`

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
DETAIL ELEMENTS REQUIREMENT TABLE IAIABC RELEASE 1 FIRST REPORT OF INJURY

IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	REQ CODE	MTC	CONDITION CAUSING ERROR	ELEM ERR#	ERROR MESSAGE	ACK CODE	CONDITION/ PROCESSING NOTES
TRANSACTION 148	0001	Transaction Set ID	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Not = 148	058	Code/ID invalid	TR	
	0002	Maintenance Type Code (MTC)	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Exact duplicate of last transaction for this claim (Use all DN's for comparison)	057	Duplicate Transmission/Transaction	TR	
					For DN1 = 148/not = 00,01,02,04,CO,AU	058	Code/ID invalid	TR	
				01 02 CO AU	No 148 successfully received/processed	053	No match FROI (148)	TR	
	0003	Maintenance Type Code Date	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
								TR	
					> current date	041	Must be <= current date	TR	
JURISDICTION	0004	Jurisdiction	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Not = SC	058	Code/ID invalid	TR	
	0005	Agency Claim Number	M	01 02 CO AU	Not present	001	Mandatory field not present	TR	
					Number not found in database	039	No match on database	TR	
			O	00 04	If present & number not found in database	039	No match on database	**TR**	
CLAIM ADMINISTRATOR	0006	Insurer FEIN	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					FEIN not found in database	039	No match on database	TR	
	0007	Insurer Name	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
	0008	Third Party Administrator FEIN	C	00 01 02 04 CO AU	If present and not numeric	028	Must be numeric	TE	Required if TPA is processing payment to EE
	0009	Third Party Administrator Name	C	00 01 02 04 CO AU	If DN8 present, and not present	001	Mandatory field not present	TR	Mandatory if Third Party Adm DN8 present
	0010	Claim Administrator Address Line 1	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0011	Claim Administrator Address Line 2	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0012	Claim Administrator City	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0013	Claim Administrator State	O	00 01 02 04 CO AU	If present & state code invalid	058	Code/ID invalid	TE	
	0014	Claim Administrator Postal Code	O	00 01 02 04 CO AU	If present & postal code invalid	058	Code/ID invalid	TE	
	0015	Claim Administrator Claim Number	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
				01 CO	Cl # not same as last transaction	059	Value not consistent with value previously reported	TR	Must be the same for 01 CO
				00 04 02 AU	Cl # not same as last transaction	059	Value not consistent with value previously reported	TE	Notification of change in key element
INSURED	0016	Employer FEIN	M	00 01 02 CO AU	Not present	001	Mandatory field not present	TR	
					Not numeric	028	Must be numeric	TR	Except for SC State Agencies
					All numbers the same e.g.111111111	040	All digits cannot be the same	TR	
			O	04	Not numeric	028	Must be numeric	TE	
					All numbers the same e.g.111111111	040	All digits cannot be the same	TE	
	0017	Insured Name	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
	0018	Employer Name	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Contains 'UNKNOWN'	058	Code/ID invalid	TR	
	0019	Employer Address Line 1	M	00 01 02 CO AU	Not present	001	Mandatory field not present	TR	
			O	04	No edits applied	-	-	-	
	0020	Employer Address Line 2	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0021	Employer City	M	00 01 02 CO AU	Not present	001	Mandatory field not present	TR	
			O	04	No edits applied	-	-	-	
	0022	Employer State	M	00 01 02 CO AU	Not present	001	Mandatory field not present	TR	
					State code invalid	058	Code/ID invalid	TR	
			O	04	State code invalid	058	Code/ID invalid	TE	
	0023	Employer Postal Code	M	00 01 02 CO AU	Not present	001	Mandatory field not present	TR	
					Postal code invalid	058	Code/ID invalid	TR	
			O	04	Postal code invalid	058	Code/ID invalid	TE	
	0024	Self Insured Indicator	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Not = 'Y' or 'N'	058	Code/ID invalid	TR	

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	0025	SIC Code	O	00 01 02 04 CO AU	Invalid code	058	Code/ID invalid	TE	
	0026	Insured Report Number	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0027	Insured Location Number	O	00 01 02 04 CO AU	No edits applied	-	-	-	
POLICY	0028	Policy Number	O	00 01 02 04 CO AU	Non-alphanumeric characters present	030	Must be A-Z, 0-9, spaces	TE	
	0029	Policy Effective Date	O	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	
					> Date of Injury	033	Must be <= Date of Injury	TE	
	0030	Policy Expiration Date	O	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	
					< Date of Injury	034	Must be >= Date of Injury	TE	
ACCIDENT	0031	Date of Injury	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Invalid date	029	Must be a valid date	TR	
					> MTC date	037	Must be <= MTC Date	TR	
				01 CO	DOI not same as last transaction	059	Value not consistent with value previously reported	TR	Must be the same for 01 CO
				00 02 04 AU	DOI not same as last transaction	059	Value not consistent with value previously reported	**TA**	Notification of change in key element
	0032	Time of Injury	O	00 01 02 04 CO AU	Invalid time	031	Must be a valid time	TE	
	0033	Postal Code of Injury Site	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Postal code invalid	058	Code/ID invalid	TR	
	0034	Employers Premises Indicator	O	00 01 02 04 CO AU	Not = 'Y' or 'N'	058	Code/ID invalid	TE	
	0035	Nature of Injury Code	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Code not found in database	058	Code/ID invalid	TR	
					Disallowed code for Part of Body Injured	058	Code/ID invalid	TR	Refer to Part of Body with Disallowed Nature Code List
	0036	Part of Body Injured Code	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Code not found in database	058	Code/ID invalid	TR	
	0037	Cause of Injury Code	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Code not found in database	058	Code/ID invalid	TR	
	0038	Accident Description/Cause	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
	0039	Initial Treatment	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	Claims where medical <= 2500 & lost time<= 7 days sb 5 **IF** Future major medical or indemnity anticipated.
					Code not found in database	058	Code/ID invalid	TR	
	0040	Date Reported to Employer	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Invalid date	029	Must be a valid date	TR	
					< Date of Injury	034	Must be >= Date of Injury	TR	
					> MTC Date	037	Must be <= MTC Date	TR	
	0041	Date Reported to Claim Administrator	O	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	
					< Date of Injury	034	Must be >= Date of Injury	TE	
					> MTC date	037	Must be <= MTC Date	TE	
EMPLOYEE	0042	Social Security Number	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Not numeric	028	Must be numeric	TR	
					All numbers the same e.g.111111111	040	All digits cannot be the same	TR	
					If = 123456789 or 987654321	058	Code/ID invalid	TR	
				01 CO	SSN not same as last transaction	059	Value not consistent with value previously reported	TR	Must be the same for 01 CO
				00 02 04 AU	SSN not same as last transaction	059	Value not consistent with value previously reported	**TA**	Notification of change in key element
	0043	Employee Last Name	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Contains 'UNKNOWN'	058	Code/ID invalid	TR	
				01 CO	Last name not same as last transaction	059	Value not consistent with value previously reported	TR	Must be the same for 01 CO
				00 02 04 AU	Last name not same as last transaction	059	Value not consistent with value previously reported	**TA**	Notification of change in key element
	0044	Employee First Name	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Contains 'UNKNOWN'	058	Code/ID invalid	TR	
	0045	Employee Middle Initial	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0046	Employee Address Line 1	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
	0047	Employee Address Line 2	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0048	Employee City	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	

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	0049	Employee State	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					State code invalid	058	Code/ID invalid	TR	
	0050	Employee Postal Code	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Postal code invalid	058	Code/ID invalid	TR	
	0051	Employee Phone	O	00 01 02 04 CO AU	Invalid phone number	028	Must be numeric	TE	
	0052	Employee Date of Birth	O	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	
					> Date of Injury	033	Must be <= Date of Injury	TE	
					> MTC date	037	Must be <= MTC Date	TE	
					> Date of Hire	055	Must be <= Date of Hire	TE	
	0053	Gender Code	O	00 01 02 04 CO AU	Code not found in database	058	Code/ID invalid	TE	
	0054	Marital Status Code	C	00 01 02 04 CO AU	Code not found in database	058	Code/ID invalid	TE	Required if injury resulted in death(DN57 present)
	0055	Number of Dependents	C	00 01 02 04 CO AU	Not numeric	028	Must be numeric	TE	Required if injury resulted in death(DN57 present)
	0056	Date Disability Began	C	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	Required if EE lost time as result of injury
					< Date of Injury	034	Must be >= Date of Injury	TE	Required if EE lost time as result of injury
					> MTC date	037	Must be <= MTC Date	TE	Required if EE lost time as result of injury
	0057	Employee Date of Death	C	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	Required if injury resulted in death
					< Date of Injury	034	Must be >= Date of Injury	TE	Required if injury resulted in death
					> MTC date	037	Must be <= MTC Date	TE	Required if injury resulted in death
EMPLOYMENT	0058	Employment Status Code	O	00 01 02 04 CO AU	Code not found in database	058	Code/ID invalid	TE	
	0059	Class Code	O	00 01 02 04 CO AU	Code not found in database	058	Code/ID invalid	TE	
	0060	Occupation Description	O	00 01 02 04 CO AU	No edits applied	-	-	-	
	0061	Date of Hire	O	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	
					> Date of Injury	033	Must be <= Date of Injury	TE	
	0062	Wage	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Not numeric	028	Must be numeric	TR	
	0063	Wage Period	M	00 01 02 04 CO AU	Not present	001	Mandatory field not present	TR	
					Code not found in database	058	Code/ID invalid	TR	
	0064	Number Days Worked	O	00 01 02 04 CO AU	Not 0 - 7	018	Number of days worked must be 0-7	TE	
	0065	Date Last Day Worked	C	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	Required if EE has lost time as result of injury(DN56 present)
					< Date of Injury	034	Must be >= Date of Injury	TE	Required if EE has lost time as result of injury(DN56 present)
					> MTC date	037	Must be <= MTC Date	TE	Required if EE has lost time as result of injury(DN56 present)
	0066	Full Wages Paid for Date of Injury Indicator	C	00 01 02 04 CO AU	Not = 'Y' or 'N'	058	Code/ID invalid	TE	Required if EE has lost time as result of injury(DN56 present)
	0067	Salary Continued Indicator	C	00 01 02 04 CO AU	Not = 'Y' or 'N'	058	Code/ID invalid	TE	Required if EE has lost time as result of injury(DN56 present)
	0068	Date of Return to Work	C	00 01 02 04 CO AU	Invalid date	029	Must be a valid date	TE	Required if EE has lost time as result of injury(DN56 present) and has returned to work
					< Date of Injury	034	Must be >= Date of Injury	TE	Required if EE has lost time as result of injury(DN56 present) and has returned to work
					< Date of Disability Began	035	Must be >= Date of Disability Began	TE	Required if EE has lost time as result of injury(DN56 present) and has returned to work
					> MTC date	037	Must be <= MTC Date	TE	Required if EE has lost time as result of injury(DN56 present) and has returned to work
TRANSACTION HD1	0001	Transaction Set ID	M		Combination of Sender ID, Date Transmission Sent, Time Transmission Sent and Interchange Version ID already exist in the audit file	057	Duplicate Transmission/Transaction	HD	Batch rejected
	0098	Sender ID	M		Mandatory				Manual verification to identify sender required

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					Sender FEIN & Postal Code: No match on database				Manual verification to identify sender required	
	0099	Receiver ID	M		Not present	001	Mandatory field not present	HD	Batch rejected	
					FEIN ne 570973850/Postal Code ne 292021715	058	Code/ID invalid	HD	Batch rejected	
	0100	Date Transmission Sent	M		Not present	001	Mandatory field not present	HD	Batch rejected	
					Invalid date	029	Must be a valid date	HD	Batch rejected	
					> Current date	041	Must be <= current date	HD	Batch Rejected	
	0101	Time Transmission Sent	M		Not present	001	Mandatory field not present	HD	Batch rejected	
					Invalid time	031	Must be a valid time	HD	Batch rejected	
	0104	Test Production Indicator	M		Not present	001	Mandatory field not present	HD	Batch rejected	
					Not = 'T' or 'P'	058	Code/ID invalid	HD	Batch rejected	
	0105	Interchange Version ID	M		Not present	001	Mandatory field not present	HD	Batch rejected	
					Not = 14801	058	Code/ID invalid	HD	Batch rejected	
TRANSACTION TR1	0001	Transaction Set ID	M		HD1 record where Sender is identified/ but no 'TR1' at the end of batch of transactions	001	Mandatory field not present	HD	Batch rejected	
	0106	Detail Record Count	M		Not present	001	Mandatory field not present	HD	Batch rejected	
					Not numeric	028	Must be numeric	HD	Batch rejected	
					Detail Record Count ne # transactions	066	Invalid record count	HD	Batch rejected	