STATE OF NEW MEXICO
Workers' Compensation Administration

ONE TEAM | ONE GOAL
A Better New Mexico for Workers and Employers

EDI GUIDE

**for Completing and Filing
an Electronic Copy of**:
EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS (FROI) AND NOTICE OF BENEFIT
PAYMENT, AKA SUBSEQUENT REPORT OF INJURY (SROI)

03/2021

EDI GUIDE

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1.0 INTRODUCTION

Electronic Data Interchange (EDI) is the computer-to-computer exchange of formatted business documents between enterprises. 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 claims and accident information replaces the paper copies of the First Report of Injury or Illness (FROI) and the Notice of Benefit Payment (SROI), which reports subsequent payment information. The International Association of Industrial Accident 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 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 IAIABC EDI Guide and the New Mexico Workers' Compensation Administration (WCA) EDI Guide, claims personnel will be able to understand specific details of reporting the FROI and SROI in the IAIABC Version 1.0 EDI flat file format required by New Mexico.

Effective January 01, 2017, all EDI reporting must be done electronically. Two methods are available:

1.) The traditional FROI and SROI batch file reporting via the IAIABC EDI Version 1.0 flat file format, or

2.) The EDI web submission tool made available on the New Mexico Workers' Compensation Administration (WCA) website: https://w3.wca.state.nm.us/edi/LogOn.aspx

Effective January 01, 2017, all rejected transactions (TR) must be corrected and resubmitted in 30 days.

2.0 EDI GENERAL FILING REQUIREMENTS

New Mexico law requires every employer or employer's representative to file a FROI and/or SROI with the WCA within the timeframes and criteria outlined in NMSA 1978. §52-1-58, http://public.nmcompcomm.us/nmpublic/gateway.dll/?f=templates&fn=default.htm, and further detailed in WCA rule Title 11 Chapter 4 Part 2, Data Reporting and Safety Requirements. 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, they may begin to file EDI FROI/SROI transactions. The WCA requires EDI transmissions be received by 9:00 a.m. Mountain Time on business days to ensure processing on that day.

Reporting Option #1: The reporting party creates a file of FROIs and/or SROIs from its claims database system. The file must follow the record format as defined by the IAIABC 148 and/or A49 record schemas as detailed in the WCA EDI Guide. The file(s) created by the sending organization is (are) posted to an approved vendor or FTP site where the WCA will download the file(s). The WCA processes each file through an editing program that performs various field level and logical checks. The WCA returns an acknowledgment file (ACK) to the reporting party detailing the status of each record filed. The reporting party may contact the WCA through the WCA Helpdesk at WCA.Helpdesk@wca.nm.gov with questions or concerns about rejected records or other EDI issues. Records that pass the edits are processed into the

WCA database. The claims administrator must review ACK (acknowledgement) files, correct rejected transactions and resubmit those corrections in a subsequent transmission. Per WCA rule Title 11 Chapter 4 Part 2, Data Reporting and Safety Requirements TRs must be corrected and resubmitted within 30 days.

Reporting Option #2: The reporting party uses the WCA web EDI submission tool to create new/updated/corrected FROI and/or SROI records/files. When users are ready, they submit the record(s) which create a traditional 148 or A49 EDI file for processing. The WCA processes each file through the edit program(s) that check for errors. The WCA returns an ACK file to the reporting party detailing the status of each record filed. The reporting party may contact the WCA through the WCA Helpdesk at the following email address, WCA.Helpdesk@wca.nm.gov, with questions or concerns about rejected records or other EDI files. Records that pass the edits are processed into the WCA database. The claim administrator must review ACK, correct rejected transactions and resubmit in a subsequent transmission. Per WCA rule Title 11 Chapter 4 Part 2, Data Reporting and Safety Requirements TRs must be corrected and resubmitted within 30 days. Details for using the web submission tool can be found at https://w3.wca.state.nm.us/edi/LogOn.aspx.

The WCA neither endorses nor requires a particular software vendor be used. However, the software must meet certain WCA system requirements. For further information on software compatibility, contact the WCA Helpdesk at WCA.helpdesk@wca.nm.gov . In conjunction with reading the WCA EDI Guide, the claim 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, http://www.iaiabc.org/iaiabc/EDI_Claims.asp .

The WCA will monitor, report, and take appropriate corrective action based on the accuracy and timeliness of EDI submissions.

3.0 SPECIAL REQUIREMENTS

The WCA uses the injured worker's Social Security Number (SSN) and date of injury (DOI) to establish a unique claim file. If either of these data elements has been reported in error, the claims administrator must use one of the following two possible courses of action. 1.) If only a FROI has previously been submitted, first delete the original FROI with an MTC 01 using the OLD SSN and/or DOI previously sent, then transmit a new original report, MTC 00 with the correct SSN and DOI pair. 2.) If a SROI associated with this claim has been previously filed, the FROI MTC 01 will be rejected. The claims administrator must contact the WCA via the Helpdesk, WCA.helpdesk@wca.nm.gov, with all the information needed to correct the error and receive further instruction on how to proceed.

The EDI version 1 system used by WCA is a full record replacement methodology. It is important to submit all available data, including all paid to date data for indemnity types and medical categories, with every submission to prevent the inadvertent deletion of fields.

The FROI data record is made up of 68 individual fields. Each field is classified as Mandatory, Conditional, or Optional. Carriers and administrators are encouraged to submit all fields populated with data on their systems. The following paragraphs detail the three field types.

M = Mandatory field. A data element having this designation **must** be populated with data in **EVERY** transmission. If the data in this field changes, an appropriate update should be sent to the WCA. If a mandatory field element fails business edits, a critical error occurs, the entire transaction is rejected and the appropriate ACK file entry, TR, is made. The record will NOT be processed into the WCA claims system at that time. The record must be corrected and retransmitted to the WCA within 30 days.

C = Conditional field. Any data provided in these fields will be subjected to business edits and if it fails a TE or TR ACK file entry will be made. If populated with data it **must** be provided to the WCA in all submissions of FROI data records. Populating this field alone or changing the previous value in this field does NOT, in and of itself, require the submission of a FROI update. The event table drives the submission sequence and schedule.

O = Optional field. Any data submitted in this field will not be edited and will be processed into the WCA system with all accepted records. WCA encourages all vendors to populate these fields if they have the data in their system

4.0 TECHNICAL FILING REQUIREMENTS

4.1 FROI TECHNICAL FILING REQUIREMENTS

The following rules apply for submission of the FROI:

• Maintenance Type Code = 00: Used for the original (first) FROI transmission, including the re-transmission of an original FROI rejected due to critical errors. All mandatory fields, which must contain complete data, and all conditional fields containing data must be included in the submitted record. In New Mexico, the FROI is not considered a claim for benefits until the SROI has been filed.

• Maintenance Type Code = 01: (Cancellation) The original FROI was sent in error and needs to be deleted. A previous original FROI must have been filed. A cancellation transaction cannot be submitted if a Notice of Benefit Payment (SROI) has been filed, or a claim has been filed with the WCA Clerk of the Court. All mandatory fields, which must contain complete data, and all conditional fields containing data must be included in the submitted record.

• Maintenance Type Code = 02: (Change) A change is made to FROI data. The change is made not as a result of a warning error from the WCA. A previous original FROI must have been filed. All mandatory fields, which must contain complete data, and all conditional fields containing data must be included in the submitted record.

• Maintenance Type Code = 04: (Denial) Used by the reporting party to indicate the employer denies an injury or illness has occurred. If a FROI is not on file at the WCA, this transaction code will be treated as a MTC 00 but flagged denied. All mandatory fields, which must contain complete data, and all conditional fields containing data must be included in the submitted record.

• Maintenance Type Code = CO: (Correction) The reporting party uses this code when a business edit error has occurred in a prior transmission and was indicated as an error in the ACK file. All mandatory fields, which must contain complete data, and all conditional fields containing data must be included in the submitted record. A previous FROI must have been successfully submitted.

• Maintenance Type Code = AU: (Acquired) Used to identify a claim has been acquired from a prior claims administrator. If previous administrator never submitted a FROI, this transaction code will be treated as a MTC 00. All mandatory fields, which must contain complete data, and all conditional fields containing data must be included in the submitted record.

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

4.2 SROI TECHNICAL FILING REQUIREMENTS

The following rules apply for submission of the SROI:

• 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 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 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 = AU (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.

5.0 IAIABC 148 (FROI) RECORD DEFINITIONS AND VALUES

These definitions can be found in the IAIABC EDI manual and are reproduced here to be New Mexico specific. Table 5-A provides specific information for use in developing the 148 (FROI) record.

Table 5-A: FROI (148) FIELD DEFINITIONS

[001]   **_Transaction Set ID_**: Identifies the transaction being sent by the reporting party.

[002]   **_Maintenance Type 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_**: Designates the date corresponding to the Maintenance Type Code.

[004]   **_Jurisdiction_**: The governing body or territory whose statutes apply to the complaint, claim or work injury.

[005]   **_Agency Claim Number_**: The number assigned by the WCA to identify a specific claim. In New Mexico, the claim number is not assigned until a SROI has been received by the WCA or a complaint has been filed with the Clerk's office. ***The Claim Number consists of the prefix WCA# YY {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.

[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 a 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 who is 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.

[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.

[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. For main location of employer at address on First Report, the location number should be assigned "0001". For injuries occurring at a different location, put in street abbreviation - city abbreviation: (example; menual-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 the contract/policy under which the claim occurred became effective.

[030]   ***Policy Expiration***: Date the contract/policy under which the claim occurred expired.

[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, enter the date of last injurious exposure to the cause or substance creating the condition. 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 tracking of the FROI. It is a key identifier in establishing a claim within the workers' compensation system.

[032]   ***Time of Injury***: For traumatic injury, the time at which the accident occurred.

[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 Table 5-B for list of codes).

[036]   ***Part of Body Injury Code***: Corresponds to the claimant's part of body injured. (See Table 5-E for list of codes).

[037]   ***Cause of Injury Code***: Corresponds to what caused the accident or illness, or how it occurred. (See Table 5-G for list of codes).

[038]   ***Accident Description/Cause***: Text description of how the accident happened, or what caused the illness.

[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 > 24hours; 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 claims 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.

[053] ***Gender Code***: The gender of the injured worker. *{Values: M=Male; F=Female; U=Unknown}*

[054] ***Marital Status Code***: The marital status of the injured worker.
{Values: U=Widowed, Divorced, Single, Unmarried; M=Married; S=Separated; K=Unknown}

[055] ***Number of dependents***: The number of dependent 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 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.
{Values: PW=Piece Worker   SL=Seasonal Worker   FT=Full Time   PT=Part Time
*   NE=Not Employed   OS=On Strike   VO=Volunteer   AD=Apprenticeship Full Time*
*   RT=Retired   DS=Disabled   ZZ=Other   AP=Apprenticeship Part Time}*

[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.

[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. {Values: 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.

In Table 5-D, 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 Table 6-C).

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.

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Table 5-B - FIRST REPORT OF INJURY (148 RECORD)

IAIABC GROUP	IAIABC DN	IAIABC DATA ELEMENT NAME	NEW MEXICO REQUIREMENT	FORMAT	POSITION	
					BEG	END
TRANSACTION	1	TRANSACTION SET ID	Mandatory	3 A/N	1	3
	2	MAINTENANCE TYPE CODE	Mandatory	2 A/N	4	5
	3	MAINTENANCE TYPE CODE DATE	Mandatory	YYYYMMDD	6	13
JURISDICTION	4	JURISDICTION	Mandatory	2 A/N	14	15
	5	AGENCY CLAIM NUMBER	Optional	25 A/N	16	40
CLAIM	6	INSURER FEIN	Mandatory	9 A/N	41	49
	7	INSURER NAME	Mandatory	30 A/N	50	79
	8	THIRD PARTY ADMINISTRATOR FEIN	Optional	9 A/N	80	88
	9	THIRD PARTY ADMINISTRATOR NAME	Optional	30 A/N	89	118
	10	CLAIM ADMINISTRATOR ADDRESS LINE 1	Mandatory	30 A/N	119	148
	11	CLAIM ADMINISTRATOR ADDRESS LINE 2	Optional	30 A/N	149	178
	12	CLAIM ADMINISTRATOR CITY	Mandatory	15 A/N	179	193
	13	CLAIM ADMINISTRATOR STATE	Mandatory	2 A/N	194	195
	14	CLAIM ADMINISTRATOR POSTAL CODE	Mandatory	9 A/N	196	204
	15	CLAIM ADMINISTRATOR'S CLAIM NO.	Mandatory	25 A/N	205	229
INSURED	16	EMPLOYER FEIN	Mandatory	9 A/N	230	238
	17	INSURED NAME	Optional	30 A/N	239	268
	18	EMPLOYER NAME	Mandatory	30 A/N	269	298
	19	EMPLOYER ADDRESS LINE 1	Mandatory	30 A/N	299	328

	20	EMPLOYER ADDRESS LINE 2	Optional	30 A/N	**329**	**358**
	21	EMPLOYER CITY	Mandatory	15 A/N	**359**	**373**
	22	EMPLOYER STATE	Mandatory	2 A/N	**374**	**375**
	23	EMPLOYER POSTAL CODE	Mandatory	9 A/N	**376**	**384**
	24	SELF INSURED INDICATOR	Mandatory	1 A/N	**385**	**385**
	25	SIC CODE	Optional	6 A/N	**386**	**391**
	26	INSURED REPORT NUMBER	Optional	10 A/N	**392**	**401**
	27	INSURED LOCATION NUMBER	Optional	15 A/N	**402**	**416**
POLICY	**28**	POLICY NUMBER	Optional	30 A/N	**417**	**446**
	29	POLICY EFFECTIVE	Conditional	YYYYMMDD	**447**	**454**
	30	POLICY EXPIRATION	Conditional	YYYYMMDD	**455**	**462**
ACCIDENT	**31**	DATE OF INJURY	Mandatory	YYYYMMDD	**463**	**470**
	32	TIME OF INJURY	Optional	HHMM	**471**	**474**
	33	POSTAL CODE OF INJURY SITE	Mandatory	9 A/N	**475**	**483**
	34	EMPLOYER'S PREMISES INDICATOR	Optional	1 A/N	**484**	**484**
	35	NATURE OF INJURY CODE	Mandatory	2 A/N	**485**	**486**
	36	PART OF BODY INJURED CODE	Mandatory	2 A/N	**487**	**488**
	37	CAUSE OF INJURY CODE	Mandatory	2 A/N	**489**	**490**
	38	ACCIDENT DESCRIPTION/CAUSE	Mandatory	150 A/N	**491**	**640**
	39	INITIAL TREATMENT	Mandatory	2 A/N	**641**	**642**
	40	DATE REPORTED TO EMPLOYER	Mandatory	YYYYMMDD	**643**	**650**
	41	DATE REPORTED TO CLAIMS	Mandatory	YYYYMMDD	**651**	**658**
CLAIMANT	**42**	SOCIAL SECURITY NUMBER	Mandatory	9 A/N	**659**	**667**
	43	EMPLOYEE LAST NAME	Mandatory	30 A/N	**668**	**697**
	44	EMPLOYEE FIRST NAME	Mandatory	15 A/N	**698**	**712**

	45	EMPLOYEE MIDDLE INITIAL	Optional	1 A/N	**713**	**713**
	46	EMPLOYEE ADDRESS LINE 1	Mandatory	30 A/N	**714**	**743**
	47	EMPLOYEE ADDRESS LINE 2	Optional	30 A/N	**744**	**773**
	48	EMPLOYEE CITY	Mandatory	15 A/N	**774**	**788**
	49	EMPLOYEE STATE	Mandatory	2 A/N	**789**	**790**
	50	EMPLOYEE POSTAL CODE	Mandatory	9 A/N	**791**	**799**
	51	EMPLOYEE PHONE	Optional	10 A/N	**800**	**809**
	52	DATE OF BIRTH	Mandatory	DATE	**810**	**817**
	53	GENDER CODE	Mandatory	1 A/N	**818**	**818**
	54	MARITAL STATUS CODE	Mandatory	1 A/N	**819**	**819**
	55	NUMBER OF DEPENDENTS	Optional	2 A/N	**820**	**821**
	56	DATE DISABILITY BEGAN	Conditional	YYYYMMDD	**822**	**829**
	57	EMPLOYEE DATE OF DEATH	Conditional	YYYYMMDD	**830**	**837**
EMPLOYMENT	58	EMPLOYMENT STATUS CODE	Optional	2 A/N	**838**	**839**
	59	CLASS CODE	Optional	4 A/N	**840**	**843**
	60	OCCUPATION DESCRIPTION	Mandatory	20 A/N	**844**	**873**
	61	DATE OF HIRE	Mandatory	YYYYMMDD	**874**	**881**
	62	WAGE	Mandatory	(11) 9,2	**882**	**892**
	63	WAGE PERIOD	Mandatory	2 A/N	**893**	**894**
	64	NUMBER OF DAYS WORKED	Optional	1 A/N	**895**	**895**
	65	DATE LAST DAY WORKED	Conditional	YYYYMMDD	**896**	**903**
	66	FULL WAGES PAID FOR DATE OF INJURY	Optional	1 A/N	**904**	**904**
	67	SALARY CONTINUED INDICATOR	Mandatory	1 A/N	**905**	**905**
	68	DATE OF RETURN TO WORK	Conditional	YYYYMMDD	**906**	**913**

Table 5-C – FROI EVENT TABLE

Report Type	MTC	MTC Description	Report Trigger Criteria	Value	Report Due Criteria	Report Value	Notes
148	00	Original Report	O = New Claim	N/A	C = Prior to submission of SROI		
			O = Lost Time	> 7 days	C = Date employer was notified	<= 10 days	
			O = Employee death		C = Date of Death	< = 10 days	
148	01	Cancellation	O = Incorrect SSN/DOI	N/A	C = Immediate		Resend original report (MTC 00) with correct SSN/DOI
148	02	Change	O = Change of mandatory or conditional field elements	N/A	C = Immediate		FROI must be on file at WCA
148	AU	Acquired/ Unallocated	O = Claim is acquired by new claims administrator	N/A	C = Claim_Adm notified	< = 10 days	FROI may/may not be on file at WCA***
148	CO	Correction	O = Correction of mandatory or conditional field elements	N/A	C = Immediate		FROI must be on file at WCA
148	04	Denial	O = The entire claim is being denied	N/A	C = Immediate		FROI may/may not be on file at WCA***

O = Occurrence   C = Criteria

*** - If a FROI is NOT on file at WCA this transaction will be processed as a 00 and must pass the same edits as a MTC 00

Table 5-D - 148 RECORD, FROI, TECHNICAL/BUSINESS EDITS

Data Number	Data Element Name	Criteria Code	Field Level Edits	Logical Edits
01	TRANSACTION SET ID	M	148	
02	MAINTENANCE TYPE CODE	M	00, 01, 02, 04, AU, CO	MTC 00 must be filed before other MTCs. If AU or 04 is filed before 00 it will be treated as a 00
03	MAINTENANCE TYPE CODE DATE	M	CCYYMMDD	Date is After Date of Injury/Illness
04	JURISDICTION	M	NM	
05	AGENCY CLAIM NUMBER	O		
06	INSURER FEIN	M	9 digit numeric	
07	INSURER NAME	M	Not Spaces	
08	THIRD PARTY ADMINISTRATOR FEIN	O		
09	THIRD PARTY ADMINISTRATOR NAME	O		
10	CLAIM ADMINISTRATOR ADDRESS LINE 1	M	Not Spaces	
11	CLAIM ADMINISTRATOR ADDRESS LINE 2	O		
12	CLAIM ADMINISTRATOR CITY	M	Not Spaces	
13	CLAIM ADMINISTRATOR STATE	M	Not Spaces	
14	CLAIM ADMINISTRATOR POSTAL CODE	M	9 digit numeric	
15	CLAIM ADMINISTRATOR'S CLAIM NO.	M	No Leading Space or Special Characters	
16	EMPLOYER FEIN	M	9 digit numeric	
17	INSURED NAME	O		
18	EMPLOYER NAME	M	Not Spaces	
19	EMPLOYER ADDRESS LINE 1	M	Not Spaces	
20	EMPLOYER ADDRESS LINE 2	O		
21	EMPLOYER CITY	M	Not Spaces	
22	EMPLOYER STATE	M	Not Spaces	
23	EMPLOYER POSTAL CODE	M	Numeric	
24	SELF INSURED INDICATOR	M	Y or N	
25	SIC CODE	O		Must be NAIC code
26	INSURED REPORT NUMBER	O		
27	INSURED LOCATION NUMBER	O		
28	POLICY NUMBER	O		
29	POLICY EFFECTIVE	C	If Not Spaces Must Be Valid Date	
30	POLICY EXPIRATION	C	If Not Spaces Must Be Valid Date	

31	DATE OF INJURY	M	CCYYMMDD	After date of hire and after birth date
32	TIME OF INJURY	O		
33	POSTAL CODE OF INJURY SITE	M	Not Spaces	TE generated for out of state codes
34	EMPLOYER'S PREMISES INDICATOR	O		
35	NATURE OF INJURY CODE	M	Numeric	Refer to Table E
36	PART OF BODY INJURED CODE	M	Numeric	Refer to Table F
37	CAUSE OF INJURY CODE	M	Numeric	Refer to Table G
38	ACCIDENT DESCRIPTION/CAUSE	M	Not Spaces	
39	INITIAL TREATMENT	M	00, 01, 02, 03, 04, 05	
40	DATE REPORTED TO EMPLOYER	M	CCYYMMDD	Date is on or after date of Injury/illness
41	DATE REPORTED TO CLAIMS	M	CCYYMMDD	Date is on or after date of Injury/illness
42	SOCIAL SECURITY NUMBER	M	9 digit numeric	
43	EMPLOYEE LAST NAME	M	Not Spaces	
44	EMPLOYEE FIRST NAME	M	Not Spaces	
45	EMPLOYEE MIDDLE INITIAL	O		
46	EMPLOYEE ADDRESS LINE 1	M	Not Spaces	
47	EMPLOYEE ADDRESS LINE 2	O		
48	EMPLOYEE CITY	M	Not Spaces	
49	EMPLOYEE STATE	M	Not Spaces	
50	EMPLOYEE POSTAL CODE	M	Not Spaces	
51	EMPLOYEE PHONE	O		
52	DATE OF BIRTH	M	CCYYMMDD	Must be before date of hire
53	GENDER CODE	M	M, F, U	
54	MARITAL STATUS CODE	M	U, M, S, K	
55	NUMBER OF DEPENDENTS	O		
56	DATE DISABILITY BEGAN	C	If Not Spaces Must Be Valid Date	Date is on or after date of injury/illness
57	EMPLOYEE DATE OF DEATH	C	If Not Spaces Must Be Valid Date	Date is on or after date of injury/illness
58	EMPLOYMENT STATUS CODE	O		
59	CLASS CODE	O		
60	OCCUPATION DESCRIPTION	M	Not Spaces	
61	DATE OF HIRE	M	CCYYMMDD	Must be on or before date of injury/illness
62	WAGE	M	>=0.00	
63	WAGE PERIOD	M	01, 02, 04, 06	
64	NUMBER OF DAYS WORKED	O		
65	DATE LAST DAY WORKED	C	If Not Spaces Must Be Valid Date	
66	FULL WAGES PAID FOR DATE OF INJURY	O		
67	SALARY CONTINUED INDICATOR	M	Y or N	
68	DATE OF RETURN TO WORK	C	If Not Spaces Must Be Valid Date	

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Table 5-E – FROI NATURE CODES

Nature Code	Nature Description	Nature Code	Nature Description
00	UNKNOWN	54	ASPHYXIATION
01	NO PHYSICAL INJURY	55	VASCULAR LOSS
02	AMPUTATION	58	VISION LOSS
03	ANGINA PECTORIS (CONDITION ASSOCIATED WITH HEART DISEASE)	59	ALL OTHER SPECIFIC INJURIES, NOC
04	BURN	60	DUST DISEASE NOC (ALL OTHER PNEUMOCONIOSIS)
07	CONCUSSION	61	ASBESTOSIS
10	CONTUSION	62	BLACK LUNG
13	CRUSHING	63	BYSSINOSIS
16	DISLOCATION	64	SILICOSIS
19	ELECTRIC SHOCK	65	RESPIRATORY DISORDERS (GASES, FUMES, CHEMICALS, ETC.)
22	ENUCLEATION (TO REMOVE, EX: TUMOR, EYE, ETC.)	66	POISONING-CHEMICAL (OTHER THAN METALS)
25	FOREIGN BODY	67	POISONING-METAL
28	FRACTURE	68	DERMATITIS
30	FREEZING	69	MENTAL DISORDER
31	HEARING LOSS OR IMPAIRMENT	70	RADIATION
32	HEAT PROSTRATION	71	ALL OTHER OCCUPATIONAL DISEASE INJURY, NOC
34	HERNIA	72	LOSS OF HEARING
36	INFECTION	73	CONTAGIOUS DISEASE
37	INFLAMMATION	74	CANCER
38	ADVERSE REACTION TO A VACCINATION OR INOCULATION	75	AIDS
40	LACERATION	76	VDT-RELATED DISEASE
41	MYOCARDIAL INFARCTION (HEART ATTACK)	77	MENTAL STRESS
42	POISONING-GENERAL (NOT OD OR CUMULATIVE INJ)	78	CARPAL TUNNEL SYNDROME
43	PUNCTURE	79	HEPATITIS C
46	RUPTURE	80	ALL OTHER CUMULATIVE INJURIES, NOC
47	SEVERANCE	83	COVID-19
49	SPRAIN OR TEAR	90	MULTIPLE PHYSICAL INJURIES ONLY
52	STRAIN OR TEAR	91	MULTIPLE INJURIES BOTH PHYSICAL AND PHSYCH.
53	SYNCOPE		

Table 5-F – FROI PART OF BODY CODES

Part of Body Code	Part of Body Description	Part of Body Code	Part of Body Description
00	UNKNOWN	41	UPPER BACK AREA (THORACIC AREA)
10	MULTIPLE HEAD INJURY	42	LOW BACK AREA (LUMBAR AND LUMBO-SACRAL)
11	SKULL	43	DISC
12	BRAIN	44	CHEST(INC: RIBS, STERNUM AND SOFT TISSUE)
13	EAR(S)	45	SACRUM AND COCCYX
14	EYE(S)	46	PELVIS
15	NOSE	47	SPINAL CORD
16	TEETH	48	INTERNAL ORGANS
17	MOUTH	49	HEART
18	SOFT TISSUE	50	MULTIPLE LOWER EXTREMITIES
19	FACIAL BONES	51	HIP
20	MULTIPLE NECK INJURY	52	UPPER LEG
21	VERTEBRAE	53	KNEE
22	DISC	54	LOWER LEG
23	SPINAL CORD	55	ANKLE
24	LARNYX	56	FOOT
25	SOFT TISSUE	57	TOE(S)
26	TRACHEA	58	GREAT TOE
30	MULTIPLE UPPER EXTREMITIES	60	LUNGS
31	UPPER ARM (EXCL: CLAVICLE AND SCAPULA)	61	ABDOMEN INCLUDING GROIN
32	ELBOW	62	BUTTOCKS
33	LOWER ARM	63	LUMBARAND/OR SACRAL VEREBRAE (VERT. NOC TRUNK
34	WRIST	64	ARTIFICAL APPLIANCE
35	HAND	65	INSUFFICIENT INFO TO PROPERLY INDTIFY-UNCLASS
36	FINGER(S)	66	NO PHYSICAL INJURY
37	THUMB	90	MULTIPLE BODY PARTS
38	SHOULDER(S)	91	BODY SYSTEMS AND MULTIPLE BODY SYSTEMS
39	WIRST(S) AND HAND(S)	99	WHOLE BODY
40	MULTIPLE TRUNK		

Table 5-G – FROI CAUSE CODES

Cause Code	Cause Description	Cause Code	Cause Description
00	UNKNOWN	54	JUMPING OR LEAPING
01	CHEMICALS	55	HOLDING OR CARRYING
02	HOT OBJECTS OR SUBSTANCES	56	LIFTING
03	TEMPERATURE EXTREMES	57	PUSHING OR PULLING
04	FIRE OR FLAME	58	REACHING
05	STEAM OR HOT FLUIDS	59	USING TOOL OR MACHINERY
06	DUST, GASES, FUMES OR VAPORS	60	STRAIN OR INJURY BY, NOC
07	WELDING OPERATIONS	61	WIELDING OR THROWING
08	RADIATION	65	MOVING PART OF MACHINE
09	CONTACT WITH, NOC	66	OBJECT BEING LIFTED OR HANDLED
10	MACHINE OR MACHINERY	67	SANDING, SCRAPING, CLEANING OPERATION
11	COLD OBJECTS OR SUBSTANCES	68	STATIONARY OBJECT
12	OBJECT HANDLED	69	STEPPING ON SHARP OBJECT
13	CAUGHT IN, UNDER OR BETWEEN, NOC	70	STRIKING AGAINST OR STEPPING ON, NOC
14	ABNORMAL AIR PRESSURE	74	FELLOW WORKER, PATIENT OR OTHER PERSON
15	BROKEN GLASS	75	FALLING OR FLYING OBJECT
16	HAND TOOL, UTENSIL; NOT POWERED	76	HAND TOOL OR MACHINE IN USE
17	OBJECT BEING LIFTED OR HANDLED	77	MOTOR VEHICLE
18	POWERED HAND TOOL, APPLIANCE	78	MOVING PARTS OF MACHINE
19	CUT, PUNCTURE, SCRAPE, NOC	79	OBJECT BEING LIFTED OR HANDLED
20	COLLAPSING MATERIALS (SLIDES OF EARTH)	80	OBJECT HANDLED BY OTHERS
25	FALL OR SLIP FROM DIFFERENT LEVEL	81	STRUCK OR INJURED, NOC
26	FALL OR SLIP FROM LADDER OR SCAFFOLDING	82	ABSORPTION, INGESTION OR INHALATION, NOC
27	FALL OR SLIP FROM LIQUID OR GREASE SPILLS	83	PANDEMIC
28	INTO OPENINGS	84	ELECTRIC CURRENT
29	FALL OR SLIP ON SAME LEVEL	85	ANIMAL OR INSECT
30	SLIP, OR TRIP, DID NOT FALL	86	EXPLOSION OR FLARE BACK
31	FALL, SLIP, TRIP, NOC	87	FOREIGN MATTER (BODY) IN EYE(S)
32	ON ICE OR SNOW	88	NATURAL DISASTERS
33	ON STAIRS	89	PERSON IN ACT OF A CRIME
40	CRASH OF WATER VEHICLE	90	OTHER THAN PHYSICAL CAUSE OF INJURY
41	CRASH OF RAIL VEHICLE	91	MOLD
45	COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	93	GUNSHOT
46	COLLISION WITH A FIXED OBJECT	94	REPETITIVE MOTION
47	CRASH OF AIRPLANE	95	RUBBED OR ABRADED, NOC
48	VEHICLE UPSET	96	TERRORISM
50	MOTOR VEHICLE, NOC	97	REPETITIVE MOTION
52	CONTINUAL NOISE	98	CUMULATIVE, NOC
53	TWISTING	99	OTHER-MISCELLANEOUS, NOC

Table 5-H – FROI DATA ELEMENT NAME CROSSWALK

DATA NUMBER	STATE FIELDS/DEFINED ELEMENTS	WCA DATABASE NAMES
1	TRANSACTION SET ID	ER_E1: trans_set_id
2	MAINTENANCE TYPE CODE	ER_E1: mtc
3	MAINTENANCE TYPE CODE DATE	ER_E1: mtc_dt
4	JURISDICTION	ER_E1: juris
5	AGENCY CLAIM NUMBER	ER_E1: agcy_clm_nbr
6	INSURER FEIN	ER_E1: ind_adj_cd
7	INSURER NAME	ER_E1: ind_adj_name
8	THIRD PARTY ADMINISTRATOR FEIN	ER_E1: clm_adm_cd
9	THIRD PARTY ADMINISTRATOR NAME	ER_E1: clm_adm_name
10	CLAIM ADMINISTRATOR ADDRESS LINE 1	ER_E1: clm_adm_addr1
11	CLAIM ADMINISTRATOR ADDRESS LINE 2	ER_E1:clm_adm_addr2
12	CLAIM ADMINISTRATOR CITY	ER_E1: clm_adm_city
13	CLAIM ADMINISTRATOR STATE	ER_E1: clm_adm_state
14	CLAIM ADMINISTRATOR POSTAL CODE	ER_E1: clm_adm_postal
15	CLAIM ADMINISTRATOR'S CLAIM NO.	ER_E1: clm_adm_clm_nbr
16	EMPLOYER FEIN	ER_E1: emplr_fein
17	INSURED NAME	N/A
18	EMPLOYER NAME	ER_E1: emplr_name
19	EMPLOYER ADDRESS LINE 1	ER_E1: emplr_addr1
20	EMPLOYER ADDRESS LINE 2	ER_E1: emplr_addr2
21	EMPLOYER CITY	ER_E1: emplr_city
22	EMPLOYER STATE	ER_E1: emplr_state
23	EMPLOYER POSTAL CODE	ER_E1: emplr_postal
24	SELF INSURED INDICATOR	ER_E1: self_insd_ind
25	SIC CODE	ER_E1: e1_sic_cd
26	INSURED REPORT NUMBER	ER_E1: insd_rpt_nbr
27	INSURED LOCATION NUMBER	ER_E1: insd_loc_nbr
28	POLICY NUMBER	ER_E1: pol_num
29	POLICY EFFECTIVE	ER_E1: pol_eff
30	POLICY EXPIRATION	ER_E1: pol_exp
31	DATE OF INJURY	WCA_agency: wkr_dtInj
32	TIME OF INJURY	ER_E1: time_inj
33	POSTAL CODE OF INJURY SITE	ER_E1: postal_inj_site
34	EMPLOYER'S PREMISES INDICATOR	ER_E1: emplr_prem_ind
35	NATURE OF INJURY CODE	ER_E1: e1_nature_cd
36	PART OF BODY INJURED CODE	ER_E1: e1_prtbody_cd
37	CAUSE OF INJURY CODE	ER_E1: cause_inj_cd
38	ACCIDENT DESCRIPTION/CAUSE	ER_E1: acc_desc_txt
39	INITIAL TREATMENT	ER_E1: init_treat_cd
40	DATE REPORTED TO EMPLOYER	ER_E1:dt_rep_emplr

41	DATE REPORTED TO CLAIMS	ER_E1: dt_rep_clm_adm
42	SOCIAL SECURITY NUMBER	WCA_agency: wkr_ssn
43	EMPLOYEE LAST NAME	WCA_agency: wkr_lname
44	EMPLOYEE FIRST NAME	WCA_agency: wkr_fname
45	EMPLOYEE MIDDLE INITIAL	WCA_agency: wkr_mname
46	EMPLOYEE ADDRESS LINE 1	ER_E1: clmnt_addr1
47	EMPLOYEE ADDRESS LINE 2	ER_E1: clmnt_addr2
48	EMPLOYEE CITY	ER_E1: clmnt_city
49	EMPLOYEE STATE	ER_E1: clmnt_state
50	EMPLOYEE POSTAL CODE	ER_E1: clmnt_postal
51	EMPLOYEE PHONE	ER_E1: clmnt_phone
52	DATE OF BIRTH	ER_E1: clmnt_dt_birth
53	GENDER CODE	ER_E1: clmnt_gender_cd
54	MARITAL STATUS CODE	ER_E1: clmnt_marital_cd
55	NUMBER OF DEPENDENTS	ER_E1: clmnt_nbr_deps
56	DATE DISABILITY BEGAN	ER_E1: clmnt_dt_dis_bgn
57	EMPLOYEE DATE OF DEATH	ER_E1: clmnt_dt_death
58	EMPLOYMENT STATUS CODE	ER_E1: emplymnt_status
59	CLASS CODE	ER_E1: class_cd
60	OCCUPATION DESCRIPTION	ER_E1: occup_descr
61	DATE OF HIRE	ER_E1: dt_hire
62	WAGE	ER_E1: wage
63	WAGE PERIOD	ER_E1: wage_period
64	NUMBER OF DAYS WORKED	ER_E1: nbr_dys_wkd
65	DATE LAST DAY WORKED	ER_E1: dt_last_dy_wkd
66	FULL WAGES PAID FOR DATE OF INJURY	ER_E1: full_wage_l_day
67	SALARY CONTINUED INDICATOR	ER_E1: sal_cont_ind
68	DATE OF RETURN TO WORK	ER_E1: dt_rtw

6.0 IAIABC A49 (SROI) RECORD DEFINITIONS AND VALUES

These definitions can be found in the IAIABC EDI manual and are reproduced here to be New Mexico specific. Table 6-A provides specific information for use in developing the A49 (SROI) record.

Table 6-A: SROI (A49) FIELD DEFINITIONS

[DN001] **-** *Transaction Set ID:* Identifies the transaction being sent by the reporting party.

[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 {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 assigned when a valid FROI has been accepted or a complaint has been filed with the Clerk's office without a FROI on file. The Claim Number will have the prefix WCA#YY {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 a five digit base with a possible four 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 occupational 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.
{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 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: W = Without Liability, L = With Liability}.

[DN076] - ***Date of Representation:*** The date the claims administrator recognizes 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
{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 (values 0-6). Note: New Mexico is currently not using 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). New Mexico does not currently require this information. Value can be set to zero.

PERMANENT IMPAIRMENT SEGMENT
OCCURS NUMBER OF PERMANENT IMPAIRMENT TIMES
(MAXIMUM NUMBER OF OCCURENCES = 6)

[DN083]* – ***Permanent Impairment Body Part Code:*** A code referencing the anatomic classification of the injury to identify the part(s) of body permanently impaired.

[DN084]* – ***Permanent Impairment Percentage:*** The amount of anatomic or functional abnormality or loss which results from the injury and exists after the date of maximum medical improvement.

PAYMENT ADJUSTMENT SEGMENT
OCCURS NUMBER OF PAYMENT/ADJUSTMENTS TIMES
(MAXIMUM NUMBER OF OCCURENCES = 10)

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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 (must be valid code).

[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.

[DN087] - ***Payment/Adjustment Weekly Amount:*** The net weekly rate for the payment/adjustment code that is paid as modified by any applicable benefit adjustments (required for all non-lump sum codes).

[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 (required for 020, 021, 520, 521, 050, 051, 550, 551 temporary disability codes) – must be valid date.

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

[DN090] - ***Payment/Adjustment Weeks Paid:*** The number of whole weeks paid for benefits based on the payment/adjustment code (weeks or days is required).

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

BENEFIT ADJUSTMENT SEGMENT
OCCURS NUMBER OF BENEFIT ADJUSTMENTS TIMES
(MAXIMUM NUMBER OF OCCURENCES = 10)

(This section is not currently required by New Mexico) – but if it is included, it will be edited.

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PTD/REDUCED EARNINGS/RECOVERIES SEGMENT
OCCURS NUMBER OF PAID TO DATE/REDUCED EARNING/RECOVERIES TIMES
(MAXIMUM NUMBER OF OCCURENCES = 25

[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 medications 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.

*Required if occurrence exists

DEATH/DEPENDENT PAYEE RELATIONSHIP SEGMENT
OCCURS NUMBER OF DEATH/DEPENDENT/PAYEE RELATIONSHIP TIMES
(MAXIMUM NUMNER OF OCCURENCES = 12)

(This section is not currently required by New Mexico)

Table 6-B – SROI (A49 RECORD)

IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	NEW MEXICO REQUIREMENT	IAIABC FORMAT	POSITIONS	
					BEG	END
TRANSACTION	1	Transaction Set ID	Mandatory	3 A/N	1	3
	2	Maintenance Type Code	Mandatory	2 A/N	4	5
	3	Maintenance Type Code Date	Mandatory	CCYYMMDD	6	13
JURISDICTION	4	Jurisdiction	Optional	2 A/N	14	15
CLAIM ADMINISTRATOR	6	Insurer FEIN	Mandatory	9 A/N	16	24
	8	Third Party Administrator FEIN	Conditional	9 A/N	25	33
	14	Claim Administrator Postal Code	Optional	9 A/N	34	42
	42	Social Security Number	Mandatory	9 A/N	43	51
	55	Number of Dependents	Optional	2 N	52	53
	69	Pre-Existing Disability	Optional	1 A/N	54	54
	56	Date Disability Began	Mandatory	CCYYMMDD	55	62
	70	Date of Maximum Medical Improvement	Conditional	CCYYMMDD	63	70
	71	Return to Work Qualifier	Conditional	1 A/N	71	71
	72	Date of Return/Release to Work	Conditional	CCYYMMDD	72	79
	57	Employee Date of Death	Conditional	CCYYMMDD	80	87
WAGE	62	Wage	Mandatory	$9.20	88	98
	63	Wage Period	Mandatory	2 A/N	99	100
	64	Number of Days Worked	Optional	1 N	101	101
	67	Salary Continued Indicator	Conditional	1 A/N	102	102
ACCIDENT	31	Date of Injury	Mandatory	CCYYMMDD	103	110
	26	Insured Report Number	Optional	25 A/N	111	135

	15	Claim Administrator Claim Number	Mandatory	25 A/N	136	160
	5	Agency Claim Number	Optional	25 A/N	161	185
CLAIM STATUS	73	Claim Status	Mandatory	1 A/N	186	186
	74	Claim Type	Mandatory	1 A/N	187	187
	75	Agreement to Compensate Code	Optional	1 A/N	188	188
	76	Date of Representation	Optional	CCYYMMDD	189	196
PAYMENTS	77	Late Reason Code	Optional	2 A/N	197	198
VARIABLE SEGMENT COUNTERS	78	Number of Permanent Impairments	Mandatory	2 N	199	200
	79	Number of Payments/Adjustments	Mandatory	2 N	201	202
	80	Number of Benefit Adjustments	Mandatory	2 N	203	204
	81	Number of Paid to Date/Reduced Earnings/Recoveries	Mandatory	2 N	205	206
	82	Number of Death Dependent/Payee Relationships	Mandatory	2 N	207	208
VARIABLE SEGMENTS						
Permanent Impairments Occurs Number of Permanent Impairments times (maximum number of occurrences = 6)						
	83	Permanent Impairment Body Part Code	Conditional	3 A/N	1	3
	84	Permanent Impairment Percentage	Conditional	3.2 N	4	8
Payment/Adjustments Occurs Number of Payment/Adjustments times (maximum number of occurrences = 10)						
	85	Payment/Adjustment Code	Conditional	3 A/N	1	3
	86	Payment/Adjustment Paid to Date	Conditional	$9.20	4	14
	87	Payment/Adjustment Weekly Amount	Conditional	$9.20	15	25
	88	Payment/Adjustment Start Date	Conditional	CCYYMMDD	26	33

	89	Payment/Adjustment End Date	Conditional	CCYYMMDD	34	41
	90	Payment/Adjustment Weeks Paid	Conditional	4 N	42	45
	91	Payment/Adjustment Days Paid	Conditional	1 N	46	46
Benefit Adjustments Occurs Number of Benefit Adjustments times (maximum number of occurrences = 10)						
	92	Benefit Adjustment Code	Optional	4 A/N	1	4
	93	Benefit Adjustment Weekly Amount	Optional	$9.20	5	15
	94	Benefit Adjustment Start Date	Optional	CCYYMMDD	16	23
Paid to Date/Reduced Earnings/Recoveries Occurs Number of Paid to Date/Reduced Earning/Recoveries times (maximum number of occurrences = 25)						
	95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	3 A/N	1	3
	96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	$9.20	4	14
Death Dependent/Payee Relationship Occurs Number of Death Dependent/Payee Relationship times (maximum number of occurrences = 12)						
	97	Dependent/Payee Relationship	Optional	2 A/N	1	2

Table 6-C – SROI EVENT CRITERIA

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				

Table 6-D – A49 RECORD, SROI, TECHNICAL/BUSINESS EDITS

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
1	Transaction Set ID	Mandatory	A49	
2	Maintenance Type Code	Mandatory	IP, CB, FN, PY, AP, CO, 02	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 indemnity payment type changes.
3	Maintenance Type Code Date	Mandatory	CCYYMMDD	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. Date > Date of Injury. For FN the MTC date is the date the last indemnity payment was made to the injured worker.
4	Jurisdiction	Optional	NM	
6	Insurer FEIN	Mandatory	Must not be all the same digit	
8	Third Party Administrator FEIN	Conditional		
14	Claim Administrator Postal Code	Optional		
42	Social Security Number	Mandatory	Primary Field Must be populated and cannot be all the same digit	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	Optional		
69	Pre-Existing Disability	Optional	Y,N	
56	Date Disability Began	Mandatory	CCYYMMDD if populated	Date >= DOI. Must be populated for claim type I and L

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
70	Date of Maximum Medical Improvement	Conditional	CCYYMMDD if populated	This date must be completed for PPD benefits. Date >= DOI
71	Return to Work Qualifier	Conditional	1, 2, 5, 6, " "	If RTW Date then Qualifier must exist.
72	Date of Return/Release to Work	Conditional	CCYYMMDD. For RTW Qualifier = 1 or 2	
57	Employee Date of Death	Conditional	CCYYMMDD if populated	If death benefits or funeral expenses are greater than zero, then this field must not be null. Date >= DOI
62	Wage	Mandatory	Numeric if populated	If disability payments are being paid, then the wage must be greater than zero.
63	Wage Period	Mandatory	1 = weekly 4 = monthly	
64	Number of Days Worked	Optional	1, 2, 3, 4, 5, 6, 7, 0	
67	Salary Continued Indicator	Conditional	Y or 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 else "N".
31	Date of Injury	Mandatory	Primary Field CCYYMMDD	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
26	Insured Report Number	Optional		
15	Claim Administrator Claim Number	Mandatory	Must be populated	
5	Agency Claim Number	Optional		

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
73	Claim Status	Mandatory	O, C, R, X	
74	Claim Type	Mandatory	M, I, L, N	Claim type M and N are initially reported with a PY transaction. All claims starting as indemnity or changing to indemnity are reported with an IP
75	Agreement to Compensate Code	Optional	Y, N	
76	Date of Representation	Optional	CCYYMMDD if populated	
77	Late Reason Code	Optional	PER TABLE 6-F	
78	Number of Permanent Impairments	Mandatory	00-06	
79	Number of Payments/Adjustments	Mandatory	00-10	
80	Number of Benefit Adjustments	Mandatory	00-10	
81	Number of Paid to Date/Reduced Earnings/Recoveries	Mandatory	00-25	
82	Number of Death Dependent/Payee Relationships	Mandatory	00-12	
TTD				
85	Payment/Adjustment Code	Conditional	050, 550, 051, 551	
86	Payment/Adjustment Paid to Date	Conditional	Not Null	
87	Payment/Adjustment Weekly Amount	Conditional	Not Null	
88	Payment/Adjustment Start Date	Conditional	Not Null	
89	Payment/Adjustment End Date	Conditional	Not Null	
90	Payment/Adjustment Weeks Paid	Conditional	Not Null	
91	Payment/Adjustment Days Paid	Conditional	Not Null	
TPD				
85	Payment/Adjustment	Conditional	070, 570	

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
	Code			
86	Payment/Adjustment Paid to Date	Conditional	Not Null	
87	Payment/Adjustment Weekly Amount	Conditional	Not Null	
88	Payment/Adjustment Start Date	Conditional	Not Null	
89	Payment/Adjustment End Date	Conditional	Not Null	
90	Payment/Adjustment Weeks Paid	Conditional	Not Null	
91	Payment/Adjustment Days Paid	Conditional	Not Null	
PPD				
85	Payment/Adjustment Code	Conditional	030, 530, 040, 540, 090, 590	
86	Payment/Adjustment Paid to Date	Conditional	Not Null	
87	Payment/Adjustment Weekly Amount	Conditional	Not Null	
88	Payment/Adjustment Start Date	Conditional	Not Null	
89	Payment/Adjustment End Date	Conditional	Not Null	
90	Payment/Adjustment Weeks Paid	Conditional	Not Null	
91	Payment/Adjustment Days Paid	Conditional	Not Null	
PTD				
85	Payment/Adjustment Code	Conditional	020, 520, 021, 521	
86	Payment/Adjustment Paid to Date	Conditional	Not Null	
87	Payment/Adjustment Weekly Amount	Conditional	Not Null	
88	Payment/Adjustment Start Date	Conditional	Not Null	
89	Payment/Adjustment End Date	Conditional	Not Null	
90	Payment/Adjustment Weeks Paid	Conditional	Not Null	
91	Payment/Adjustment	Conditional	Not Null	

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
	Days Paid			
DTH				
85	Payment/Adjustment Code	Conditional	010, 510	
86	Payment/Adjustment Paid to Date	Conditional	Not Null	
87	Payment/Adjustment Weekly Amount	Conditional	Not Null	
88	Payment/Adjustment Start Date	Conditional	Not Null	
89	Payment/Adjustment End Date	Conditional	Not Null	
90	Payment/Adjustment Weeks Paid	Conditional	Not Null	
91	Payment/Adjustment Days Paid	Conditional	Not Null	
DISABILITY OR UNKNOWN COMPONENT OF A LUMP SUM				
85	Payment/Adjustment Code	Conditional	500	
86	Payment/Adjustment Paid to Date	Conditional	Not Null	
87	Payment/Adjustment Weekly Amount	Conditional	Not Null	
88	Payment/Adjustment Start Date	Conditional	Not Null	
89	Payment/Adjustment End Date	Conditional	Not Null	
90	Payment/Adjustment Weeks Paid	Conditional	Not Null	
91	Payment/Adjustment Days Paid	Conditional	Not Null	
MEDICAL COMPONENT OF A LUMP SUM				
85	Payment/Adjustment Code	Conditional	501	

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
86	Payment/Adjustment Paid to Date	Conditional	Not Null	
87	Payment/Adjustment Weekly Amount	Conditional	Not Null	
88	Payment/Adjustment Start Date	Conditional	Not Null	
89	Payment/Adjustment End Date	Conditional	Not Null	
90	Payment/Adjustment Weeks Paid	Conditional	Not Null	
91	Payment/Adjustment Days Paid	Conditional	Not Null	
Funeral Expenses				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	300	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Employer's Legal				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	330	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Claimant's Legal				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	340	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Physician				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	350	
96	Paid To Date/Reduced	Conditional	Not Null	

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
	Earnings/Recoveries Amount			
Hospital				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	360	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Other Medical				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	370	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Vocational Rehab				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	380, 390, 400	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Legal Testimony				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	420	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Physical Therapy				
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	460	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
Medication				

Data Number	Element Name	Criteria Code	Field Level Edits	Logical Edits
95	Paid To Date/Reduced Earnings/Recoveries Code	Conditional	450	
96	Paid To Date/Reduced Earnings/Recoveries Amount	Conditional	Not Null	
97	Dependent/Payee Relationship	Optional		

Table 6-E – SROI LUMP SUM REPORTING

The March 2017 redesign of the WCA database allows us to more accurately track lump sum payments. Historically, we accumulated all lump sum payments in the same field, Unspecified. Now we have seven different lump sum buckets to store this information. Most noteworthy is the addition of a medical lump sum area, code 501. Most settlements specify an amount for indemnity and an amount for medical. They should be reported separately. Under the old system if a lump sum were specified to be a PPD lump sum it would be added to the recurring payment data and we were then not able to distinguish one from the other. Now we have a recurring payment field and a lump sum field. This is applicable to all the indemnity types. Please report all lump sum payments using the appropriate 5XX code and not the recurring codes

Compromised	Description
500	Unspecified
501	Medical
510	Fatal
520	Permanent Total
521	Permanent Total Supplemental
530	Permanent Partial Scheduled
540	Permanent Partial Unscheduled
550	Temporary Total
551	Temporary Total Catastrophic
570	Temporary Partial
590	Permanent Partial Disfigurement

Unspecified (500) -- Amounts that cannot be assigned to a specific Benefit Type.

Medical (501) -- Compromised settlement amount paid to the employee to conclude past, present, and/or future medical exposure.

Fatal (510) -- Benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.

Permanent Total (520) -- Benefits paid or payable for the loss of or the permanent loss of use of any body part or function which renders the claimant unable to engage in any employment or occupation.

Permanent Total Supplemental Payments (521) -- Benefits paid to supplement permanent total benefits.

Permanent Partial/Scheduled (530) -- Benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of body that was injured subject to limitations set forth in the statute.

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Permanent Partial/Unscheduled (540) -- Benefits paid or payable for injuries to parts of the body not covered by a schedule. These benefits are payable for the claimant's actual wage loss or reduction in wage earning ability, subject to limitations set forth in the statute.

Temporary Total (550) -- Benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover and which period precedes the date of maximum medical improvement.

Temporary Total Catastrophic Loss Benefits (551) -- Benefits paid for catastrophic injuries.

Temporary Partial (570) -- Benefits paid or payable for the period during which the claimant, as a result of a disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving a reduced rate of pay and which period precedes the date of maximum medical improvement.

Permanent Partial/Disfigurement (590) -- Benefits paid or payable for any scarring or cosmetic defect.

Table 6-F – LATE REASON CODE TABLE

late_rsn_cd	description
C1	COVERAGE LACK OF INFORMATION
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 CONCERTING IMPAIRMENT
E1	WRONGFUL DETERMINATION OF NO COVERAGE
E2	ERRORS FROM EMPLOYER
E3	ERRORS FROM EMPLOYEE
E4	ERRORS FROM STATE
E5	ERROR FROM HEALTH CARE PROVIDER
E6	ERRORS FROM OTHER CLAIM ADMINISTRATOR/IA/TPA
L1	NO EXCUSE
L2	LATE NOTIFICATION, EMPLOYER
L3	LATE NOTIFICATION, EMPLOYEE
L4	LATE NOTIFICATION, STATE
L5	LATE NOTIFICATION, HEALTH CARE PROVIDER
L6	LATE NOTIFICATION, ASSIGNED RISK
L7	LATE INVESTIGATION
L8	TECH PROCESSING DELAY/COMPUTER FAILURE
L9	MANUAL PROCESSING DELAY
LA	INTERMITTENT LOST TIME PRIOR TO FIRST PAYMENT

7.0 TRANSMISSION RECORDS

7.1 HEADER RECORD

The header record that precedes each batch. This record and the trailer record are an envelope that surrounds a batch of transactions. The purpose of the record is to uniquely identify a sender, as well as the date/time a batch is prepared and the transaction set contained within the batch.

Table 7.1-A HEADER RECORD FIELD DEFINITIONS

[DN1] ***TRANSACTION SET ID:*** A code that identifies the transaction being sent/received.

[DN98] ***SENDER IDENTIFIER:*** Composite or group level code made up of:
        Sender FEIN - The FEIN of the sending party;
        Filler
        Sender Postal code - Postal code of the sending party.

[DN99] ***RECEIVER IDENTIFIER:*** A composite or group level made up of:
        Receiver FEIN - The primary FEIN of the receiving party;
        Filler
        Receiver Postal Code - Postal code of the receiving party.

[DN100] ***DATE TRANSMISSION SENT:*** Actual date transmission of data sent.

[DN101] ***TIME TRANSMISSION SENT:*** The time the sender prepared the batch file for transmission.
Together with the Date Transmission Sent will uniquely identify a specific transmission batch.

[DN102] ***ORIGINAL TRANSMISSION DATE:*** The value obtained from the Time Transmission Sent field of the Transmission Header Record of the originating transmission.

[DN103] ***ORIGINAL TRANSMISSION TIME:*** The value obtained from the Time Transmission Sent field of the Transmission Header Record of the originating transmission.

[DN104] ***TEST/PRODUCTION INDICATOR:*** The Trading Partner's EDI participation status for a specific transaction.

[DN105] ***INTERCHANGE VERSION IDENTIFIER:*** A composite field comprised of:
Transmission Type Code: The identifier that designates the type of transmission within a batch.
Release Number field: Identifies the release level of the data of the record layout contained in the detail records that follow.

Table 7.1-B HEADER RECORD FORMAT

| IAIABC GROUPING | IAIABC DN | IAIABC DATA ELEMENT NAME | IAIABC FORMAT | POSITIONS | |
				BEG	END
TRANSACTION	1	Transaction Set ID	3 A/N	1	3
	98	Sender ID	25 A/N	4	28
		Sender FEIN	9 A/N		
		Filler	7 A/N		
		Sender Postal Code	9 A/N		
	99	Receiver ID	25 A/N	29	53
		Receiver FEIN	9 A/N		
		Filler	7 A/N		
		Receiver Postal Code	9 A/N		
	100	Date Transmission Sent	Date	54	61
	101	Time Transmission Sent	Time	62	67
	102	Original Transmission Date	Date	68	75
	103	Original Transmission Time	Time	76	81
	104	Test/Production Indicator	1 A/N	82	82
	105	Interchange Version ID	5 A/N	83	87
		Transmission Type Code	3 A/N		
		Release Number	2 A/N		

7.2 DETAIL ACKNOWLEDGMENT RECORD

Table 7.2-A ACK1 FIELD DEFINITIONS

[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 under IAIABC A49 RECORD DEFINITIONS AND VALUES).

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

 [DN005] - Agency Claim Number: The number assigned by the New Mexico WCA to identify a specific claim. In New Mexico the claim number is same as above. The Claim Number will have the prefix WCA#YY {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 five digit base with a possible four digit extension.

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

[DN107] - Record Sequence Number: Identifying control number that must be unique within a transmission. The number is assigned by the originator of a transaction.

[DN108] – Date Processed: The date that the receiver processed the detail transaction. Together with time processed and a record sequence number it will uniquely identify a specific acknowledgment detail record.

[DN109] – Time Processed: The time that the receiver processed the detail transaction. Together with date processed and a record sequence number, it will uniquely identify a specific acknowledgment detail record.

[DN110] – Acknowledgement Transaction Set ID: The transaction set identifier that identifies the transaction being acknowledged.

[DN111] – Application Acknowledgement Code: A code used to identify the accepted/rejected status of the transaction being acknowledged.

[DN112] – Request Code: A code used to convey additional information such as the need to follow up or respond manually to a transaction.

[DN113] – Free Form Text: An unstructured field used to convey a trading partner's claim comments.

[DN114] – Number Of Errors: The number of error code segment occurrences.

[DN115] – Element Number: A unique number assigned to each data element and is part of the Error Code.

[DN116] – Element Error Number: A number to uniquely identify the edit performed on an element and is part of the Error Code.

[DN117] – Variable Segment Number: A number to identify the occurrence of the variable segment in error and is part of the Error Code.

Table 7.2-B ACK1 RECORD FORMAT

IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS	
				BEG	END
TRANSACTION	1	Transaction Set ID	3 A/N	1	3
	107	Record Sequence Number	9 N	4	12
	108	Date Processed	Date	13	20
	109	Time Processed	Time	21	26
	6	Insurer FEIN	9 A/N	27	35
	14	Claim Administrator Postal Code	9 A/N	36	44
	8	Third Party Administrator Fein	9 A/N	45	53
	110	Acknowledgement Transaction Set ID	3 A/N	54	56
	111	Application Acknowledgment Code	2 A/N	57	58
	26	Insured Report Number	25 A/N	59	83
	15	Claim Administrator Claim Number	25 A/N	84	108
	5	Agency Claim Number	25 A/N	109	133
	2	Maintenance Type Code	2 A/N	134	135
	3	Maintenance Type Date	Date	136	143
	112	Request Code (Purpose)	3 A/N	144	146
	113	Free Form Text	60 A/N	147	206
	114	Number of Errors	2 N	207	208
VARIABLE SEGMENT	Error Code Occurs Number of Error Times (maximum number of occurrences = 10)				
ERROR CODE	115	Element Number	4 N	209	212
	116	Element Error Number	3 N	213	215
	117	Variable Segment Number	2 N	216	217

7.3 TRAILER RECORD (TR1)

Table 7.3-A TRAILER RECORD FIELD DEFINITIONS

[001]   **_Transaction Set ID_**: Identifies the transaction being sent by the reporting party.

[106]   **_Detail Record Count_**: The total number of detail records sent as part of this transmission. Transmission header and trailer records are not included in this count.

Table 7.3-B TRAILER RECORD FORMAT

IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS	
				BEG	END
TRANSACTION	1	Transaction Set ID	3 A/N	1	3
	106	Detail Record Count	9 N	4	12

8.0 ERROR MESSAGES

8.1 Error Processing For Notice Of Benefit Payment

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. 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 Table 6-B-SROI (A49 RECORD). Records that have been accepted with non-critical errors may not require corrections. Records that have been rejected have critical errors. They need to be corrected and resubmitted to the WCA within 30 days in order to prevent violation of deadline requirements. Penalties can be assessed for violations.

Claims administrators submitting the Notice of Benefit Payment Report are 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 (corrections due within 30 days)

- TE = The A49 record was accepted with non-critical errors (may not correct if unreasonable to do so)

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.

8.2 Data Element Numbers

Data Element Number	Data Element Description
0	Entire Transaction
1	Transaction set ID
2	Trans set purpose code
3	Transaction set date
4	Jurisdiction
5	Agency claim number
6	Claim admin. code
7	Claim admin. name
8	Ind adjuster code
9	Ind adjuster name
10	Claim admin addr line 1
11	Claim admin addr line 2
12	Claim admin city
13	Claim admin state
14	Claim admin post code
15	Claim admin claim nbr
16	Employer code (FEIN)
17	Insured name
18	Employer name
19	Employer addr Line 1
20	Employer addr line 2
21	Employer city
22	Employer state
23	Employer post code
24	Self-insured indicator
25	SIC code
26	Insured report nbr
27	Insured location nbr
28	Policy number
29	Policy effect date
30	Policy expire date
31	Date of injury
32	Time of injury
33	Post code of injury site
34	Employers premises ind
35	Nature of injury code
36	Part of body injured code
37	Cause of injury code

Data Element Number	Data Element Description
38	Accident description
39	Initial treatment Code
40	Date reported to employer
41	Date reported to clm admin
42	Claimant SSN
43	Claimant last name
44	Claimant first name
45	Claimant middle initial
46	Claimant addr line 1
47	Claimant addr line 2
48	Claimant city
49	Claimant state
50	Claimant post code
51	Claimant phone
52	Date of birth
53	Gender code
54	Marital status code
55	Nbr of dependents
56	Date disability began
57	Date of death
58	Employment status code
59	Class code
60	Occupation description
61	Date of hire
62	Wage
63	Wage period
64	Nbr days worked
65	Date last day worked
66	Full wages paid for DOI
67	Salary cont indicator
68	Date of return to work
69	Pre existing disability
70	Date of MMI
71	RTW qualifier
72	Date return/release RTW
73	Claim status
74	Claim type
75	Agreement to comp code
76	Date of representation
77	Late reason code
78	Nbr perm impairments
79	Nbr payment

Data Element Number 80	Data Element Description
80	Nbr benefit reduction
81	Nbr PTD reduced earns
82	Nbr death dep/pay rel
83	Perm impair body part
84	Perm impair percentage
85	Pay/adj code
86	Pay/adj paid to date
87	Pay/adj amount
88	Pay/adj start date
89	Pay/adj end date
90	Pay/adj weeks paid
91	Pay/adj days paid
92	Benefit adj code
93	Benefit adj amount
94	Benefit adj start date
95	PTD/reduced earn code
96	PTD/reduced earn amount
97	Death depend payee relation
98	Sender ID
99	Receiver ID
100	Date transmission sent
101	Time transmission sent
102	Original transmission date
103	Original transmission time
104	Test/prod. indicator
105	Interchange vers. ID
106	Detail rec. count
107	Record sequence num
108	Date processed
109	Time processed
110	ACK transaction set ID
111	Application ACK code
112	Request code
113	Free Form
114	Number of errors
115	Element Number
116	Elem. error number
117	Variable seq. number
300	Transaction set purpose code
302	Jurisdiction designee received date
303	Transaction reason code
304	Transaction set type effective date

Data Element Number	Data Element Description
305	Issuing office name
306	Issuing office addr 1
307	Issuing office addr 1
308	Issuing office city
309	Issuing office state
310	Issuing office postal code
311	Issuing agency name
312	Issuing agency city
313	Issuing agency state
314	Insured FEIN
315	Insured addr line 1
316	Insured Addr line 2
317	Insured city
318	Insured state
319	Insured postal code
320	Insured telephone number
321	Business market
322	Wrap-Up Indicator
323	Insured legal status
324	Prior policy number
325	Assignment date
326	Governing class
327	Total payroll
328	Number of employers
329	Employer UI code
330	Number of employees
331	Employer notification date
332	Minimum premium policy indicator
333	Employee leasing policy indicator

8.3 Data Error Descriptions

Error Number	Error Description
1	Trading partner table mandatory field not present
2	Transaction set ID invalid
3	Maintenance reason code invalid for '148'
4	Maintenance reason code invalid for 'A49'
5	State code invalid
6	NCCI nature of injury code invalid
7	NCCI part of body code invalid
8	NCCI cause of injury code invalid
9	Gender code invalid
10	Marital status code invalid
11	ANSI wage period code invalid
12	Indicator invalid
13	ANSI employment status code invalid
14	Class code (NCCI or state spec.) invalid
15	SIC code (US Dept. of Labor) invalid
16	Initial treatment code invalid
17	Claim status code invalid
18	Number of days worked must be 0-7
19	Number of days must be 0-5
20	Return to work qualifier code invalid
21	Claim type code invalid
22	Agreement to Compensate code invalid
23	Late reason code invalid
24	Payment adjustment code invalid
25	Benefit reduction code invalid
26	PTD recovery code invalid
27	Dependent/Payee relationship code invalid
28	Must be numeric (0-9)
29	Must be a valid date (ccyymmdd)
30	Must be a-z, 0-9, or spaces
31	Must be a valid time (hhmmss)
32	Must be valid on zip code table
33	Must be <- date of injury
34	Must be >- date of injury
35	Must be >- date disability began
36	Must be <- date of death
37	Must be <- maint reason code date
38	Must be>- payment adj start date
39	No match on database

Error Number	Error Description
40	All Digits cannot be the same
Error Number	**Error Description**
41	Must be <- current date
42	Not statutorily valid
43	Receiver id invalid
44	Value is > required by jurisdiction
45	Value is < required by jurisdiction
46	Interchange version id invalid
47	Reinstated but not suspended
48	Duplicate first report (148)
49	Duplicate invalid payment (A49)
50	No matching subsequent report (A49)
51	Reduced earnings prior to invalid payment
52	Suspension prior to invalid payment
53	No matching first report (148)
54	Must be valid occurrence for segment
55	Must be <- date of hire
56	Detail record cnt NE number recs received
57	Duplicate transmission
58	Code/ID invalid
59	Value not consistent with value previously reported
60	Previous supporting documentation not received
61	Event criteria not met
62	Required segment not present
63	Invalid event sequence relationship
64	Invalid data sequence relationship
65	Corresponding data report not found
66	Invalid record count
67	Must be >= policy effective date
68	Must be <= policy expiration date
100	No leading/embedded spaces

9.0 COMMON SCENARIOS

9.1 Incorrect (Changing) Social Security Number/Date of Injury

There is no way to change or correct a social security number or date of injury with any form of a submitted FROI/SROI record. Typically, you will receive a record not found error message. To accomplish this type of change you need to contact the WCA and provide the needed information (Old (incorrect) data, New (corrected) data), etc.)

9.2 Medical Claim Changing to Indemnity

When a claim with medical payment info has been reported with a **PY** transaction type and then changes to include indemnity payments you must submit and **IP** claim type **L** with both the medical and indemnity payment data. If you submit it as an **IP** claim type **I** you will receive an error message concerning claim type being incorrect.

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