

RELEASE 3 FIRST REPORT OF INJURY EDITS MATRIX

08/31/2007

DN	DATA ELEMENT NAME	ELEMENT LOCATED ON RECORD	AWCD APPLY EDITS?	Population Restrictions Indicator	001 Mandatory field not present	018 Number of Days Worked Must be 0-7	019 Days must be 0-6	028 All Digits must be 0-9	029 Must be valid date (CCYYMMDD)	031 Must be a valid time	033 Must be <= Date of Injury	034 Must be >= Date of Injury	035 Must be >= Initial Date Disability Began	036 Must be <= Employee Death of Death	037 Must be <= Maint Type Code Date	039 No match on database	040 All digits cannot be the same	041 Must be <= current date	054 Must be valid occurrence for segment	055 Must be < valid occurrence for segment	057 Duplicate transmission/transaction	058 Code/ID invalid	066 Invalid record count	100 No leading/embedded spaces	101 MTC not approved for production	102 Must be <= Initial Date Disability Began	106 Invalid batch structure	109 Must be >= Employee Date of Hire	110 Date must be >= Jurisdiction Imp. Date	118 TP not approved to submit Ins/CA data		
0000	Entire Batch		Y																		L		L									
0001	Transaction Set ID	ALL	Y	F																	L											
0002	Maintenance Type Code	148	Y	F																	L	L			L							
0003	Maintenance Type Code Date	148	Y	F					L									L														
0004	Jurisdiction Code	148	Y	F																		L										
0005	Jurisdiction Claim Number	148	N																													
0006	Insurer FEIN	148	Y	F			L								L	L								L							L	
0007	Insurer Name	R21	Y	F																				L								
0010	Claim Administrator Mailing Primary Address	R21	Y	F																				L								
0011	Claim Administrator Mailing Secondary Address	R21	N																													
0012	Claim Administrator Mailing City	148	Y	F																					L							
0013	Claim Administrator Mailing State Code	148	Y	F																		L										
0014	Claim Administrator Mailing Postal Code	148	Y	F											L							L										
0015	Claim Administrator Claim Number	148	Y	F																				L								
0016	Employer FEIN	148	Y	F			L								L	L																
0017	Insured Name	R21	N																													
0018	Employer Name	R21	Y	F																				L								
0019	Employer Physical Primary Address	R21	Y	F																				L								
0020	Employer Physical Secondary Address	R21	N																													
0021	Employer Physical City	148	Y	F																				L								
0022	Employer Physical State Code	148	Y	F																		L										
0023	Employer Physical Postal Code	148	Y	F											L							L	L									
0025	Industry Code	148	Y												L							L										
0026	Insured Report Number	R21	N																													
0027	Insured Location Identifier	148	N																													
0028	Policy Number	148	N																													
0029	Policy Effective Date	148	N																													

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	<b>F = Edit applies to the data element deemed essential for a transmission or transaction to be processed.</b>																														
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	<b>ALL = HD1, 148, R21, and TR2.</b>																														
0030	Policy Expiration Date	148	N																												
0031	Date of Injury	148	Y	F							L	L					L									L		L	L		
0032	Time of Injury	148	N																												
0033	Accident Site Postal Code	148	Y												L						L		L								
0035	Nature of Injury Code	148	Y	F																	L										
0036	Part of Body Injured Code	148	Y	F																	L										
0037	Cause of Injury Code	148	Y	F																	L										
0038	Accident/Injury Description Narrative	R21	N																												
0039	Initial Treatment Code	148	N																												
0040	Date Employer Had Knowledge of Injury	148	Y	F					L			L			L																
0041	Date Claim Administrator Had Knowledge of the Injury	148	Y						L			L			L																
0042	Employee SSN	R21	Y				L									L															
0043	Employee Last Name	R21	Y	F																				L							
0044	Employee First Name	148	Y	F																				L							
0045	Employee Middle Name/Initial	R21	Y																					L							
0046	Employee Mailing Primary Address	R21	Y	F																				L							
0047	Employee Mailing Secondary Address	R21	N																												
0048	Employee Mailing City	148	Y	F																				L							
0049	Employee Mailing State Code	148	Y	F																											
0050	Employee Mailing Postal Code	148	Y	F												L						L		L							
0051	Employee Phone Number	R21	Y				L																								
0052	Employee Date of Birth	148	Y					L		L					L											L					
0053	Employee Gender Code	148	Y	F																											
0054	Employee Marital Status Code	148	Y	F																											
0055	Employee Number of Dependents	148	Y				L																								
0056	Initial Date Disability Began	148	Y						L		L		L	L																	
0057	Employee Date of Death	148	Y						L		L			L																	

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0058	Employment Status Code	148	N																													
0059	Manual Classification Code	148	N																													
0060	Occupation Description	R21	Y																				L									
0061	Employee Date of Hire	148	Y						L		L															L						
0062	Wage	148	Y					L																								
0063	Wage Period Code	148	Y																			L										
0064	Number of Days Worked Per Week	148	Y		L			L																								
0065	Initial Date Last Day Worked	148	N																													
0066	Full Wages Paid for Date of Injury Indicator	148	Y																			L										
0068	Initial Return to Work Date	148	Y						L			L																				
0073	Claims Status Code	R21	N																													
0074	Claim Type Code	R21	N																													
0077	Late Reason Code	R21	Y																			L										
0098	Sender ID	HD1	Y	F											L																	
0099	Receiver ID	HD1	Y	F											L																	
0100	Date Transmission Sent	HD1	Y	F				L										L														
0101	Time Transmission Sent	HD1	Y	F					L																							
0102	Original Transmission Date	HD1	N																													
0103	Original Transmission Time	HD1	N																													
0104	Test/Production Code	HD1	Y	F																		L										
0105	Interchange Version ID	HD1	Y	F				L														L										
0106	Detailed Record Count	HD1	Y	F				L															L									
0118	Accident Site County/Parish	R21	Y																					L								
0119	Accident Site Location Narrative	R21	N																													
0120	Accident Site Organization Name	R21	N																													
0121	Accident Site City	R21	Y																				L									

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0122	Accident Site Street	R21	N																																		
0123	Accident Site State Code	R21	Y																		L		L														
0135	Claim Administrator Mailing Information/Attention Line	R21	N																																		
0136	Claim Administrator Mailing Country Code	R21	N																																		
0146	Death Result of Injury Code	R21	Y																		L																
0150	Employee Authorization to Release Medical Records Indicator	R21	N																																		
0152	Employee Employment Visa	R21	Y																					L													
0153	Employee Green Card	R21	Y																					L													
0154	Employee ID Assigned By Jurisdiction	R21	Y													L	L							L													
0155	Employee Mailing Country Code	R21	N																																		
0156	Employee Passport Number	R21	Y																					L													
0157	Employee Social Security Number Release Indicator	R21	N																																		
0159	Employer Contact Business Phone Number	R21	N																																		
0160	Employer Contact Name	R21	N																																		
0163	Employer Mailing Information/Attention Line	R21	N																																		
0164	Employer Physical Country Code	R21	N																																		
0165	Employer Mailing City	R21	Y																					L													
0166	Employer Mailing Country Code	R21	N																																		
0167	Employer Mailing Postal Code	R21	Y													L						L		L													
0168	Employer Mailing Primary Address	R21	Y																					L													
0169	Employer Mailing Secondary Address	R21	N																																		
0170	Employer Mailing State Code	R21	Y																				L														
0184	Insured Type Code	R21	N																																		
0185	Insurer Type Code	R21	Y		F																	L															
0186	Jurisdiction Branch Office Code	R21	N																																		

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0187	Claim Administrator FEIN	R21	Y	F				L								L	L															L			
0188	Claim Administrator Name	R21	Y	F																			L												
0189	Return to Work Type Code	R21	Y																		L														
0191	Transaction Count	TR2	Y	F				L														L													
0197	Full Denial Reason Narrative	R21	N																																
0198	Full Denial Reason Code	R21	N																																
0199	Full Denial Effective Date	R21	N																																
0200	Claim Administrator Alternate Postal Code	R21	N																																
0207	Managed Care Organization Code	R21	N																																
0208	Managed Care Organization Identification Number	R21	N																																
0209	Managed Care Organization Name	R21	N																																
0224	Physical Restrictions Indicator	R21	N																																
0228	Return to Work With Same Employer Indicator	R21	Y																		L														
0237	Witness Business Phone Number	R21	N																																
0238	Witness Name	R21	N																																
0249	Accident Premises Code	R21	Y	F																		L													
0255	Employee Last Name Suffix	R21	Y																				L												
0270	Employee ID Type Qualifier	R21	Y	F																		L													
0273	Employer Paid Salary in Lieu of Compensation Indicator	R21	Y																			L													
0274	Number of Accident/Injury Description Narratives	R21	Y	F				L																											
0276	Number of Full Denial Reason Narratives	R21	Y	F				L																											
0277	Number of Full Denial Reason Codes	R21	Y	F				L																											
0278	Number of Managed Care Organizations	R21	Y	F				L																											
0279	Number of Witnesses	R21	Y	F				L																											
0280	Accident Site Country Code	R21	N																																

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0281	Date Employer Had Knowledge of Initial Disability	R21	N																												
0290	Type of Loss Code	R21	N																												
0292	Insolvent Insurer FEIN	R21	N																												
0295	Maintenance Type Correction Code	R21	N																												
0296	Maintenance Type Correction Code Date	R21	N																												
0314	Insured FEIN	R21	N																												
0329	Employer UI Number	R21	Y																												