# First Report of Injury (FROI - 148 & R21)
## Form to MTC Crosswalk

<table>
<thead>
<tr>
<th>Paper Equivalent Form(s)</th>
<th>MTC</th>
<th>MTC Description</th>
<th>MTC Definition</th>
<th>Will this report be accepted electronically? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-2, VF-2, VAW-2 with C-669</td>
<td>00</td>
<td>Original</td>
<td>The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.</td>
<td>Yes</td>
</tr>
<tr>
<td>EC-1.1, EC-84 or correspondence</td>
<td>01</td>
<td>Cancel</td>
<td>The original first report was sent in error.</td>
<td>Yes</td>
</tr>
<tr>
<td>EC-1.1, EC-84 or correspondence</td>
<td>02</td>
<td>Change</td>
<td>The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-2, VF-2, VAW-2 with C-7</td>
<td>04</td>
<td>Denial</td>
<td>The entire claim is being denied.</td>
<td>Yes</td>
</tr>
<tr>
<td>NA</td>
<td>AQ</td>
<td>Acquired Claim</td>
<td>Minimal data sent to report that a new claim administrator has acquired the claim.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-2, VF-2, VAW-2 with C-669</td>
<td>AU</td>
<td>Acquired/ Unallocated</td>
<td>The equivalent of an initial first report (MTC 00) filed by a new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction’s Event Table.</td>
<td>Yes</td>
</tr>
<tr>
<td>NA</td>
<td>UR</td>
<td>Upon Request</td>
<td>Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator. (Data Call)</td>
<td>Yes</td>
</tr>
<tr>
<td>C-2, VF-2, VAW-2 with C-669</td>
<td>UR</td>
<td>Upon Request</td>
<td>Submitted by Claim Administrator for a legacy claim.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## Subsequent Report of Injury (SROI A49 & R22)
## Form to MTC Crosswalk

<table>
<thead>
<tr>
<th>Paper Equivalent Form(s)</th>
<th>MTC</th>
<th>MTC Description</th>
<th>MTC Definition</th>
<th>Will this report be accepted electronically? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC-1.1, EC-84 or correspondence</td>
<td>02</td>
<td>Change</td>
<td>The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-7</td>
<td>04</td>
<td>Denial</td>
<td>The entire claim is being denied.</td>
<td>Yes</td>
</tr>
<tr>
<td>Paper Equivalent Form(s)</td>
<td>MTC</td>
<td>MTC Description</td>
<td>MTC Definition</td>
<td>Will this report be accepted electronically? (Yes/No)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>AP</td>
<td>Acquired/ Payment</td>
<td>The claim administrator who acquired the claim has processed AP Acquired/Payment – the first payment of indemnity benefits.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>CA</td>
<td>Change in Benefit Amount</td>
<td>The Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount (DN0087).</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>CB</td>
<td>Change in Benefit Type</td>
<td>A benefit type being paid has changed and payments are being continued under a different benefit type without a break in continuity of benefits.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-669</td>
<td>CD</td>
<td>Compensable Death</td>
<td>The injured employee has died as a result of a covered injury and no payment(s) of indemnity benefits have been made pending further beneficiary investigation.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-669</td>
<td>EP</td>
<td>Employer Paid</td>
<td>The employer is paying the injured employee’s salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>ER</td>
<td>Employer Reinstatement</td>
<td>The employer has resumed paying the injured employee’s salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-669</td>
<td>IP</td>
<td>Initial Payment</td>
<td>The first payment for an indemnity benefit other than a settlement has been issued by a claim administrator.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-669</td>
<td>PD</td>
<td>Partial Denial</td>
<td>A specific benefit(s) has been denied.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>PY</td>
<td>Payment Report</td>
<td>Identifies payment information for which reporting is required by the jurisdiction. Identifies lump sum payment/settlement reports OR jurisdiction-required reporting of the first payment of Other Benefit Type Codes for medical, funeral, penalty, and attorney fees. This is not to be used for reporting ongoing payments.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>RB</td>
<td>Reinstatement of Benefits</td>
<td>Indemnity payments have been resumed, but the reinstated benefit type may or may not have been paid previously.</td>
<td>Yes</td>
</tr>
<tr>
<td>Paper Equivalent Form(s)</td>
<td>MTC</td>
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<td>-----------------</td>
<td>----------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>RE</td>
<td>Reduced Earnings</td>
<td>The injured employee has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported. This MTC should be used if the Gross Weekly Amount changes because of application of the employee’s current weekly wages while receiving TPD benefits (070).</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>S1</td>
<td>Suspension, RTW, or Medically Determined/Qualified to RTW</td>
<td>All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>S2</td>
<td>Suspension, Medical Non-compliance</td>
<td>All payments of indemnity benefits have stopped because of medical non-compliance.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>S4</td>
<td>Suspension, Claimant Death</td>
<td>All payments of indemnity benefits have stopped because the employee has died.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>S5</td>
<td>Suspension, Incarceration</td>
<td>All payments of indemnity benefits have stopped because the employee has been incarcerated.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>S7</td>
<td>Suspension, Benefits Exhausted</td>
<td>All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>SD</td>
<td>Suspension, Directed by Jurisdiction</td>
<td>All payments of indemnity benefits have stopped per jurisdiction order.</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>SJ</td>
<td>Suspended Pending Appeal or Judicial Review</td>
<td>All payments of indemnity benefits have stopped pending appeal or judicial review.</td>
<td>Yes</td>
</tr>
<tr>
<td>NA</td>
<td>UR</td>
<td>Upon Request</td>
<td>Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator. (Data Call)</td>
<td>Yes</td>
</tr>
<tr>
<td>C-8/8.6</td>
<td>UR</td>
<td>Upon Request</td>
<td>Submitted by Claim Administrator for a legacy claim.</td>
<td>Yes</td>
</tr>
<tr>
<td>NA</td>
<td>SA</td>
<td>Sub-Annual</td>
<td>Submitted at timeframe(s) as defined on the jurisdiction’s Event Table.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand New York’s EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting New York's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated. When multiple events for an MTC are listed, the report is due on whichever due date is greater.

<table>
<thead>
<tr>
<th>Release</th>
<th>Report Type</th>
<th>Maintenance Type Code</th>
<th>Description</th>
<th>Event Rule Criteria</th>
<th>Report Trigger Criteria</th>
<th>When is the Report Due?</th>
<th>Paper Form(s)</th>
<th>Receiver</th>
</tr>
</thead>
</table>
| 3.0     | FROI 00     | Original              | 3= Jurisdiction Defined | 4/23/2014           | C = Lost time of one day beyond the working day or shift on which the accident occurred as defined by §110(2) and NYCRR §300.22. | Lost Time >= 1 Day | 18 C     | J=Report Trigger | 1. Form C-430S (Statement of Rights).  
2. If carrier has a Diagnostic Testing Network, form DT-1 should be sent.  
3. Drug benefit card, |
|         |             |                       |              |                     |                         |                       |           | EE      |
| 3.0     | FROI 00     | Original              | 3= Jurisdiction Defined | 4/23/2014           | J = Jurisdiction Defined. Notice of injury due within 10 days after the employer first has knowledge of the disability event as defined by §300.22. | NA 10 C   | C= Employer Notification | 1. Form C-430S (Statement of Rights).  
2. If carrier has a Diagnostic Testing Network, form DT-1 should be sent.  
3. Drug benefit card, |
|         |             |                       |              |                     |                         |                       |           | EE      |
| 3.0     | FROI 00     | Original              | 3= Jurisdiction Defined | 4/23/2014           | Q = Date of disability event including death resulting therefrom as defined by §300.22. | NA 18 C   | I = Date of Death | Form C-430S (Statement of Rights) Informant as listed on death certificate |
| 3.0     | FROI 01     | Cancel                | 3= Jurisdiction Defined | 4/23/2014           | M = MTC Defined. Immediately upon knowledge of the error. | NA NA NA | H = Immediate | FROI-01 |
| 3.0     | FROI 02     | Change                | 3= Jurisdiction Defined | 4/23/2014           | J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with one or more of the data elements marked with a Y or FY in the FROI MTC 02 column of the Element Requirement Table has changed. | NA NA NA | H = Immediate | NA NA  |
# NYS Claims Release 3
## First Report of Injury Event Table

<table>
<thead>
<tr>
<th>Release</th>
<th>Report Type</th>
<th>Maintenance Type</th>
<th>Event Rule</th>
<th>Criteria</th>
<th>From</th>
<th>Thru</th>
<th>Criteria</th>
<th>Trigger Value</th>
<th>Value Due Type</th>
<th>Value From</th>
<th>Paper Form(s)</th>
<th>Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>FROI 02</td>
<td>Change</td>
<td></td>
<td>3=Jurisdiction Defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with DN0197 (Denial Reason Narrative) or DN0198 (Full Denial Reason Code) then a paper form to parties of interest is required.</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>H = Immediate</td>
<td>FROI-02</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI 02</td>
<td>Change</td>
<td></td>
<td>3=Jurisdiction Defined</td>
<td>1/1/2019</td>
<td></td>
<td>J = Jurisdiction Defined. When DN0074 (Claim Type Code) classification changes. Refer to DN Reporting Requirement Specific to NYS document located at <a href="http://www.wcb.ny.gov/content/ebiz/eclaims/NYReqTables.jsp">http://www.wcb.ny.gov/content/ebiz/eclaims/NYReqTables.jsp</a> for descriptions of code classifications.</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>H = Immediate</td>
<td>NA</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI 02</td>
<td>Change</td>
<td></td>
<td>3=Jurisdiction Defined</td>
<td>1/1/2019</td>
<td></td>
<td>J = Jurisdiction Defined. When the Claim Administrator has accepted the claim the DN0074 (Claim Type Code) must be updated to a code other than Notification Only within 18 days of the accident or 10 days of knowledge for dates of accident prior to 1/1/2019.</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>H = Immediate</td>
<td>NA</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI 02</td>
<td>Change</td>
<td></td>
<td>3=Jurisdiction Defined</td>
<td>1/1/2019</td>
<td></td>
<td>J = Jurisdiction Defined. When the Claim Administrator has accepted the claim the DN0075 (Agreement to Compensate Code) must be updated to a code other than Without Liability within 18 days of the accident or 10 days of knowledge for dates of accident on or after 1/1/2019.</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>H = Immediate</td>
<td>FROI-02</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI 04</td>
<td>Denial</td>
<td></td>
<td>3=Jurisdiction Defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. When the right to compensation is controverted as defined by §25(2)(a).</td>
<td>NA</td>
<td>10</td>
<td>C</td>
<td>C = Employer Notification</td>
<td>EE, Claimant's atty (if any), PR and DB Carrier</td>
</tr>
</tbody>
</table>

1. Form FROI-04 with instruction sheet.
2. Form C-430S (Statement of Rights).
3. If carrier has a Diagnostic Testing Network, form DT-1 should be sent.
4. Drug benefit card
## NYS Claims Release 3
### First Report of Injury Event Table

<table>
<thead>
<tr>
<th>Release</th>
<th>Report Type</th>
<th>Maintenance Type</th>
<th>Event Rule Criteria</th>
<th>Event Rule</th>
<th>Report Trigger Criteria Codes</th>
<th>When is the Report Due?</th>
<th>Paper Form(s)</th>
<th>Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>FROI 04</td>
<td>Denial</td>
<td>3= Jurisdiction Defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. When the right to compensation is controverted as defined by §25(2)(a).</td>
<td>NA 18 C B= Date of Disability</td>
<td>1. Form FROI-04 with instruction sheet. 2. Form C-430S (Statement of Rights). 3. If carrier has a Diagnostic Testing Network, form DT-1 should be sent.</td>
<td>EE, Claimant's atty (if any), PR and DB Carrier</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI AQ</td>
<td>Acquired Claim</td>
<td>3= Jurisdiction Defined</td>
<td>4/23/2014</td>
<td>M = MTC Defined. When the Claim Administrator acquires a claim.</td>
<td>NA 10 C J = After Report Trigger Effective Date of Acquisition</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI AU</td>
<td>Acquired/ Unallocated</td>
<td>3= Jurisdiction Defined</td>
<td>4/23/2014</td>
<td>M = MTC Defined. When an AQ receives a TR because there is no match, the Claim Administrator is required to submit an AU.</td>
<td>NA 30 C J = Report Trigger, after TR</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI AU</td>
<td>Acquired/ Unallocated</td>
<td>3= Jurisdiction Defined</td>
<td>4/23/2014</td>
<td>M = MTC Defined. When the Claim Administrator acquires a claim that has not yet been reported to the jurisdiction (Claim Administrator may file an AU instead of the AQ when acquiring a claim).</td>
<td>NA 10 C J = After Report Trigger Effective Date of Acquisition</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI UR</td>
<td>Upon Request</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. Request to be determined based on NYS WCB data reporting requirements (NYS WCB reserves the right to make a request. The data element requirements will be provided prior to the data request).</td>
<td>NA TBD C D = From Claim Administrator Notification</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>3.0</td>
<td>FROI UR</td>
<td>Upon Request</td>
<td>3= Jurisdiction Defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. The Claim Administrator is required to provide a SROI when requested by NYS WCB for legacy claims.</td>
<td>NA NA NA H = Immediate</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Event Rule Criteria
- 1=Date of Injury
- 2=EDI Mandate Date
- 3=Jurisdiction defined

### Report Trigger Criteria Codes
- A = New Claim
- B = Cumulative Medical $ Paid
- C = Lost Time
- D = Cumulative Wage Replacement

### Report Due From Code
- A = From Date of Accident/Injury
- B = From Date of Disability
- C = From Employer Notification
- D = From Administrator Notification

### Report Due Type
- B = Business Days
- C = Calendar Days

### Receiver Codes
- EE = Employee
- ER = Employer
- PR = Provider
- Others as defined by Jurisdiction

Revised 9/14/2018
# NYS Claims Release 3
## First Report of Injury Event Table

<table>
<thead>
<tr>
<th>Release Type</th>
<th>Report Type</th>
<th>Maintenance Type Code</th>
<th>Description</th>
<th>Event Rule</th>
<th>Report Trigger</th>
<th>Criteria From</th>
<th>Criteria Thru</th>
<th>When is the Report Due?</th>
<th>Trigger Value</th>
<th>Due Value</th>
<th>Paper Form(s)</th>
<th>Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>E = Days Open</td>
<td>F = Formula</td>
<td>J = Jurisdiction Defined</td>
<td>E = From Jurisdiction Notification</td>
<td>F = From Carrier Notification</td>
<td>G = From Initial Payment (IP)</td>
<td>H = Immediate</td>
</tr>
</tbody>
</table>

**Maintenance Type**
- E = Days Open
- F = Formula
- J = Jurisdiction Defined
- L = Determination of Compensable Death
- M = MTC Defined
- N = Cumulative Indemnity $ Paid
- Q = Employee Death

**Event Rule**
- Release
- IAIABC Claims Release number

**Report Trigger**
- When is the Report Due?
- Trigger Value
- Due Value

**Paper Form(s)**
- From
- Thru

**Receiver**
## NYS Claims Release 3
### Subsequent Report of Injury Event Table

The Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver’s EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

**Interpreting the jurisdiction’s requirements:** For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from (Report Due-From) If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated. When multiple events for an MTC are listed, SROI is due on whichever due date is greater.

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<tr>
<th>Release</th>
<th>Report Type</th>
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<tr>
<td></td>
<td></td>
<td>Code</td>
<td>Description</td>
<td>Criteria</td>
<td>Trigger Value</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>02</td>
<td>Change</td>
<td>3 = Jurisdiction Defined</td>
<td>4/23/2014</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>02</td>
<td>Change</td>
<td>3 = Jurisdiction Defined</td>
<td>4/23/2014</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>02</td>
<td>Change</td>
<td>3 = Jurisdiction Defined</td>
<td>1/1/2019</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>02</td>
<td>Change</td>
<td>3 = Jurisdiction Defined</td>
<td>11/17/2016</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>04</td>
<td>Denial</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>04</td>
<td>Denial</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>04</td>
<td>Denial</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
</tr>
</tbody>
</table>
## Subsequent Report of Injury Event Table

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<th>Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>04</td>
<td>Denial</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. When payments were made pursuant to §21-a and these temporary benefits are suspended, a notice of controversy as prescribed in subdivision (c) of this section or within 10 days after delivery of notice that temporary payments of compensation and/or prescribed medicine have terminated, whichever is later, shall be deemed timely for the purposes of subdivision 2 of section 25 of the Workers' Compensation Law.</td>
<td>NA</td>
<td>10</td>
<td>C</td>
<td>J=Report Trigger</td>
<td>SROI-04 with instruction sheet</td>
<td>EE, Claimant's atty (if any), PR and DB Carrier</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>AP</td>
<td>Acquired/Payment</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. The Claim Administrator who acquired the claim and processed indemnity payments must immediately notify the Board that payments are being made.</td>
<td>NA</td>
<td>16</td>
<td>C</td>
<td>D=From Claim Administrator Notification</td>
<td>SROI-AP</td>
<td>EE, Claimant's Atty (If any)</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>CA</td>
<td>Change in Benefit Amount</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. Filing of Notification of Modification of payments is due per NYCRR §300.23.</td>
<td>NA</td>
<td>16</td>
<td>C</td>
<td>J=Report Trigger</td>
<td>SROI-CA with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>CB</td>
<td>Change in Benefit Type</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. Filing of Notification of Modification of payments is due per §300.23.</td>
<td>NA</td>
<td>16</td>
<td>C</td>
<td>J=Report Trigger</td>
<td>SROI-CB with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>CD</td>
<td>Compensable Death</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event involving death as defined by §25(1)(c) and NYCRR §300.22.</td>
<td>NA</td>
<td>18</td>
<td>C</td>
<td>I=Date of Death</td>
<td>SROI-CD</td>
<td>EE, Claimant's Atty (If any)</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>CD</td>
<td>Compensable Death</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event involving death or within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(c) and §300.22.</td>
<td>NA</td>
<td>10</td>
<td>C</td>
<td>C=Employer Notification</td>
<td>SROI-CD</td>
<td>EE, Claimant's Atty (If any)</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>EP</td>
<td>Employer Paid</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event or within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(c) and §300.22.</td>
<td>NA</td>
<td>18</td>
<td>C</td>
<td>B=Date of Disability</td>
<td>SROI-EP</td>
<td>EE, Claimant's Atty (If any)</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>EP</td>
<td>Employer Paid</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event or within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(c) and §300.22.</td>
<td>NA</td>
<td>10</td>
<td>C</td>
<td>C=Employer Notification</td>
<td>SROI-EP</td>
<td>EE, Claimant's Atty (If any)</td>
<td></td>
</tr>
</tbody>
</table>
# NYS Claims Release 3

## Subsequent Report of Injury Event Table

<table>
<thead>
<tr>
<th>Release</th>
<th>Report Type</th>
<th>Maintenance Type</th>
<th>Event Rule</th>
<th>Criteria</th>
<th>From</th>
<th>Thru</th>
<th>Trigger Value</th>
<th>Due Type</th>
<th>From</th>
<th>Paper Form(s)</th>
<th>Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>ER</td>
<td>Employer Reinstatement</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event as defined by §25(1)(b) and §300.22.</td>
<td>NA</td>
<td>18 C</td>
<td>B=Date of Disability</td>
<td>SROI-ER</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>ER</td>
<td>Employer Reinstatement</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event or within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(b) and §300.22.</td>
<td>NA</td>
<td>10 C</td>
<td>C=Employer Notification</td>
<td>SROI-ER</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>IP</td>
<td>Initial Payment</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. Payments are due 18 days after disability or within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(c)</td>
<td>NA</td>
<td>18 C</td>
<td>B=Date of Disability</td>
<td>SROI-IP</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>IP</td>
<td>Initial Payment</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. Payments are due 18 days after disability or within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(c)</td>
<td>NA</td>
<td>10 C</td>
<td>C=Employer Notification</td>
<td>SROI-IP</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>PD</td>
<td>Partial Denial</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event as defined by §25(1)(c) and §300.22.</td>
<td>NA</td>
<td>18 C</td>
<td>B=Date of Disability</td>
<td>SROI-PD</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>PD</td>
<td>Partial Denial</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event or within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(c) and §300.22.</td>
<td>NA</td>
<td>10 C</td>
<td>C=Employer Notification</td>
<td>SROI-PD</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>PY</td>
<td>Payment Report</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td></td>
<td>J = Jurisdiction Defined. Payments of compensation, according to the terms of an award are payable within 10 days from the date decision duly filed per §25(3)(f). Report is due within 16 days from payment date as defined by §25(1)(d). <strong>Note:</strong> If a more appropriate MTC should be filed to note the Award that MTC should be filed in place of the SROI-PY. For example, a WCLJ directed a Change in Benefits Type and the SROI-CB was sent in place of a SROI-PY as the SROI-CB was most appropriate per the NYS Event Table.</td>
<td>NA</td>
<td>16 C</td>
<td>J=Report Trigger</td>
<td>SROI-PY</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>PY</td>
<td>Payment Report</td>
<td>3 = Jurisdiction defined</td>
<td>Modified 10/15/2016</td>
<td></td>
<td>J = Jurisdiction Defined. Report of penalties paid to claimant must be filed within ten days of imposition of penalty as defined by §300.23(e).</td>
<td>NA</td>
<td>10 C</td>
<td>J=Report Trigger</td>
<td>SROI-PY</td>
</tr>
</tbody>
</table>

Revised 9/14/2018
## NYS Claims Release 3
### Subsequent Report of Injury Event Table

<table>
<thead>
<tr>
<th>Release</th>
<th>Report Type</th>
<th>Maintenance Type</th>
<th>Event Rule</th>
<th>Report Trigger</th>
<th>When is the Report Due?</th>
<th>Paper Form(s)</th>
<th>Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>RB</td>
<td>Reinstatement of Benefits</td>
<td>J = Jurisdiction Defined. Report is due 18 days after disability event as defined by §25(1)(b) and §300.22.</td>
<td>NA 18 C B=Date of Disability</td>
<td>SROI-RB</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>RE</td>
<td>Reduced Earnings</td>
<td>J = Jurisdiction Defined. Filing of Notification of Modification of payments will be defined per new regulation and §300.23.</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-RE with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>S1</td>
<td>Suspension, RTW, or Medically Determined/Qualified RTW</td>
<td>J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d) and §300.23.</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-S1 with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>S2</td>
<td>Suspension, Medical Noncompliance</td>
<td>J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d) and §300.23.</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-S2 with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>S4</td>
<td>Suspension, Claimant Death</td>
<td>J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d) and §300.23.</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-S4 with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>S5</td>
<td>Suspension, Incarceration</td>
<td>J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d) and §300.23.</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-S5 with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>S7</td>
<td>Suspension, Benefits Exhausted</td>
<td>J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d) and §300.23.</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-S7 with supporting documentation when required</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>SD</td>
<td>Suspension, Directed by Jurisdiction</td>
<td>J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d).</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-SD</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI</td>
<td>SJ</td>
<td>Suspended Pending Appeal or Judicial Review</td>
<td>J = JurisdictionDefined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d).</td>
<td>NA 16 C J=Report Trigger</td>
<td>SROI-SJ</td>
<td>EE, Claimant's Atty (If any)</td>
</tr>
</tbody>
</table>
### NYS Claims Release 3
#### Subsequent Report of Injury Event Table

<table>
<thead>
<tr>
<th>Release</th>
<th>Report Trigger</th>
<th>Event Rule</th>
<th>Criteria</th>
<th>From Thru</th>
<th>Trigger Value</th>
<th>Due Type</th>
<th>From</th>
<th>Paper Form(s)</th>
<th>Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0</td>
<td>SROI SJ</td>
<td>Suspended Pending Appeal or Judicial Review</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>NA</td>
<td>C</td>
<td>5</td>
<td>J = Report Trigger</td>
<td>SROI-SJ EE, Claimant's Atty (If any)</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI UR</td>
<td>Upon Request</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>NA</td>
<td>C</td>
<td>TBD</td>
<td>D = From Claim Administrator Notification</td>
<td>NA NA</td>
</tr>
<tr>
<td>3.0</td>
<td>SROI UR</td>
<td>Upon Request</td>
<td>3 = Jurisdiction defined</td>
<td>4/23/2014</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>H = Immediate</td>
<td>NA NA</td>
</tr>
</tbody>
</table>

### Rule Date Criteria
- 1 = Date of Injury
- 2 = EDI Mandate Date
- 3 = Jurisdiction defined

### Report Trigger Criteria Codes
- A = New Claim
- B = Cumulative Medical $ Paid
- C = Lost Time
- D = Cumulative Wage Replacement Paid
- E = Days Open
- F = Formula
- J = Jurisdiction Defined
- L = Determination of Compensable Death
- M = MTC Defined
- N = Cumulative Indemnity $ Paid
- Q = Employee Death

### Report Due Type
- B = Business Days
- C = Calendar Days

### Receiver Codes
- EE = Employee
- ER = Employer
- PR = Provider

### Report Due From Codes
- Others as defined by jurisdiction

Revised 9/14/2018
The Periodic Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver’s EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction’s requirements: A (Report Type) (Maintenance Type-Code) must be filed based on the (Event Rule Criteria) within (Event Rule Date range) on Claims that meet the Report Trigger (Criteria and Trigger Value), meets the Periodic Qualifier (Status and Activity) and must be filed by the Periodic Report Due indicated (Value, Due Type, From).

* If the Event Rule Thru date is blank, reporting requirements apply until further notice.

* Periodic Report Due indicated (Value, Due Type, From) is the last day a claim administrator has to receive a “Transaction Accepted” for that MTC, and not just the date on which that transaction must be triggered regardless of errors. It was suggested that the Claim Administrator trigger the reports prior to this date in order to allow time for correcting errors.

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Maintenance Type</th>
<th>Event Rule</th>
<th>Report Trigger</th>
<th>Periodic Qualifiers</th>
<th>Periodic Report Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic</td>
<td>SA</td>
<td>Sub-Annual</td>
<td>3=Jurisdiction defined</td>
<td>4/23/2014</td>
<td>J=Jurisdiction defined</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Rule Criteria</th>
<th>Status Qualifier</th>
<th>Due Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=Date of Injury</td>
<td>1 = Open (If claim is open at time of Report Trigger)</td>
<td>B = Business Days</td>
</tr>
<tr>
<td>2=EDI Mandate Date</td>
<td>2 = Closed (If claim has closed since the last periodic report)</td>
<td>C = Calendar Days</td>
</tr>
<tr>
<td>3=Jurisdiction defined</td>
<td>3 = Either (if claim is open or has closed since the last periodic report)</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Sub-Annual Periodic Reports can be filed on a voluntary basis on closed cases for which only medical payments are being made.

*Not required when claim is controverted.*

**If no notice has been issued stating no further action or the claim has been reopened after such notice has been issued, then the case is considered open.** If a notice has been issued stating that no further action is planned at this time, but indemnity benefits are continuing, then the case is considered open. This is only applicable to Activity = IL.

**If no notice has been issued stating no further action or the claim has been reopened after such a notice has been issued, then the case is considered open.** This is only applicable to Activity = MB

<table>
<thead>
<tr>
<th>Activity Qualifier</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E = Either (either IL or MB)</td>
<td></td>
</tr>
<tr>
<td>IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)</td>
<td></td>
</tr>
<tr>
<td>J = Jurisdiction defined (define details in column)</td>
<td></td>
</tr>
<tr>
<td>MB = Medical Only (If Claim Type Code = Medical Only or Became Medical Only)</td>
<td></td>
</tr>
</tbody>
</table>

Revised 1/12/2018