Sorted by Error Message & DN	Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. "Grayed out: The standard edit will not be applied by the jurisdiction will apply edits?: F = Essentia data element: must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied, some may be based on conditions defined in the Element Requirement Table N = No - indicates that none of the standard edits marked for the data elements will be applied For Population Restrictions: For Data Elements that have certain 'population values' allowed for specific data elements, a 'P' is indicated in the 'Population Restrictions Indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.	Jurisdiction will apply edits?	Population Restrictions Indicator	mandatory rietor for present Number of Days Worked must be 0-7		All digits must be 0-9 Must be a valid date (/OCVVMMDD)	wust be a valid date (CCTT MIMUU) Must be A-2. 0-9. or spaces	a valid time	<= Date	Must be >= Date of Injury Must he >= Initial Date Disability Benan	Must be <= Employee Date of Death	Must be <= Maintenance Type Code Date	Must be >= Start Date	No match on database All digits cannot be the same	<= current	Not statutorily valid	Value is > required by jurisdiction Value is < required by lurisdiction	No matching Subsequent Report (A49)	No matching First Report of Injury (148)	Must be valid occurrence for segment Must be < Employee Date of Hire	Duplicate Batch/Transaction		Non-match data value not consistent with value previously reported Previous paper documentation not received	le crit	Required segment not present	Invalid event sequence Invalid data relationship	Corresponding report/data not found	Invalid record/transaction count Must he >= Politvy Effective Date	<= Folicy	ng/embed	MTC not approved for production	be >= IIIIIIal Date Disability code received in multiple v	>= Current Date	Must be <= Current Date Disability Began Involid hetek etructure	batch le segn	cted field not present	Must be >=Employee Date of Hire Date Must be >= Jurisdiction mplementation Date	þe	e e	Must be >= Initial Return to Work Date Must be >= Current Date Last Dav Worked	data value not consistent wi	Trading Partner not approved to submit data for Insurer/Claim Admin
DN	IAIABC Data Element Name		100	018	019	028	030	031	033	034	036	037	038	040	041	042	045	050	053	054 055	057	058	059	061	062	063	065	066	068	100	101	103	104	105	107	108	110	111	112	113	117	118
0000	Entire Batch		Ρ	L																	L							L						L				L				\Box
0001	Transaction Set ID	F		F					\square							\square						L			\square					\square			\square		\perp	$\downarrow \downarrow$					\perp	\square
0002	Maintenance Type Code		Ρ	F				_	\square					\perp		L	\perp	L	L	\perp	L	L		L	\square	LL	. L			\square	L	_	\square		\perp	\square					L	Ш
0003	Maintenance Type Code Date		Р	F	\parallel	-	L	_	\square	L	_			+	L	H			\square			H	_	-	\square	_			+	$\left \right $		_	\vdash		+	+		L		-	+	\square
0004	Jurisdiction Code		Р	F	+		+	+	\vdash		+	$\left \right $	_		_	L			\vdash		+	L	_	-	\vdash	L	-		+	$\left \right $		+	+		+	++	_	+	_	+	+	H
0005	Jurisdiction Claim Number		P		+	-	_	_	\vdash		-			L .	_	\vdash		+			+	\vdash	_		\vdash	_			_	$\left \cdot \right $		_	\vdash		+	+		L		_	L	
0006	Insurer FEIN	F	-	F	+	L	+	-	\vdash		+	\vdash				\vdash		+			+	\vdash	_	-	\vdash	_			_			_	+		+	+		+			╇	Ľ.
0007	Insurer Name Claim Administrator Primary Address	Y Y			+		+	+	\vdash		+	$\left \right $		_		\vdash		+			+	\vdash	_	+	\vdash	-	+		+			+-	+		+	+		+	_	+	+	H
0010	Claim Administrator Primary Address	T N	+		+		+	+	\vdash		+		-	+		┢┼┤	+		\vdash	+		\vdash	_	+	\vdash	-			+		+	+	+		+	┢┼┤		+	-+	+	+ -	\vdash
0012	Claim Administrator City	Y			+		+	+	\vdash		+		-	+	+	\vdash		+	\vdash		+	\vdash	+	-	\vdash	+	+		+			+	+		+	++		+		+	+	H
0012	Claim Administrator State Code	Ŷ		L	\dagger		+	+	\vdash		+		+	+			+		\vdash	+		L		1	\vdash	+			+	\uparrow	\neg	+	\uparrow		+	$\uparrow \uparrow$		$\uparrow \uparrow$	+	+	+	H
0014	Claim Administrator Postal Code	F	Р	F				\uparrow	\square				1	L								L		1	\square	L	.			\square		\top	\square		+	\square					+-	H
0015	Claim Administrator Claim Number	F	Р	F													+			+		\vdash		1		F	-			L			\square		\top	$\uparrow \uparrow$		L	\neg	\top	L	П
0016	Employer FEIN	Y	Р	L		L								LL	-									1						\square			Π		\top	\square		L			L	П
0017	Insured Name	Y		L																	1									L					Ι						\square	
0018	Employer Name	Y	Ρ	L																										L								L				
0019	Employer Physical Primary Address	Y		L																										L					\Box							\square
0020	Employer Physical Secondary Address	Ν														\square														\square					\bot	\square					\bot	\square
0021	Employer Physical City	Υ		L					Ш																Ш					L					\bot							Ш
0022	Employer Physical State Code	Y		L																		L													\perp	\square					\perp	\square
0023	Employer Physical Postal Code		Ρ	L										L				\square				L				L	-			L			\square		\perp						\perp	\square
0025	Industry Code		Ρ	L												\square						L		1									\square		\perp	\square		L			\perp	\square
0026	Insured Report Number	Ν					L	-	Ц							\square						\square			Ц					L			\square		\perp	\parallel					\perp	\square
0027	Insured Location Identifier	Y			\downarrow		L	•	\square						_	\square								<u> </u>	\square					L			\square		+						\perp	\square
0028	Policy Number Identifier	Y	Ρ	L			L	•						L																L								L				1

Sorted by Error Message & DN	Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement "Grayed out: The standard edit will not be applied by the jurisdiction will apply edits?: F = Essentia data element: must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied, some may be based on conditions defined in the Element Requirement Table N = No - indicates that none of the standard edits marked for the data elements will be applied For Population Restrictions: For Data Elements that have certain 'population values' allowed for specific data elements, a 'P' is indicated in the 'Population Restrictions Indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.	Jurisdiction will apply edits?	Population Restrictions Indicator	Mandatory field not present Number of Davs Worked must be 0-7		All digits must be 0-9 Must he a valid date (/CCVVMMDD)	wust be a value date (CCTTMINLC) Must be A-Z, 0-9, or spaces	be a valid tir	Must be <= Date of Injury Must be >= Date of Injury	>= Initial	þe	"	Must be >= Start Late No match on database	cannot	Must be <= current date Not statutority valid	Value is > required by jurisdiction	is < required by jurisdiction	No matching Subsequent Report (A49) No matching First Report of Inlury (148)	valid occurrence for segmer	Must be < Employee Date of Hire	Duplicate Batch/Transaction Confe/ID invalid	Non-match data value not consistent with value previously reported	per docum	Event Table criteria not met Recruited secment not present	ent s	Invalid data relationship	Corresponding report/data not found Invalid record/transaction count	e >= Policy Effe	Must be <= Policy Expiration Date No Londin intervended encores	MTC not approved for production	e <= Initi	Same code received in multiple variable segments Must be >= Current Date Disability Bedan	<= Current Date Disability	structure	variable segment counter > maximum value allowed Expected field not present	nployee Date of Hire	Date Must be ≻= Jurisdiction Implementation Date Must be valid content		>= Initial Return to Wo	Must be >= Current Date Last Day Worked Match data value not consistent with value previously reported	Trading Partner not approved to submit data for Insure//Claim Admin
DN	IAIABC Data Element Name		100	001	019	028	030	031	033	035	036	037	039	040	041	044	045	050	054	055	057	059	090	061	063	064	065	067	068	101	102	103	105	106	10/	109	110	112	113	114	118
0029	Policy Effective Date	Y		L		L	-																						L								L	-			
0030	Policy Expiration Date	Υ		T		I	- [L									L				
0031	Date of Injury		Ρ	L	\square	L	-	\square			L	L		\square	L					ЦĹ						L					L		L			L	LL	·		L	
0032	Time of Injury	Y						L																												\square	\perp	\square		\perp	Ш
0033	Accident Site Postal Code		-	L	\downarrow									\square		_	\square		_	\square	L	-			_	L				-	\square					\square	\perp	+		\perp	Щ
0035	Nature of Injury Code	Y		L	\downarrow									\square		_	\square		_	\square	L	-			_	\square					\square					\square	+	++		\perp	Щ
0036	Part of Body Injured Code	Y		L	+		-			_				Щ		_	\square		_	\square	L	-			_	\square				_	ЦĻ		\square			Щ	\perp	+		\perp	Ш
0037	Cause of Injury Code	Y		L	+		+			_				\square		_	\square			\square	L	-			_	Щ			\square	_	Щ		+		-	Щ	+	+		\perp	Ш
0038	Accident/Injury Description Narrative	Y		L	+		+	+		_			_	\square		_	\square		_	\vdash		+		_	_	\square				-	\square		+		+	\square	+	+		+	\vdash
0039	Initial Treatment Code	Y		L			+	\square		_				Щ		_	\square		_	\square		-						\square		-	Щ						+	+		\rightarrow	\square
0040	Date Employer Had Knowledge of the Injury		P		+			+	L	-	\square	L	_	$\left \right $		+	\vdash		_	\vdash		+	-+	+	_			+	\vdash	+	\vdash		+		+	\vdash	+	4		+	\vdash
0041	Date Claim Administrator Had Knowledge of the Injury			L	+	-		+	l	-	\square	L	_	\vdash		_	\vdash		_	\vdash		_	-+	-	_	L		+	\vdash	+	\vdash		+	_	+	\vdash	L		+	+.	\vdash
0042	Employee SSN	-	P P	-	+	L	+	+		+	\square		_	L		_	\vdash		_	\vdash		_	+	_	_	\vdash		+	⊢⊢.	+	\vdash		+	_	+	\square		-		L	
0043	Employee Last Name	-	P	L	+	_	+	+		-		_	_	+		+	$\left \right $		-	\vdash	_	+	+		+	\vdash		+		-	\vdash		+		_	+		-	_	╇	\vdash
0044	Employee First Name	Y Y	۲	-	+	_	-	+		_		-+	_	+		+	\vdash	-		\vdash	_	_	-	+		\vdash	_	+		-	\vdash	_	+	-+	_	+		-	-	╧	⊢┨
0045	Employee Middle Name/Initial Employee Mailing Primary Address	-	Р		+	-	+	+		+	\vdash		_	+		+	\vdash		-	\vdash		+	-+	+	+	\vdash		+	\vdash	-	\vdash		+	-+	+	++		-	+	+	H
0048	Employee Mailing Primary Address Employee Mailing Secondary Address	T N			+		+	+		+	\vdash		_	\vdash		+	\vdash			\vdash		+	+	+	+	\vdash		+	⊢⊢╹	-	\vdash		+		+	+	+	++		+	H
0048	Employee Mailing Clevendary Address		Р	L			+	+		-	\square			+		+				\vdash		+	+		-	\vdash		+			\vdash		+		-	+	L	+	+	+	┢─┨
0049	Employee Mailing State Code	Y	÷	- L	+	+	+	+		+	\vdash			┢┼┤		+	\vdash			\vdash	-		+	+		\vdash		+	\vdash	-	\vdash		+		+	+	+	+	+	+	H
0050	Employee Mailing Postal Code		Р	L			+	+					L	\square		+				\vdash			+			L		+					+			+	+	++		+	H
0051	Employee Phone Number		P		\dagger	L	+										\vdash			\vdash	+							\square					+			Ħ	L	.+-+	+	1	H
0052	Employee Date of Birth			L		1	-	+	L			L				+	L			L			+			\square		\square			L		+				L			L	H
0053	Employee Gender Code	Ŷ		L	\dagger		+							\square			\uparrow				L			+		\square		\square	\vdash		Ħ		+			Ħ	+	++	+	+	H
0054	Employee Marital Status Code	N												\square						\square	L	-						\square								\mathbf{T}	+				
0055	Employee Number of Dependents	Y		L	\dagger	L	+							\square			$ \uparrow $			\vdash		+		+		\square		\square	\vdash		H		+			Ħ	+	++	+	1	H
0055	Employee Number of Dependents	Ý		L		L		1						1																						1	┶				1

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DN	IAIABC Data Element Name		100	001	019	028	030	031	033 034	035	036	038	039	040	041	044	045	053	054	057	058	090	061	062	064	065	066	068	101	102	103	105	106	108	1109	111	112	114	117	118
0056	Initial Date Disability Began	Υ	Р	L		L	-		L		LL	L										L			L							1L.				L	L			
0057	Employee Date of Death	Y		L		L			L		L	L																								L				
0058	Employment Status Code	Υ		L																	L																			
0059	Manual Classification Code	Υ		L																	L																			
0060	Occupation Description	Υ																										1												
0061	Employee Date of Hire	Y				L			L																					L						L				
0062	Wage	Υ		L		L																																		
0063	Wage Period Code	Y	Р	L											L						L																			
0064	Number of Days Worked Per Week	Y	Р	L													L																							
0065	Initial Date Last Day Worked	Υ				L	•		L	L	L	L																		L						L			Ш	
0066	Full Wages Paid for Date of Injury Indicator	Y	T	L																	L																		Ш	
0068	Initial Return to Work Date	Y	Ρ	L		L	-		L													L				\square										L			\square	
0069	Pre-Existing Disability Code	Y																			L																		Ш	
0070	Date of Maximum Medical Improvement	Y				L	-		L												\square							\square								L			Щ	
0072	Latest Return to Work Status Date	Y		L		L	-	\square		- L															L											L	L	-	Щ	
0073	Claims Status Code	Ν																			L																		Щ	
0074	Claim Type Code		Ρ	L																	L	L			L														\square	
0075	Agreement to Compensate Code	Y		L				\square													L				L														Щ	
0076	Date Claim Administrator Notified of Employee Representation	Y				L	-	Щ	L		L		\square			\square										\square		\square		\square		\square				L			\square	\square
0077	Late Reason Code	Y	_	_	+	_	+	\square					\square		\perp	H	_			+	L	+				++		\square		\square		\square		+		++		+	\vdash	4
0078	Number of Permanent Impairments		Р	F	+	L	+	\square		+		_	\vdash		_	L	L		L	_	\vdash	_	+	L	L	++	_	\vdash		\square	_	\vdash	L			+		+	\vdash	\dashv
0082	Number of Death Dependent/Payee Relationships		Ρ	F	+	L	-	\square		+		_	\square			L	L		L	_	$\left \cdot \right $	_	+	L	_	+	_	\vdash		\square			L	-		+			\vdash	_
0083	Permanent Impairment Body Part Code	Y	_	L	+	_	+	\square		+		_	\square		_	\vdash				+	L	+	+		_	++	_	\vdash		\vdash	_	\square	_	+		+		+	\vdash	_
0084	Permanent Impairment Percentage			L	+	L	+	\square		+		_	\square		-	\vdash		+		+	$\left \cdot \right $	_	+			++	_	\vdash		\vdash		\square	_	+				+	\vdash	_
0085	Benefit Type Code		Ρ	L	+					+		_	\vdash		L	\vdash		+		_			+			++	-	\vdash	+	\vdash	L			+		+		+	\vdash	\neg
0086	Benefit Type Amount Paid	Y	_	L	+	L		\square		+		_	\vdash		_	\vdash		+		_	\vdash	_	+		_	++	-	\vdash	+	\vdash	-			+		+		+	\vdash	_
0087	Net Weekly Amount	Y	Р	L	1	L		1		1			1			1 1					1 1	L	1			1		1 1		1		1		1 1		1			1	

Must be valid content Must be ≻=Initial Date Last Day Worke Must be >= Initial Return to Work Date Must be >= Current Date Last Day Wo Match data value not consistent with v Trading Partner not approved to subm
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DN	IAIABC Data Element Name		001	018	019	029	030	031	034	035	037	038	650	040	042	044	045	053	054	057 057	058	059	061	062	064	065	067	068	100	101	103	104	106	107	108 109	110	111	112	114	117	٩ L
0129	Benefit Credit Weekly Amount		ΡL			L																L																			
0130	Benefit Redistribution Code		ΡL																		L				L	\square					L						\square	\perp	\square	\perp	4
0131	Benefit Redistribution Start Date		ΡL			L			L	L							L																				L				
0132	Benefit Redistribution End Date	Y	Р			L						L				L																					L				
0133	Benefit Redistribution Weekly Amount	Y	L			L			_									_																			\square	_	\vdash		_
0134	Calculated Weekly Compensation Amount		ΡL			L										L	L					L															\square	_	\square	$ \rightarrow $	_
0135	Claim Administrator Information/Attention Line	Ν																																		_	\square	_	\square	$ \rightarrow $	_
0136	Claim Administrator Country Code	Y	L			_															L				_												\square	_	\square		_
0137	Claim Administrator Claim Representative Business Phone Number		ΡL			L																														_	L	_	\square	$ \rightarrow$	_
0138	Claim Administrator Claim Representative E-Mail Address	-	ΡL																										L								L				
0139	Claim Administrator Claim Representative Fax Number		Ρ	_		L	\square													_						\square					_						L	+	$\downarrow \downarrow$	\perp	
0140	Claim Administrator Representative Name	Y	L	·	\square		\square		_				\square							_					_	\square			L		_						\vdash	+	\vdash	$ \rightarrow$	_
0141	Concurrent Employer Name	Y		_	\square		\square													_						\square			L		_						L	+	$\downarrow \downarrow$	\perp	
0142	Concurrent Employer Contact Business Phone Number	Y	Р	1		L			_												\square				_					\perp	1						L	\perp	\vdash	\rightarrow	
0143	Concurrent Employer Wage	Y		_	\square	L			_			\square								_	\square				_	++				+	_						H	+	++	+	_
0144	Current Date Disability Began	Y		1	\square	L			L	L	L	-													L					\perp	1						L	L	\vdash	\rightarrow	4
0145	Current Date Last Day Worked	Y	_	1	\square	L	\square		L	L	L	-									\square				L	\vdash		$\left \right $			1				_		LI		$\downarrow \downarrow$	+	_
0146	Death Result of Injury Code		ΡL	·			\square		_		_										L				L	\vdash		$\left \right $			1				_		\vdash	+	$\downarrow \downarrow$	+	_
0147	Deemed Reduced Earnings	N		_		-	\square		_		_		\square				_			_	\square				_	++	_			+	_				+		\vdash	+	++	\rightarrow	_
0149	Discontinued Fringe Benefits	N		+		-	++		+		+	+	\vdash	_			+	+		+			+		+	++	+	+	\square	+	+		+	\vdash	-	+	\vdash	+	++	+	-
0150	Employee Authorization to Release Medical Records Indicator	N N	-+	+		-	\vdash	_	_		_			+			_	+		_	L		+	\vdash	_	++	_	+	\square	+	+				+		┢┼┼	+	╆╌╄	+	
0151	Employee Education Level		_	_		-	\vdash	_	+		_	+	\square	+		\square	_	+	\square	+	+		\vdash	\vdash	_	++	_	+		+	_			\square		+	\vdash	+	++	+	-
0152	Employee Employment Visa	N		+	\vdash				_		_							+			+		\vdash			+		+	L	+	+		+		_		\vdash	—	++	+	_
0153	Employee Green Card	N		+	\vdash	_	\vdash	_	_		_			-			_	+		_	+		+	\vdash	_	+	_	+	-	+	+				+		┢┼╋	+	╆╌╄	+	
0154	Employee ID Assigned by Jurisdiction		P L	·	\vdash	_			-		_			L			_	+		_	+		+		_	++	_	$\left \right $	L	+	-						L	+	++	-	_
0155	Employee Mailing Country Code	Y	L	· I																	L		1					1							1		⊥		ш		

Sorted by Error Message & DN	Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement "Grayed out: The standard edit will not be applied by the jurisdiction will apply edits?: F = Essentia data element: must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table N = No - indicates that none of the standard edits marked for the data elements will be applied For Population Restrictions: For Data Elements that have certain 'population values' allowed for specific data elements, a 'P' is indicated in the 'Population Restrictions Indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.	Jurisdiction will apply edits?	Population Restrictions Indicator	Mandatory neid not present Number of Davs Worked must be 0-7		All digits must be 0-9 Must he a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	a valid time	Must be <= Date of Injury Must be >= Date of Injury	be >= Initial	Must be <= Employee Date of Death	U	Must be an under under No match on database	All digits cannot be the same	Must be <= current date Not statutorilv valid	Value is > required by jurisdiction	required by jurisdiction	No matching Subsequent Report (A49) No matching First Report of Injury (148)	- uei	Must be < Employee Date of Hire	Duplicate Batch/Transaction Code/ID invalid	Non-match data value not consistent with value previously reported	us paper docume	Event 1 able criteria not met Reduired seament not present	event s	Invalid data relationship	corresponding reportudata not round Invalid record/fransaction count	Must be >= Policy Effective Date	Must be <= Policy Expiration Date No leading/embedded spaces	approved for production	Must be <= Initial Date Disability Began Some code consisted in multitule contracts	3 3	Must be <= Current Date Disability Began	minimixem	Expected field not present	Must be >=Employee Date of Hire	 Jurisalcuori imprementation content 	be	be >= Initial Return to Wo	Must be >= Current Date Last Day Worked Match data value not consistent with value previously reported	Trading Partner not approved to submit data for Insurer/Claim Admin
DN	IAIABC Data Element Name		100	018	019	028	030	031	033	035	036	037	039	040	041	044	045	050	054	055	057	059	090	062	063	064	990	067	068 100	101	102	104	105	106	108	109	111	112	113	114	118
0156	Employee Passport Number	Ν																											L												
0157	Employee Social Security Number Release Indicator	Ν									\square			\Box						\Box	L	-	T					LT					Ц								\square
0158	Employee Tax Filing Status Code	Ν						\Box												\Box	L												\Box								
0159	Employer Contact Business Phone Number		Ρ			L					\square			\Box						\Box			T					LT					Ц				L				\square
0160	Employer Contact Name	Υ									\square			\Box						\Box			T					LT	L				ЦТ								\square
0163	Employer Mailing Information/Attention Line	Y																											L				\square								
0164	Employer Physical Country Code	Y		L																	L									\square											\square
0165	Employer Mailing City	Y	Ρ	L																								\square	L				\square				L			\perp	\square
0166	Employer Mailing Country Code	Y		L							\square			\square						\square	L	-						\square		\square		_	\square						\square	\perp	\square
0167	Employer Mailing Postal Code		Ρ	_							\square		L	\square						\square	L	-				L		\square	L	\square		_	\square						\square	\perp	\square
0168	Employer Mailing Primary Address	Y	Ρ	L																		+		_				\square	L								L			\perp	\square
0169	Employer Mailing Secondary Address	Ν			\square			\square		\perp				\square		_			_	\square				\perp	+			\square					\square				_	\downarrow		\perp	+
0170	Employer Mailing State Code	Y		L				\square		\perp				\square		_			_	\square	L	-						\square					\square				_	$\left \right $		\perp	+
0172	Estimated Gross Weekly Amount Indicator	Y	_	_	+	_	_	\square		+	\vdash			\square		_			_	\vdash	L			_	+		_	\square				_	\square				_			+	+
0174	Gross Weekly Amount		Р	L	+	L	_	\vdash		_	\vdash		_	\square		L	+		_	\square	-	L		+	+	_	_	\square				_	\square					+		+	++
0175	Gross Weekly Amount Effective Date	-	· .	L .	+		-	$\left \right $			$\left \right $	-+	_	\vdash		_	+		_	\vdash	-	+	-+	+	+	L	_	\vdash		+		+	\vdash	-	+		L	+	\vdash	+	++
0184	Insured Type Code	Y	-+	L	+	+	+	$\left \right $	+	+	$\left \right $	-+	_	\vdash		_	+		_	\vdash		-	-+	+	+		_	\vdash		+		+	\vdash	-	+		+	+	\vdash	+	++
0185	Insurer Type Code	Y		_	+		_	+		+	\vdash		_	\square		_	+		_	\vdash	L	-		_	+			\vdash					\vdash				_	+		+	++
0186	Jurisdiction Branch Office Code	N	_	-	+	+	_	\vdash		_	\vdash	-+		$\left \cdot \right $	-+	_	+		_	\vdash	+	+ +	-+	+	+	-	_	\vdash		+			\vdash	-			_	+	\vdash	+.	+
0187	Claim Administrator FEIN	F	Ρ	F	+	L	-	+		+	$\left \cdot \right $		L	L		+	+		-	\vdash	_	+	_	+	+	L	_	\vdash		+	_	_	\vdash	_	+		_	+		╧	
0188 0189	Claim Administrator Name	Y Y	-+		++		_	+	-+	+	\vdash		_	\vdash		_	+		_	\vdash	-	+		-	+			\vdash		+		+	\vdash		+		_	+	\vdash	+	++
0189	Return to Work Type Code	Y F		-	+	-	+	$\left \right $		+	$\left \right $		+	\vdash		+	+		+	\vdash			_	+	+		+-	\vdash		+	_	_	\vdash	_	+		+	+	\vdash	+	++
0191	Transaction Count Peoplet Revenue Date	F Y			+	-	-	+		_	⊢┼	-+	_	\vdash		-	+			\vdash	+	+	-+	+	+		-	\vdash		+			\vdash	+	+			+	\vdash	+	++
	Benefit Payment Issue Date	Y Y		L	+		-	+		-	⊢┼	-+	_	\vdash		L	+			\vdash	+	+	-+	+	+		_	\vdash		+			\vdash	+	+				\vdash	+	++
0193	Suspension Effective Date		_		+	-	-	$\left \right $			$\left \right $		+	\vdash		+-	+		+	\vdash	_	+	_	+	+		_	\vdash		+	_	_	\vdash	_	+			_	\vdash	+	++
0195	Payment Issue Date	Y		L			-	1								L	1													1							L				

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DN	IAIABC Data Element Name		100	018	019	028	030	031	033	035	036	037 038	039	040	041 042	044	045	050 053	054	055	1cu 058	059	060	062	063	064 065	066	068	100	101	103	104	105 106	107	108	110	111	113	114	117	2
0196	Denial Rescission Date	Y				L			L																												L				
0197	Denial Reason Narrative		Ρ	L	\square			\square		\square		\bot		Ц			Ц					\square			\square	L			L					Ш					\prod		
0198	Full Denial Reason Code			L				\square							L	·					L					L					L			Ш					\square		
0199	Full Denial Effective Date		Ρ	L		L	·	\square	L					\square												L	\square					Ц					L		$\downarrow \downarrow$		
0200	Claim Administrator Alternate Postal Code	Ν					_	\square					L	\square							L	\downarrow					\square					Щ							$\downarrow \downarrow$		
0201	Anticipated Wage Loss Indicator	Y					_	\square						\square							L	+		_	\square		\square					Щ							$\downarrow \downarrow$		_
0202	Reduced Benefit Amount Code	Y					_	\square						\square							L	L		_			\vdash							\square					$\downarrow \downarrow$		
0203	Employer Paid Salary Prior to Acquisition Code	Y		\perp			_	\square		+											L						\square							\square					$\downarrow \downarrow$		
0204	Work Week Type Code	Y		L			_	\square						\square		-	\square				L	+		_	\square	_	\vdash	_				Щ		\square					++		4
0205	Work Days Scheduled Code		Ρ	L	++		_	\square		+		\perp		\square		+	\square				\perp	++			\square	L	\vdash	_				\square		\square			L	\perp	$\downarrow \downarrow$		_
0206	Employee Security ID	Ν			+		_	\square					\square	H,		-	\square		\square			+			\square		\vdash	_				Щ		\square	-				++		4
0207	Managed Care Organization Code		Р	_	+		-	\square		+		_		\square	L	•		_			L	+		_	\square	_	\vdash	_			L			$\left \right $				_	++		4
0208	Managed Care Organization Identification Number		Ρ	-	++		+	\vdash		+		+	L	\vdash		+	++		+		+	++		+	\vdash	+	\vdash	+				\square		$\left \right $	_		L	_	++	-+	4
0209	Managed Care Organization Name	N		_	+		_	\square		+		_	+	\square		_	++	_	+		+	+			\vdash	_	\vdash	_	L		+			\square	_			_	++		4
0211	Net Weekly Amount Effective Date	Y		L	++			\vdash		• -		+		\vdash		+	++	+	+		+-	+		+	\vdash	+	\vdash	+	\square	_		\vdash		\vdash	+		L	+	++	+	-
0212	Non-Consecutive Period Code Employee Number of Entitled Exemptions	Y N	+		+		-	\vdash				-	+	\vdash		+	++	+	+			++		+	\vdash	+	++	+			+	\square		\vdash	+		\vdash	_	++	+	-
0213	Other Benefit Type Amount	N Y	_	L	++	-	-	\vdash				_	+	\vdash		+	++	_	+		+	++		+	\vdash	+	\vdash	+			+	\square		\vdash	_			_	++	-+	-
0215	Other Benefit Type Code	· ·			+	-	+	\vdash		+		+	+	$\left \right $		+	+		+		-	+			\vdash		\vdash				+			┢┼┤	+				╋╋	+	-
0216	Payee	Y Y			+		-	\vdash		+		+	+	$\left \right $		+	+		+			+			\vdash	-	\vdash							┢┼┤	+				╋╋	+	-
0217	Payment Amount				++		+	\vdash		+		+	+	\vdash		+	++		+		+	+		+	\vdash	-	\vdash	+	-		+	\vdash		┢┼┤	-		-	+-	++	+	\dashv
0218	Payment Covers Period Start Date	Y	<u> </u>		++	-	+	\vdash		+	-	+	+	\vdash		+	+	-	+	\vdash	+	+	+	+	\vdash		++	+	\vdash		+	\square		\vdash					++	+	\dashv
0219	Payment Covers Period Stati Date	Y			++			\vdash				1		\vdash	_	+	+	-	+	\vdash	+	++			\vdash		\vdash		\vdash			\vdash		┢┼┤	-		-		++	+	-
0220	Payment Reason Code	Y	Р	L	+		-	\vdash						\vdash	L		+	+	+		1	+			++	L					1			+	+		-		++	+	\neg
0223	Permanent Impairment Minimum Payment Indicator	N		+	+		+	\vdash				+	+	\vdash		+	++		+		1	+			++	-	\vdash		\vdash		-	\vdash		+	+				++	+	-
0223	Physical Restrictions Indicator	Y		L	+		-	\vdash		+		+	+	\vdash		+	+		+		1	+			++						+			+	+				++	+	-
0224				- 1	1												1 1				1	1 1		1				1								1			┶┷┶		

Sorted by Error Message & DN	Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = "Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. "Grayed out: The standard edit will not be applied by the jurisdiction Jurisdiction will apply edits?: F = Essentia data element, must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table. N = No - indicates that none of the standard edits marked for the data elements will be applied For Population Restrictions: For Data Elements that have certain 'population values' allowed for specific data elements, a 'T' is indicated in the 'Population Restrictions indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.	Jurisdiction will apply edits ?	Population Restrictions Indicator	Mandatory field not present Number of Days Worked must be 0-7	Days must be 0-6	All digits must be 0-9 Must be a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	Must be a valid time	>= Date of	>= Initial Date Disa	wust be <= Employee Date of Death Must be <= Maintenance Type Code Date	>= Start Date	No match on database All divite rearnet he the same	calling be <= current	f	Value is > required by jurisdiction Value is < required by jurisdiction	hing Subsequent Report (A4	No matching First Report of Injury (148) Must be valid occurrence for segment	Must be < Employee Date of Hire	Duplicate Batch/Transaction Code/ID invalid	h data value not consistent with	Previous paper documentation not received Event Table criteria not met	ed segment i	event se	Invalid data relationship Corresponding report/data not found	Invalid record/transaction count Must be - Policy Effective Date	<= Policy	No leading/embedded spaces	MTC not approved for production Must be <= Initial Date Disability Began	de received in m	>= Current Date	Must be <= ∪urrent ⊔ate ⊔isaoliity began Invalid batch structure		Expected field not present Must he >=Employee Date of Hire	st be >= Jurisdictio	Must be valid content Must be >=Initial Date Last Dav Worked	>= Initia	>= Curre	Match data value not consistent with value previously reported	Trading Partner not approved to submit data for insufer/uaim Admin
DN	IAIABC Data Element Name		100	018	019	028 029	030	031	034	035	037	038	039	041	042	045	050	054	055	057 058	059	060	062	063	064 065	066	068	100	101	103	104	105 106	107	109	110	111	113	114	117	2-
0225	Recovery Amount	Y		L		L																																	$ \rightarrow$	_
0226	Recovery Code	Y	•	L											L					L			_							L									\rightarrow	
0228	Return to Work With Same Employer Indicator	Y		L																L																			$ \rightarrow$	_
0229	Injury Severity Type Code	Ν																		L		L	-																$ \rightarrow$	_
0230	Employer ID Assigned by Jurisdiction	Ν				L							L	L																									$ \rightarrow$	_
0231	Manual Classification Sub-Code	Ν																		L																				
0233	Suspension Narrative	Y		L																								L											$ \rightarrow$	_
0237	Witness Business Phone Number	_	Р			L																														L			$ \rightarrow$	_
0238	Witness Name	Y		_																_			_					L											$ \rightarrow $	_
0242	Reduced Earnings Week Number		-	L		L														_			_		L														$ \rightarrow $	_
0249	Accident Premises Code	Y		L	\downarrow												\square		\square	L																\square		Щ	\perp	
0255	Employee Last Name Suffix	Y			+					\square	_	+			\square		\vdash		\square	\perp	+			\square		\square		L					\square		$ \rightarrow $	\square		Щ	\perp	
0256	Wage Effective Date	Ν			+	L	\square		L	\square	_	+			\square		\vdash		\square	\perp	+			\square		\square							\square		$ \rightarrow $	\square		Щ	\perp	
0270	Employee ID Type Qualifier	Y	Ρ	L	++				+	\square	+	\square		\perp	L		\square		\square	L	++			\square	-	\square							\square		++	\perp		\square	L	_
0273	Employer Paid Salary in Lieu of Compensation Indicator	Y		L	+		+		_	\square	_	+		_	\square		\vdash	-		L	+	-	-	\square	_	\vdash				+		_	\vdash		+	+			+	4
0274	Number of Accident/Injury Description Narratives		Ρ	F	+	L	+		_	\square	_	+		_	\square	L	\vdash	L			+	-	L	\square	_	\vdash				+		_	L		+	+			+	4
0275	Number of Concurrent Employers	F	_	F	+	L	$\left \right $		+	\square	+	+		_	\vdash		\vdash	L	\square	-+	++	+	L	\vdash	_	\vdash				+		_			+	+		\square	+	4
0276	Number of Denial Reason Narratives	F	Р	F	+	L	$\left \right $		+		+	+	+	_	\vdash		\vdash	L	\square		++			\vdash	_	\vdash				+		_			+	+		\square	+	-
0277	Number of Full Denial Reason Codes	F	Р	F	++	<u>-</u>	$\left \right $		+	\square	_	++	_	+		LL	\vdash	L	\vdash		++			\vdash	+	\vdash				+		+			++	+	+	\square	+	4
0278	Number of Managed Care Organizations	F	Ρ		+ +	L	+		_	\vdash	_	+ +	+		\vdash	L	\vdash	- L	\vdash	+	+	-	- L	\vdash	_	\vdash			+	+		+			+	+		\square	+	-
0279	Number of Witnesses	F			++	-	$\left \right $		+	\square	_	++	_	+	\vdash	_	\vdash	L	\vdash	<u> </u>	++		L	\vdash	+	\vdash				+		+			++	+	+	\square	+	4
0280	Accident Site Country Code	Y		L .	+ +	┥.	+			\vdash	_	+ +	+		\vdash	_	\vdash	_	\vdash		+	-		\vdash	. –	\vdash			+	+		+	\vdash		+	+		\square	+	-
0281	Date Employer Had Knowledge of Date of Disability	Y F	Ρ		+ +	<u> </u>	$\left \right $		L	\vdash	+	+ +	+	+	\vdash	_	\vdash	+-	\vdash	+	+	+	+-	\vdash	L	\vdash		\square	+	+		+	\vdash		+	<u> </u>	+	\vdash	+	4
0282	Number of Other Benefits	F	_		+	L .	+		_			+	+	+	\vdash		\vdash		$\left \right $	_	+	+		\vdash	. –	\vdash			_	+		_			+	+	+		+	_
0283	Number of Payments	F	Р	-	+	<u>-</u>	+		_	\square	_	+	+		\vdash	L	\vdash	- L			+	-	L .	\vdash	L	\vdash				+		_			+	+		\vdash	+	4
0284	Number of Recoveries	•	Р	F	+	<u>-</u>	$\left \right $		+	\square	_	++	+	+	\vdash	LL	\vdash	L	\vdash		++	+	L .	\vdash	.	\vdash				+		+			+	+	+	\square	+	4
0285	Number of Reduced Earnings	E.	Р	F	1 1	L				1 1		1 1			1 1	LL		_ L					L		L								L							

Sorted by Error M	Edit Matrix Population Legend: F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed. L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the Element Requirement Table. "Grayed out: The standard edit will not be applied by the jurisdiction will apply edits?: F = Essentia data element, must be edited for successful transaction processing Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table N = No - indicates that all edits marked for the data elements will be applied For Population Restrictions: For Data Elements that have certain 'population values' allowed for specific data elements, a 'P' is indicated in the 'Population Restrictions Indicator' column and the associated data element population restriction is detailed in the Population Restrictions Table.	Jurisdiction will apply edits?	Population Restrictions Indicator	ry field not present	Da	Days must be 0-6	must be 0-9	a valid date	Must be A-Z, 0-9, or spaces Must be a valid time		>= Date of	Must be >= Initial Date Disability Began	<= Employee Date of Death	be <= Maint	Must be >= Start Date No match on database	All digits cannot be the same	Must be <= current date	itorily valid	> required by jurisdict	uired by junsdiction	No matching Subsequent report (148) No matching First Report of Injury (148)	occurrence for segm		Duplicate Batch/Transaction		Non-match data value not consistent with value previously reported Previous paper documentation not received	ble criteria not met	ed segment not p	Invalid event sequence	Invalid data relationship	Corresponding report/data not found	8	>= Policy	Must be <= Policy Expiration Date	No leading/embedded spaces	MTC not approved for production	<= Initial Date Disability	Current Date Disabi	<= Current Date Disability	atch structure	Variable segment counter > maximum value allowed	d field not present	nployee Date of Hire	S S	valid content	be >=Initial Date Last Day W	>= Initial Return to Wo	Must be >= Current Date Last Day Worked Match data value not consistent with value newiously renorted	Match data value not consistent with value previously reported Trading Datmar not annovad to submit data for Insurar/Claim Admin	Irading Partner not approved to submit data for Insurer/Claim Admin
DN	IAIABC Data Element Name			001	018	019	028	620	030	033	034	035	036	037	038	040	041	042	044	040	053	054	055	057	058	059	061	062	063	064	065	066	067	068	100	101	102	8	105	106	107	108	109	110	111	112	113	114	117	2
0286	Average Wage	Y		L			L																																											
0287	Number of Suspension Narratives	F	Р	F			L												I	L		L						L		L											L									
0288	Number of Benefits	F	Р	F			L												LI	L		L				L		L		L											L									
0289	Number of Benefit ACR	F	-				L												1	L		L						L													L									
0290	Type of Loss Code	Y	Р	L																					L																		Ш							
0292	Insolvent Insurer FEIN	Ν					L.								L	. L																																		
0293	Lump Sum Payment/Settlement Code	Y	Р	L																					L					L													Ш							
0294	Partial Denial Code	Y	Р	L				Τ										L	Τ						L					L							Τ	T												
0295	Maintenance Type Correction Code	Ν						Τ											Τ						L						L						Τ	T												
0296	Maintenance Type Correction Code Date	Ν			\square			L					T				L														L												\square		T					
0297	First Day of Disability After the Waiting Period	Y						L		T	L		, T			T																								T	Τ	Г		T	L	T				
0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	N		\Box				L			L																																							
0299	Award/Order Date	Y						L		T	L		, T			T																								T	Τ	Г		T	L	T				
0314	La surre d CCINI	~	P		r t					1			. 1	-													T											T	T		1	T			1			T	T	٦
	Insured FEIN	Ŷ	F	1 - 1			-					1		1	-																												1 1		-					

NYS Claims Release 3 Value Table

Section 1 – Code values that are 'Not Statutorily Valid' (Code values that are grayed out): The jurisdiction should communicate in this section the code values that are not statutorily valid in the jurisdiction. A 'N' in the capture column indicates that the data element is not captured in the jurisdiction. A 'Y' in the capture column indicates that the data element is captured in the jurisdiction. A code value that has been graved out indicates that the code is 'Not Statutorily Valid' in the jurisdiction. Jurisdictions may return Error Message-'042-Not Statutorily Valid' on grayed out values. The code values that are not grayed out are the code values that are statutorily valid and will be processed in the jurisdiction. See Section 2 (below) for Statutorily valid codes that are valid but will not be processed by jurisdiction. Capture? DN Element Name Acceptable Code Value List - grayed out indicates that a value is 'Not Statutorily Valid' 0002 Maintenance Type Code (for FROI) 01 02 04 CO AQ AU UI UR Y 00 AB AP CA CB CD CO EP ER FN IP P1 P2 P3 P4 P5 P7 P9 PD PJ PY 0002 Maintenance Type Code (for SROI) Υ 02 04 RB RE S1 S2 S3 S4 S5 S6 S7 S8 S9 SD SJ UI UR VE AN BM BW MN QT SA Maintenance Type Codes (for SROI continued) 0039 Initial Treatment Code Υ 0 2 3 5 1 4 0053 Employee Gender Code Υ F Μ U 0054 Employee Marital Status Code U M S K Υ 0058 Employment Status Code Υ С 8 А В 2 3 6 4 5 7 (see hierarchical order in dictionary) 9 1 0063 Wage Period Code (FROI) Υ 01 02 04 06 07 0063 Wage Period Code (SROI) Y 01 04 0069 Pre-Existing Disability Code U Υ Υ Ν 0073 Claim Status Code Ν 0 R X С 0074 Claim Type Code Υ Ν В L W Р М Т 0075 Agreement to Compensate Code W Υ L L4 L5 L6 L7 L8 L9 LA LB LC C1 D1 D2 D3 D4 D5 D6 E1 E2 E3 E4 E5 E6 0077 Late Reason Code Υ L1 L2 L3 010 020 021 030 040 050 051 070 080 090 210 220 221 230 240 242 250 251 270 410 500 501 510 520 521 524 530 540 541 550 551 570 580 590 0085 Benefit Type Code Υ 0092 Benefit Adjustment Code Е G L N Q R S T U V W X Y Z 1 2 3 Υ А В 1 J 0097 Dependent/Payee Relationship Code (1st character) Υ 2 7 3 4 5 6 8 9 Dependent/Payee Relationship Code (2nd character) 0 2 3 4 5 6 7 8 9 1 Р С 0126 Benefit Credit Code Υ Μ 0130 Benefit Redistribution Code Υ Н Κ 0146 Death Result of Injury Code Υ Υ Ν U 0158 Employee Tax Filing Status Code Ν А С D В 0184 Insured Type Code Υ S U 1 0185 Insurer Type Code Υ S G 1 R 0189 Return to Work Type Code Υ А

NYS Claims Release 3 Value Table

	Element Name	Capture?	Acc	epta	ble (Code	e Val	ue Li	st - (gray	ed oı	ut ind	dica	tes ti	hat a	valı	ie is	'Not	Stat	utori	ily V	alid'										
0198	Full Denial Reason Code	Y	1A	1B	1C	1D	1E	1F	1G	1H	11	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	3G	3H	31	4A	4B	5A	5B 5C		
0202	Reduced Benefit Amount Code	Y	R	S	Ν	D																										
0204	Work Week Type Code	Y	S	F	V																											
0205	Work Days Scheduled Code	Y	S	Ν																												
0207	Managed Care Organization Code	Y	00	01	02	03	04	05	06	07																						
0212	Non-Consecutive Period Code	Y	А	В	W																											
0216	Other Benefit Type Code	Y	300	310	311	320	321	330	340	350	360	370	380	390	400	420	421	422	430	440	450	455	460	465	470	475	480	485	490			
0222	Payment Reason Code	Y	010	020	021	030	040	050	051	070	080	090	210	220	221	230	240	242	250	251	270	410	500	501	510	520	521	524	530	540 541	550 55	570 580 590
	Payment Reason codes (continued)		300	310	311	320	321	330	340	350	360	370	380	390	400	420	421	422	430	440	450	455	460	465	470	475	480	485	490			
0226	Recovery Code	Y	800	810	820	830	840	845	850	860	865	866	867	868	870	880	890															
0229	Injury Severity Type Coe	Ν	Μ	J																												
0249	Accident Premises Code	Y	E	L	Х																											
0270	Employee ID Type Qualifier	Y	А	E	G	Р	S																									
0290	Type of Loss Code	Y	01	02	03																											
0293	Lump Sum Payment Code	Y	AD	AS	AW	SF	SP	NS																								
0294	Partial Denial Code	Y	А	В	С	D	E	F	G																							
This	ion 2 – Valid code values, from Section 1, not table provides a way for the jurisdiction to comm n this section, indicates that the code is valid but	unic	ate,	of th	e vali	d co	de va	alues																						•	-	
DN	Element Name		Stat	tuto	ily V	alid	code	e valu	Jes -	gray	yed o	out in	ndica	ates	that	a va	lue is	s not	pro	cess	ed b	y the	e Jur	risdio	ction							
0130	Benefit Redistribution Code																															
0216	Other Benefit Type Code		300	310	311	320	321	330	340	350	360	370	380	390	400	420	421	422	430	440	450	455	460	465	470	475	480	485	490			
0226	Recovery Code																															

NYS Claims Release 3 Match Data Table

The Match Data Table is designed to convey which data elements should be used as primary or secondary "match" data elements. It is used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements (usually on a change or correction transaction), secondary "match" data elements are used to match a claim. Refer to the Match Data Rules in the instructions. A jurisdiction should provide Claim Administrators with primary match data element(s) and two or more secondary match data elements.

Match Data Elements can only be changed on a MTC 02 Change transaction. Only one Match Data Element can be changed on the same MTC 02 Change transaction. If more than one Match Data Element is changed on the same MTC 02 Change transaction, an error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR-Transaction Rejected acknowledgment. Note: Data Elements within the 'Transaction Grouping' are not applicable to the MTC 02 Change transaction.

GROUPING	DN	DATA ELEMENT NAME	New Claims	Existing Claims
			(FROI-00/04/AQ/AU/UR)	(all others)
Claim	0004	Jurisdiction Code		
	0005	Jurisdiction Claim Number	*	Р
	0015	Claim Administrator Claim Number	S	S
Claimant	0270	Employee ID	Р	S
		 Employee SSN – Preferred (DN0042) 		
		 Employee ID Assigned by Jurisdiction (DN0154) 		
	0031	Date of Injury	Р	S
	0043	Employee Last Name	S	S
	0044	Employee First Name	S	S
	0052	Employee Date of Birth	S	S
Claim	0187	Claim Administrator FEIN	Р	Р
Administrator	0014	Claim Administrator Postal Code		
Employer	0026	Insured Report Number		
	0016	Employer FEIN	Р	S
	0023	Employer Physical Postal Code		
	0028	Policy Number Identifier		
nsurer	0006	Insurer FEIN	Р	Р
Fransaction	0295	Maintenance Type Correction Code (DN0002-From Original Transaction)		
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction)		
	0002	Maintenance Type Code		Р
	0003	Maintenance Type Code Date		

*When a JCN is given on a new claim it will be validated against the Board's case to make sure it has at least one match for the following: Claim Administrator Claim Number (DN0015), Employee SSN (DN0042), Date of Injury (DN0031), Employee Last Name (DN0043), and Employee Date of Birth (DN0052). If none of them match, then error message 117 (Match data value not consistent with value previously reported) will be returned on JCN (DN0005) with the Element Error Text (DN0291) of "is WCB Case but not DN15/31/42/43/52. Check eCase."

NYS Claims Release 3 Match Data Table

Additional Match Data Elements for Duplicate Claim ID:

When a match is found on the primary or secondary "match" data elements per the table above, the following data elements can be used as 'additional' confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury. When these fields are evaluated and a match is found then a duplicate error message will be returned on Element Number 0002 Maintenance Type Code with Element Error Number 057-Duplicate Transmission/Transaction. If the duplicate is not identified the claim will be processed.

Limitations: The limitation of changing one match data element does not apply to these 'Additional' match data elements. See Match Data Rules in Section 4.

The suggested optional data element names are listed below. Place an "A" (Additional) in the appropriate column in order to identify the additional match data. Jurisdictions should not use the "additional" match data elements when processing an 02 change transaction because the 02 could be filed to change one or more of these elements.

			New	Existing
Injury	0035	Nature of Injury		
	0036	Part of Body		
	0037	Cause of Injury		

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
	All Data Elements that are defined as Date	111		If a Date value is sent on a Data Element that NYS WCB has asked for, then its year must be between the past 150 years and the next 50 years. For example, on transactions processed in 2014, the earliest acceptable value would be January 1st, 1864 and the latest acceptable Date value would December 31, 2064.	cannot be > 150 years ago or 50 years in future
0000	Entire Batch	111		When NYS WCB detects a file structure problem or other severe errors, then all the FROI/SROIs in the entire batch are not even loaded by NYS WCB. This generic error (or more detailed errors) will occur. NYS WCB will contact the Sender to discuss what the severe errors are and how to resolve them.	has been rejected with severe error to discuss
	Maintenance Type Code (for FROI)	042	Not statutorily valid	A) Greyed out values in NYS WCB's Value Table cannot be used for this DN.	for FROI must be 00, 01, 02, 04, AQ, AU, or UR
	Maintenance Type Code (for SROI)	042	Not statutorily valid	B) Greyed out values in NYS WCB's Value Table cannot be used for this DN.	not = AB,CO,FN,Px,S3,S6,S8,S9,UI,VE,AN,BM,BW,MN,QT
0002	Maintenance Type Code	064		A) DN0002 (Maintenance Type Code) in the Benefits Segment of the R22 record must either be blank (to indicate a sweep) or be the DN0002 (Maintenance Type Code) of the A49 record (to indicate an event). See Section 4's Variable Segment Population Rules in IA Implementation Guide for more details about "sweep" versus "event" reporting.	in Benefit Segment must be MTC in A49 for event
0002	Maintenance Type Code	064		B) If DN0002 (Maintenance Type Code) is IP, then at least one DN0085 (Benefit Type Code) must be 0xx.	of IP must have at least one BTC 0xx

		Error Message			
DN	Data Element Name	Number	Error Message Text	Population Restriction	Element Error Text
0002	Maintenance Type Code	064	Invalid data relationship	C) If DN0002 (Maintenance Type Code) is AP, then at least one DN0085 (Benefit Type Code) must be 0xx.	of AP must have at least one BTC 0xx
0002	Maintenance Type Code	064	Invalid data relationship	D) DN0002 (Maintenance Type Code) of SA or UR is not allowed in the benefit segment. The SA and UR should only have sweep benefit segments.	in Benefit Segment cannot be SA or UR
0002	Maintenance Type Code	064	Invalid data relationship	E) If DN0002(Maintenance Type Code) is SROI-UR then DN0031 (Injury Date) cannot be after 05/23/14.	injury date cannot be after 05/23/14 on SROI-UR
0002	Maintenance Type Code	065	Corresponding report/data not found	A) If SROI-PY has a Payment Segment with latest DN0195 (Payment Issue Date) having a DN0222 (Payment Reason Code) of 0xx, then there must be at least one Benefit Segment with its DN0002 (Maintenance Type Code) populated with A49 record's DN0002 (MTC) of PY.	in at least 1 Benefit must=PY when 0xx Pymnt Code
0002	Maintenance Type Code	065	Corresponding report/data not found	B) If SROI-CB has a Benefit Segment with DN0202 (Reduced Benefit Amount Code) of R (Reclassification of Benefit) or D (Decrease in Indemnity), then there must be at least one Benefit Segment with its DN0002 (Maintenance Type Code) populated with A49 record's DN0002 (MTC) of CB.	in at least 1 Ben must=CB when Reduced Ben has R/D
0002	Maintenance Type Code	065	Corresponding report/data not found	C) If SROI-CB does not have a Benefit Segment with DN0202 (Reduced Benefit Amount Code) of R (Reclassification of Benefit) or D (Decrease in Indemnity), then there must be at least two Benefit Segments with its DN0002 (Maintenance Type Code) populated with A49 record's DN0002 (MTC) of CB.	in at least 2 Bens must=CB when no Reduced Ben R/D

DN	Data Element Name	Error Message Number	Error Message Text		Element Error Text
0002	Maintenance Type Code	065	Corresponding report/data not found	D) SROI-AP/CA/EP/ER/IP/RB/RE/S1/S2/S4/S5/S7/SD/SJ must always have at least one Benefit Segment with its DN0002 (Maintenance Type Code) populated with the A49 record's DN0002 (MTC).	In at least T benefit must = MTC of this SROT
0002	Maintenance Type Code	117	Match data value not consistent with value previously reported	If MTC is 02, then only up to one Match Data Element can be changed, except for the following combinations (which is why some 117 errors have 1@time* in their Element Error Text): (a) DN0043 (Employee Last Name) and DN0044 (Employee First Name) can be changed at the same time OR (b) DN0270 (Employee ID Type Qualifier), DN0042 (Employee SSN), and DN0154 (Employee ID Assigned by Jurisdiction) can be changed at the same time.	of 02 can only change Match Data Element 1@time*
0004	Jurisdiction Code	042	Not statutorily valid	Jurisdiction Code must be NY.	for New York State Workers' Comp. Board must be NY
	Jurisdiction Claim Number	111	Must be valid content	DN0005 (Jurisdiction Claim Number) is what NYS WCB refers to as its Case ID, which must be 8 characters long, where the 1st and 2nd characters must be A-Z or 0-9 and the 3rd through 8th characters must be 0-9.	must be @@###### with # = 0-9 and @ = A-Z or 0-9
	Jurisdiction Claim Number	117	Match data value not consistent with value previously reported	Must be the same DN0005 (Jurisdiction Claim Number) that was returned when past MTC was accepted or the Case ID that it was cancelled and combined into, as stated by NYS WCB notice.	can only be changed by NYS WCB for cancel&combine

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0006	Insurer FEIN		Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0006	Insurer FEIN		Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
	Claim Administrator Postal Code	064	Invalid data relationship	If DN0136 (Claim Administrator Country Code) is blank or USA, then DN0014 (Claim Administrator Postal Code) must be 5 or 9 digits and not be all zeros.	in USA must be 5 or 9 digits and not all zeros
	Claim Administrator Claim Number	064	Invalid data relationship	DN0015 (Claim Administrator Claim Number) must be the same on the two records for a FROI (whose two records are 148 and R21) or a SROI (whose two records are A49 and R22).	must be the same on the 2 records for a FROI/SROI
	Claim Administrator Claim Number	111	Must be valid content	DN0015 (Claim Administrator Claim Number) must start with an alpha (A-Z or a-z) or a digit (0-9).	must start with an alpha (A-Z,a-z) or digit (0-9)
	Claim Administrator Claim Number		Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
	Claim Administrator Claim Number		Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
016	Employer FEIN	111	Must be valid content	DN0016 (Employer FEIN) must be 9 digits long and pass data validation tests.	must be 9 digits and pass data validation tests
016	Employer FEIN	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0016	Employer FEIN	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
018	Employer Name	111	Must be valid content	DN0018 (Employer Name) cannot have any UNKNOWN or NOT IDENTIFIED (or any variation of that with upper and lower case letters) as part of its value.	must not have UNKNOWN as part of its value
023	Employer Physical Postal Code	064	Invalid data relationship	If DN0164 (Employer Physical Country Code) is blank or USA, then DN0023 (Employer Physical Postal Code) must be 5 or 9 digits and not be all zeros.	in USA must be 5 or 9 digits and not all zeros
025	Industry Code	111	Must be valid content	DN0025 (Industry Code) must be sent as 2, 3, 4, 5 or 6 characters NAICS Code from 2002-2017	must be 2, 3, 4, 5 or 6 characters NAICS code
028	Policy Number Identifier	111	Must be valid content	A) DN0028 (Policy Number Identifier) cannot have any embedded spaces effective 6/2/2017	must not have any embedded spaces
028	Policy Number Identifier	111	Must be valid content	B) DN0028 (Policy Number Identifier) must be A-Z, a-z, 0-9, or spaces.	must be A-Z, a-z, 0-9, or spaces

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0031	Date of Injury	064	Invalid data relationship	A) When DN0290 (Type of Loss Code) is 01 (Traumatic Injury), DN0031 (Date of Injury) must be a valid date (using all 8 digits in the format of CCYYMMDD).	must be a valid date when Type of Loss Code is 01
0031	Date of Injury	064	Invalid data relationship	B) If DN0146 (Death Result of Injury Code) is Y (Yes), then DN0031 (Date of Injury) must be the same as DN0057 (Employee Date of Death).	must =EE Date of Death since Death Result of Inj=Y
0031	Date of Injury	064	Invalid data relationship	C) If DN0146 (Death Result of Injury Code) is "N" for No and DN0290 (Type of Loss Code) is 01 (Traumatic Injury), then DN0031 (Date of Injury) must be on or before DN0040 (Date Employer Had Knowledge of the Injury).	must<=Date ER Knew of Injury when not due to Death
0031	Date of Injury	064	Invalid data relationship	D) If DN0146 (Death Result of Injury Code) is "N" for No and DN0290 (Type of Loss Code) is 01 (Traumatic Injury), then DN0031 (Date of Injury) must be on or before DN0041 (Date Claim Administrator Had Knowledge of the Injury).	must<=Date CA Knew of Injury when not due to Death
0031	Date of Injury	064	Invalid data relationship	E) Date of Injury (DN0031) year must be on or after 2019 if Nature of Injury (DN0035) is COVID-19 (83) or Cause of Injury (DN0037) is Pandemic. Edit applied effective 10/1/2020.	must be >= 2019 if DN0035 is 83 or DN0037 is 83
0031	Date of Injury	111	Must be valid content	A) When DN0031 (Date of Injury) has all 8 digits (in the format of CCYYMMDD showing 4 digit year, followed by 2 digit month, and followed by 2 digit day), it must be a valid date.	must be a valid date in the format of CCYYMMDD

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0031	Date of Injury	111	Must be valid content	B) When DN0031 (Date of Injury) does not have all 8 digits (in the format CCYYMMDD showing 4 digit year, followed by 2 digit month, and followed by 2 digit day), it must have a year and 2 spaces for the month and two spaces for the day or 2 spaces for the day when unknown.	must be in the format of CCYYMMDD and have a year
0031	Date of Injury	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0031	Date of Injury	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
0033	Accident Site Postal Code	064	Invalid data relationship	If DN0280 (Accident Site Country Code) is blank or USA, then DN0033 (Accident Site Postal Code) must be 5 or 9 digits and not be all zeros.	in USA must be 5 or 9 digits and not all zeros
0040	Date Employer Had Knowledge of the Injury	064	Invalid data relationship	If DN0146 (Death Result of Injury Code) is "N" for No and DN0290 (Type of Loss Code) is 01 (Traumatic Injury), then DN0040 (Date Employer Had Knowledge of the Injury) must be on or after DN0031 (Date of Injury).	must >=Date of Injury when Injury not due to Death
0041	Date Claim Administrator Had Knowledge of the Injury	064	Invalid data relationship	If DN0146 (Death Result of Injury Code) is "N" for No and DN0290 (Type of Loss Code) is 01 (Traumatic Injury), then DN0041 (Date Claim Administrator Had Knowledge of the Injury) must be on or after DN0031 (Date of Injury).	must >=Date of Injury when Injury not due to Death
0042	Employee SSN	111	Must be valid content	DN0042 (Employee SSN) must be 9 digits long and pass data validation tests.	must be 9 digits and pass data validation tests

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0042	Employee SSN	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0042	Employee SSN	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when DN0270 (Employee ID Type Qualifier) has not changed but DN0042 (Employee SSN) has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
0043	Employee Last Name	111	Must be valid content	DN0043 (Employee Last Name) can only contain hyphen, apostrophe, or multiple words if contained in legally recognized last name. Since they should be DN0255 (Employee Last Name Suffix), the last word in DN0043 (Employee Last Name) cannot be "Jr", "Sr", or any combination of "I", "V", and "X" unless that combination is the only word.	must only contain alpha, apostrophe, space, or -
0043	Employee Last Name	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0043	Employee Last Name	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
0044	Employee First Name	111	Must be valid content	DN0044 (Employee First Name) can only contain hyphen, apostrophe, or multiple words if contained in legally recognized first name. Effective 1/15/2018	must only contain alpha, apostrophe, space, or -

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0044	Employee First Name	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
044	Employee First Name	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
045	Employee Middle Name/Initial	111	Must be valid content	DN0045 (Employee Middle Name/Initial) can only contain hyphen, apostrophe, or multiple words if contained in legally recognized middle name. Effective 1/15/2018.	must only contain alpha, apostrophe, or -
046	Employee Mailing Primary Address	111	Must be valid content	DN0046 (Employee Mailing Primary Address) cannot be the value "NOT IDENTIFIED", "ADDRESS NOT PROVIDED", "UNKNOWN", "UNK", or "UNK." (or any variation of them with upper and lower case letters).	must not be value of UNKNOWN, its abbr. or like it
048	Employee Mailing City	111	Must be valid content	DN0048 (Employee Mailing City) cannot be the value "NOT IDENTIFIED", "UNKNOWN", "UNK", or "UNK." (or any variation of them with upper and lower case letters).	must not be value of UNKNOWN or its abbreviation
0050	Employee Mailing Postal Code	064	Invalid data relationship	If DN0155 (Employee Mailing Country Code) is blank or USA, then DN0050 (Employee Mailing Postal Code) must be 5 or 9 digits and not be all zeros.	in USA must be 5 or 9 digits and not all zeros
051	Employee Phone Number	111	Must be valid content	Phone #s must be between 10 and 15 digits long.	must be between 10 and 15 digits long
052	Employee Date of Birth	045	Value is < required by jurisdiction	DN0052 (Employee Date of Birth) cannot be before 1/1/1900.	must be >= 1/1/1900

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0052	Employee Date of Birth	111	Must be valid content	A) DN0052 (Employee Date of Birth) cannot be more than 120 years before DN0031 (Date of Injury).	must not be > 120 years before Date of Injury
0052	Employee Date of Birth	111	Must be valid content	B) DN0052 (Employee Date of Birth) cannot be less than 5 years before DN0031 (Date of Injury).	must not be < 5 years before Date of Injury
0052	Employee Date of Birth	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0052	Employee Date of Birth	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
	Initial Date Disability Began	059	Non-match data value not consistent with value previously reported	If value was previously reported and this DN0002 (Maintenance Type Code) is not 02, then the same value must be reported. If you want to change the value or remove it, then it must be sent on an DN0002 (Maintenance Type Code) is 02.	must be same as previously reported unless MTC 02
	Initial Date Disability Began	064	Invalid data relationship	A) If DN0056 (Initial Date Disability Began) is present, then all DN0088 (Benefit Period Start Dates) being sent and/or on file with a DN0085 (Benefit Type Code) other than 030 or 5xx must be equal to or after it.	cannot be after Benefit Period Start Date
	Initial Date Disability Began	064	Invalid data relationship	B) DN0056 (Initial Date Disability Began) must be before DN0144 (Current Date Disability Began) Effective 5/11/2018.	must be before Current Date Disability Began

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0063	Wage Period Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must be 01 (Weekly)
0064	Number of Days Worked Per Week	045	Value is < required by jurisdiction	DN0064 (Number of Days Worked Per Week) must not be 0.	must be 1-7
0068	Initial Return to Work Date	059	Non-match data value not consistent with value previously reported	If value was previously reported and this DN0002 (Maintenance Type Code) is not 02, then the same value must be reported. If you want to change the value or remove it, then it must be sent on an DN0002 (Maintenance Type Code) is 02.	must be same as previously reported unless MTC 02
0072	Latest Return to Work Status Date	064	Invalid data relationship	A) Must be after DN0065 (Initial Date Last Day Worked) and DN0068 (Initial Return to Work Date) effective 5/11/2018. Modified 1/31/19 to remove edit for DN0056 (Initial Date Disability Began) and created 0072-064 B.	must be after DNs 0065/0068
0072	Latest Return to Work Status Date	064	Invalid data relationship	B) Must be after DN0056 (Initial Date Disability Began) unless DN0189 (Return to Work Type Code) = R effective 1/31/19.	must be after after DN0056 unless DN0189=R
0074	Claim Type Code	059	Non-match data value not consistent with value previously reported	If Claim Type Code has been accepted on this case with the value other than N (Notification of an Incident Only) and reporting a different value, then that different value cannot be N (Notification of an Incident Only) since that can only be sent as the initial value on a case. Effective 10/7/2017.	
0074	Claim Type Code	064	Invalid data relationship	A) If no DN0074 (Claim Type Code) has been accepted yet, then initial value must be I (Lost Time/Indemnity), M (Medical Only) or N (Notification of an Incident Only). Effective 1/1/2019 this edit is modified to include only those dates of accident prior to 1/1/2019. See eClaims change log ID#315.	can only be initially sent as I, M, or N

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0074	Claim Type Code	064	Invalid data relationship	B) If DN0074 (Claim Type Code) has been accepted with a value other than N (Notification of an Incident Only) and reporting a different value, then that different value cannot be N (Notification of an Incident Only) since that can only be sent as the initial value.	of Notification Only can only be initial value
0074	Claim Type Code	064	Invalid data relationship	C) SROI-CA/CB/EP/ER then DN0074 (Claim Type Code) must be I (Lost time/Indemnity), L (Became Lost Time), or B (Became Medical Only). This applies to all dates of accident effective 1/1/2019.	On SROI-CA/CB/EP/ER must be I, L, or B
0074	Claim Type Code	064	Invalid data relationship	D) If no DN0074 (Claim Type Code) has been accepted yet, then initial value must be I (Indemnity for Lost Time/Indemnity), M (Medical Only), N (Notification of an Incident Only), W (Lost Time with no paid Indemnity), or P (Indemnity with No Lost Time Beyond Waiting Period) on a case. This applies to dates of accident on or after 1/1/2019.	must be I/M/N/W/P as no Claim Type Code accepted
0074	Claim Type Code	064	Invalid data relationship	E) Claim Type Code cannot be N (Notification of an Incident Only) if DN0068 (Initial Return to Work Date) is not equal to or greater than one day DN0056 (Initial Date Disability Began) or DN0056 (Initial Date Disability Began) is present. This applies to all dates of accident effective 1/1/2019.	cannot be N if one day or more of lost time
0074	Claim Type Code	064	Invalid data relationship	F) SROI-AP/IP/Sx then DN0074 (Claim Type Code) must be I (Lost time/Indemnity), L (Became Lost Time), B (Became Medical Only) or P (Indemnity with No Lost Time Beyond Waiting Period). This applies to all dates of accident effective 1/1/2019.	On SROI-AP/IP/Sx must be I, L, B or P
0075	Agreement to Compensate Code	064	Invalid data relationship	A) If SROI-PY and no benefit segments have been accepted to date, Agreement to Compensate Code must be L (with liability). Effective 11/7/2016.	On SROI-PY with no ben seg must be L

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
	Agreement to Compensate Code	064	Invalid data relationship	B) If the earliest DN0192 (Benefit Payment Issue Date) reported on the SROIs accepted on that case is more than 365 days in the past then Agreement to Compensate Code must be L (with liability) Effective 8/10/2017, and modified 3/22/2019. Effective 11/17/19 this edit will not be applied if DN0059 (Manual Classification Code) has been accepted as 7711 or 7370.	must be L since Ben Pay Issue Dt is>365 days past
	Agreement to Compensate Code	064	Invalid data relationship	C) SROI (exc SROI-SA) cannot list Agreement to Compensate Code = W if ANCR/ODNCR has been established (excluding 25(1)(f) cases or ANCR/ODNCR finding pending appeal). Effective 3/15/2018. Effective 11/17/19, this edit will not be applied if DN0059 (Manual Classification Code) has been accepted as 7711 or 7370.	must be L since ANCR/ODNCR has been established
	Agreement to Compensate Code	064	Invalid data relationship	D) Agreement to Compensate Code must be L (With Liability) if Claim Type Code is M (Medical Only) or W (Lost Time with No Paid Indemnity). This applies to all dates of accident effective 1/1/2019.	must be L if Claim Type Code is M or W
	Agreement to Compensate Code	064	Invalid data relationship	E) Agreement to Compensate Code must be L (With Liability) if Claim Type Code is P (Indemnity with No Lost Time Beyond Waiting Period) if only BTC accepted to date is 030, 090, 530, or 590. This applies to all dates of accident effective 1/1/2019.	must be L if Claim Type Code is P based on BTC
	Agreement to Compensate Code	064	Invalid data relationship	F) Value on FROI-00/AQ/AU must be null if DN0074 (Claim Type Code) is N (Notification of Incident Only). This applies to all dates of accident effective 1/1/2019.	must be null when Claim Type Code is N
	Agreement to Compensate Code	064	Invalid data relationship	G) Agreement to Compensate Code cannot be W (Without Liability) on FROI 00/UR. Agreement to Compensate Code allowed as W (Without Liability) on a FROI-02 if accepted on a previous transaction. This applies to all dates of accident effective 1/1/2019. Relaxed edit for FROI-02 was implemented on 1/31/2019.	cannot be Without Liability on FROI

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DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
	Agreement to Compensate Code	064	Invalid data relationship	H) Agreement to Compensate Code on SROI-PD must be L (With Liability) if no benefit segment has been accepted to date. This applies to all dates of accident effective 1/1/2019.	on SROI-PD with no ben seg must be L
	Number of Permanent Impairments	044	Value is > required by jurisdiction	If SROI-04/CD, then DN0078 (Number of Permanent Impairments) must be 0.	must be 0 since SROI-04/CD
	Number of Permanent Impairments	045	Value is < required by jurisdiction	If DER requires DN0083 (Permanent Impairment Body Part Code) for this MTC, then DN0078 (Number of Permanent Impairments) must not be 0.	must > 0 since BTC is 020,030,040,090,530,540,590
	Number of Permanent Impairments	064	Invalid data relationship	If DN0083 (Permanent Impairment Body Part Code) is 99 (Whole Body), then DN0078 (Number of Permanent Impairments) must be 1.	must =1 since Perm Impair Body Part 99(Whole Body)
	Number of Death Dependent/Payee Relationships	044	Value is > required by jurisdiction	If SROI-CD/RE, then DN0082 (Number of Death Dependent/Payee Relationships) must be 0.	must be 0 since SROI-CD/RE
	Number of Death Dependent/Payee Relationships	045	Value is < required by jurisdiction	If DER requires DN0097 (Dependent/Payee Relationship Code), then DN0082 (Number of Death Dependent/Payee Relationships) must not be 0.	>0 if BTC 010,210 or Dth Rslt of Inj=Y w/ EE Dep>0
	Permanent Impairment Percentage	111	Must be valid content	DN0084 (Permanent Impairment Percentage) must be between 00000 and 10000 (which is 0% to 100%).	must be between 0 and 100 (which is sent as 10000)
0085	Benefit Type Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must<>021,050,242,251,380-422,510-524,541,551,580

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0085	Benefit Type Code		Non-match data value not consistent with value previously reported	A) If SROI-02 and DN0085 (Benefit Type Code) is not 2xx or 5xx and DN0089 (Benefit Period Through Date) is on or after the maximum DN0089 (Benefit Period Through Date) accepted so far for any DN0085 (Benefit Type Code), then DN0085 (Benefit Type Code) must have been on the last accepted SROI with Benefit segments since it is not possible to introduce a new Benefit Type Code on a SROI-02 other than 2xx or 5xx.	on SROI-02 must be value from last accepted SROI
0085	Benefit Type Code		Non-match data value not consistent with value previously reported	B) If SROI-SA and DN0085 (Benefit Type Code) is not 2xx or 5xx, then DN0085 (Benefit Type Code) must have been previously reported since it is not possible to introduce a new Benefit Type Code on a SROI-SA other than 2xx or 5xx unless no SROI has been accepted or only SROI-SA and/or SROI-UR has been accepted.	
0085	Benefit Type Code	064	Invalid data relationship	A) If DN0002 (Maintenance Type Code) is not UR, then DN0085 (Benefit Type Code) other than 2xx or 5xx cannot be sent on a sweep benefit unless previously sent on any prior SROI unless no SROI has been accepted or if there have been only SROI-SA or SROI-UR accepted.	sweep BTC must have event BTC or on UR/SA
0085	Benefit Type Code	064		B) If DN0002 (Maintenance Type Code) is CA, then DN0085 (Benefit Type Code) of 240 must include DN0087 (Net Weekly Amount).	on SROI-CA with BTC240 Net Weekly Amt required
0085	Benefit Type Code	064	Invalid data relationship	C) If DN0002 (Maintenance Type Code) is RE, then DN0085 (Benefit Type Code) must be 070 (Temporary Partial) only effective 3/15/2018.	on SROI-RE BTC must be 070 only
0087	Net Weekly Amount		Non-match data value not consistent with value previously reported	If MTC is not AP/CA/CB/ER/IP/PY/RB/RE, then DN0087 (Net Weekly Amount) must match value previously reported for this DN0085 (Benefit Type Code).	can only be changed on SROI-AP/CA/CB/ER/IP/PY/RB/RE

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0088	Benefit Period Start Date	064	Invalid data relationship	If DN0056 (Initial Date Disability Began) and DN0088 (Benefit Period Start Date) are present and DN0085 (Benefit Type Code) is other than 030 or 5xx, then DN0088 (Benefit Period Start Date) must be equal to or after DN0056 (Initial Date Disability Began).	cannot be before Initial Date Disability Began
0090	Benefit Type Claim Weeks	064	Invalid data relationship	If DN0091 (Benefit Type Claim Days) is 0, then DN0090 (Benefit Type Claim Weeks) must not be 0.	must be > 0 when Benefit Type Claims Days = 0
0091	Benefit Type Claim Days	064	Invalid data relationship	If DN0090 (Benefit Type Claim Weeks) is 0, then DN0091 (Benefit Type Claim Days) must not be 0.	must be > 0 when Benefit Type Claims Weeks = 0
0092	Benefit Adjustment Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must start with A, B, J, Q, T, W, X, 1, or 2
0092	Benefit Adjustment Code	064	Invalid data relationship	DN0092 (Benefit Adjustment Code) must contain a DN0085 (Benefit Type Code) that is being reported.	must contain Benefit Type Code being reported
0093	Benefit Adjustment Weekly Amount		Non-match data value not consistent with value previously reported	If MTC is 02, then DN0093 (Benefit Adjustment Weekly Amount) must match the value previously reported for this DN0092 (Benefit Adjustment Code).	cannot be changed on SROI-02
0094	Benefit Adjustment Start Date	045	Value is < required by jurisdiction	DN0094 (Benefit Adjustment Start Date) must be >= DN0088 (Benefit Period Start Date) for the DN0085 (Benefit Type Code) being offset.	must be >= Ben Period Start Date for BTC offset
0105	Interchange Version ID	064	Invalid data relationship	A) If DN0105 (Interchange Version ID) = 14830, then the only valid values for the DN0001 (Transaction Set ID) for the detail records must be 148 or R21.	of 14830 can only have detail records of 148 & R21

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0105	Interchange Version ID	064	Invalid data relationship	A) If DN0105 (Interchange Version ID) = A4930, then the only valid values for the DN0001 (Transaction Set ID) for the detail records must be A49 or R22.	of A4930 can only have detail records of A49 & R22
0118	Accident Site County/Parish	111	Must be valid content	DN0118 (Accident Site County/Parish) must be "Unknown", "Out of state", "Out- of-state", or in the following list of New York counties: "Albany", "Allegany", "Bronx", "Broome", "Cattaraugus", "Cayuga", "Chautauqua", "Chemung", "Chenango", "Clinton", "Columbia", "Cortland", "Delaware", "Dutchess", "Erie", "Essex", "Franklin", "Fulton", "Genesee", "Greene", "Hamilton", "Herkimer", "Jefferson", "Kings", "Lewis", "Livingston", "Madison", "Monroe", "Montgomery", "Nassau", "New York", "Niagara", "Oneida", "Onondaga", "Ontario", "Orange", "Orleans", "Oswego", "Otsego", "Putnam", "Queens", "Rensselaer", "Richmond", "Rockland", "Saint Lawrence", "Saratoga", "Schenectady", "Schoharie", "Schuyler", "Seneca", "St. Lawrence", "Steuben", "Wayne", "Westchester", "Wyoming", and "Yates".	
0125	Benefit Adjustment End Date		Value is > required by jurisdiction	DN0125 (Benefit Adjustment End Date) must be <= DN0089 (Benefit Period Through Date) for the DN0085 (Benefit Type Code) being offset.	must be <= Ben Period Through Date for BTC offset
0126	Benefit Credit Code	064	Invalid data relationship	DN0126 (Benefit Credit Code) must contain a DN0085 (Benefit Type Code) that is being reported.	must contain Benefit Type Code being reported
0127	Benefit Credit Start Date		Value is < required by jurisdiction	DN0127 (Benefit Credit Start Date) must be >= DN0088 (Benefit Period Start Date) for the DN0085 (Benefit Type Code) being offset.	must be >= Ben Period Start Date for BTC offset

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0128	Benefit Credit End Date	044	Value is > required by jurisdiction	DN0128 (Benefit Credit End Date) must be <= DN0089 (Benefit Period Through Date) for the DN0085 (Benefit Type Code) being offset.	must be <= Ben Period Through Date for BTC offset
0129	Benefit Credit Weekly Amount		Non-match data value not consistent with value previously reported	If MTC is 02, then DN0129 (Benefit Credit Weekly Amount) must match the value previously reported for this DN0126 (Benefit Credit Code).	cannot be changed on SROI-02
0130	Benefit Redistribution Code	064	Invalid data relationship	DN0130 (Benefit Redistribution Code) must contain a DN0085 (Benefit Type Code) that is being reported.	must contain Benefit Type Code being reported
0131	Benefit Redistribution Start Date	045	Value is < required by jurisdiction	DN0131 (Benefit Redistribution Start Date) must be >= DN0088 (Benefit Period Start Date) for the DN0085 (Benefit Type Code) being offset.	must be >= Ben Period Start Date for BTC offset
0132	Benefit Redistribution End Date	044	Value is > required by jurisdiction	DN0132 (Benefit Redistribution End Date) must be <= DN0089 (Benefit Period Through Date) for the DN0085 (Benefit Type Code) being offset.	must be <= Ben Period Through Date for BTC offset
0134	Calculated Weekly Compensation Amount	044	Value is > required by jurisdiction	If DN0058 (Employment Status Code) has no value or a value other than 9 (Volunteer), then DN0134 (Calculated Weekly Compensation Amount) must <= DN0286 (Average Wage).	must be <= Average Wage when not a Volunteer
0134	Calculated Weekly Compensation Amount	045		DN0134 (Calculated Weekly Compensation Amount) must be >= minimum rate in WCB Law Section 15(6).	must be >= min rate in NYS WCB Law Section 15(6)
0134	Calculated Weekly Compensation Amount	059	Non-match data value not consistent with value previously reported	If value was previously reported and this DN0002 (Maintenance Type Code) is not 02/AP/CA/CB/IP/PY/RB/RE, then the same value must be reported	can only be changed on MTC 02/AP/CA/CB/IP/PY/RB/RE

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0137	Claim Administrator Claim Representative Business Phone Number	111	Must be valid content	Phone #s must be between 10 and 15 digits long.	must be between 10 and 15 digits long
0138	Claim Administrator Claim Representative E- mail Address	111	Must be valid content	DN0138 (Claim Administrator Claim Representative E-mail Address) must be a valid e-mail address that has an embedded at sign (@).	must be a valid e-mail with an embedded @ sign
0139	Claim Administrator Claim Representative Fax Number	111	Must be valid content	Fax #s must be 10 digits long.	must be 10 digits
0141	Concurrent Employer Name	111	Must be valid content	Cannot have any UNKNOWN, NOT IDENTIFIED, NONE, N/A, NA (or any variation of that with upper and lower case letters) effective 3/15/2018.	must not have invalid content
0142	Concurrent Employer Contact Business Phone Number	111	Must be valid content	Phone #s must be between 10 and 15 digits long.	must be between 10 and 15 digits long
0144	Current Date Disability Began	064	Invalid data relationship	Must be after DN0056 (Initial Date Disability Began), and DN0065 (Initial Date Last Day Worked) effective 5/11/2018. Modified 1/31/19 - removed DN0068 (Initial Return to Work Date) from this edit.	must be after DNs 0056/0065

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DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0145	Current Last Day Worked	064	Invalid data relationship	Must be after DN0056 (Initial Date Disability Began), and DN0065 (Initial Date Last Day Worked) effective 5/11/2018. Modified 1/31/19 - removed DN0068 (Initial Return to Work Date) from this edit.	must be after DNs 0056/0065
0146	Death Result of Injury Code	064	Invalid data relationship	A) If DN0146 (Death Result of Injury Code) = "N", then DN0085 (Benefit Type Code) of 010 and 210 must not be present and DN0216 (Other Benefit Type Code) of 300 must not be present.	of N cannot have BTC 010/210 or OBT 300
0146	Death Result of Injury Code	064	Invalid data relationship	B) If DN0146 (Death Result of Injury Code) = "N" or "U" on SROI CD, then it will be rejected	of N (No) or U (Unknown) cannot be on SROI-CD
0146	Death Result of Injury Code	064	Invalid data relationship	C) If DN0146 (Death Result of Injury Code) = "Y" then DN0075 (Agreement to Compensate Code) cannot be "W". Effective 12/30/2016.	of Y cannot be ATC Code=W
0154	Employee ID Assigned by Jurisdiction	111	Must be valid content	 DN0154 (Employee ID Assigned By Jurisdiction) is to be initially created by the Claim Administrator by combining other DNs in the following format: (a) first 6 characters being DN0052 (Employee Date of Birth) in YYMMDD format or 6 nines if it is not known, (b) followed by the first character of DN0044 (Employee First Name). (c) followed by up to the first 8 characters of DN0043 (Employee Last Name), if available. 	

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0154	Employee ID Assigned by Jurisdiction	117	consistent with value previously reported	DN0154 (Employee ID Assigned By Jurisdiction) cannot change once accepted. Once DN0042 (Employee SSN) is available to be reported, then a MTC 02 should be sent with DN0270 (Employee ID Type Qualifier) of S and DN0042 (Employee SSN) without any other Match Data Elements being changed on it.	cannot be changed; send EE's SSN when available
0159	Employer Contact Business Phone Number	111	Must be valid content	Phone #s must be between 10 and 15 digits long.	must be between 10 and 15 digits long
0165	Employer Mailing City	111	Must be valid content	DN0165 (Employer Mailing City) cannot be the value "NOT IDENTIFIED", "UNKNOWN", "UNK", or "UNK." (or any variation of them with upper and lower case letters).	must not be value of UNKNOWN or its abbreviation
0167	Employer Mailing Postal Code	064		If DN0166 (Employer Mailing Country Code) is blank or USA, then DN0167 (Employer Mailing Postal Code) must be 5 or 9 digits and not be all zeros.	in USA must be 5 or 9 digits and not all zeros
	Employer Mailing Primary Address	111		IDENTIFIED", "ADDRESS NOT PROVIDED", "UNKNOWN", "UNK", or "UNK." (or any variation of them with upper and lower case letters).	must not be value of UNKNOWN, its abbr. or like it
0174	Gross Weekly Amount	044	Value is > required by jurisdiction	DN0174 (Gross Weekly Amount) cannot be greater than DN0286 (Average Wage) based on maximum rate in WCB Law Section 15(6) effective 3/15/2018	must be <= Average Wage

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0174	Gross Weekly Amount	059	Non-match data value not consistent with value previously reported	If MTC is 02, then DN0174 (Gross Weekly Amount) must match the value previously reported for this DN0085 (Benefit Type Code).	cannot be changed on SROI-02
0175	Gross Weekly Amount Effective Date	064	Invalid data relationship	DN0175 (Gross Weekly Amount Effective Date) must be equal to or before DN0211 (Net Weekly Amount Effective Date).	must be <= Net Weekly Amount Effective Date
0187	Claim Administrator FEIN	064	Invalid data relationship	If DN0002 (Maintenance Type Code) is not 02 and the Claim Administrator is NOT the Insurer, then DN0187 (Claim Administrator FEIN) must be for a licensed Third Party Administrator (T#) and must be included on the trading partner agreement for DN0098 (Sender ID) with NYS WCB.	must be the Insurer or licensed TPA in TP profile
0187	Claim Administrator FEIN	117	Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
0187	Claim Administrator FEIN	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
0189	Return to Work Type Code	064	Invalid data relationship	Return to Work Type Code must be Actual if DN0285 (Number of Reduced Earnings) is > 0. Effective 1/22/2019	must be Actual if DN0285 is > 0

		Error Message			
DN	Data Element Name	Number	Error Message Text	Population Restriction	Element Error Text
0192	Benefit Payment Issue Date		Value is > required by jurisdiction	Date on AP/IP/PY/RB/Sx must not be > date the WCB received the transmission + 4 days. Effective 2/15/2017. Modified to include SROI-Sx on 5/1/2020.	Ben Pymt Issue Dte can't be > dte WCB recvd trans+4
0195	Payment Issue Date		Value is > required by jurisdiction	Date on AP/IP/PY/RB must not be > date the WCB received the transmission + 4 days. Effective 2/15/2017	Pymt Issue Dte can't be > dte WCB recvd trans+4
0197	Denial Reason Narrative	064	Invalid data relationship	FROI-02 or SROI-02 cannot have a DN0197 (Denial Reason Narrative) unless a FROI-04/UR or SROI-04/PD/UR has been accepted in the past with it.	cannot be on MTC 02 unless MTC 04/PD/UR had it
0198	Full Denial Reason Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must be 1A-1F, 1I, 2C-2E, 3A-3G, or 5A
0198	Full Denial Reason Code	064	Invalid data relationship	FROI-02 or SROI-02 cannot have a DN0198 (Full Denial Reason Code) unless a FROI-04/UR or SROI-04/UR has been accepted in the past with it.	cannot be on MTC 02 unless MTC 04/UR had it
0199	Full Denial Effective Date	064	Invalid data relationship	FROI-02 or SROI-02 cannot have a DN0199 (Full Denial Effective Date) unless a FROI-04/UR or SROI-04/UR has been accepted in the past with it.	cannot be on MTC 02 unless MTC 04/UR had it
0205	Work Days Scheduled Code	064	Invalid data relationship	A) If DN0204 (Work Week Type Code) is S (Standard Work Week), then DN0205 (Work Days Scheduled Code) must be NSSSSSN (Not Scheduled on the weekend and Scheduled on week days) when provided.	cannot be non-standard when Work Week Type Code=S
0205	Work Days Scheduled Code	064	Invalid data relationship	B) If DN0204 (Work Week Type Code) is F (Fixed Work Week), then DN0205 (Work Days Scheduled Code) cannot be NNNNNNN (Not Scheduled every day of the week).	must have at least 1 S when Work Week Type Code=F

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0205	Work Days Scheduled Code	064	Invalid data relationship	C) If DN0064 (Number of Days Worked per Week) is present, then DN0205 (Work Days Scheduled Code) must have exactly that number of S's (Scheduled) in it.	must have 1 S per Number of Days Worked per Week
0205	Work Days Scheduled Code	111	Must be valid content	DN0205 (Work Days Scheduled Code) must be 7 characters long with each character being either S (Scheduled) or N (Not scheduled).	must have S (Sched) or N (Not sched) for Sun - Sat
0207	Managed Care Organization Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must be 00 (not MCO) or 03(Preferred Provider Org)
0208	Managed Care Organization Identification Number	111	Must be valid content	DN0208 (Managed Care Organization Identification Number) must be value listed on NYS WCB web site for this DN.	must be value listed on NYS WCB web site for this
0216	Other Benefit Type Code	064	Invalid data relationship	DN0216 (Other Benefit Type Code) of 430 only possible after a FROI- AQ/AU/UR has been accepted.	of 430 only if a FROI-AQ/AU/UR has been accepted
0218	Payment Amount	064	Invalid data relationship	DN0218 (Payment Amount) must be <= DN0086 (Benefit Type Amount Paid) for the same DN0085 (Benefit Type Code) of its DN0222 (Payment Reason Code).	must be <= Benefit Type Amount Paid
0222	Payment Reason Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must<>021,050,242,251,380-422,510-524,541,551,580
)222	Payment Reason Code	064	Invalid data relationship	DN0222 (Payment Reason Code) must be a DN0085 (Benefit Type Code) or DN0216 (Other Benefit Type Code) on the transaction.	must be = Benefit Type Code or Other Ben Type Code
0226	Recovery Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must be 800-860, 866, or 870-890

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
	Witness Business Phone Number	111	Must be valid content	Phone #s must be between 10 and 15 digits long.	must be between 10 and 15 digits long
	Reduced Earnings Week Number	064	Invalid data relationship	If DN0285 (Number of Reduced Earnings) is > 1, then DN0242 (Reduced Earnings Week Number) must be sequentially 1 to that DN0285 (Number of Reduced Earnings).	must be 1 to # of Reduced Earn when that # is > 1
	Employee ID Type Qualifier	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must be A(Assigned by Jur) or S(SSN); S preferred
	Employee ID Type Qualifier		Match data value not consistent with value previously reported	A) If DN0002 (Maintenance Type Code) is not 02, then this value must be the same as what was accepted on last MTC.	can only be changed on 02 (1@time* for Match Data)
	Employee ID Type Qualifier	117	Match data value not consistent with value previously reported	B) If DN0002 (Maintenance Type Code) is 02 and is having Error Message 117 occurring on it, then this Error Message 117 also occurs on this DN when its value has changed so it is easy to tell what Match Data Elements have changed.	is a Match Data Element being changed more 1@time*
	Number of Accident/Injury Description Narratives	045	Value is < required by jurisdiction	If FROI-00/02/04/AU/UR, then DN0274 (Number of Accident/Injury Description Narratives) must not be 0.	must be > 0 since FROI-00/02/04/AU/UR
	Number of Denial Reason Narratives	044	Value is > required by jurisdiction	If not 02/04/PD/UR/SA, then DN0276 (Number of Denial Reason Narratives) must be 0. Modified effective 1/24/2019 to allow on SA.	must be 0 since MTC is not 02/04/PD/UR/SA
	Number of Denial Reason Narratives	045	Value is < required by jurisdiction	If FROI-04, SROI-04 or SROI-PD, then DN0276 (Number of Denial Reason Narratives) must not be 0.	must be > 0 since MTC is 04 or PD

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0277	Number of Full Denial Reason Codes	044	Value is > required by jurisdiction	If not 02/04/UR, then DN0277 (Number of Full Denial Reason Codes) must be 0.	must be 0 since MTC is not 02/04/UR
0277	Number of Full Denial Reason Codes	045	Value is < required by jurisdiction	If FROI-04 or SROI-04, then DN0277 (Number of Full Denial Reason Codes) must not be 0.	must be > 0 since MTC is 04
0278	Number of Managed Care Organizations	044	Value is > required by jurisdiction	DN0278 (Number of Managed Care Organizations) must be 0 or 1.	must be either 0 or 1
	Date Employer Had Knowledge of Date of Disability	064	Invalid data relationship	A) If DN0146 (Death Result of Injury Code) is "N" for No and DN0290 (Type of Loss Code) is 01 (Traumatic Injury), then DN0281 (Date Employer Had Knowledge of Date of Disability) must be on or after DN0031 (Date of Injury).	must >=Date of Injury when Injury not due to Death
0281	Date Employer Had Knowledge of Date of Disability	064	Invalid data relationship	B) DN0281 (Date Employer Had Knowledge of Date of Disability) must be on or after DN0040 (Date Employer Had Knowledge of Injury) effective 4/24/2017.	must >=Date Emp had knowledge of injury
0283	Number of Payments	045	Value is < required by jurisdiction	A) If SROI-IP/AP/RB, then DN0283 (Number of Payments) must not be 0.	must be > 0 since SROI-IP/AP/RB
0283	Number of Payments	045	Value is < required by jurisdiction	B) If SROI-PY and DN0202 (Reduced Benefit Amount Code) does not have S (Claim Settled Under Another DOI) or N (No Money Settlement), then DN0283 (Number of Payments) must not be 0.	must be >0 since SROI-PY w/o Red Ben Amt of S or N

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0283	Number of Payments	064	Invalid data relationship	SROI-02 must have DN0283 (Number of Payments) being 0 unless a SROI with DN0283 (Number of Payments) greater than 0 has been accepted in the past.	must be 0 since no Payment segments accepted yet
0284	Number of Recoveries	044	Value is > required by jurisdiction	If SROI-CD, then DN0284 (Number of Recoveries) must be 0.	must be 0 since SROI-CD
0284	Number of Recoveries	045	Value is < required by jurisdiction	If SROI-02, then all DN0226 (Recovery Code) from the last accepted SROI with Recovery segments must be included so DN0284 (Number of Recoveries) must be the same or higher. Specifically it must be equal to DN0284 (Number of Recoveries) on the last accepted SROI with Recovery segments plus the number of any new DN0226 (Recovery Code) being sent on this SROI-02.	on SROI-02 must be > since need old Recovery Codes
0285	Number of Reduced Earnings	045	Value is < required by jurisdiction	If SROI-RE has Benefit Segment with DN0002 (Maintenance Type Code) of RE to identify as event report and DN0085 (Benefit Type Code) of 070 (Temporary Partial), then DN0285 (Number of Reduced Earnings) must not be 0.	> 0 since SROI-RE with BTC 070 as benefit event
0285	Number of Reduced Earnings	064	Invalid data relationship	If SROI AP, CB, IP, RB, RE, S1, S2, S4, S5, S7, SD, SJ and DN0285 (Number of Reduced Earnings) > 0, then DN0002 (Maintenance Type Code) must be present on Benefit segment for BTC 070 effective 3/15/2018.	MTC must be present on Ben segment
)287	Number of Suspension Narratives	045	Value is < required by jurisdiction	If SROI-S2/S4/S5/S7, then DN0287 (Number of Suspension Narratives) must not be 0.	must be > 0 since SROI-S2/S4/S5/S7

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0287	Number of Suspension Narratives	064	Invalid data relationship	SROI-02 must have DN0287 (Number of Suspension Narratives) being 0 unless a SROI-S1/S2/S4/S5/S7/SD/SJ/UR has been accepted in the past.	must be 0 since no SROI-Sx/UR accepted yet
0288	Number of Benefits	044	Value is > required by jurisdiction	If SROI-CD, then DN0288 (Number of Benefits) should be 0.	must be 0 since SROI-CD
0288	Number of Benefits	045	Value is < required by jurisdiction	A) If SROI-CB does not have a Benefit Segment with DN0202 (Reduced Benefit Amount Code) of R (Reclassification of Benefit) or D (Decrease in Indemnity), then DN0288 (Number of Benefits) must not be 0 or 1. Effective 10/7/2017.	must be >1 since SROI-CB w/o Red Ben Amt of R or D
0288	Number of Benefits	045	Value is < required by jurisdiction	B) If SROI-AP/CA/EP/ER/IP/RB/RE, then DN0288 (Number of Benefits) must not be 0.	must be > 0 since SROI's DER has E1 for this MTC
0288	Number of Benefits	045	Value is < required by jurisdiction	C) If SROI-S1/S2/S4/S5/S7/SD/SJ, then DN0288 (Number of Benefits) must not be 0 unless DN0202 (Reduced Benefit Amount Code) is D, N, or S. Effective 10/7/2017.	must be >0 for Sx unless Red Ben Amt Code= D/N/S
0288	Number of Benefits	059	Non-match data value not consistent with value previously reported	If SROI-02, then all DN0085 (Benefit Type Code) on the last accepted SROI with Benefit segments must be present on the SROI-02. Note that the only new Benefit Type Codes allowed on a SROI-02 are 2xx or 5xx.	must be > on 02 since last reported BTC(s) missing
0288	Number of Benefits	064	Invalid data relationship	If DN0074 (Claim Type Code) is N (Notification of an Incident Only) and DN0075 (Agreement to Compensate Code) is either L (With Liability) or has never been reported, then DN0288 (Number of Benefits) must be 0.	must be 0 when Claim Type =N & Agree2Compensate<>W

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0289	Number of Benefit ACR	045	Value is < required by jurisdiction	If DN0087 (Net Weekly Amount) is not equal to DN0174 (Gross Weekly Amount), then DN0289 (Number of Benefits ACR) must not be 0 since Adjustments or Credits need to be reported.	must be >0 when Net Weekly Amt <> Gross Weekly Amt
	Lump Sum Payment/Settlement Code	064	Invalid data relationship	SROI-02 cannot have a DN0293 (Lump Sum Payment/Settlement Code) unless a SROI-PY/UR has been accepted in the past with it.	cannot be on SROI-02 unless PY/UR accepted with it
	Partial Denial Code	042	Not statutorily valid	Greyed out values in NYS WCB's Value Table cannot be used for this DN.	must be A or B since Medical denial done by paper
0294	Partial Denial Code	064	Invalid data relationship	SROI-02 cannot have a DN0294 (Partial Denial Code) unless a SROI-PD/UR with it has been accepted in the past.	must have already been accepted on prior PD/UR
0314	Insured FEIN	111	Must be valid content	DN0314 (Insured FEIN) must be 9 digits long and pass data validation tests.	must be 9 digits and pass data validation tests

This **FROI Sequencing Table** provides New York's MTC sequencing for incoming FROIs. It is meant to convey to the trading partner the sequencing rules that clarify how New York will apply Edit 063 - Invalid Event Sequence. **These edits will be applied on a <u>per claim administrator</u> basis <u>for the current reporting</u> <u>responsibility</u>. See the Notes below this table for clarification on that and the full details of the sequencing edits that will be applied.**

lf <u>your</u> incoming FROI MTC is:	FRO	MTC -02) ns t	C (besides is listed h	any here: FROIs h		[Edit #2] Allowed if any SROIs have been accepted from <u>you</u> :
FROI-00	None*		01 04			Not applicable
FROI-01		00				No
FROI-02		00	04	AQ AU	UR	Yes
FROI-04	None*					Not applicable
FROI-AQ	None*					Not applicable
FROI-AU	None*					Not applicable
FROI-UR	None*					Not applicable

Notes that apply to both FROIs and SROIs:

1. If your incoming FROI/SROI gets rejected due to one the FROI/SROI sequencing edits, make sure to check all Edit 063 (Invalid Event Sequence) returned with it, since in a few situations, there could be multiple.

 2. "You" and "your" are underlined in the tables to stress how these edits will be applied on a per claim administrator basis for the current reporting. responsibility. For most claims, this is simple since there is only one claim administrator for the life of the claim. On some claims, the following complexities can occur:

 (A) Each insurer can have one current claim administrator, but when a new claim administrator acquires a claim, the old claim administrator might need to report an event that occurred before the acquisition, even though the new claim administrator has already reported the acquisition event (ie, FROI-AQ/AU).
 (B) There can be multiple insurers on the same WCB Case.
 (C) One claim administrator could be reporting for multiple insurers on same WCB Case.
 (D) A claim administrator could be reporting for multiple insurers on same WCB Case.
 (D) A claim administrator could be reporting for multiple insurers on same WCB Case.
 (D) A claim administrator could reacquire a claim that they had previously reported on.
 Based upon that, unless specifically stated otherwise, all FROI/SROI sequencing edits will check your incoming FROI/SROI for accepted FROI/SROIs that have the same DN0006 (Insurer FEIN) and DN0187 (Claim Administrator FEIN) since the last FROI-00/AQ/AU/UR for that DN0006/DN0187 combination.

 3. When you lose current reporting responsibility due to the claim being acquired by a new claim administrator, you have a 30 calendar day grace period (from when the new claim administrator's FROI-AQ/AU is accepted) to have any FROI/SROIs accepted that need to be reported for events before the acquisition. If you submit any FROI/SROI (besides a FROI-AQ/AU if you have reacquired the claim and thus are starting a new reporting responsibility) after that 30 calendar day grace period, then your incoming FROI/S

4. The FROI-UR and SROI-UR in these sequencing tables are only for those used for legacy claims. Any FROI-UR and SROI-UR for data calls will not have this sequencing edits applied to them and they will not be checked against your incoming FROI/SROIs.

5. Both a FROI-04 and a SROI-04 can be used to deny a claim, but they have different capabilities and restrictions:

(A) A FROI-04 can be used to deny a claim as your initial report.

(B) To accept a claim after your accepted FROI-04, you need to submit a FROI-00 with DN0074 (Claim Type Code) having a value <u>other than N</u> (Notification Only). If you submit a FROI-00 with DN0074 of N when your latest FROI (as described in Edit #1 above) had MTC of 04, then it will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "B) FROI-00 after FROI-04 cannot have DN0074 of N".

(C) A SROI-04 must be used to deny a claim after a FROI-00/AQ/AU/UR has been accepted from you.

(D) To accept a claim after your accepted SROI-04, you need to submit an allowable SROI that indicates what event has occurred that shows acceptance. Submitting a SROI-SA is allowed, but that does not indicate that the claim is being accepted since another SROI MTC should be submitted for that.

Notes that apply to only FROIs:

6. When you need to submit your initial report, here is an explanation of what FROI to submit (based upon Edit #1's "None" column):

(A) If no claim administrator has yet had a FROI-UR accepted for a claim in the <u>legacy extract</u> file for the insurer (which is the W# listed on the legacy extract file's record), then submit a FROI-UR. This is needed even if you acquired the claim (and thus for this reporting responsibility, it will be edited as a legacy claim instead of an acquired claim).

(B) Otherwise if you acquired the claim, then send either a FROI-AQ or a FROI-AU. The differences between a FROI-AQ and a FROI-AU is that the FROI-AQ has less edits on its values but it must be matched to a FROI from a previous claim administrator.

(C) Otherwise if you want to deny the claim as your initial report, then submit a FROI-04.

(D) Otherwise, submit a FROI-00.

7. If you submit a FROI-UR for a claim that is not in the legacy extract file for that insurer (which is the W# listed on the legacy extract file's record), then your incoming FROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "C) Case is not in legacy extract file for this W#".

8. If you submit a FROI-UR on a legacy claim which has already had a FROI-UR accepted on it for that insurer (which is the W# listed on the legacy extract file's record), then your incoming FROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "D) Legacy claim already has FROI-UR for this W#".

9. If you submit a FROI-00/04/AQ/AU on a legacy claim which has not yet had a FROI-UR accepted on it for that insurer (which is the W# listed on the legacy extract file's record), then your incoming FROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "E) Legacy claim needs a FROI-UR sent for this W#".

10. If you submit a FROI-AQ on an acquired claim which has not yet had a FROI-00/04/UR accepted on it for that insurer (which is the W# listed on the legacy extract file's record) from another claim administrator (so this is an exception to the rule mentioned in note #2 above), then your incoming FROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "F) Previous FROI not found so can send as FROI-AU".

11. If you submitted a FROI-00 in error (and it was accepted) and have not had any SROIs accepted yet, then attempt to cancel it by submitting a FROI-01 with its DN0005 (Jurisdiction Claim Number).

(A) If any SROIs have been accepted from you, then your incoming FROI will be rejected as indicated above by Edit #2 for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "G) Not possible after your SROI(s) accepted". See implementation guide for further details.
 (B) If it is not possible to electronically cancel the claim, then your incoming FROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element

Error Text) stating "H) This FROI-00 cannot be cancelled electronically". See implementation guide for further details.

12. If you submitted a FROI-01 in error (and it was accepted), then you need to submit a FROI-00 to restart your reporting responsibility.

13. If you submit a FROI-01/02 without a FROI-00/AQ/AU/UR having been accepted from you, then your incoming FROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "I) Your FROI-00/AQ/AU/UR could not be found".

14. If your last accepted FROI MTC (besides any FROI-02s) is not listed under Edit #1 for your incoming FROI MTC, then your incoming FROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "J) Your last accepted was FROI-<DN0002 (Maintenance Type Code)>".

This **SROI Sequencing Table** provides New York's MTC sequencing for incoming SROIs. It is meant to convey to the trading partner the sequencing rules that clarify how New York will apply Edit 063 - Invalid Event Sequence. These edits will be applied on a per claim administrator basis for the current reporting responsibility. See the Notes below this table for clarification on that and the full details of the sequencing edits that will be applied.

If <u>your</u> incoming SROI MTC is: SROI-02	ncoming SROI VITC is:			oted ides listed	Can this MTC be <u>your</u> first accepted SROI ?	[Edit #3] Allowed if any of these SROI MTCs have been previously accepted from <u>you</u> : Any SROI				[Edit #4] Can this SROI MTC be accepted from <u>you</u> multiple times?	Allowed if <u>your</u> last accepted SROI MTC (besides any SROI-02/CA/PD/PY/SA) is listed here:															[Edit #6] Must there be (or not be) ongoing indemnity payments occurring for this incoming SROI to be accepted?	[Expectation] An accepted SROI with this MTC indicates the following concerning ongoing indemnity payments (which is used for Edit #6 on future incoming SROIs): Still occurring or not	
SROI-04	00	AC	L AL	J UR	Yes					Yes			C	D					S1	S2	S4	S5	S7	SD	SJ	UR	Must not be	Still not occurring
SROI-AP		AC	ι AL	J	Yes					No	04		C	D EP	ER				S1	S2	S4	S5	S7	SD	SJ	UR		Starts or continues
SROI-CA	00	AC	L AL	JUR	No	AP	EP	IP	UR	Yes		AP	СВ	EP	ER	IP	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR		Still occurring or not
SROI-CB	00	AC	ξ AL	JUR	No	AP	EP	IP	UR	Yes		AP	СВ	EP	ER	IP	RB	RE								UR	Must be	Still occurring
SROI-CD	00	AC	ι AL	JUR	Yes					Yes	04								S1	S2	S4	S5	S7	SD	SJ	UR	Must not be	Still not occurring
SROI-EP	00			JUR						No		AP	CB C			IP	RB	RE	S1	S2	S4		S7	SD	SJ	UR		Starts or continues
SROI-ER	00	AC	ι AL	JUR			EP			Yes	04		C										S7			UR	Must not be	Restarts
SROI-IP	00			UR						No	04			D EP							S4		S7	SD		UR		Starts or continues
SROI-PD	00	AC	ι AL	JUR	Yes					Yes	04	AP	CB C	D EP	ER	IP	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR	If DN0294 is 'A', then must not be	Still occurring or not
SROI-PY	00	04 AC	l Al	JUR	Yes					Yes	04	AP	CB C	D EP	ER	IP	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR		Still occurring or not
SROI-RB	00	AC	ι AL	JUR	No	AP	EP	IP	UR	Yes	04		C	D	ER				S1	S2	S4	S5	S7	SD	SJ	UR		Starts or continues
SROI-RE	00	AC	L AL	JUR	No	AP	EP	IP	UR	Yes		AP	СВ	EP	ER	IP	RB	RE								UR		Still occurring
SROI-S1	00	AC	ι AL	JUR	No	AP	EP	IP	UR	Yes		AP	СВ	EP	ER	IP	RB	RE								UR	Must be	Stops
SROI-S2	00	AC	l Al	J UR	No	AP	EP	IP	UR	Yes		AP	СВ	EP	ER	IP	RB	RE								UR		Stops
SROI-S4	00			J UR		AP		IP	- · · ·	Yes		AP	СВ		ER		RB									UR	Must be	Stops
SROI-S5	00		·	JUR		AP			UR	Yes		AP		EP			RB									UR	Must be	Stops
SROI-S7	00		_	JUR		AP		IP		Yes		AP		EP			RB									UR	Must be	Stops
SROI-SD	00			JUR		AP		IP		Yes		AP			ER		RB									UR	Must be	Stops
SROI-SJ	00	AC	l Al	JUR	No	AP	EP	IP	UR	Yes		AP	СВ	EP	ER	IP	RB	RE								UR	Must be	Stops

										•	Sivor Sey	uent	sing re										
SROI-SA	00 0	4 AQ	AU UR	Yes			Yes	04	AP	СВ	CD EP EF	R IP	RB R	E S1	S2	S4 S	5 S	' SD	SJ L	R		Still occurrin	ıg or not
ROI-UR	00	AQ	AU UR	Must be			No															Could be occ	curring or not
otes that	t apply t	o SROI	s:																				
L. See the	e "Notes	that a	pply to b	oth FROIs an	d SRO	ls" undernea	th the FROI	Sequ	encing	g Ta	able.												
Edit #1	checks t		vhat FR()I MTC (besid	es anv	FROI-02) wa	as accented	from	voula	st a	and annlies t	he fo	llowing	edits	accord	lingly							
				•	•		•		•		• •		•			• •		ment	Frror T	ext) of "K)	After FROI-01	l first send FRC)I-00 to start over
		•		-	•	•		-			•		•				•			• •		1	t 063 (Invalid Ever
-	-		-	Error Text) o			-								0			,	,		,	-,	
2) Otherw	vise, if yc	our last	accepte	d FROI was F	ROI-00) and your ir	coming SRC	DI is S	ROI-AI	P, tł	hen your inc	omin	g SROI v	/ill be	reject	ed for	. Edit	063 (I	nvalid	Event Sequ	ience) with DN	v0291 (Element	t Error Text) of "M
ROI-IP sh	ould be i	used in	stead of	SROI-AP".																			
) Otherv	vise, if yo	our last	t accepte	ed FROI was I	ROI-A	Q/AU and yo	our incoming	g SRO	l is SR	01-1	IP, then you	r inco	ming SR	OI wil	l be re	ejecteo	d for	Edit 06	3 (Inva	alid Event S	Sequence) wit	h DN0291 (Elen	nent Error Text) o
N) SROI-A	P should	l be us	ed instea	ad of SROI-IP	".																		
E) Otherw	/ise, if yc	u have	e not had	l a FROI acce	pted y	et or your la	st accepted	FROI	is not	liste	ed undernea	ath Ed	lit #1 foi	your	incon	ning SF	roi n	ITC (fo	r exan	ple, SROI-	UR has FROI-C	00/AU/UR listed	i), then your
ncoming S	SROI will	be reje	ected for	⁻ Edit 063 (Inv	/alid Ev	vent Sequen	ce) with DN	0291	(Elem	ent	Error Text)	stating	g "O) SR	OI- <d< th=""><th>N000</th><th>2 (Mai</th><th>nten</th><th>ance T</th><th>ype Co</th><th>de)> need</th><th>s FROI first (se</th><th>ee Edit #1 for M</th><th>TCs)".</th></d<>	N000	2 (Mai	nten	ance T	ype Co	de)> need	s FROI first (se	ee Edit #1 for M	TCs)".
. Edit #2	checks t	o see i	f any SRO	DIs have beer	n accep	oted from yo	ou and applie	es the	e follov	win	g edits acco	rdingl	y:										
		-		s "Yes" for Ec	-		-						-		•		•		•				
-	-		-			-				-			-	ls acco	epted	yet, th	nen y	our ine	oming	SROI will	be rejected fo	r Edit 063 (Inva	lid Event Sequend
	-		-	stating "P) S							-												
-	-		-				-	•			-					•		alread	, ther	your inco	ming SROI will	l be rejected for	r Edit 063 (Invalio
ivent Sequ	Jence) w	ith DN	0291 (El	ement Error	Text) s	tating " <mark>Q)</mark> SF	ROI- <dn000< td=""><td>2 (Ma</td><td>aintena</td><td>anc</td><td>e Type Code</td><td>)> car</td><td>n only b</td><td>e your</td><td>first S</td><td>SROI".</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></dn000<>	2 (Ma	aintena	anc	e Type Code)> car	n only b	e your	first S	SROI".							
. Edit #3	checks t	o see i	f SROI-A	P/EP/IP/UR h	as bee	n accepted f	from you alr	eady	and a	opli	ies the follow	wing e	edits acc	ordin	gly:								
A) If your	incomin	g SROI	MTC ha	s no MTCs lis	ted for	r Edit #3 (for	example, SF	ROI-0	4) <i>,</i> the	n it	does not m	atter	whethe	r you	have l	nad SR	ROI-A	P/EP/I	P/UR a	ccepted al	ready.		

(B) Otherwise, if your incoming SROI MTC has some MTCs listed for Edit #3 (for example, SROI-CA has SROI-AP/EP/IP/UR listed) and you have not had any of those listed SROI MTCs accepted already, then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "R) SROI-<DN0002 (Maintenance Type Code)> needs SROI first (see Edit #3 for MTCs)".

5. Edit #4 checks to see if this SROI MTC has been accepted from you already and applies the following edits accordingly:

(A) If your incoming SROI MTC has "Yes" for Edit #4 (for example, SROI-02), then it does not matter whether you have had this SROI MTC accepted already.

(B) Otherwise, if your incoming SROI MTC has "No" for Edit #4 (for example, SROI-AP) and you have had this SROI MTC accepted already, then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "S) Your SROI-<DN0002 (Maintenance Type Code)> (from <DN0100 (Date Transmission Sent)>) already accepted".

6. Edit #5 checks to see what SROI MTC (besides any SROI-02/CA/PD/PY/SA) was accepted from you last and applies the following edits accordingly:

(A) If your incoming SROI has all MTCs listed for Edit #5 (for example, SROI-02), then it does not matter what the last SROI MTC accepted was.

(B) Otherwise, if your last SROI MTC is not in the list for your incoming SROI, then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "T) Your last SROI (from <DN0100 (Date Transmission Sent>) had MTC of <DN0002 (Maintenance Type Code)>".

7. Edit #6 checks whether ongoing indemnity payments are expected to be occurring (or not) in order for your incoming SROI MTC to be accepted. When your incoming SROI MTC has a value for Edit #6, then the previous accepted SROI MTC(s) are checked from the last accepted to the first accepted until the question of "are ongoing indemnity payments occurring" is answered with "yes", "no", "maybe", or "never" by using the values in the Expectation column in the following steps:

(1) If the Expectation value is "Still occurring or not",

then that SROI cannot answer the question, so repeat this step for the previously accepted SROI.

(2) Otherwise, if the Expectation value is "Stops" or "Still not occurring",

then that SROI answers the question with "no" since the expectation is that ongoing indemnity payments are not occurring.

(3) Otherwise, if the Expectation value is "Starts or continues", "Restarts", or "Still occurring",

then that SROI answers the question with "yes" since the expectation is that ongoing indemnity payments are occurring.

(4) Otherwise, if the Expectation value says "Could be occurring or not",

then that SROI answers the question with "maybe" since it cannot be determined whether ongoing indemnity payments are occurring or not.

(5) Otherwise, the answer to the question is "never" since that is the default expectation without a SROI from you indicating something else.

Based upon that answer and the value for Edit #6, the following edits are applied accordingly:

(A) If your incoming SROI does not have a value for Edit #6 or the above steps answered the question with "maybe", then this edit does not apply.

(B) Otherwise, if your incoming SROI has "must be" for Edit #6 (for example, SROI-CB) and the above steps answered the question with "never", then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "U) Your SROI-AP/CB/EP/ER/IP/RB/RE/UR was not found".

(C) Otherwise, if your incoming SROI has "must be" for Edit #6 (for example, SROI-CB) and the above steps answered the question with "no", then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "V) Your SROI-<DN0002 (Maintenance Type Code)> (from <DN0100 (Date Transmission Sent)>) shows not ongoing" with DN0002 and DN0100 being the values from the previously accepted SROI which was used to answer the question in step #2 above.

(D) Otherwise, if your incoming SROI is SROI-CD (which has "must not be" for Edit #6) and the above steps answered the question with "yes", then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "W) Send SROI-S4 to stop ongoing and then a SROI-CD".

(E) Otherwise, if your incoming SROI is SROI-04 (which has "must not be" for Edit #6) and the above steps answered the question with "yes", then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "X) Send SROI-SI to stop ongoing and then a SROI-04".

(F) Otherwise, if your incoming SROI has "must not be" for Edit #6 (for example, SROI-ER) and the above steps answered the question with "yes", then your incoming SROI will be rejected for Edit 063 (Invalid Event Sequence) with DN0291 (Element Error Text) stating "Y) Your SROI-<DN0002 (Maintenance Type Code)> (from <DN0100 (Date Transmission Sent)>) shows ongoing" with DN0002 and DN0100 being the values from the previously accepted SROI which was used to answer the question in step #3 above.

8. SROI-PD has the value of "If DN0294 is 'A', then must not be" for Edit #6 since "must not be" only applies to when its value for DN0294 (Partial Denial Code) is 'A' (Denying Indemnity in whole, but not Medical). If its value for DN0294 (Partial Denial Code) is 'B' (Denying Indemnity in part, but not Medical), which is the only other statutorily valid code, then Edit #6 does not get applied.

SROI-PD had the value of "Still occurring or not" for the Expectation column so that it can be used regardless what the value of DN0294 (Partial Denial Code) is.