

		E (Expected)							
		M (Mandatory)							
		MC (Mandatory/Conditional)							
		EC (Expected/Conditional)							
		IA (If Applicable/Available)							
		NA (Not Applicable)							
		F (Fatal Technical)							
		X (Exclude)							
		FY (Fatal yes change) Essential data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.							
		Y (Change allowed) limited to 02 Change							
		N (No Change) limited to 02 Change							
		Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction. Lower case requirement codes indicate these <i>Match Data</i> data elements.							
		Claim Administrator Postal Code (DN0014) and related address fields should be populated with: <input checked="" type="radio"/> Mailing or <input type="radio"/> Physical							
Migration Considerations:									
		Refer to Claims R1 to R3 Migration http://www.iaiaabc.org/i4a/pages/index.cfm?pageid=3347							
		Refer to Element Requirement Table Instructions							
						FROI MTC'S			
REC	DN#	DATA ELEMENT NAME	SC Release 1	FORMAT	Migration Consideration	00	02	AU	CO
148	0001	Transaction Set ID	M	3 A/N	NI	F	F	F	F
148	0002	Maintenance Type Code	M	2 A/N	NI	F	F	F	F
148	0003	Maintenance Type Code Date	M	DATE	NI	F	F	F	F
148	0004	Jurisdiction Code	M	2 A/N	NI	F	F	F	F
148	0005	Jurisdiction Claim Number	O	25 A/N	NI	MC	M	MC	\$
148	0006	Insurer FEIN	M	9 A/N	NI	F	FY	F	F
148	0012	Claim Administrator City	O	15 A/N	NI	M	Y	M	\$
148	0013	Claim Administrator State Code	O	2 A/N	NI	M	Y	M	\$
148	0014	Claim Administrator Postal Code	O	9 A/N	NI	F	FY	F	F
148	0015	Claim Administrator Claim Number (Key Match)	M	25 A/N	NI	F	FY	F	F
148	0016	Employer FEIN	M	9 A/N	NI	M	Y	M	\$
148	0021	Employer Physical City	M	15 A/N	NI	M	Y	M	\$
148	0022	Employer Physical State Code	M	2 A/N	NI	M	Y	M	\$
148	0023	Employer Physical Postal Code	M	9 A/N	NI	M	Y	M	\$
148	0025	Industry Code	O	6 A/N	NI	E	Y	E	\$
148	0027	Insured Location Identifier	O	15 A/N	NI	NA	NA	NA	\$
148	0028	Policy Number Identifier	O	18 A/N	NI	EC	Y	IA	\$
148	0029	Policy Effective Date	O	DATE	NI	EC	Y	IA	\$
148	0030	Policy Expiration Date	O	DATE	NI	EC	Y	IA	\$
148	0031	Date of Injury	M	DATE	NI	M	Y	M	M
148	0032	Time of Injury	O	HHMM	NI	IA	NA	IA	\$
148	0033	Accident Site Postal Code	M	9 A/N	NI	E	Y	IA	\$
148	0035	Nature of Injury Code	M	2 A/N	NI	M	Y	E	\$
148	0036	Part of Body Injury Code	M	2 A/N	NI	M	Y	E	\$
148	0037	Cause of Injury Code	M	2 A/N	NI	M	Y	E	\$
148	0039	Initial Treatment Code	M	2 A/N	NI	IA	NA	IA	\$
148	0040	Date Employer Had Knowledge of the Injury	M	DATE	NI	M	Y	E	\$
148	0041	Date Claim Administrator Had Knowledge of Injury	O	DATE	NI	M	Y	M	\$
148	0044	Employee First Name	M	15 A/N	NI	M	Y	M	M

SC DRAFT Release 3 Element Requirements
2/28/2012

REC	DN#	DATA ELEMENT NAME	SC Release 1	FORMAT	Migration Consideration	FROI MTC'S			
						00	02	AU	CO
148	0048	Employee Mailing City	M	15 A/N	NI	M	Y	M	\$
148	0049	Employee Mailing State Code	M	2 A/N	NI	M	Y	M	\$
148	0050	Employee Mailing Postal Code	M	9 A/N	NI	M	Y	M	\$
148	0052	Employee Date of Birth	O	DATE	NI	E	Y	IA	\$
148	0053	Employee Gender Code	O	1 A/N	NI	E	Y	IA	\$
148	0054	Employee Marital Status Code	C	1 A/N	NI	IA	NA	IA	\$
148	0055	Employee Number of Dependents	C	2 N	NI	IA	NA	IA	\$
148	0056	Initial Date Disability Began	C	DATE	NI	IA	NA	IA	\$
148	0057	Employee Date of Death	C	DATE	NI	MC	Y	EC	\$
148	0058	Employment Status Code	O	2 A/N	NI	NA	NA	NA	\$
148	0059	Manual Classification Code	O	4 A/N	NI	IA	NA	IA	\$
148	0061	Employee Date of Hire	O	DATE	NI	E	Y	IA	\$
148	0062	Wage	M	\$9.2	NI	E	Y	IA	\$
148	0063	Wage Period Code	M	2 A/N	NI	E	Y	IA	\$
148	0064	Number of Days Worked Per Week	O	1 N	NI	IA	NA	IA	\$
148	0065	Initial Date Last Day Worked	C	DATE	NI	IA	NA	IA	\$
148	0066	Full Wages Paid for Date of Injury Indicator	C	1 A/N	NI	IA	NA	IA	\$
148	0068	Initial Return to Work Date	C	DATE	NI	IA	NA	IA	\$
R21	0001	Transaction Set ID		3 A/N	NI	F	F	F	F
R21	0295	Maintenance Type Correction Code		2 A/N	NI	X	X	X	F
R21	0296	Maintenance Type Correction Code Date		DATE	NI	X	X	X	F
R21	0186	Jurisdiction Branch Office Code		2 A/N	NI	NA	N	NA	NA
R21	0015	Claim Administrator Claim Number		25 A/N	NI	F	FY	F	F
R21	0187	Claim Administrator FEIN	C	9 A/N	NI	F	FY	F	F
R21	0188	Claim Administrator Name	C	40 A/N	NI	M	Y	M	\$
R21	0135	Claim Administrator Information/Attention Line		50 A/N	NI	IA	NA	IA	\$
R21	0010	Claim Administrator Primary Address	O	40 A/N	NI	M	Y	M	\$
R21	0011	Claim Administrator Secondary Address	O	40 A/N	NI	IA	NA	IA	\$
R21	0136	Claim Administrator Country Code		3 A/N	NI	MC	Y	MC	\$
R21	0270	Employee ID Type Qualifier		1 A/N	NI	M	Y	M	M
R21	*	Employee ID		following Employee ID		*One of the following Employee			
	0042	Employee SSN	M	15 A/N	NI	MC	Y	MC	MC
	0152	Employee Employment Visa		15 A/N	NI	MC	Y	MC	MC
	0153	Employee Green Card		15 A/N	NI	MC	Y	MC	MC
	0154	Employee ID Assigned by Jurisdiction		15 A/N	NI	MC	Y	MC	MC
	0156	Employee Passport Number		15 A/N	NI	MC	Y	MC	FY
R21	0255	Employee Last Name Suffix		4 A/N	NI	IA	NA	IA	\$
R21	0150	Employee Authorization to Release Medical Records Indicator		1 A/N	L	NA	NA	NA	\$
R21	0157	Employee Social Security Number Release Indicator		1 A/N	L	NA	NA	NA	\$
R21	0043	Employee Last Name	M	40 A/N	NI	M	Y	M	M
R21	0045	Employee Middle Name/Initial	O	15 A/N	NI	IA	NA	IA	\$
R21	0046	Employee Mailing Primary Address	M	40 A/N	NI	M	Y	M	\$
R21	0047	Employee Mailing Secondary Address	O	40 A/N	NI	IA	NA	IA	\$
R21	0155	Employee Mailing Country Code		3 A/N	NI	MC	Y	MC	\$
R21	0051	Employee Phone Number	O	15 A/N	NI	IA	NA	IA	\$
R21	0146	Death Result of Injury Code		1 A/N	L	MC	Y	EC	\$
R21	0290	Type of Loss		2 A/N	L	MC	Y	IA	\$

SC DRAFT Release 3 Element Requirements
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REC	DN#	DATA ELEMENT NAME	SC Release 1	FORMAT	Migration Consideration	FROI MTC'S			
						00	02	AU	CO
R21	0228	Return to Work with Same Employer Indicator		1 A/N	L	NA	NA	NA	\$
R21	0189	Return to Work Type Code		1 A/N	NI	NA	NA	NA	\$
R21	0224	Physical Restrictions Indicator		1 A/N	NI	NA	NA	NA	\$
R21	0314	Insured FEIN		9 A/N	L	EC	Y	IA	\$
R21	0017	Insured Name	M	40 A/N	NI	E	Y	IA	\$
R21	0184	Insured Type Code	M	1 A/N	NI	IA	NA	IA	\$
R21	0026	Insured Report Number	O	25 A/N	NI	NA	NA	NA	\$
R21	0007	Insurer Name	M	40 A/N	NI	E	Y	E	\$
R21	0185	Insurer Type Code		1 A/N	NI	IA	NA	IA	\$
R21	0292	Insolvent Insurer FEIN		9 A/N	NI	NA	NA	NA	\$
R21	0200	Claim Administrator Alternate Postal Code			NI	NA	NA	NA	\$
R21	0249	Accident Premises Code	O	1 A/N	NI	NA	NA	NA	\$
R21	0118	Accident Site County/Parish		20 A/N	L	EC	Y	IA	\$
R21	0119	Accident Site Location Narrative		50 A/N	L	NA	NA	NA	\$
R21	0120	Accident Site Organization Name		50 A/N	L	NA	NA	NA	\$
R21	0121	Accident Site City		15 A/N	L	IA	NA	IA	\$
R21	0122	Accident Site Street		40 A/N	L	IA	NA	IA	\$
R21	0123	Accident Site State Code		2 A/N	L	EC	NA	IA	\$
R21	0280	Accident Site Country Code		3 A/N	L	IA	NA	IA	\$
R21	0281	Date Employer Had Knowledge of Date of Disability		DATE	L	NA	NA	NA	\$
R21	0018	Employer Name	M	40 A/N	NI	M	Y	M	\$
R21	0329	Employer UI Number		15 A/N	L	NA	NA	NA	\$
R21	0019	Employer Physical Primary Address	M	40 A/N	NI	M	Y	M	\$
R21	0020	Employer Physical Secondary Address	O	40 A/N	NI	IA	NA	IA	\$
R21	0164	Employer Physical Country Code		3 A/N	L	MC	Y	MC	\$
R21	0159	Employer Contact Business Phone Number		15 A/N	L	NA	NA	NA	\$
R21	0160	Employer Contact Name		40 A/N	L	NA	NA	NA	\$
R21	0163	Employer Mailing Information/Attention Line		50 A/N	L	NA	NA	NA	\$
R21	0165	Employer Mailing City		15 A/N	L	MC	Y	MC	\$
R21	0166	Employer Mailing Country Code		3 A/N	L	MC	Y	MC	\$
R21	0167	Employer Mailing Postal Code		9 A/N	L	MC	Y	MC	\$
R21	0168	Employer Mailing Primary Address		40 A/N	L	MC	Y	MC	\$
R21	0169	Employer Mailing Secondary Address		40 A/N	L	IA	NA	IA	\$
R21	0170	Employer Mailing State Code		2 A/N	L	MC	Y	MC	\$
R21	0060	Occupation Description	O	50 A/N	NI	IA	NA	IA	\$
R21	0199	Full Denial Effective Date		DATE	NI	X	X	X	\$
R21	0073	Claim Status Code		1 A/N	NI	NA	NA	NA	\$
R21	0074	Claim Type Code		1 A/N	NI	M	Y	IA	\$
R21	0077	Late Reason Code		2 A/N	NI	NA	NA	NA	\$
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator		1 A/N	NI	NA	NA	NA	\$
Variable Segment Counters									
R21	0274	Number of Accident/Injury Description Narratives		2 N	NI	F	F	F	F
R21	0277	Number of Full Denial Reason Codes		2 N	NI	F	F	F	F
R21	0276	Number of Denial Reason Narratives		2 N	NI	F	F	F	F
R21	0278	Number of Managed Care Organizations		2 N	NI	F	F	F	F
R21	0279	Number of Witnesses		2 N	NI	F	F	F	F
Variable Segments									
	Accident/Injury Description Narratives								

SC DRAFT Release 3 Element Requirements
2/28/2012

REC	DN#	DATA ELEMENT NAME	SC Release 1	FORMAT	Migration Consideration	FROI MTC'S			
						00	02	AU	CO
R21	0038	Accident/Injury Description Narrative	M	50 A/N	NI	M	Y	E	\$
		Full Denial Reason Codes							
R21	0198	Full Denial Reason Code		2 A/N	NI	X	N	X	\$
		Full Denial Reason Narratives							
R21	0197	Denial Reason Narrative		50 A/N	NI	X	N	X	\$
		Managed Care Organizations							
R21	0207	Managed Care Organization Code		2 A/N	L	NA	NA	NA	\$
R21	0209	Managed Care Organization Name		50 A/N	L	NA	NA	NA	\$
R21	0208	Managed Care Organization Identification Number		40 A/N	L	NA	NA	NA	\$
		Witnesses							
R21	0238	Witness Name		40 A/N	L	NA	NA	NA	\$
R21	0237	Witness Business Phone Number		15 A/N	L	NA	NA	NA	\$

IAIABC
Claims Release 3
First Report of Injury Conditional Requirements

FROI DATA ELEMENT

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	NOTE
0005	Jurisdiction Claim Number	00: If the FROI transaction is being sent in response to a request from SCWCC, the WCC# is required. AU: Required if provided by the prior claim administrator.	00, AU: If DN0005 is not blank, it will be validated against match data. If the value fails to match, the transaction will be rejected and should be resent with DN0005 = blank. SC will process against database using match criteria and assign WCC#.	00: The claim administrator should send an 00 in response to a letter from SCWCC requesting a FROI. This letter includes the WCC# assigned by SCWCC to be included in the EDI transaction. AU: The acquiring claim administrator may not have that information from the prior claim administrator. Refer to Acquired Claims in Section 4.
0028	Policy Number Identifier	Expected unless carrier is a Self-Insurer	Expected if Insurer FEIN is not identified as Self-Insured in SC	
0029	Policy Effective Date	Expected unless carrier is a Self-Insurer	Expected if Insurer FEIN is not identified as Self-Insured in SC	
0030	Policy Expiration Date	Expected unless carrier is a Self-Insurer	Expected if Insurer FEIN is not identified as Self-Insured in SC	
0042	Employee SSN		When DN 0270 Employee ID Type Qualifier = S, then mandatory	This DN is populated in the Employee ID field. See Record Layout for positioning.
0057	Employee Date of Death	The date the employee died.	Required if DN0146 (Death Result of Injury Code) is "Y", "N", or "U"	
0118	Accident Site County/Parish	The county of the accident will determine under which district the claim is processed.	Mandatory if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	
0123	Accident Site State Code		Expected if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	
0136	Claim Administrator Country Code	2 digit code required if NOT US	Mandatory if not US and the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	See Data Population Rules in the Dictionary.
0146	Death Result of Injury Code	A code that indicates whether the employee's death was a result of a work related incident.	Expected if employee has died and Employee Date of Death (DN0057) is not blank and the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date.	
0152	Employee Employment Visa		When DN 0270 Employee ID Type Qualifier = E, then mandatory	This DN is populated in the Employee ID field. See Record Layout for positioning.
0153	Employee Green Card		When DN 0270 Employee ID Type Qualifier = G, then mandatory	This DN is populated in the Employee ID field. See Record Layout for positioning.
0154	Employee ID Assigned by Jurisdiction		When DN 0270 Employee ID Type Qualifier = A, then mandatory	This DN is populated in the Employee ID field. See Record Layout for positioning.
0155	Employee Mailing Country Code	2 digit code required if NOT US	Mandatory if not US and the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	See Data Population Rules in the Dictionary.
0156	Employee Passport Number		When DN 0270 Employee ID Type Qualifier = P, then mandatory	This DN is populated in the Employee ID field. See Record Layout for positioning.
0164	Employer Physical Country Code	2 digit code required if NOT US	Mandatory if not US and the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	See Data Population Rules in the Dictionary.
0165	Employer Mailing City		Mandatory if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	
0166	Employer Mailing Country Code	2 digit code required if NOT US	Mandatory if not US and the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	See Data Population Rules in the Dictionary.

IAIABC
Claims Release 3
First Report of Injury Conditional Requirements

FROI DATA ELEMENT

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	NOTE
0167	Employer Mailing Postal Code		Mandatory if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	
0168	Employer Mailing Primary Address		Mandatory if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	
0170	Employer Mailing State Code		Mandatory if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	
0290	Type of Loss		Mandatory if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	
0314	Insured FEIN		Expected if the Date Claim Administrator Had Knowledge of the Injury (DN0041) is on or after the Insurer's R3 production implementation date	