

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

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

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

<b>Paper Equivalent Form(s)</b>	<b>MTC</b>	<b>MTC Description</b>	<b>MTC Definition</b>	<b>Will this report be accepted electronically? (Yes/No)</b>
EC-1.1, EC-84 or correspondence	02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.	Yes

Paper Equivalent Form(s)	MTC	MTC Description	MTC Definition	Will this report be accepted electronically? (Yes/No)
C-7	04	Denial	The entire claim is being denied.	Yes
C-8/8.6	AP	Acquired/ Payment	The claim administrator who acquired the claim has processed AP Acquired/Payment – the first payment of indemnity benefits.	Yes
C-8/8.6	CA	Change in Benefit Amount	The Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount (DN0087).	Yes
C-8/8.6	CB	Change in Benefit Type	A benefit type being paid has changed and payments are being continued under a different benefit type without a break in continuity of benefits.	Yes
C-669	CD	Compensable Death	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.	Yes
C-669	EP	Employer Paid	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.	Yes
C-8/8.6	ER	Employer Reinstatement	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.	Yes
C-669	IP	Initial Payment	The first payment for an indemnity benefit other than a settlement has been issued by a claim administrator.	Yes
C-669	PD	Partial Denial	A specific benefit(s) has been denied.	Yes
C-8/8.6	PY	Payment Report	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.	Yes
C-8/8.6	RB	Reinstatement of Benefits	Indemnity payments have been resumed, but the reinstated benefit type may or may not have been paid previously.	Yes

Paper Equivalent Form(s)	MTC	MTC Description	MTC Definition	Will this report be accepted electronically? (Yes/No)
C-8/8.6	RE	Reduced Earnings	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).	Yes
C-8/8.6	S1	Suspension, RTW, or Medically Determined/Qualified to RTW	All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.	Yes
C-8/8.6	S2	Suspension, Medical Non-compliance	All payments of indemnity benefits have stopped because of medical non-compliance.	Yes
C-8/8.6	S4	Suspension, Claimant Death	All payments of indemnity benefits have stopped because the employee has died.	Yes
C-8/8.6	S5	Suspension, Incarceration	All payments of indemnity benefits have stopped because the employee has been incarcerated.	Yes
C-8/8.6	S7	Suspension, Benefits Exhausted	All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.	Yes
C-8/8.6	SD	Suspension, Directed by Jurisdiction	All payments of indemnity benefits have stopped per jurisdiction order.	Yes
C-8/8.6	SJ	Suspended Pending Appeal or Judicial Review	All payments of indemnity benefits have stopped pending appeal or judicial review.	Yes
NA	UR	Upon Request	Submitted in response to a specific request from the Jurisdiction, and manually triggered by the Claim Administrator. (Data Call)	Yes
C-8/8.6	UR	Upon Request	Submitted by Claim Administrator for a legacy claim.	Yes
NA	SA	Sub-Annual	Submitted at timeframe(s) as defined on the jurisdiction's Event Table.	Yes

### NYS Claims Release 3 First Report of Injury Event 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.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
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. <a href="#">Form C-430S</a> (Statement of Rights). 2. If carrier has a Diagnostic Testing Network, <a href="#">form DT-1</a> should be sent. 3. <a href="#">Drug benefit card</a> .	EE
3.0	FROI	00	Original	3= Jurisdiction Defined	4/23/2014		J = Jurisdiction Defined. Notification 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. <a href="#">Form C-430S</a> (Statement of Rights). 2. If carrier has a Diagnostic Testing Network, <a href="#">form DT-1</a> should be sent. 3. <a href="#">Drug benefit card</a> .	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	<a href="#">Form C-430S</a> (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	<a href="#">FROI-01</a>	EE
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**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
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 DN0197 (Denial Reason Narrative) or DN0198 (Full Denial Reason Code) changes then a paper form to parties of interest is required.	NA	NA	NA	H = Immediate	<a href="#">FROI-02</a>	EE, Claimant's atty (if any)
3.0	FROI	02	Change	3= Jurisdiction Defined	1/1/2019		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.	NA	NA	NA	H = Immediate	NA	NA
3.0	FROI	02	Change	3= Jurisdiction Defined	1/1/2019		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.	NA	NA	NA	H = Immediate	NA	NA
3.0	FROI	02	Change	3= Jurisdiction Defined	1/1/2019 modified 7/12/2019		J = Jurisdiction Defined. When the Claim Administrator has accepted the claim the DN0075 (Agreement to Compensate Code) must be updated to With Liability within 18 days of the accident or 10 days of knowledge for dates of accident on or after 1/1/2019.	NA	NA	NA	H = Immediate	<a href="#">FROI-02</a>	EE, Claimant's atty (if any)
3.0	FROI	02	Change	3= Jurisdiction Defined	Modified 7/12/2019		J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with DN0075 (Agreement to Compensate Code) has changed from Without Liability to With Liability then a paper form to parties of interest is required. As defined in §21-a.	NA	NA	NA	H = Immediate	<a href="#">FROI-02</a>	EE, Claimant's atty (if any)
3.0	FROI	04	Denial	3= Jurisdiction Defined	4/23/2014		J = Jurisdiction Defined. When the right to compensation is controverted as defined by §25(2)(a).	NA	10	C	C = Employer Notification	<ol style="list-style-type: none"> <li>1. <a href="#">Form FROI-04</a> with instruction sheet.</li> <li>2. <a href="#">Form C-430S</a> (Statement of Rights).</li> <li>3. If carrier has a Diagnostic Testing Network, <a href="#">form DT-1</a> should be sent.</li> </ol>	EE, Claimant's atty (if any), PR and DB Carrier
												<ol style="list-style-type: none"> <li>4. <a href="#">Drug benefit card</a></li> </ol>	

**NYS Claims Release 3  
First Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	FROI	04	Denial	3= Jurisdiction Defined	4/23/2014		J = Jurisdiction Defined. When the right to compensation is controverted as defined by §25(2)(a).	NA	18	C	B= Date of Disability	1. <a href="#">Form FROI-04</a> with instruction sheet. 2. <a href="#">Form C-430S</a> (Statement of Rights). 3. If carrier has a Diagnostic Testing Network, <a href="#">form DT-1</a> should be sent.  4. <a href="#">Drug benefit card</a>	EE, Claimant's atty (if any), PR and DB Carrier
3.0	FROI	AQ	Acquired Claim	3= Jurisdiction Defined	4/23/2014		M = MTC Defined. When the Claim Administrator acquires a claim.	NA	10	C	J = After Report Trigger Effective Date of Acquisition	NA	NA
3.0	FROI	AU	Acquired/ Unallocated	3= Jurisdiction Defined	4/23/2014		M = MTC Defined. When an AQ receives a TR because there is no match, the Claim Administrator is required to submit an AU.	NA	30	C	J = Report Trigger, after TR	NA	NA
3.0	FROI	AU	Acquired/ Unallocated	3= Jurisdiction Defined	4/23/2014		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).	NA	10	C	J = After Report Trigger Effective Date of Acquisition	NA	NA
3.0	FROI	UR	Upon Request	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Denfined. 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).	NA	TBD	C	D = From Claim Administrator Notification	NA	NA
3.0	FROI	UR	Upon Request	3= Jurisdiction Defined	4/23/2014		J = Jurisdiction Defined. The Claim Administrator is required to provide a SROI when requested by NYS WCB for legacy claims. <b>See legacy process instructions located at <a href="http://www.wcb.ny.gov/content/ebiz/eclaims/ImpGuide/NYLegacyClaimTransitionToEDI.pdf">http://www.wcb.ny.gov/content/ebiz/eclaims/ImpGuide/NYLegacyClaimTransitionToEDI.pdf</a></b>	NA	NA	NA	H = Immediate	NA	NA

**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

**NYS Claims Release 3  
First Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger			When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From			

**Release**

IAIABC Claims Release number

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

E = From Jurisdiction Notification  
 F = From Carrier Notification  
 G = From Initial Payment (IP)  
 H = Immediate  
 I = From Date of Death  
 J = From Report Trigger  
 K = Prior to Final Report (FN)

**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 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, SROI is due on whichever due date is greater.**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	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 SROI MTC 02 column of the Element Requirement Table has changed.	NA	NA	NA	H = Immediate	NA	NA
3.0	SROI	02	Change	3= Jurisdiction Defined	4/23/2014		J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with DN0197 (Denial Reason Narrative) or DN0198 (Full Denial Reason Code) changes then a paper form to parties of interest is required.	NA	NA	NA	H = Immediate	<a href="#">SROI-02</a>	EE, Claimant's Atty (If any)
3.0	SROI	02	Change	3= Jurisdiction Defined	1/1/2019		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.	NA	NA	NA	H = Immediate	NA	NA
3.0	SROI	02	Change	3= Jurisdiction Defined	11/17/2016		J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with DN0075 Agreement Compensate Code has change from Without Liability to With Liability then a paper form to parties of interest is required.	NA	NA	NA	H = Immediate	<a href="#">SROI-02</a>	EE, Claimant's Atty (If any)
3.0	SROI	04	Denial	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. When the right to compensation is controverted (as defined by §25(2)(a) a notice is required on or before the eighteenth day after disability or within 10 days after it has knowledge of the alleged accident whichever period is the greater.	NA	10	C	C=Employer Notification	<a href="#">SROI-04</a> with instruction sheet	EE, Claimant's atty (if any), PR and DB Carrier
3.0	SROI	04	Denial	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. When the right to compensation is controverted (as defined by §25(2)(a) a notice is required on or before the eighteenth day after disability or within 10 days after it has knowledge of the alleged accident, whichever period is the greater.	NA	18	C	B=Date of Disability	<a href="#">SROI-04</a> with instruction sheet	EE, Claimant's atty (if any), PR and DB Carrier
3.0	SROI	04	Denial	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. A notice of controversy shall be filed with the chair within 25 days from the date of mailing of a notice that the case has been indexed as defined by §25(2)(b). If the case is indexed, the Claim Administrator will not waive (25[2][b]) defenses when the denial is filed within 25 days of the date of indexing.	NA	25	C	E=Jurisdiction Notification (EC-84)	<a href="#">SROI-04</a> with instruction sheet	EE, Claimant's atty (if any), PR and DB Carrier

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

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	04	Denial	3 = Jurisdiction defined	4/23/2014		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.	NA	10	C	J=Report Trigger	<a href="#">SROI-04</a> with instruction sheet	EE, Claimant's atty (if any), PR and DB Carrier
3.0	SROI	AP	Acquired/Payment	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. The Claim Administrator who acquired the claim and processed indemnity payments must immediately notify the Board that payments are being made.	NA	16	C	D=From Claim Administrator Notification	<a href="#">SROI-AP</a>	EE, Claimant's Atty (If any)
3.0	SROI	CA	Change in Benefit Amount	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. Filing of Notification of Modification of payments is due per NYCRR §300.23.	NA	16	C	J=Report Trigger	<a href="#">SROI-CA</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	CB	Change in Benefit Type	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. Filing of Notification of Modification of payments is due per §300.23.	NA	16	C	J=Report Trigger	<a href="#">SROI-CB</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	CD	Compensable Death	3 = Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event</del> involving death as defined by §25(1)(c) and NYCRR §300.22.	NA	18	C	I=Date of Death	<a href="#">SROI-CD</a>	EE, Claimant's Atty (If any)
3.0	SROI	CD	Compensable Death	3 = Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event</del> 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.	NA	10	C	C=Employer Notification	<a href="#">SROI-CD</a>	EE, Claimant's Atty (If any)
3.0	SROI	EP	Employer Paid	3 = Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event or</del> defined by §25(1)(c) and §300.22.	NA	18	C	B=Date of Disability	<a href="#">SROI-EP</a>	EE, Claimant's Atty (If any)
3.0	SROI	EP	Employer Paid	3 = Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event or</del> within 10 days after the employer first has knowledge of the accident, whichever is greater as defined by §25(1)(c) and §300.22.	NA	10	C	C=Employer Notification	<a href="#">SROI-EP</a>	EE, Claimant's Atty (If any)

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

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	ER	Employer Reinstatement	3 = Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event</del> as defined by §25(1)(b) and §300.22.	NA	18	C	B=Date of Disability	<a href="#">SROI-ER</a>	EE, Claimant's Atty (If any)
3.0	SROI	ER	Employer Reinstatement	3=Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event</del> 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.	NA	10	C	C=Employer Notification	<a href="#">SROI-ER</a>	EE, Claimant's Atty (If any)
3.0	SROI	IP	Initial Payment	3 = Jurisdiction defined	4/23/2014		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)	NA	18	C	B=Date of Disability	<a href="#">SROI-IP</a>	EE, Claimant's Atty (If any)
3.0	SROI	IP	Initial Payment	3 = Jurisdiction defined	4/23/2014		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)	NA	10	C	C=Employer Notification	<a href="#">SROI-IP</a>	EE, Claimant's Atty (If any)
3.0	SROI	PD	Partial Denial	3=Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event</del> as defined by §25(1)(c) and §300.22.	NA	18	C	B=Date of Disability	<a href="#">SROI-PD</a>	EE, Claimant's Atty (If any)
3.0	SROI	PD	Partial Denial	3=Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event</del> 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.	NA	10	C	C=Employer Notification	<a href="#">SROI-PD</a>	EE, Claimant's Atty (If any)
3.0	SROI	PY	Payment Report	3 = Jurisdiction defined	4/23/2014		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).  <b>Note:</b> 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, <b>an award made for an 8 week week period of lost time, send SROI-IP followed by a SROI-Sx.</b>	NA	16	C	J=Report Trigger	<a href="#">SROI-PY</a>	EE, Claimant's Atty (If any)
3.0	SROI	PY	Payment Report	3 = Jurisdiction defined	4/23/2014 Modified 7/8/2019		J = Jurisdiction Defined. Report of Interest Due paid to the claimant must be filed within ten days of imposition of Interest Due as defined by §392.2.	NA	16	C	J=Report Trigger	<a href="#">SROI-PY</a>	EE, Claimant's Atty (If any)

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

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	PY	Payment Report	3=Jurisdiction defined	4/23/2014 Modified 10/15/2018		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).	NA	10	C	J=Report Trigger	<a href="#">SROI-PY</a>	EE, Claimant's Atty (If any)
3.0	SROI	RB	Reinstatement of Benefits	3 = Jurisdiction defined	4/23/2014 Modified 7/12/2019		J = Jurisdiction Defined. Report is due 18 days after disability <del>event</del> as defined by §25(1)(b) and §300.22.	NA	18	C	B=Date of Disability	<a href="#">SROI-RB</a>	EE, Claimant's Atty (If any)
3.0	SROI	RE	Reduced Earnings	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. Filing of Notification of Modification of payments will be defined per new regulation and §300.23.	NA	16	C	J=Report Trigger	<a href="#">SROI-RE</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	S1	Suspension, RTW, or Medically Determined/Qualified RTW	3 = Jurisdiction defined	4/23/2014		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.	NA	16	C	J=Report Trigger	<a href="#">SROI-S1</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	S2	Suspension, Medical Non-compliance	3 = Jurisdiction defined	4/23/2014		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.	NA	16	C	J=Report Trigger	<a href="#">SROI-S2</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	S4	Suspension, Claimant Death	3 = Jurisdiction defined	4/23/2014		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.	NA	16	C	J=Report Trigger	<a href="#">SROI-S4</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	S5	Suspension, Incarceration	3 = Jurisdiction defined	4/23/2014		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.	NA	16	C	J=Report Trigger	<a href="#">SROI-S5</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	S7	Suspension, Benefits Exhausted	3 = Jurisdiction defined	4/23/2014		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.	NA	16	C	J=Report Trigger	<a href="#">SROI-07</a> with supporting documentation when required	EE, Claimant's Atty (If any)
3.0	SROI	SD	Suspension, Directed by Jurisdiction	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d).	NA	16	C	J=Report Trigger	<a href="#">SROI-SD</a>	EE, Claimant's Atty (If any)

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

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	SJ	Suspended Pending Appeal or Judicial Review	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. Filing of Board prescribed form is due within 16 days after payments have been stopped as defined by §25(1)(d).	NA	16	C	J=Report Trigger	<a href="#">SROI-SJ</a>	EE, Claimant's Atty (If any)
3.0	SROI	SJ	Suspended Pending Appeal or Judicial Review	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. When temporary payments made pursuant to §21-a cease, a notice must be delivered to the Board and the employee, within five days after the last payment.	NA	5	C	J=Report Trigger	<a href="#">SROI-SJ</a>	EE, Claimant's Atty (If any)
3.0	SROI	UR	Upon Request	3 = Jurisdiction defined	4/23/2014		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.)	NA	TBD	C	D = From Claim Administrator Notification	NA	NA
3.0	SROI	UR	Upon Request	3 = Jurisdiction defined	4/23/2014		J = Jurisdiction Defined. The Claim Administrator is required to provide a SROI when requested by NYS WCB for legacy claims.	NA	NA	NA	H = Immediate	NA	NA

**Release**

IAIABC Claims Release number 3.0

**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

**Report Due From Codes**

A = From Date of Accident/Injury  
B = From Date of Disability  
C = From Employer Notification  
D = From Claim Administrator Notification  
E = From Jurisdiction Notification  
F = From Carrier Notification  
G = From Initial Payment (IP)  
H = Immediate  
I = From Date of Death  
J = From Report Trigger  
K = Prior to Final Report (FN)

**Receiver Codes**

EE = Employee  
ER = Employer  
PR = Provider

Others as defined by jurisdiction

### NYS Claims Release 3 Periodic Report Event Table

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.

Report Type	Maintenance Type		Event Rule			Report Trigger		Periodic Qualifiers		Periodic Report Due		
	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Status	Activity	Value	Due Type	From
Periodic	SA	Sub-Annual	3=Jurisdiction defined	4/23/2014		J=Jurisdiction defined	<p>180 days from the date of accident. If no accident date or a partial date of accident is reported, then 180 days from filing date of FROI. Subsequent periodic reports are due every 180 days thereafter</p> <p>Note: For existing cases, the first periodic report is due by the end of the 180 days based on the month reported in date of injury.</p> <p><b>*Not required when claim is controverted.</b></p>	3=Either (if claim is open or has closed since the last periodic report)	IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)	180	C	J= Report Trigger
Periodic	SA	Sub-Annual	3=Jurisdiction defined	4/23/2014		J=Jurisdiction defined	<p>180 days from the date of accident. If no accident date or a partial date of accident is reported, then 180 days from filing date of FROI. Subsequent periodic reports are due every 180 days thereafter</p> <p>Note: For existing cases, the first periodic report is due by the end of the 180 days based on the month reported in date of injury. <b>*Not required when claim is controverted.</b></p>	3=Either (if claim is <b>open**</b> or has closed since the last periodic report))	MB = Medical Only (If Claim Type Code = Medical Only or Became Medical Only)	180	C	J= Report Trigger

**NYS Claims Release 3  
Periodic Report Event Table**

**Event Rule Criteria**

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

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.**

**Status Qualifier**

- 1 = Open (If claim is open at time of Report Trigger)
- 2 = Closed (If claim has closed since the last periodic report)
- 3 = Either (if claim is open or has closed since the last periodic report)

**\*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**

**Due Type**

- B = Business Days
- C =Calendar Days

**Activity Qualifier**

- E = Either (either IL or MB)
- IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)
- J = Jurisdiction defined (define details in column)
- MB = Medical Only (If Claim Type Code = Medical Only or Became Medical Only)