
Workers' Compensation Board

# eClaims

# NYS SPECIFIC BUSINESS SCENARIOS EDI RELEASE 3

**REVISED 6/30/2016**

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**+++** **Scenario Includes Example of DN270 Employee ID Type Qualifier of "Assigned by Jurisdiction" per the Edit Matrix Algorithm.**

**^^^** **Scenario Includes Example of Managed Care Organization (MCO) Submission on FROI 00.**

**###** **Scenario Includes Example of Concurrent Employment.**

******** **Scenario Includes Example of Multiple Injury Sites.**

**(Click on Scenario Number or Page Number to be taken to a Specific Scenario)**

# NYS WORKERS' COMPENSATION BOARD

eCLAIMS BUSINESS SCENARIOS

## SCENARIO 1-1

## Medical Only – MTC 00

*(Claimant has NOT lost any time from work and continues treatment for injury)*

**NARRATIVE:**

Employee John Doe missed the last step getting off a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and sprained his right ankle on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee **continued to work that day**. Mr. Doe began experiencing worsening pain after leaving work at the end of his shift and sought treatment **beyond ordinary first aid**. Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital. The employee was **paid for the date of the injury and returned to work full duty the next day**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**

**See NYS Workers' Compensation Law §110(2), §25(1)(c)**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain | 485 | 486 |
| 0036 | Part of Body Injured Code | 55 | Ankle | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS DESCENDING A LADDER AND MISSED THE LAS | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | T STEP & INJURED RT ANKLE | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

# SCENARIO 1-2

## Late Report by Employer/Claim Administrator - Medical Only – MTC 00

*(Claimant has NOT lost any time from work and continues treatment for injury)*

**NARRATIVE:**

Employee John Doe missed the last step getting off a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and sprained his right ankle on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee **continued to work that day**. Mr. Doe began experiencing worsening pain after leaving work at the end of his shift and sought treatment **beyond ordinary first aid**. Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital. The employee was **paid for the date of the injury and returned to work full duty the next day**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. The employer **did NOT report the injury** to the Insurer / Claim Administrator.

On **September 10, 2012**, the Claim Administrator received a call from the claimant's doctor requesting authorization for an MRI for the claimant. Upon reviewing their system, the Claim Administrator discovered they had no information on John Doe's injury. The Claim Administrator contacted the employer and discovered that the employer had not notified them regarding the injury.

On **September 12, 2012**, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **September 12, 2012**. On the FROI 00 the Claim Administrator indicated **L2 - "Late Notification, Employer" for DN0077 (Late Reason Code)**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120912 | September 12, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain | 485 | 486 |
| 0036 | Part of Body Injured Code | 55 | Ankle | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120910 | September 10, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | A | ID Assigned by Jurisdiction | 231 | 231 |
| 0154 | Employee ID Assigned by Jurisdiction | 771101JDOE | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | L2 | Late Notification, Employer | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | **Variable Segments** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS DESCENDING A LADDER AND MISSED THE LAS | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | T STEP & INJURED RT ANKLE | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

# SCENARIO 1-3

## Medical Only (MTC 00) Now Lost Time – MTC IP

*(Claimant lost time; however, lost time was not immediate)*

**NARRATIVE:**

Employee John Doe, from **Scenario 1-1,** followed up with Albany Orthopedics on August 28, 2012 due to his work-related injury. The doctor determined that the claimant had fractured his ankle and needed an emergent surgery the next day. His doctor took him **out of work beginning August 29, 2012**. The Claim Administrator mailed a check to the claimant on **September 10, 2012,** paying him **Temporary Total Benefits** for the period **August 29, 2012 through September 10, 2012.** Doe also reported to the Claim Administrator that he had **Concurrent Employment** with Apple Supermarkets and provided proof of his wages of **$150.00 per week** with the employer. Total wages for both employers was $1,200.00 per week and was subject to the statutory maximum benefit of $792.07 per week.

The Claim Administrator reported the initial payment information to the NYS Workers' Compensation Board by sending Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **September 10, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 1-1**
**Event 1: FROI MTC 00 – Original First Report**

**Scenario 1-3**
**Event 2: SROI MTC IP – Initial Payment**

**See NYS Workers' Compensation Law §110(2), §25(1)(c)**

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120910 | September 10, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120829 | August 29, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Became Lost Time | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120828 | August 28, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120828 | August 28, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000079207 | $792.07 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000120000 | $1200.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120829 | August 29, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 01 | 1 Occurrence | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000079207 | $792.07 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120829 | August 29, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000079207 | $792.07 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120829 | August 29, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120829 | August 29, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120910 | September 10, 2012 | 702 | 709 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0090 | Benefit Type Claim Weeks | 0001 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000145273 | $1452.73 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120910 | September 10, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 754 | 756 |
| 0217 | Payee | JOHN DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000145273 | $1452.73 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120829 | August 29, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120910 | September 10, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120910 | September 10, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | 1 Occurrence | | |
| 0141 | Concurrent Employer Name | APPLE SUPERMARKETS | | 852 | 891 |
| 0142 | Concurrent Employer Contact Business Phone | 5185555555 | (518) 555-5555 | 892 | 906 |
| 0143 | Concurrent Employer Wage | 00000015000 | $150.00 | 907 | 917 |
| | Filler | | | 918 | 937 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 1-4

## Notification Only – MTC 00

*(Claimant has NOT lost any time from work and has NOT sought medical treatment for the injury)*

**NARRATIVE:**

Employee John Doe missed the last step getting off a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and sprained his right ankle on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee **continued to work that day**. Mr. Doe **sought no treatment** for his injury. The employee was **paid for the date of the injury and returned to work full duty the next day**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

On August 8, 2012, the Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**. The Claim Administrator **utilized "N" Notification Only with DN0074 (Claim Type Code)**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report – Notification Only**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain | 485 | 486 |
| 0036 | Part of Body Injured Code | 55 | Ankle | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 0 | No Medical Treatment | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | N | Notification Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS DESCENDING A LADDER AND MISSED THE LAS | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | T STEP & INJURED RT ANKLE | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

# Cancellation of Claim – MTC 01

*(Claim Administrator submits Cancellation of Claim submitted in error)*

**NARRATIVE:**

Employee John Doe slipped on a wet floor while working for ABC Supermarkets in **Pittsfield, MA** on August 1, 2012. ABC Supermarkets Corporate Office is located in Albany, NY. The claimant did NOT seek any treatment for the injury and continued to work without interruption. The employer notified the Claim Administrator of the injury on **August 3, 2012**. When reporting the injury, the employer mistakenly used their corporate address as the injury location.

On August 8, 2012, the Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**. The Claim Administrator **utilized "N" Notification Only with DN0074 (Claim Type Code)**.

On **August 10, 2012**, the employer noticed their error and immediately informed the Claim Administrator that the claimant was injured while working at a supermarket location in Massachusetts and that the claim is **NOT a New York claim but in fact a Massachusetts claim**. The Claim Administrator reported the error and cancellation to the NYS Workers' Compensation Board by sending the cancellation **(FROI 01)** to the NYSWCB on **August 10, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report – Notification Only**
**Event 2: FROI MTC 01 – Cancel**
*** FROI 00 Data Table is NOT supplied for this Scenario ***

**NOTE:** If any **SROI MTC** has been accepted **OR** other documents for this claim exist in the Electronic Case Folder, the **FROI 01** will **NOT** be accepted.

## *01 – First Report Event, Cancel Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 01 | Cancel | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120810 | August 10, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | | N/A | 359 | 373 |
| 0022 | Employer Physical State Code | | N/A | 374 | 375 |
| 0023 | Employer Physical Postal Code | | N/A | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | | | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | | N/A | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | | N/A | 471 | 474 |
| 0033 | Accident Site Postal Code | | N/A | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | | N/A | 485 | 486 |
| 0036 | Part of Body Injured Code | | N/A | 487 | 488 |
| 0037 | Cause of Injury Code | | N/A | 489 | 490 |
| | Filler | | N/A | 491 | 640 |
| 0039 | Initial Treatment Code | | N/A | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | | N/A | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | | N/A | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | | N/A | 774 | 788 |
| 0049 | Employee Mailing State Code | | N/A | 789 | 790 |

## *01 – First Report Event, Cancel Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | | N/A | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | | N/A | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | N/A | 820 | 821 |
| 0056 | Initial Date Disability Began | | N/A | 822 | 829 |
| 0057 | Employee Date of Death | | N/A | 830 | 837 |
| 0058 | Employment Status Code | | N/A | 838 | 839 |
| 0059 | Manual Classification Code | | N/A | 840 | 843 |
| | Filler | | N/A | 844 | 873 |
| 0061 | Employee Date of Hire | | N/A | 874 | 881 |
| 0062 | Wage | | N/A | 882 | 892 |
| 0063 | Wage Period Code | | N/A | 893 | 894 |
| 0064 | Number of Days Worked Per Week | | N/A | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | N/A | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | | N/A | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | N/A | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | N/A | N/A | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | N/A | 98 | 147 |
| 0010 | Claim Administrator Primary Address | | N/A | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | N/A | 188 | 227 |
| 0136 | Claim Administrator Country Code | | N/A | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | N/A | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | N/A | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | N/A | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *01 – First Report Event, Cancel Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | | N/A | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | N/A | 348 | 387 |
| 0155 | Employee Mailing Country Code | | N/A | 388 | 390 |
| 0051 | Employee Phone Number | | N/A | 391 | 405 |
| 0146 | Death Result of Injury Code | | N/A | 406 | 406 |
| 0290 | Type of Loss Code | | N/A | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | N/A | 409 | 409 |
| 0189 | Return To Work Type Code | | N/A | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | N/A | 411 | 411 |
| 0314 | Insured FEIN | | N/A | 412 | 420 |
| 0017 | Insured Name | | N/A | 421 | 460 |
| 0184 | Insured Type Code | | N/A | 461 | 461 |
| 0026 | Insured Report Number | | N/A | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | | N/A | 496 | 535 |
| 0185 | Insurer Type Code | | N/A | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | N/A | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | | N/A | 578 | 578 |
| 0118 | Accident Site County/Parish | | N/A | 579 | 598 |
| 0119 | Accident Site Location Narrative | | N/A | 599 | 648 |
| 0120 | Accident Site Organization Name | | N/A | 649 | 698 |
| 0121 | Accident Site City | | N/A | 699 | 713 |
| 0122 | Accident Site Street | | N/A | 714 | 753 |
| 0123 | Accident Site State Code | | N/A | 754 | 755 |
| 0280 | Accident Site Country Code | | N/A | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | | N/A | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | | N/A | 768 | 807 |
| 0329 | Employer UI Number | | N/A | 808 | 822 |
| 0019 | Employer Physical Primary Address | | N/A | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | N/A | 863 | 902 |
| 0164 | Employer Physical Country Code | | N/A | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | | N/A | 906 | 920 |
| 0160 | Employer Contact Name | | N/A | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *01 – First Report Event, Cancel Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| 0163 | Employer Mailing Information/Attention Line | | N/A | 1051 | 1100 |
| 0165 | Employer Mailing City | | N/A | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | N/A | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | | N/A | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | | N/A | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | N/A | 1168 | 1207 |
| 0170 | Employer Mailing State Code | | N/A | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | | N/A | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | N/A | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | | N/A | 1482 | 1482 |
| 0077 | Late Reason Code | | N/A | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | N/A | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 00 | | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 00 | | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | | | |
| 0038 | Accident/Injury Description Narrative | | | | |
| 0038 | Accident/Injury Description Narrative | | | | |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | | | |
| 0238 | Witness Name | | | | |
| 0237 | Witness Business Phone Number | | | | |
| | ***End R21 Elements*** | | | | |

# SCENARIO 1-6

## Notification Only, Now Medical Only – MTC 00/02

*(Claimant has NOT lost any time from work but has now sought medical treatment for the injury)*

**NARRATIVE:**

Employee John Doe, from **Scenario 1-4**, sought medical treatment on **August 15, 2012**, from his primary care physician due to ongoing pain from his injury. After receiving the medical report on **August 25, 2012**, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Change Report (FROI MTC 02) to the NYSWCB on **August 25, 2012**. The FROI 02 **notes a change from "N" (Notification Only) to "M" (Medical Only) for DN0074 (Claim Type Code)**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 1-4**
**Event 1: FROI MTC 00 – Original First Report – Notification Only**

**Scenario 1-6**
**Event 2: FROI MTC 02 – Change Report – Change to "M" (Medical Only)**

## *02 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 02 | Change | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120825 | August 25, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain | 485 | 486 |
| 0036 | Part of Body Injured Code | 55 | Ankle | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 2 | Minor Clinic/ Hospital | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *02 – First Report Event Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *02 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *02 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS DESCENDING A LADDER AND MISSED THE LAS | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | T STEP & INJURED RT ANKLE | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *02 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

# SCENARIO 1-7

## Notification Only, Now Lost Time – MTC 00/IP

*(Claimant has lost time from work and has now sought medical treatment for the injury)*

**NARRATIVE:**

Employee John Doe, from **Scenario 1-4**, sought medical treatment on **August 15, 2012**, from his primary care physician due to ongoing pain from his injury and difficulty working. The medical provider noted a **Temporary Total Disability** and a follow up in four weeks for the claimant. After receiving the medical report on **August 24, 2012**, the Claim Administrator determined that the claim is compensable. The Claim Administrator mailed a check to the claimant on **August 27, 2012** paying him **Temporary Total Benefits** for the period **August 15, 2012 through August 27, 2012.**

The Claim Administrator reported the initial payment information to the NYS Workers' Compensation Board by sending an Initial Payment **(SROI IP)** transaction report to the NYSWCB on **August 27, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 1-4**
**Event 1: FROI MTC 00 – Original First Report – Notification Only**

**Scenario 1-7**
**Event 2: SROI MTC IP – Initial Payment – Claim Type Code of "I" (Indemnity)**

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120827 | August 27, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120815 | August 15, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120824 | August 24, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120812 | August 12, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120815 | August 15, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120815 | August 15, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120815 | August 15, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120815 | August 15, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120827 | August 27, 2012 | 702 | 709 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0090 | Benefit Type Claim Weeks | 0001 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000126000 | $1260.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120827 | August 27, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 754 | 756 |
| 0217 | Payee | JOHN DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000126000 | $1260.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120815 | August 15, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120827 | August 27, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120827 | August 27, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 1-8

## Medical Only, Report of Payment of Medical Bills (Optional) – MTC PY

*(Claimant has NOT lost any time from work and continues treatment for the injury)*

**NARRATIVE:**

Employee John Doe, from **Scenario 1-1**, stopped medical treatment after a couple months of treatment.

On November 16, 2012, the Claim Administrator reported the medical payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** to the NYSWCB on **November 16, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 1-1:**
**Event 1: FROI MTC 00 – Original First Report**

**Scenario 1-8:**
**Event 2: SROI MTC PY – Payment Report**

***NOTE: Reporting the individual payment of a medical bill on a SROI is an optional event in NY and not required. If the SROI-PY in this scenario was filed, it would be accepted by NYSWCB.***

***Cumulative reporting of Medical Expenses within the Other Benefit Types (OBT) continues to be a mandatory filing requirement when a SROI is filed due to an event occurring per the NYS Event Table filing requirements.***

## *PY – Payment Report, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121116 | November 16, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | | | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | M | Medical Only | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | | | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |

## *PY – Payment Report, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | | | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 00 | | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 01 | 1 Occurrence | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | | | |
| 0085 | Benefit Type Code | | | | |
| 0002 | Maintenance Type Code | | | | |
| 0174 | Gross Weekly Amount | | | | |
| 0175 | Gross Weekly Amount Effective Date | | | | |
| 0087 | Net Weekly Amount | | | | |

## *PY – Payment Report, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | | | |
| 0088 | Benefit Period Start Date | | | | |
| 0089 | Benefit Period Through Date | | | | |
| 0090 | Benefit Type Claim Weeks | | | | |
| 0091 | Benefit Type Claim Days | | | | |
| 0086 | Benefit Type Amount Paid | | | | |
| 0192 | Benefit Payment Issue Date | | | | |
| | Filler | | | | |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | 350 | Total Payments to Physicians | 651 | 653 |
| 0217 | Payee | Dr. Timothy Jones | | 654 | 693 |
| 0218 | Payment Amount | 00000012000 | $120.00 | 694 | 704 |
| 0219 | Payment Covers Period Start Date | 20121101 | November 01, 2012 | 705 | 712 |
| 0220 | Payment Covers Period Through Date | 20121101 | November 01, 2012 | 713 | 720 |
| 0195 | Payment Issue Date | 20121115 | November 15, 2012 | 721 | 728 |
| | Filler | | | 729 | 748 |
| | ***Other Benefits*** | | 1 Occurrence | | |
| 0216 | Other Benefit Type Code | 350 | Total Payments to Physicians | 749 | 751 |
| 0215 | Other Benefit Type Amount | 00000057000 | $570.00 | 752 | 762 |
| | Filler | | | 763 | 782 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |

## *PY – Payment Report, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-1

## Initial Payment by Claim Administrator – MTC 00/IP

*(Disability is immediate and continuous)*

**NARRATIVE:**

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and broke his right leg on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee left work immediately after the injury and **did not return to work**. Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital and **advised to remain out of work** with follow-up care through an orthopedic doctor. The employee was **paid for the date of the injury**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 3, 2012** to the Insurer/Claim Administrator.

The Claim Administrator **issued a check on August 15, 2012** to the injured employee, for **Temporary Total Disability Benefits**, for the period **August 2, 2012 through August 15, 2012 and continuing**.

The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **August 8, 2012 (FROI) and August 15, 2012 (SROI)**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**See NYS Workers' Compensation Law §110(2), §25(1)(c)**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 54 | Lower Leg | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS STEPPING OFF A ROOF AND LOST HIS FOOTI | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | NG AND FELL FROM A LADDER INJURING RT LEG | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120815 | August 15, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120815 | August 15, 2012 | 702 | 709 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0090 | Benefit Type Claim Weeks | 0002 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000140000 | $1400.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120815 | August 15, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 754 | 756 |
| 0217 | Payee | JOHN DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000140000 | $1400.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120802 | August 02, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120815 | August 15, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120815 | August 15, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-2

## Initial Payment by Claim Administrator – MTC 00/IP

*(Non-consecutive periods of disability occurring)*

**NARRATIVE:**

Employee John Doe fell off a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and hurt his low back, left foot, and left hip on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee left work immediately after the injury and **returned to work without restrictions on August 6, 2012** (the disability did not exceed the waiting period). Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital and advised to stay out of work for a few days. The employee was **NOT paid for the date of the injury**. At the time of injury, Mr. Doe earned $22.50 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 6, 2012** to the Insurer/Claim Administrator.

On August 6, 2012, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 6, 2012**. This was reported as a Medical Only claim as the disability did not exceed the waiting period.

On August 7, 2012, John Doe followed up with his family doctor due to his work related injury. The doctor placed him **out of work beginning August 8, 2012 with work restrictions (partial disability)**. The Claim Administrator mailed a check to the claimant on **August 17, 2012** paying him **Temporary Total Benefits** for the period **August 1, 2012 through August 3, 2012 and Temporary Partial Benefits** for the period **August 8, 2012 through August 16, 2012.** Doe also reported to the Claim Administrator that he had **Concurrent Employment** with Apple Supermarkets and provided proof of his wages of **$150.00 per week** with the employer.

The Claim Administrator reported the initial payment information to the NYS Workers' Compensation Board by sending Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **August 17, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120806 | August 06, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 42 | Lower Back Area | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120806 | August 6, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20120801 | August 01, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000002250 | $22.50 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | N | No | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | 20120806 | August 06, 2012 | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | A | ID Assigned by Jurisdiction | 231 | 231 |
| 0154 | Employee ID Assigned by Jurisdiction | 771101JDOE | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | Y | Yes | 409 | 409 |
| 0189 | Return To Work Type Code | A | Actual | 410 | 410 |
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | CLT WAS STEPPING OFF A ROOF AND FELL FROM A LADDER | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | INJURING LOW BACK, LT FOOT, LT HIP | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120817 | August 17, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120801 | August 01, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | L | Became Lost Time | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | Y | Yes | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | B | Benefit Period | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | 20120807 | August 07, 2012 | 397 | 404 |
| 0144 | Current Date Disability Began | 20120808 | August 08, 2012 | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | 20120806 | August 06, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | N | No | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120801 | August 01, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 01 | 1 Occurrence | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120801 | August 01, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | 20120801 | August 01, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120801 | August 01, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120803 | August 3, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0000 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 3 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000042000 | $420.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120817 | August 17, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000035000 | $350.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20120808 | August 08, 2012 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000035000 | $350.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20120808 | August 08, 2012 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120808 | August 08, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20120816 | August 16, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0001 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000049000 | $490.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20120817 | August 17, 2012 | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 2 Occurrences | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00000042000 | $420.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20120801 | August 01, 2012 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20120803 | August 03, 2012 | 919 | 926 |
| 0195 | Payment Issue Date | 20120817 | August 17, 2012 | 927 | 934 |
| | Filler | | | 935 | 954 |
| 0222 | Payment Reason Code | 070 | Temporary Partial | 955 | 957 |
| 0217 | Payee | JOHN DOE | | 958 | 997 |
| 0218 | Payment Amount | 00000049000 | $490.00 | 998 | 1008 |
| 0219 | Payment Covers Period Start Date | 20120808 | August 08, 2012 | 1009 | 1016 |
| 0220 | Payment Covers Period Through Date | 20120808 | August 16, 2012 | 1017 | 1024 |
| 0195 | Payment Issue Date | 20120817 | August 17, 2012 | 1025 | 1032 |
| | Filler | | | 1033 | 1052 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | 1 Occurrence | | |
| 0141 | Concurrent Employer Name | APPLE SUPERMARKETS | | 1053 | 1092 |
| 0142 | Concurrent Employer Contact Business Phone | 5185555555 | (518) 555-5555 | 1093 | 1107 |
| 0143 | Concurrent Employer Wage | 00000015000 | $150.00 | 1108 | 1118 |
| | Filler | | | 1119 | 1138 |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-3

## Late Report by Claim Administrator
## Initial Payment by Claim Administrator – MTC 00/IP

*(Disability is immediate and continuous)*

**NARRATIVE:**

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and broke his right leg on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee left work immediately after the injury and **did not return to work**. Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital and **advised to remain out of work** with follow-up care through an orthopedic doctor. The employee was **paid for the date of the injury**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 3, 2012** to the Insurer/Claim Administrator.

On **September 10, 2012**, the Claim Administrator received a call from the claimant for the status of his compensation payments. Upon reviewing their system, the Claim Administrator realized that they should have begun payments several weeks prior but for an unknown reason they did not notify the NYSWCB of the injury and had not begun payments on the claim.

The Claim Administrator **issued a check on September 10, 2012** to the injured employee, for **Temporary Total Disability Benefits**, for the period **August 2, 2012 through September 10, 2012 and continuing**.

The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **September 10, 2012**. On the FROI 00 the Claim Administrator indicated **L1-"No Excuse" for DN0077 (Late Reason Code)**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1:** **FROI MTC 00 – Original First Report**
**Event 2:** **SROI MTC IP – Initial Payment**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120910 | September 10, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 54 | Lower Leg | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | L1 | No Excuse | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS STEPPING OFF A ROOF AND LOST HIS FOOTI | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | NG AND FELL FROM A LADDER INJURING RT LEG | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120910 | September 10, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | L1 | No Excuse | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120910 | September 10, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0005 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 3 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000392000 | $3920.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120910 | September 10, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 754 | 756 |
| 0217 | Payee | JOHN DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000392000 | $3920.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120802 | August 02, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120910 | September 10, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120910 | September 10, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | Filler | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |

## *IP – Initial Payment, Event 2* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-4

## Benefit Rate Change by Claim Administrator – MTC 00/IP/CA

*(Benefit rate change due to subsequent payroll data)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1**, remained out of work.

On August 31, 2012, the Claim Administrator received the C-240 payroll data from the employer. Upon inspection, they determined that for the 52 weeks prior the claimant actually had an **average weekly wage of $1,500**. The Claim Administrator **issued a check on August 31, 2012** for **an adjustment to the benefit rate for period August 2, 2012 through August 31, 2012**.

The Claim Administrator reported the adjustment in rate due to payroll date by sending the Change in Benefit Amount **(SROI CA)** transaction report to the NYSWCB on **August 31, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-4**
**Event 3: SROI MTC CA – Change in Benefit Amount**

## *CA – Change in Benefit Amt., Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | CA | Change in Benefit Amount | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120831 | August 31, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | | | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *CA – Change in Benefit Amt., Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *CA – Change in Benefit Amt., Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000079207 | $792.07 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000150000 | $1500.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | CA | Change in Benefit Amount | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000079207 | $792.07 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000079207 | $792.07 | 675 | 685 |

## *CA – Change in Benefit Amt., Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120831 | August 31, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 2 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000348511 | $3485.11 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120831 | August 31, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *CA – Change in Benefit Amt., Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-5

## Change in Benefit Type Due to Medical – MTC 00/IP/CB

*(Claimant medical indicates change in degree of disability)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1**, remained out of work.

On **September 12, 2012**, the Claim Administrator was notified by John Doe's doctor that Mr. Doe was **no longer at a Total Disability.** Mr. Doe was now at a **Moderate Temporary Partial Disability as of September 5, 2012**. John Doe's employer cannot accommodate the work restrictions. The Claim Administrator **issued a check on September 19, 2012** to the injured employee, for **Temporary Partial Disability Benefits**, for the period **September 5, 2012 through September 19, 2012 and continuing**.

The Claim Administrator reported the adjustment in rate based upon the medical report by sending the Change in Benefit Type **(SROI CB)** transaction report to the NYSWCB on **September 19, 2012**. As the carrier had previously issued a payment of Temporary Total Benefits for the period of Temporary Partial Disability, the carrier noted an **overpayment credit of $350.00** on the SROI CB transaction report due to the change in degree of disability.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-5**
**Event 3: SROI MTC CB – Change in Benefit Type**

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120919 | September 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | | | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| | Filler | | | 555 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 001 | 1 Occurrence | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120919 | September 19, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000035000 | $350.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20120905 | September 05, 2012 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000035000 | $350.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20120905 | September 05, 2012 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20120919 | September 19, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0002 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 1 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000077000 | $770.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20120919 | September 19, 2012 | 829 | 836 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | 1 Occurrence | | |
| 0126 | Benefit Credit Code | C070 | Overpayment Credit | 857 | 860 |
| 0127 | Benefit Credit Start Date | 20120905 | September 05, 2012 | 861 | 868 |
| 0128 | Benefit Credit End Date | 20120919 | September 19, 2012 | 869 | 876 |
| 0129 | Benefit Credit Weekly Amount | 00000035000 | $350.00 | 877 | 887 |
| | Filler | | | 888 | 907 |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-6

## Reduced Earnings Paid by Claim Administrator – MTC 00/IP/RE

*(Claimant has returned to work at reduced pay)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-5**, received notification from his employer on October 4, 2012 that they **can accommodate his work restrictions effective October 8, 2012**. The claimant returned to work and his employer notified the Claim Administrator accordingly. The claimant worked for two weeks at Reduced Earnings.

The Claim Administrator received the Reduced Earnings Payroll information on October 22, 2012 from the employer. The claimant **earned $500.00 per week** per the payroll. The Claim Administrator **issued a check on October 22, 2012** to the injured employee, for **Reduced Earnings Benefits**, for the period **October 8, 2012 through October 19, 2012**.

The Claim Administrator reported the Reduced Earnings Benefits by sending the Reduced Earnings **(SROI RE)** transaction report to the NYSWCB on **October 22, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-5**
**Event 3: SROI MTC CB – Change in Benefit Type**

**Scenario 2-6**
**Event 4: SROI MTC RE – Reduced Earnings**

## *RE – Reduced Earnings, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | RE | Reduced Earnings | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121022 | October 22, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *RE – Reduced Earnings, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | Y | Yes | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *RE – Reduced Earnings, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | Y | With Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | 20121008 | October 08, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| | Filler | | | 555 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 02 | 2 Occurrences | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |

## *RE – Reduced Earnings, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | RE | Reduced Earnings | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000036667 | $366.67 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20121008 | October 08, 2012 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000036667 | $366.67 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20121008 | October 08, 2012 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20121019 | October 19, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0006 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 3 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000234334 | $2,343.34 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20121022 | October 22, 2012 | 829 | 836 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *RE – Reduced Earnings, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | 2 Occurrences | | |
| 0242 | Reduced Earnings Week Number | 1 | | 857 | 858 |
| 0124 | Actual Reduced Earnings | 00000050000 | $500.00 | 859 | 869 |
| 0147 | Deemed Reduced Earnings | | | 870 | 880 |
| | Filler | | | 881 | 900 |
| 0242 | Reduced Earnings Week Number | 2 | | 901 | 902 |
| 0124 | Actual Reduced Earnings | 00000050000 | $500.00 | 903 | 913 |
| 0147 | Deemed Reduced Earnings | | | 914 | 924 |
| | Filler | | | 925 | 944 |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-7

## Suspension of Benefits by Claim Administrator – MTC 00/IP/S1

*(Indemnity suspended – claimant has returned to work full duty)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1**, remained out of work.

On **September 27, 2012**, the Claim Administrator received notification that John Doe **returned to work on September 26, 2012 with no restrictions**. The Claim Administrator mailed John Doe his final indemnity check on September 27, 2012.

The Claim Administrator reported the suspension of benefits by sending the Suspension **(SROI S1)** transaction report to the NYSWCB on **September 27, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-7**
**Event 3: SROI MTC S1 – Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work**

## *S1 – Suspension, RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S1 | Suspension, RTW | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120927 | September 27, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *S1 – Suspension, RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | Y | Yes | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *S1 – Suspension, RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | 20120925 | September 25, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | 20120926 | September 26, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 01 | 1 Occurrence | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | S1 | Suspension, RTW | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |

## *S1 – Suspension, RTW, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120925 | September 25, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0007 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000546000 | $5460.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120927 | September 27, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *S1 – Suspension, RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 1 Occurrence | | |
| 0233 | Suspension Narrative | EMPLOYEE RETURNED TO WORK ON 09/26/2012 | | 754 | 803 |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-8

## Suspension of Benefits by Claim Administrator – MTC 00/IP/S1

*(Indemnity suspended – medical release to full duty)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1**, remained out of work.

On **September 27, 2012**, the Claim Administrator received notification that John Doe's doctor gave him a full duty release to **return to work on October 1, 2012 with no restrictions**. The Claim Administrator mailed John Doe his final indemnity check on October 2, 2012.

The Claim Administrator reported the suspension of benefits by sending the Suspension **(SROI S1)** transaction report to the NYSWCB on **October 2, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-8**
**Event 3: SROI MTC S1 – Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work**

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S1 | Suspension, MDQ | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121002 | October 02, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | 20121001 | October 01, 2012 | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

***MDQ = Medically Determined/Qualified to Return to Work***

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | R | Released | 421 | 421 |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | 20120930 | September 30, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | 20121001 | October 01, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 01 | 1 Occurrence | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | S1 | Suspension, MDQ | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120930 | September 30, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0008 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000560000 | $5600.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121001 | October 01, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 1 Occurrence | | |
| 0233 | Suspension Narrative | CLT MD CLEARED CLT TO RETURN TO WORK ON 10/01/2012 | | 754 | 803 |
| | ***End R22 Elements*** | | | | |

# SCENARIO 2-9

## Suspension of Benefits by Claim Administrator – MTC 00/IP/S2

*(Indemnity suspended – medical non-compliance)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1**, remained out of work.

On **September 19, 2012**, the Claim Administrator received notification that John Doe **failed to attend two** Independent Medical Exams (IMEs) scheduled on August 29, 2012 and September 17, 2012 and did not contact the parties regarding not attending the exams. The Claim Administrator decided to suspend payments for the claimant's failure to attend the exams.

The Claim Administrator reported the suspension of benefits by sending the Suspension **(SROI S2)** transaction report to the NYSWCB on **September 19, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-9**
**Event 3: SROI MTC S2 – Suspension, Medical Non-Compliance**

## *S2 – Suspension, MNC, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S2 | Suspension, MNC | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120919 | September 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | N/A | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

***MNC = Medical Non-Compliance***

## *S2 – Suspension, MNC, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | N/A | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *S2 – Suspension, MNC, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | 20120919 | September 19, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 02 | 2 Occurrences | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | S2 | Suspension, MNC | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |

## *S2 – Suspension, MNC, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120919 | September 19, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0007 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000490000 | $4900.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120919 | September 19, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *S2 – Suspension, MNC, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 2 Occurrences | | |
| 0233 | Suspension Narrative | CLT FAILED TO APPEAR FOR IME EXAM ON 09/17/2012. N | | 754 | 803 |
| 0233 | Suspension Narrative | O EXCUSE GIVEN BY CLT FOR NO SHOW. | | 804 | 853 |
| | ***End R22 Elements*** | | | | |

# SCENARIO 3-1

## Employer Paid – MTC 00/EP

*(Employer paid wages in lieu of compensation)*

**NARRATIVE:**

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and broke his right leg on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee left work immediately after the injury and **has not returned to work**. Mr. Doe was initially treated and released from the Emergency Room of Albany Memorial Hospital and referred for follow up with a local orthopedic doctor. The employer has **continued to pay Mr. Doe's wages since his injury.** At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The **employer continued to pay Mr. Doe full wages in lieu of compensation**. The employer indicated that they will submit a reimbursement request at a later date to be reimbursed at the statutory rate.

After the Claim Administrator confirmed that the employee will remain disabled beyond the waiting period, the Claim Administrator reported the loss and payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Employer **(SROI EP)** transaction reports to the NYSWCB on **August 8, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC EP – Employer Paid**

*Note: The Benefit Type Code (BTC) used in this scenario is BTC 240 (Employer Paid Unspecified) to indicate the employee is receiving wages in lieu of compensation for an undetermined type of compensation benefits. However, BTC 250 (Employer Paid Temporary Total) could have been used to indicate the receipt of wages specifically in lieu of Temporary Total compensation benefits. Also, BTC 270 (Employer Paid Temporary Partial) is available for reporting wages paid in lieu of Temporary Partial compensation benefits, if applicable.*

**See NYS Workers' Compensation Law §110(2), §25(1)(c)**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 54 | Lower Leg | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | A | ID Assigned by Jurisdiction | 231 | 231 |
| 0154 | Employee ID Assigned by Jurisdiction | 771101JDOE | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | Y | Yes | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS STEPPING OFF A ROOF AND LOST HIS FOOTI | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | NG AND FELL FROM A LADDER INJURING RT LEG | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *EP – Employer Paid, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | EP | Employer Paid | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | | N/A | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *EP – Employer Paid, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | A | ID Assigned by Jurisdiction | 243 | 243 |
| 0154 | Employee ID Assigned by Jurisdiction | 771101JDOE | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *EP – Employer Paid, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | Y | Yes | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 240 | Employer Paid (Unspecified) | 651 | 653 |
| 0002 | Maintenance Type Code | EP | Employer Paid | 654 | 655 |
| 0174 | Gross Weekly Amount | | | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | | 667 | 674 |
| 0087 | Net Weekly Amount | | | 675 | 685 |

## *EP – Employer Paid, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120808 | August 08, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | | | 710 | 713 |
| 0091 | Benefit Type Claim Days | | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | | | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | N/A | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *EP – Employer Paid, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 3-2

## Employer Paid / Claim Administrator Makes Initial Payment – MTC 00/EP/IP

*(Claim Administrator makes initial payment after employer paid)*

**NARRATIVE:**

Employee John Doe, from **Scenario 3-1**, remained out of work.

On August 27, 2012, the employer reported to the Claim Administrator that Mr. Doe **had exhausted his accruals as of August 22, 2012 and was removed from the payroll effective August 23, 2012.** The Claim Administrator **issued a check on August 29, 2012** to the injured employee, for **Temporary Total Disability Benefits**, for the period **August 23, 2012 through August 29, 2012 and continuing**.

The Claim Administrator reported the initial payment information to the NYS Workers' Compensation Board by sending Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **August 29, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 3-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC EP – Employer Paid**

**Scenario 3-2**
**Event 3: SROI MTC IP – Initial Payment**

*Note: The Benefit Type Code (BTC) used in this scenario is BTC 240 (Employer Paid Unspecified) to indicate the employee is receiving wages in lieu of compensation for an undetermined type of compensation benefits. However, BTC 250 (Employer Paid Temporary Total) could have been used to indicate the receipt of wages specifically in lieu of Temporary Total compensation benefits. Also, BTC 270 (Employer Paid Temporary Partial) is available for reporting wages paid in lieu of Temporary Partial compensation benefits, if applicable.*

**See NYS Workers' Compensation Law §110(2), §25(1)(c)**

## *IP – Initial Payment, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120829 | August 29, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | A | ID Assigned by Jurisdiction | 243 | 243 |
| 0154 | Employee ID Assigned by Jurisdiction | 771101JDOE | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120823 | August 23, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120829 | August 29, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 1 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000070000 | $700.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120829 | August 29, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 240 | Employer Paid (Unspecified) | 754 | 756 |
| 0002 | Maintenance Type Code | | | 757 | 758 |
| 0174 | Gross Weekly Amount | | | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | | 770 | 777 |
| 0087 | Net Weekly Amount | | | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20120822 | August 22, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | | | 813 | 816 |
| 0091 | Benefit Type Claim Days | | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | | | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00000700000 | $700.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20120823 | August 23, 2012 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20120829 | August 29, 2012 | 919 | 926 |
| 0195 | Payment Issue Date | 20120829 | August 29, 2012 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 3-3

## Employer Reimbursement Directed by Jurisdiction – MTC PY

*(Reclassification of Benefit Type and reporting of Employer Reimbursement Paid)*

**NARRATIVE:**

Employee John Doe, from **Scenario 3-1**, remained out of work.

On **September 27, 2012**, the Claim Administrator received notification that John Doe's doctor gave him a full duty release to **return to work on October 1, 2012 with no restrictions. The claimant returned to work on that date with the same employer**.

The Claim Administrator reported the suspension of benefits by sending the Suspension **(SROI S1)** transaction report to the NYSWCB on **October 4, 2012**. The Employer filed a Reimbursement Request (C-107 Paper Form) with the Board requesting reimbursement for wages paid while the claimant was out of work.

On **November 9, 2012**, the Workers' Compensation Board issued an Administrative Decision establishing the case and directing the reimbursement to the employer at a Temporary Total Rate for the claimant's period of lost time. The Claim Administrator issued payment per the Notice of Decision and reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction reports to the NYSWCB on **November 14, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 3-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC EP – Employer Paid**

**Scenario 3-3**
**Event 3: SROI MTC S1 – Suspension, Return to Work or Medically Determined/Qualified**
**Event 4: SROI MTC PY – Payment Report (Includes Reclassification of Benefit)**

*Note: The optional reporting of Lump Sum Payment/Settlement Code (DN0293) = "AW" Award is shown in this scenario. The use of Lump Sum Payment/Settlement Code (DN0293) is only required for BTC 5xx reporting, however, will be accepted on other SROI-PY transactions if submitted.*

*The Board will also accept the BTC 250 and 270 in lieu of 050 and 070 for the period in which the employer paid.*

**See NYS Workers' Compensation Law §110(2), §25(1)(c)**

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S1 | Suspension, MDQ | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121004 | October 04, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | | | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

***MDQ = Medically Determined/Qualified to Return to Work***

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 771101JDOE | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | 20120930 | September 30, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | 20121001 | October 01, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | Y | Yes | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 01 | 1 Occurrence | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 240 | Employer Paid (Unspecified) | 651 | 653 |
| 0002 | Maintenance Type Code | S1 | Suspension, RTW | 654 | 655 |
| 0174 | Gross Weekly Amount | | | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | | 667 | 674 |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | | | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120930 | September 30, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | | | 710 | 713 |
| 0091 | Benefit Type Claim Days | | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | | | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 1 Occurrence | | |
| 0233 | Suspension Narrative | CLT RETURNED TO WORK ON 10/01/2012 | | 754 | 803 |
| | ***End R22 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20131024 | October 24, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | R | Reclassification of Benefit | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | 20121001 | October 01, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | AW | Award | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | Y | Yes | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20121109 | November 09, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | PY | Payment Report | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120930 | September 30, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0008 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 2 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000588000 | $5880.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121114 | November 14, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 857 | 859 |
| 0217 | Payee | GREAT ROOFING INC. | | 860 | 899 |
| 0218 | Payment Amount | 00000588000 | $5880.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20120802 | August 02, 2012 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20120930 | September 30, 2012 | 919 | 926 |
| 0195 | Payment Issue Date | 20121114 | November 14, 2012 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 3-4

## Employer Reimbursement Directed by Jurisdiction – MTC PY

*(Payments to Claimant for Indemnity Benefits after Employer ceased Paying Wages, Reclassification of Benefit Type and reporting of Employer Reimbursement Paid)*

**NARRATIVE:**

Employee John Doe, from **Scenario 3-2**, remained out of work.

On **September 27, 2012**, the Claim Administrator received notification that John Doe's doctor gave him a full duty release to **return to work on October 1, 2012 with no restrictions. The claimant returned to work on that date with the same employer**. The Claim Administrator mailed John Doe his final indemnity check on October 2, 2012.

The Claim Administrator reported the suspension of benefits by sending the Suspension **(SROI S1)** transaction report to the NYSWCB on **October 4, 2012**. The Employer filed a Reimbursement Request (C-107 Paper Form) with the Board requesting reimbursement for wages paid while the claimant was out of work.

On **November 9, 2012**, the Workers' Compensation Board issued an Administrative Decision establishing the case and directing the reimbursement to the employer at a Temporary Total Rate for the claimant's lost time of August 2nd through 23rd during which the Employer paid wages. The Claim Administrator issued payment per the Notice of Decision and reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction reports to the NYSWCB on **November 14, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 3-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC EP – Employer Paid**

**Scenario 3-2**
**Event 3: SROI MTC IP – Initial Payment**

**Scenario 3-4**
**Event 3: SROI MTC S1 – Suspension, Return to Work or Medically Determined/Qualified**
**Event 4: SROI MTC PY – Payment Report (Includes Reclassification of Benefit)**

*Note: The optional reporting of Lump Sum Payment/Settlement Code (DN0293) = "AW" Award is shown in this scenario. The use of Lump Sum Payment/Settlement Code (DN0293) is only required for BTC 5xx reporting, however, will be accepted on other SROI-PY transactions if submitted.*

*The Board will also accept the BTC 250 and 270 in lieu of 050 and 070 for the period in which the employer paid.*

**See NYS Workers' Compensation Law §110(2), §25(1)(c)**

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S1 | Suspension, MDQ | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121004 | October 04, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | | | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

***MDQ = Medically Determined/Qualified to Return to Work***

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 771101JDOE | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | 20120930 | September 30, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | 20121001 | October 01, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | Y | Yes | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 01 | 1 Occurrence | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | S1 | Suspension, RTW | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120823 | August 23, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120930 | September 30, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 5 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 2 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000378000 | $3780.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121002 | October 2, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 240 | Employer Paid (Unspecified) | 754 | 756 |
| 0002 | Maintenance Type Code | EP | Employer Paid | 757 | 758 |
| 0174 | Gross Weekly Amount | | | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | | 770 | 777 |
| 0087 | Net Weekly Amount | | | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | | 792 | 801 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 802 | 809 |
| 0089 | Benefit Period Through Date | 20120822 | August 22, 2012 | 810 | 817 |
| 0090 | Benefit Type Claim Weeks | | | 818 | 821 |
| 0091 | Benefit Type Claim Days | | | 822 | 825 |
| 0086 | Benefit Type Amount Paid | | | 826 | 836 |
| 0192 | Benefit Payment Issue Date | | | 837 | 844 |
| | Filler | | | | |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |

## *S1 – Suspension, MDQ/RTW, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 1 Occurrence | | |
| 0233 | Suspension Narrative | CLT RETURNED TO WORK ON 10/01/2012 | | 845 | 894 |
| | ***End R22 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20131024 | October 24, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | R | Reclassification of Benefit | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | 20121001 | October 01, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | AW | Award | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | Y | Yes | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20121109 | November 09, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | PY | Payment Report | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120930 | September 30, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0008 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 2 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000588000 | $5880.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121114 | November 14, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 857 | 859 |
| 0217 | Payee | GREAT ROOFING INC. | | 860 | 899 |
| 0218 | Payment Amount | 00000210000 | $2100.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20120802 | August 02, 2012 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20120822 | August 22, 2012 | 919 | 926 |
| 0195 | Payment Issue Date | 20121114 | November 14, 2012 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 4-1

## Initial Payment of Death Benefits – MTC 00/IP

*(Same date of death and accident – with dependents)*

**NARRATIVE:**

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and suffered a serious head injury on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Mr. Doe's foreman, Jane Smith, witnessed the accident as well as a bystander Michael Jones. The employee was immediately transported to the Emergency Room of Albany Memorial Hospital and was **pronounced dead on August 1, 2012**. The employee was **paid for the date of the injury**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury and death on August 3, 2012** to the Insurer/Claim Administrator.

The Claim Administrator contacted Mr. Doe's widow, Mary Doe, to verify her relationship and found the decedent had two children. All children are living with Doe's widow. His son Noah is 17 years old and his daughter Savannah is 5 years old. Based on Mr. Doe's wage ($1,050.00 per week), Doe's widow is entitled to death benefits of $700.00 per week: 36 2/3% for herself unless she remarries and 30% for the children (if the child is under age 18; or age 23 if attending school full-time in an accredited institution).

On **August 17, 2012**, the Claim Administrator issued a check for the first installment of death benefits to Mrs. Mary Doe as well as reimbursement of $3,100 in funeral expenses she incurred. The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00) on August 10, 2012** and Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **August 17, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**NOTES:** If death does **NOT** occur on the **SAME** day as accident, a **FROI-00** needs to be filed for **BOTH** the accident claim and the death claim (See **Scenarios 4-5 & 4-6**).

**The AFF-1, C-62, C-64, and C-65 are still required for all Death Cases**

**See NYS Workers' Compensation Law §16, §110(2), §25(1)(c)**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120810 | August 10, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 10 | Multiple Head Injury | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | 20120801 | August 01, 2012 | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | Y | Yes | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS STEPPING OFF A ROOF AND LOST HIS FOOTI | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | NG AND FELL FROM A LADDER INJURING HEAD | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120817 | August 17, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | 03 | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20120801 | August 01, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 03 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | 3 Occurrences | | |
| 0097 | Dependent/Payee Relationship Code | 21 | Widow / 1st Birth Order | 209 | 210 |
| 0097 | Dependent/Payee Relationship Code | 41 | Son / 1st Birth Order | 211 | 212 |
| 0097 | Dependent/Payee Relationship Code | 42 | Daughter / 2nd Birth Order | 213 | 214 |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | Y | Yes | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 02 | 2 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 010 | Fatal | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120817 | August 17, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0002 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 2 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000168000 | $1,680.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120817 | August 17, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 2 Occurrences | | |
| 0222 | Payment Reason Code | 010 | Fatal | 754 | 756 |
| 0217 | Payee | MARY DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000168000 | $1,680.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120802 | August 02, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120817 | August 17, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120817 | August 17, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| 0222 | Payment Reason Code | 300 | Funeral Expenses | 852 | 854 |
| 0217 | Payee | MARY DOE | | 855 | 894 |
| 0218 | Payment Amount | 00000310000 | $3,100.00 | 895 | 905 |
| 0219 | Payment Covers Period Start Date | 20120817 | August 17, 2012 | 906 | 913 |
| 0220 | Payment Covers Period Through Date | 20120817 | August 17, 2012 | 914 | 921 |
| 0195 | Payment Issue Date | 20120817 | August 17, 2012 | 922 | 929 |
| | Filler | | | 930 | 949 |
| | ***Other Benefits*** | | 2 Occurrences | | |
| 0216 | Other Benefit Type Code | 300 | Total Funeral Expenses | 950 | 952 |
| 0215 | Other Benefit Type Amount | 00000310000 | $3,100.00 | 953 | 963 |
| | Filler | | | 964 | 983 |
| 0216 | Other Benefit Type Code | 360 | Total Hospital Costs | 984 | 986 |
| 0215 | Other Benefit Type Amount | 00002322500 | $23,225.00 | 987 | 997 |
| | Filler | | | 998 | 1017 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 4-2

## Compensable Death with Beneficiary Investigation – MTC 00/CD/IP

*(Same date of death and accident – with dependents)*

**NARRATIVE:**

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and suffered a serious head injury on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident as well as a bystander Michael Jones. The employee was immediately transported to the Emergency Room of Albany Memorial Hospital and was **pronounced dead on August 1, 2012**. The employee was **paid for the date of the injury**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury and death on August 3, 2012** to the Insurer/Claim Administrator.

The Claim Administrator attempted to contact Mr. Doe's widow, Mary Doe, to verify her relationship but was unable to get in touch with her immediately. The Claim Administrator reported the loss to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Compensable Death **(SROI CD)** transaction reports to the NYSWCB on **August 8, 2012.**

On **August 14, 2012** the Claim Administrator heard from Mr. Doe's widow and found the decedent had two children. All children are living with Doe's widow. His son, Noah, is 17 years old and his daughter, Savannah, is 5 years old. Based on Mr. Doe's wage ($1,050.00 per week), Doe's widow is entitled to death benefits of $700.00 per week: 36 2/3% for herself unless she remarries and 30% for the children (if the child is under age 18; or age 23 if attending school full-time in an accredited institution). Additionally, the Claim Administrator verified and forwarded information to the Board that the widow incurred $3,100 in funeral expenses related to John Doe's death.

On **August 17, 2012**, the Claim Administrator issued a check for the first installment of death benefits to Mrs. Mary Doe as well as payment for the funeral expenses that the widow had already incurred. The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending the Initial Payment **(SROI IP)** transaction report to the NYSWCB on **August 17, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 4-1**
**Event 1: FROI MTC 00 – Original First Report**

**Scenario 4-2**
**Event 2: SROI MTC CD – Compensable Death**
**Event 3: SROI MTC IP – Initial Payment**

**NOTES:** If death does **NOT** occur on the **SAME** day as accident, a **FROI-00** must be filed for **BOTH** the accident claim and the death claim (See **Scenarios 4-5 & 4-6**).

**The AFF-1, C-62, C-64, and C-65 are still required for all Death Cases**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120810 | August 10, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 10 | Multiple Head Injury | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | 20120801 | August 01, 2012 | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | Y | Yes | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS STEPPING OFF A ROOF AND LOST HIS FOOTI | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | NG AND FELL FROM A LADDER INJURING HEAD | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *CD – Compensable Death, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | CD | Compensable Death | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20120801 | August 01, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *CD – Compensable Death, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | Y | Yes | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *CD – Compensable Death, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | | | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 00 | | 630 | 631 |
| 0283 | Number of Payments | 00 | | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | | | |
| 0085 | Benefit Type Code | | | 651 | 653 |
| 0002 | Maintenance Type Code | | | 654 | 655 |
| 0174 | Gross Weekly Amount | | | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | | 667 | 674 |
| 0087 | Net Weekly Amount | | | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | | 686 | 693 |

## *CD – Compensable Death, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | | | 694 | 701 |
| 0089 | Benefit Period Through Date | | | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | | | 710 | 713 |
| 0091 | Benefit Type Claim Days | | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | | | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |

## *CD – Compensable Death, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120817 | August 17, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | 03 | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20120801 | August 01, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 03 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | 21 | Widow / 1st Birth Order | 209 | 210 |
| 0097 | Dependent/Payee Relationship Code | 41 | Son / 1st Birth Order | 211 | 212 |
| 0097 | Dependent/Payee Relationship Code | 42 | Daughter / 2nd Birth Order | 213 | 214 |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | Y | Yes | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 02 | 2 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 010 | Fatal | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120817 | August 17, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0002 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 2 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000168000 | $1,680.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120817 | August 17, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 2 Occurrences | | |
| 0222 | Payment Reason Code | 010 | Fatal | 754 | 756 |
| 0217 | Payee | MARY DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000168000 | $1,680.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120802 | August 02, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120817 | August 17, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120817 | August 17, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| 0222 | Payment Reason Code | 300 | Funeral Expenses | 852 | 854 |
| 0217 | Payee | MARY DOE | | 855 | 894 |
| 0218 | Payment Amount | 00000310000 | $3,100.00 | 895 | 905 |
| 0219 | Payment Covers Period Start Date | 20120817 | August 17, 2012 | 906 | 913 |
| 0220 | Payment Covers Period Through Date | 20120817 | August 17, 2012 | 914 | 921 |
| 0195 | Payment Issue Date | 20120817 | August 17, 2012 | 922 | 929 |
| | Filler | | | 930 | 949 |
| | ***Other Benefits*** | | 2 Occurrences | | |
| 0216 | Other Benefit Type Code | 300 | Total Funeral Expenses | 950 | 952 |
| 0215 | Other Benefit Type Amount | 00000310000 | $3,100.00 | 953 | 963 |
| | Filler | | | 964 | 983 |
| 0216 | Other Benefit Type Code | 360 | Total Hospital Costs | 984 | 986 |
| 0215 | Other Benefit Type Amount | 00002322500 | $23,225.00 | 987 | 997 |
| | Filler | | | 998 | 1017 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 4-3

## Compensable Death with Beneficiary Investigation / No Dependents – MTC 00/CD/PY

*(Same date of death and accident – with NO dependents)*

**NARRATIVE:**

Employee John Doe fell from a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and suffered a serious head injury on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident as well as a bystander Michael Jones. The employee was immediately transported to the Emergency Room of Albany Memorial Hospital and was **pronounced dead on August 1, 2012**. The employee was **paid for the date of the injury**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury and death on August 3, 2012** to the Insurer/Claim Administrator.

The Claim Administrator was advised by Doe's foreman that Doe was single and had NO dependents. The Claim Administrator immediately began attempting to verify this information. The Claim Administrator reported the loss to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Compensable Death **(SROI CD)** transaction reports to the NYSWCB on **August 8, 2012.**

On **August 14, 2012** the Claim Administrator confirmed with John Doe's surviving mother, Mary Doe, that there are in fact no dependents and she is the only surviving parent. The Claim Administrator immediately notified the NYSWCB of this information. On **August 21, 2012**, the Board issued a Desk Decision regarding John Doe's death. The Notice of Decision awarded $50,000 to his surviving parent (WCL §16.4b), $3,000 to the Uninsured Employers Fund (WCL §26-a(2)(e)), and $2,000 payable to the Vocational Rehabilitation Fund (WCL §15.9). Additionally, the funeral home was still owed $4,000 for funeral expenses.

On **August 23, 2012**, the Claim Administrator issued checks per the Notice of Decision, including a check to ABC Funeral Home for $4,000. The Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction report to the NYSWCB on **August 23, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 4-3**

**Event 1: FROI MTC 00 – Original First Report**
**See Scenarios 4-1 & 4-2 for examples of FROI-00 submissions on death claims.**

**Event 2: SROI MTC CD – Compensable Death**
**See Scenario 4-2 for example of SROI-CD submission on death claim.**

**Event 3: SROI MTC PY – Payment Report**

**NOTES:** If death does **NOT** occur on the **SAME** day as accident, a **FROI-00** must be filed for **BOTH** the accident claim and the death claim (See **Scenarios 4-5 & 4-6**).

**The AFF-1, C-62, C-64, and C-65 are still required for all Death Cases**

## *PY – Payment Report, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121024 | October 24, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20120801 | August 01, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 02 | 2 Occurrences | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | 60 | Mother / 0 Order | 209 | 210 |
| 0097 | Dependent/Payee Relationship Code | 80 | Jurisdiction / 0 Order | 211 | 212 |
| 0097 | Dependent/Payee Relationship Code | | | 213 | 214 |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | Y | Yes | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |

## *PY – Payment Report, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | AW | Award | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20120821 | August 21, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 04 | 4 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 01 | 1 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 500 | Unspecified Lump Sum Payment | 651 | 653 |
| 0002 | Maintenance Type Code | PY | Payment Report | 654 | 655 |
| 0174 | Gross Weekly Amount | | | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | | 667 | 674 |
| 0087 | Net Weekly Amount | | | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120823 | August 23, 2012 | 694 | 701 |

## *PY – Payment Report, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0089 | Benefit Period Through Date | 20120823 | August 23, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | | N/A | 710 | 713 |
| 0091 | Benefit Type Claim Days | | N/A | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 0005500000 | $55,000.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 4 Occurrences | | |
| 0222 | Payment Reason Code | 500 | Unspecified Lump Sum Payment | 754 | 756 |
| 0217 | Payee | MARY DOE | | 757 | 796 |
| 0218 | Payment Amount | 00005000000 | $50,000.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120823 | August 23, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120823 | August 23, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120823 | August 23, 2012 | 824 | 831 |
| | Filler | | | 831 | 851 |
| 0222 | Payment Reason Code | 300 | Total Funeral Expenses | 852 | 854 |
| 0217 | Payee | ABC FUNERAL HOME | | 855 | 894 |
| 0218 | Payment Amount | 00000400000 | $4,000.00 | 895 | 905 |
| 0219 | Payment Covers Period Start Date | 20120823 | August 23, 2012 | 906 | 913 |
| 0220 | Payment Covers Period Through Date | 20120823 | August 23, 2012 | 914 | 921 |
| 0195 | Payment Issue Date | 20120823 | August 23, 2012 | 922 | 929 |
| | Filler | | | 930 | 950 |
| 0222 | Payment Reason Code | 500 | Unspecified Lump Sum Payment | | |
| 0217 | Payee | VOCATIONAL REHABILITATION FUND | | | |
| 0218 | Payment Amount | 00000200000 | $2,000.00 | | |
| 0219 | Payment Covers Period Start Date | 20120823 | August 23, 2012 | | |
| 0220 | Payment Covers Period Through Date | 20120823 | August 23, 2012 | | |
| 0195 | Payment Issue Date | 20120823 | August 23, 2012 | | |
| | Filler | | | | |
| 0222 | Payment Reason Code | 500 | Unspecified Lump Sum Payment | | |
| 0217 | Payee | UNINSURED EMPLOYERS FUND | | | |
| 0218 | Payment Amount | 00000030000 | $3,000.00 | | |
| 0219 | Payment Covers Period Start Date | 20120823 | August 23, 2012 | | |
| 0220 | Payment Covers Period Through Date | 20120823 | August 23, 2012 | | |
| 0195 | Payment Issue Date | 20120823 | August 23, 2012 | | |
| | Filler | | | | |

## *PY – Payment Report, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Other Benefits*** | | 1 Occurrences | | |
| 0216 | Other Benefit Type Code | 300 | Total Funeral Expenses | 951 | 953 |
| 0215 | Other Benefit Type Amount | 0000400000 | $4,000.00 | 954 | 964 |
| | Filler | | | 965 | 984 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 4-4

## Change – Dependent Matures – MTC 02

*(Same date of death and accident – dependent matures)*

**NARRATIVE:**

The widow and children of John Doe, from **Scenario 4-2**, continue to receive benefits.

On **December 26, 2012**, the Claim Administrator confirmed that dependent Noah turned 18 years old on **December 24, 2012** and was no longer attending school. The Claim Administrator reported the suspension of Noah's payment to the NYS Workers' Compensation Board by sending the Change of Previous Report **(SROI 02)** transaction report to the NYSWCB on **December 26, 2012**. The transaction report removed Noah as one of the Dependent/Payees.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 4-2**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC CD – Compensable Death**
**Event 3: SROI MTC IP – Initial Payment**

**Scenario 4-4**
**Event 4: SROI MTC 02 – Change – Dependent Matures**

**NOTES:** If death does **NOT** occur on the **SAME** day as the accident, a **FROI-00** needs to be filed for **BOTH** the accident claim and the death claim (See **Scenarios 4-5 & 4-6**).

**The AFF-1, C-62, C-64, and C-65 are still required for all Death Cases**

To Report a change in Dependents where the overall payment will not be changing to the Widow, a SROI 02 should be sent changing the Dependent/Payees and removing the Dependent who has exhausted their benefits.

## *02 – Change, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | 02 | Change | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121226 | December 26, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | 03 | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20120801 | August 01, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 02 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | 21 | Widow / 1st Birth Order | 209 | 210 |
| 0097 | Dependent/Payee Relationship Code | 41 | Daughter / 1st Birth Order | 211 | 212 |
| | ***End A49 Elements*** | | | | |

## *02 – Change, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | Y | Yes | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *02 – Change, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 02 | 2 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 010 | Fatal | 651 | 653 |
| 0002 | Maintenance Type Code | 02 | Change | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |

## *02 – Change, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20121226 | December 26, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0021 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001470000 | $14,700.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121226 | December 26, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 0 Occurrences | | |
| 0222 | Payment Reason Code | | | 754 | 756 |
| 0217 | Payee | | | 757 | 796 |
| 0218 | Payment Amount | | | 797 | 807 |
| 0219 | Payment Covers Period Start Date | | | 808 | 815 |
| 0220 | Payment Covers Period Through Date | | | 816 | 823 |
| 0195 | Payment Issue Date | | | 824 | 831 |
| | Filler | | | 831 | 850 |
| 0222 | Payment Reason Code | | | 851 | 853 |
| 0217 | Payee | | | 854 | 893 |
| 0218 | Payment Amount | | | 894 | 904 |
| 0219 | Payment Covers Period Start Date | | | 905 | 912 |
| 0220 | Payment Covers Period Through Date | | | 913 | 920 |
| 0195 | Payment Issue Date | | | 921 | 928 |
| | Filler | | | 929 | 948 |
| | ***Other Benefits*** | | 2 Occurrences | | |
| 0216 | Other Benefit Type Code | 300 | Total Funeral Expenses | 949 | 951 |
| 0215 | Other Benefit Type Amount | 00000310000 | $3,100.00 | 952 | 962 |
| | Filler | | | 963 | 982 |
| 0216 | Other Benefit Type Code | 360 | Total Hospital Costs | 983 | 985 |
| 0215 | Other Benefit Type Amount | 00002322500 | $23,225.00 | 986 | 996 |
| | Filler | | | 997 | 1016 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *02 – Change, Event 4* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 4-5

## Initial Payment of Death Benefits – Subsequent Death – MTC 00/IP

*(Different date of death and accident – with dependents)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1**, had surgery on August 15, 2012 and developed a serious infection in his leg the next day. He was admitted to the Intensive Care Unit for treatment of the infection.

John Doe continued to be treated at the Intensive Care Unit **until August 29, 2012** when he **passed away due to the infection he developed from the surgery**. The Claim Administrator was notified on **August 30, 2012** by Doe's widow of his death. The Claim Administrator verified her relationship and found the decedent had two children. All children are living with Doe's widow. His son, Noah, is 16 years old and his daughter, Savannah, is 5 years old. Based on Mr. Doe's wage ($1,050.00 per week), Doe's widow is entitled to death benefits of $700.00 per week: 36 2/3% for herself unless she remarries and 30% for the children (if the child is under age 18; or age 23 if attending school full-time in an accredited institution). Additionally, the Claim Administrator verified and forwarded information to the Board that the widow incurred $3,100 in funeral expenses related to John Doe's death.

The Claim Administrator, **for the date of accident August 1, 2012**, reported the suspension of benefits and death information to the NYS Workers' Compensation Board by sending Claimant Death **(SROI S4)** transaction reports to the NYSWCB on **August 30, 2012**. Per the DN Reporting Requirements Specific to NYS, Death Result of Injury (DN0146) was reported as "N" on the original claim.

On **September 6, 2012**, the Claim Administrator issued a check for the first installment of death benefits to Mrs. Mary Doe as well as reimbursement of $3,100 for funeral expenses she incurred. The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **September 6, 2012**. The Claim Administrator **utilizes August 29, 2012 as the date of accident/death** on the new submissions.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 4-5**
**Event 3: SROI MTC S4 – Suspension, Claimant Death**
**--- New Date of Accident / Death Starts Here ---**
**Event 4: FROI MTC 00 – Original First Report (for subsequent death)**
**Event 5: SROI MTC IP – Initial Payment**

**As the Original Date of Accident is on or after January 1, 2008:**
On the new FROI 00, the Claim Administrator would enter the dates for DN0040 (Date Employer Had Knowledge of Injury), DN0041 (Date Claim Administrator Had Knowledge of Injury), and DN0281 (Date Employer Had Knowledge of Date of Disability) as the date of knowledge of the new death claim.

**NOTE: The AFF-1, C-62, C-64, and C-65 are still required for all Death Cases**

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S4 | Suspension, Claimant Death | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120830 | August 30, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20120829 | August 29, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | N | No | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | 20120829 | August 29, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 02 | 2 Occurrences | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | S4 | Suspension, Claimant Death | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120829 | August 29, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000280000 | $2800.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120829 | August 29, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 2 Occurrences | | |
| 0233 | Suspension Narrative | CLT SUBSEQUENTLY PASSED AWAY 8/29/12 AS A RESULT O | | 754 | 803 |
| 0233 | Suspension Narrative | F INJURY. WILL BE FILING NEW CLAIM. | | 804 | 853 |
| | ***End R22 Elements*** | | | | |

## *00 – First Report, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120906 | September 6, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120829 | August 29, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 10 | Multiple Head Injury | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120830 | August 30, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120830 | August 30, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20120829 | August 29, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | 20120829 | August 29, 2012 | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120830 | August 30, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | N | No | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | Y | Yes | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120830 | August 30, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report, Event 4* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 01 | 1 Occurrence | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 00 | | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 1 Occurrence | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE DIED AS A RESULT OF 8/1/12 INJURY. | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | | | | |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | | | |
| 0238 | Witness Name | | | | |
| 0237 | Witness Business Phone Number | | | | |
| | ***End R21 Elements*** | | | | |

## *IP – Initial Payment, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120906 | September 06, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | 03 | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120830 | August 30, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20120829 | August 29, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120829 | August 29, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 03 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | 3 Occurrences | | |
| 0097 | Dependent/Payee Relationship Code | 21 | Widow / 1st Birth Order | 209 | 210 |
| 0097 | Dependent/Payee Relationship Code | 41 | Son / 1st Birth Order | 211 | 212 |
| 0097 | Dependent/Payee Relationship Code | 42 | Daughter / 2nd Birth Order | 213 | 214 |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | Y | Yes | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120830 | August 30, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120829 | August 29, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | N | No | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120830 | August 30, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 01 | 1 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 010 | Fatal | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120830 | August 30, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120830 | August 30, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120830 | August 30, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120906 | September 06, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0001 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 1 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000084000 | $840.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120906 | September 06, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 2 Occurrences | | |
| 0222 | Payment Reason Code | 010 | Fatal | 754 | 756 |
| 0217 | Payee | MARY DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000084000 | $840.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120830 | August 30, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120906 | September 06, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120906 | September 06, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| 0222 | Payment Reason Code | 300 | Funeral Expenses | 852 | 854 |
| 0217 | Payee | MARY DOE | | 855 | 894 |
| 0218 | Payment Amount | 00000310000 | $3,100.00 | 895 | 905 |
| 0219 | Payment Covers Period Start Date | 20120906 | September 06, 2012 | 906 | 913 |
| 0220 | Payment Covers Period Through Date | 20120906 | September 06, 2012 | 914 | 921 |
| 0195 | Payment Issue Date | 20120906 | September 06, 2012 | 922 | 929 |
| | Filler | | | 930 | 949 |
| | ***Other Benefits*** | | 1 Occurrence | | |
| 0216 | Other Benefit Type Code | 300 | Total Funeral Expenses | 950 | 952 |
| 0215 | Other Benefit Type Amount | 00000310000 | $3,100.00 | 953 | 963 |
| | Filler | | | 964 | 983 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *IP – Initial Payment, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 4-6

## Established Case with Date of Accident Prior to 1/1/2008, Subsequent Death

*(Different date of death and accident – with dependents)*

**NARRATIVE:**

Employee John Doe, from **Scenario 9-4**, remained out of work on a Permanent Partial Disability. ***** It is assumed for the purposes of this Scenario that the claimant has NOT passed away. *****

On **November 27, 2012**, John Doe entered the local hospital for an authorized back surgery. While the surgery was taking place John Doe died due to the surgery. The Claim Administrator was notified on **November 30, 2012** by Doe's widow of his death. The Claim Administrator verified her relationship and found that all children were grown and not eligible dependents. Based on Mr. Doe's wage ($600.00 per week), Doe's widow is entitled to death benefits of $400.00 per week. Additionally, the Claim Administrator verified and forwarded information to the Board that the widow incurred $3,100 in funeral expenses related to John Doe's death.

The Claim Administrator, **for the date of accident February 2, 2004,** reported the suspension of benefits and death information to the NYS Workers' Compensation Board by sending Claimant Death **(SROI S4)** transaction reports to the NYSWCB on **November 30, 2012**.

On **December 7, 2012**, the Claim Administrator issued a check for the first installment of death benefits to Mrs. Mary Doe as well as reimbursement of $3,100 for funeral expenses she incurred. The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending both the Original First Report of Injury **(FROI 00)** and Initial Payment **(SROI IP)** transaction reports to the NYSWCB on **December 7, 2012**. The Claim Administrator **utilized November 27, 2012 as the date of accident/death** on the new submissions.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 9-4**
**Event 1: FROI MTC UR – Original First Report**
**Event 2: SROI MTC UR – Legacy Claim**

**Scenario 4-6**
**Event 3: SROI MTC S4 – Suspension, Claimant Death**
**See Scenario 4-5 for example of SROI-S4 submission on death claim.**
**--- New Date of Accident / Death Starts Here ---**
**Event 4: FROI MTC 00 – Original First Report (for subsequent death)**
**Event 5: SROI MTC IP – Initial Payment**

**As the Original Date of Accident is Prior to January 1, 2008:**
On the new FROI 00, the Claim Administrator would enter the dates for DN0040 (Date Employer Had Knowledge of Injury), DN0041 (Date Claim Administrator Had Knowledge of Injury), and DN0281 (Date Employer Had Knowledge of Date of Disability) as the original date rather than the date of knowledge of the new death claim.

**NOTE: The AFF-1, C-62, C-64, and C-65 are still required for all Death Cases**

## *00 – First Report, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121207 | December 7, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20040101 | January 1, 2004 | 447 | 454 |
| 0030 | Policy Expiration Date | 20050101 | January 1, 2005 | 455 | 462 |
| 0031 | Date of Injury | 20121127 | November 27, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 42 | Lower Back Area | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20040202 | February 2, 2004 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20040202 | February 2, 2004 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | 1 | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20121127 | November 27, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | 20121127 | November 27, 2012 | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20121127 | November 27, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | Y | Yes | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20040202 | February 02, 2004 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 00 | | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE DIED AS A RESULT OF BACK SURGERY RELATED T | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | O HIS 2/1/04 INJURY. | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report, Event 4* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | | | |
| 0238 | Witness Name | | | | |
| 0237 | Witness Business Phone Number | | | | |
| | ***End R21 Elements*** | | | | |

## *IP – Initial Payment, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121207 | December 07, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | 01 | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20121127 | November 27, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20121127 | November 27, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20121127 | November 27, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 01 | 1 Occurrence | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | 1 Occurrence | | |
| 0097 | Dependent/Payee Relationship Code | 21 | Widow / 1st Birth Order | 209 | 210 |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | Y | Yes | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20040202 | February 02, 2004 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20121127 | November 27, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000040000 | $400.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | N | No | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20121127 | November 27, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 01 | 1 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 010 | Fatal | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000040000 | $400.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20121127 | November 27, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000040000 | $400.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20121127 | November 27, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20121127 | November 27, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20121207 | December 07, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0001 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000072000 | $720.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121207 | December 07, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 2 Occurrences | | |
| 0222 | Payment Reason Code | 010 | Fatal | 754 | 756 |
| 0217 | Payee | MARY DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000072000 | $720.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20121127 | November 27, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20121207 | December 07, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20121207 | December 07, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| 0222 | Payment Reason Code | 300 | Funeral Expenses | 852 | 854 |
| 0217 | Payee | MARY DOE | | 855 | 894 |
| 0218 | Payment Amount | 00000310000 | $3,100.00 | 895 | 905 |
| 0219 | Payment Covers Period Start Date | 20121207 | December 07, 2012 | 906 | 913 |
| 0220 | Payment Covers Period Through Date | 20121207 | December 07, 2012 | 914 | 921 |
| 0195 | Payment Issue Date | 20121207 | December 07, 2012 | 922 | 929 |
| | Filler | | | 930 | 949 |
| | ***Other Benefits*** | | 1 Occurrence | | |
| 0216 | Other Benefit Type Code | 300 | Total Funeral Expenses | 950 | 952 |
| 0215 | Other Benefit Type Amount | 00000310000 | $3,100.00 | 953 | 963 |
| | Filler | | | 964 | 983 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *IP – Initial Payment, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 5-1

## Full Denial – MTC 04

*(Claim Administrator denies claim in its entirety)*

**NARRATIVE:**

Employee John Doe fell off a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and hurt his low back on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. Doe's foreman noticed that Doe appeared to be intoxicated at the time of the accident and smelled of alcohol. The employee was sent to the hospital and initially treated and released from the Emergency Room of Albany Memorial Hospital. The employee was **NOT paid for the date of the injury**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 3, 2012** to the Insurer/Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is **NOT** compensable. The Claim Administrator reported the denial information to the NYS Workers' Compensation Board by sending the Denial First Report of Injury **(FROI 04)** to the NYSWCB on **August 8, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 04 – Denial First Report**

**NOTE:** To deny additional injury sites and/or medical issues the Claim Administrator **should continue** to use the **C-8.1 Process** and/or **Medical Treatment Guidelines Process**.

## *04 – First Report, Denial* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 04 | Denial | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain or Tear | 485 | 486 |
| 0036 | Part of Body Injured Code | 42 | Lower Back Area | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *04 – First Report, Denial* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20120802 | August 2, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | N | No | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *04 – First Report, Denial* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *04 – First Report, Denial* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | 20120808 | August 08, 2012 | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 02 | 2 Occurrences | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 01 | 1 Occurrence | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE ALLEGES HIS LOW BACK INJURED FROM FALL FRO | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | M LADDER AT JOBSITE | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | 2 Occurrences | | |
| 0198 | Full Denial Reason Code | 1C | No Compensable Accident/Not in Course and Scope of Employment – Willful Intent to Injure Oneself | 1701 | 1702 |
| 0198 | Full Denial Reason Code | 1E | No Compensable Accident/Not in Course and Scope of Employment – Deviation from Employment | 1703 | 1704 |

## *04 – First Report, Denial* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Full Denial Reason Narratives*** | | 1 Occurrence | | |
| 0197 | Denial Reason Narrative | MR. DOE WAS INTOXICATED AT THE TIME OF ACCIDENT | | 1705 | 1754 |
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1755 | 1794 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1795 | 1809 |
| | Filler | | | 1810 | 1829 |
| | ***End R21 Elements*** | | | | |

# SCENARIO 5-2

## Subsequent Full Denial – MTC 04

*(Claim Administrator denies claim in its entirety after submitting FROI 00)*

**NARRATIVE:**

Employee John Doe fell off a ladder at the employer's jobsite located at 1234 Broadway, Albany, NY and hurt his low back, left foot, and left hip on **August 1, 2012** at 1:00 p.m. He started work at 7:00 a.m. Doe's foreman, Jane Smith, witnessed the accident. The employee was sent to the hospital and initially treated and released from the Emergency Room of Albany Memorial Hospital. The employee was **paid for the date of the injury and returned to work the next day**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week. Doe's foreman **reported the injury on August 3, 2012** to the Insurer/Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**.

On August 10, 2012, the employer received the results of the employer's mandatory toxicology screening performed at the hospital and learned that John Doe was in fact very intoxicated at the time of his accident. They immediately inform the Claim Administrator of this information.

On **August 10, 2012**, the Claim Administrator determined that the claim is **NOT** compensable due to this intoxication. The Claim Administrator reported the denial information to the NYS Workers' Compensation Board by sending the Denial Subsequent Report of Injury **(SROI 04)** to the NYSWCB on **August 10, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC 04 – Denial Subsequent Report**

**NOTE:** To deny additional injury sites and/or medical issues the Claim Administrator **should continue** to use the **C-8.1 Process** and/or **Medical Treatment Guidelines Process**.

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain or Tear | 485 | 486 |
| 0036 | Part of Body Injured Code | 42 | Lower Back Area | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | N/A | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | CLT WAS STEPPING OFF A ROOF AND FELL FROM A LADDER | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | INJURING LOW BACK, LT FOOT, LT HIP | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *04 – Subseq. Report, Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | 04 | Denial | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120810 | August 10, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | | | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | M | Medical Only | 187 | 187 |
| 0075 | Agreement to Compensate Code | | N/A | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *04 – Subseq. Report, Denial, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *04 – Subseq. Report, Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | 20120810 | August 10, 2012 | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | N/A | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 00 | | 630 | 631 |
| 0283 | Number of Payments | 00 | | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 02 | 2 Occurrences | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 03 | 3 Occurrences | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | | | |
| 0085 | Benefit Type Code | | | | |
| 0002 | Maintenance Type Code | | | | |
| 0174 | Gross Weekly Amount | | | | |
| 0175 | Gross Weekly Amount Effective Date | | | | |
| 0087 | Net Weekly Amount | | | | |
| 0211 | Net Weekly Amount Effective Date | | | | |

## *04 – Subseq. Report, Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | | | | |
| 0089 | Benefit Period Through Date | | | | |
| 0090 | Benefit Type Claim Weeks | | | | |
| 0091 | Benefit Type Claim Days | | | | |
| 0086 | Benefit Type Amount Paid | | | | |
| 0192 | Benefit Payment Issue Date | | | | |
| | Filler | | | | |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *04 – Subseq. Report, Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | 2 Occurrences | | |
| 0198 | Full Denial Reason Code | 1C | No Compensable Accident/Not in Course and Scope of Employment – Willful Intent to Injure Oneself | 651 | 652 |
| 0198 | Full Denial Reason Code | 1E | No Compensable Accident/Not in Course and Scope of Employment – Deviation from Employment | 653 | 654 |
| | ***Denial Reasons*** | | 3 Occurrences | | |
| 0197 | Denial Reason Narrative | SUBSEQUENT REPORT RECEIVED BY EMPLOYER FROM HOSPIT | | 655 | 704 |
| 0197 | Denial Reason Narrative | AL AND FURTHER INVESTIGATION OF CLAIM REVEALED CLA | | 705 | 754 |
| 0197 | Denial Reason Narrative | IMANT WAS INTOXICATED AT TIME OF ACCIDENT | | 755 | 804 |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 5-3

## Partial Denial – MTC 00/PD

*(Claim Administrator accepts medical and denies partial indemnity)*

**NARRATIVE:**

Employee John Doe, from **Scenario 1-1**, continued to work until **August 15, 2012**, when Doe sought further treatment from his primary care doctor. On **August 27, 2012**, the provider forwarded a medical report indicating that the claimant was disabled as of **August 16, 2012** and had a **Temporary Total Disability**. In addition, the medical provider indicated that there was **apportionment** to a prior motor vehicle accident (MVA) the claimant suffered. The prior accident was not work related. The medical provider issued an **apportionment opinion of 70% related to the work accident and 30% related to the MVA**.

On August 29, 2012, the Claim Administrator determined that they would **accept the apportionment opinion of the claimant's doctor and partially deny the indemnity portion of the claim for the unrelated 30%** per the medical provider's opinion. The Claim Administrator reported the Initial Payment and Partial Denial to the NYS Workers' Compensation Board by sending the Initial Payment **(SROI IP)** and Partial Denial **(SROI PD)** transaction reports to the NYSWCB on **August 29, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 1-1**
**Event 1: FROI MTC 00 – Original First Report**

**Scenario 5-4**
**Event 2: SROI MTC PD – Partial Denial**
**Event 3: SROI MTC IP – Initial Payment**

**NOTE:** To deny additional injury sites and/or medical issues the Claim Administrator **should continue** to use the **C-8.1 Process** and/or **Medical Treatment Guidelines Process**.

## *PD – Partial Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PD | Partial Denial | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120829 | August 29, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | Y | Yes | 54 | 54 |
| 0056 | Initial Date Disability Began | | | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | L | Became Lost Time | 187 | 187 |
| 0075 | Agreement to Compensate Code | | | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PD – Partial Denial, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *PD – Partial Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | B | Denying Indemnity in Part, Not Medical | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | N/A | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 001 | 1 Occurrence | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 03 | 3 Occurrences | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | PD | Partial Denial | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120801 | August 01, 2012 | 667 | 674 |

## *PD – Partial Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | 00000049000 | $490.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120801 | August 01, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120816 | August 16, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120829 | August 29, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 02 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000049000 | $490.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120829 | August 29, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | 1 Occurrence | | |
| 0092 | Benefit Adjustment Code | A | Apportionment | 754 | 757 |
| 0094 | Benefit Adjustment Start Date | 20120816 | August 16, 2012 | 758 | 765 |
| 0125 | Benefit Adjustment End Date | 20120829 | August 29, 2012 | 766 | 773 |
| 0093 | Benefit Adjustment Weekly Amount | 00000021000 | $210.00 | 774 | 784 |
| | Filler | | | 785 | 804 |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |

## *PD – Partial Denial, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | 3 Occurrences | | |
| 0197 | Denial Reason Narrative | CLT DR RENDERED APPORTIONMENT OPINION IN 8/15 MEDI | | 805 | 854 |
| 0197 | Denial Reason Narrative | CAL REPORT, 70% RELATED to WC INJURY, 30% UNRELATE | | 855 | 904 |
| 0197 | Denial Reason Narrative | D TO WC INJURY | | 905 | 954 |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120829 | August 29, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | Y | Yes | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120816 | August 16, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120827 | August 27, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120815 | August 15, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120816 | August 16, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 001 | 1 Occurrence | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120801 | August 01, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000049000 | $490.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120801 | August 01, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120816 | August 16, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120829 | August 29, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 02 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000049000 | $490.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120829 | August 29, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 754 | 756 |
| 0217 | Payee | JOHN DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000098000 | $980.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120816 | August 16, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120829 | August 29, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120829 | August 29, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | 1 Occurrence | | |
| 0092 | Benefit Adjustment Code | A | Apportionment | 852 | 855 |
| 0094 | Benefit Adjustment Start Date | 20120816 | August 16, 2012 | 856 | 863 |
| 0125 | Benefit Adjustment End Date | 20120829 | August 29, 2012 | 864 | 871 |
| 0093 | Benefit Adjustment Weekly Amount | 00000021000 | $210.00 | 872 | 882 |
| | Filler | | | 883 | 902 |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *IP – Initial Payment, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 6-1

## Volunteer Firefighter (VFF)
## Medical Only – MTC 00

*(Claimant is not disabled from employment and continues treatment for the injury)*

**NARRATIVE:**

Volunteer Firefighter (VFF) Michael Smith responded to a residential fire at 1801 Lancaster Street, Providence, NY on **August 1, 2012** at 7:00 p.m. While fighting the fire from the interior of the residence, a piece of ceiling fell and injured VFF Smith's head. Chief Richard Jones was on scene and witnessed the injury. VFF Smith was immediately sent by ambulance to Saratoga Hospital for treatment of his head injury. VFF Smith was examined by hospital staff and determined to suffer **no disability from employment** and was allowed to return to his regular job as a construction foreman the next business day. Chief Jones **reported the injury on August 3, 2012** to the Insurer / Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**.

The FROI 00 includes **DN0058 (Employment Status Code) with 9 (Volunteer) populated** and **DN0059 (Manual Classification Code) with 7711 (VFF) populated**, which indicates that this is a VFF case.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**

***NOTE: For Volunteer Firefighter (VFF) and Volunteer Ambulance Worker (VAW) cases: Insured FEIN (DN0314) and Insured Name (DN0017) are the actual Fire or Ambulance Service (i.e., Providence Volunteer Ambulance Corps); Employer FEIN (DN0016) and Employer Name (DN0018) are the Political Subdivision/Fire District (i.e., Town of Providence).***

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | MIDDLE GROVE | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12850 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 922160 | Fire & Ambulance Services | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | RU102 | Call Run 102 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1900 | 7:00 p.m. | 471 | 474 |
| 0033 | Accident Site Postal Code | 12850 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 07 | Concussion | 485 | 486 |
| 0036 | Part of Body Injured Code | 11 | Skull | 487 | 488 |
| 0037 | Cause of Injury Code | 13 | Caught In, Under, or Between - NOC | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | MICHAEL | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | MIDDLE GROVE | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12850 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 9 | Volunteer | 838 | 839 |
| 0059 | Manual Classification Code | 7711 | Volunteer Firefighter | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000000000 | $00.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | N | No | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0043 | Employee Last Name | SMITH | | 253 | 292 |
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 099965423 | | 412 | 420 |
| 0017 | Insured Name | PROVIDENCE VOLUNTEER FIRE COMPANY | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | SARATOGA | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | PROVIDENCE | | 699 | 713 |
| 0122 | Accident Site Street | 1801 LANCASTER STREET | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | TOWN OF PROVIDENCE | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | MIDDLE GROVE | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12850 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | FIREFIGHTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 01 | 1 Occurrence | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | FF SMITH WAS FIGHTING RESIDENTIAL FIRE. WHILE INS | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | IDE RESIDENCE PART OF CEILING COLLAPSED ON HIM. | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | 1 Occurrence | | |
| 0207 | Managed Care Organization Code | 03 | | 1701 | 1702 |
| 0209 | Managed Care Organization Name | | | 1703 | 1742 |
| 0208 | Managed Care Organization Identification Number | 000000004 | | 1743 | 1751 |
| | Filler | | | 1752 | 1771 |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | CHIEF RICHARD JONES | | 1772 | 1811 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1812 | 1826 |
| | Filler | | | 1827 | 1846 |
| | ***End R21 Elements*** | | | | |

# SCENARIO 6-2

## Volunteer Firefighter (VFF)
## Initial Payment – MTC 00/IP

*(Claimant is disabled from employment)*

**NARRATIVE:**

Volunteer Firefighter (VFF) Michael Smith responded to a residential fire at 1801 Lancaster Street, Providence, NY on **August 1, 2012** at 7:00 p.m. While fighting the fire from the interior of the residence, a piece of ceiling fell and injured VFF Smith's head. Chief Richard Jones was on scene and witnessed the injury. VFF Smith was immediately sent by ambulance to Saratoga Hospital for treatment of his head injury. VFF Smith was examined by hospital staff and determined to have a **Total Disability** and was not allowed to return to his regular job as a construction foreman the next business day. Chief Jones **reported the injury on August 3, 2012** to the Insurer/Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The Claim Administrator **issued a check on August 8, 2012** to the injured employee, for **Temporary Total Disability Benefits**, for the period **August 1, 2012 through August 8, 2012 and continuing**.

The Claim Administrator reported the loss and initial payment information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** and Initial Payment **(SROI IP)** to the NYSWCB on **August 8, 2012**. The FROI 00 included **DN0058 (Employment Status Code) with 9 (Volunteer) populated** and **DN0059 (Manual Classification Code) with 7711 (VFF) populated**, which indicates that this is a VFF case.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

***NOTE: For Volunteer Firefighter (VFF) and Volunteer Ambulance Worker (VAW) cases: Insured FEIN (DN0314) and Insured Name (DN0017) are the actual Fire or Ambulance Service (i.e., Providence Volunteer Ambulance Corps); Employer FEIN (DN0016) and Employer Name (DN0018) are the Political Subdivision/Fire District (i.e., Town of Providence).***

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | MIDDLE GROVE | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12850 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 922160 | Fire & Ambulance Services | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | RU102 | Call Run 102 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1900 | 7:00 p.m. | 471 | 474 |
| 0033 | Accident Site Postal Code | 12850 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 07 | Concussion | 485 | 486 |
| 0036 | Part of Body Injured Code | 11 | Skull | 487 | 488 |
| 0037 | Cause of Injury Code | 13 | Caught In, Under, or Between - NOC | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | MICHAEL | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | MIDDLE GROVE | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12850 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | 20120801 | August 1, 2012 | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 9 | Volunteer | 838 | 839 |
| 0059 | Manual Classification Code | 7711 | Volunteer Firefighter | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000000000 | $00.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 1, 2012 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | N | No | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0043 | Employee Last Name | SMITH | | 253 | 292 |
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 099965423 | | 412 | 420 |
| 0017 | Insured Name | PROVIDENCE VOLUNTEER FIRE COMPANY | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | SARATOGA | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | PROVIDENCE | | 699 | 713 |
| 0122 | Accident Site Street | 1801 LANCASTER STREET | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | TOWN OF PROVIDENCE | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | MIDDLE GROVE | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12850 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | FIREFIGHTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | 1 Occurrence | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | FF SMITH WAS FIGHTING RESIDENTIAL FIRE. WHILE INS | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | IDE RESIDENCE PART OF CEILING COLLAPSED ON HIM. | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | 1 Occurrence | | |
| 0207 | Managed Care Organization Code | 03 | | 1701 | 1702 |
| 0209 | Managed Care Organization Name | | | 1703 | 1742 |
| 0208 | Managed Care Organization Identification Number | 000000004 | | 1743 | 1751 |
| | Filler | | | 1752 | 1771 |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | CHIEF RICHARD JONES | | 1772 | 1811 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1812 | 1826 |
| | Filler | | | 1827 | 1846 |
| | ***End R21 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120801 | August 01, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | SMITH | | 259 | 298 |
| 0044 | Employee First Name | MICHAEL | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 099965423 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000040000 | $400.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 9 | Volunteer | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | N | No | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000060000 | $600.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120801 | August 01, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000040000 | $400.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120801 | August 01, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000040000 | $400.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120801 | August 01, 2012 | 686 | 693 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120801 | August 01, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120808 | August 08, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0001 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 1 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000048000 | $480.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120808 | August 08, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 754 | 756 |
| 0217 | Payee | MICHAEL SMITH | | 757 | 796 |
| 0218 | Payment Amount | 00000048000 | $480.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120801 | August 01, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120808 | August 08, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120808 | August 08, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 6-3

## Volunteer Ambulance Worker (VAW)
## Medical Only – MTC 00

*(Claimant is not disabled from employment and continues treatment for the injury)*

**NARRATIVE:**

Volunteer Ambulance Worker (VAW) David Jones responded to an accident of an injured firefighter at 1801 Lancaster Street, Providence, NY on **August 1, 2012** at 7:00 p.m. While administering intravenous medications to the injured firefighter, VAW Jones stuck his own right index finger with a needle. Chief Richard Jones of the Providence Fire Department was on scene and witnessed the injury. VAW Jones continued his duties and transported the injured firefighter to Saratoga Hospital. While at the hospital, VAW Jones had blood work done and had his finger examined by Emergency Room staff. It was determined that VAW Jones suffered **no disability from employment** and was allowed to return to his regular job as a police officer the next business day. The President of the Volunteer Ambulance Corp **reported the injury on August 3, 2012** to the Insurer/Claim Administrator.

On August 8, 2012, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **August 8, 2012**. The FROI 00 includes **DN0058 (Employment Status Code) with 9 (Volunteer) populated** and **DN0059 (Manual Classification Code) with 7370 (VAW) populated**, which indicates that this is a VAW case.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**

***NOTE: For Volunteer Firefighter (VFF) and Volunteer Ambulance Worker (VAW) cases: Insured FEIN (DN0314) and Insured Name (DN0017) are the actual Fire or Ambulance Service (i.e., Providence Volunteer Ambulance Corps); Employer FEIN (DN0016) and Employer Name (DN0018) are the Political Subdivision/Fire District (i.e., Town of Providence).***

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120808 | August 08, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | MIDDLE GROVE | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12850 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 922160 | Fire & Ambulance Services | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | RU102 | Call Run 102 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20120101 | January 1, 2012 | 447 | 454 |
| 0030 | Policy Expiration Date | 20130101 | January 1, 2013 | 455 | 462 |
| 0031 | Date of Injury | 20120801 | August 1, 2012 | 463 | 470 |
| 0032 | Time of Injury | 1900 | 7:00 p.m. | 471 | 474 |
| 0033 | Accident Site Postal Code | 12850 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 43 | Puncture | 485 | 486 |
| 0036 | Part of Body Injured Code | 36 | Finger(s), other than Thumb | 487 | 488 |
| 0037 | Cause of Injury Code | 79 | Object Being Lifted or Handled | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20120801 | August 1, 2012 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20120803 | August 3, 2012 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | DAVID | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | MIDDLE GROVE | | 774 | 788 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |
| 0050 | Employee Mailing Postal Code | 12850 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 9 | Volunteer | 838 | 839 |
| 0059 | Manual Classification Code | 7370 | Volunteer Ambulance Worker | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000000000 | $00.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | N | No | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | JONES | | 253 | 292 |
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 099965423 | | 412 | 420 |
| 0017 | Insured Name | PROVIDENCE AMBULANCE CORPS | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | SARATOGA | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | PROVIDENCE | | 699 | 713 |
| 0122 | Accident Site Street | 1801 LANCASTER STREET | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 1, 2012 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | TOWN OF PROVIDENCE | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | MIDDLE GROVE | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12850 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | EMERGENCY MEDICAL TECHNICICAN | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 03 | 3 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 01 | 1 Occurrence | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 3 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | EMT JONES WAS ADMINISTERING IV TO INJURED FIREFIGH | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | TER WHEN EMT JONES STUCK HIMSELF IN RIGHT INDEX FI | | 1651 | 1700 |
| 0038 | Accident/Injury Description Narrative | NGER WITH NEEDLE | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Managed Care Organizations*** | | 1 Occurrence | | |
| 0207 | Managed Care Organization Code | 03 | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | 000000004 | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | CHIEF RICHARD JONES | | | |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | | |
| | | | | | |
| | ***End R21 Elements*** | | | | |

# SCENARIO 7-1

## Section 32 Settlement – Payment Report – MTC PY

*(Section 32 Settlement closes medical and indemnity)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1,** continued out of work for several months and retained an attorney. On November 13, 2012, the Claim Administrator decided to offer the claimant a Section 32 Settlement in the amount of $20,000 (including a $2,000 attorney's fee) to settle the medical and indemnity on the claim as well as suspend the continuing payments on the date of the hearing. John Doe accepted the Claim Administrator's offer. The signed paperwork was forwarded to the NYSWCB immediately.

A hearing was held on **December 14, 2012**, in which the agreement was **approved** by the Board and the **Notice of Approval was issued on December 31, 2012**. The Claim Administrator reported the suspension of claimant's weekly payments as of December 14, 2012 to the NYS Workers' Compensation Board by sending a Suspension **(SROI SD)** transaction report to the NYSWCB on **December 18, 2012**.

On January 3, 2013, the Claim Administrator received the Notice of Decision, issued payment to the claimant and claimant's attorney, and reported the payments to the NYS Workers' Compensation Board by sending Payment Report **(SROI PY)** transaction report to the NYSWCB on **January 3, 2013.**

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 7-1**
**Event 3: SROI MTC SD – Suspension, Directed by Jurisdiction**
**Event 4: SROI MTC PY – Payment Report**

## *SD – Suspension, Directed, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | SD | Suspension, Directed by Jurisdiction | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121218 | December 18, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *SD – Suspension, Directed, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *SD – Suspension, Directed, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | 20121214 | December 14, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | 20121231 | December 31, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 02 | 2 Occurrences | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | SD | Suspension, Directed by Jurisdiction | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |

## *SD – Suspension, Directed, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20121214 | December 14, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0019 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 02 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001334000 | $13340.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121214 | December 14, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *SD – Suspension, Directed, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 2 Occurrences | | |
| 0233 | Suspension Narrative | PAYMENTS SUSPENDED PER APPROVAL OF SECTION 32 AGRE | | 754 | 803 |
| 0233 | Suspension Narrative | EMENT | | 804 | 853 |
| | ***End R22 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130103 | January 03, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120801 | August 01, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | SF | Settlement Full | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20121231 | December 31, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 01 | 1 Occurrence | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 500 | Unspecified Lump Sum Payment/Settlement | 651 | 653 |
| 0002 | Maintenance Type Code | PY | Payment Report | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20130103 | January 3, 2013 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20130103 | January 3, 2013 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | | N/A | 710 | 713 |
| 0091 | Benefit Type Claim Days | | N/A | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001800000 | $18000.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 050 | Temporary Total | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20121214 | December 14, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0019 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00001334000 | $13340.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 2 Occurrences | | |
| 0222 | Payment Reason Code | 500 | Unspecified Lump Sum Payment/Settlement | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00001800000 | $18,000.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20130103 | January 3, 2013 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20130103 | January 3, 2013 | 919 | 926 |
| 0195 | Payment Issue Date | 20130103 | January 3, 2013 | 927 | 934 |
| | Filler | | | 935 | 954 |
| 0222 | Payment Reason Code | 340 | Total Claimant's Legal Expense | 955 | 957 |
| 0217 | Payee | ATTORNEY DOE | | 958 | 997 |
| 0218 | Payment Amount | 00000200000 | $2,000.00 | 998 | 1008 |
| 0219 | Payment Covers Period Start Date | 20130103 | January 3, 2013 | 1009 | 1016 |
| 0220 | Payment Covers Period Through Date | 20130103 | January 3, 2013 | 1017 | 1024 |
| 0195 | Payment Issue Date | 20130103 | January 3, 2013 | 1025 | 1032 |
| | Filler | | | 1033 | 1052 |
| | ***Other Benefits*** | | 1 Occurrence | | |
| 0216 | Other Benefit Type Code | 340 | Total Claimant's Legal Expense | 1053 | 1055 |
| 0215 | Other Benefit Type Amount | 00000200000 | $2,000.00 | 1056 | 1066 |
| | Filler | | | 1067 | 1086 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 7-2

## Partial Section 32 Settlement – Payment Report – MTC PY

*(Section 32 Settlement closes indemnity, medical remains OPEN)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1,** continued out of work for several months and retained an attorney. On November 13, 2012, the Claim Administrator decided to offer the claimant a Section 32 Settlement in the amount of $20,000 (including a $2,000 attorney's fee) **to settle ONLY the indemnity portion of the claim** as well as suspend the continuing payments on the date of the hearing. John Doe accepted the Claim Administrator's offer. The signed paperwork was forwarded to the NYSWCB immediately.

A hearing was held on **December 14, 2012**, in which the agreement was **approved** by the Board and the **Notice of Approval was issued on December 31, 2012**. The Claim Administrator reported the suspension of claimant's weekly payments as of December 14, 2012 to the NYS Workers' Compensation Board by sending a Suspension **(SROI SD)** transaction report to the NYSWCB on **December 18, 2012**.

On January 3, 2013, the Claim Administrator received the Notice of Decision and issued payment to the claimant and claimant's attorney and reported the payments to the NYS Workers' Compensation Board by sending Payment Report **(SROI PY)** transaction report to the NYSWCB on **January 3, 2013.**

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 7-2**
**Event 3: SROI MTC SD – Suspension, Directed by Jurisdiction**
**See Scenario 7-1 for Example of SROI-SD submission.**
**Event 4: SROI MTC PY – Payment Report**

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130103 | January 03, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | SP | Settlement Partial | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20121231 | December 31, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 01 | 1 Occurrence | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 500 | Unspecified Lump Sum Payment/Settlement | 651 | 653 |
| 0002 | Maintenance Type Code | PY | Payment Report | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20130103 | January 3, 2013 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20130103 | January 3, 2013 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | | N/A | 710 | 713 |
| 0091 | Benefit Type Claim Days | | N/A | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001800000 | $18000.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 050 | Temporary Total | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20121214 | December 14, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0019 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00001334000 | $13340.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 2 Occurrences | | |
| 0222 | Payment Reason Code | 500 | Unspecified Lump Sum Payment/Settlement | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00001800000 | $18,000.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20130103 | January 3, 2013 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20130103 | January 3, 2013 | 919 | 926 |
| 0195 | Payment Issue Date | 20130103 | January 3, 2013 | 927 | 934 |
| | Filler | | | 935 | 954 |
| 0222 | Payment Reason Code | 340 | Total Claimant's Legal Expense | 955 | 957 |
| 0217 | Payee | ATTORNEY DOE | | 958 | 997 |
| 0218 | Payment Amount | 00000200000 | $2,000.00 | 998 | 1008 |
| 0219 | Payment Covers Period Start Date | 20130103 | January 3, 2013 | 1009 | 1016 |
| 0220 | Payment Covers Period Through Date | 20130103 | January 3, 2013 | 1017 | 1024 |
| 0195 | Payment Issue Date | 20130103 | January 3, 2013 | 1025 | 1032 |
| | Filler | | | 1033 | 1052 |
| | ***Other Benefits*** | | 1 Occurrence | | |
| 0216 | Other Benefit Type Code | 340 | Total Claimant's Legal Expense | 1053 | 1055 |
| 0215 | Other Benefit Type Amount | 00000200000 | $2,000.00 | 1056 | 1066 |
| | Filler | | | 1067 | 1086 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 7-3

## Section 32 Settlement – Payment Report – MTC PY

*(Section 32 Settlement closes medical and indemnity in additional files)*

**NARRATIVE:**

Employee John Doe, from Scenario 7-1, had another date of injury for the right leg from **October 1, 2010** with the same employer. In the October 1, 2010 date of accident, the claimant lost time from his employment, received payment from the Claim Administrator, and subsequently returned to work at full duty.

The Claim Administrator was the **same on both cases**. As part of the Section 32 agreement to settle his August 1, 2012 date of injury, the parties agreed to include the October 1, 2010 date of injury in the Section 32 agreement as well. The Section 32 agreement indicated that **all monies will be paid out of the August 1, 2012 date of accident**.

The Claim Administrator had previously accepted the October 1, 2010 injury and had previously transmitted a FROI 00, SROI IP and SROI S1 to the NYSWCB.

A hearing was held on **December 14, 2012**, in which the agreement was **approved** by the Board and the **Notice of Approval was issued on December 31, 2012**.

On January 3, 2013, the Claim Administrator received the Notice of Decision and issued payment in the August 1, 2012 date of accident. As the October 1, 2010 date of accident was settled in the agreement, the Claim Administrator notified the NYS Workers' Compensation Board by sending Payment Report **(SROI PY)** transaction report to the NYSWCB on **January 3, 2013.** In the SROI PY the Claim Administrator **indicated "S" (Claim Settled Under Another DOI) under DN0202 (Reduced Benefit Amount Code)**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Previously Submitted (See Scenario 2-6 for Similar Reports)**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**
**Event 3: SROI MTC S1 – Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work**

**Scenario 7-3**
**Event 4: SROI MTC PY – Payment Report**

**NOTE:** If the additional claim being settled has **NOT** been assembled by the NYSWCB then a **FROI 00** submission **MUST** be submitted. The SROI PY would otherwise be **rejected** as there was no FROI 00 on file.

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130103 | January 03, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20101002 | October 02, 2010 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20101001 | October 01, 2010 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | 50000000 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | S | Claim Settled Under Another DOI | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 201001001 | October 01, 2010 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | SF | Settlement Full | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20101002 | October 02, 2010 | 506 | 513 |
| 0299 | Award/Order Date | 20121231 | December 31, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 00 | | 630 | 631 |
| 0283 | Number of Payments | 00 | | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | | | |
| 0085 | Benefit Type Code | | | | |
| 0002 | Maintenance Type Code | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0174 | Gross Weekly Amount | | | | |
| 0175 | Gross Weekly Amount Effective Date | | | | |
| 0087 | Net Weekly Amount | | | | |
| 0211 | Net Weekly Amount Effective Date | | | | |
| 0088 | Benefit Period Start Date | | | | |
| 0089 | Benefit Period Through Date | | | | |
| 0090 | Benefit Type Claim Weeks | | | | |
| 0091 | Benefit Type Claim Days | | | | |
| 0086 | Benefit Type Amount Paid | | | | |
| 0192 | Benefit Payment Issue Date | | | | |
| | Filler | | | | |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 8-1

## Board Ordered Suspension – MTC SD

*(Board directs Claim Administrator to suspend continuing payments)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-5**, retained an attorney soon after seeing his doctor and having his payments reduced. The attorney requested a hearing before the Board on various issues.

On November 14, 2012, a hearing was held and continuing payments at the same rate as well as an attorney's fee of $100.00 were directed by the Workers' Compensation Law Judge. The Notice of Decision was issued on November 16, 2012. After the hearing the Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction report to the NYSWCB on **November 19, 2012**.

Several weeks after the hearing, the claimant missed his follow-up appointment with his doctor. On **December 20, 2012**, the Claim Administrator filed a Request for Further Action (RFA-2) to suspend payments. On **January 18, 2013**, another hearing was held and John Doe failed to appear at the hearing. The **Workers' Compensation Law Judge suspended John Doe's payments effective January 18, 2013**. The Board issued the Notice of Decision on January 23, 2013.

The Claim Administrator reported the suspension and payment information to the NYS Workers' Compensation Board by sending the Suspension, Directed by Jurisdiction **(SROI SD)** transaction report to the NYSWCB on **January 24, 2013**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-5**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**
**Event 3: SROI MTC CB – Change in Benefit Type**

**Scenario 8-1**
**Event 4: SROI MTC PY – Payment Report**
**Event 5: SROI MTC SD – Suspension, Directed by Jurisdiction**

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121119 | November 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20121116 | November 16, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 01 | 1 Occurrence | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3,360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20121114 | November 14, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0010 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 0 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000350000 | $3,500.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 340 | Total Claimant's Legal Expenses | 857 | 859 |
| 0217 | Payee | ATTORNEY DOE | | 860 | 899 |
| 0218 | Payment Amount | 00000010000 | $100.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20121114 | November 14, 2012 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20121114 | November 14, 2012 | 919 | 926 |
| 0195 | Payment Issue Date | 20121119 | November 19, 2012 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | 1 Occurrence | | |
| 0216 | Other Benefit Type Code | 340 | Total Claimant's Legal Expenses | 955 | 957 |
| 0215 | Other Benefit Type Amount | 00000010000 | $100.00 | 958 | 968 |
| | Filler | | | 969 | 988 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

## *SD – Suspension, Directed, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | SD | Suspension, Directed by Jurisdiction | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130124 | January 24, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *SD – Suspension, Directed, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *SD – Suspension, Directed, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | 20130118 | January 18, 2013 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | 20130123 | January 23, 2013 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 01 | 1 Occurrence | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |

## *SD – Suspension, Directed, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 04 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001334000 | $13340.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | SD | Suspension, Directed by Jurisdiction | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000035000 | $350.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20120905 | September 05, 2012 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000035000 | $350.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20120905 | September 05, 2012 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20130118 | January 18, 2013 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0019 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000679000 | $6,790.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20130124 | January 24, 2013 | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |

## *SD – Suspension, Directed, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 1 Occurrence | | |
| 0233 | Suspension Narrative | PAYMENTS SUSPENDED PER 1/23/13 NOD ISSUED BY WCB | | 857 | 906 |
| | ***End R22 Elements*** | | | | |

# SCENARIO 8-2

## Claim Administrator Appeal, Payments Suspended – MTC SJ

*(Claim Administrator suspends payments pending outcome of appeal)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-5**, retained an attorney soon after seeing his doctor and having his payments reduced. The attorney requested a hearing before the Board on various issues.

On November 14, 2012, a hearing was held and continuing payments at the same rate as well as an attorney's fee of $100.00 were directed by the Workers' Compensation Law Judge. The Notice of Decision was issued on November 16, 2012. After the hearing, the Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction report to the NYSWCB on **November 20, 2012**.

Several weeks after the hearing, the claimant missed his follow-up appointment with his doctor. On **December 20, 2012**, the Claim Administrator filed a Request for Further Action (RFA-2) to suspend payments. On **January 18, 2013**, another hearing was held. The Judge declined to suspend payments and continued payments to the claimant at the same rate. The Board issued the Notice of Decision on January 23, 2013.

The Claim Administrator disagreed with the Notice of Decision and immediately requested their attorney draft an RB-89 Appeal of the Notice of Decision and **did NOT continue payments pending the outcome of the appeal**. The Claim Administrator reported the suspension pending appeal outcome to the NYS Workers' Compensation Board by sending the Suspended, Pending Appeal or Judicial Review **(SROI SJ)** transaction report to the NYSWCB on **January 24, 2013**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-5**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**
**Event 3: SROI MTC CB – Change in Benefit Type**

**Scenario 8-2**
**Event 4: SROI MTC PY – Payment Report**
**See Scenario 8-1 for example of SROI-PY submission.**
**Event 5: SROI MTC SJ – Suspended, Pending Appeal or Judicial Review**

## *SJ – Suspension, Appeal, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | SJ | Suspension, Pending Appeal | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130124 | January 24, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *SJ – Suspension, Appeal, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *SJ – Suspension, Appeal, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | 20130118 | January 18, 2013 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | 20130123 | January 23, 2013 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 02 | 2 Occurrences | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |

## *SJ – Suspension, Appeal, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 04 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001334000 | $13340.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | SJ | Suspension, Pending Appeal | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000035000 | $350.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20120905 | September 05, 2012 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000035000 | $350.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20120905 | September 05, 2012 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20130118 | January 18, 2013 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0019 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000679000 | $6,790.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20130124 | January 24, 2013 | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |

## *SJ – Suspension, Appeal, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | 2 Occurrences | | |
| 0233 | Suspension Narrative | PAYMENTS SUSPENDED AS CARRIER APPEALING CCP DIRECT | | 857 | 906 |
| 0233 | Suspension Narrative | ION IN 1/23/13 NOD ISSUED BY WCB | | 907 | 956 |
| | ***End R22 Elements*** | | | | |

# SCENARIO 8-3

## Permanent Partial Disability (PPD) Benefits Cap Suspension, Benefits Exhausted – MTC S7

*(Claimant is classified as PPD and exhausts their benefits)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-5 and Scenario 9-1**, continued to remain out of work for two years, at which point the Claim Administrator sent John Doe to an Independent Medical Exam (IME) regarding permanency. Subsequently, John Doe's doctor agreed with the IME opinion.

On August 15, 2012, a hearing was held and it was determined by the Workers' Compensation Law Judge that the claimant had a permanent partial disability (PPD) with a 50% loss of wage earning capacity. Continuing payments at the PPD rate began on August 15, 2012 and were **subject to a statutory benefits cap of 300 weeks**. The Notice of Decision was issued on August 20, 2012. After the hearing, the Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI CB)** transaction report to the NYSWCB on **August 23, 2012**.

Over the next several years, the Claim Administrator meets its obligation of Sub-Annual Reports for No Further Action Claims by submitting the **SROI SA** as per Board Filing Requirements **every 180 days from the date of accident and subsequent SROI SA filings**. On **May 15, 2018**, the Claim Administrator determines that the claimant has been paid 300 weeks of compensation and has exhausted further compensation benefits and stopped payment to the claimant.

The Claim Administrator reported the suspension to the NYS Workers' Compensation Board by sending the Suspension, Benefits Exhausted **(SROI S7)** transaction report to the NYSWCB on **May 22, 2018**.

**Scenario 2-5**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**
**Event 3: SROI MTC CB – Change in Benefit Type**

**Scenario 9-1**
**Event 4 (ongoing): SROI MTC SA – Sub Annual Report (Ongoing Every 180 Days)**

**Scenario 8-3**
**Event 5: SROI MTC CB – Change in Benefit Type (to PPD)**
**Event 6: SROI MTC SA – Sub Annual Report (Ongoing Every 180 Days)**
**See Scenarios 9-1 & 9-2 for examples of SROI-SA submissions.**
**Event 7: SROI MTC S7 – Suspension, Benefits Exhausted**

**NOTE:** For this scenario, it is assumed that the Date of Accident AND all other transaction dates occurred in the year **2010** for **Scenario 2-5** AND occurred in the year **2011** for **Scenario 9-1**. It is also assumed that eClaims has been in place during this entire Scenario.

## *CB – Change in Benefit Type, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120823 | August 23, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | | | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20100801 | August 01, 2010 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 01 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | 54 | Lower Leg | 209 | 211 |
| 0084 | Permanent Impairment Percentage | 05000 | 50.00% | 212 | 216 |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *CB – Change in Benefit Type, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20100801 | August 01, 2010 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *CB – Change in Benefit Type, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20100802 | August 02, 2010 | 506 | 513 |
| 0299 | Award/Order Date | 20120820 | August 20, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 03 | 3 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 3 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *CB – Change in Benefit Type, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20100802 | August 02, 2010 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20100904 | September 04, 2010 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000035000 | $350.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20100905 | September 05, 2010 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000035000 | $350.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20100905 | September 05, 2010 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20100905 | September 05, 2010 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20120814 | August 14, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0101 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00003549000 | $35490.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20120823 | August 23, 2012 | 829 | 836 |
| | Filler | | | 837 | 856 |
| 0085 | Benefit Type Code | 030 | Permanent Partial Scheduled | 857 | 859 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 860 | 861 |
| 0174 | Gross Weekly Amount | 00000035000 | $350.00 | 862 | 872 |
| 0175 | Gross Weekly Amount Effective Date | 20120815 | August 15, 2012 | 873 | 880 |
| 0087 | Net Weekly Amount | 00000035000 | $350.00 | 881 | 891 |
| 0211 | Net Weekly Amount Effective Date | 20120815 | August 15, 2012 | 892 | 899 |
| 0088 | Benefit Period Start Date | 20120815 | August 15, 2012 | 900 | 907 |
| 0089 | Benefit Period Through Date | 20120823 | August 23, 2012 | 908 | 915 |
| 0090 | Benefit Type Claim Weeks | 0001 | | 916 | 919 |
| 0091 | Benefit Type Claim Days | 2 | | 920 | 920 |
| 0086 | Benefit Type Amount Paid | 00000049000 | $490.00 | 921 | 931 |
| 0192 | Benefit Payment Issue Date | 20120823 | August 23, 2012 | 932 | 939 |
| | Filler | | | 940 | 959 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |

## *CB – Change in Benefit Type, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

## *S7 – Benefits Exhausted, Event 7 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S7 | Suspension, Benefits Exhausted | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20180522 | May 22, 2018 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20100802 | August 02, 2010 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20100801 | August 01, 2010 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 01 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | 54 | Lower Leg | 209 | 211 |
| 0084 | Permanent Impairment Percentage | 05000 | 50% | 212 | 216 |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *S7 – Benefits Exhausted, Event 7 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | N/A | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | N/A | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | N/A | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | N/A | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | N/A | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | N/A | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | N/A | 348 | 348 |
| 0146 | Death Result of Injury Code | | N/A | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | Y | Yes | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20100801 | August 01, 2010 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *S7 – Benefits Exhausted, Event 7 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | 20180522 | May 22, 2018 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | 20120820 | August 20, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 03 | 3 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 02 | 2 Occurrences | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 3 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |

## *S7 – Benefits Exhausted, Event 7 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20100802 | August 02, 2010 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20100904 | September 04, 2010 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20100905 | September 05, 2010 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20120814 | August 14, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0101 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00003549000 | $35490.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| 0085 | Benefit Type Code | 030 | Permanent Partial Scheduled | 857 | 859 |
| 0002 | Maintenance Type Code | S7 | Suspension, Benefits Exhausted | 860 | 861 |
| 0174 | Gross Weekly Amount | 00000035000 | $350.00 | 862 | 872 |
| 0175 | Gross Weekly Amount Effective Date | 20120815 | August 15, 2012 | 873 | 880 |
| 0087 | Net Weekly Amount | 00000035000 | $350.00 | 881 | 891 |
| 0211 | Net Weekly Amount Effective Date | 20120815 | August 15, 2012 | 892 | 899 |
| 0088 | Benefit Period Start Date | 20120815 | August 15, 2012 | 900 | 907 |
| 0089 | Benefit Period Through Date | 20180515 | May 15, 2018 | 908 | 915 |
| 0090 | Benefit Type Claim Weeks | 0300 | | 916 | 919 |
| 0091 | Benefit Type Claim Days | 0 | | 920 | 920 |
| 0086 | Benefit Type Amount Paid | 00010500000 | $105,000.00 | 921 | 931 |
| 0192 | Benefit Payment Issue Date | 20180522 | May 22, 2018 | 932 | 939 |
| | Filler | | | 940 | 959 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |

## *S7 – Benefits Exhausted, Event 7 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | CLT REACHED CAP ON PPD BENEFITS. CLT CLASSIFIED 50% | | 960 | 1009 |
| 0233 | Suspension Narrative | PPD PER 08/15/12 HEARING, CAP/MAX OF 300 WEEKS. | | 1010 | 1059 |
| | ***End R22 Elements*** | | | | |

# SCENARIO 8-4

## Reinstatement of Benefits – MTC RB

*(Claim Administrator reinstates payments to claimant)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-5 and 8-1**, followed up with his medical provider on **February 1, 2013** and was referred to an orthopedic surgeon the same day. The orthopedic surgeon opined a **Temporary Total Disability** as John Doe was now in need of emergent surgery. The Claim Administrator determined, based upon the medical report, that the treatment was related to the claim and they would begin payment to the claimant without a hearing.

The Claim Administrator mailed a check to the claimant on **February 12, 2013** paying him **Temporary Total Benefits** for the period **February 1, 2013 through February 12, 2013.** The Claim Administrator reported the reinstatement of benefits to the NYS Workers' Compensation Board by sending a Reinstatement of Benefit **(SROI RB)** transaction report to the NYSWCB on **February 12, 2013**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-5**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**
**Event 3: SROI MTC CB – Change in Benefit Type**

**Scenario 8-1**
**Event 4: SROI MTC PY – Payment Report**
**Event 5: SROI MTC SD – Suspension, Directed by Jurisdiction**

**Scenario 8-4**
**Event 6: SROI MTC RB – Reinstatement of Benefit**

## *RB – Reinstatement, Event 6 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | RB | Reinstatement of Benefit | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130212 | February 12, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *RB – Reinstatement, Event 6 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | 20130201 | February 1, 2013 | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |

## *RB – Reinstatement, Event 6 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *RB – Reinstatement, Event 6 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20130118 | January 18, 2013 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0019 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 3 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000679000 | $6,790.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 050 | Temporary Total | 754 | 756 |
| 0002 | Maintenance Type Code | RB | Reinstatement of Benefit | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20130201 | February 01, 2013 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20130212 | February 12, 2013 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0006 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000448000 | $4,480.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20130212 | February 12, 2013 | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 1 Occurrences | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00000112000 | $1,120.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20130201 | February 01, 2013 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20130212 | February 12, 2013 | 919 | 926 |
| 0195 | Payment Issue Date | 20130212 | February 12, 2013 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |

## *RB – Reinstatement, Event 6 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 9-1

## Sub-Annual Report for Open Claims – MTC SA

*(Claimant remains out of work and continues receiving payments 180 days from date of accident)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-5**, continued out of work on a Temporary Partial Disability at the same rate. On February 1, 2013, the claimant had been out of work for 180 days and per Board Filing Requirements the Claim Administrator was due to file a Sub-Annual Report due to the continuing payments.

The Claim Administrator reported the Sub-Annual Report to the NYS Workers' Compensation Board by sending a Sub-Annual Report **(SROI SA)** transaction report to the NYSWCB on **February 1, 2013**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-5**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**
**Event 3: SROI MTC CB – Change in Benefit Type**

**Scenario 9-1**
**Event 4 (ongoing): SROI MTC SA – Sub Annual Report (Ongoing Every 180 Days)**

## *SA – Sub-Annual (OPEN), Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | SA | Sub-Annual | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130201 | February 01, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | | N/A | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | N/A | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | N/A | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | | N/A | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | | N/A | 187 | 187 |
| 0075 | Agreement to Compensate Code | | N/A | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | N/A | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *SA – Sub-Annual (OPEN), Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | | N/A | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *SA – Sub-Annual (OPEN), Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | | N/A | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | | N/A | 478 | 479 |
| 0058 | Employment Status Code | | N/A | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | | N/A | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | N/A | 494 | 494 |
| 0286 | Average Wage | | N/A | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 03 | 3 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *SA – Sub-Annual (OPEN), Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20130201 | February 01, 2013 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0021 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 3 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000756000 | $7560.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | 3 Occurrences | | |
| 0216 | Other Benefit Type Code | 350 | Total Payment to Physicians | 857 | 859 |
| 0215 | Other Benefit Type Amount | 00000156000 | $1560.00 | 860 | 870 |
| | Filler | | | 871 | 890 |
| 0216 | Other Benefit Type Code | 360 | Total Hospital Costs | 891 | 893 |
| 0215 | Other Benefit Type Amount | 00000212000 | $2120.00 | 894 | 904 |
| | Filler | | | 905 | 924 |
| 0216 | Other Benefit Type Code | 450 | Total Pharmaceutical Costs | 925 | 927 |
| 0215 | Other Benefit Type Amount | 00000035600 | $356.00 | 928 | 938 |
| | Filler | | | 939 | 958 |

## *SA – Sub-Annual (OPEN), Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 9-2

## Sub-Annual Report for No Further Action Claims – MTC SA

*(Claimant remains out of work and continues receiving payments 180 days from date of accident)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-5**, continued out of work on a Temporary Partial Disability at the same rate. John Doe retained an attorney who requested a hearing on various outstanding issues.

On November 14, 2012 a hearing was held and continuing payments at the same rate were directed by the Workers' Compensation Law Judge. The claimant's attorney was awarded a $100.00 fee at the hearing. The Notice of Decision was issued on November 16, 2012. After the hearing, the Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction report to the NYSWCB on **November 20, 2012**.

On February 1, 2013, the claimant had been out of work for 180 days and per Board Filing Requirements the Claim Administrator was due to file a Sub-Annual Report due to the continuing payments.

The Claim Administrator reported the Sub-Annual Report to the NYS Workers' Compensation Board by sending a Sub-Annual Report **(SROI SA)** transaction report to the NYSWCB on **February 1, 2013**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-5**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**
**Event 3: SROI MTC CB – Change in Benefit Type**

**Scenario 9-2**
**Event 4: SROI MTC PY – Payment Report**
**Event 5 (ongoing): SROI MTC SA – Sub Annual Report (Ongoing Every 180 Days)**

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121120 | November 20, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20121116 | November 16, 2012 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 03 | 3 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3,360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20121114 | November 14, 2012 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0010 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 0 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000350000 | $3,500.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 340 | Claimant's Legal Expense | 857 | 859 |
| 0217 | Payee | ATTORNEY DOE | | 860 | 899 |
| 0218 | Payment Amount | 00000010000 | $100.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20121120 | November 20, 2012 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20121120 | November 20, 2012 | 919 | 926 |
| 0195 | Payment Issue Date | 20121120 | November 20, 2012 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | 3 Occurrences | | |
| 0216 | Other Benefit Type Code | 340 | Total Claimant's Legal Expenses | 955 | 957 |
| 0215 | Other Benefit Type Amount | 00000010000 | $100.00 | 958 | 968 |
| | Filler | | | 969 | 988 |
| 0216 | Other Benefit Type Code | 350 | Total Payment to Physicians | 989 | 991 |
| 0215 | Other Benefit Type Amount | 00000096600 | $966.00 | 992 | 1002 |
| | Filler | | | 1003 | 1022 |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0216 | Other Benefit Type Code | 450 | Total Pharmaceutical Costs | 1023 | 1025 |
| 0215 | Other Benefit Type Amount | 00000022600 | $226.00 | 1026 | 1036 |
| | Filler | | | 1037 | 1056 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

## *SA – Sub-Annual (NFA), Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | SA | Sub-Annual | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20130201 | February 01, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | | N/A | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | N/A | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | N/A | 72 | 79 |
| 0057 | Employee Date of Death | | N/A | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | | N/A | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | | N/A | 187 | 187 |
| 0075 | Agreement to Compensate Code | | N/A | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | N/A | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *SA – Sub-Annual (NFA), Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | | N/A | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *SA – Sub-Annual (NFA), Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | | N/A | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | | N/A | 478 | 479 |
| 0058 | Employment Status Code | | N/A | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | | N/A | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | N/A | 494 | 494 |
| 0286 | Average Wage | | N/A | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 03 | 3 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *SA – Sub-Annual (NFA), Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120904 | September 04, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0004 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000336000 | $3360.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20120905 | September 05, 2012 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20130201 | February 01, 2013 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0021 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 3 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000756000 | $7560.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |

## *SA – Sub-Annual (NFA), Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Other Benefits*** | | 3 Occurrences | | |
| 0216 | Other Benefit Type Code | 340 | Total Claimant's Legal Expenses | 857 | 859 |
| 0215 | Other Benefit Type Amount | 00000010000 | $100.00 | 860 | 870 |
| | Filler | | | 871 | 890 |
| 0216 | Other Benefit Type Code | 350 | Total Payment to Physicians | 891 | 893 |
| 0215 | Other Benefit Type Amount | 00000156000 | $1560.00 | 894 | 904 |
| | Filler | | | 905 | 924 |
| 0216 | Other Benefit Type Code | 450 | Total Pharmaceutical | 925 | 927 |
| 0215 | Other Benefit Type Amount | 00000035600 | $356.00 | 928 | 938 |
| | Filler | | | 939 | 958 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 9-3

## Schedule Loss of Use Award – MTC PY
## Late Payment of Award - Penalties – MTC PY

*(SLU Award, then Claim Administrator paid award late, subject to 20% penalty under §25-3(f))*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-7**, is now one year post-injury for his broken leg. He scheduled a follow-up visit with his orthopedic doctor for a schedule loss of use (SLU) evaluation. The doctor opined a 20% schedule loss of use of the right leg. The carrier, upon receiving a copy of the SLU evaluation, sent the claimant to an Independent Medical Exam (IME) on September 5, 2013. The Claim Administrator's IME opined a 10% SLU. Due to the differing opinions, the Board scheduled a hearing on the file.

On October 9, 2013 a hearing was held and the parties agreed to a 15% SLU award for the right leg. The **Notice of Decision was issued on October 11, 2013**. After the hearing the Claim Administrator issued payment for the SLU on **October 24, 2013**. The Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction report to the NYSWCB on **October 24, 2013**.

The NYSWCB determined that the Claim Administrator paid the award late as the payment should have been issued and mailed **by October 22, 2013**. The Board issued an Administrative Penalty (AD-PEN) on **November 1, 2013** for a late payment penalty under §25-3(f). The decision **awarded the claimant a 20% penalty of $4.956.00 and a $50.00 penalty payable to the NYSWCB.**

After the decision, the Claim Administrator issued payment for the penalty on **November 8, 2013**. The Claim Administrator reported the payment information to the NYS Workers' Compensation Board by sending the Payment Report **(SROI PY)** transaction report to the NYSWCB on **November 8, 2013**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-7**
**Event 3: SROI MTC S1 – Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work**

**Scenario 9-3**
**Event 4: SROI MTC PY – Payment Report**
**Event 5: SROI MTC PY – Payment Report**

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20131024 | October 24, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 01 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | 54 | Lower Leg | | |
| 0084 | Permanent Impairment Percentage | 01500 | 15% | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | 20120926 | September 26, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20131011 | October 11, 2013 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *PY – Payment Report, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120825 | September 25, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0007 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000546000 | $5460.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 030 | Permanent Partial / Scheduled | 754 | 756 |
| 0002 | Maintenance Type Code | PY | Payment Report | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20131009 | October 09, 2013 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20131009 | October 09, 2013 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20131009 | October 09, 2013 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20131009 | October 09, 2013 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0035 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00002478000 | $24780.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20131024 | October 24, 2013 | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 030 | Permanent Partial / Scheduled | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00002478000 | $24,780.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20131009 | October 09, 2013 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20131009 | October 09, 2013 | 919 | 926 |
| 0195 | Payment Issue Date | 20131024 | October 24, 2013 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *PY – Payment Report, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

## *PY – Payment Report, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | PY | Payment Report | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20131108 | November 08, 2013 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | 54 | Lower Leg | | |
| 0084 | Permanent Impairment Percentage | 01500 | 15% | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *PY – Payment Report, Event 5 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |

## *PY – Payment Report, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | N | Without Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | 20120926 | September 26, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | 20131101 | November 01, 2013 | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 02 | 2 Occurrences | 632 | 633 |
| 0282 | Number of Other Benefits | 02 | 2 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |

## *PY – Payment Report, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120825 | September 25, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0007 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000546000 | $5460.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 030 | Permanent Partial / Scheduled | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20131009 | October 09, 2013 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20131009 | October 09, 2013 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0035 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 2 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00002478000 | $24780.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 2 Occurrence | | |
| 0222 | Payment Reason Code | 311 | Total Employee Penalties | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00000495600 | $4,956.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20131101 | November 01, 2013 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20131101 | November 01, 2013 | 919 | 926 |
| 0195 | Payment Issue Date | 20131108 | November 08, 2013 | 927 | 934 |
| | Filler | | | 935 | 954 |
| 0222 | Payment Reason Code | 310 | Total Penalties | 955 | 957 |
| 0217 | Payee | NYS WCB | | 958 | 997 |
| 0218 | Payment Amount | 00000005000 | $50.00 | 998 | 1008 |
| 0219 | Payment Covers Period Start Date | 20131101 | November 01, 2013 | 1009 | 1016 |
| 0220 | Payment Covers Period Through Date | 20131101 | November 01, 2013 | 1017 | 1024 |
| 0195 | Payment Issue Date | 20131108 | November 08, 2013 | 1025 | 1032 |
| | Filler | | | | |
| | ***Other Benefits*** | | 2 Occurrences | | |
| 0216 | Other Benefit Type Code | 311 | Total Employee Penalties | 1032 | 1034 |
| 0215 | Other Benefit Type Amount | 00000495600 | $4,956.00 | 1035 | 1045 |
| | Filler | | | 1046 | 1065 |
| 0216 | Other Benefit Type Code | 310 | Total Penalties | 1066 | 1068 |
| 0215 | Other Benefit Type Amount | 00000500600 | $5,006.00 | 1069 | 1079 |
| | Filler | | | 1080 | 1099 |

## *PY – Payment Report, Event 5 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 9-4

## Legacy Claim – MTC UR

*(Claim Administrator submitted due to unrelated death on legacy claim)*

**NARRATIVE:**

Employee John Doe suffered a work related injury on February 2, 2004. He subsequently remained out of work and had surgery on May 4, 2004. After the surgery the claimant became partially disabled and was also later classified with a Permanent Partial Disability in 2006. He was assigned WCB# 50009999.

**A summary of findings and awards to date on the file are as follows:**

**Injury Site:** Back

**Average Weekly Wage:** $600.00

**Awards:**
February 3, 2004 through August 20, 2004 at Temporary Total Disability
August 23, 2004 through August 18, 2006 at Moderate Partial Disability
August 19, 2006 through November 14, 2012 at Moderate Permanent Partial Disability

Due to the implementation of eClaims by the Worker's Compensation Board, the claimant's case was included in the "Legacy File" sent to the Claim Administrator by the NYSWCB.

On **November 15, 2012**, the claimant passed away due to unrelated issues. The Claim Administrator reported the Legacy Claim to the NYS Workers' Compensation Board by sending the Legacy First Report of Injury **(FROI UR),** Legacy Second Report of Injury **(SROI UR)**, and Suspension **(SROI S4)** to the NYSWCB on **November 19, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 9-4**
**Event 1: FROI MTC UR – Original First Report**
**Event 2: SROI MTC UR – Legacy Claim**
**Event 3: SROI MTC S4 – Suspension, Claimant Death**

## *UR – First Report, Upon Request Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | UR | Upon Request | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121119 | November 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | 50009999 | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20040101 | January 1, 2004 | 447 | 454 |
| 0030 | Policy Expiration Date | 20050101 | January 1, 2005 | 455 | 462 |
| 0031 | Date of Injury | 20040202 | February 2, 2004 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 42 | Lower Back Area | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20040202 | February 2, 2004 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20040202 | February 2, 2004 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *UR – First Report, Upon Request Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20040203 | February 3, 2004 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *UR – First Report, Upon Request Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20040202 | February 2, 2004 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *UR – First Report, Upon Request Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS STEPPING OFF A ROOF AND LOST HIS FOOTI | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | NG AND FELL FROM A LADDER INJURING HIS BACK | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *UR – First Report, Upon Request Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *UR – SROI, Upon Request, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | UR | Upon Request | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121119 | November 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20040203 | February 03, 2004 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20121114 | November 14, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20040202 | February 02, 2004 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | 50009999 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 01 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | 42 | Lower Back Area | 209 | 211 |
| 0084 | Permanent Impairment Percentage | 05000 | 50% | 212 | 216 |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *UR – SROI, Upon Request, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | N | No | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20040202 | February 02, 2004 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20040202 | February 02, 2004 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *UR – SROI, Upon Request, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000040000 | $400.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000060000 | $600.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20040203 | February 03, 2004 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 03 | 3 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 3 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |

## *UR – SROI, Upon Request, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20040203 | February 03, 2004 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20040820 | August 20, 2004 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0028 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001152000 | $11,520.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20040823 | August 23, 2004 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20060818 | August 18, 2006 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0104 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 0 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00002080000 | $20,800.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| 0085 | Benefit Type Code | 030 | Permanent Partial | 857 | 859 |
| 0002 | Maintenance Type Code | | N/A | 860 | 861 |
| 0174 | Gross Weekly Amount | | N/A | 862 | 872 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 873 | 880 |
| 0087 | Net Weekly Amount | | N/A | 881 | 891 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 892 | 899 |
| 0088 | Benefit Period Start Date | 20060819 | August 19, 2006 | 900 | 907 |
| 0089 | Benefit Period Through Date | 20121114 | November 14, 2012 | 908 | 915 |
| 0090 | Benefit Type Claim Weeks | 0325 | | 916 | 919 |
| 0091 | Benefit Type Claim Days | 2 | | 920 | 920 |
| 0086 | Benefit Type Amount Paid | 00006508000 | $65,080.00 | 921 | 931 |
| 0192 | Benefit Payment Issue Date | | N/A | 932 | 939 |
| | Filler | | | 940 | 959 |
| | ***Payments*** | | N/A | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |

## *UR – SROI, Upon Request, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | S4 | Suspension, Claimant Death | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121119 | November 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | N/A | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | N/A | 54 | 54 |
| 0056 | Initial Date Disability Began | 20040203 | February 03, 2004 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | 20121115 | November 15, 2012 | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | N/A | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20040202 | February 02, 2004 | 103 | 110 |
| 0026 | Insured Report Number | | N/A | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | 50009999 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | N/A | | |
| 0084 | Permanent Impairment Percentage | | N/A | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | N | N | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | N/A | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | N/A | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20040202 | February 02, 2004 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | N/A | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | N/A | 397 | 404 |
| 0144 | Current Date Disability Began | | N/A | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | N/A | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | 20121114 | November 14, 2012 | 423 | 430 |
| 0199 | Full Denial Effective Date | | N/A | 431 | 438 |
| 0196 | Denial Rescission Date | | N/A | 439 | 446 |
| 0294 | Partial Denial Code | | N/A | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000040000 | $400.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | N/A | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | N/A | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | N/A | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 494 | 494 |
| 0286 | Average Wage | 00000060000 | $600.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | | N/A | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | N/A | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 03 | 3 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 02 | 2 Occurrence | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 3 Occurrences | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20040203 | February 03, 2004 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20040820 | August 20, 2004 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0028 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00001152000 | $11,520.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 754 | 756 |
| 0002 | Maintenance Type Code | | N/A | 757 | 758 |
| 0174 | Gross Weekly Amount | | N/A | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 770 | 777 |
| 0087 | Net Weekly Amount | | N/A | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 789 | 796 |
| 0088 | Benefit Period Start Date | 20040823 | August 23, 2004 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20060818 | August 18, 2006 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0104 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 0 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00002080000 | $20,800.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | | N/A | 829 | 836 |
| | Filler | | | 837 | 856 |
| 0085 | Benefit Type Code | 030 | Permanent Partial | 857 | 859 |
| 0002 | Maintenance Type Code | S4 | Suspension, Claimant Death | 860 | 861 |
| 0174 | Gross Weekly Amount | 00000020000 | $200.00 | 862 | 872 |
| 0175 | Gross Weekly Amount Effective Date | 20060819 | August 19, 2006 | 873 | 880 |
| 0087 | Net Weekly Amount | 00000020000 | $200.00 | 881 | 891 |
| 0211 | Net Weekly Amount Effective Date | 20060819 | August 19, 2006 | 892 | 899 |
| 0088 | Benefit Period Start Date | 20060819 | August 19, 2006 | 900 | 907 |
| 0089 | Benefit Period Through Date | 20121114 | November 14, 2012 | 908 | 915 |
| 0090 | Benefit Type Claim Weeks | 0325 | | 916 | 919 |
| 0091 | Benefit Type Claim Days | 2 | | 920 | 920 |
| 0086 | Benefit Type Amount Paid | 00006508000 | $65,080.00 | 921 | 931 |
| 0192 | Benefit Payment Issue Date | 20121101 | November 01, 2012 | 932 | 939 |
| | Filler | | | 940 | 959 |
| | ***Payments*** | | N/A | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |

## *S4 – Suspension, Clt Death, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | Clt passed away on 11/15/2012 due to auto accident | | 960 | 1009 |
| 0233 | Suspension Narrative | , unrelated to WC injury. | | 1010 | 1059 |
| | ***End R22 Elements*** | | | | |

# SCENARIO 9-5

## Claim Administrator Acquires Claim – MTC AQ/AP

*(New Claim Administrator acquires claim from another Administrator)*

**NARRATIVE:**

The Claim Administrator from **Scenario 9-4** transferred this claim to another Claim Administrator, Great Lakes Claims, on **November 15, 2012. *** It is assumed for this Scenario that the claimant has NOT passed away. *****

The new Claim Administrator, Great Lakes Claims, reported the acquisition to the NYS Workers' Compensation Board by sending Acquired **(FROI AQ)** and Acquired Payment **(SROI AP)** transaction reports to the NYSWCB on **November 19, 2012**.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 9-4**
**Event 1: FROI MTC UR – Original First Report**
**Event 2: SROI MTC UR – Legacy Claim**

**Scenario 9-5**
**Event 3: FROI MTC AQ – Acquired Claim, First Report of Injury**
**Event 4: SROI MTC AP – Acquired Payment**

## *AQ – Acquired Claim, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | AQ | Acquired Claim | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121119 | November 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | 50009999 | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | GREAT LAKES | | 179 | 193 |
| 0013 | Claim Administrator State Code | MI | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 48201 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | A678B1234 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | ALBANY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12241 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 236116 | Multifamily housing Construction | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Job Site 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20040101 | January 1, 2004 | 447 | 454 |
| 0030 | Policy Expiration Date | 20050101 | January 1, 2005 | 455 | 462 |
| 0031 | Date of Injury | 20040202 | February 2, 2004 | 463 | 470 |
| 0032 | Time of Injury | 1300 | 1:00 PM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12204 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 28 | Fracture | 485 | 486 |
| 0036 | Part of Body Injured Code | 42 | Lower Back Area | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20040202 | February 2, 2004 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20040202 | February 2, 2004 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *AQ – Acquired Claim, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 5645 | Carpentry | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | 20040203 | February 3, 2004 | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | A678B1234 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 146789145 | | 49 | 57 |
| 0188 | Claim Administrator Name | GREAT LAKES CLAIMS | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 54321 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *AQ – Acquired Claim, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | GREAT ROOFING INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | S | Standard Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | NSSSSSN | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | ALBANY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20040202 | February 2, 2004 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | GREAT ROOFING INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1541 CIRCULAR ST. | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *AQ – Acquired Claim, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | ALBANY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12241 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CARPENTER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | I | Indemnity | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS STEPPING OFF A ROOF AND LOST HIS FOOTI | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | NG AND FELL FROM A LADDER INJURING HIS BACK | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *AQ – Acquired Claim, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

## *AP – Acquired Payment, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | AP | Acquired Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20121119 | November 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 48201 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20040203 | February 03, 2004 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20040202 | February 02, 2004 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | A678B1234 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | 50009999 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 01 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | 42 | Lower Back Area | 209 | 211 |
| 0084 | Permanent Impairment Percentage | 05000 | 50% | 212 | 216 |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *AP – Acquired Payment, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | A678B1234 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 146789145 | | 49 | 57 |
| 0188 | Claim Administrator Name | GREAT LAKES CLAIMS | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MAX SMITH | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 8007850024 | (800) 785-5024 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | msmith@greatlakesclaims.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 8007855025 | (800) 785-5025 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20040202 | February 02, 2004 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20040202 | February 02, 2004 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *AP – Acquired Payment, Event 4 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000040000 | $400.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000060000 | $600.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20040203 | February 03, 2004 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 02 | 2 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 030 | Permanent Partial | 651 | 653 |
| 0002 | Maintenance Type Code | AP | Acquired Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000020000 | $200.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20060819 | August 19, 2006 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000020000 | $200.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20060819 | August 19, 2006 | 686 | 693 |

## *AP – Acquired Payment, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20121115 | November 15, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20121121 | November 21, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 01 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000020000 | $200.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20121121 | November 21, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 030 | Permanent Partial | 754 | 756 |
| 0217 | Payee | JOHN DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000020000 | $200.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20121115 | November 15, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20121121 | November 21, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20121121 | November 21, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | 430 | Total Unallocated Prior Indemnity Benefits | 852 | 854 |
| 0215 | Other Benefit Type Amount | 00009740000 | $97,400.00 | 855 | 865 |
| | Filler | | | 866 | 885 |
| 0216 | Other Benefit Type Code | 440 | Total Unallocated Prior Medical | 886 | 888 |
| 0215 | Other Benefit Type Amount | 00004956130 | $49,561.30 | 889 | 899 |
| | Filler | | | 900 | 919 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |

## *AP – Acquired Payment, Event 4 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 9-6

## Additional Lost Time / Credit for Prior Schedule Loss of Use (SLU) – MTC RB

*(Claimant is losing additional time and Claim Administrator is taking credit for prior SLU)*

**NARRATIVE:**

Employee John Doe, from **Scenario 9-3**, now requires an additional surgery. The surgery took place on **January 15, 2014**. The Claim Administrator received the operative report but has not begun payments as they have a credit against the prior SLU award paid in October 2013.

The Claim Administrator wants to note the reinstatement of benefits while also taking full credit against the lost time for the prior SLU award.

The Claim Administrator reported the reinstatement and credit information to the NYS Workers' Compensation Board by sending the Reinstatement of Benefits **(SROI RB)** transaction report to the NYSWCB on **January 22, 2014**. The SROI-RB included Benefit Credit Code (DN0126) equal to "P" Advance with a weekly credit of $700.00 which reflects a full credit against the current payment being made to the claimant.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 2-7**
**Event 3: SROI MTC S1 – Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work**

**Scenario 9-3**
**Event 4: SROI MTC PY – Payment Report**
**Event 5: SROI MTC PY – Payment Report**

**Scenario 9-6**
**Event 4: SROI MTC RB – Reinstatement of Benefits**

## *RB – Reinstatement, Event 6 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | RB | Reinstatement of Benefit | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20140122 | January 22, 2014 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120802 | August 02, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 01 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | 54 | | | |
| 0084 | Permanent Impairment Percentage | 01500 | 15% | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *RB – Reinstatement, Event 6 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | 20140115 | January 15, 2014 | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |

## *RB – Reinstatement, Event 6 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0189 | Return To Work Type Code | A | Actual | 421 | 421 |
| 0224 | Physical Restrictions Indicator | N | No Physical Restrictions | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | 20120926 | September 26, 2012 | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 02 | 2 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 02 | 2 Occurrences | 634 | 635 |
| 0289 | Number of Benefit ACR | 001 | 1 Occurrence | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 2 Occurrences | | |
| 0085 | Benefit Type Code | 030 | Permanent Partial / Scheheduled | 651 | 653 |
| 0002 | Maintenance Type Code | | N/A | 654 | 655 |
| 0174 | Gross Weekly Amount | | N/A | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | | N/A | 667 | 674 |

## *RB – Reinstatement, Event 6 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0087 | Net Weekly Amount | | N/A | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | | N/A | 686 | 693 |
| 0088 | Benefit Period Start Date | 20131009 | October 09, 2013 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20131009 | October 09, 2013 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0035 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 2 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00002478000 | $24,780.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | | N/A | 726 | 733 |
| | Filler | | | 734 | 753 |
| 0085 | Benefit Type Code | 050 | Temporary Total | 754 | 756 |
| 0002 | Maintenance Type Code | RB | Reinstatement of Benefit | 757 | 758 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 759 | 769 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 770 | 777 |
| 0087 | Net Weekly Amount | 00000000000 | $000.00 | 778 | 788 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 789 | 796 |
| 0088 | Benefit Period Start Date | 20140115 | January 15, 2014 | 797 | 804 |
| 0089 | Benefit Period Through Date | 20140122 | January 22, 2014 | 805 | 812 |
| 0090 | Benefit Type Claim Weeks | 0008 | | 813 | 816 |
| 0091 | Benefit Type Claim Days | 4 | | 817 | 817 |
| 0086 | Benefit Type Amount Paid | 00000616000 | $6,160.00 | 818 | 828 |
| 0192 | Benefit Payment Issue Date | 20140122 | January 22, 2014 | 829 | 836 |
| | Filler | | | 837 | 856 |
| | ***Payments*** | | 1 Occurrences | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 857 | 859 |
| 0217 | Payee | JOHN DOE | | 860 | 899 |
| 0218 | Payment Amount | 00000000000 | $0.00 | 900 | 910 |
| 0219 | Payment Covers Period Start Date | 20140115 | January 15, 2014 | 911 | 918 |
| 0220 | Payment Covers Period Through Date | 20140122 | January 22, 2014 | 919 | 926 |
| 0195 | Payment Issue Date | 20140122 | January 22, 2014 | 927 | 934 |
| | Filler | | | 935 | 954 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | 310 | Total Penalties | 955 | 957 |
| 0215 | Other Benefit Type Amount | 00000500600 | $5,006.00 | 958 | 968 |
| 0216 | Other Benefit Type Code | 311 | Total Employee Penalties | 969 | 972 |
| 0215 | Other Benefit Type Amount | 00000495600 | $4,956.00 | 973 | 983 |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *RB – Reinstatement, Event 6 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | P | Advance | 984 | 984 |
| 0127 | Benefit Credit Start Date | 20140115 | January 15, 2014 | 985 | 992 |
| 0128 | Benefit Credit End Date | | | 993 | 1000 |
| 0129 | Benefit Credit Weekly Amount | 00000070000 | $700.00 | 1001 | 1011 |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 10-1

## Varying Work Days – MTC 00

*(Claimant worked varying work days at time of accident)*

**NARRATIVE:**

Employee John Doe was working at the Carousel USA retail shop in the Schenectady marketplace located at 1234 Broadway, Schenectady, NY. He missed the last step getting off a ladder after stocking shelves and sprained his right ankle on **April 1, 2014** at 1:00 p.m. He started work at 7:00 a.m. Doe's supervisor, Jane Smith, witnessed the accident. The employee **continued to work that day**. Mr. Doe began experiencing worsening pain after leaving work at the end of his shift and sought treatment **beyond ordinary first aid**. Mr. Doe was initially treated and released from the Emergency Room of Ellis Hospital. The employee was **paid for the date of the injury and returned to work full duty the next day**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week ***on varying days of the week*** depending upon the retail locations scheduling needs for that specific week. Doe's supervisor **reported the injury on April 3, 2014** to the Insurer / Claim Administrator.

On April 8, 2014, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **April 8, 2014**. Within the FROI 00, the Claim Administrator reported DN0204 as Varied Work Week, however, did not report anything within DN0205 due to the varied work week.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**

**NOTE: "Pass Days" is primarily used by State Insurance Fund and select Claim Administrators to report work weeks that exist but are not the Standard Work Week (Monday through Friday). This information is utilized in calculating awards.**

**DN0204 (Work Week Type Code) is required if Number of Days Worked per Week is a value other than 5 and Date of Injury is on or after 3/1/14 and Type of Loss Code is either 01 (Traumatic Injury) or is not present and Claim Type Code is either I or L (Indemnity or Became Lost Time).**

**DN0205 Work Days Scheduled is a Mandatory Conditional field and required is Work Week Type Code equals Fixed.**

**If a 5 day work week is reported and DN0204 and DN0205 are not populated, it is assumed this is a Monday through Friday worker and awards will be calculated as they are currently by the Board.**

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20140408 | April 08, 2014 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | SCHENECTADY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12305 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 453998 | All Other Miscellaneous Store Retailers | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | JS51 | Store 51 | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20140101 | January 1, 2014 | 447 | 454 |
| 0030 | Policy Expiration Date | 20150101 | January 1, 2015 | 455 | 462 |
| 0031 | Date of Injury | 20140401 | April 1, 2014 | 463 | 470 |
| 0032 | Time of Injury | 0700 | 7:00 AM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12305 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain | 485 | 486 |
| 0036 | Part of Body Injured Code | 55 | Ankle | 487 | 488 |
| 0037 | Cause of Injury Code | 26 | Fall, Slip or Trip from ladder | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20140401 | April 1, 2014 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20140403 | April 3, 2014 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 8017 | Retail Store Noc-No Service Of Food | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 4 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |
| 0043 | Employee Last Name | DOE | | 253 | 292 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | CAROUSEL USA INC. | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | V | Varied Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | SCHENECTADY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20140401 | April 1, 2014 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | CAROUSEL USA INC. | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1234 BROADWAY | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | SCHENECTADY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12305 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | PO BOX 1587 | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | INVENTORY SPECIALIST | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS DESCENDING A LADDER AND MISSED THE LAS | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | T STEP & INJURED RT ANKLE | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

# SCENARIO 10-2

## Fixed Work Days – MTC 00

*(Claimant worked fixed work days, not Monday through Friday)*

**NARRATIVE:**

Employee John Doe was injured in the line of duty while employed with the Schenectady County Sheriff's Department. Doe was injured when an inmate struck him, causing him to sprain his right ankle on **April 1, 2014** at 1:00 p.m. He started work at 7:00 a.m. Doe's supervisor, Jane Smith, witnessed the accident. The employee **continued to work that day**. Mr. Doe began experiencing worsening pain after leaving work at the end of his shift and sought treatment **beyond ordinary first aid**. Mr. Doe was initially treated and released from the Emergency Room of Ellis Hospital. The employee was **paid for the date of the injury and returned to work full duty the next day**. At the time of injury, Mr. Doe earned $26.25 an hour and worked 40 hours per week ***on a fixed work week*** of Wednesday through Sunday to accommodate proper coverage at the county jail. Doe's supervisor **reported the injury on April 3, 2014** to the Insurer / Claim Administrator.

On April 8, 2014, the Claim Administrator determined that the claim is compensable. The Claim Administrator reported the loss information to the NYS Workers' Compensation Board by sending the Original First Report of Injury **(FROI 00)** to the NYSWCB on **April 8, 2014**. Within the FROI 00, the Claim Administrator reported DN0204 as Fixed Work Week and reported DN0205 to indicate the work week of Wednesday through Sunday.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Event 1: FROI MTC 00 – Original First Report**

**NOTE: "Pass Days" is primarily used by State Insurance Fund and select Claim Administrators to report work weeks that exist but are not the Standard Work Week (Monday through Friday). This information is utilized in calculating awards.**

**DN0204 (Work Week Type Code) is required if Number of Days Worked per Week is a value other than 5 and Date of Injury is on or after 3/1/14 and Type of Loss Code is either 01 (Traumatic Injury) or is not present and Claim Type Code is either I or L (Indemnity or Became Lost Time).**

**DN0205 Work Days Scheduled is a Mandatory Conditional field and required is Work Week Type Code equals Fixed.**

**If a 5 day work week is reported and DN0204 and DN0205 are not populated, it is assumed this is a Monday through Friday worker and awards will be calculated as they are currently by the Board.**

## *00 – First Report Event* *Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***148 Data Elements*** | | | | |
| 0001 | Transaction Set ID | 148 | First Report | 1 | 3 |
| 0002 | Maintenance Type Code | 00 | Original | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20140408 | April 08, 2014 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0005 | Jurisdiction Claim Number | | | 16 | 40 |
| 0006 | Insurer FEIN | 141456789 | | 41 | 49 |
| | Filler | | | 50 | 178 |
| 0012 | Claim Administrator City | LATHAM | | 179 | 193 |
| 0013 | Claim Administrator State Code | NY | | 194 | 195 |
| 0014 | Claim Administrator Postal Code | 12110 | | 196 | 204 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 205 | 229 |
| 0016 | Employer FEIN | 089898765 | | 230 | 238 |
| | Filler | | | 239 | 358 |
| 0021 | Employer Physical City | SCHENECTADY | | 359 | 373 |
| 0022 | Employer Physical State Code | NY | | 374 | 375 |
| 0023 | Employer Physical Postal Code | 12305 | | 376 | 384 |
| | Filler | | | 385 | 385 |
| 0025 | Industry Code | 922140 | Correctional Institutions | 386 | 391 |
| | Filler | | | 392 | 401 |
| 0027 | Insured Location Identifier | | | 402 | 416 |
| 0028 | Policy Number Identifier | COA65432 | | 417 | 434 |
| | Filler | | | 435 | 446 |
| 0029 | Policy Effective Date | 20140101 | January 1, 2014 | 447 | 454 |
| 0030 | Policy Expiration Date | 20150101 | January 1, 2015 | 455 | 462 |
| 0031 | Date of Injury | 20140401 | April 1, 2014 | 463 | 470 |
| 0032 | Time of Injury | 0700 | 7:00 AM | 471 | 474 |
| 0033 | Accident Site Postal Code | 12305 | | 475 | 483 |
| | Filler | | | 484 | 484 |
| 0035 | Nature of Injury Code | 49 | Sprain | 485 | 486 |
| 0036 | Part of Body Injured Code | 55 | Ankle | 487 | 488 |
| 0037 | Cause of Injury Code | 74 | Struck or Injured By – Fellow Workers, Patient or Other Person | 489 | 490 |
| | Filler | | | 491 | 640 |
| 0039 | Initial Treatment Code | 3 | Emergency room | 641 | 642 |
| 0040 | Date Employer Had Knowledge of the Injury | 20140401 | April 1, 2014 | 643 | 650 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | 20140403 | April 3, 2014 | 651 | 658 |
| | Filler | | | 659 | 697 |
| 0044 | Employee First Name | JOHN | | 698 | 712 |
| | Filler | | | 713 | 773 |
| 0048 | Employee Mailing City | SCHENECTADY | | 774 | 788 |
| 0049 | Employee Mailing State Code | NY | | 789 | 790 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0050 | Employee Mailing Postal Code | 12308 | | 791 | 799 |
| | Filler | | | 800 | 809 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 810 | 817 |
| 0053 | Employee Gender Code | M | Male | 818 | 818 |
| 0054 | Employee Marital Status Code | | N/A | 819 | 819 |
| 0055 | Employee Number of Dependents | | | 820 | 821 |
| 0056 | Initial Date Disability Began | | | 822 | 829 |
| 0057 | Employee Date of Death | | | 830 | 837 |
| 0058 | Employment Status Code | 1 | Full Time | 838 | 839 |
| 0059 | Manual Classification Code | 9410 | Municipal, Township, County Or State Employee NOC | 840 | 843 |
| | Filler | | | 844 | 873 |
| 0061 | Employee Date of Hire | 20010401 | April 1, 2001 | 874 | 881 |
| 0062 | Wage | 00000105000 | $1050.00 | 882 | 892 |
| 0063 | Wage Period Code | 01 | Weekly | 893 | 894 |
| 0064 | Number of Days Worked Per Week | 5 | | 895 | 895 |
| 0065 | Initial Date Last Day Worked | | | 896 | 903 |
| 0066 | Full Wages Paid for Date of Injury Indicator | Y | Yes | 904 | 904 |
| | Filler | | | 905 | 905 |
| 0068 | Initial Return to Work Date | | | 906 | 913 |
| | ***End 148 Elements*** | | | | |
| | | | | | |
| | ***R21 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R21 | First Report Companion Record | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0196 | Denial Rescission Date | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0135 | Claim Administrator Information/Attention Line | | | 98 | 147 |
| 0010 | Claim Administrator Primary Address | PO BOX 12345 | | 148 | 187 |
| 0011 | Claim Administrator Secondary Address | | | 188 | 227 |
| 0136 | Claim Administrator Country Code | | | 228 | 230 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 231 | 231 |
| 0042 | Employee SSN | 324556745 | | 232 | 246 |
| 0255 | Employee Last Name Suffix | | | 247 | 250 |
| 0150 | Employee Authorization to Release Medical Records Indicator | | | 251 | 251 |
| 0157 | Employee Social Security Number Release Indicator | | | 252 | 252 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0043 | Employee Last Name | DOE | | 253 | 292 |
| 0045 | Employee Middle Name/Initial | T | | 293 | 307 |
| 0046 | Employee Mailing Primary Address | 123 NOTT STREET | | 308 | 347 |
| 0047 | Employee Mailing Secondary Address | | | 348 | 387 |
| 0155 | Employee Mailing Country Code | | | 388 | 390 |
| 0051 | Employee Phone Number | 5185550234 | (518) 555-0234 | 391 | 405 |
| 0146 | Death Result of Injury Code | | | 406 | 406 |
| 0290 | Type of Loss Code | 01 | Trauma | 407 | 408 |
| 0228 | Return To Work With Same Employer Indicator | | | 409 | 409 |
| 0189 | Return To Work Type Code | | | 410 | 410 |
| 0224 | Physical Restrictions Indicator | | | 411 | 411 |
| 0314 | Insured FEIN | 089898765 | | 412 | 420 |
| 0017 | Insured Name | COUNTY OF SCHENECTADY | | 421 | 460 |
| 0184 | Insured Type Code | I | Insured | 461 | 461 |
| 0026 | Insured Report Number | | | 462 | 486 |
| 0204 | Work Week Type Code | F | Fixed Work Week | 487 | 487 |
| 0205 | Work Days Scheduled | SNNSSSS | | 488 | 494 |
| 0229 | Injury Severity Type Code | | | 495 | 495 |
| 0007 | Insurer Name | ALL AMERICAN INSURANCE COMPANY | | 496 | 535 |
| 0185 | Insurer Type Code | I | Insurer | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | | | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | | | 546 | 554 |
| 0206 | Employee Security ID | | | 555 | 569 |
| | Filler | | | 570 | 577 |
| 0249 | Accident Premises Code | E | Employer | 578 | 578 |
| 0118 | Accident Site County/Parish | ALBANY | | 579 | 598 |
| 0119 | Accident Site Location Narrative | | | 599 | 648 |
| 0120 | Accident Site Organization Name | | | 649 | 698 |
| 0121 | Accident Site City | SCHENECTADY | | 699 | 713 |
| 0122 | Accident Site Street | 1234 BROADWAY | | 714 | 753 |
| 0123 | Accident Site State Code | NY | | 754 | 755 |
| 0280 | Accident Site Country Code | | | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20140401 | April 1, 2014 | 759 | 766 |
| | Filler | | | 767 | 767 |
| 0018 | Employer Name | COUNTY OF SCHENECTADY | | 768 | 807 |
| 0329 | Employer UI Number | 16-10000 | | 808 | 822 |
| 0019 | Employer Physical Primary Address | 1234 BROADWAY | | 823 | 862 |
| 0020 | Employer Physical Secondary Address | | | 863 | 902 |
| 0164 | Employer Physical Country Code | | | 903 | 905 |
| 0159 | Employer Contact Business Phone Number | 5184029394 | (518) 402-9394 | 906 | 920 |
| 0160 | Employer Contact Name | JANE SMITH | | 921 | 960 |
| 0230 | Employer ID Assigned by Jurisdiction | | | 961 | 975 |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0231 | Manual Classification Sub-Code | | | 976 | 977 |
| | Filler | | | 978 | 1050 |
| 0163 | Employer Mailing Information/Attention Line | | | 1051 | 1100 |
| 0165 | Employer Mailing City | SCHENECTADY | | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | | | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | 12305 | | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | 1234 BROADWAY | | 1128 | 1167 |
| 0169 | Employer Mailing Secondary Address | | | 1168 | 1207 |
| 0170 | Employer Mailing State Code | NY | | 1208 | 1209 |
| | Filler | | | 1210 | 1259 |
| 0060 | Occupation Description | CORRECTIONS OFFICER | | 1260 | 1309 |
| 0199 | Full Denial Effective Date | | | 1310 | 1317 |
| | Filler | | | 1318 | 1480 |
| 0073 | Claim Status Code | | N/A | 1481 | 1481 |
| 0074 | Claim Type Code | M | Medical Only | 1482 | 1482 |
| 0077 | Late Reason Code | | | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | | | 1485 | 1485 |
| | Filler | | | 1486 | 1590 |
| | ***Variable Segment Counters*** | | | | |
| 0274 | Number of Accident/Injury Description Narratives | 02 | 2 Occurrences | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | 00 | | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | 00 | | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | 00 | | 1597 | 1598 |
| 0279 | Number of Witnesses | 01 | 1 Occurrence | 1599 | 1600 |
| | ***Variable Segments*** | | | | |
| | ***Accident/Injury Description Narratives*** | | 2 Occurrences | | |
| 0038 | Accident/Injury Description Narrative | MR. DOE WAS INJURED WHEN AN INMATE STRUCK HIM AND | | 1601 | 1650 |
| 0038 | Accident/Injury Description Narrative | CAUSED INJURY TO OFFICER'S RT. ANKLE | | 1651 | 1700 |
| | ***Full Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Full Denial Reason Narratives*** | | | | |
| 0197 | Denial Reason Narrative | | | | |

## *00 – First Report Event* *Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Managed Care Organizations*** | | | | |
| 0207 | Managed Care Organization Code | | | | |
| 0209 | Managed Care Organization Name | | | | |
| 0208 | Managed Care Organization Identification Number | | | | |
| | ***Witnesses*** | | 1 Occurrence | | |
| 0238 | Witness Name | JANE SMITH | | 1701 | 1740 |
| 0237 | Witness Business Phone Number | 5184029394 | (518) 402-9394 | 1741 | 1755 |
| | Filler | | | 1756 | 1775 |
| | ***End R21 Elements*** | | | | |

# SCENARIO 10-3

## Notification Only, Now Lost Time Payment without Admitting Liability and Without Prejudice per §21(a) – MTC 00/IP

*(Claimant has lost time from work and Claim Administrator has begun payment without prejudice per §21(a))*

**NARRATIVE:**

Employee John Doe, from **Scenario 1-4**, sought medical treatment on **August 15, 2012**, from his primary care physician due to ongoing pain from his injury and difficulty working. The medical provider noted a **Temporary Total Disability** and a follow up in four weeks for the claimant. After receiving the medical report on **August 24, 2012**, the Claim Administrator determined that they would begin payments without prejudice per §21(a) to meet their timely filing and first payment requirements. The Claim Administrator mailed a check to the claimant on **August 27, 2012** paying him **Temporary Total Benefits** for the period **August 15, 2012 through August 27, 2012.**

The Claim Administrator reported the initial payment information to the NYS Workers' Compensation Board by sending an Initial Payment **(SROI IP)** transaction report to the NYSWCB on **August 27, 2012**. The SROI-IP was submitted with Agreement to Compensate (DN0075) Code of "W" (Without Liability) to signify that the Claim Administrator has begun payments without admitting liability as per §21(a).

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 1-4**
**Event 1: FROI MTC 00 – Original First Report – Notification Only**

**Scenario 10-3**
**Event 2: SROI MTC IP – Initial Payment – Claim Type Code of "I" (Indemnity); Agreement to Compensation Code "W" (Without Liability)**

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120827 | August 27, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | N | No | 54 | 54 |
| 0056 | Initial Date Disability Began | 20120815 | August 15, 2012 | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | 5 | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | W | Without Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | | | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120824 | August 24, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | 20120812 | August 12, 2012 | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120815 | August 15, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrence | 630 | 631 |
| 0283 | Number of Payments | 01 | 1 Occurrence | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrence | | |
| 0085 | Benefit Type Code | 050 | Temporary Total | 651 | 653 |
| 0002 | Maintenance Type Code | IP | Initial Payment | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000070000 | $700.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120815 | August 15, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000070000 | $700.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120815 | August 15, 2012 | 686 | 693 |
| 0088 | Benefit Period Start Date | 20120815 | August 15, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120827 | August 27, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0001 | | 710 | 713 |

## *IP – Initial Payment, Event 2 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0091 | Benefit Type Claim Days | 4 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000126000 | $1260.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120827 | August 27, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | 1 Occurrence | | |
| 0222 | Payment Reason Code | 050 | Temporary Total | 754 | 756 |
| 0217 | Payee | JOHN DOE | | 757 | 796 |
| 0218 | Payment Amount | 00000126000 | $1260.00 | 797 | 807 |
| 0219 | Payment Covers Period Start Date | 20120815 | August 15, 2012 | 808 | 815 |
| 0220 | Payment Covers Period Through Date | 20120827 | August 27, 2012 | 816 | 823 |
| 0195 | Payment Issue Date | 20120827 | August 27, 2012 | 824 | 831 |
| | Filler | | | 832 | 851 |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |

## *IP – Initial Payment, Event 2 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |

# SCENARIO 10-4

## Reclassification of Benefit Due to Misreporting of Initial Benefit Type – MTC CB

*(Claim Administrator reported Benefit Type incorrectly)*

**NARRATIVE:**

Employee John Doe, from **Scenario 2-1**, remained out of work.

On **August 22, 2012**, the Claim Administrator realized that they reported the incorrect Benefit Type and the claimant's medical report actually indicated a Marked Temporary Partial Disability. There were no Temporary Total payments due on the claim.

The Claim Administrator reported the reclassification of the Benefit Type from Temporary Total to Temporary Partial by sending the Change in Benefit Type **(SROI CB)** transaction report to the NYSWCB on **August 22, 2012**. The SROI-CB contained Reduced Benefit Amount Code (DN0202) equal to "R" Reclassification of Benefit which allowed the Claim Administrator to remove the Temporary Total Benefits from the SROI-CB transaction.

**SEQUENCE OF BUSINESS EVENTS (MTC):**

**Scenario 2-1**
**Event 1: FROI MTC 00 – Original First Report**
**Event 2: SROI MTC IP – Initial Payment**

**Scenario 10-4**
**Event 3: SROI MTC CB – Change in Benefit Type with DN0202 = "R" Reclassification of Benefit**

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| | ***A49 Data Elements*** | | | | |
| 0001 | Transaction Set ID | A49 | Subsequent Report | 1 | 3 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 4 | 5 |
| 0003 | Maintenance Type Code Date | 20120919 | September 19, 2012 | 6 | 13 |
| 0004 | Jurisdiction Code | NY | | 14 | 15 |
| 0006 | Insurer FEIN | 141456789 | | 16 | 24 |
| | Filler | | | 25 | 33 |
| 0014 | Claim Administrator Postal Code | 12110 | | 34 | 42 |
| | Filler | | | 43 | 51 |
| 0055 | Employee Number of Dependents | | | 52 | 53 |
| 0069 | Pre-Existing Disability Code | | | 54 | 54 |
| 0056 | Initial Date Disability Began | | | 55 | 62 |
| 0070 | Date of Maximum Medical Improvement | | | 63 | 70 |
| | Filler | | | 71 | 71 |
| 0072 | Latest Return to Work Status Date | | | 72 | 79 |
| 0057 | Employee Date of Death | | | 80 | 87 |
| | Filler | | | 88 | 98 |
| 0063 | Wage Period Code | 01 | Weekly | 99 | 100 |
| 0064 | Number of Days Worked Per Week | | | 101 | 101 |
| | Filler | | | 102 | 102 |
| 0031 | Date of Injury | 20120801 | August 01, 2012 | 103 | 110 |
| 0026 | Insured Report Number | | | 111 | 135 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 136 | 160 |
| 0005 | Jurisdiction Claim Number | G0055555 | | 161 | 185 |
| 0073 | Claim Status Code | | N/A | 186 | 186 |
| 0074 | Claim Type Code | I | Indemnity | 187 | 187 |
| 0075 | Agreement to Compensate Code | L | With Liability | 188 | 188 |
| 0076 | Date Claim Administrator Notified of Employee Representation | | | 189 | 196 |
| 0077 | Late Reason Code | | | 197 | 198 |
| | ***Variable Segment Counters*** | | | | |
| 0078 | Number of Permanent Impairments | 00 | | 199 | 200 |
| | Filler | | | 201 | 206 |
| 0082 | Number of Death Dependent/Payee Relationships | 00 | | 207 | 208 |
| | ***Variable Segments*** | | | | |
| | ***Permanent Impairments*** | | | | |
| 0083 | Permanent Impairment Body Part Code | | | | |
| 0084 | Permanent Impairment Percentage | | | | |
| | ***Death/Dependent/Payee Relationships*** | | | | |
| 0097 | Dependent/Payee Relationship Code | | | | |
| | ***End A49 Elements*** | | | | |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***R22 Data Elements*** | | | | |
| 0001 | Transaction Set ID | R22 | Subsequent Report | 1 | 3 |
| 0295 | Maintenance Type Correction Code | | | 4 | 5 |
| 0296 | Maintenance Type Correction Code Date | | | 6 | 13 |
| 0298 | Date Claim Administrator Had Knowledge of Lost | | | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | | | 22 | 23 |
| 0015 | Claim Administrator Claim Number | TW0892356 | | 24 | 48 |
| 0187 | Claim Administrator FEIN | 141456789 | | 49 | 57 |
| 0188 | Claim Administrator Name | ALL AMERICAN INSURANCE COMPANY | | 58 | 97 |
| 0140 | Claim Administrator Claim Representative Name | MARY CLARK | | 98 | 137 |
| 0137 | Claim Administrator Claim Representative Business Phone Number | 5187855000 | (518) 785-5000 | 138 | 152 |
| 0138 | Claim Administrator Claim Representative E-Mail Address | mclark@allamerican.com | | 153 | 232 |
| 0139 | Claim Administrator Claim Representative Fax Number | 5187855001 | (518) 785-5001 | 233 | 242 |
| 0270 | Employee ID Type Qualifier | S | Social Security Number | 243 | 243 |
| 0042 | Employee SSN | 324556745 | | 244 | 258 |
| 0043 | Employee Last Name | DOE | | 259 | 298 |
| 0044 | Employee First Name | JOHN | | 299 | 313 |
| 0045 | Employee Middle Name/Initial | | | 314 | 328 |
| 0255 | Employee Last Name Suffix | | | 329 | 332 |
| 0052 | Employee Date of Birth | 19771101 | November 1, 1977 | 333 | 340 |
| 0054 | Employee Marital Status Code | | N/A | 341 | 341 |
| 0151 | Employee Education Level | | | 342 | 343 |
| 0213 | Employee Number of Entitled Exemptions | | | 344 | 345 |
| 0201 | Anticipated Wage Loss Indicator | | | 346 | 346 |
| 0202 | Reduced Benefit Amount Code | R | Reclassification of Benefit | 347 | 347 |
| 0158 | Employee Tax Filing Status Code | | | 348 | 348 |
| 0146 | Death Result of Injury Code | | | 349 | 349 |
| 0314 | Insured FEIN | 089898765 | | 350 | 358 |
| 0292 | Insolvent Insurer FEIN | | | 359 | 367 |
| 0016 | Employer FEIN | 089898765 | | 368 | 376 |
| 0023 | Employer Physical Postal Code | | | 377 | 385 |
| 0228 | Return To Work With Same Employer Indicator | | | 386 | 386 |
| 0281 | Date Employer Had Knowledge of Date of Disability | 20120801 | August 01, 2012 | 387 | 394 |
| 0212 | Non-Consecutive Period Code | | | 395 | 395 |
| 0172 | Estimated Gross Weekly Amount Indicator | | | 396 | 396 |
| 0145 | Current Date Last Day Worked | | | 397 | 404 |
| 0144 | Current Date Disability Began | | | 405 | 412 |
| 0065 | Initial Date Last Day Worked | | | 413 | 420 |
| 0189 | Return To Work Type Code | | | 421 | 421 |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| DN | Data Element Name | Data | Description | Beg | End |
|---|---|---|---|---|---|
| 0224 | Physical Restrictions Indicator | | | 422 | 422 |
| 0193 | Suspension Effective Date | | | 423 | 430 |
| 0199 | Full Denial Effective Date | | | 431 | 438 |
| 0196 | Denial Rescission Date | | | 439 | 446 |
| 0294 | Partial Denial Code | | | 447 | 447 |
| 0134 | Calculated Weekly Compensation Amount | 00000070000 | $700.00 | 448 | 458 |
| 0256 | Wage Effective Date | | N/A | 459 | 466 |
| 0149 | Discontinued Fringe Benefits | | | 467 | 477 |
| 0290 | Type of Loss Code | 01 | Trauma | 478 | 479 |
| 0058 | Employment Status Code | 1 | Full Time | 480 | 481 |
| 0223 | Permanent Impairment Minimum Payment Indicator | | | 482 | 482 |
| 0068 | Initial Return to Work Date | | | 483 | 490 |
| 0066 | Full Wages Paid For Date Of Injury Indicator | Y | Yes | 491 | 491 |
| 0293 | Lump Sum Payment/Settlement Code | | | 492 | 493 |
| 0273 | Employer Paid Salary in Lieu of Compensation Indicator | N | No | 494 | 494 |
| 0286 | Average Wage | 00000105000 | $1050.00 | 495 | 505 |
| 0297 | Initial Date of Lost Time | 20120802 | August 02, 2012 | 506 | 513 |
| 0299 | Award/Order Date | | | 514 | 521 |
| 0200 | Claim Administrator Alternate Postal Code | | | 522 | 530 |
| 0203 | Employer Paid Salary Prior to Acquisition Code | | | 531 | 531 |
| 0204 | Work Week Type Code | S | Standard Work Week | 532 | 532 |
| 0205 | Work Days Scheduled | NSSSSSN | | 533 | 539 |
| 0206 | Employee Security ID | | | 540 | 554 |
| 0229 | Injury Severity Code | | | 555 | 555 |
| | Filler | | | 556 | 629 |
| | ***Variable Segment Counters*** | | | | |
| 0288 | Number of Benefits | 01 | 1 Occurrences | 630 | 631 |
| 0283 | Number of Payments | 00 | N/A | 632 | 633 |
| 0282 | Number of Other Benefits | 00 | | 634 | 635 |
| 0289 | Number of Benefit ACR | 000 | | 636 | 638 |
| 0284 | Number of Recoveries | 00 | | 639 | 640 |
| 0285 | Number of Reduced Earnings | 00 | | 641 | 642 |
| 0275 | Number of Concurrent Employers | 00 | | 643 | 644 |
| 0277 | Number of Full Denial Reason Code | 00 | | 645 | 646 |
| 0276 | Number of Denial Reason Narratives | 00 | | 647 | 648 |
| 0287 | Number of Suspension Narratives | 00 | | 649 | 650 |
| | ***Variable Segments*** | | | | |
| | ***Benefits*** | | 1 Occurrences | | |
| 0085 | Benefit Type Code | 070 | Temporary Partial | 651 | 653 |
| 0002 | Maintenance Type Code | CB | Change in Benefit Type | 654 | 655 |
| 0174 | Gross Weekly Amount | 00000052500 | $525.00 | 656 | 666 |
| 0175 | Gross Weekly Amount Effective Date | 20120802 | August 02, 2012 | 667 | 674 |
| 0087 | Net Weekly Amount | 00000052500 | $525.00 | 675 | 685 |
| 0211 | Net Weekly Amount Effective Date | 20120802 | August 02, 2012 | 686 | 693 |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| 0088 | Benefit Period Start Date | 20120802 | August 02, 2012 | 694 | 701 |
| 0089 | Benefit Period Through Date | 20120822 | August 22, 2012 | 702 | 709 |
| 0090 | Benefit Type Claim Weeks | 0003 | | 710 | 713 |
| 0091 | Benefit Type Claim Days | 0 | | 714 | 714 |
| 0086 | Benefit Type Amount Paid | 00000157500 | $1575.00 | 715 | 725 |
| 0192 | Benefit Payment Issue Date | 20120822 | August 22, 2012 | 726 | 733 |
| | Filler | | | 734 | 753 |
| | ***Payments*** | | | | |
| 0222 | Payment Reason Code | | N/A | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| 0222 | Payment Reason Code | | | | |
| 0217 | Payee | | | | |
| 0218 | Payment Amount | | | | |
| 0219 | Payment Covers Period Start Date | | | | |
| 0220 | Payment Covers Period Through Date | | | | |
| 0195 | Payment Issue Date | | | | |
| | ***Other Benefits*** | | | | |
| 0216 | Other Benefit Type Code | | | | |
| 0215 | Other Benefit Type Amount | | | | |
| | ***Benefit Adjustments*** | | | | |
| 0092 | Benefit Adjustment Code | | | | |
| 0094 | Benefit Adjustment Start Date | | | | |
| 0125 | Benefit Adjustment End Date | | | | |
| 0093 | Benefit Adjustment Weekly Amount | | | | |

## *CB – Change in Benefit Type, Event 3 Transaction Layout*

| *DN* | *Data Element Name* | *Data* | *Description* | *Beg* | *End* |
|---|---|---|---|---|---|
| | ***Benefit Credits*** | | | | |
| 0126 | Benefit Credit Code | | | | |
| 0127 | Benefit Credit Start Date | | | | |
| 0128 | Benefit Credit End Date | | | | |
| 0129 | Benefit Credit Weekly Amount | | | | |
| | Filler | | | | |
| | ***Benefit Redistribution*** | | | | |
| 0130 | Benefit Redistribution Code | | | | |
| 0131 | Benefit Redistribution Start Date | | | | |
| 0132 | Benefit Redistribution End Date | | | | |
| 0133 | Benefit Redistribution Weekly Amount | | | | |
| | ***Recoveries*** | | | | |
| 0226 | Recovery Code | | | | |
| 0225 | Recovery Amount | | | | |
| | ***Reduced Earnings*** | | | | |
| 0242 | Reduced Earnings Week Number | | | | |
| 0124 | Actual Reduced Earnings | | | | |
| 0147 | Deemed Reduced Earnings | | | | |
| | ***Concurrent Employers*** | | | | |
| 0141 | Concurrent Employer Name | | | | |
| 0142 | Concurrent Employer Contact Business Phone | | | | |
| 0143 | Concurrent Employer Wage | | | | |
| | ***Denial Reason Codes*** | | | | |
| 0198 | Full Denial Reason Code | | | | |
| | ***Denial Reasons*** | | | | |
| 0197 | Denial Reason Narrative | | | | |
| | ***Suspension Narratives*** | | | | |
| 0233 | Suspension Narrative | | | | |
| | ***End R22 Elements*** | | | | |