the time limits and reporting process outline in §§52-1-58, 52-3-52, and 52-1-60. Under EDI processing, claims administrators may file the Notice of Benefit Payment for several insurance carriers or self-insured employers. Organizations filing by EDI become the agent of the self-insured employer or insurance carrier and are under the same legal filing requirements as the individual claims administrator. Once the claims administrator has completed an E7 (see Appendix 2) and entered into an EDI filing agreement with the WCA for production, the claims administrator no longer needs to file paper copies of the FROI or Notice of Benefit Payment reports with the WCA.

WHEN TO FILE UNDER EDI

The claims administrator is required to file the Notice of Benefit Payment within 10 days after the initial payment of disability to the injured worker. For controverted claims having payment, the administrator has 50 days from the filing of the order to submit a subsequent report. The claims administrator must also file within 30 days of a change in benefit payment or a final payment. For medical-only benefits, the claims administrator is required to file a Notice of Benefit Payment within 180 days of an initial payment totaling \$300 or more to the health care provider. The claims administrator is also required to file a closing payment of a medical-only claim within 180 days of this payment.

The WCA daily processing time for the Notice of Benefit Payment reports (E6.2) is between 7:00 a.m. and 9:00 a.m. Mountain Time on business days. Transmissions received after 9:00 a.m. will be processed the following business day.

HOW THE FILING PROCESS WORKS

The process of sending subsequent reports is shown in Figure A (see Appendix 2). The reporting party creates a file on Notice of Benefit Payment (Subsequent) Reports from its data base system. These files must be structured in ASCII format as defined by the IAIABC A49 record schema and include the header and trailer records for each file. The files are sent via the value-added network or Internet by the use of a communication software package. Within 24 hours or the next business day of receipt of the transmitted data file, the WCA processes each report record through an edit program. Reports that pass the edits are processed into the WCA database. The edits are based on the data matching the required possible values for each mandatory field within the A49 record. The WCA sends a detailed acknowledgment record outlining both the business and technical edits to the claims administrator within 48 hours of processing the files.

INFORMATION NEEDED TO ESTABLISH EDI FILING

Prior to an EDI filing, the reporting party must have completed a current EDI Trading Partner Profile (E7) form with the WCA databank. This form requests information on the reporting party and each organization it represents. This information is important in identifying and tracking individual claims.

The E7 information must be kept current! E7 information includes a local address for insurers with contact person, phone number, Federal Identification Number (FEIN) and electronic mailbox identification. Additionally, the reporting party must include an address with contact person and phone number. FEIN numbers must be identified for all organizations being represented. The WCA also requires the file class designation (see glossary of terms and e-mail address) for the transmission of data files for reporting organizations using the ADVANTIS Network. Please contact the WCA Economic Research Bureau for further information.

EDI REPORT RECORDS FORMAT

The reporting party should have a clear understanding of the EDI report record. The Subsequent Report (Notice of Benefit Payment) is filed in the IAIABC A49 record format shown in Table B (see Appendix 2). Table B shows the data elements, data field names, the New Mexico technical required elements, the data element position number, field length and format, and column positions. The data elements definition and values are explained in the next section. The Header and Trailer record formats are shown in tables C and E respectively. The header record is the first record in every file sent to the administration by the claims administrator. This record describes the file, the date of transmission and the sender information. The trailer record follows all the records in the file and gives the record count of the number of records to be processed.

The reporting organization must be aware that the record lengths remain constant for all records. Each data field within the record has a WCA technical requirement designation (i.e. M = Mandatory, C = Required, O = Optional). Data elements that are not available or have no values will have a blank entry in that field except for the following technical requirements designated under the TECH REQ. NM column (see Table B):

- M = Mandatory field. A data element having this designation must be included in every transmission of a record. If a mandatory field element is not contained in the A49 transmission, a critical error will result and the record will be sent back to the sender (see Error Processing below for details).
- C = Conditional field. A non-null data element having this designation must be transmitted with every Notice of Benefit Payment record. This information is usually time sensitive and is not provided at every stage of the claim process. Once the information is known it must be provided to the WCA at all of the following reporting events.

- O = Optional field. A non-null data element having this designation may be transmitted. Once transmitted, this field should be transmitted with every subsequent report.

TECHNICAL FILING REQUIREMENTS

The following rules apply for submission of the Notice of Benefits Payment:

- Maintenance Type Code = IP (Initial Payment): Used for the initial payment subsequent report transmitted between partners, including the retransmission of an initial payment subsequent report that was rejected due to critical errors. **Note: the IP is used only for the first E6.2 for an indemnity claim or upon the first payment of indemnity benefits after a medical payment (PY).**

Reporting Rules: An accepted FROI must have been filed with the WCA for the same worker SSN and Date of Injury prior to the filing of the IP. An IP may not be filed for only indemnity benefits and only one IP is accepted by the WCA for each case. **Note: for claims that began as PY, an IP can only be used when the claim type = L.**

- Maintenance Type Code = PY (Payment, Medical-only or Notification): This code is used for an initial payment of medical claims or for initial payment of attorney fees or funeral expenses. Claims that begin as medical-only or are for notification purposes and have a subsequent indemnity payment require a PY and a follow up IP report (see EDI flow charts).

Reporting rules: An accepted FROI must have been filed with the WCA for the same worker SSN and Date of Injury prior to filing a PY.

- Maintenance Type Code = CB (Change in Indemnity Benefits): A change in Payment/Adjustment Code has been made or a new indemnity transaction of an additional Payment/Adjustment Code has occurred. This code is used in the following situation: A claim is paid for more than one disability type at different times during the payment period of the claim. For example, a claim has payment beginning for TTD benefits and after MMI, the claim is paid under Permanent Partial Disability (PPD) benefits.

Reporting rules: An accepted IP Notice of Benefit Payment has been filed for the same worker SSN and Injury Date prior to the filing of the change in indemnity benefits.

- Maintenance Type Code = FN (Closing Payment): This report is filed for the completion of disability benefits paid to the worker. Final medical payments are also reported under this purpose code for medical-only claims. Medical-only claims should be closed to after 90 days of no action from the last payment date. The claim status for medical payments after the final payment is "reopen/closed". **Note: once an FN has been filed to and accepted by the WCA, all subsequent reports for the same claim must also be reported as an FN.**

Reporting rules: A PY for medical-only payments has been filed and accepted or an IP Notice of Benefit Payment report has been filed and accepted for the same worker SSN and Injury Date prior to the filing of the final payment report.

- Maintenance Type Code = 02 (Change): A change is made to the Notice of Benefit Payment previously filed. The change is made as a result of a warning error from the WCA. A previous E6.2 report must have been filed. All mandatory fields and non-null required fields must be completed for transmission of the record.

Reporting rules: An accepted IP or PY Notice of Benefit Payment report has been filed for the same worker SSN and Injury Date prior to the filing of the change. If a Notice of Benefit Payment report has been filed with the wrong SSN or injury date, the claims administrator must email the change of SSN or date of injury to the WCA.

- Maintenance Type Code = CO (Correction): The reporting party uses this code when a warning error or noncritical error has been identified by the WCA in a particular report. Since this Notice of Benefit Payment report has been filed with the WCA, the reporting party must file a correction including all mandatory and non-null required fields with the transmission.

Reporting rules: An accepted IP or PY Notice of Benefit Payment report has been filed for the same worker SSN and injury date prior to filing the correction.

- Maintenance Type Code = AP (Acquired Claim): This code is used to indicate that indemnity benefits have been paid by the acquiring claims administrator. An AU report (see glossary) for a FROI needs to be sent to update the new carrier and claims administrator information.

Reporting rules: An accepted IP or PY Notice of Benefit Payment report has been filed for the same worker SSN and injury date to the filing of the acquired claim and an AU report has changed the carrier information on the FROI.

SPECIAL REQUIREMENTS

The reporting party transmitting the A49 records must ensure that the FEIN for the claims administrator is complete.

The WCA uses the injured worker's SSN and Date of Injury to establish a unique claim file. If either of these data elements has been reported in error after the filing of a Notice of Benefit Payment report, the reporting party must contact the WCA to make the necessary changes. The claims administrator may call (505) 841-6044 and ask to speak to the EDI administrator, or the claims administrator can e-mail the SSN and Date of Injury changes to richard.adu-asamoah@state.nm.us.

Note: The NAIC (or SIC) Code must have been provided on the 148 record (i.e. FROI) prior to the submission of the A49 record. All records without an NAIC (or SIC) Code on the FROI will be returned to the sender at the time of the A49 transmission.

IAIABC A49 RECORD DEFINITIONS AND VALUES

These definitions can be found in the IAIABC EDI Manual and are reproduced here to be New Mexico specific. Each field is defined in the order it appears in the A49 record and is identified with a data number consistent with the IAIABC EDI Manual {i.e. DN001}.

[DN001] *Transaction Set ID:* Identifies the transaction being sent by the reporting party. For the Notice of Benefit Payment, Transaction Set ID = A49.

[DN002] *Maintenance Type Code (Maintenance Reason Code):* Defines the specific purpose of individual records within the transaction being transmitted (see above definition).

Values: IP = Initial Payment
 PY = Initial Payment of medical-only benefits or attorney fees or funeral expenses
 CB = Change in Benefit Payments
 FN = Final Notice, Closing Payment of medical or indemnity benefits
 02 = Change
 CO = Correction
 AP = Acquired Payment

[DN003] *Maintenance Type Code Date (Maintenance Reason Code Date):* Designates the date corresponding to the Transaction Set Purpose Code {Format CCYYMMDD}.

[DN004] *Jurisdiction:* The governing body or territory whose statutes apply to the complaint, claim or work injury. In New Mexico, Jurisdiction = NM.

[DN005] *Agency Claim Number:* The number assigned by the New Mexico WCA to identify a specific claim. In New Mexico the claim number is not assigned until Notice of Benefit Payment has been received by the WCA or a complaint has been filed with the Clerk's office. The Claim Number will have the prefix WCAYY {YY = year of filing}.

[DN006] *Insurer FEIN:* The Federal Employer's Identification Number of the carrier or self-insured assuming the employer's financial responsibility for workers' compensation claim(s).

[DN008] *Third Party Administrator FEIN (Claims Administrator FEIN):* The Federal Identification Number of the Third Party Administrator (TPA), Independent Adjuster or Claims Administrator that adjusts the claim on behalf of the carrier, self-insured employer, group or pool.

[DN014] *Claims Administrator Postal Code:* The Zip Code of the claims administrator's or Third Party Administrator's processing facility's mailing address for the FROI, Notice of Benefit Payment report or claim. The code has the 5 digit base with a possible 4 digit extension.

[DN015] *Claim Administrator's Claim Number:* This number is assigned by the claims administrator or third party administrator for identifying a specific claim within their system. The claims administrator must assign a number for this field. This number is a mandatory field because it is used by the WCA as the unique claim identifier.

[DN026] *Insured Report Number:* A number determined by the insured (employer) to identify a specific claim.

[DN031] *Date of Injury:* For traumatic injury, the date on which the accident occurred. In some cases for occupational disease or cumulative injury, this is the date of last injurious exposure to the cause or substance creating the condition. In New Mexico for a traumatic injury (injury resulting from a single accident), enter the date of occurrence. For an occupational illness, arising from the worker's activity or exposure over an extended period, enter the date of diagnosis or the date first reported to the employer as possible work related, whichever is earlier. This item is very important because it is used along with the SSN for identification and computer tracking of the FROI information. It is a primary key in establishing a claim within the workers' compensation system {Format CCYYMMDD}.

[DN042] *Social Security Number*: Identification number assigned to the injured worker by the Social Security Administration. This field is a primary key in identifying a workers' compensation claim within the WCA database.

[DN055] *Number of Dependents*: The number of children under 19 that are dependent on the resources of the injured or ill worker at the time of the accident including the number of children under the age of 23 that are attending an accredited college or university.

[DN056] *Date Disability Began*: The first day on which the employee lost time from work due to the occupation disease or injury.

[DN057] *Employee Date of Death*: The date the injured/ill worker died as a result of the accident or injuries sustained during the accident.

[DN062] *Wage*: The average wage of the employee at the time of the injury as calculated by the Claims Administrator for the wage period.

[DN063] *Wage Period*: A code assigned indicating the time period during which the wage is earned.

Values: 01 = Weekly
04 = Monthly

[DN064] *Number of Days Worked*: The number of the injured worker's regularly scheduled workdays per week. Values: 01, 02, 03, 04, 05, 06, 07.

[DN067] *Salary Continued Indicator*: Indicates whether the employer is continuing to pay the injured worker's regular wages without charge to employee benefits (vacation time, sick time, etc.) during an absence caused by a work injury. This indicator is also used to indicate if the injured worker is being paid by the employer under an injury time program. **Note: the 8th day of loss time begins the day after the Injury time has ended.** Values: Y = Yes, N = No.

[DN069] *Pre-Existing Disability*: This identifies the existence of a disability that existed prior to the occupational injury or disease.

[DN070] *Date of Maximum Medical Improvement*: The date, indicated by the treating physician, after which further recovery from or lasting improvements to an injury or disease can no longer be anticipated, based upon reasonable medical probability.

[DN071] *Return to Work Qualifier*: A code identifying the employee's return to work status, with or without physical restrictions. The qualifier must be completed if there is a return to work or release to Return-to-Work data.

Values: 1 - Actual RTW without physical restrictions
2 - Actual RTW with physical restrictions
5 - Released to RTW without physical restrictions
6 - Released to RTW with physical restrictions

[DN072] *Date of Return/Release to Work*: The date, following the most recent disability period, on which the employee actually returned to work, or was released to return to work, as identified by the Return to Work Qualifier. (See EDI IAIABC Guide for implementation notes).

[DN073] *Claims Status*: A code representing the current status of the claim.

Values: O = Open: Future benefit payments are anticipated.
C = Closed: Future indemnity payments are not anticipated.
R = Reopen: Claim was closed but is reopened for future payments not anticipated.
X = Reopened/Closed: Claim was reopened for one additional payment. No future payments anticipated.

[DN074] *Claim Type*: A code representing the current benefit classification of the claim.

Values: M = Medical-only: This claim has only medical benefits paid in behalf of the injured or ill worker.
I = Indemnity: This claim is identified by the payment of any disability compensation paid to the worker during the life of the claim.
N = Notification only: For initial payment of attorney fees or funeral expenses without any medical or indemnity benefits being paid.
L = Became lost time: The claim began as a medical-only claim and became an indemnity claim after more than seven days of work time was lost by the worker as a result of the accident.

[DN075] *Agreement to Compensate Code*: A code used to identify the condition under which compensation benefits are being paid. Values: Without Liability = W, With Liability = L.

[DN076] *Date of Representation*: The date the claims administrator recognizes that the claimant has secured legal representation.

[DN077] *Late Reason Code*: A code which identifies the reason a payment/report was not made within New Mexico's requirements. For all codes for all states, see IAIABC Manual.

Values:

Delays:

- L1 No excuse
- L2 Late notification, employer
- L3 Late notification, employee
- L4 Unauthorized health care
- L5 Late notification, health care provider
- L6 Late notification, assigned risk
- L7 Late investigation
- L8 Technical processing delay or computer failure
- L9 Manual processing delay
- LL Late due to previous disability payment

Coverage

- C1 Coverage, lack of information
- C2 Coverage, acquired claim with change of TPA
- C3 Coverage, no initial coverage by employer

Disputes: *These codes may only be used if there is a WCA court case for the claim*

- D1 Dispute concerning coverage
- D2 Dispute concerning compensability, in whole
- D3 Dispute concerning compensability, in part
- D4 Dispute concerning disability, in whole
- D5 Dispute concerning disability, in part
- D6 Dispute concerning impairment

VARIABLE COUNTER SEGMENT

[DN078] *Number of Permanent Impairments*: Number of permanent impairment occurrences (values 0 -10). Note: New Mexico is not currently using this information.

[DN079] *Number of Payments/Adjustments*: Number of weekly payments/adjustments occurrences (values 0 -10). Note: New Mexico requires Payments/Adjustments information.

[DN080] *Number of Benefit Adjustments*: Number of benefit adjustment occurrences (values 0 - 10). Note: New Mexico does not require this information at this time. Value can be set to zero.

[DN081] *Number of PTD/Reduced Earnings/Recoveries*: Number of paid to date/reduced earnings/recovery occurrences (values 0 -25). Note: New Mexico requires this information.

[DN082] *Number of Death Dependent/Payee Relationships*: Number of death/dependent payee segment occurrences (values 0 - 12). Note: New Mexico does not currently require this information. Value can be set to zero.

PERMANENT IMPAIRMENT SEGMENT

(This section is not currently required by New Mexico)

PAYMENT ADJUSTMENT SEGMENT**EDI COMPARISON CHART**

SPECIFIC	COMPROMISED/LUMP	DESCRIPTION
	500	Unspecified or Unknown
010	510	Fatal
020	520	Permanent Total Disability
021	521	Permanent Total Supplemental
030	530	Permanent Partial Scheduled Disability
040	540	Permanent Partial Unscheduled Disability
050	550	Temporary Total Disability
051	551	Temporary Total Catastrophic Disability
070	570	Temporary Partial Disability
090	590	Permanent Partial Disfigurement

New Mexico Acceptable Values:

{050, 550, 051, 551} *Temporary Total Disability Benefits Paid to Date*: These are benefits paid to the claimant during the period in which the claimant is unable to work as the result of the injury or illness. The claimant may fully recover and the payment period precedes the date of Maximum Medical Improvement (MMI).

{070, 570} *Temporary Partial Disability Benefits Paid to Date*: Benefits paid or payable for the period during which the claimant, as a result of a disability from which he or she is expected to fully recover, is unable to perform work for his or her regular pay, but is receiving a reduced rate of pay prior to the date of MMI.

{030, 530, 040, 540, 090, 590} *Permanent Partial Disability Benefits Paid to Date*: Benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries or based on whole body not covered by a schedule. Note: for whole body non-scheduled injuries the claimant is paid based on a statutory formula.

{020, 520, 021, 521} *Permanent Total Disability Benefits Paid to Date*: Benefits paid or payable for the loss of or the permanent loss of use of both hands, arms, legs, feet, eyes or any two of the body members and for a brain injury impairment of greater than 29% defined by the AMA.

{010, 510} *Death Benefits Paid to Date*: Benefits paid or payable for the death of the claimant resulting from a work related accident or occupational injury or disease.

{500} *Unspecified Benefits Paid to Date*: Amounts that cannot be assigned to a specific benefit type. These payments also include compromised settlements in which the parties agree that no injury or illness has occurred.

[DN085] *Payment/Adjustment Code*: Code that identifies the type of indemnity payment made to the injured or ill worker.

[DN086] *Payment/Adjustment Paid to Date*: The cumulative amount paid for the payment/adjustment identified by the associated payment/adjustment code. The cumulative amount represents the total amount paid to date for one code defined within the EDI comparison chart.

[DN087] *Payment/Adjustment Weekly Amount*: The net weekly rate for the payment/adjustment code that is paid as modified by any applicable benefit adjustments.

[DN088] *Payment/Adjustment Start Date*: The beginning date that benefits are due to the claimant for the defined disability during the payment period. For the initial payment, this date is the compensability date for the initial disability benefits paid to the injured or ill worker. **For workers under an injury time program (I-Time), the start date is the day following the end of the Injury time period.**

[DN089] *Payment/Adjustment End Date*: The last date of a benefit period for which disability benefits were paid.

[DN090] *Payment/Adjustment Weeks Paid*: The number of whole weeks paid for benefits based on the payment/adjustment code.

[DN091] *Payment/Adjustment Days Paid*: The number of days, less than a week, paid for benefits based on this payment/adjustment code.

BENEFIT ADJUSTMENT SEGMENT

(This section is not currently required by New Mexico)

PTD/REDUCED EARNINGS/RECOVERIES SEGMENT

[DN095] *Paid to Date/Reduced Earnings/Recovery Code*: This code identifies the benefits paid in behalf of the injured or ill worker that is additional to possible disability payments as defined in the payment adjustment codes. These benefits include medical services, attorney fees, vocational rehabilitation and funeral expenses.

New Mexico Accepted Values:

- 300 = Funeral expenses paid to date
- 330 = Employer's legal expenses paid to date
- 340 = Claimant's legal expenses paid to date
- 350 = Total payments to physicians paid to date
- 360 = Hospital costs paid to date
- 370 = Other medical paid to date
- 380 = Vocational rehabilitation evaluation paid to date
- 390 = Vocational rehabilitation education paid to date
- 400 = Other vocational rehabilitation paid to date
- 420 = Expert witnesses fees paid to date
- 450 = Medication paid to date
- 460 = Physical therapy

450 is the sum of the costs of all medication prescribed by the physician for treatment of the accidental work injury or illness.

460 is the sum of all physical therapy costs. Physical therapy is defined by the AMA Physicians' Current Procedural Terminology as that which is performed on the injured or ill worker by a physical therapist, osteopathic physician or chiropractor.

[DN096] *Paid to Date/Reduced Earnings/Recovery Amount*: The amount defined by the Paid to Date/Reduced Earnings/Recovery Amount codes.

DEATH/DEPENDENT PAYEE RELATIONSHIP SEGMENT

(This section is not currently required by New Mexico)

ERROR PROCESSING FOR NOTICE OF BENEFIT PAYMENT

In the appendix, the EDI mapping table outlines the technical and business requirements of the A49 record by New Mexico. The technical edits are processed within 24 hours of the receipt date. The technical edits review each record's mandatory data element values and ensure the accuracy of the information. The business edits ensure that the record meets the processing requirements in the order of the transactions accepted by the New Mexico EDI methodology (see EDI flow charts). In the case of the A49 record, a business edit would be one that would ensure that an original 148 record had been processed prior to the submission of an A49 record.

The technical edits create a detail acknowledgment record for the claims administrator to review to ensure that all records sent were accepted by the WCA (see Notice of Benefit Payment Appendix, Data Element Mapping Table). Records that have been accepted with non-critical errors require corrections within 10 days of processing. Records that have been rejected have critical errors. They need to be corrected and resubmitted to the WCA as soon as possible in order to prevent violation of deadline requirements. Penalties can be assessed for violations.

Claims administrators submitting the Notice of Benefit Payment Report is responsible for reviewing the acknowledgment records to ensure that all the reports sent have been processed by the New Mexico WCA. **Records that are indicated by the detail acknowledgment file to have the following acknowledgment codes need further action by the claims administrator.**

- TR = The A49 record was rejected due to critical errors
- TE = The A49 record was accepted with non-critical errors

The claims administrator should maintain all acknowledgment files for approximately five years. For further information on error processing, please refer to the IAIABC EDI manual.

REFERENCES

North American Industry Classification System, United States, 1997. Published by the Federal Office of Management and Budget.

EDI Implementation Guide, 1995. Published by the International Association of Industrial Accident Boards and Commissions (IAIABC) EDI Development Committee.

Call for Detailed Claim Information: Instruction Manual, 1999. Published by the National Council on Compensation Insurance (NCCI).

APPENDIX 1

- 1.Table A: First Report Of Injury (148 Record) (7/01/99)**
- 2.Table B: Event Table**
- 3.Table C: 148 Record Requirements (Technical/Business Edits)**
- 4.Figure A: Part Of Body Codes**
- 5.Figure B: Nature Of Injury Codes**
- 6.Figure C: Cause Of Injury Codes**

TABLE A FIRST REPORT OF INJURY (148 RECORD) (7/01/99)

GROUP	STATE FIELDS/DEFINED ELEMENTS	NAMES	TECH REQ. NM	ELEM ENT POSITI ON	LNG	FORMAT F_TYPE	POSITION	
							BEG	END
TRANSACTION	TRANSACTION SET ID	TRNS_SET_ID	M	1	3	A/N	1	3
	MAINTENANCE TYPE CODE	MTC	M	2	2	A/N	4	5
	MAINTENANCE TYPE CODE DATE	MTC_DT	M	3	8	DATE	6	13
JURISDICTION	JURISDICTION	JURIS	C	4	2	A/N	14	15
	AGENCY CLAIM NUMBER	AGCY_CLM_NBR	O	5	25	A/N	16	40
CLAIM	INSURER FEIN	INSURER_FEIN	M	6	9	A/N	41	49
	INSURER NAME	INSURER_NAME	M	7	30	A/N	50	79
	THIRD PARTY ADMINISTRATOR FEIN	TPA_FEIN	C	8	9	A/N	80	88
	THIRD PARTY ADMINISTRATOR NAME	TPA_NAME	C	9	30	A/N	89	118
	CLAIM ADMINISTRATOR ADDRESS LINE 1	CLM_ADM_ADDR_1	C	10	30	A/N	119	148
	CLAIM ADMINISTRATOR ADDRESS LINE 2	CLM_ADM_ADDR_2	O	11	30	A/N	149	178
	CLAIM ADMINISTRATOR CITY	CLM_ADM_CITY	C	12	15	A/N	179	193
	CLAIM ADMINISTRATOR STATE	CLM_ADM_STATE	C	13	2	A/N	194	195
	CLAIM ADMINISTRATOR POSTAL CODE	CLM_ADM_POSTAL	C	14	9	A/N	196	204
	CLAIM ADMINISTRATOR'S CLAIM NO.	CLM_ADM_CLM_NBR	M	15	25	A/N	205	229
INSURED	EMPLOYER FEIN	EMPLR_FEIN	M	16	9	A/N	230	238
	INSURED NAME	INSD_NAME	O	17	30	A/N	239	268
	EMPLOYER NAME	EMPLR_NAME	M	18	30	A/N	269	298
	EMPLOYER ADDRESS LINE 1	EMPLR_ADDR_1	M	19	30	A/N	299	328
	EMPLOYER ADDRESS LINE 2	EMPLR_ADDR_2	O	20	30	A/N	329	358
	EMPLOYER CITY	EMPLR_CITY	M	21	15	A/N	359	373
	EMPLOYER STATE	EMPLR_STATE	M	22	2	A/N	374	375
	EMPLOYER POSTAL CODE	EMPLR_POSTAL	M	23	9	A/N	376	384
	SELF INSURED INDICATOR	SELF_INSD_IND	M	24	1	A/N	385	385
	SIC CODE	SIC_CODE	C	25	6	A/N	386	391
INSURED REPORT NUMBER	INSURED REPORT NUMBER	INSD_RPT_NBR	O	26	10	A/N	392	401
	INSURED LOCATION NUMBER	INSD_LOC_NBR	O	27	15	A/N	402	416
	POLICY NUMBER	POL_NUM	O	28	30	A/N	417	446
POLICY	POLICY EFFECTIVE	POL_EFF	O	29	8	DATE	447	454
	POLICY EXPIRATION	POL_EXP	O	30	8	DATE	455	462
ACCIDENT	DATE OF INJURY	DT_INJ	M	31	8	DATE	463	470
	TIME OF INJURY	TIME_INJ	O	32	4	HHMM	471	474
	POSTAL CODE OF INJURY SITE	POSTAL_INJ_SITE	M	33	9	A/N	475	483
	EMPLOYER'S PREMISES INDICATOR	EMPLR_PREMIS_IND	O	34	1	A/N	484	484
	NATURE OF INJURY CODE	NATURE_INJ_CD	M	35	2	A/N	485	486
	PART OF BODY INJURED CODE	PART_BODY_INJ_CD	M	36	2	A/N	487	488
	CAUSE OF INJURY CODE	CAUSE_INJ_CD	M	37	2	A/N	489	490
	ACCIDENT DESCRIPTION/CAUSE	ACC_DESC_TXT	M	38	150	A/N	491	640
	INITIAL TREATMENT	INIT_TREAT_CD	M	39	2	A/N	641	642
	DATE REPORTED TO EMPLOYER	DT_REP_EMPLR	M	40	8	DATE	643	650
DATE REPORTED TO CLAIMS	DT_REP_CLM_ADM	M	41	8	DATE	651	658	
CLAIMANT	SOCIAL SECURITY NUMBER	SSN	M	42	9	A/N	659	667
	EMPLOYEE LAST NAME	EE_L_NAME	M	43	30	A/N	668	697
	EMPLOYEE FIRST NAME	EE_F_NAME	M	44	15	A/N	698	712
	EMPLOYEE MIDDLE INITIAL	EE_MI	O	45	1	A/N	713	713
	EMPLOYEE ADDRESS LINE 1	EE_ADDR1	M	46	30	A/N	714	743
	EMPLOYEE ADDRESS LINE 2	EE_ADDR2	O	47	30	A/N	744	773
	EMPLOYEE CITY	EE_CITY	M	48	15	A/N	774	788
	EMPLOYEE STATE	EE_STATE	M	49	2	A/N	789	790
	EMPLOYEE POSTAL CODE	EE_POSTAL	M	50	9	A/N	791	799
	EMPLOYEE PHONE	EE_PHONE	O	51	10	A/N	800	809
DATE OF BIRTH	DT_BIRTH	M	52	8	DATE	810	817	
GENDER CODE	GENDER_CD	M	53	1	A/N	818	818	
MARITAL STATUS CODE	MARITAL_CD	M	54	1	A/N	819	819	
NUMBER OF DEPENDENTS	NBR_DEPS	C	55	2	A/N	820	821	
DATE DISABILITY BEGAN	DT_DIS_BGN	C	56	8	DATE	822	829	
EMPLOYEE DATE OF DEATH	EE_DT_DEATH	C	57	8	DATE	830	837	
EMPLOYMENT	EMPLOYMENT STATUS CODE	EMPLMNT_STATUS	O	58	2	A/N	838	839
	CLASS CODE	CLASS_CD	C	59	4	A/N	840	843
	OCCUPATION DESCRIPTION	OCCUP_DESCR	M	60	30	A/N	844	873
	DATE OF HIRE	DT_HIRE	M	61	8	DATE	874	881
	WAGE	WAGE	M	62	11	(11) 9,2	882	892
	WAGE PERIOD	WAGE_PERIOD	M	63	2	A/N	893	894
	NUMBER OF DAYS WORKED	NBR_DYS_WKD	O	64	1	A/N	895	895
	DATE LAST DAY WORKED	DT_LAST_DY_WED	O	65	8	DATE	896	903
	FULL WAGES PAID FOR DATE OF INJURY	RULL_WAGES_L_DAY	O	66	1	A/N	904	904
	SALARY CONTINUED INDICATOR	SAL_CONT_IND	C	67	1	A/N	905	905
DATE OF RETURN TO WORK	DT_RTW	C	68	8	DATE	906	913	

M = Mandatory C=Required O = Optional

TABLE B
EVENT TABLE NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION
Revised 12/15/06

Report Type	MTC	MTC Description	Prod Level	Report Trigger Criteria	Value	Report Due Criteria	Report Value	Notes
148	00	Original Report	P	O = New Claim		C = Date of compensability	<= 3 days	
				O = Cum. Med.	> \$300	C = Date HCP was initially paid	<= 90 days	
				O = Lost Time	> 7 days	C = Date employer was notified	<= 10 days	
				O = Employee death		C = Date of Death	<= 10 days	
	01	Cancellation	P	O = Incorrect SSN/DOI	N/A	C = Immediate		Resend original report w/new SSN/DOI
	02	Change	P	O = Change of mandatory field elements	N/A	C = Immediate		
	AU	Acquired/ Unallocated	P	O = Claim is acquired by new claims administrator		C = Claim_Adm notified	<= 10 days	
	CO	Correction	P	O = Change of non-mandatory fields		C = Immediate		

O = Occurrence C = Criteria

TABLE C

148 Record Requirements (Technical/Business Edits)

Data #	Field Name	MTC Requirements					Values Required	Notes/ Problems/ Errors
		00	01	AU	02,CO	04		
01	TRANSACTION SET ID	M	M	M	M	M	148	
02	MAINTENANCE TYPE CODE	M	M	M	M	M	00,01,AU,02,CO,04	00 MUST BE ON FILE BEFORE OTHER MTCs ARE PROCESSED
03	MAINT. TYPE CODE DATE	M	M	M	M	M	(CCYYMMDD)	DATE IS AFTER INJURY DATE
04	JURISDICTION	C	C	C	C	C	NM	
05	AGENCY CLAIM NUMBER	O	O	O	O	O		THIS NUMBER IS NOT ASSIGNED UNTIL A49(IP) OR (PY) IS ACCEPTED **
06	INSURER FEIN	M	M	M	M	M	9 DIGIT NUMERIC	THIS NUMBER IS COMPARED WITH TRADING PARTNER INSURER FILE
07	INSURER NAME	M	M	M	M	M		
08	THIRD PARTY ADMIN FEIN	C	C	C	C	C	9 DIGIT NUMERIC	THIS NUMBER IS COMPARED WITH ADM FILE (REQUIRED IF NOT NULL)
09	THIRD PARTY ADMIN NAME	C	C	C	C	C		
10	CLAIM ADMIN ADDRESS LINE 1	C	C	C	C	C		
11	CLAIM ADMIN ADDRESS LINE 2	O	O	O	O	O		
12	CLAIM ADMIN CITY	C	C	C	C	C		
13	CLAIM ADMIN STATE	C	C	C	C	C		
14	CLAIM ADMIN POSTAL CODE	C	C	C	C	C	9 DIGIT NUMERIC	
15	CLAIM ADMIN CLAIM NUMBER	M	M	M	M	M		THIS NUMBER IS UNIQUE AND MUST NOT CHANGE DURING PROCESS OF A49 RECORD
16	EMPLOYER FEIN	M	M	M	M	M	9 DIGIT NUMERIC	EMPLOYER FEIN MAY BE CHECKED WITH AGENCY'S INFORMATION
17	INSURED NAME	O	O	O	O	O		
18	EMPLOYER NAME	M	M	M	M	M		
19	EMPLOYER ADDRESS LINE 1	M	M	M	M	M		
20	EMPLOYER ADDRESS LINE 2	O	O	O	O	O		
21	EMPLOYER CITY	M	M	M	M	M		
22	EMPLOYER STATE	M	M	M	M	M		
23	EMPLOYER POSTAL CODE	M	M	M	M	M		
24	SELF INSURED INDICATOR	M	M	M	M	M		THIS FIELD MUST BE "Y" IF SELF-INSURED
25	NAICS CODE	C	C	C	C	C	6 DIGITS POSSIBLE	SEE NAICS NAMUAL/MUST EXIST IF ZIP SENT **
26	INSURED REPORT NUMBER	O	O	O	O	O		
27	INSURED LOCATION NUMBER	O	O	O	O	O		
28	POLICY NUMBER	O	O	O	O	O		
29	POLICY EFFECTIVE DATE	O	O	O	O	O		
30	POLICY EXPIRATION DATE	O	O	O	O	O		
31	DATE OF INJURY	M	M	M	M	M	CCYYMMDD	DATE IS AFTER DATE OF HIRE AND AFTER BIRTH DATE. "TE" IS GENERATED FOR DATE < 10 YEARS. *PRIMARY KEY
32	TIME OF INJURY	O	O	O	O	O		
33	POSTAL CODE OF INJURY SITE	M	M	M	M	M	9 DIGIT NUMERIC	COMPARED WITH ALL POSTAL CODES IN N.M. "TE" IS GENERATED FOR OUT OF STATE POSTAL CODES
34	EMPLOYER PREMISES INDICATOR	O	O	O	O	O		
35	NATURE OF INJURY CODE	M	M	M	M	M	SEE FIGURE B	2 DIGIT CODE MUST BE VALID WITHIN THE NCCI VALUES ASSIGNED
36	PART OF BODY INJURY CODE	M	M	M	M	M	SEE FIGURE A	2 DIGIT CODE MUST BE VALID WITHIN THE NCCI VALUES ASSIGNED
35	CAUSE OF INJURY CODE	M	M	M	M	M	SEE FIGURE C	2 DIGIT CODE MUST BE VALID WITHIN THE NCCI VALUES ASSIGNED
36	ACCIDENT DESCRIPTION / CAUSE	M	M	M	M	M		
39	INITIAL TREATMENT	M	M	M	M	M	00, 01, 02, 03, 04, 05	CODE MUST BE WITHIN ACCEPTABLE VALUES

Data #	Field Name	MTC Requirements					Values Required	Notes/ Problems/ Errors
		00	01	AU	02,CO	04		
40	DATE REPORTED TO EMPLOYER	M	M	M	M	M	CCYYMMDD	DATE IS AFTER OR ON DATE OF INJURY
41	DATE REPORTED TO CLAIMS ADMINISTRATOR	M	M	M	M	M	CCYYMMDD	DATE IS AFTER OR ON DATE OF INJURY. (Should be updated for date employer notifies Administrator on Compensability)
42	SOCIAL SECURITY NUMBER	M	M	M	M	M	9 DIGIT NUMERIC	THIS, WITH DATE OF INJURY, UNIQUELY DETERMINES REPORT. DUPLICATES ARE SENT BACK. * PRIMARY KEY
43	EMPLOYEE LAST NAME	M	M	M	M	M		REPORT IS GENERATED TO CHECK VALID SSN WITH NAME
44	EMPLOYEE FIRST NAME	M	M	M	M	M		
45	EMPLOYEE MIDDLE INITIAL	O	O	O	O	O		
46	EMPLOYEE ADDRESS LINE 1	M	M	M	M	M		
47	EMPLOYEE ADDRESS LINE 2	O	O	O	O	O		
48	EMPLOYEE CITY	M	M	M	M	M		
49	EMPLOYEE STATE	M	M	M	M	M		
50	EMPLOYEE POSTAL CODE	M	M	M	M	M		
51	EMPLOYEE TELEPHONE #	O	O	O	O	O		
52	DATE OF BIRTH	M	M	M	M	M	CCYYMMDD	MUST BE BEFORE DATE OF HIRE
53	GENDER CODE	M	M	M	M	M	M, F, U	CODE MUST BE WITHIN ACCEPTABLE VALUES
54	MARITAL STATUS CODE	M	M	M	M	M	U, M, S, K	CODE MUST BE WITHIN ACCEPTABLE VALUES
55	NUMBER OF DEPENDENTS	C	C	C	C	C		
56	DATE DISABILITY BEGAN	C	C	C	C	C	CCYYMMDD	DATE IS ON OR AFTER DATE OF INJURY OR ILLNESS ***
57	EMPLOYEE DATE OF DEATH	C	C	C	C	C	CCYYMMDD	DATE IS ON OR AFTER DATE OF INJURY OR ILLNESS
58	EMPLOYMENT STATUS CODE	O	O	O	O	O	SEE VALUES DEFINED	CODE MUST BE WITHIN ACCEPTABLE VALUES OR NULL
59	CLASS CODE	C	C	C	C	C		CODES ARE ASSIGNED BY NCCI CODE STRUCTURE
60	OCCUPATION DESCRIPTION	M	M	M	M	M		TEXTUAL INFORMATION MUST BE PROVIDED
61	DATE OF HIRE	M	M	M	M	M	CCYYMMDD	MUST BE PRIOR TO DATE OF INJURY
62	WAGE	M	M	M	M	M		MUST BE >= 0.00
63	WAGE PERIOD	M	M	M	M	M	05, 04, 01, 02	CODE MUST BE WITHIN ACCEPTABLE VALUES
64	NUMBER OF DAYS WORKED	O	O	O	O	O		
65	DATE LAST DAY WORKED	O	O	O	O	O	CCYYMMDD	
66	FULL WAGES PAID FOR	O	O	O	O	O		
67	SALARY CONTINUED INDICATOR	C	C	C	C	C		IS "Y" IF WAGE WAS PAID IN LIEU OF BENEFITS
68	DATE RETURNED TO WORK	C	C	C	C	C		

** To change as of 1/1/2002

*** Must be completed for lost-time claims

TABLE 7: PART OF BODY CODES

Code	Part of Body	Code	Part of Body
	I. HEAD		IV. TRUNK
10	Multiple Head Injury	40	Multiple Trunk
11	Skull	41	Upper Back Area (Thoracic Area)
12	Brain	42	Lower Back Area (Inc: Lumbar & Lumbo-Sacral)
13	Ear(s)	43	Disc
14	Eye(s)	44	Chest (Inc: Ribs, Sternum & Soft Tissue)
15	Nose	45	Sacrum & Coccyx
16	Teeth	46	Pelvis
17	Mouth	47	Spinal Cord
18	Other Facial Soft Tissue	48	Internal Organs
19	Facial Bones	49	Heart
	II. NECK		V. LOWER EXTREMITIES
20	Multiple Injury	50	Multiple Lower Extremities
21	Vertebrae	51	Hip
22	Disc	52	Upper Leg
23	Spinal Cord	53	Knee
24	Larynx	54	Lower Leg
25	Soft Tissue	55	Ankle
26	Trachea	56	Foot
	III. UPPER EXTREMITIES	57	Toe(s)
30	Multiple Upper Extremities	58	Great Toe
31	Upper Arm (Inc: Clavicle & Scapula)		VI. MULTIPLE BODY PARTS
32	Elbow	60	Lungs
33	Lower Arm	61	Abdomen (Inc: Groin)
34	Wrist	62	Buttocks
35	Hand	63	Lumbar and/or Sacral Vertebrae (NOC Trunk)
36	Finger(s)	64	Artificial Appliance
37	Thumb	65	Insufficient Info to Properly ID
38	Shoulder(s)	66	No Physical Injury
39	Wrist and Hands	90	Multiple Body Parts
		91	Body Systems & Multiple Body Parts
		99	Whole Body

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TABLE 8: NATURE OF INURY CODES

Code	Nature of Injury	Code	Nature of Injury
	I. SPECIFIC INJURY		II. OCCUP. DISEASE OR CUM. INJURY
01	No Physical Injury	60	Dust Disease, NOC (All Other Pneumoconiosis)
02	Amputation	61	Asbestosis Area (Thoracic Area)
03	Angina Pectoris (Assoc. w/Heart Disease)	62	Black Lung
04	Burn	63	Byssinosis
07	Concussion	64	Silicosis (Ribs, Sternum & Soft Tissue)
10	Contusion	65	Respiratory Disorders (Gases, Fumes, Chemicals, etc.)
13	Crushing	66	Poisoning, Chemical (Other than Metal)
16	Dislocation	67	Poisoning, Metal
19	Electric Shock	68	Dermatitis
22	Enucleation (Removal of, e.g: Tumor, Eye, etc)	69	Mental Disorder
25	Foreign Body	70	Radiation
28	Fracture	71	All Other Occupation Disease Injury, NOC
30	Freezing	72	Loss of Hearing
31	Hearing Loss or Impairment	73	Contagious Disease
32	Heat Prostration	74	Cancer
34	Hernia	75	AIDS*
36	Infection	76	VDT Related Disease*
37	Inflammation	77	Mental Stress
40	Laceration	78	Carpal Tunnel Syndrome
41	Myocardial Infarction (Heart Attack)	79	Hepatitis C
42	Poisoning, General (Not OD or Cumulative)	80	All Other Cumulative Injuries, NOC
43	Puncture		
46	Rupture		
47	Severance		III. MULTIPLE INJURIES
49	Sprain	90	Multiple - Physical Injuries Only
52	Strain	91	Multiple Injuries, both Physical & Psychological
53	Syncope		
54	Asphyxiation		
55	Vascular Loss		
58	Vision Loss		
59	All Other Specific Injuries, NOC		

*Effective for claims having accident dates of 1/1/90 and subsequent.

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TABLE 9: CAUSE OF INJURY CODES

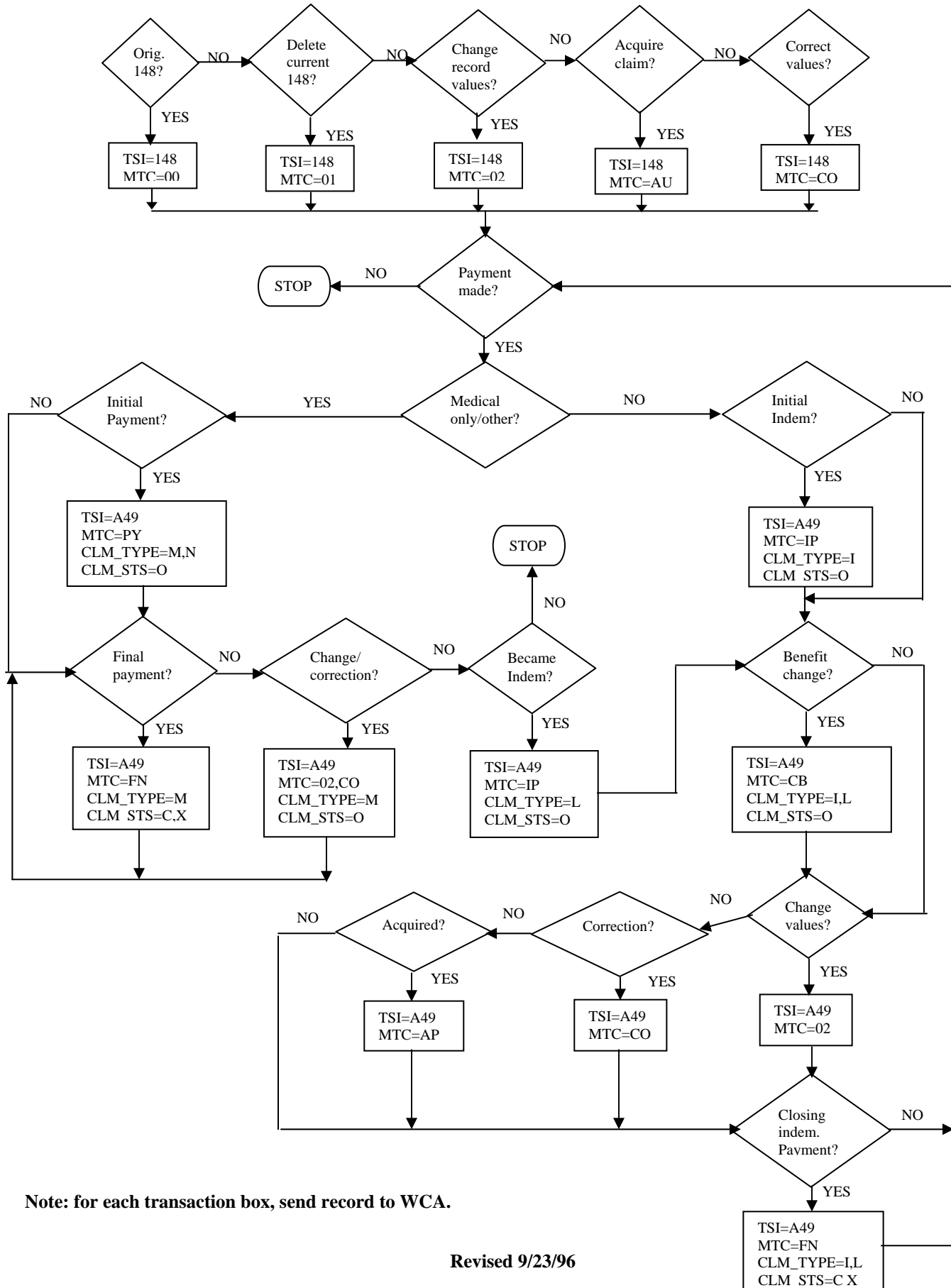
Code	Cause of Injury	Code	Cause of Injury	
	I. BURN OR SCALD HEAT OR COLD EXPOSURE		VI. STRAIN OR INJURY BY	
01	Chemicals	52	Continual Noise	
02	Hot Objects or Substances	53	Twisting	
03	Temperature Extremes	54	Jumping	
04	File or Flame	55	Holding or Carrying	
05	Steam or Hot Fluids	56	Lifting	
06	Dust, Gases, Fumes or Vapors	57	Pushing or Pulling	
07	Welding Operations	58	Reaching	
08	Radiation	59	Using Tool or Machinery	
09	Contact With, NOC	61	Wielding or Throwing	
11	Cold Objects or Substances	97	Repetitive Motion	
14	Abnormal Air Pressure	60	Strain or Injury by, NOC	
84	Electrical Current			
	II. CAUGHT IN OR BETWEEN		VII. STRIKING AGAINST OR STEPPING ON	
10	Machine or Machinery	65	Moving Parts of Machine	
12	Object Handled	66	Objects Being Lifted or Handled	
13	Caught In, Under or Between, NOC	67	Sanding, Scraping, Cleaning Operations	
20	Collapsing Materials (Slides of Earth)	68	Stationary Object	
	III. CUT, PUNCTURE, SCRAPE INJURED BY	69	Stepping on Sharp Object	
15	Broken Glass	70	Striking Against or Stepping On, NOC	
16	Hand Tool, Utensil (Not Powered)			
17	Object Being Lifted or Handled		VIII. STRUCK OR INJURED BY	
18	Powered Hand Tool, Appliance	74	Fellow Worker or Patient	
19	Caught, Puncture, Scrape, NOC	75	Falling or Flying Object	
	IV. FALL OR SLIP	76	Hand Tool or Machine in Use	
25	From Different Level (Elevation)	77	Motor Vehicle	
26	From Ladder or Scaffolding	78	Moving Parts of Machine	
27	From Liquid or Grease Spills	79	Object Being Lifted or Handled	
28	Into Openings	80	Object Handled by Others	
29	On Same Level	85	Animal or Insect	
30	Slipped, Did Not Fall	86	Explosion or Flare back	
32	On Ice or Snow	81	Struck or Injured, NOC	
33	On Stairs			
31	Fall, Slip, Trip, NOC		IX. RUBBED OR ABRADED BY	
	V. MOTOR VEHICLE		94	Repetitive Motion
40	Crash of Water Vehicle		95	Rubbed or Abraded, NOC
41	Crash of Rail Vehicle			
45	Collision or Sideswipe with Another Vehicle		X. MISCELLANEOUS CAUSES	
46	Collision with a Fixed Object	82	Absorption, Ingestion, or Inhalation, NOC	
47	Crash of Airplane	87	Foreign Matter (Body) in Eye(s)	
48	Vehicle Upset	89	Person in Act of a Crime	
50	Motor Vehicle, NOC	90	Other than Physical Cause of Injury	
		91	Mold	
		96	Terrorism	
		98	Cumulative, NOC	
		99	Other - Miscellaneous, NOC	

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APPENDIX 2

- 1..... EDI Transaction Flow Chart**
- 2..... Table D: Event Table for A49 Record**
- 3..... IAIABC Subsequent Report Release 1A (A49 Record)**
- 4..... Transmission Header Record**
- 5..... Table E: Detail Acknowledgment**
- 6..... Table F: Trailer Record**
- 7..... Table G: Data Element Mapping Table A49 Flat File**
- 8..... EDI Trading Partner Profile**

EDI Transaction Flow Chart



Note: for each transaction box, send record to WCA.

Revised 9/23/96

Table D Event Table for A49 Record

Revised: 12/15/06

Report Type	MTC	MTC Description	Report Trigger Criteria	Value	Report Due Criteria	Value
A49	IP	Initial Payment	Claim type = I O = cum. Indem. \$	> \$1.00	Date from first indemnity payment	<= 10 days
			Claim Type = L O = Cum. Indem. \$ Note Prior "PY" has been filed.	> \$1.00	Date from first indemnity payment	<= 10 days
	PY	Payment Report	Claim Type = M, N O = cum. Meds. or other payments	> \$300.00	Date from first payment to HCP	<= 90 days
	AP	Acquired Payment	O = When claim admin. is notified of change		Date from claim admin. notification	<= 10 days
	CB	Change in benefit type	Claim Type = I, L O = First change in payment adjustment code	Payment changes from one disability type to another (e.g., TTD to PPD)	Days from report trigger	<= 30 days
	FN	Final Notice	Claim type = I, L, M, N O = Final payment of indemnity benefits		Days from report trigger	<= 30 days
	02	Change	O = Change of mandatory field elements	N/A	C = Immediate	
	CO	Correction	O = Change of mandatory fields		C = Immediate	

O = Occurrence C = Criteria

IAIABC SUBSEQUENT REPORT RELEASE 1A (A49 RECORD)

11/2/92 GROUPING	STATE FIELDS/DEFINED ELEMENTS	NAMES	ELEMENT SOURCE	NM REQ	MAX OCC	IAIABC FORMAT	POSITIONS	
							BEG	END
TRANSACTION	TRANSACTION SET ID	TRNS_SET_ID	ANSI 329	M	1	3 A/N	1	3
	MAINTENANCE TYPE CODE	TRNS_SET_PC	ANSI	M	1	2 A/N	4	5
	MAINTENANCE TYPE CODE DATE	TRNS_SET_DT	ANSI	M	1	DATE	6	13
JURISDICTION	JURISDICTION	JURIS	IAIABC	O	1	2 A/N	14	15
CLAIM ADMINISTRATOR	INSURER FEIN	CLM_ADM_CD	IAIABC	M	1	9 A/N	16	24
	THIRD PARTY ADMINITRATOR FEIN	IND_ADJ_CD	IAIABC	C	1	9 A/N	25	33
	CLAIM ADMININISTER POSTAL CODE	CLM_ADM_POSTAL	IAIABC	O	1	9 A/N	34	42
CLAIMANT	SOCIAL SECURITY NUMBER	SSN	DCI Fid 10	M	1	9 A/N	43	51
	NUMBER OF DEPENDENTS	NBR_DEPS	IAIABC	O	1	2 N	52	53
	PRE-EXISTING DISABILITY	PRE_EXIS_DIS	IAIABC	O	1	1 A/N	54	54
	DATE DISABILITY BEGAN	DT_DIS_BGN	IAIABC	M	1	DATE	55	62
	DATE OF MAX MEDICAL IMPROVEMENT	DT_MED_MAX	IAIABC	C	1	DATE	63	70
	RETURN TO WORK QUALIFIER	RTW_QUAL	IAIABC	O*	1	1 A/N	71	71
	DATE OF RETURN/RELEASE TO WORK	DT_RTN/RLSE_WK	IAIABC	O*	1	DATE	72	79
	EMPLOYEE DATE OF DEATH	DT_DEATH	IAIABC	C	1	DATE	80	87
WAGE	WAGE	WAGE	IAIABC	M	1	'\$9.2	88	98
	WAGE PERIOD	WAGE_PERIOD	ANSI DIS	M	1	2 A/N	99	100
	NUMBER OF DAYS WORKED	NBR_DYS_WKD	IAIABC	O	1	1 N	101	101
	SALARY CONTINUED INDICATOR	SAL_CONT_IND	IAIABC	C	1	1 A/N	102	102
ACCIDENT	DATE OF INJURY	DT_INJ	IAIABC	M	1	DATE	103	110
	INSURED REPORT NUMBER	INSD_RPT_NBR	IAIABC	O	1	25 A/N	111	135
	CLAIM ADMINISTRATOR'S CLAIM NUMBER	CLM_ADM_CLM_NBR	IAIABC	M	1	25 A/N	136	160
	AGENCY CLAIM NUMBER	AGCY_CLM_NBR	IAIABC	O	1	25 A/N	161	185
CLAIM STATUS	CLAIM STATUS	CLM_STATUS	IAIABC	M	1	1 A/N	186	186
	CLAIM TYPE	CLM_TYPE	IAIABC	M	1	1 A/N	187	187
	AGREEMENT TO COMPENSATE CODE	AGRMNT_COMP_CD	IAIABC	O	1	1 A/N	188	188
	DATE OF REPRESENTATION	DT_REP	IAIABC	O	1	DATE	189	196
PAYMENTS	LATE REASON CODE	LT_RSN_CD	IAIABC	O	1	2 A/N	197	198
VARIABLE SEGMENT COUNTERS	NUMBER OF PERMANENT IMPAIRMENTS	NBR_PERM_IMP	IAIABC	M	1	2 N	199	200
	NUMBER OF PAYMENTS/ADJUSTMENTS	NBR_PYMNTS/ADJS	IAIABC	M	1	2 N	201	202
	NUMBER OF BENEFIT ADJUSTMENTS	NBR_BEN_REDUCE	IAIABC	M	1	2 N	203	204
	NUMBER OF PTD/REDUCED EARNINGS/RECOVERIES	NBR_PTD/RE/RECOV	IAIABC	M	1	2 N	205	206
	NUMBER OF DEATH DEP/PAYEE RELATIONSHIPS	NBR_DEATH_RELAT	IAIABC	M	1	2 N	207	208
VARIABLE SEGMENTS	PERMANENT IMPAIRMENTS Occurs NBR. PERMANENT IMPAIRMENTS times.					6		
	PERMANENT IMPAIRMENT BODY PART CODE	PERM_IMP_BDY_PT	IAIABC	O	1	3 A/N	1	3
	PERMANENT IMPAIRMENT PERCENT	PERM_IMP_PCNT	IAIABC	O	1	3.2 N	4	8
	PYMNTS/ADJS Occurs NBR. of PYMNT/ADJS times.					10		
	PYMNT/ADJ CODE	PYMNT/ADJ_CD	IAIABC	C	1	3 A/N	1	3
	PYMNT/ADJ PAID TO DATE	PYMNT/ADJ_PTD	IAIABC	C	1	'\$9.2	4	14
	PYMNT/ADJ AMOUNT	PYMNT/ADJ_AMT	IAIABC	O	1	'\$9.2	15	25
	PYMNT/ADJ START DATE	PYMNT/ADJ_START	IAIABC	C	1	DATE	26	33
	PYMNT/ADJ END DATE	PYMNT/ADJ_END	IAIABC	O	1	DATE	34	41
	PYMNT/ADJ WEEKS PAID	PYMNT/ADJ_WKS	IAIABC	C	1	4 N	42	45
	PYMNT/ADJ DAYS PAID	PYMNT/ADJ_DAYS	IAIABC	C	1	1 N	46	46
	BENEFIT REDUCTIONS Occurs NBR. BENEFIT REDUCTIONS times.					10		
	BENEFIT REDUCTION CODE	BEN_REDUCE_CD	IAIABC	O	1	4 A/N	1	4
	BENEFIT REDUCTION AMOUNT	BEN_REDUCE_AMT	IAIABC	O	1	'\$9.2	5	15
	BENEFIT REDUCTION START DATE	BEN_START_DT	IAIABC	O	1	DATE	16	23
	PTD/REDUCED EARNINGS/RECOVERIES					25		
	PTD/REDUCED EARNINGS/RECOV CODE	PTD/RE/RECOV_CD	IAIABC	C	1	3 A/N	1	3
	PTD/REDUCED EARNINGS/RECOV AMOUNT	PTD/RE/RECOV_AMT	IAIABC	C	1	'\$9.2	4	14
	DEATH DEP/PAYEE RELATIONSHIPS					12		
	DEPENDENT/PAYEE RELATIONSHIP	DEP/PAYEE_RELAT	IAIABC	O	1	2 A/N	1	2

NEW MEXICO WORKERS' COMPENSATION REQUIREMENTS:

(M) = Mandatory, (C) = Required, (O) = Optional

TRANSMISSION HEADER RECORD
TABLE E

GROUP	DATA ELEMENT NAME	VALUES	TEC REQ NM	LENGTH	Format F_TYPE	POSITION	
						BEG	END
TRANSACTION SET ID	TRANSMISSION HEADER RECORD	HD1	M	3	A/N	1	3
SENDER ID			M	25	A/N	4	28
	SENDER FEIN			9	A/N		
	FILLER (reserved)			7	A/N		
	SENDER POSTAL CODE			9	A/N		
RECEIVER ID			M	25	A/N	29	53
	RECEIVER FEIN			9	A/N		
	FILLER (RESERVED)			7	A/N		
	RECEIVER POSTAL CODE			9	A/N		
DATE TRANSMISSION SENT		(ccyyymmdd)	M		DATE	54	61
TIME TRANSMISSION SENT		(hhmmss)	M		TIME	62	67
ORIGINAL TRANSMISSION DATE		(ccyyymmdd)	O		DATE	68	75
ORIGINAL TRANSMISSION TIME		(hhmmss)	O		TIME	76	81
TEST/PRODUCTION INDICATOR			M	1	A/N	82	82
	TEST	T					
	PRODUCTION	P					
INTERCHANGE VERSION ID			M	5	A/N	83	87
	TRANSMISSION TYPE CODES	148,A49,POC, AK1			3		
	RELEASE NUMBER				2		

DETAIL ACKNOWLEDGMENT**Table F**

GROUP	DATA ELEMENT NAME	VALUES	TECH REQ NM	LENGTH	FORMAT F_TYPE	POSITION	
						BEG	END
TRANSACTION SET ID			M	3	A/N	1	3
	ACKNOWLEDGEMENT DETAIL RECORD	AK1					
RECORD SEQUENCE NBR			M	9	N	4	12
DATE PROCESSED			M		DATE	13	20
TIME PROCESSED			M		TIME	21	26
CLAIM ADMINISTRATOR CODE			M	9	A/N	27	35
CLAIM ADMINISTRATOR POSTAL CODE			M	9	A/N	36	44
INDEPENDENT ADJUSTOR CODE			C	9	A/N	45	53
ACKNOWLEDGEMENT TRANSACTION SET ID			M	3	A/N	54	56
	FIRST REPORT OF INJURY	148					
	SUBSEQUENT REPORT	A49					
APPLICATION ACKNOWLEDGEMENT CODE			M	2	A/N	57	58
	TRANSACTION ACCEPTED	TA					
	TRANSACTION REJECTED	TR					
	TRANSACTION ACCEPTED WITH ERRORS	TE					
INSURED REPORT NUMBER			C	25	A/N	59	83
CLAIM ADJUSTOR CLAIM NUMBER			C	25	A/N	84	108
AGENCY CLAIM NUMBER			C	25	A/N	109	133
TRANSACTION SET PURPOSE CODE (FROM ORIGINAL TRANS)			M	2	A/N	134	135
TRANSACTION SET DATE			M		DATE	136	143
REQUEST CODE (PURPOSE)			0	3	A/N	144	146
	NONE	0					
	CONTACT SENDER	1					
FREE FORM			0	60	A/N	147	206
NUMBER OF ERRORS			M	2	N	207	208
ERROR CODE							
	ELEMENT NUMBER			4	N	209	212
	ELEMENT ERROR NUMBER			3	N	213	215
	VARIABLE SEGMENT NUMBER			2	N	216	217

TRAILER RECORD**Table G**

GROUP	DATA ELEMENT NAME	VALUES	TECH	LENGTH	FORMAT	POSITION	
			REQ NM		F_TYPE	BEG	END
TRANSACTION SET ID			M	3	A/N	1	3
	TRANSMISSION TRAILER	TR1					
DETAIL RECORD COUNT			M	9	N	4	12

Implementation Notes: A trailer Record will end each transmission

Definitions:

Detail Record Count: This is the number of detail records contained in transmission. It does not include a header.

Data Element Mapping Table A49 Flat File
Revision Date 11/20/96

Data #	IAIABC Data Fields	Format	NM Req.	Valid Values	Processing Notes
1	Transaction Set ID	3 A/N	M	A49	All records have TSI = A49
2	Maintenance Type Code	2 A/N	M	IP,CB,FN,PY,AP,CO,02,S8	Note: IP or PY must be processed prior to any other MTC codes. If PY is processed first and claim turns into an indemnity claim, then an IP is sent with a claim type = L. A CB is processed when the disability payment changes.
3	Maintenance Type Code Date	DATE	M	Date Greater than DOI	For IP the MTC date is the first payment date. For CB the MTC date is the date the first payment is made for the new disability. For FN the MTC date is the date that the last indemnity payment was made to the injured worker.
4	Jurisdiction	2 A/N	O	NM	
6	Insurer FEIN	9 A/N	M		
8	Third Party Admin FEIN	9 A/N	C		
14	Claim Administrator Postal Code	9 A/N	O		
42	Social Security Number	9 A/N	M	Primary Field	This SSN must be the same SSN sent for the First Report of Injury or Illness. Note: The SSN and DOI are matched with the FROI.
55	Number of Dependents	2 N	O		
69	Pre-existing Disability	1 A/N	O	Y,N	
56	Date Disability Began	DATE	M	Date >= DOI	
70	Date of Maximum Medical Improvement	DATE	C	Date >= DOI	This date must be completed for PPD benefits being paid.
71	Return to Work Qualifier	1 A/N	C*	1, 2, 5, 6	If RTW Date then Qualifier must exist. If not, error: 020
72	Date of Return/Release to Work	DATE	C*		For RTW Qualifier = 1 or 2
			O*		For RTW Qualifier = 5 or 6
57	Employee Date of Death	DATE	O	Date >= DOI	If death benefits or funeral expenses are greater than zero, then this field must not be null.
62	Wage	\$9.2	M	Wage > 0.00	If disability payments are being paid, then the wage must be greater than zero.
63	Wage_Period	1 A/N	M	1 = weekly 4 = monthly	
64	Number of Days Worked	1 N	O	1, 2, 3, 4, 5, 6	
67	Salary Continued Indicator	1 A/N	O	Y, N	This field is indicated as "Y" if the salary of the injured or ill worker is continuing to be paid instead of disability payments for the lost time incurred.
31	Date of Injury	DATE	M	Primary Field	The DOI field with the SSN field is matched with the First Report of Injury or Illness with the same information before assigning a case number. If a First Report of Injury or Illness is not found for the same SSN and DOI the report is rejected.
26	Insured Report Number	25 A/N	O		
15	Claims Administrator's Claim Number	25 A/N	M		This number is checked with suspense to ensure correct record.
5	Agency Claim Number	25 A/N	C	Wca_number > YY50000	This agency claim number is returned to the claim administrator after the PY or IP is accepted by the WCA.
73	Claim Status	1 A/N	M	O, C, R, X	
74	Claim Type	1 A/N	M	M, I, L, N	Claim type "N" or "M" is used for MTC = PY only. For medical-only claims filed as PY originally and becoming indemnity, an IP is sent with a claim type = I.
75	Agreement to Compensate Code	1 A/N	O	Y, N	
76	Date of Representation	DATE	O		
77	Late Reason Code	2 A/N	O	L1 - L9, LL, C1,D1 - D6	
	PAYMENT/ ADJUSTMENTS			VARIABLE SEGMENT	
85	(Disability = TTD) Pymnt-Adjust-Code	3 A/N	C	050, 550, 051, 551	For the payment of Temporary Total (TTD) indemnity benefits this field must be completed as payment adjustment code = 050, or 550, or 051, or 551. If TTD benefits are being paid then Paid-to-Date > 0.00 and Payment Start Date = eighth day of disability for an IP where benefits are being paid for less than 28 days. In New Mexico for benefits paid for 28 consecutive days from the Date of Injury, the payment adjustment start date = the Date of Injury (DOI).
86	Pymnt/adj Paid-to-Date	\$9.2	C		
87	Pymnt/adj Weekly Amt	\$9.2	O		
88	Pymnt/adj Start Date	DATE *	C		
89	Pymnt/adj End Date	DATE *	O		
90	Pymnt/adj Weeks	4 N	C		This number must be completed for the total duration of the disability payment.
91	Pymnt/adj Days	1 N	C		This number must be completed for the total duration of the disability payment.
85	(Disability = TPD) Pymnt/adj Code	3 A/N	C	070, 570	For the Temporary Partial (TPD) payment of indemnity benefits this field must be completed as payment adjustment code - 70 or 570. If TPD benefits are being paid then Paid-To-Date > 0.00 and the return to work date must be completed. If the TPD benefits are the first benefits to be paid to the injured worker, then for the MTC = IP, the payment adjustment start date = the first date on which TPD payment is occurring.
86	Pymnt/adj Paid-to-Date	\$9.2	C		
87	Pymnt/adj Weekly Amt	\$9.2	O		
88	Pymnt/adj Start Date	DATE *	C		
89	Pymnt/adj End Date	DATE *	O		
90	Pymnt/adj Weeks	4 N	C		This number must be completed for the total duration of the disability payment.

Data #	IAIABC Data Fields	Format	NM Req.	Valid Values	Processing Notes
91	Pymnt/adj Days	1 N	C		This number must be completed for the total duration of the disability payment.
85	(Disability = PPD) Pymnt-Adjust-Code	3 A/N	C	030, 530, 040, 540, 090, 590	For the Permanent Partial (PPD) payment of indemnity benefits this field must be completed as payment adjustment code = 030 or 530, or 040, or 540, or 090, or 590. If PPD benefits are being paid then Paid-To-Date > 0.00 and the maximum medical improvement date must be completed. If the PPD benefits are the first benefits to be paid to the injured worker, then for the MTC = IP, the payment adjustment start date = the first date on which PPD payment is beginning.
86	Pymnt/adj Paid-to-Date	\$9.2	C		
87	Pymnt/adj Weekly Amt	\$9.2	O		
88	Pymnt/adj Start Date	DATE *	C		
89	Pymnt/adj End Date	DATE *	O		
90	Pymnt/adj Weeks	4 N	C		This number must be completed for the total duration of the disability payment.
91	Pymnt/adj Days	1 N	C		This number must be completed for the total duration of the disability payment.
85	(Disability = PTD) Pymnt-Adjust-Code	3 A/N	C	020, 520, 021, 521	For the Permanent Total (PTD) payment of indemnity benefits this field must be completed as payment adjustment code = 020, 0r 520, or 021, 0r 521. If PTD benefits are being paid then Paid-To-Date > 0.00. If the PTD benefits are the first benefits to be paid to the injured worker, then for the MTC = IP, the payment adjustment start date = the first date on which PTD payment is beginning.
86	Pymnt/adj Paid-to-Date	\$9.2	C		
87	Pymnt/adj Weekly Amt	\$9.2	O		
88	Pymnt/adj Start Date	DATE *	C		
89	Pymnt/adj End Date	DATE *	O		
90	Pymnt/adj Weeks	4 N	C		This number must be completed for the total duration of the disability payment.
91	Pymnt/adj Days	1 N	C		This number must be completed for the total duration of the disability payment.
85	(Disability = DTH) Pymnt-Adjust-Code	3 A/N	C	010, 510	For the Death (DTH) payment of indemnity benefits this field must be completed as payment adjustment code = 010 or 510. If DTH benefits are being paid then Paid-To-Date > 0.00 and the Date of Death is not null. If the DTH benefits are the first benefits to be paid to the injured worker's beneficiary, then for the MTC = IP, the payment adjustment start date = the first date on which DTH payment is beginning.
86	Pymnt/adj Paid-to-Date	\$9.2	C		
87	Pymnt/adj Weekly Amt	\$9.2	O		
88	Pymnt/adj Start Date	DATE *	C		
89	Pymnt/adj End Date	DATE *	O		
90	Pymnt/adj Weeks	4 N	C		This number must be completed for the total duration of the disability payment.
91	Pymnt/adj Days	1 N	C		This number must be completed for the total duration of the disability payment.
85	(Disability = Unknown) Pymnt-Adjust-Code	3 A/N	C	500	For the unknown or compromised payment of indemnity benefits this field must be completed as payment adjustment code = 500. If unknown or compromised benefits are being paid then Paid-To-Date > 0.00. If these benefits are the first benefits to be paid to the injured worker, then for the MTC = IP, the payment adjustment start date = the first date on which payment is beginning.
86	Pymnt/adj Paid-to-Date	\$9.2	C		
87	Pymnt/adj Weekly Amt	\$9.2	O		
88	Pymnt/adj Start Date	DATE *	C		
89	Pymnt/adj End Date	DATE *	O		
90	Pymnt/adj Weeks	4 N	C		This number must be completed for the total duration of the disability payment.
91	Pymnt/adj Days	1 N	C		This number must be completed for the total duration of the disability payment.
	PTD/REDUCED EARNINGS/ RECOVERIES				
95	PTD/Re/Recov_Cd	3 A/N	C	300	Funeral Expenses paid to date for payment recovery amount > 0, then date of death is not null.
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	330	Employer's legal expenses.
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	340	Claimant's legal expenses.
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	350	Total payments to physicians.
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	360	Hospital paid-to-date.
96	PTD/Re/Recov_Amt	\$9.2	C		

Data #	IAIABC Data Fields	Format	NM Req.	Valid Values	Processing Notes
95	PTD/Re/Recov_Cd	3 A/N	C	370	Medical paid-to-date (other).
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	380, 390, 400	Vocational rehabilitation and related costs paid-to-date.
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	420	Legal testimony costs.
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	460	Physical therapy costs paid-to-date.
96	PTD/Re/Recov_Amt	\$9.2	C		
95	PTD/Re/Recov_Cd	3 A/N	C	450	Medication paid-to-date.
96	PTD/Re/Recov_Amt	\$9.2	C		

M = Mandatory Fields

C = Required, Non-null Fields

O = Optional Fields

Note: All M and C fields are sent with each record. If you have sent a C field in a previous record, you must send that field in subsequent records. An MTC = IP with Claim Type = L, requires an update of a record that was assigned as a medical-only. A medical-only that has an MTC = FN can be reopened under MTC = IP and Claim type = L.

* For each individual payment of indemnity benefits a start payment date and end payment date should be completed. Note: ***For workers' with Injury-time (where wages continued to be paid), the start date is the first day after the end of the Injury time period.***

APPENDIX 3

1EDI Test Phase Requirements

EDI TEST PHASE REQUIREMENTS

January 27, 2000

Any company using EDI to submit claims to the New Mexico Workers' Compensation Administration (WCA) must:

1. Be IAIABC certified or licensed in New Mexico
2. Adhere to the EDI Guide to Completing and Filing Employers' First Report of Injury or Illness and Notice of Benefit Payment E4 Booklet (EDI) dated April, 2000.
3. Successfully complete test phase with WCA.

When a company is IAIABC certified or licensed to file in New Mexico, a WCA Trading Partner Profile form must be completed and submitted by email or fax. Trading Partner Profiles being emailed should be sent to Richard Adu-Asamoah@state.nm.us. A revised Trading Partner Profile form (E7) must accompany any changes to the profile in the future.

Trading Partner Profile forms that are faxed must be sent to the attention of Richard Adu-Asamoah, fax #: (505) 841-6866. Each company who submits a profile form will be notified by email when the information is entered into the WCA system. A test phase schedule will be determined at that time.

Any company using EDI to submit claims must inform WCA of any changes to their programs or systems prior to implementation of those changes. When a company implements this type of changes, they are required to complete another test phase successfully before their data will be processed as production data.

E-1 (First Report of Injury): Any dummy data can be submitted.

E-6 (Subsequent report): E-6 forms must be sent on claims that were previously submitted, accepted and loaded into the WCA production database. When sending E-6 data for test purposes, the WCA claim number field is left blank.

Test Phase Requirements

There is no strict timeframe that must be followed when performing the EDI test phase. Any rejection rate over 3% is considered unacceptable. The following items will be tested and reviewed:

1. Test data should be transmitted on a schedule similar to the schedule that allows test data to be submitted for a minimum of three (3) consecutive days.
2. Each company should submit every claim type during test phase including initial, subsequent report and a change report. For 148 testing { 00,01,02,04,CO, AU }, for testing A49 { PY, IP, CB, FN, etc.}.
3. Header Format
 - 3.1 Header Length
 - 3.2 Appropriate Fein numbers
 - 3.3 Appropriate date formats
4. Trailer Format
 - 4.1 Trailer Length
5. 148 Data File (E-1)
 - 5.1 Record Length
 - 5.2 Date Format
 - 5.3 Appropriate code entries (ex: wage period must be entered as 01 or 04).
 - 5.4 Mandatory Fields
 - 5.5 Appropriate values entered into mandatory fields
6. A49 Data File (E-6)
 - 6.1 Record Length
 - 6.2 Date Format
 - 6.3 Code Entries
 - 6.4 Variable Length Counters
 - 6.5 Variable length Segment Entries
 - 6.6 Mandatory Fields
 - 6.7 Appropriate values entered into mandatory fields

Notification

When several consecutive days test data has been transmitted to WCA and passed all test requirements, WCA will notify your company via e-mail or letter. This notification will include the date you can begin sending “production” instead of “test” data.

If “production” data is received, before formal notification is sent from WCA stating that the company should move from test to production, that batch of data will be returned to the sender without being processed.

GLOSSARY OF TERMS AND TABLES*New Mexico Specific*

Acquired Claim	A workers' compensation claim that is transferred from one claims administrator to another administrator.
A49 Record	The electronic data interchange (EDI) ASCII record format of the Notice of Benefit Payment (E6.2). Note: this record is a variable length record.
ASCII	<i>American Standard Code for Information Interchange</i> . This allows information to be exchanged between computers or electronic equipment produced by different manufacturers. ASCII also refers to the file format of data transferred between informational trading partners. The term "flat file" is synonymous with ASCII format.
AU Report	This refers to an acquired First Report of Injury or Illness by a claims administrator from another administrator. This report is sent to the Workers' Compensation Administration (WCA) to change the carrier or claims administration information on the First Report of Injury or Illness (E1.2).
Business Edits	The WCA's software program process that ensures the record transmitted by the claims administrator meets the reporting event requirement of EDI. The program also checks to see if a required report has been filed prior to the most recent report submitted.
Claims Administrator	The insurance carrier, third party administrator, self-insured employer, or any claims coordinator designated by the employer or another claims payer to provide claims processing services on workers' compensation claims.
CIm_Type	The workers' Compensation Claim type as designated by M = Medical, I = Indemnity, L = became Lost time, or N = Notification. This name abbreviation is used primarily in Figure A.
CIm_Sts	The Workers' Compensation Claim Status as designated by O = Open, C = Closed, R = Reopened, X = Reopened/Closed. This name abbreviation is used primarily in Figure A.
E7 Report	This is the Trading Partner Profile Report. Each claims administrator must submit a Trading Partner Profile to the workers' Compensation Administration. This enables the Administration to monitor the insurance carriers and self-insured employers reporting via EDI or paper for each statistical report.
File Class Designation	The file name given by the sender party of an EDI transmissions file as determined by the type of records sent. This designation is used only by trading partners on the ADVANTIS network.
Format	Refers to the data structure of the data fields within one record type (i.e., 148 Record, A49 Record).
Header Record information.	The first record in every file. It describes the records sent, the date of transmission and sender identification
Indemnity accident.	Disability payments paid directly to the worker or to the worker's dependents as the result of the work-related accident.
Medical-only	Medical benefits paid by the insurance agent in behalf of the worker as the result of the work-related accident.
MTC	Maintenance Type Code or Maintenance Reason Code. Defines the specific purpose as to why a particular report is being submitted to the New Mexico WCA.
Reporting Rule	Outlines the sequence of reporting for workers' compensation claims.
Report Trigger	In the Event Tables, this refers to that event, during the course of the claim, requiring the claims administrator to submit a statistical report to the WCA.
Subsequent Report	In New Mexico, the Notice of Benefit Payment (form E6.2).
Technical Edits	The New Mexico WCA's software programming process that matches each record's fields with the mandatory values possible for that data field. If the mandatory requirements are not met, the record is not processed into the WCA database.
Trailer Record	The last record in a file. It defines the total number of records to be processed within the file.

TSI	An abbreviation for Transaction Set ID. This identifies the New Mexico statistical report being submitted to the WCA (i.e., 148 = First Report of Injury or Illness; A49 = Notice of Benefit Payment).
Value Added Network	Refers to an electronic data transmission service.

TABLE DESCRIPTIONS

Data Element Mapping Table	Defines the data formats and possible values for each MTC process of the A49 record.
Table B	Outlines the Notice of Benefit Payment record layout and defines which data fields are mandatory for New Mexico.
Table C	Outlines the Header Record Structure with possible values.
Table D	Outlines the Acknowledgment Record structure with possible values.
Table E	Outlines the Trailer Record structure.