

IOWA DIVISION OF WORKERS' COMPENSATION



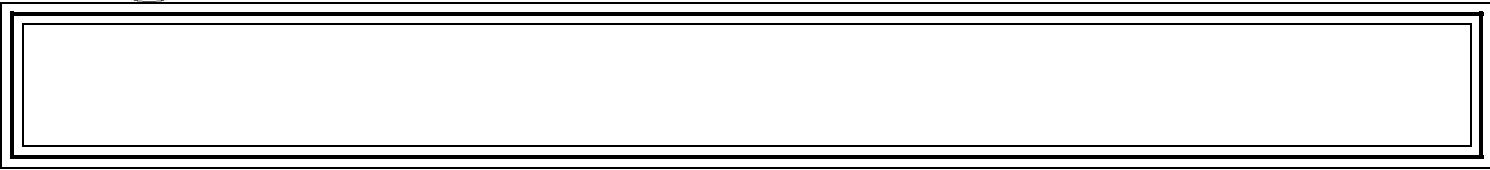
Electronic Data Interchange (EDI) Implementation Guide

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Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide



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FOREWARD



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

General Overview

Potential Reporters with the State of Iowa, Iowa Division of Workers' Compensation (DWC) are required to execute an Electronic Data Interchange (EDI) Partnering Agreement with the jurisdiction, which includes testing the reporting system to determine whether the proposed transmission mechanism is acceptable. Whichever technology option is selected, it must be adequate to ensure that reporters can reach and maintain the agreed-upon level of accuracy of data specified in the agreement and can track and re-send any data that is incorrect. There are a number of ways to transmit electronically and a variety of technologies for utilizing EDI. Reporters may elect to enhance their existing legacy technology, to buy "off-the-shelf" software and/or hardware, to design an entirely new system or to contract with a third party to transmit the required data. The International Association of Industrial Accident Boards and Commissions (IAIABC) certifies vendors whose products are compliant with IAIABC EDI Standards and software developers or consultants who can assist you in obtaining technology or business solutions.

All Reporters and reporting entities in Iowa will eventually be migrated to the newer version of electronic reporting (FROI/SROI Release 2) for workers' compensation claim processing. It is recommended that you obtain the IAIABC FROI/SROI Release 2 Implementation Guide as your first step toward implementing EDI reporting. This publication is a technical manual available through the IAIABC. The National Release 2 Guide contains the standard data dictionary, a multi-segmented flat file layout useful for designing your database interface, examples and sample data transmissions and other valuable information about the business and technical specifications for workers' compensation EDI. The National Release 2 Guide contains a coupon that may be redeemed as a credit against the first year's reporter license, reducing the cost of implementation.

Due to the rapidly changing technological environment, the DWC will have a flexible policy on making changes in the Iowa EDI Implementation Guide and Release 2 Program. EDI is an ever constantly changing process. However, it is the process that will forever change workers' compensation claim processing in Iowa and eventually, the nation. The Iowa Division of Workers' Compensation is committed to the EDI process and will do everything with its resources and staff to make the change to the new process as efficiently and as informational as we can. Until July 1, 2001, many questions will arise, several issues will be raised, Iowa requirements for data will change, and so will the Iowa EDI Implementation Guide. We will work with all parties to the claims process in Iowa as best we can, but we ask for your patience and understanding in this endeavor. The division will make available, changes to this Iowa EDI Implementation Guide, as well as enhancements and Iowa Scenarios. Opinions or conclusions expressed in this guide should not be considered to be a final determination of this office.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa EDI Implementation Guide

The Iowa EDI Implementation Guide is designed to help any individuals or businesses understand and implement the IAIABC's Release 2 EDI package. In order to process workers' compensation claims in Iowa after July 1, 2001, that information will have to be exchanged using EDI as the IAIABC and State of Iowa have standardized. Below are sections that make this process easier to understand.

- **Forward:**
Introduces EDI in Iowa and sets forth that a contract must be completed before transmission of data between the Reporter and the DWC may occur.
- **Introduction:**
Provides information on EDI Service Providers and a letter from Iowa Workers' Compensation Commissioner Iris Post.
- **Iowa EDI Partnering Agreement:**
Contains the documentation to legally process workers' compensation data to the Iowa DWC. It is the contract between Reporter and the Iowa DWC.
- **Implementation Guidelines:**
Sets forth the national guidelines for implementing EDI.
- **Iowa Implementation Guidelines:**
Sets forth Iowa's guidelines for implementing EDI. It contains comparisons of the old process with the new process.
- **Testing Requirements:**
Outlines the tier assignments, test environment, format procedures, as well as other pertinent information. Includes Iowa specific scenarios for testing. More will be added as time goes on.
- **Miscellaneous:**
Incorporates new terminology with old terminology in Iowa.
- **Conclusion:**
Summarizes all EDI materials.



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Iowa EDI Implementation Guide

PURPOSE:

The Iowa EDI Implementation Guide will provide the information needed to transmit workers' compensation data to the State of Iowa. It is an educational tool to understanding EDI at a local level, as well as at a national level. The Iowa Guide is intended to be a jurisdiction specific supplement to the IAIABC National Guide. It will be necessary to possess and utilize both Guides to successfully transmit in Iowa. The Iowa Guide has the following objectives.

OBJECTIVE:

1. To improve the workers' compensation claim processing utilizing electronic filing for First Reports and Subsequent Reports.
2. To obtain reliable data; fewer errors; timely reporting.
3. To standardize the workers' compensation arena on a national and international basis.
4. Provide more efficient security and confidentiality to workers' compensation data.

Copyright Terms

This publication is the sole property of the Iowa Division of Workers' Compensation and the International Association of Industrial Accident Boards and Commissions. It is intended for the sole use of the Iowa Division of Workers' Compensation and the International Association of Industrial Accident Boards and Commissions and its members. It may not be reproduced in whole or in part without the express permission of the Iowa Division of Workers' Compensation and the International Association of Industrial Accident Boards and Commissions.



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III. INTRODUCTION



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide



Division of Workers' Compensation Iowa Workforce Development

Thomas J. Vilsack
Governor

Sally J. Pederson
Lt. Governor

Richard V. Running
Director

Iris J. Post
Workers' Compensation Commissioner

December 23, 1999

Dear Reader:

I am pleased to present to you the Iowa Electronic Data Interchange (EDI) Implementation Guide. The following pages of this Guide will lead you through the process of reporting electronically the information required by Iowa's workers' compensation laws following a work injury. Iowa has adopted the International Association of Industrial Accidents Boards and Commissions (IAIABC) standardized reporting of work injuries in EDI Release 2. Following successful implementation of the attached materials, you will be able to report the information required by state law in a more accurate, efficient and reliable manner.

The Commission on Workmen's Compensation Laws stated in 1914,

No real knowledge of the operation of Workmen's Compensation Acts can be acquired until complete statistics have been gathered . . . injustices that may exist through the law cannot be remedied until the facts are known, and the facts cannot be known until complete statistics have been compiled.

This statement is as true today as it was in 1914. Following successful implementation by all reporters of EDI Release 2, the state will be better able to effectuate these goals.

I wish to express appreciation to members of my staff, Wade Travis, Larry Lancaster, Tim Marienau, and Marianne Gilliam for their dedication and hard work in making Iowa's implementation of EDI Release 2 a reality. I also wish to recognize EMC Insurance Companies for their cooperation and resource dedication to making Iowa's Beta test of EDI Release 2 possible and for being Iowa and the nation's first trading partner for EDI Release 2. The team members from EMC who spent many hours working with the agency and each other to develop the system necessary to test and implement Release 2 are Pat Martin, Randy Hoffman, Tami Evans, Laura Beckwith, and Valerie Lunde. I also wish to thank Jim Bridges and William Schmeiser, Software Engineering, Inc., for their expertise and assistance. Lastly, I wish to thank the IAIABC and the members of the EDI Development and Steering Committee for their vision and hard work, which has made standardized reporting of work injuries a reality in Iowa and across the nation.

As you know, my staff and I are available to provide additional information and assistance to you to facilitate the implementation of these changes as we move to a paperless reporting system in Iowa.

Very truly yours,

Iris J. Post
Workers' Compensation Commissioner

1000 East Grand Avenue, Des Moines, Iowa 50319-0209
515-281-5387, 800-JOB-IOWA, FAX 515-281-6501



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

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International Association of Industrial Accident Boards and Commissions (IAIABC)

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Lawrence, Kansas 66049
(p) 785.840.9103
(f) 785.840.9107
e-mail: edi@iaabc.org
<http://www.iaabc.org>

EDI Service Providers (Certified Vendors)

Please contact the International Association of Industrial Accident Boards and Commissions
<http://www.iaabc.org>

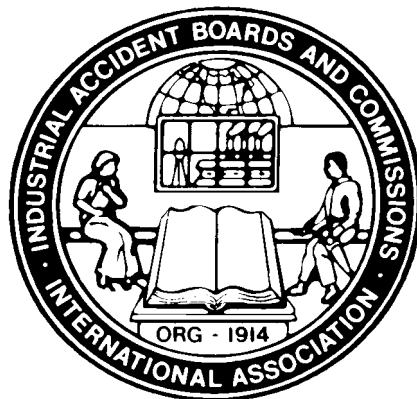


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IOWA EDI PARTNERING AGREEMENT





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Electronic Data Interchange (EDI) Partnering Agreement

This is an agreement between the parties named below to use Electronic Data Interchange (EDI) technologies and techniques for the purpose and objective set out below or as amended from time to time in writing by mutual agreement and such further purpose and objective as the parties may agree in writing from time to time with reference to the Agreement.

1. **Parties.** The parties to this agreement are: The State of Iowa, Iowa Department of Workforce Development, Iowa Division of Workers' Compensation (hereafter referred to as DWC) and _____ (employer, insurance company authorized to write workers' compensation insurance or provide insurance related services in Iowa, claim administrator, etc.) the person or entity responsible for reporting to DWC pursuant to Iowa Code sections 86.10 and 86.11 or _____, an entity having a contract with a person responsible for reporting to DWC (hereafter either referred to as Reporter).
2. **Purpose.** The purpose is to provide the means for the Reporter who is either required to file or may be allowed by law or regulation to file for itself or on behalf of customers or clients First Reports of Injury and Subsequent Reports of Injury to the DWC to fulfill requirements of the laws of the state of Iowa.
3. **Objective.** The objective is to initiate, implement and maintain First Reports of Injury and Subsequent Reports of Injury through electronic filing.
4. Both parties agree that the Objective is lawful and performance hereunder shall be deemed complete performance of the parties obligations under any law or regulation governing the Objective. This document shall be deemed to fulfill any requirement on the part of the Reporter to apply to the DWC for permission to file information electronically.
5. Exhibit A and all EDI Partnering Transmission Tables are annexed and incorporated in this Agreement as if fully set forth herein. These documents set forth the following mutually agreed conditions of the arrangement between the parties:
 - A. Includes the schedule, form, data element definitions, and format of data transmissions, including original submissions and corrections or the resubmission as needed from the Reporter.
 - B. The test and implementation plan and schedule under which the parties will send and receive data from each other.
 - C. Includes the schedule, form, data element definitions, and format of data transmissions, including acknowledgements, notices of error or notices of acceptance as applicable from the DWC.
 - D. The method of transmission set forth in the Reporter's and DWC's profiles.
 - Any transmission(s) will be through an approved EDI Service Provider (Certified Vendor) via Internet connection or Value Added network (VAN).
 - EDI Service Providers must be tested and certified by the DWC for acceptable transmissions.
 - All internet-based applications/encrypted Internet connections will come through DWC firewall.
 - E. The allocation of data transmissions costs between the parties and license agreements.
6. **Agreement Period.** The parties agree this Partnering Agreement will end on June 30, 2001. This agreement will be automatically renewed thereafter each fiscal year from July 1 through June 30. This agreement may be terminated by any of the parties upon thirty (30) day written notice sent by certified mail to the other parties. Termination of this agreement does not limit, nor otherwise effect the Reporter's statutory duties pursuant to the Iowa Workers' Compensation Act.
7. **In-State Representative.** Rule 876 IAC 2.3 requires all insurers and self-insurers to have one or more persons located in Iowa who shall be knowledgeable of the Iowa Workers' Compensation laws and rules. They shall be given authority to expedite the handling of claims. The Iowa Workers' Compensation Commissioner shall be advised by letter of the name, address, and telephone number of each of the person(s) so designated. Any change shall be reported to the Commissioner 10 days after such an occurrence.



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8. Each party shall retain the content of data transmissions in confidence to the extent required or allowed by law.
9. The information provided will be open for public inspection under Iowa Code section 22.11.

Agreed this _____ (write out date) day of _____ (write out month), _____ (numerical year) for the parties by their duly authorized or lawfully empowered representatives.

(signature)

(signature)

(name)

(name)

(title)

(title)

(Reporter)

Iowa Division of Workers' Compensation





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Exhibit A

- A.1 Reporter and DWC agree to use the International Association of Industrial Accident Boards and Commissions (hereafter referred to as IAIABC) National EDI standards for First and Subsequent Reports of Injury, Release 2.0, established by the IAIABC, in any available format (e.g. flat file or ANSI X12), and as amended.
- A.2 Reporter will adhere to the EDI Partnering Transmission Tables for reporting data elements to the DWC.
- B.1 The parties will perform a test of the reporting system. The test will determine whether the transmission mechanism is acceptable, as established by the DWC. Refer to Section VI, Testing Requirements, of the Iowa EDI Implementation Guide for further information.
- B.2 The testing will commence with the transmission of the version of the First Report of Injury defined per paragraph C.3 below on _____. During the testing phase, the Reporter will be required to file paper forms (Form #14-0001 or IAIABC 1.2; Form # 14-0003 or IAIABC 2.2) in addition to the electronic transmissions of records. Once the testing requirements are met, the Reporter will no longer be required to file paper forms with the DWC. Refer to Section VI, Testing Requirements, of the Iowa EDI Implementation Guide for further information. (e.g. Tier Levels, availability of space, re-testing, etc.). Current claims on file will be converted to Release 2. Reporter will be provided with a listing of all current claims on file with the DWC
- B.3 When a Reporter has finalized its testing requirements with the DWC and the Reporter is a EDI Release 1 trading partner, the contract for Release 1 will be terminated.
- C.1. The format of data elements and definitions will conform to the IAIABC data dictionary as of 11/30/98 and as amended from time to time and approved by the IAIABC or as otherwise agreed between the parties in writing. The Reporter will be notified only by the IAIABC of any changes or updates of the IAIABC National EDI Standards for First and Subsequent Reports of Injury, Release 2.
- C.2. The transmission of data may occur on each business day of each week, excluding holidays and weekends, from the Reporter or as otherwise agreed and will be considered received by the DWC as of the date the transmission(s) is sent by the Reporter.
- C.3. The required data elements for the First and/or Subsequent Reports are found on the attached EDI Partnering Transmission Tables. Additional tables for other reports and forms may become part of this agreement by mutual agreement between the parties or as required by law.
- C.4. Under normal circumstances, the DWC will retrieve Reporter's transmissions on a daily basis.
- C.5 Any error in transmission will be identified by the DWC within five (5) business days from the date DWC retrieves the data. The Reporter shall have fifteen (15) days to re-send errors in transmission for Subsequent Reports and five (5) days for First Reports. DWC will respond within five (5) business days to that transmission.
- C.6 DWC does not compile or maintain erroneous transmission reports, e.g. Transmission Rejected (TR) or Batch Rejected (HD). Erroneous transmissions do not satisfy Iowa statute and rule reporting requirements or deadlines.
- C.7 Due to match data and subsequent reporting criteria in EDI Release 2, the DWC cannot match subsequent reports filed on the same transmission date and time with the following Maintenance Type Codes; all of which are First Reports of Injury, (00, 04, AU, or UI). For convenience and reduced costs to the Reporter, it is recommended that all subsequent reporting occur after the Reporter receives the acknowledgement from the DWC with the jurisdictional claim number.
- C.8 Primary Levels in the Record Hierarchy 1-6 must be sent on every transmission. Multiple levels of 1-5 on a consecutive basis in the same transmission will result in a batch rejection (HD) due to invalid batch structure.



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Exhibit A (cont'd)

- C.9 Refer to the table on Maintenance Type Code Sequencing for proper transmissions in hierarchical order in the IAIABC National EDI Standards for First and Subsequent Reports of Injury, Release 2 sets forth.
- C.10 Refer to the table on Record Type Qualifier Sequencing for proper transmissions order the IAIABC National EDI Standards for First and Subsequent Reports of Injury, Release 2 sets forth.
- D.1. Transmission will be accomplished via a VAN or Internet, as agreed between the parties from time to time.
- E.1. The Reporter shall pay all costs of transmission either to or from the Reporter, including to and from DWC.
- F.1 The parties agree that they will maintain compliance with the standards and copyrights of the IAIABC's Release 2 for First Reports of Injury and Subsequent Reports of Injury.
- G.1 Annual Reporting will occur from Reporter to DWC. All Reporters must file annual reports on open files on the month and date as assigned by the DWC. Assigned dates will begin on the 1st and 15th of August and September. There will be a two-week period to transmit Annual Reports. These Annual Reports will cover all benefits paid during the previous DWC fiscal year ending with June 30. (The Reporting Period Code [DN227] shall always be "CY".)



Assigned Annual Reporting Period: _____ of _____
Date Month

- H.1 Medical Reports and Denial of Liability Notification Letters must be recorded by the DWC through paper form and must be received by the DWC per IAC Rule 876 – 3.1 (2). Pursuant to Rule 876 – 3.1(2) a medical report must be filed if an injury involves PPD or PTD, or if the disability period exceeds 13 weeks on TTD/HP or TPD. Division staff will manually enter medical reports. Mail reports to the Iowa DWC with a cover letter identifying the employee, employer, date of injury, jurisdiction and claim administrator claim numbers.
- H.2 Denial of Liability (Iowa Code 85.26) transactions (MTC 04) can be used for full denials. However, that transaction alone does not close the claim. Refer to Section VI, Testing Requirements, of the Iowa EDI Implementation Guide for further information. Narrative can be used to supplement the codes and the DWC will review the data. Denial reason narratives can provide factual basis, supporting, and information for denial reasons(s) identified by codes(s). Narrative reasons cannot include code values. Narrative reason(s) will not be equivalent to denial reason codes. Narrative description will not invalidate a denial reason code.
- H.3 Commencement of Payment Notice is required pursuant to Iowa Code 86.13 if a Claim Administrator is paying benefits. Data elements that indicate this requirement are Payment Issue Date (First Payment) and Initial Date Disability Began (Disability Began). These data elements are covered in the Iowa Element Requirement Table.
- I.1 Changes in the EDI Partnering Agreement via the Reporter regarding identification and transmission methods, shall be accepted and incorporated into this agreement. DWC shall be notified of any change prior to successful transmissions accepted.
- J.1 Refer to Section V, Iowa Implementation Guidelines, of the Iowa EDI Implementation Guide for further information regarding the transition from Release 1 to Release 2 and hardcopy (paper) format to Release 2.
- J.2 Refer to Section V, Iowa Implementation Guidelines, of the Iowa EDI Implementation Guide for further information regarding the transition from reporting Settlements using EDI Release 2.
- J.3 Refer to Section VI, Testing Requirements, of the Iowa EDI Implementation Guide for further information regarding the use of Release 2 terminology, exemption counts, wages, rate calculations, etc.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Exhibit A (cont'd)

- K.1 Refer to Section VI, *Testing Requirements*, of the Iowa EDI Implementation Guide for further information concerning how a Claim Administrator “closes” a claim with the Iowa DWC.
- L.1 The Iowa DWC, if requested, will provide DWC claim numbers to a Claim Administrator prior to transmitting Release 2 data.
- M.1 If an Insurer/Insured/Claim Administrator/Reporter transfers the claim (s) to another location, then a Maintenance Type Code 02 should be transmitted indicating the new location handling the claim. If the new location is not a member of the Iowa EDI Partnering Agreement, then please refer to Exhibit A I.1.
- N.1 Reporter shall notify DWC of any reporting irregularities that are not compatible with Release 2 and/or DWC’s processing and require manual entry and/or edits. (e.g. two injuries to the same person on the same day) Manual processing shall be arranged by the DWC’s EDI Coordinator.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Division of Workers' Compensation (DWC) Profile



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa DWC Profile

Partner Type: Jurisdiction

<u>Iowa DWC Information:</u>		
Name: Iowa Division of Workers' Compensation		
Master FEIN: 42-6004546		
Physical Address: 1000 E. Grand Avenue		
City: Des Moines	State: Iowa	Postal Code: 50319-0207
Mailing Address: Same as above		
City:	State:	Postal Code:

<u>Contact Information:</u>	
<u>Business Contact</u>	<u>Technical Contact</u>
Name:	Name: Larry Lancaster
Title: EDI Coordinator	Title: Senior System Programmer
Phone: 515.281.8337	Phone: 515.281.8336
e-mail:	e-mail: larry.lancaster@iwd.state.ia.us
FAX: 281.281.6501	FAX: 515.281.6501

<u>Transmission Information:</u>	
Value Added Network:	Internet Connection:
Network Account:	Network Account:
Network User ID:	Network User ID:





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Reporter/EDI Service Provider Profile



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Reporter/EDI Service Provider Profile

Reporter/EDI Service Provider Type:

- | | |
|--|---|
| <input type="checkbox"/> Claim Administrator | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Self Insured | <input type="checkbox"/> Employer |

Reporter/EDI Service Provider Information:

Name:

Master FEIN:

Physical Address:

City:

State:

Postal Code:

Mailing Address:

City:

State:

Postal Code:

Contact Information:

Business Contact

Technical Contact

Name:

Name:

Title:

Title:

Phone:

Phone:

e-mail:

e-mail:

FAX:

FAX:

Transmission Information:

Value Added Network:

Internet Connection:

Network Account:

Network Account:

Network User ID:

Network User ID:

In-State Representative Information: (Required - Iowa Rule 876 IAC 2.3)

Representative Name:

Firm/Co. Name:

Mailing Address:

Phone: ()

City:

State:

Postal Code:





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Reporter/EDI Service Provider Profile (continued) Additional Entities: (Please identify)

<input type="checkbox"/> Claim Administrator	<input type="checkbox"/> Insurer	<input type="checkbox"/> Self-insured	<input type="checkbox"/> Employer	<input type="checkbox"/> Other: _____
Name:				
Master FEIN:				
Physical Address:				
City:		State:	Postal Code:	
Mailing Address:				
City:		State:	Postal Code:	

<input type="checkbox"/> Claim Administrator	<input type="checkbox"/> Insurer	<input type="checkbox"/> Self-insured	<input type="checkbox"/> Employer	<input type="checkbox"/> Other: _____
Name:				
Master FEIN:				
Physical Address:				
City:		State:	Postal Code:	
Mailing Address:				
City:		State:	Postal Code:	

<input type="checkbox"/> Claim Administrator	<input type="checkbox"/> Insurer	<input type="checkbox"/> Self-insured	<input type="checkbox"/> Employer	<input type="checkbox"/> Other: _____
Name:				
Master FEIN:				
Physical Address:				
City:		State:	Postal Code:	
Mailing Address:				
City:		State:	Postal Code:	

<input type="checkbox"/> Claim Administrator	<input type="checkbox"/> Insurer	<input type="checkbox"/> Self-insured	<input type="checkbox"/> Employer	<input type="checkbox"/> Other: _____
Name:				
Master FEIN:				
Physical Address:				
City:		State:	Postal Code:	
Mailing Address:				
City:		State:	Postal Code:	

Please copy and attach additional sheets, if necessary.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

EDI Service Provider & Reporter Customer Profile

Required when an EDI Service Provider is reporting on behalf of a legally obligated reporting entity.

EDI Service Provider Company Name: _____

EDI Service Provider Contact Name: _____

EDI Service Provider Contact Phone Number: (_____) _____

EDI Service Provider E-mail address: _____

Effective Date for this Customer: _____

Reporter Type:

Claim Administrator

Other (specify):

Self Insured

Employer

Reporter Information:

Name:

Master FEIN:

Physical Address:

City:

State:

Postal Code:

Mailing Address:

City:

State:

Postal Code:

Contact Information:

Business Contact

Technical Contact

Name:

Name:

Title:

Title:

Phone:

Phone:

e-mail:

e-mail:

FAX:

FAX:

In-State Representative Information: (Required - Iowa Rule 876 IAC 2.3)

Representative Name:

Firm/Co. Name:

Mailing Address:

Phone: ()

City:

State:

Postal Code:

Attach additional pages if necessary.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Instructions for Completing the Reporter/EDI Service Provider Profile

Reporter/EDI Service Type

Type Check the type of business that will be transmitting data.

Reporter/EDI Service Information

Name The name of your business entity corresponding with the Master FEIN.

Master FEIN The Federal Employer's Identification Number of your business entity. This, along with the 9-position postal code (zip + 4) in the reporter address field will be used to identify a unique trading partner.

Physical Address The street address of the physical location of your business entity. It will represent where materials may be received regarding "this" agreement if using a delivery service other than the U.S. Postal Service.

City The city portion of the street address of your business.

State The 2-character standard state abbreviation of the state portion of the street address of your business entity.

Postal Code The 9-position postal code of the street address of your business entity. This field, along with Master FEIN, will be used to uniquely identify a trading partner.

Mailing Address The mailing address used to receive deliveries via the U.S. Postal Service.

*City/State/
Postal Code* Postal Service for your business entity. This should be the mailing address that would be used to receive materials pertaining to "this" agreement. If this address is the same as the physical address, indicate "Same as above."





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Contact Information

This section provides the ability to identify individuals within your business entity that can be used as contacts for this agreement. Room has been provided for two contacts; business and technical.

The **Business Contact** should be the individual most familiar with the overall extract and transmission process within your business entity. This individual may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues that may arise that the technical contact cannot address.

The **Technical Contact** is the individual that should be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, etc.

<i>Business/Technical Contact Name</i>	The name of the contact.
<i>Business/Technical Contact Title</i>	The title of the contact or the role that contact performs within a given agreement.
<i>Business/Technical Contact Phone</i>	The telephone number at which the contact can be reached.
<i>Business/Technical Contact Fax</i>	If fax facilities are available, the telephone number of the fax machine to use for the contact is provided in this space.
<i>Business/Technical Contact E-mail</i>	E-mail address for contact. If the contact can be reached via electronic mail, all E-mail addresses that may be used to send messages.

Transmission Information

<i>Network</i>	The name of the network or service through which the transmission will be performed.
<i>Network Account & User ID</i>	The network account and ID for transmission.

In-State Representative

<i>In-State Representative</i>	Rule 876 IAC 2.3 requires all insurers and self-insurers to have one or more persons located in Iowa who shall be knowledgeable of the Iowa Workers' Compensation laws and Rules. They shall be given authority to expedite the handling of claims. The Iowa workers' compensation commissioner shall be advised by letter of the name, address, and telephone number of each of the persons so designated. Any change shall be reported to the commissioner 10 days after such an occurrence.
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Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Transmission Profile...Iowa DWC Specifications



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Instructions...Iowa DWC Specifications

This form is used to communicate all allowable options the receiver of Workers' Compensation (Iowa DWC) data will provide to a Reporter/EDI Service Provider (sender). The Iowa DWC (receiver) is responsible for providing the information indicating all their requirements, and, where applicable, the supported options from which a Reporter/EDI Service Provider (sender) can select. The Reporter/EDI Service Provider (sender) will then complete the *Reporter/EDI Service Provider Response (page 27)* of this agreement providing their data in the allotted spaces, and indicating their selections where choices are provided by the Iowa DWC (receiver). This information is then returned to the Iowa DWC (receiver).

Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set ID's, you can specify those differences by providing more than one profile.

The Iowa DWC (receiver) will complete the *Iowa DWC Specifications (page 22)*, removing those selections and options that do not apply to their environment.

NAME:	The name of the jurisdiction corresponding with the Iowa DWC (receiver) FEIN.
DATE:	Date this agreement is completed.
TYPE:	Check the appropriate category reflecting the Iowa DWC (receiver) business type.
IOWA DWC IDENTIFIER:	This is a unique identifier consisting of the Iowa DWC (receiver) FEIN and Iowa DWC (receiver) Postal Code.
IOWA DWC FEIN:	The FEIN of the Iowa DWC (receiver), which will receive Workers' Compensation data. This must match the FEIN supplied on Iowa DWC Profile. This entity will be the first to fill in this form.
IOWA DWC POSTAL CODE:	The 9-position postal code associated with the Iowa DWC (receiver) address which together with the Iowa DWC (receiver) FEIN will be used as the identifier of this agreement.
PROFILE ID:	A number assigned to uniquely identify a given profile.
PROFILE ID DESCRIPTION:	A free-form file used to uniquely identify a given profile between trading partners. This field becomes critical when more than one profile exists between a given pair of trading partners. It is used for reference purposes.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa DWC Specifications (cont'd)

TRANSACTION SETS FOR THIS PROFILE

This section identifies all the transaction sets/report types described within the profile along with any options the Iowa DWC (receiver) can provide to the Reporter/EDI Service Provider (sender) for each transaction set. Both the IAIABC and ANSI designators or Transaction Sets are provided (e.g. POC/271, where “POC” is the IAIABC designator and “271” is the ANSI designator).

TRANSACTION INFORMATION

**TRANSACTION
IAIABC/ANSI:**

Indicates the type of EDI documents the receiving trading partner will support with parameters.

**FLAT FILE
RELEASES:**

If a flat file can be accepted for a given transaction set by the receiving trading partner, the release number(s) supported by the receiver is/are specified here. Note that multiple releases may be supported per transaction set within a receiver’s environment. The sender will specify a single release per transaction set on the return form.

ANSI VERSION #:

If an ANSI transmission can be accepted for a given transaction set by the receiving trading partner, the version number(s) supported by the receiver are specified here. Note that multiple versions may be supported per transaction set within a receiver’s environment. The sender will specify a single version per transaction set on the return form.

ACKNOWLEDGEMENT INFORMATION

(This section provides acknowledgement options the receiver provides)

MODE:

For any given transaction set, the receiver will indicate whether they can support electronic, paper or no acknowledgements. Any unsupported option should be removed/crossed-off by the receiving trading partner.

**PRODUCTION
RESPONSE PERIOD:**

The receiving trading partner will indicate the maximum period of elapsed time within which a sending trading partner may expect to receive an acknowledgement for the given transaction set.

TRANSMISSION FREQUENCIES FOR THIS PROFILE

LEVEL:

For a given transaction set, the receiving trading partner will specify whether they can support acknowledgements for all transactions, only transactions with errors, and/or only transactions that are rejected.

FREQUENCY:

All frequencies the receiving trading partner will accept transmissions for the transaction sets identified within this profile are specified here. Frequencies that cannot be supported by the receiving trading partner should be removed/crossed-off the list.

**DAILY/WEEKLY
DAY OF WEEK:**

If weekly or biweekly options are supported by the receiving trading partner, all days of the week that the receiver will accept transmissions will be specified here. Remove/cross-off any day of the week that cannot be used to accept transmission data.

**TRANSMISSION
CUT-OFF-TIME:**

The receiving trading partner will specify the time up until which the transmissions will be accepted for that processing cycle.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa DWC Specifications (cont'd)

ELECTRONIC MAILBOXE(S) FOR THIS PROFILE

If one or more Value Added Networks (VANS) can be used to exchange data, the receiving trading partner will specify all available electronic mailboxes to which data can be transmitted. Separate mailbox information may be provided for transmitted production versus test data.

- NETWORK:** The name of the value added network service on which the mailbox can be accessed.
- NETWORK MAILBOX ACCT ID:** The name of the receiver's mailbox on the specified VAN.
- NETWORK: USER ID:** This is the identifier of the receiver entity to the VAN.
- NETWORK:** If this VAN allows for "slots" in their mailbox (classification of messages), this field will contain
- MESSAGE CLASS:** The message class to be used when transmitting information to the receiving entity.
SPECIAL NOTE: Message Class is not recommended for usage. If the Receiver allows usage, this information must be coordinated between both trading partners.

DIRECT CONNECT AVAILABLE

If data can be transmitted directly to the receiving trading partner's computer, the receiving trading partner must provide (or have available upon request) the technical specifications needed to support this media type. All pertinent data (telephone numbers, baud rates, communications protocol, transmission window, etc.) must be available for the sender to develop the send process if the direct connect option is selected.

FLAT FILE RECORD DELIMITER

If a flat file format is supported by the receiving trading partner, the character used to physically indicate end of record is specified here (e.g. carriage return, line feed (CR/LF)).

COMPLETE IF USING ANSI

- ANSI INFORMATION** This section provides information needed to exchange ANSI formatted transmission data.
- SEGMENT TERMINATOR:** If ANSI transmissions are supported by the receiving trading partner, the character used as a segment terminator is specified here.
- DATA ELEMENT SEPARATOR:** If ANSI transmissions are supported by the receiving trading partner, the character used as a data element separator is specified here.
- SUB-ELEMENT SEPARATOR:** If ANSI transmissions are supported by the receiving trading partner, the character used as a sub-element separator is specified here.
- SENDER/RECEIVER QUALIFIER:** If you can accept ANSI transmissions, this will be your ANSI ID Code Qualifier as specified in an ISA segment. Separate Qualifiers are provided to exchange Production and Test data, if different identifiers are needed.
- SENDER/RECEIVER ID:** If you can accept ANSI transmissions, this will be the ID Code that corresponds with the ANSI Sender/Receiver Qualifier (ANSI ID Code Qualifier) as specified in an IISA segment, Separate Sender/Receiver Ids are provided to exchange production and Test data, if different identifiers are needed.
- ACKNOWLEDGEMENT INFORMATION:** *Acknowledgement 824 Transmissions Yes/No*
The receiving trading partner can specify if they wish to receive a functional acknowledgement when an ANSI detailed acknowledgement has been transmitted back to the sender. This does not apply if the receiving trading partner cannot support ANSI electronic acknowledgements.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Transmission Profile...Reporter/EDI Service Provider Response



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Transmission Profile...Reporter/EDI Service Provider Response

REPORTER/EDI SERVICE PROVIDER SELECTIONS/INFORMATION

REPORTER/EDI SERVICE PROVIDER INFORMATION			
Name: Iowa Division of Workers' Compensation			FEIN: 42-6004546
REPORTER/EDI SERVICE PROVIDER NAME:			
REPORTER/EDI SERVICE PROVIDER TYPE:	<input type="checkbox"/> Claim Administrator	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Employer <input type="checkbox"/> Other
REPORTER/EDI SERVICE PROVIDER IDENTIFIER:	FEIN:	Postal Code:	

Transaction Information			
Transaction IAIABC/ANSI	Format	Release/Version	Projected Number per Trans
148/148			
A49/148			
POC/271			
MED 837			
AK1/824			

Acknowledgement Information	
Mode	Level

TRANSMISSION FREQUENCY (select only one from DWC's options):

Daily MON TUE WED THU FRI Except holidays

Transmission Cut-Off Time: N/A Iowa DWC will receive and send data on a daily basis beginning at 6:00 am(Iowa Time)

SELECTED MEDIA: Value Added Network Internet Connection (EDI Service Provider)

ELECTRONIC MAILBOX INFORMATION:

Network _____

	TEST	PRODUCTION
Mailbox Acct ID		
User ID		
Message Class		





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Instructions...Reporter/EDI Service Provider Response

REPORTER/EDI SERVICE PROVIDER SELECTIONS/INFORMATION

Once the Reporter/EDI Service Provider (sender) has an opportunity to investigate all available options for transmitting data to the Iowa DWC (receiving) trading partner, their selected media option and related information is specified in this section.

REPORTER/EDI SERVICE PROVIDER INFORMATION:

NAME: The primary trading partner name of the Iowa DWC (receiver). The trading partner receiving transmissions should provide this information in pre-printed form.

FEIN: The primary FEIN of the Iowa DWC (receiving) trading partner. Again, this should be pre-printed by the receiving trading partner.

REPORTER/EDI SERVICE PROVIDER NAME: The name of the business entity that will be extracting and transmitting detailed Workers' Compensation information to their trading partner. This should be the name that appears on the Profile.

REPORTER/EDI SERVICE PROVIDER TYPE: Check the appropriate category reflecting the Reporter/EDI Service Provider (sender) business type.

REPORTER/EDI SERVICE PROVIDER IDENTIFIER: This is unique identifier consisting of the Reporter/EDI Service Provider (sender) FEIN Reporter/EDI Service Provider (sender) Postal Code.

FEIN The FEIN of the Reporter/EDI Service Provider (sender) which will transmit Workers' Compensation data. This must match the FEIN supplied on that entity's Profile.

POSTAL CODE: The 9-position postal code associated with the Reporter/EDI Service Provider (sender) trading partner's street address which together with the Reporter/EDI Service Provider (sender) FEIN will be used as the identifier of this trading partner.

FOR EACH TRANSACTION SET THE SENDER WILL BE ORIGINATING

TRANSACTION INFORMATION

FORMAT: The Reporter/EDI Service Provider (sender) will indicate the format of each transaction set for which an agreement is being made – Flat File or ANSI. The format and Release/Version number that the sender wants to receive electronic detailed acknowledgements is specified on the line indicated by “AK1/824”.

RELEASE/VERSION: If flat file was selected, the IAIABC Release Number this trading partner will use to format the respective report is specified in this space; if ANSI format was selected, the ANSI Version Number is specified in this space. It is recommended that the latest release that can be commonly supported by both sender and receiver be selected.

PROJECTED # PER TRANSMISSION: The Reporter/EDI Service Provider (sender) trading partner will specify the projected average number of detail records for a given Transaction Set ID that will be sent to the receiving trading partner per transmission. This will be used for planning purposes.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Instructions...Reporter/EDI Service Provider Response (cont'd)

ACKNOWLEDGEMENT INFORMATION

MODE: The Reporter/EDI Service Provider (sender) trading partner will select their preferred mode (electronic/paper/none) of acknowledgements for that transaction set from the options provided by the Iowa DWC (receiving) trading partner.

LEVEL: The Reporter/EDI Service Provider (sender) trading partner will select their preferred level (all/errors/rejected) of acknowledgements for that transaction set from the options provided by the Iowa DWC (receiving) trading partner.

TRANSMISSION FREQUENCY

FREQUENCY: All frequencies the Iowa DWC (receiving) trading partner will accept transmissions for the transaction sets identified within this profile are specified here. Frequencies that cannot be supported by the Iowa DWC (receiving) trading partner should be removed/crossed-off the list.

DAILY/WEEKLY DAY OF WEEK: If weekly or BI-weekly options are supported by the Iowa DWC (receiving) trading partner, all days of the week that the Iowa DWC (receiver) will accept transmissions will be specified here. Remove/cross-off any day of the week that cannot be used to accept transmissions data.

SELECTED MEDIA

The Reporter/EDI Service Provider (sender) will place an "X" in front of the option, which they have selected to transmit information. If "DIRECT CONNECT", the Iowa DWC (receiver) must have provided any technical specifications that the Reporter/EDI Service Provider (sending) trading partner may need for successful data exchange. If "ELECTRONIC MAILBOX" is selected, supplying the network information in the fields that are provided in this section will also specify the desired VAN.

ELECTRONIC MAILBOX INFORMATION

NETWORK: The Reporter/EDI Service Provider (sender) specifies the VAN they will use to transmit data to the receiving trading partner. Separate mailbox information is provided for production versus test transmissions.

MAILBOX ACCT ID: The name of the Reporter/EDI Service Provider's (sender) mailbox on this VAN where acknowledgements can be routed from the receiver back to the sender.

USER ID: This is the identifier of the Reporter/EDI Service Provider's (sender) entity to the VAN.

MESSAGE CLASS: If this VAN allows for "slots" in their mailbox (classification of messages), this field will contain the message class to be used when transmitting information back to the sending entity.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

EDI Partnering Terms



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

TERMS

ACKNOWLEDGMENT LEVEL

Definition For a given transaction set, the receiving trading partner will specify whether they can support acknowledgements for all transactions, only transactions with errors, and/or only transactions that are rejected. Options not supported must be removed/crossed out. Orig./Rev. Date 9/25/96; 07/01/97

ACKNOWLEDGEMENT MODE

Definition For any given transactions set, the receiver will indicate whether they can support paper, electronic or no acknowledgements. Orig./Rev. Date: 9/25/96; 07/01/97

Value *EDI – Electronic Acknowledgement

*Paper – Paper Acknowledgement

*None – No Acknowledgement

ANSI DATE ELEMENT SEPARATOR

Definition The character used as a data element separator when transmitting transactions formatted according to X12 standards. Orig./Rev. Date: 9/25/96

ANSI ISA QUALIFIER

Definition ANSI ID Code Qualifier to be specified in an ISA segment when transmitting transactions formatted according to X12 standards. Orig./Rev. Date: 9/25/96

Values *T - Test (Pilot/Parallel or Test)

*P - Production

ANSI SEGMENT TERMINATOR

Definition The character used as a segment terminator when transmitting transactions formatted according to X12 standards. Orig./Rev. Date: 9/25/96

ANSI SUB-ELEMENT SEPARATOR

Definition The character used as a sub-element separator when transmitting transactions formatted according to X12 standards. Orig./Rev. Date: 9/25/96

ANSI VERSION

Definition The ANSI version number used when transmitting transactions formatted according to X12 standards.
Orig./Rev. Date: 9-25-96





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

TERMS (cont'd)

BUSINESS CONTACT

Definition The BUSINESS CONTACT should be the individual most familiar with the overall extract and transmission process within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues that may arise from your trading partner that the technical contact cannot address. Orig./Rev. Date: 7/1/97

BUSINESS CONTACT E-MAIL ID

Definition The E-mail address where a business contact may be reached. Orig./Rev. Date: 9/25/96

BUSINESS CONTACT FAX

Definition The fax number where a business contact may be reached. Orig./Rev. Date: 9-25-96

BUSINESS CONTACT PHONE

Definition The phone number where a business contact may be reached. Orig./Rev. Date: 9/25/96

BUSINESS CONTACT TITLE

Definition The title of the business contact or the role the contact performs within a given trading partner agreement.
Orig./Rev. Date: 9/25/96

DIRECT CONNECT OPTION

Definition If data can be transmitted directly to the receiving trading partner's computer, the receiving trading partner must provide (or have available upon request) the technical specifications needed to support this media type. All pertinent data (telephone numbers, baud rates, communications protocol, transmission window, etc) must be available for the sender to develop the send process if the direct connect option is selected.
Orig./Rev. Date: 9/25/96

ELECTRONIC MAILBOX ACCT ID, PROD

Definition The account ID used by a trading partner to interchange production transactions, when using a Value Added Network (VAN). Orig./Rev. Date: 9/25/96

ELECTRONIC MAILBOX ACCT ID, TEST

Definition The account ID used by a trading partner to interchange test transactions, when using a Value Added Network (VAN). Orig. Rev. Date: 9/25/96

ELECTRONIC MAILBOX MESSAGE CLASS, PROD

Definition Provides a means to cluster similar production files in different compartments within a partner's VAN account ID.

Special Note Message Class is not recommended for usage because it is not a feature standard to all commercial VAN's. If the receiver allows usage, this information must be coordinated between both trading partners.
Orig./REV. Date: 9/25/96





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

TERMS (cont'd)

ELECTRONIC MAILBOX CLASS, TEST

Definition Provides a means to cluster similar test files in different compartments within a partner's VAN account ID.

Special Note Message class is not recommended for usage because it is not a feature standard to all commercial VAN's. If the receiver allows usage, this information must be coordinated between both trading partners.
Orig./REV. Date: 9/25/96

ELECTRONIC MAILBOX NETWORK

Definition The name of the Value Added Network service through which data will be electronically interchanged.
Orig./REV. Date: 9/25/96

ELECTRONIC MAILBOX USER ID, PROD

Definition The user ID specified by a trading partner to interchange production transactions, when using a Value Added Network (VAN). Orig./REV. Date: 9/25/96

ELECTRONIC MAILBOX USER ID, TEST

Definition The user ID specified by a trading partner to interchange test transactions, when using a Value Added Network (VAN). Orig./REV. Date: 9/25/96

FLAT FILE RECORD DELIMITER

Definition The character used to physically indicate end of record when submitting transactions formatted according to IAIABC proprietary standards. Orig./REV. Date: 9/25/96

FLAT FILE RELEASE

Definition The release number used when transmitting transactions formatted according to the IAIABC proprietary standards. Orig./REV. Date: 9/25/96; 07/01/96

Values *2 – Release 2

MASTER TRADING PARTNER FEIN

Definition The Federal Employer's Identification Number of your business entity. This, along with the 9 position postal code (Zip+4) in the trading partner address field will be used to identify a unique partner.
Orig./Rev. Date: 9/25/96

MASTER TRADING PARTNER MAILING ADDRESS

Definition The mailing address used to receive deliveries via the U.S. Postal Service for your business entity. This should be the mailing address that would be used to receive materials pertaining to "this" trading partner agreement. Orig./Rev. Date: 9/25/96

MASTER TRADING PARTNER NAME

Definition The name of the business entity corresponding with the Master FEIN. Orig./Rev. Date: 9/25/96





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

TERMS (cont'd)

MASTER TRADING PARTNER PHYSICAL ADDRESS

Definition The street address of the physical location of your business entity. It will represent where materials may be received regarding “this” trading partner agreement if using a delivery service other than the U.S. Postal Service. Orig./Rev. Date: 9/25/96

MASTER TRADING PARTNER PROFILE

Definition A form to uniquely identify a trading partner and contact information. Each member in a partnership will fill out the information as it pertains to them and then exchange it with their trading partner(s). Orig./Rev. Date: 9/25/96

PROFILE ID

Definition A free-form field used to uniquely identify a given profile between any given pair of trading partners. This field becomes critical when more than one profile exists between a given pair of trading partners. It is used for reference purposes. Orig./Rev. Date: 9/25/96

RECEIVER NAME

Definition: The name of the business entity corresponding with the Master FEIN. Orig./Rev. Date: 9/25/96

SENDER NAME

Definition The business name of the sending party. Orig./Rev. Date: 9-25-96

TECHNICAL CONTACT

Definition: The TECHNICAL CONTACT is the individual that should be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, etc. Orig./Rev. Date: 7-1-97

TECHNICAL CONTACT E-MAIL ID

Definition The E-mail address where a technical contact may be reached. Orig./Rev. Date: 9/25/96

TECHNICAL CONTACT E-MAIL NETWORK

Definition The E-mail network where a technical contact may be reached. Orig./Rev. Date: 9-25-96

TECHNICAL CONTACT FAX

Definition The fax number where a technical contact may be reached. Orig./Rev. Date: 9/25/96

TECHNICAL CONTACT NAME

Definition The name of the technical contact. Orig./Rev. Date: 9/25/96

TECHNICAL CONTACT PHONE

Definition The phone number where a technical contact may be reached. Orig./Rev. Date: 9/25/96





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TERMS (cont'd)

TECHNICAL CONTACT TITLE

Definition The title of the technical contact or the role the contact performs within a given trading partner agreement.
Orig./Rev. Date: 9/25/96

TRADING PARTNER TYPE

Definition The business function a given trading partner performs within a given agreement. Most common functions are listed on the form itself. If "other", please specify. Orig./Rev. Date: 9/25/96

TRANSMISSION FREQUENCIES

Definition All frequencies the receiving trading partner will accept transmissions for the transaction sets identified within a Transmission Profile. Frequencies that cannot be supported by the receiving trading partner should be removed/crossed-off the list. Orig./Rev. Date: 9/25/96

TRANSMISSION PROFILE

Definition A form used to communicate all allowable options the receiver of workers' compensation data will provide to a sender. The receiver is responsible for providing the information on the first page of this form, indicating all their requirements, and, where applicable, the supported options from which a sender can select. The sender will then complete page 2 of this form providing their data in the allotted spaces, and indicating their selections where choices are to be provided by the receiver. This information is then returned to the receiver. Orig./Rev. Date: 9/25/96





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

EDI Partnering Transmission Tables



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Claim Event Table



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Claim Event Table Instructions

USAGE INSTRUCTIONS

This table is designed to provide information integral for a Reporter to understand the Iowa DWC's EDI reporting requirements. It relates EDI information to events and under what circumstances they are initiated. This includes legislative mandates affecting difference reporting requirements based on various criteria (i.e. dates of injury after a certain period).

It is used and controlled by the receiver of EDI transactions to convey the level of EDI reporting that they currently accept. The table is also used by each trading partner to record an individual trading partner's production level by MTC and by implementation dates.

For a sender of EDI information, at least one Event Table must be completed. If there are any exceptions within clients of a sender, then an Event Table must be completed for each exception.

TRADING PARTNER ID:	A composite field containing a trading partner's FEIN and nine-position code. This is a generic term that can identify either the sender or receiver.
MTC:	The Maintenance Type Code defines the specific purpose (event) for which the transaction is being sent (triggered).
MTC DESCRIPTION:	Text describing the Maintenance Type Code.
PRODUCTION LEVEL IND:	Reflects an EDI participation status for a specific transaction. It indicates whether the transaction being sent is being targeted to a receivers "production" or "test" system. Transactions performed while under "parallel" status should have the "test" indicator set. TECHNICAL NOTE: This flag is set at the transmission (batch) header level in the HD1. Therefore, all transactions with a batch must be at the same production level.
IMPLEMENTATION DT FROM/THRU:	These are the effective dates of the production level indicator for a trading partner.
REPORT TRIGGER CRITERIA:	This is a list of events that trigger a specific report and cause it to be submitted. If there are multiple events for a given MTC, then each event must be listed separately.
REPORT TRIGGER VALUE:	A value that is used to modify or define a Report Trigger Criteria.
PERIODIC QUALIFIER:	These are code values that describe the types of claims that are required to be reported periodically (e.g. open claims, closed claims). NOTE: See Periodic Qualifier in the Systems Dictionary.
REPORT LIMIT NUMBER:	When present, this value reflects the maximum number of periodic reports required.
REPORT REQUIREMENT CRITERIA:	The criteria that defines the claim event date. This will be compared to the Effective From and Through dates. This reflects statutory requirements that affect report submission.
EFFECTIVE DATE FROM:	The first date that a claim meeting the report Requirement Criteria will be reported for a specific report trigger.
EFFECTIVE DATE THRU:	The last date that a claim meeting the Report Requirement Criteria will be reported for a specific report trigger.
REPORT DUE CRITERIA:	The criteria that determines the latest date that a report must be completed and submitted for a specific trigger to be considered timely.
REPORT DUE VALUE:	A value that is used to modify or define a Report Due Criteria.
FOLLOW UP FORM:	The 'hard-copy' form, or form number, that is required to be sent out at the time at which an EDI transaction is submitted.
RECEIVER:	A code (from a valid code list) to identify the receiver of the Form/Pamphlet being sent.





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Element Requirement Table



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Element Requirement Table Instructions

USAGE INSTRUCTIONS

This table was designed to provide a tool to communicate a Receiver's business data element requirements for each of its trading partners. This allows for requirement codes to be defined to a Transaction Set ID and down to the level of each Maintenance Type Code. Further, it provides for element requirements to differ based on Report Requirement Criteria established on the Event Table.

NOTE: This table should be completed after the Event Table as it relates to events described on that table.

TRADING PARTNER ID: A composite field containing a trading partner's FEIN and nine position postal code. This is a generic term that can identify either the sender or receiver.

MTC: The Maintenance Type Code defines the specific purpose (event) for which the transaction is being sent (triggered).

REPORT REQUIREMENT CRITERIA: Along with EFFECTIVE DATE FROM and EFFECTIVE DATE THRU define the class of claims covered by the table. An example would be:

- REPORT REQUIREMENT CRITERIA = A (Date of Injury)
- EFFECTIVE DATE FROM = 1/1/91
- EFFECTIVE DATE THRU = 12/31/96

A table with these values would cover claims whose Date of Injury falls between 1/1/91 and 12/31/96 inclusive.

EFFECTIVE DATE FROM: Along with REPORT REQUIREMENT CRITERIA and EFFECTIVE DATE THRU define the class of claims covered by the table. See example above.

EFFECTIVE DATE THRU: Along with REPORT REQUIREMENT CRITERIA and EFFECTIVE DATE FROM define the class of claims covered by the table. See example above.

DN001 DNnnn: Each one of the Data Elements included in the Transaction Set ID covered by the table.

REQUIREMENT CODE

A REQUIREMENT CODE is entered at each cell marked by the intersection of a Maintenance Type Code row and a Data Element column. The Requirement Code values are:

m	Mandatory	The data element must be sent and all edits applied to it must be passed successfully or the entire transaction will be rejected.
c	Conditional	The data element is normally optional, but becomes mandatory under conditions established by the receiver, e.g. If the Benefit Type Code indicates death benefits, then the Date of Death becomes mandatory. The receiver must provide sender with a document describing the specific circumstances, which cause a conditional element to become mandatory.
o	Optional	The data element may not be sent. If it is sent, edits are applied to it, but unsuccessful edits do not reject a transaction.

Iowa has structured the Element Requirement Table to represent what data elements are being collected. The following indicates, in addition to the mandatory, conditional and optional marks, the data elements that are not being used and which are in the acknowledgement transmission:

- *-- Data Element Not Being Used In Iowa
- m --Mandatory Data Element
- c -- Conditional Data Element
- o -- Optional Data Element
- a -- Acknowledgement Record Only





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Conditional Data Elements Defined



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Edit Matrix Table



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Edit Matrix Table Instructions

USAGE INSTRUCTIONS

The Edit Matrix is designed to convey which data elements have edits applied to them and to provide standard error messages to use in association with these edits. Error messages are communicated in the Acknowledgement record in the form of data element number and error message. NOTE: All error messages and data element numbers must be assigned by the EDI Systems group to ensure standardization across jurisdictions.

Those elements with “X” on the coordinate are “suggested or recommended” edits. Trading Partners should review these recommendations and may want to include/exclude edits, as they feel appropriate, within the framework of the matrix.

The Edit Matrix includes all transaction set edits established by the IAIABC EDI Development Committee.

The data element numbers and element descriptions are listed down the left column while the error message numbers and associated text are listed across the top of the table.

Some trading partners have found it useful to establish an additional table that contains more specific, data element-related, error messages. This can be useful, especially for error messages that are more generic. Once they are tied to a data element, they can be made more specific and reduce the need for follow-up phone calls from receivers.

Iowa has structured the Edit Matrix Table to represent what data elements are being edited to the error code. An ‘x’ indicates that data element for which error code will be transmitted. In addition, Iowa has indicated data elements that are not being used and which are in the acknowledgement transmission. These data elements are indicated by the following:

- * = Data element not being used by Iowa
- a = Acknowledgement Record Only





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Match Data Table



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V. IMPLEMENTATION GUIDELINES



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Fundamentals of EDI

Electronic Data Interchange

EDI stands for Electronic Data Interchange. Simply, EDI involves the computer-to-computer exchange of data between two or more companies. Data is sent through automatic processing. EDI allows transactions that may have been paper-based systems for processing, storage, and postage to be replaced and handled electronically, faster and less room for errors.

Better known in the electronic industry as ... "PAPERLESS TRADING"

EDI Transmissions

Electronic Data Interchange is an electronic process to file First Reports of Injury and Subsequent Reports of Injury with jurisdictions implementing EDI. It is a solution to the problems of accuracy, form numbers across the nation, ease of exchange of information, lack of information, etc. EDI is nationwide uniform reporting system for workers' compensation. Standards are developed and initiated by International Association of Industrial Accident Boards and Commissions (IAIABC) and its partners and members.

Electronic interchanges are initiated by employers and/or insurance carriers and transmitted to a Value Added Network (VAN) or Internet accessed by the jurisdiction. EDI will let you submit the First Report of Injury and Subsequent Reports from your computer to the VAN or via Internet. The VAN is an electronic handoff point or mailbox for which to retrieve the information. The Internet allows you to go to a storage center to retrieve your data. Workers' Compensation will retrieve the information, process it, and then send an acknowledgement via the VAN/Internet back to the sender.

Advantages by using EDI

Here are just some of the examples:

- ◆ Reporting via a faster conduit
- ◆ User friendly
- ◆ Uniformity of reporting nationwide
- ◆ Reduces cost for the employer/insurance carrier and for the jurisdiction
- ◆ Accuracy

EDI Transmissions are not

- ◆ Paper forms to the jurisdiction
- ◆ Facsimiles to the jurisdiction
- ◆ Forms through internet/e-mail to the jurisdiction
- ◆ Forms on a disc to the jurisdiction
- ◆ Scanned forms to the jurisdiction

EDI, Release 2

All trading partners will be required to transmit the Release 2 version of electronic reporting for claim processing in Iowa. It is recommended that you obtain the IAIABC FROI/SROI Release 2 Implementation Guide as your first step toward implementing EDI in Iowa. The guide is a technical manual available from the IAIABC. This, along with the license, is the mechanism an entity needs in order to legally transmit data to the Iowa DWC.

The IAIABC Implementation Guide includes all of the national standard data requirements. It provides data element definitions, system definitions, scenarios for testing on a national basis, record layouts, plus other pertinent information. It provides tables that include all of the possible types of transmissions as well as the data element names. This provides a national perspective if trading in more than one jurisdiction. The license includes rights and limitations, copyright laws, upgrades, materials and support.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

“Simple Steps” to EDI

Iowa has adopted the IAIABC EDI Standards for purposes of filing First Reports of Injury and subsequent reports. This brochure will help you get started and direct you to the resources you need to begin Electronic Data Interchange for workers' compensation reporting in Iowa.

Should you require further information about the IAIABC EDI transaction standards, please contact the International Association of Industrial Accident Boards & Commissions, at IAIABC, 1201 Wakarusa Drive Building C-3, Lawrence, Kansas 66049

Phone (785) 840-9103

Fax (785) 840-9107

<http://www.iaiaabc.org>

What is EDI?

EDI is the computer-to-computer exchange of standard business data using telecommunications. When you prepare to use EDI, the State of Iowa, Division of Workers' Compensation will provide you with its Element Requirement, Edit Matrix, Match Data, and Claim Event Tables. These tables will advise you on exactly what information is expected to be submitted to the State of Iowa Workers' Compensation Division and when. At this time, several government jurisdictions, including Iowa, receive electronic filings of First Reports of Injury, Subsequent Reports and Proof of Coverage information from claims administrators, self-insured employers and insurers. The reporting entities that submit this information electronically are commonly known as "trading partners". Jurisdictions also send electronic acknowledgements of these transactions back to their trading partners when reporting data is received.

Why EDI?

Electronic Data Interchange is a major step toward adopting a paperless business environment. The benefits to reporting EDI are:

◆ Reduction of paperwork and associated savings

- One time data entry
- Reduced errors, improved error detection
- On-line data storage
- Faster management reporting
- Automatic reconciliation
- Reduced clerical workload; letters, telephone calls or faxed communications
- High productivity without increasing staff
- Reduced paper usage

◆ More timely communications

- Rapid exchange of business data
- Elimination of mail charges, courier services
- Improved production cycle

◆ Uniform communications with all trading partners

- Following a national standard
- Allows for inter-state comparison of data

How do I get started?

Potential trading partners with the State of Iowa Division of Workers' Compensation are required to execute a trading partner agreement with the jurisdiction, which includes testing the reporting system to determine whether the proposed transmission mechanism is acceptable. Whichever technology option is selected, it must be adequate to ensure that trading partners can reach and maintain the agreed-upon level of accuracy of data specified in the trading partner agreement and can track and re-send any data that is incorrect. There are a number of ways to transmit electronically and a variety of technologies for using EDI. Trading partners may elect to use their existing technology, to buy "off-the-shelf" software and/or hardware, to design an entirely new system or to contract with a third party to transmit the required data. The IAIABC pre-certifies vendors whose products are IAIABC EDI Standards compliant and software developers or consultants who can assist you in obtaining technology or business solutions.

All trading partners and reporting parties in Iowa will eventually be migrated to the newer version of electronic reporting (FROI/SROI Release 2) for claims processing. It is recommended that you obtain the IAIABC FROI/SROI Release 2 Implementation Guide as your first step toward implementing EDI reporting. This publication is a technical manual available through the IAIABC. The Guide contains the standard data dictionary, a multi-segmented flat file layout useful for designing your database interface, examples and sample data transmissions and other valuable information about the business and technical specifications for workers' compensation EDI. The Release 2 Guide contains a coupon that may be redeemed as a credit against the first year's trading partner license, reducing the cost of implementation.



Iowa Division of Workers' Compensation

EDI Release 2 Implementation Guide

How much does it cost?

Overall, EDI saves money for the system and these costs, directly or indirectly, are passed on to you. Your costs to implement the new business process will vary depending on choices you make regarding software, telecommunications and IAIABC fees. The IAIABC EDI Release 2 Guide for FROI/SROI is \$195 for IAIABC members and \$395 for non-members. If you choose to trade directly, and you plan to only trade EDI in the State of Iowa, your annual trading partner license fee to the IAIABC would be \$250. If you trade in multiple jurisdictions, you should be aware that the annual fee for an IAIABC EDI Trading Partner Production License is \$250 for each jurisdiction, with a cap of \$2,500 per year. If you do not wish to invest in technology to transmit directly, there are IAIABC licensed trading partners who can provide EDI services to you. Your agreement with the State of Iowa will reference the recognized trading partner license under which you operate.

I. Preparation

Suggested Review of Business Processes

- Select or hire an EDI coordinator
- Examine and evaluate business processes and how EDI will affect them.
- Conduct an in-depth review of all data elements to be transmitted using the data elements list and definitions in the IAIABC EDI Implementation Guide and Iowa's Element Requirements Table.
- Review the definition of each element.
- Note the difference between these definitions and those of your firm.
- Note those elements not statutorily valid on the Edit Matrix.
- Note those elements not captured by your database that you may wish to add as enhancements.
- Determine if changes to paper (hard copy) forms are needed to become in alignment with the national standards adopted by Iowa.
- Identify state reporting requirements for each data element using the Edit Matrix, Event and Elements Requirements Tables.
- Conduct an in-depth review of the Standard Maintenance Type Codes (MTCs) and compare them with the Iowa reporting requirements.
- Determine which MTCs are valid for the jurisdiction and which are not.
- Once you have an understanding of the MTCs, you can review or complete the Claim Event table.
- Review the example scenarios and sample data in the Implementation Guide.
- Determine those scenarios that are valid for the reporting in Iowa.
- Determine the Data elements and MTCs that are required for each scenario.
- If using in-house system, draft sample hard-copies of the example scenarios using the sample data and Iowa's approved forms for test validation or key sample data into on-line forms in network system and print out hard-copy form. (Hard-copies are now ready to use in trial of system)
- Begin storing live claim data as soon as capable for later testing.
- Return to Element Requirement Table.
- Determine which data elements should be utilized as primary and secondary "match" data elements. (Match elements will generally be mandatory on the Element Requirement Table.)
- Complete or review Match Data Table.
- Review each data element by MTC. Decide which elements are mandatory (M), conditional (C), and which are optional (O) for each MTC.
- Complete or review the Element Requirements Table. There should be no indicators for those elements that are not valid for the jurisdiction, but they should remain on the table.
- Return to the Edit Matrix Table.
- Remove other indicators for those data elements that are not statutorily valid for the jurisdiction.
- Indicate those elements that are mandatory anywhere on the Element Requirement Table.
- Review all data elements by "Error Message". In other word, review all the data elements for the "001-Mandatory Field Not Present" error message, then continue through the next error messages.
- Review criteria for moving from "test status" to "production status". It is common to require 90% or more acceptance (10% or less rejected) on 3 consecutive batches of at least 10 (production data) unique transactions each with a minimum of 10 paper FROIs and/or Subsequent Reports for a cross match.

Suggested Review of Technology Solutions

- Examine and evaluate current hardware and software and available vendor software packages or services. (IAIABC can provide a list of certified vendors or you can search the Internet to find vendors. Remember, not all vendors are experienced in this technology or workers' compensation requirements. Neither Iowa nor the IAIABC can take responsibility for information found on the Internet.)
- Decide whether you will need to upgrade your system, to acquire new software or not to enhance your internal technology. If you have an existing database or internal reporting system that you will continue to use, you will need to be able to perform data extraction from your internal system, data translation from flat file to ANSI X12N, UNEDIFACT, or flat file and transmission of reports over an external electronic network. Your company may have existing transmission agreements with Value Added Networks that are acceptable to Iowa. You may elect to simply outsource the entire electronic aspect of the reporting process.
- Either purchase or develop in-house software or use third party services to convert your paper reports to electronic files or transmit the information to the jurisdiction.
- Verify Choice of format on Trading Partner Profile and Trading Partner Agreement: Iowa will not accept electronic files on tape or diskettes, or UNEDIFACT protocols. You may be able to transmit ANSI ASC X12 or IAIABC Standard flat file, depending upon the Release or Version.
- Verify Choice of transmission options on Trading Partner Profile and Trading Partner Agreement: VAN, Direct Connect, Internet or Third Party Administrator



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Common Programming Requirements

- Develop an interface to load EDI information into your database
- Develop edits on EDI information
- Develop method of extracting the proper transactions to send per the rules and triggers in the Trading Partner Table.

Education

- Educate your claims managers, claims administrators and data processing staff on new compliance requirements, timetables and definitions or specifications for data elements to be captured and reported.
- Educate your information systems and claims management staff on cooperative business processes.
- Educate the state personnel on your internal organization and contacts.

II. Implementation Scheduling

- Identify whether you are a tier one, two or three partner and when you are scheduled to begin transmitting electronically on the Iowa Workers' Compensation EDI implementation schedule.
- Contact Iowa Workers' Compensation Division to obtain documents and tables to advise you on Iowa requirements for electronic reporting, such as event reporting triggers, rules and data elements.
- Review attachments to trading partner documents and internal business processes (See above).
- Begin internal employee education.
- Execute authorization process.
- Review Trading Partner Agreement.
- Obtain IAIABC Trading Partner License.
- Obtain authorization from internal legal bureau for use of Trading Partner Agreement.
- Review & draft Master Trading Partner profile.
- Review & draft internal/external transmission specifications.
- Review & draft internal/external Events processes & tables.
- Review & draft internal/external Element requirements documents.
- Review & draft internal/external Edits processes & matrices.
- Complete Trading Partner Agreement and attachments and return.
- Obtain technology enhancements or contracts with service vendors (See above).
- Internal test status.
- External test - transmit FROI in test status.
- Review test data.
- Provide feedback.
- Repeat until 90% accurate (or according to trading partner agreement).
- Send test SROI, repeat steps.
- Production status.
- Receive letter from Jurisdiction granting production status.
- Stop sending hard copy FROIs and/or SROIs on the date agreed upon with Jurisdiction.

Glossary

- **Authorization Process** the initial step in becoming a trading partner with the Jurisdiction by completing the trading partner agreement
- **Batch** a set of records containing one header, one or more detail transactions and one trailer record.
- **File** a set of one or more batches
- **Edited Data** a transaction after it goes through our automated edits
- **MTC** a maintenance type code that defines the specific purpose of individual records, i.e., suspension, denial, FROI
- **Tables (Match Data, Element, Event, Edit)** tools provided in the implementation guides to communicate reporting requirements
- **Trading Partner (TP)/ Sender** a business entity that has established a relationship with the Jurisdiction to electronically report claim data. This entity may be an Insurance Carrier (Insurer), Self-Insured, Third Party Administrator (TPA) or Certified EDI Service Provider/Vendor.
- **Trading Partner Tables** a set of tables designed to provide information integral to controlling the extraction and transmission processes for successful EDI of workers' compensation data. The data contained in these tables is originally established by the "primary" trading partner to reflect their reporting requirements and environment.
- **Transaction** one detail record, which contains data elements, as defined in the IAIABC record layouts where each field in a transaction is validated.
- **Transaction Type** identifies the data contained within a record: First Report of Injury (FROI) or Subsequent Report of Injury (SROI). Data elements contained within a transaction type may be mandatory, conditional or optional.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Programming

The Iowa Division of Workers' Compensation will accept Flat File or ANSI X12 EDI transmissions for EDI Release 2. The Reporter must, however, indicate on the Partnering Agreement which standard they will be utilizing. The standard used may be changed after initial execution of the Partnering Agreement. For example, when a Reporter begins sending transmissions to the Iowa Division of Workers' Compensation they may choose to send them by Flat File. They then may later become capable of sending the transmissions using the ANSI X12 standard. Making a simple amendment to the original Partnering Agreement will then change the standard used.

Flat File Transmissions

Flat File formats have fixed record lengths or record segments. Each data element has assigned character positions within each record. Usually the fields and/or records are expanded to the maximum length. Delimiters are not included in the Flat File transmissions.

ANSI ASC X12 Transmissions

ANSI – American National Standards Institute
ASC – Accredited Standards Committee

ANSI is recognized as the National Standards setting body for the United States. Traditionally, these standards have been used to set product design and safety standards. These standards provide both manufacturer and consumer with confidence and thus improve commerce. The ANSI Standards are best known for approving standards for items such as light bulbs, contractor's levels and rulers, nuts and bolts, etc. The X12 Committee for data interchange processes (electronic standards) reviews ANSI standards.

The IAIABC EDI Committee has been working with the ANSI ASC X12 since 1991. Both organizations provide different qualities that are needed for the EDI project to be successful. Below are some benefits that are indicated in the IAIABC EDI Guides:

Standards:	Standards provide vendors with confidence that will attract them to produce products and services that enhance EDI. The involvement of vendors reduces the individual effort required by companies and ultimately lowers implementation and operation costs.
Translators:	Are used to map sender and receiver data to ANSI designed transactions. This simplifies participant involvement.
Connectivity:	Provides more compatibility with Trading Partners and intermediaries who offer data storage, forwarding, and inter-operability services.
Software:	The standardization of transactions will attract vendors to develop the IAIABC processes that support the transactions.
Cost Benefits:	Off the shelf solutions cost less. This is especially true when these solutions provide other business requirements, i.e. purchase orders.
Promote Projects:	Lower buy-in costs and ease of implementation will attract other participants. EDI volume reduces pay back periods and justifies participation. It is expected that soon our customers and vendors will request that we do business via EDI.
Technical Capabilities:	ANSI transactions provide more capabilities, data set and size variations, and bulk transmission savings by reducing repetitious data.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

EDI Release 1 vs. Release 2

Since 1996, the Iowa DWC has used EDI Release 1 on a voluntary basis for reporting injuries in Iowa. Only First Reports of Injuries have been transmitted using that version of EDI. Iowa DWC does not collect subsequent information for a claim under Release 1. Release 1 is limited on the basis of the data transmitted, limited subsequent information and technological limitations. As our world changes everyday, so does EDI. Today, Release 2 allows for twice as much information, more detailed information, technological advances, greater accuracy, more efficiency, and is easier to understanding, just to name a few.

Programming for EDI Release 2 is different, also. Programs cannot be altered between the two versions or adopted one over the other. New edits are applied under Release 2. Data elements, although some may be the same, many are different and have different meanings and applications. Programming for EDI Release 2 is not just an enhancement or an upgrade of existing programs.

It seems natural to build upon the EDI Release 1 program for the development and design of EDI Release 2. It is **NOT**. Both the Iowa Division of Workers' Compensation and Employers Mutual Companies (our trading partner in the Beta Test Project) experienced numerous complications by making that type of a build. The Division now has a system that will process either Release 1 or 2 under the same program but in retrospect, it would have been easier to accomplish electronic data interchange using two separate systems. One for Release 1 and one for Release 2 with the Interchange Version ID, DN 0105 in the Header, directing the data to the corresponding program for processing.

One of the biggest lessons learned from going to Release 1 to the Beta Test to Release 2 is....**TIME!**

EDI is a wonderful process that will forever change the way the field of workers' compensation processes claims in the nation, as well as the world. As you plan to use and develop Release 2, it is just like building your own home or business, double your time set for program review and development.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Recommendations

We recommend that you purchase the IAIABC EDI National Implementation Guide for FROI/SROI. Review this with all levels of your organization. Contact EDI Service Providers and listen to all solutions. From there, determine if you will re-construct your existing system to fit the IAIABC's national standards and then modify to Iowa requirements. EDI Service provider will provide your solutions at a cost.

Review this Iowa EDI Implementation Guide thoroughly.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

VI. IOWA IMPLEMENTATION GUIDELINES



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Reporting Injuries in Iowa

Every employer shall keep a record of all injuries, fatal or otherwise, alleged by an employee to have been sustained in the course of the employee's employment and resulting in incapacity for a longer period than one day. A First Report of Injury or Illness must be filed with the Iowa Workers' Compensation Commissioner, in the form and manner required by the commissioner. (86.11)

The form and manner in which the commissioner requires injuries to be reported in Iowa is drastically changing. Iowa is in partnership with several key workers' compensation groups to identify and define a more uniform workers' compensation claim process.

Today, workers' compensation claim processing relies on paper-based systems for processing, storage and postage. In the near future, this will be replaced with electronic computer transfers. Electronic Data Interchange (EDI) makes the process faster, more convenient, with less paper work, better accuracy, and the reduced chance for errors.

Electronic Data Interchange

The Iowa Division of Workers' Compensation (DWC) has moved into the next century in claim processing for workers' compensation. This process is known as Electronic Data Interchange (EDI). Instead of the "old lineup" which features multiple mounds of paper and "hand-on" work, the process will involve the computer-to-computer exchange of workers' compensation information.

The workers' compensation field is well known for endless paperwork, high costs and conflicting information. Several injury or subsequent reports can be filed over and over again reflecting the same information on a particular claim. Claims may not represent the most current information. Claims may not be reported in a timely fashion or as jurisdictional statutes govern. Information varies throughout the world, particularly the United States.

Therefore, EDI is an electronic process to file a FROI/SROI with the Iowa DWC. Claims will be submitted electronically to a Value Added Network (VAN) or via Internet. The VAN is an electronic handoff point or mailbox from which to place and retrieve information. The Internet allows you to go to a storage center to place and retrieve your data. The Division will retrieve the information, process it and then send back an acknowledgement via the VAN/Internet back to the sender of the information. This acknowledgement informs the sender of the status of that particular transmission. For example, the acknowledgement informs the sender of errors or acceptable information. It is as easy as 1-2-3. It is a win-win situation.

EDI eliminates paper forms, facsimiles, forms on a disc, forms processed through the Internet or e-mail, and the use of scanners to get data to the Iowa Division of Workers' Compensation.

With EDI, after an injury, an employer gathers the information and gives it to the workers' compensation administrator (claim administrator) on a paper or in electronic form. The claim administrator stores the data on a computer. Through electronic mailbox systems, the information is relayed to the Iowa DWC.

Why EDI?

EDI is a major step toward adopting a paperless business environment. One of the goals for workers' compensation is to seamlessly process workers' compensation information from its initial reporting source, whether that is the employer, insurance company, claimant, or medical provider.

EDI is proposed as a solution to the problems associated with data collection in workers' compensation. For example, the lack of credible information to identify and measure the factors driving costs higher; a lack of uniformity among forms and terms which prevents comparisons between states; and an excess of administrative paperwork are just a few of the problems today.



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Reporting Injuries in Iowa

Reliable data is used to identify the causes and extent of work place injuries and illnesses. Data can be used by employers to reduce the incidence and severity of industrial injuries and illnesses. Comparable data can be used by lawmakers to draw comparisons across jurisdictional lines and measure the impact of legislative and regulatory reform. Reliable data can determine and measure cost drivers in the system. Improving the process and handling of claims and the uniformity of data opens the door for scientific research. EDI will help make workplaces safer while reducing costs.

EDI is an international initiative created by the International Association of Industrial Accident Boards and Commissions (IAIABC), an association of workers' compensation administrators and industry leaders. It has established standards on reporting industrial accidents since its inception in 1914.

Claim processing in workers' compensation is a rapidly changing field. Since 1991, the IAIABC has coordinated joint efforts with state jurisdictions and workers' compensation administrators to establish data and communication standards. Therefore, EDI is proposed as a solution to communicate with all parties involved in the workers' compensation process. The IAIABC, through all its partners, manages and provides the resources to establish the EDI process. The IAIABC EDI Development Committee, a collaboration of jurisdictions, insurance carriers, employers, and EDI product vendors, staffs the EDI project.

Iowa, First in the Nation

Electronic Data Interchange (EDI) is an electronic process to file a First Report of Injury and Subsequent Reporting with the Iowa DWC.

Iowa has adopted the IAIABC EDI standards for filing of First Reports of Injury and Subsequent Reports of Injury. Iowa has been accepting Employers First Reports of Injury via EDI since 1996. This is under Release 1 of the IAIABC's EDI Project. Release 1 provides for one transmission for the Employers First Reports of Injury and one transmission for Subsequent Reports. The first standard (Release 1) was adopted in 1995 by the IAIABC. More than 25 states are in current production with this first standard.

In August of 1997, Iowa became the first state to test and document the "enhanced version" (Release 2) *IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header & Trailer Records, Release 2 Beta* for accuracy and validation. The IAIABC's EDI Release 2 is an enhancement of Release 1 that expands the information that can be transmitted and combines the First Reports of Injury and Subsequent Reports into a single transmission. At this time, several government jurisdictions, including Iowa, receive electronic filings of First Reports of Injury, Subsequent Reports and Proof of Coverage information from claims administrators, self-insured employers and insurers.

Future Claim Processing in Iowa

Over the next few years, the Iowa Division of Workers' Compensation will be taking steps to encourage more and more workers' compensation providers to use the EDI system. One of these steps is the adoption of the IAIABC's national paper forms for reporting injuries and subsequent information. These paper forms will take the place of Iowa's current paper forms and are to be used to educate the professionals in the field. Once a claim administrator or self-insured is on-line with EDI, no injury or subsequent paper forms are required. Reporting entities do not have to file a hardcopy (paper form) with the state. However, until this happens, each reporting entity will have to use the most current paper form for reporting or updating a claim. [86.11]

This Guide helps you prepare to use EDI and provides you with the Element Requirement, Edit Matrix, Match Data and Claim Events Tables.

These documents will advise you on the Iowa DWC requirements. The reporting entities that submit this information electronically are commonly known as "Trading Partners". The Division will also send electronic acknowledgements of these transactions back to their Trading Partners when reporting data is received. These acknowledgements indicate whether the information was accepted or rejected.



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Iowa Requirements

Reporting Criteria

- Reports of Injuries 86.11

Every employer shall hereafter keep a record of all injuries, fatal or otherwise, alleged by an employee to have been sustained in the course of the employee's employment and resulting in incapacity for a longer period than one day. If the injury results only in temporary disability, causing incapacity for a longer period than three days except as provided in section 86.36 then within four (4) days thereafter, not counting Sundays and legal holidays, the employer or insurance carrier having had notice or knowledge of the occurrence of such an injury and resulting disability, shall file a report with the workers' compensation commissioner in the form and manner required by the commissioner. If such injury to the employee results in permanent total disability, permanent partial disability or death, then the employer or insurance carrier upon notice or knowledge of the occurrence of the employment injury, shall file a report with the workers' compensation commissioner, within four (4) days after having notice or knowledge of the permanent injury to the employee or the employee's death. The report to the workers' compensation commissioner of injury shall be without prejudice to the employer or insurance carrier and shall not be admitted in evidence or used in any trial or hearing before any court, the workers' compensation commissioner or a deputy workers' compensation commissioner except as to the notice under section 85.23.

- 86.10 Records of employer--right to inspect.

All books, records, and payrolls of the employers, showing or reflecting in any way upon the amount of wage expenditure of such employers, shall always be open for inspection by the workers' compensation commissioner or any of the commissioner's representatives presenting a certificate of authority from said commissioner for the purpose of ascertaining the correctness of the wage expenditure, the number of persons employed, and such other information as may be necessary for the uses and purposes of the commissioner in the administration of the law.

Information so obtained shall be used for no other purpose than to advise the commissioner or insurance association with reference to such matters.

Upon a refusal on the part of the employer to submit the employer's books, records, or payrolls for the inspection of the commissioner or the commissioner's authorized representatives presenting written authority from the commissioner, the commissioner may enter an order requiring the employer to do so.

- Failure to Report 86.12

The workers' compensation commissioner may require any employer to supply the information required by section 86.10 or to file a report required by section 86.11, by written demand sent to the employer's last known address. Upon failure to supply such information or file such report within twenty days, the employer may be ordered to appear and show cause why the employer should not be subject to civil penalty of one hundred dollars for each occurrence. Upon such hearing, the workers' compensation commissioner shall enter a finding of fact and may enter an order requiring such penalty to be paid into the second injury fund created by sections 85.63 to 85.69. In the event the civil penalty assessed is not voluntarily paid the workers' compensation commissioner may file a certified copy of such finding and order with the clerk of the court for the district in which the employer maintains a place of business. If the employer maintains no place of business in this state service shall be made as provided in chapter 85 for nonresident employers. In such case the finding and order may be filed in any court of competent jurisdiction within this state.

The workers' compensation commissioner may thereafter petition the court for entry of judgment upon such order, serving notice of such petition on the employer and any other person in default. If the court finds the order valid, the court shall enter judgment against the person or persons in default for the amount due under the order. No fees shall be required for the filing of the order or for the petition for judgment, or for the entry of judgment or for any enforcement procedure thereupon. No supersedeas shall be granted by any court to a judgment entered under this section.

When a report is required under section 86.11 and that report has been submitted to the employer's insurance carrier and no report of injury has been filed with the workers' compensation commissioner, the insurance carrier shall be responsible for filing the report of injury in the same manner and to the same extent as an employer under this section.

- Electronic Data Interchange(EDI)...IAC Chapter 11

876—11.1(85,86) Purpose. The purpose of this chapter is to establish the procedure for fulfilling reporting requirements of the division of workers' compensation.

876—11.2(85,86) Definitions. The following definitions apply to this chapter.



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“*EDI*” means electronic transmission or reception, or both, of data through a telecommunications process utilizing a value-added network or the Internet as set forth in the EDI partnering agreement.

“*EDI partnering agreement*” means the written agreement between an entity and the division of workers’ compensation specifying the terms and manner of reporting by EDI.

“*Implementation plan*” means the written document prepared by a reporter specifying a timetable for reporting by EDI.

“*Report*” means a first report of injury or a subsequent claim activity report, or both.

“*Reporter*” means the person who is responsible for reporting to the division of workers’ compensation pursuant to the Iowa workers’ compensation laws and includes an employer, an employer who has been relieved from insurance pursuant to Iowa Code section 87.11, and an insurance carrier which provides an employer workers’ compensation insurance.

“*Reporting*” means submission of claims data and data fields of information of a report.

876—11.3(85,86) Form of reporting. The format of EDI reporting must be the current version of the International Association of Industrial Accident Boards and Commissions Release 2 FROI/SROI. A licensing agreement for use of the current version of the International Association of Industrial Accident Boards and Commissions Release 2 FROI/SROI may be purchased from the International Association of Industrial Accident Boards and Commissions, 1201 Wakarusa Drive, C-3, Lawrence, KS 66049; telephone (785)840-9103; www.iaiaabc.org; e-mail workcomp@iaiaabc.org.

876—11.4(85,86) Manner of reporting. The manner of EDI reporting is electronic.

876—11.5(85,86) Voluntary reporting deadline. All reporters must either sign an EDI partnering agreement or submit an implementation plan by December 1, 1999. The division of workers’ compensation must approve implementation plans. The implementation plans must be approved before January 1, 2000.

876—11.6(85,86) Mandatory reporting deadline. **All reporters must sign a partnering agreement and begin reporting by EDI no later than July 1, 2001. Reporting by any means other than EDI after July 1, 2001, will not be acceptable.** Reporters are responsible for reporting by EDI. A reporter may contract with another entity for reporting but the reporter is ultimately responsible for reporting. Any entity reporting on behalf of a reporter must also sign an EDI partnering agreement.

These rules are intended to implement Iowa Code sections 85.26, 86.8, 86.11 and 86.13.

Who is responsible

The Workers’ Compensation Act is a part of the Iowa Code designed to provide certain benefits to employees who receive injuries (85), occupational disease (85A) or occupational hearing loss (85B) arising out of and in the course of their employment. Benefits are payable regardless of fault and are the exclusive remedy of the employee against the employer.

- Insurance of Liability 87.1

Every employer subject to the provisions of this and chapters 85, 85A, 85B, and 86, unless relieved therefrom as hereinafter provided, shall insure the employer’s liability thereunder in some corporation, association, or organization approved by the commissioner of insurance.

- Relief from Insurance 87.11

When an employer coming under this chapter furnishes satisfactory proofs to the insurance commissioner of such employer’s solvency and financial ability to pay the compensation and benefits as by law provided and to make such payments to the parties when entitled thereto, or when such employer deposits with the insurance commissioner security satisfactory to the insurance commissioner and the workers’ compensation commissioner as guaranty for the payment of such compensation, such employer shall be relieved of the provisions of this chapter requiring insurance; but such employer shall, from time to time, furnish such additional proof of solvency and financial ability to pay as may be required by such insurance commissioner or workers’ compensation commissioner.

Professional Fire Fighters and Police Officers

- Employees that categorized under Iowa Code Chapters 410 and 411 will not have workers’ compensation claims with the Iowa Division of Workers’ Compensation. Please refer to the Chapters in the Iowa Code for reference on disability claims. Death claims must still be reported to the Iowa Division of Labor Service as prescribed by statute and rule.



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Method of Transmission

- Value Added Network (VAN)
- Internet

Format

- EDI Release 2 for First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) format. Voluntary basis until June 30, 2001. EDI Release 2 mandated as of July 1, 2001.
- Flat File data shall be transmitted per layout of the tables.
- When available, ANSI X12 data shall be transmitted per the standards.

Forms

- Iowa has adopted the First Report of Injury (FROI) and Subsequent Report of Injury (SROI) IAIABC forms for processing workers' compensation claims. The use of these forms until June 30, 2001 are used for testing requirements and to be used as an educational tool for learning new terms and conditions.
- These forms must be used for the testing requirements for EDI Release 2. Hardcopies of each form must be sent to the Iowa DWC for completing the testing requirements.

Acknowledgements

- Acknowledgements will occur on every transmission. Acceptable IAIABC formats include Batch Rejected (HD), Transaction Rejected (TR), Transaction Accepted with Errors (TE), and Transaction Accepted (TA). The Iowa Division of Workers' Compensation has formatted its acknowledgement process to help educate, train and inform the Reporter what has happened to a transmission as well as a particular Maintenance Type Code (MTC).

Iowa DWC Criteria

- *Employee Identification Number*
Both Employee ID Type Qualifier (DN 0270) and one of the following are required on each transaction.
 - ◆ Employee SSN (DN 0042)
 - ◆ Employee Passport Number (DN 0156)
 - ◆ Employee ID Assigned by Jurisdiction (DN 0154)
 - ◆ Employee Employment VISA (DN 0152)
 - ◆ Employee Green Card (DN 0153)
- *Employee Names*
Please use the following guidelines for transmitting names
 - ◆ No Periods
 - ◆ Hyphenated Names -- please enter with a dash, e.g. Alexander-Lewis
 - ◆ Employee Last Name Suffix -- Jr., Sr., I, II, III, etc.
- *Postal Codes and Addresses*
Complete addresses will be required for claim administrator, insurer, employer, and employee. This includes address, city, state, and postal codes. Iowa DWC uses a program for checking valid addresses called Code 1, which is valid data from the United State Postal Service. Please refer to [*Publication 28, Postal Addressing Standards*](#). Iowa DWC will require valid addresses for the claim administrator and insurer prior to production of EDI Release 2 program. All reporting entities will be required on the profiles in the Iowa EDI Partnering Agreement.



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Iowa DWC Criteria

- *Rate Calculation*

In order for Iowa DWC to calculate an employee's workers' compensation rate, we require several elements to process this information. The following data elements will be mandatory:

- ◆ Average Wage (DN 0062)
- ◆ Employee Number of Entitled Exemptions (DN 0213)
- ◆ Employee Marital Status (0054)
- ◆ Date of Injury (0031)

- *Rate of Weekly Benefits*

The weekly rate for disability benefits for temporary total (TTD), healing period (HP), permanent partial (PPD), and permanent total (PTD) is 80% of the employee's spendable weekly earnings not to exceed a maximum. An employee's spendable weekly earnings is defined as amount remaining after payroll taxes are deducted from gross weekly earnings. [85.61 (9)] Gross earnings is defined as recurring payments by the employer to the employee for employment, before any authorized or lawfully required deduction or withholding, excluding irregular bonuses, retroactive pay, overtime, penalty pay, reimbursement of expenses, expense allowances, and the employer's contribution for welfare benefits. [85.61 (3)] Generally, the basis of determining gross weekly earnings is dependent upon when or how an employee is paid. (85.36) There is a weekly minimum benefit for receiving permanent partial, permanent total or death benefits. The minimum is a benefit based on earnings of thirty-five percent (35%) of the statewide average weekly wage. The maximum for temporary total, healing period, permanent total, and death benefits is two hundred percent (200%) of the statewide average weekly wage. The maximum for permanent partial disability benefits is one hundred eighty-four percent (184%) of the statewide average weekly wage. The maximum and minimum rates are calculated annually and apply for injuries occurring in the year beginning July 1 and ending the following June 30.

The rate for a volunteer fire fighter, emergency medical care provider, reserve peace officer, volunteer ambulance driver, volunteer emergency rescue technician, or emergency medical technician trainee is an amount equal to the compensation they would receive if injured in the normal course of their regular employment or an amount equal to 140% of the statewide average weekly wage, whichever is greater. [85.36 (9) (a)]

The rate for elected or appointed officials is an amount based on the official's weekly earnings as an official or an amount equal to 140% of the statewide average weekly wage. [85.36 (11)]

- *Commencement of Payment*

There are three types of transactions (Maintenance Type Codes...MTC's) that indicate to the State of Iowa whether indemnity benefits to the employee have been initiated. These three MTC's are Initial Payment (IP), Employer Paid (EP) and Acquired Payment (AP). No other transaction can be accepted indicating indemnity benefits changes, corrections, commencement, etc. Employer Paid (EP) benefits must be reported in Iowa and they must go through the proper transmission process. There is no legal distinction between weekly indemnity benefits paid by an insurance carrier, by a self-insured employer or continuation of salary by the employer. In other words, salary continuation by an employer must be reported by the Claim Administrator in the same form and manner as any other indemnity benefits.

The law is written to encourage prompt payment of workers' compensation benefits so that the employee will not suffer any undue hardship. Before making payments, most insurance companies or self-insured employers, require a written report of injury (which is usually completed and filed by the employer) and some medical verification of the injury. The law provides for weekly payments of disability benefits, beginning on the 11th day of disability. In certain cases, if the benefits are not paid when due, or are unreasonably delayed or denied, the employee may be entitled to interest or penalty benefits.

If commenced, the payments shall be terminated only when the employee has returned to work, or upon thirty days notice stating the reason for the termination and advising the employee of the right to file a claim with the Workers' Compensation Commissioner. (85.30, 86.13)



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Iowa DWC Criteria

- *Denial of Liability*

Denial of Liability claims will be processed in Iowa in two scenarios. A Claims Administrator may submit a First Report (MTC 00) and then send a Denial (MTC 04) indicating reasons for denial. A Claim Administrator may also send a First Report as a Denial (04) with the denial reasons. However, on both occurrences, the claim will not close with the Iowa DWC. As in the EDI Release 2 guidelines, only a Final (FN) can close a claim. Therefore, a Final will need to be transmitted to the Iowa DWC for closure.
- *Names of Employers*
 - ◆ No numeric values in the name fields. Exceptions: 3M Company, 801 Steak Shop, 7 Flags, etc., please call the Iowa DWC for clarification and sending transmissions. **(IN DEVELOPMENT: List of approved names in Miscellaneous Section)**
 - ◆ If you are sending in information for a company indicating 'doing business as/dba' please only send or transmit the employer name, not the person's name in this field.
 - ◆ No punctuation except for dashes or ampersands.
 - ◆ Other examples: ABC Company, not A B C Company; A & W Restaurant, not A and W or A W;
 - ◆ Please use the following for maximum space utilization: Incorporated = INC, Corporation = CORP, Limited = LTD, Company = CO, Community School District = CSD.
- *FEIN's*

Federal Employers Identification Numbers (United States Federal Tax ID) will be required from each employer, claim administrator, insurer, and insured. In addition, the postal code (zip +4) will be required. This is used as a way to match claims and databases with the most current information and location. Employers or Claim Administrators may have the same multiple locations with the same FEIN, however, the postal code differentiates the locations.
- *Medical Reports*

Pursuant to rule 876 – 3.1(2) a medical report must be filed if an injury involves PPD or PTD, or if the disability period exceeds 13 weeks on TTD/HP or TPD. Division staff will manually enter medical reports. Mail reports to the Iowa DWC with a cover letter identifying the employee, employer, date of injury, jurisdiction and claim administrator claim numbers.
- *Burial Expense* (85.28, 85.31, 85.42, 85.43, 85.44)

Burial expenses up to \$5,000 are paid in addition to the weekly death benefits.
- *Second Injury Fund Benefits* (85.63 – 85.69)

If an employee has a permanent partial disability to one specified major body member and sustains a permanent partial disability as a result of a job related injury to a second specified member, the employee may be entitled to benefits from the "Second Injury Fund." The benefits are limited to the value of that permanent disability which exceeds the value of the two affected members separately. The benefits are not payable until after the employer, or insurance carrier, has completed payment of benefits for the second permanent partial disability.

The "Second Injury Fund" is administered by the treasurer of the state. An employee who feels entitled to benefits from this fund should contact the treasurer's office. The treasurer of the state pays Second Injury Fund benefits. An employer, or, if insured, the insurance carrier, in each case of compensable injury causing death pays to the fund \$12,000 in a case where there are dependents and \$45,000 in a case where there are no dependents.
- *In-State Representatives*

All licensed insurers, foreign and domestic, insuring workers' compensation and all employers relieved from insurance pursuant to Iowa Code 87.11 shall designate one or more persons geographically located within the borders of this state, which person or persons shall be knowledgeable of the Iowa Workers' Compensation Law and Rules and shall be given the authority and have the responsibility to expedite the handling of all matters within the scope of Iowa Code chapters 85, 85A, 85B, 86, and 87. The Iowa workers' compensation commissioner shall be advised by letter of the name, address, and telephone number of each of the persons so designated. Any change in the identity, address or tele-phone number of the persons so designated shall be reported to the Iowa workers' compensation commissioner within ten days after such change occurs.



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Iowa Division of Labor/OSHA Criteria

These data elements, in partnership with the Division of Labor/OSHA, are mandatory on any First Report of Injury (FROI).

- Accident Premises Code
 - Accident Site County/Parish
 - Accident/Injury Description Narrative
 - Occupation Description
 - Employee Date of Hire
 - Employer SIC Code
 - Nature of Injury Code
 - Cause of Injury Code
 - Part of Body Injured Code
 - Time of Injury
- *Time Limitations*
The law establishes the following time limitations within which certain actions must be taken.

Notice of Injury (85.23)

The law provides that the employer must have notice or knowledge of an alleged injury within 90 days of its occurrence, if not, benefits may be denied. The 90-day period begins to run when the employee knew, or should have known the injury arose out of and in the course of employment.

Reporting of Claims (86.11)

An Employer's First Report of injury must be filed with the Workers' Compensation Commissioner when an employee alleges an injury arising out of and in the course of employment, which results in time loss from work of more than three days, permanent injury or death. The report is to be filed with the Workers' Compensation Commissioner within four days of notice or knowledge of such alleged injury. The report is also to be filed with the insurer so the employee's claim can receive proper consideration. Forms for reporting injuries may be obtained from the Workers' Compensation Commissioner.

Two-Year Statute of Limitation (85.26)

If within two years from the occurrence of the injury the employee does not receive Iowa weekly workers' compensation benefits or file an application for arbitration, benefits may be denied.

Three-Year Statute of Limitation (85.26)

If Iowa weekly workers' compensation benefits have been paid, the employee has three years from the last payment of weekly benefits to receive additional benefits or file an action before the Workers' Compensation Commissioner. If not filed within the three-year period, the benefits may be denied. This statute of limitation does not apply to medical expenses reasonably necessary to treat the injury.

Confidentiality & Security

The information provided will be open for public inspection under Iowa Code § 22.11.

Definitions

- **Gross Earnings** Means recurring payments by employer to the employee for employment, before authorized or lawfully required deduction or withholding of funds by the employer, excluding irregular bonuses, retroactive pay, overtime, penalty pay, reimbursement of expenses, expense allowances, and the employer's contribution for welfare benefits. Iowa Code section 85.61 (3).
- **Injury** Includes injuries to an employee whose services are being performed on, in, or about the premises which are occupied, used, or controlled by the employer, injuries to those who are engaged elsewhere in places where their employer's business requires their presence and subjects them to dangers incident to the business, and death resulting from personal injury. Iowa Code section 85.61 (4).

Denials

Denial Reason Codes (DN173) do not limit defense under Iowa Code. The Denial Reason Codes are open for public inspection and may be used as evidence in a litigated action before the Iowa Workers' Compensation Commissioner.



Iowa Division of Workers' Compensation

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Employment Status

Under the Iowa statutes and Administrative Code, there are certain employment classification that need to be transmitted to the Iowa DWC because the employees covered under these specific classifications are entitled to indemnity benefit (or a Gross Weekly Amount) specific to their employment. According to the following statutes, these employment classifications are specific to Iowa workers' compensation claims processing. To classify these specific employment positions in the state of Iowa through Electronic Data Interchange, Release 2, the following must apply:

Employment Status Code (DN 0058) must be sent as "other" and sending the code of "7." In addition, then the Manual Classification Code (DN 0059) becomes a mandatory field and the following 4-digit NCCI value/code must be transmitted.

With the exception of these classification the Employment Status Code should be utilized as provided for in the International Association of Industrial Accident Boards and Commissions Release 2 Implementation Guide

Please refer to Employment Status Code table for NCCI values. These NCCI codes are not matched to Iowa's employment categories, but to some degree cover what is needed to base computation.

Iowa Code 85.36

-Volunteer Fire Fighter	7704
-Emergency Medical Care Provider	8835
-Emergency Medical Technician Trainee	7370
-Reserve Peace Officer	7720
-Volunteer Ambulance Driver	7370
-Volunteer Emergency Rescue Technician	7370
-Inmate	7730
-Proprietor	8017
-Partner	8017
-Limited Liability Company Member	8017
-Officer of a Corporation	8017
-Elected Official	9410
-Appointed Official	9410
-Professional Athlete	9179
-Apprentice or Trainee	use specific ESC Code

Iowa Code 85.33

-Employee's paid on basis of output with minimum guarantee (TPD) 8742

Iowa Code 85.60

-Student in School-to-Work 9101

-Employment/training while undergoing employment evaluation under direction of a rehabilitation facility 9063

Iowa Code 85.61

-Real Estate Agent 8721

- **Marital Status** An individual who is married. The spouse can be a common law spouse if the elements of a common law marriage are present.
- **Dependents/Exemptions** Number of exemptions properly claimed under Internal Revenue Code. (See IAC Rule 876-8.8 & Iowa Code 85.61(9))
- **Insured Report Number (DN26)** (A number used by the insured to identify a specific claim. Length/Type: 25 A/N) Due to our programming and display limitations, we are collecting the first 18 bits of data in the field. Dashes (-) and spaces () will be edited out and are not included in the count. Example: 25 bits sent with 7 dashes will be edited to 18 bits, and also, 25 bits sent with 6 dashes will result our acceptance and storage of first 18 bits with the final A/N, or furthestmost bit on the right, to be discarded. Submitted data is to be sent left justified. Should you need to send data in excess of the 18 bits, please contact EDI Coordinator John Metz at (515) 281-8337 or <mailto:john.metz@iwd.state.ia.us>.
- **Claim Administrator Claim Number (DN15)** (An identifier which distinguishes a specific claim within a claim administrator's claims processing system. Length/Type: 25A/N) Due to our programming and display limitations, we are collecting the first 18 bits of data in the field. Spaces () will be edited out and are not included in the count. Example: 25 bits sent with 7 spaces will be edited to 18 bits, and also, 25 bits sent with 6 spaces will result our acceptance and storage of first 18 bits with the final A/N, or furthestmost bit on the right, will be discarded. Submitted data is to be sent left justified. Should you need to send data in excess of the 18 bits, please contact EDI Coordinator John Metz at (515) 281-8337 or <mailto:john.metz@iwd.state.ia.us>.
- **Payment Issue Date (DN195)** This data element is required to transmit the last date of payment of indemnity benefits. It is to be transmitted on the last subsequent report containing a benefit record. Subsequently transmitted payment issue dates will replace those previously transmitted with the exception of initial date transmitted on an Employer Paid (EP). [See below]
- **EP Employer Paid (Maintenance Type Code – DN2)** This report is sent for the initial and subsequent reports of payments of salary in lieu of compensation. When the report covers the initial payment the Payment Issue Date (DN195) is required. The initially transmitted Payment Issue Date will be recorded by the DWC as the initial and last payment dates. Subsequently transmitted Payment Issue Dates on an EP will update the DWC's record of last payment date only.[Iowa Code section 86.13]



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Forms



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Instructions for Completing Iowa's Revised First Report of Injury (FROI)

This form has replaced all other Iowa First Reports of Injury...effective July 1, 1999

- This form will be used until June 30, 2001, thereafter no paper injury forms will be utilized.
- Using the revised FROI and Instruction List will make electronic filing of workers' compensation claims in Iowa easier for all Reporters. Electronic filing of claims required by rule to be implemented no later than July 1, 2001.

Any questions should be referred to:

Iowa Division of Workers' Compensation

1000 E. Grand Avenue

Des Moines, IA 50319

(515) 281-5387

(800) 562-4692



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Instructions for Completing the Iowa First Report of Injury

GENERAL INFORMATION

- **Dates** - Enter all dates in MM/DD/CCYY format.
- **Addresses** - Enter street address, city, state and postal code (9 digits, if known).
- **Names** - Enter all names first name, middle initial, last name, and last name suffix (Jr., Sr., etc., if applicable).
- **FEIN's** - Enter the Federal Employer Identification Number of the entity.
- **Phone Numbers** - Enter the area code and telephone number (include extension, if applicable).
- **Employee** - The individual about whom this form is being filed.
- **Jurisdiction Code** – Please use “IA” or “19” to represent the codes used for Iowa.
- **Jurisdiction Claim #** - The number assigned by the jurisdiction to identify this claim.
- **Claim Type Code** - Enter one of the following codes which represents the current benefit classification of the claim according to jurisdictional requirements:

M	Medical only	I	Indemnity	N	Notification only
B	Became medical only	L	Became lost time	T	Transfer (claim jurisdiction changed)

CLAIM ADMINISTRATOR:

- **Claim Administrator Name** - Enter the name of the carrier, third party administrator, or self-insured responsible for administering the claim. (Refers to question 8 on prior Iowa form).
- **Claim Administrator Claim #** - An identifier which distinguishes a specific claim within a claim administrator’s claims processing system assigned by the claim administrator.
- **Insurer Name** - The legal name of the insurance company, self-insured or guarantee fund assuming the employer’s financial responsibility for this claim.

EMPLOYER:

- **Physical Address** - Enter the address of the employer’s facility where the employee was employed at the time of injury. See Accident Site Information question. (Refers to question 2 on prior Iowa form).
- **Mailing Address** – Enter the employer’s mailing address. (Refers to question 1 on prior Iowa form).
- **Employer Contact Name** - Enter the name of the individual at the employer’s premises to be contacted for additional information.
- **Nature of Business** - Enter the narrative description of the nature of the employer’s business related to the specific business operation for which the employee was employed at the time of injury. (Refers to question 3 on prior Iowa form).
- **Insured Report Number** - Enter a number that may be assigned by the insured to identify a specific claim. This may be the OSHA 101 number. If no number is assigned, this may be left blank.
- **Industry Code** - The code, which represents the nature of the employer’s business which may be found in either the Standard Industrial Classification Manual (SIC) or the North American Industrial Classification System (NAICS).
- **Employer Type Code** – A code that indicates whether the employer for whom the employee worked at the time of the injury is a lessor. If the employee is paid directly by the employer, check E. If the employee is paid by a leasing company, check L.
NOTE: Iowa Division of Workers’ Compensation will not collect this information at this time.
- **Employer UI Number** - Enter the unemployment insurance number assigned for each employer by the state unemployment agency.
- **Insured Location Number** - Enter a code defined by the insured which is used to identify the employer’s location of the accident. If there is no number, this should be left blank.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

POLICY:

- **Insured Name** - Indicate the named entity of the policy. (Refers to question 7 on prior Iowa form).
- **Policy/Contract Number** - Enter number identifying the coverage policy in effect for the claim. (Refers to question 52 on prior Iowa form).
- **Coverage Effective Date** - Enter the date that the employer's insurance policy or self-insurance license/certificate became effective. (Refers to question 50 on prior Iowa form).
- **Coverage Expiration Date** - Enter the date that the employer's insurance policy or self-insurance license/certificate expired. (Refers to question 51 on prior Iowa form).

EMPLOYEE:

- **Employee Name** - Indicate the employee's legally recognized name. (Refers to question 9 on prior Iowa form).
- **Occupation Description** - Indicate the primary occupation of the employee at the time of the accident or injurious exposure. (Refers to question 14 on prior Iowa form).
- **Date of Hire** - Provide the date the employee began his/her employment with the specified employer. If there have been multiple periods of employment, the beginning date of the current employment period should be indicated. (Refers to question 13 on prior Iowa form).
- **Manual Classification Code** - Provide the code that corresponds to the primary occupation in which the employee was engaged at the time of accident/injury, or injurious exposure, if known.
- **Employment Status** - Indicate the employee's work status at the time of injury. In the event that multiple Employment Status Codes apply to the employee, use the following hierarchy to determine which status, the topmost, to report. (i.e., if employee is a part time seasonal worker, report as seasonal worker.) (Refers to question 42 on prior Iowa form).
 - 1 **Piece Worker** - the injured employee was paid for employment according to the number of products/services completed or number of trips completed.
 - 2 **Volunteer** - the injured employee was serving at one's own free will without legal obligation of payment.
 - 3 **Seasonal** - the injured employee was employed in a position dependent on or controlled by the season of the year.
 - 4 **Apprenticeship Full-Time** - the injured employee was bound by a legal agreement to work full-time for another in return for instruction in a trade or occupation.
 - 5 **Apprenticeship Part-Time** - the injured employee was bound by a legal agreement to work part-time for another in return for instruction in a trade or occupation.
 - 6 **Regular Employee Full Time** - the injured employee was employed on a full-time basis. (schedule is comparable to other employees of the company and/or other employees in the same business or vicinity who are considered full-time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship, or piece workers.
 - 7 **Part-time** - the injured employee was employed on a part-time basis (whose work history in the preceding months shows that the person worked on less than a full-time basis). This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship or piece workers.
 - 8 **Other** - the injured employee had an employment status at the time of injury other than those previously listed.
- **Marital Status** - U = Widowed, Divorced, Single, Unmarried. (Refers to question 36 on prior Iowa form).
- **Tax Filing Status** - Indicate the employee's federal tax filing status used on the Internal Revenue tax forms.
NOTE: Iowa Division of Workers' Compensation will not collect this information at this time.
- **Employee ID Number** - SSN is preferred. Critical to matching existing claims. If no SSN, please contact Iowa DWC. (Refers to question 10 on prior Iowa form).
- **Education level** - Indicate the highest number of years or equivalency level of formal education completed. (High school graduate/GED = 12)
- **Employee Authorization to Release:** **NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.
Medical - Indicate whether the employee has provided written authorization to release medical records related to the injury.
SSN - Indicate whether the employee has provided a written authorization to release the employee's Social Security Number.





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WAGE:

- **Salary Continued in Lieu of Compensation** - The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work related injury.
- **Number of Dependents** - *NOTE:* Iowa Division of Workers' Compensation will not collect this information at this time.
- **Number of Entitled Exemptions** - The maximum number of exemptions that the employee is entitled to claim on their annual Federal Income Tax. Exemptions include marital status, maximum exemptions employee can claim (e.g. self, 65 and over, blind, spouse, etc.), number of dependent children, and other dependents. Refer to questions 36 & 37 on prior Iowa form).
- **Number of Withholding Exemptions** - The number of exemptions that the employee claims on their withholding information provided to the employer.
- **NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.
- **Average Wage** - The employee's pre-injury wage for the wage period as statutorily defined by the jurisdiction. The amount may include commissions, piecework earnings and other forms of income converted to a normal scheduled work week, plus the estimated value of lodging, food, laundry and other payments in kind, as per jurisdictional requirements. Average wage includes discontinued fringes and concurrent employer wages, if any. It is preferred that hourly wage be calculated into a weekly wage. (Refers to question 38 - 42 on prior Iowa form).

ACCIDENT/INJURY:

- **Time** - indicate the time military format 00:00 through 23:59 for:
 - **of Injury** (Refers to question 22 on prior Iowa form).
 - **Employee began work** (Refers to question 23 on prior Iowa form).
- **Initial Date Last Day Worked** - Enter the last day the employee was able to work prior to the original lost time from work due to the occupational injury or disease. This date may be the date of injury or the first date prior to the initial lost time.
- **Initial Return to Work Date** - Enter the date following the first disability period on which the employee returned to work.
- **Accident Premises Code** - Check the code that indicates the premises on which the accident occurred.
- **Accident Site Information** - If accident site is different than the Employer Physical Address, then the accident site address information must be completed. For ease of description, Accident Site Address formatting has been developed. (Refers to question 5 on prior Iowa form).

MEDICAL:

- **Initial Treatment Code** - Select one of the six choices listed on the form. The choice should indicate the initial treatment only that the injured worker received immediately after the injury. If none, select "No medical treatment". The intent is to reflect care rendered at the time of reporting. Not anticipated care or severity of injury at the time of initial report.
- **Initial Medical Provider** - Name of the physician, clinic, hospital or in house treatment provider at the time of the report. (Refers to question 45-47 on prior Iowa form).
- **Managed Care Organization Name or ID Number** - *NOTE:* Iowa Division of Workers' Compensation will not collect this information at this time.
- **Primary ICD Diagnostic Code** - This is only needed if medical treatment was rendered. The medical provider should determine the selected code. If code is provided, enter the ICD (International Classification of Diagnosis or Disease) code depending on jurisdictional requirements at the time of injury.
NOTE: Iowa Division of Workers' Compensation will not collect this information at this time.





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa First Report of Injury (FROI)...National EDI Form



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa First Report of Injury (Data Element Comparison)



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide



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Instructions for Completing Iowa's Revised Subsequent Report of Injury (SROI)

*This form has replaced all other Iowa Subsequent Reports of Injury... *

- This form will be used until June 30, 2001, thereafter no paper subsequent reporting forms will be utilized.
- Using the revised SROI and Instruction List will make electronic filing of workers' compensation claims in Iowa easier for all Reporters. Electronic filing of claims required by rule to be implemented no later than July 1, 2001.

Any questions should be referred to:

Iowa Division of Workers' Compensation

1000 E. Grand Avenue

Des Moines, IA 50319

(515) 281-5387

(800) 562-4692



**In
Development**



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Subsequent Report of Injury (SROI)...National EDI Form



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Subsequent Report of Injury (Data Element Comparison)



**In
Development**



Iowa Division of Workers' Compensation

EDI Release 2 Implementation Guide

Iowa Terminology

EDI Release 2 Data Elements vs. Former Terms Used in Iowa

Below are data elements that correspond to Iowa workers' compensation claim processing. Words that are capitalized are former terms that Iowa DWC used prior to electronic data processing.

EDI Release 2 Data Element Name

Former Terminology Used

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Claim Administrator | <ul style="list-style-type: none"> ADJUSTING CO./THIRD PARTY ADMINISTRATOR (TPA) INSURER INSURED |
| <ul style="list-style-type: none"> ▪ Employee ID Number (choose one) <ul style="list-style-type: none"> Employee SSN Employee Passport Number Employee ID Assigned By Jurisdiction Employee Employment VISA Employee Green Card | <ul style="list-style-type: none"> SOCIAL SECURITY NUMBER |
| <ul style="list-style-type: none"> ▪ Discontinued Fringe Benefits | <ul style="list-style-type: none"> VALUES FOR HOUSING, MEALS, & OTHER |
| <ul style="list-style-type: none"> ▪ Accident Site <ul style="list-style-type: none"> Location Narrative (text field) vs. Organization Name and Site Address, City, State, & Postal Code | <ul style="list-style-type: none"> PLACE OF INJURY OF EXPOSURE |
| <ul style="list-style-type: none"> ▪ Pre-Existing Disability Code | <ul style="list-style-type: none"> BLIND EXEMPTION |
| <ul style="list-style-type: none"> ▪ Date of Injury | <ul style="list-style-type: none"> INJURY DATE |
| <ul style="list-style-type: none"> ▪ Employee Marital Status | <ul style="list-style-type: none"> MARITAL STATUS |
| <ul style="list-style-type: none"> ▪ Average Wage | <ul style="list-style-type: none"> GROSS WEEKLY WAGE (GROSS WAGES) |
| <ul style="list-style-type: none"> ▪ Calculated Weekly Compensation Amount | <ul style="list-style-type: none"> WEEKLY RATE |
| <ul style="list-style-type: none"> ▪ Employee Number of Entitled Exemptions | <ul style="list-style-type: none"> TOTAL EXEMPTIONS, includes the following: <ul style="list-style-type: none"> ◆ MARITAL STATUS (1 or 2); ◆ 65 & OVER (1); ◆ BLIND (1); ◆ DEPENDENT CHILDREN (1+); ◆ OTHER DEPENDENTS (1+); Therefore, minimum for entitled exemptions is one (1). |
| <ul style="list-style-type: none"> ▪ Employment Status Code | <ul style="list-style-type: none"> PPD WEEKLY RATE Use to base it on earnings and hours worked. COMPUTATION SECTION #42 |
| <ul style="list-style-type: none"> ▪ Payment Issue Date ▪ Initial Date Disability Began ▪ Transmission Date ▪ Maintenance Type Code Date | <ul style="list-style-type: none"> COMMENCEMENT OF PAYMENT, includes <ul style="list-style-type: none"> DATE OF FIRST PAYMENT DATE DISABILITY BEGAN PAYMENT NOTICE PAYMENT REPORT |
| <ul style="list-style-type: none"> ▪ Wage Period Code | <ul style="list-style-type: none"> EMPLOYEE'S PAY PERIOD |



Iowa Division of Workers' Compensation

EDI Release 2 Implementation Guide

Iowa Terminology

▪ Actual Reduced Earnings (TPD Benefits)	AMOUNT EARNED in Iowa is when actual amount of wages earned from employer during period being reported while on TPD.
▪ Benefit Type Amount Paid	AMOUNT PAID is for actual amount paid during benefit period.
▪ Rate Calculation	Verifies employee's weekly compensation rate, includes the following: <ul style="list-style-type: none"> ◆ DATE OF INJURY ◆ TOTAL EXEMPTIONS ◆ MARITAL STATUS ◆ GROSS WEEKLY WAGE
▪ Denial Reason Code	Reason for denying a claim:
▪ Denial Reason Narrative	DENIAL OF LIABILITY (will include all four elements)
▪ Denial Effective Date	
▪ Maintenance Type Code (04)	
▪ Initial Return to Work Date	Reason for identifying a claim as: includes both elements
▪ Return to Work Type Code	INSUFFICIENT LOST TIME
▪ Maintenance Type Codes	PAYMENT REPORT
▪ Payment Issue Date	DATE OF LAST PAYMENT
▪ Maintenance Type Code (FN)	FINAL REPORT
▪ Benefit Type Codes & Other Benefit Type Codes	TYPE OF PAYMENT
▪ Benefit Period Start Date	PERIODS OF DISABILITY
▪ Benefit Period Through Date	DATE BEGAN & DATE ENDED
▪ Benefit Type Claim Days	WEEKS/DAYS PAYABLE
▪ Benefit Type Claim Weeks	WEEKS & DAYS
▪ Benefit Type Amount Paid	AMOUNT PAID
▪ Actual Reduced Earnings	AMOUNT EARNED, IF TPD
▪ Permanent Impairment Body Part Code	PAYEMENT FOR PPD
▪ Permanent Impairment Percentage	will include all five elements
▪ Permanent Impairment Minimum Payment Indicator	
▪ Benefit Type Code (030)	
▪ Benefit Type Amount Paid	
▪ Other Benefit Type Code	OTHER BENEFIT PAYMENTS
▪ Other Benefit Type Amount	-includes TYPE OF BENEFITS & AMOUNT PAID
▪ Settlement Type Code	SETTLEMENT/COMMUTATION
▪ Payment Reason Code	includes all six elements
▪ Payment Issue Date	
▪ Payment Covers Period Start Date	
▪ Payment Covers Period Through Date	
▪ Payment Amount	



Settlements & Awards

General Statement:

For settlements and awards indemnity benefits must be reported in weeks and days. When a settlement or award results in the payment of a partial day then that partial day should be rounded-up to the next full day. Example: 3.75 days would be reported as 4 days for purposes of filing. The actual amount of indemnity benefit pursuant to the settlement or award is to be reported. Any resulting underpayment on the DWC's compliance system will be ignored by the DWC.

Compromise Settlements (Settlements pursuant to Iowa Code section 85.35):

When there is a dispute as to whether or not the employee is entitled to benefits, a compromise settlement may be filed with the Workers' Compensation Commissioner. Approval of a compromise settlement ends the employee's future rights to any benefits for the settled injury.

All Iowa Code section 85.35 settlements are to be reported with the most applicable Benefit Type Codes (DN85) of 500 or 501

Lump Sum Payments

In Iowa, lump sum payments are the exception and not the rule. The law does, however, provide for two types of lump sum payments in the form of commutations, if approved by the Workers' Compensation Commissioner.

A commutation is a lump sum payment of future benefits. In order for a commutation to be approved by the Workers' Compensation Commissioner, it must be shown that the employee has a specific need and that the lump sum is in the employee's best interest. There are several other filing requirements that must be met before a commutation will be approved. When commuting benefits, the employer is entitled to a discount on the benefits commuted. There are two types of commutations:

Full Commutation (85.45, 85.47)

A full commutation is a lump sum payment of all remaining future benefits. When approved, a full commutation ends all of the employee's future rights to any additional benefits, including medical benefits.

Partial Commutation (85.45, 85.47, 85.48)

A partial commutation is a lump sum payment of a portion of the remaining future benefits. When approved, a partial commutation establishes the employee's entitlement to disability benefits, but it does not end the employee's future rights.

All Iowa Code section 85.45, 85.47 and 85.48 settlements are to be reported with the most applicable Benefit Type Codes (DN85) of 510 through 590



Petitions

When petitions, or litigation, is filed on a workers' compensation claim, generally by the claimant, the Division of Workers' Compensation sets up a litigation file which is separate and distinct from the compliance, or the claim reporting file that is set up by the Claims Administrator via EDI.

Important points and/or requirements:

1. Compliance files are all assigned a number from 0 through 4,999,999.
2. DWC compliance file numbers are sent to the reporter by the DWC on the acknowledgement.
3. There must always be a compliance file with an injury date that corresponds to the same injury date alleged on the petition. Iowa law requires that FROI is to be filed by the employer with the Iowa Workers' Compensation Commissioner for each injury resulting in claimed indemnity. The FROI is not an admission of liability and may only be used as evidence except as to notice under section 85.23. (86.11)
4. Litigation files are all assigned a number from 5,000,000 through 5,999,999. (Effective 07/01/2001)
5. One litigation file number is assigned per injury date. *It is planned that effective on January 1, 2002 that only one litigation file number will be assigned per claimant rather than multiple file numbers for multiple injury dates. This will allow, for example, that claims for cumulative trauma injuries such as carpal tunnel syndrome may be tried under one litigation file for multiple alleged injury dates. When multiple injury dates are alleged on a single petition the Claims Administrator is only required to file a FROI for the most recently alleged injury date until or unless it is subsequently ordered or indicated by the DWC. (This is an exception to item number 3 above.)*
6. Reporters receiving notice that a petition on one of their claims has been filed with the DWC should verify that they have filed the corresponding FROI. Should the dates not correspond then it will be necessary to file the appropriate FROI with that injury date or to submit a correction to the injury date already on file.
7. Settlements or awards made on the litigated file are to be reported under the compliance file.
8. Should a petition be filed on an injury claim that is for a medical only injury no FROI should be transmitted to the DWC unless the claimant subsequently claims weekly indemnity benefits. (86.11)
9. Should the DWC order the Claims Administrator to file a FROI on a medical only injury the Claim Type Code (DN74) must be "N = Notification Only". "Notification Only" compliance files will be opened by the filing and automatically closed by the DWC system. No subsequent reports will be required unless the status of the claim changes to one of weekly indemnity, a settlement or an award.



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Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

VII. TESTING REQUIREMENTS



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Testing EDI Transmissions with Iowa

Overview

This section is probably one of the most important sections in this Guide, in addition to the Partnering Agreement, e.g. table reflecting Iowa's requirements. This section is divided into several areas for testing scenarios, assignments, availability, pass or failing standards, etc. PLEASE review this section slowly and carefully. The Iowa Scenarios are designed to help build your system as well as test.

Tier Assignments

Reporters are given a specific date for a specified tier level. A Reporter's testing status can happen in two different ways:

1. Test prior with EDI Service Provider...

The Reporter may elect to test with a Certified EDI Vendor. Contact the providers that have been certified by the IAIABC for the processing of claims via the EDI Release 2 Standards.

2. Test with DWC...

The Reporter may elect to test directly with the Iowa DWC. If testing phase is not completed satisfactorily Reporters. Reporters testing with Iowa must pass at a 90% efficiency rate with the 30 Scenarios outlined in this section. If the Reporter does not pass at least by 90%, another testing date will be made available, when time permits. The Iowa DWC, due to the number of Reporters doing business in Iowa, will select another date in a later Tier period. This is subject to availability and testing dates may not be available until after July 1, 2001.

No assigned tier level

1. Never received notice from Iowa Division of Workers' Compensation?

Please contact the Division as soon as possible. Information is on page 11 of this guide.

2. Reporter did not respond to notice?

Testing availability is very limited with the Iowa DWC. As of July 1, 2001, reporting injuries in Iowa will no longer be accepted in the paper format.

Minimums of Transaction

A Reporter must be ready and able to test the 30 scenarios (101 MTC's) in the following section in order to satisfy the testing requirements. These transactions must pass at a 90% efficiency rating in order to qualify for a contract for R2. For example, this 90% ratio means that 27 out of 30 scenarios, or 91 out of 101 MTC's), must be transmitted on a Transaction Accepted (TA) or Transaction with Errors (TE) basis if you are required to transmit all of the scenarios. **Prior to their testing date, each Reporter will be notified of the scenarios that will be required for their test.** If the percentage is below the required standard Iowa DWC has set forth, then the Reporter must re-test with the Iowa DWC when time becomes available in the specified Tier Level or next available space in the testing structure. A Reporter that fails the direct test with the DWC may also elect to test with an IAIABC Certified Vendor.

FROI and SROI "Hardcopy" Comparison

Reporters must send in "hardcopy" forms for testing requirements. These claims must be on the current Iowa DWC/IAIABC EDI Release 2 forms. These forms are included in this Guide. A form will be required for each Maintenance Type Transaction, e.g. 00, IP, S1, & FN. Therefore, in this example, four (4) forms are required for hardcopy comparison.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Testing EDI Transmissions with Iowa (cont'd)

Checklist for DWC staff

All testing requirements will be monitored by Iowa DWC staff for accuracy. This includes all transactions, e.g. Transaction Accepted (TA's), Transaction with Errors (TE's), Transaction Rejected (TR's), and Batch Rejection (HD1).

Acknowledgements

Each Reporter testing with the Iowa DWC will receive acknowledgements for this testing criteria.

Test Environment, not production

Test claims are in a testing environment, not production. The Reporter cannot send workers' compensation claims for production until a Partnering Agreement has been jointly executed by the parties and received by both the Iowa DWC and Reporter.

Production

Production transmissions will be accepted for processing following successful testing and execution of the Iowa EDI Partnering Agreement.

Testing Analysis and Statistics

Test results will become part of the Iowa EDI Partnering Agreement package for future reference. These results will be kept confidential to the fullest extent allowed under Iowa law. Test results that do not identify the Reporter or the Reporter's clients or customers may be utilized for the business purposes of the Iowa DWC or the IAIABC.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Scenario List

SCENARIO NAME	MTC SEQUENCING	TESTING LEVELS
Batch Rejection	00	1
Employer Paid	00, EP, S1, ER, S1, FN	1-6
Employer Paid to Claim Administrator Paid	OO, EP, CB, S1, FN	1-5
Under Investigation	UI, IP, S1, 04, FN	1-5
Original (Base Scenario)	00, IP, S1, FN	1-4
Denial of Liability	04, FN	1-2
No Lost Time	00, FN	1-2
Cumulative Injury	00, IP	1-2
Transaction with Errors (TE)	00, CO, IP	1-3
Employee ID	00, IP	1-2
Employment Status Code	00, IP	1-2
Transaction Rejected (TR)	00, 00	1-2
Medical Only	00	1
Reporting Changes	00, 02	1-2
Fringe Benefits	00, IP, CA, CA, S1, FN	1-6
Concurrent Employer	00, IP	1-2
Upon Request	00, UR	1-2
Intermittent Waiting Periods	00, IP	1-2
Acquired Claim	AQ, AU, AP	1-3
Indemnity Benefits Continuous	00, IP, CB, CB, S1, FN	1-6
Indemnity Benefits Intermittent	00, IP, S1, RB, S1, FN	1-6
TTD	00, IP	1-2
TPD	00, IP, RE, RE, RE, S1, FN	1-7
PPD Only	00, IP, S1, FN	1-4
FROI Sent in Error	00, 01	1-2
Annual Reporting	00, IP, AN	1-3
Minimum	00, IP, S1, RB, S1, FN	1-6
Other Benefit Revisions	00, IP, CA, CA, S1, FN	1-6
Death Claims	00, IP	1-2
Light Duty	00, FN, 01	1-3



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Scenario Objectives

Batch Rejection

Objective: To indicate what happens when bad data comes through the header record.

Employer Paid

Objective: To indicate the proper sequencing of events if an employer continues salary instead of the carrier paying benefits. In addition, benefits are suspended, then re-started by the employer, and then suspended before closing the claim.

Employer Paid to Claim Administrator Paid

Objective: To indicate the proper sequencing of events if an employer continues at first, then the carrier takes over paying benefits.

Under Investigation

Objective: To indicate that this is under investigation and comes in as a FROI. Carrier begins payments after investigation. After the carrier makes benefit payments, the claim is then denied, therefore proper sequencing is demonstrated.

Original (Base Scenario)

Objective: Normal claim activity is demonstrated.

Denial of Liability

Objective: Act as a FROI as carrier denies claim. Shows proper sequence for closing the claim.

No Lost Time

Objective: No more than three (3) days of lost time has occurred. Shows proper sequence.

Cumulative Injury

Objective: Shows how employer/carrier knew date of injury prior to date of injury.

Transaction with Errors (TE)

Objective: Indicates a non-critical error in a data element and proper sequence for transactions.

Employee ID

Objective: Indicates how to send employee's ID's if the Jurisdiction needs to assign a number.

Employment Status Code

Objective: Please refer to page 70 for criteria. This scenario shows where these changes occur.



Iowa Division of Workers' Compensation

EDI Release 2 Implementation Guide

Iowa Scenario Objectives

Transaction Rejected (TR)

Objective: Indicates a critical error in a data element and proper sequence for transactions.

Medical Only

Objective: If it is a medical only claim, Iowa does not process.

Reporting Changes

Objective: Indicates proper sequence for changing data in a claim.

Fringe Benefits

Objective: Indicates how to report items such as room and board, etc. Demonstrates how to report room and board each week or period. In addition, this is the only time will the Net Weekly Amount change while process these claims in Iowa. Note the BEN and ACR Records.

Concurrent Employer

Objective: Shows how to report wages when employee has other employment.

Upon Request

Objective: Indicates what should happen if the jurisdiction requests information, via a FROI or SROI.

Intermittent Waiting Periods

Objective: Indicates a non-consecutive period data element to indicate this in the transaction.

Acquired Claim

Objective: Reviews the process when another carrier takes over a claim and the jurisdiction does not have that claim.

Indemnity Benefits Continuous

Objective: Indicates the difference between benefits that are continuous and no break in payments or types vs. benefits that are not continuous. Demonstrates the ability to make continuous payments and then suspend and close the claim.

Indemnity Benefits Intermittent

Objective: Indicates the difference between benefits that are continuous and no break in payments or types vs. benefits that are not continuous. Demonstrates the ability to make intermittent payments and then suspend and close the claim.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Scenario Objectives

TTD

Objective: Shows the start of temporary total benefits being paid.

TPD

Objective: Shows temporary partial benefits being paid. Demonstrates how “reduced earnings” will be reported while of TPD. In addition, suspending an closing activity on the claim is demonstrated.

PPD Only

Objective: Shows transactions when only permanent benefits being paid.

FROI Sent in Error

Objective: Shows proper transactions when a FROI is sent in error.

Annual Reporting

Objective: Indicates improper sequencing if reporter does not show payments of any kind during the claim process.

Minimum

Objective: Shows what happens when someone receiving the minimum workers' compensation benefits goes from TTD to PPD. This will also be true for maximum benefits.

Other Benefit Revisions

Objective: Shows the difference when other fringe benefits are transmitted and what is expected to occur.

Death Claims

Objective: Indicates a date of death and death result of injury code with payments going to spouse and Iowa' Second injury Fund.

Light Duty

Objective: As in the Medical Only and FROI Sent in Error, shows proper sequencing if only medical is paid and no benefits paid.



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Scenarios

This section includes scenarios that are Iowa specific. The sample data reflects requirements that the Iowa DWC will require. In addition, these are to be used for testing of programs. The following scenarios are to be used to enhance programming and claim processing when sending workers' compensation claims to the Iowa Division of Workers' Compensation. These scenarios are to be used as well as those from the National IAIABC EDI Implementation Guide.

Must pass by a 90% rating, means that 27 transactions out of 30 must pass the test as outlined in the Testing Level table. For example, one scenario must have a batch rejection (HD) acknowledgement, one scenario must receive a transaction accepted with errors (TE) acknowledgement, etc.

Sample Data

PLEASE review this section slowly and carefully.

The sample data used in the scenarios is only to use as a guide or reference to build your programs. When sending data for the test please utilize data you generate and not that which is already in the scenarios. You may transmit "live" claim data or you may tailor your data to fit the scenarios. Utilizing data you have or generate will help us to appropriately and thoroughly test your system and you will also find that it will help with your company's transition to Release 2.

This section will incorporate all of Iowa's Maintenance Type Code transactions. In addition, it will also demonstrate most of the types of claim processed by Iowa. Variations have been designed to capture the most recurrent types of claims.

This section is still in development. Scenarios and sample data will be added as time goes by and as the opportunity to validate the claims processing in Iowa changes under Iowa Law.

Goal

- To build test claims
- To validate data forthcoming to the agency

Objectives

- Do not use Iowa's sample data, it is intended merely a reference as in the IAIABC National Release 2

Guide

- Maintain transmission hierarchy structure
- Data integrity
- Efficiency of claim building
- Accuracy of claim building

The Iowa Scenarios are designed to help build your system as well as test.

**REMINDER...DO NOT use the sample data provided in the Iowa Scenarios,
e.g. Simple Sample as a field name or sample FEIN's**



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Reports of Injury in Iowa

There are several types of First Reports of Injury (FROI) in Iowa and in the IAIABC Implementation Guide for Release 2. We have selected a few that represents the most common kind of claims in Iowa's workers' compensation process. Please refer to the IAIABC Implementation Scenarios as a reference guide. Following the Base Scenario (MTC 00), are other examples how FROI's can be transmitted. These FROI's should be transmitted together in your testing environment. Please understand that none of these FROI's will "close" the claim as in the past with Iowa workers' compensation claims processing. For example, if you send in a "no lost time" claim, it will remain open until you send a Final Report (MTC FN).

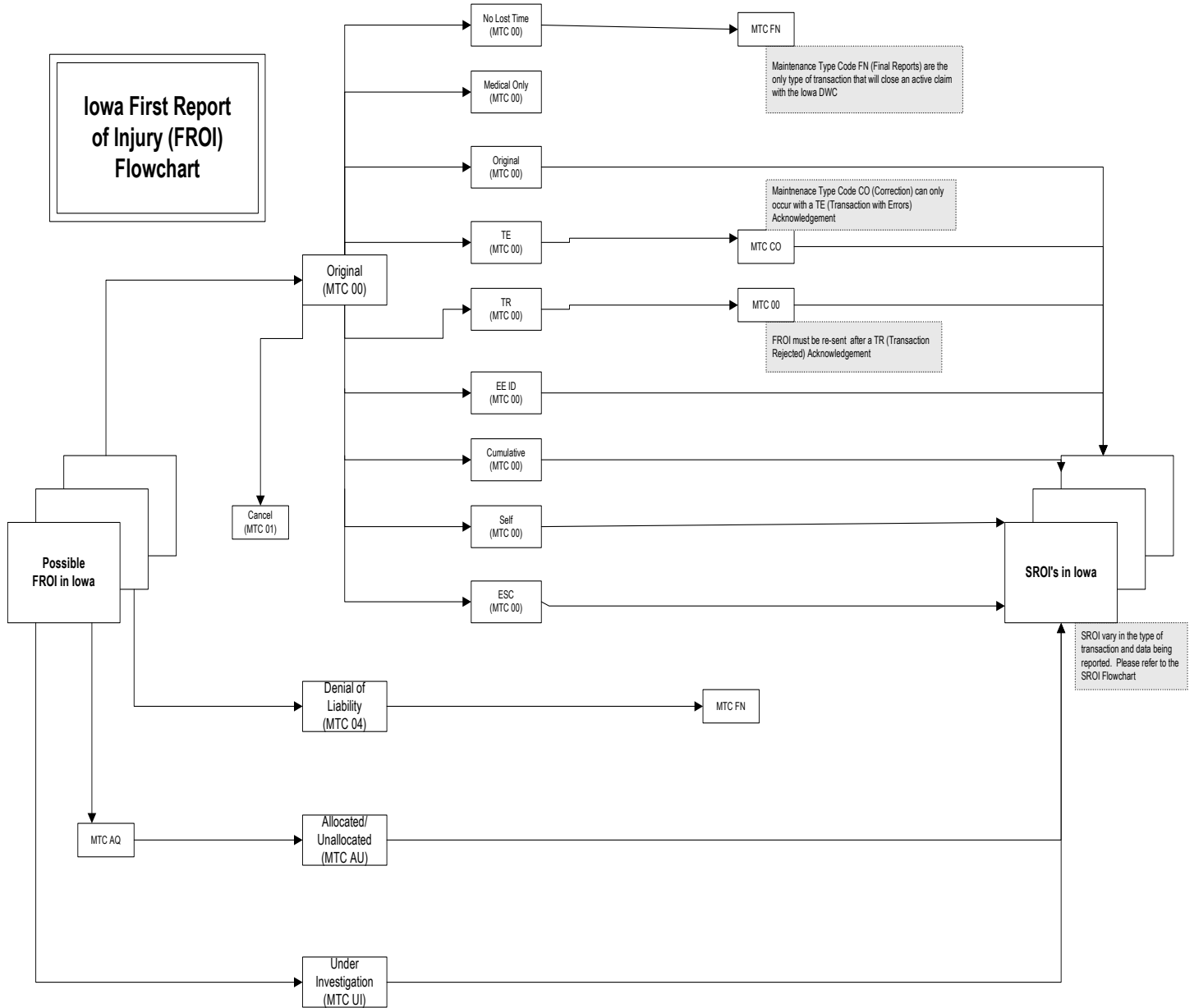
Possible First Reports of Injury (FROI) in Iowa

- ◆ Original..... (MTC 00)
 - ◆ Denial of Liability.....(MTC 04)
 - ◆ Under Investigation.....(MTC UI)
 - ◆ Allocated/Unallocated.....(MTC AU)
-



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa First Report of Injury (FROI) Flowchart





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Reports of Injury in Iowa

There are several types of Subsequent Reports of Injury (SROI) in Iowa and in the IAIABC Implementation Guide for Release 2. We have selected a few that represents the most common kind of claims in Iowa's workers' compensation process. Please refer to the IAIABC Implementation Scenarios as a reference guide.

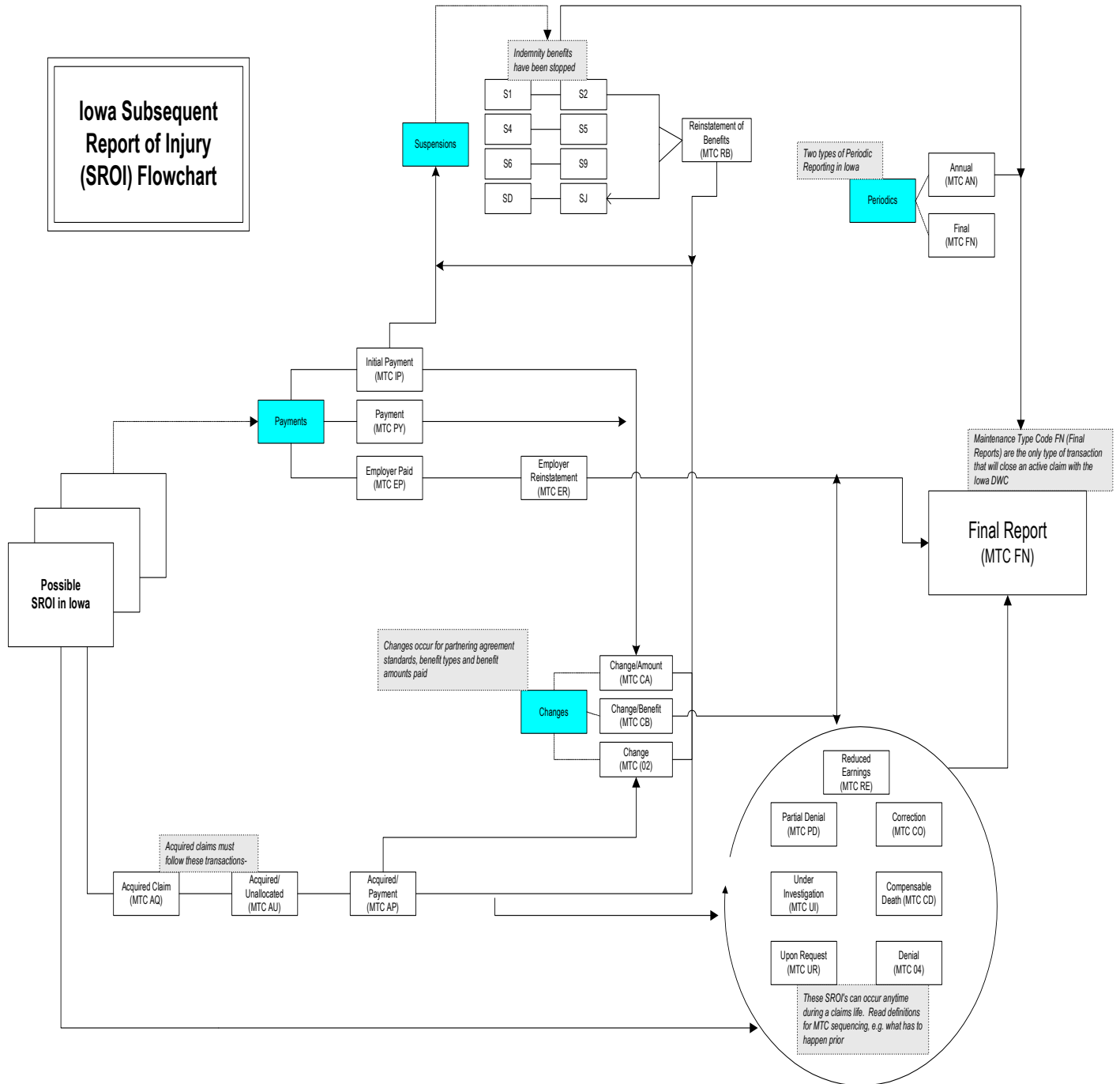
Possible Subsequent Reports of Injury (FROI) in Iowa

- ◆ Cancel.....(MTC 01)
- ◆ Change..... (MTC 02)
- ◆ Denial of Liability.....(MTC 04)
- ◆ Under Investigation.....(MTC UI)
- ◆ Allocated/Unallocated.....(MTC AU)
- ◆ Correction..... (MTC CO)
- ◆ Partial Denial..... (MTC PD)
- ◆ Acquired Payment.....(MTC AP)
- ◆ Acquired Claim.....(MTC AQ)
- ◆ Change in Amount..... (MTC CA)
- ◆ Change in Benefit..... (MTC CB)
- ◆ Compensable Death..... (MTC CD)
- ◆ Employer Paid..... (MTC EP)
- ◆ Employer Reinstatement...(MTC ER)
- ◆ Final..... (MTC FN)
- ◆ Initial Payment..... (MTC IP)
- ◆ Payment Report.....(MTC PY)
- ◆ Reinstatement of Benefits..(MTC RB)
- ◆ Reduced Earnings..... (MTC RE)
- ◆ Suspension, RTW..... (MTC S1)
- ◆ Suspension, Medical..... (MTC S2)
- ◆ Suspension, Death.....(MTC S4)
- ◆ Suspension, Whereabouts..(MTC S6)
- ◆ Suspension, Benefits Exhausted.(MTC S7)
- ◆ Suspension, Settlement....(MTC S9)
- ◆ Suspension, Jurisdiction...(MTC SD)
- ◆ Suspension, Appeal.....(MTC SJ)
- ◆ Under Investigation.....(MTC UI)
- ◆ Upon Request..... (MTC UR)
- ◆ Annual Report.....(MTC AN)



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Iowa Subsequent Report of Injury (SROI) Flowchart





Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Transmission Level One

The next subsection contains 30 scenarios for the first level of transmission. These 30 MTC's must be transmitted in one transmission under three headers. There are 29 FROI's (MTC 00, 04, UI) and one SROI known as Acquired Claim (MTC AQ). An MTC AQ must come in prior to a MTC AU and the AQ must be rejected by the jurisdiction. Please review the Testing Level table for proper sequencing and number of each type of FROI.

Includes 30 Maintenance Type Codes (MTC) to transmit. All 30 MTC must come in at this level. There will be three headers as outlined in the sample data structure. For example,

1	HD	Batch Rejection...bad data in header
2	HD	Two KEY Records associated with Employer Paid information
3	HD	Twenty-Seven KEY Records with other information

Scenario Development

- ◆ Refer to Iowa Scenario Testing Level Table for proper sequencing and testing transmissions.
- ◆ Highlighted sample data helps identify specific issues to that particular claim.

-MTC CODE: 00 OCCURRS 27 TIMES
-MTC CODE: UI OCCURRS 1 TIME
-MTC CODE: 04 OCCURRS 1 TIME
-MTC CODE: AQ OCCURRS 1 TIME



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Batch Rejection (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 Y		0 RECORD SEQUENC NUMBER: 000000007
0 SENDER ID: 123456789	503190075	0 INSURED TYPE CODE: I
0 RECEIVER ID: 426004546	503190207	0 INSURED NAME: A LITTLE COMPANY INC
0 DATE TRANSMISSION SENT: 19991028		0 INSURED FEIN: 001122334
0 TIME TRANSMISSION SENT: 000059		0 INSURED POSTAL CODE: 503190075
0 TEST/PRODUCTION IND: T		-
0 INTERCHANGE VERSION ID: 14802		0 RECORD TYPE QUALIFIER: COV Y
-		0 SEQUENCE NUMBER: 000000008
0 RECORD TYPE QUALIFIER: JUR Y		0 POLICY/CONTRACT NUMBER: ZZZZZZ
0 RECORD SEQUENC NUMBER: 000000001		0 COVERAGE EFFECTIVE DATE: 19900701
0 JURISDICTION CODE: IA		0 COVERAGE EXPIRATION DT: 20010630
-		-
0 RECORD TYPE QUALIFIER: CA Y		0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000002		0 SEQUENCE NUMBER: 000000009
0 CLM ADMINISTRATOR FEIN: 999999000		0 EMPLOYER TYPE CODE:
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY		0 EMPLOYER NAME: A LITTLE COMPANY INC
-		0 EMPLOYER FEIN: 001122334
0 RECORD TYPE QUALIFIER: TXT Y		0 EMPLOYER UI NUMBER: 484842314
0 RECORD SEQUENCE NUMBER: 000000003		0 EMPLOYER SIC CODE: 1742
0 TEXT TYPE QUALIFIER: AI		
0 TEXT: BRAD SMITH		0 RECORD TYPE QUALIFIER: TXT Y
-		0 RECORD SEQUENCE NUMBER: 000000010
0 RECORD TYPE QUALIFIER: ADR Y		0 TEXT TYPE QUALIFIER: EI
0 SEQUENCE NUMBER: 000000004		0 TEXT: AL SMITH
0 ADDRESS TYPE QUALIFIER: M		
0 PRIMARY ADDRESS: 400 E 12TH STREET		0 RECORD TYPE QUALIFIER: ADR Y
0 SECONDARY ADDRESS:		0 SEQUENCE NUMBER: 000000011
0 CITY: DES MOINES		0 ADDRESS TYPE QUALIFIER: M
0 STATE: IA		0 PRIMARY ADDRESS: 321 E 12TH STREET
0 POSTAL CODE: 503190001		0 SECONDARY ADDRESS:
0 COUNTRY CODE:		0 CITY: DES MOINES
-		0 STATE: IA
0 RECORD TYPE QUALIFIER: CON Y		0 POSTAL CODE: 503190001
0 SEQUENCE NUMBER: 000000005		0 COUNTRY CODE:
0 CONTACT NAME: SAM HARTFORD		-
0 BUSINESS PHONE NBR: 5152815934		0 RECORD TYPE QUALIFIER: CON Y
0 FAX NUMBER:		0 SEQUENCE NUMBER: 000000012
0 E-MAIL ADDRESS:		0 CONTACT NAME: JANE SMITH
-		0 BUSINESS PHONE NBR: 5155550000
0 RECORD TYPE QUALIFIER: INR Y		0 FAX NUMBER:
0 RECORD SEQUENC NUMBER: 000000006		0 E-MAIL ADDRESS:
0 INSURER TYPE CODE: I		
0 INSURER NAME: OUR OWN INSURANCE COMPANY		0 RECORD TYPE QUALIFIER: TXT Y
0 INSURER FEIN: 321654987		0 RECORD SEQUENCE NUMBER: 000000013
0 SELF INSURED ORG TYPE:		0 TEXT TYPE QUALIFIER: NB
0 SELF INSURED AUTH TYPE:		0 TEXT: CONSTRUCTION
0 RECORD TYPE QUALIFIER: IND Y		



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Batch Rejection (MTC 00)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000014
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: GG11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE
0 SEQUENCE NUMBER: 000000015
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000016
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 215 KEO WAY
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503091726
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP Y
0 SEQUENCE NUMBER: 000000017
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000018
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
0 ACCIDENT QUALIFIER: ACC Y
0 SEQUENCE NUMBER: 000000019
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19990701
0 DATE CA HAD KNOWLEDGE: 19990702
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 97
0 NATURE OF INJURY: 78
0 PART OF BODY INJURED: 34
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000020
0 TEXT TYPE QUALIFIER: AN
0 TEXT: LEFT WRIST INJURY FROM
1 HOLDING SAW
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000021
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000022
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: DIS Y
0 SEQUENCE NUMBER: 000000023
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Batch Rejection (MTC 00)

0 RECORD TYPE QUALIFIER: MED Y
0 RECORD SEQUENCE NUMBER: 000000024
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT Y
0 RECORD SEQUENCE NUMBER: 000000025
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Employer Paid (Record Levels 1-5)

```

0 RECORD TYPE QUALIFIER: HD1 Y
0 SENDER ID: 999999000 503190001
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991028
0 TIME TRANSMISSION SENT: 000659
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR Y
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA Y
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000003
0 TEXT TYPE QUALIFIER: AI
0 TEXT: BRAD SMITH
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000004
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: CON Y
0 SEQUENCE NUMBER: 000000005
0 CONTACT NAME: SAM HARTFORD
0 BUSINESS PHONE NBR: 5152815934
0 FAX NUMBER:
0 E-MAIL ADDRESS:
-
0 RECORD TYPE QUALIFIER: INR Y
0 RECORD SEQUENC NUMBER: 000000006
0 INSURER TYPE CODE: S
0 INSURER NAME: PARENT COMPANY
0 INSURER FEIN: 001122337
0 SELF INSURED ORG TYPE: G
0 SELF INSURED AUTH TYPE: L
0 RECORD TYPE QUALIFIER: IND Y
0 RECORD SEQUENC NUMBER: 000000007
0 INSURED TYPE CODE: S
0 INSURED NAME: PARENT COMPANY
0 INSURED FEIN: 001122337
0 INSURED POSTAL CODE: 50304
-
0 RECORD TYPE QUALIFIER: COV Y
0 SEQUENCE NUMBER: 000000008
0 POLICY/CONTRACT NUMBER: SSSS
0 COVERAGE EFFECTIVE DATE: 19900701
0 COVERAGE EXPIRATION DT: 20010630
-
0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000009
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: CONVIENCE STORE
0 EMPLOYER FEIN: 001122336
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000010
0 TEXT TYPE QUALIFIER: EI
0 TEXT: AL SMITH
0 RECORD TYPE QUALIFIER: ADR Y
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000011
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 321 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: CON Y
0 SEQUENCE NUMBER: 000000012
0 CONTACT NAME: JANE SMITH
0 BUSINESS PHONE NBR: 5155550000
0 FAX NUMBER:
0 E-MAIL ADDRESS:
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000013
0 TEXT TYPE QUALIFIER: NB
0 TEXT: CONSTRUCTION

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Employer Paid (MTC 00)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000014
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: AA11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000015
0 EMPLOYEE MIDDLE NAME/IN: L
0 EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0 PRE-EXISTING DISABILITY: N
0 DT NOTFD OF EE REPRNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000016
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 300
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010300
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000017
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0 DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000018
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000019
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 48
0 NATURE OF INJURY: 59
0 PART OF BODY INJURED: 90
0 AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000020
0 TEXT TYPE QUALIFIER: AN
0 TEXT: BUGS WAS IN A TRUCK
ACCIDENT
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000021
0 TEXT TYPE QUALIFIER: AS
0 TEXT: HIGHWAY 221
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000022
0 DOI FULL WAGES PAID IND: Y
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITIED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000023
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000024
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...EP to CA Paid (MTC 00)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000025
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: BB11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991015
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000026
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000027
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 300
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010300
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000028
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000029
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000030
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991015
0 DATE CA HAD KNOWLEDGE: 19991016
-
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 48
0 NATURE OF INJURY: 59
0 PART OF BODY INJURED: 90
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000031
0 TEXT TYPE QUALIFIER: AN
0 TEXT: BUGS WAS IN A TRUCK
ACCIDENT
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000032
0 TEXT TYPE QUALIFIER: AS
0 TEXT: HIGHWAY 221
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000033
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000034
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000035
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
-

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...27 First Reports (Record Levels 1-5)

```

0 RECORD TYPE QUALIFIER: HD1 N
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991028
0 TIME TRANSMISSION SENT: 001059
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR N
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA N
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000003
0 TEXT TYPE QUALIFIER: AI
0 TEXT: BRAD SMITH
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000004
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: CON N
0 SEQUENCE NUMBER: 000000005
0 CONTACT NAME: SAM HARTFORD
0 BUSINESS PHONE NBR: 5152815934
0 FAX NUMBER:
0 E-MAIL ADDRESS:
-
0 RECORD TYPE QUALIFIER: INR N
0 RECORD SEQUENC NUMBER: 000000006
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:
0 RECORD TYPE QUALIFIER: IND N
0 RECORD SEQUENC NUMBER: 000000007
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075
-
0 RECORD TYPE QUALIFIER: COV N
0 SEQUENCE NUMBER: 000000008
0 POLICY/CONTRACT NUMBER: ZZZZZZ
0 COVERAGE EFFECTIVE DATE: 19900701
0 COVERAGE EXPIRATION DT: 20010630
-
0 RECORD TYPE QUALIFIER: ER N
0 SEQUENCE NUMBER: 000000009
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000010
0 TEXT TYPE QUALIFIER: EI
0 TEXT: AL SMITH
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000011
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 321 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: CON N
0 SEQUENCE NUMBER: 000000012
0 CONTACT NAME: JANE SMITH
0 BUSINESS PHONE NBR: 5155550000
0 FAX NUMBER:
0 E-MAIL ADDRESS:
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000013
0 TEXT TYPE QUALIFIER: NB
0 TEXT: CONSTRUCTION

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Under Investigation (MTC UI)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000014
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: UI
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: CC11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111113
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000015
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRNTD:
0 EMPLOYEE DATE OF DEATH: 19991001
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000016
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 350 MAPLE STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190069
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000017
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 0000080000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000018
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000019
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY: U
0 CAUSE OF INJURY: 48
0 NATURE OF INJURY: 59
0 PART OF BODY INJURED: 90
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000020
0 TEXT TYPE QUALIFIER: AN
0 TEXT: EMPLOYEE WAS KILLED IN MVA
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000021
0 TEXT TYPE QUALIFIER: AS
0 TEXT: INTERSTATE 35
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000022
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000023
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000024
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Base Scenario (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000025
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: DD11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000026
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000027
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 1223 E COURT AVENUE
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000028
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000029
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000030
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000031
0 TEXT TYPE QUALIFIER: AN
0 TEXT: SIMPLE SAMPLE FELL OFF OF
A LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000032
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000033
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Base Scenario (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000034
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N

0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000035
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
0 IMP PHYSICAL CITY: AMES
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000036
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Denial of Liability (MTC 04)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000037
0 TRANSACTION TRACKING #: 000000003
0 MAINTENANCE TYPE CODE: 04
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: EE11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111111
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: KANGRAO
0 EMPLOYEE FIRST NAME: CAPTAIN
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000038
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5154444444
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000039
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 502 9TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503092711
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000040
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000041
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000042
0 ACCIDENT SITE: POLK
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 16
0 NATURE OF INJURY: 43
0 PART OF BODY INJURED: 36
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: 0
0 CLAIM TYPE: N
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000043
0 TEXT TYPE QUALIFIER: AN
0 TEXT: EMPLOYEE CUT FINGER AT
HOME COOKING DINNER
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000044
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISBILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1: 1D
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991028
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000045
0 TEXT TYPE QUALIFIER: DR
0 TEXT: INJURY OCCURRED OFF THE
PREMISES AND IS NOT WORK
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000046
0 TEXT TYPE QUALIFIER: DR
0 TEXT: RELATED
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000047
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000048
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...No Lost Time (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000049
0 TRANSACTION TRACKING #: 000000004
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: FF11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111114
0 **DATE OF INJURY: 19991001**
0 EMPLOYEE LAST NAME: RUBBLE
0 EMPLOYEE FIRST NAME: BARNEY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000050
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5152320000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 11
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000051
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 800 LINCOLN WAY
0 SECONDARY ADDRESS:
0 CITY: AMES
0 STATE: IA
0 POSTAL CODE: 500106915
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000052
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000053
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000054
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 **CLAIM TYPE: N**
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000055
0 TEXT TYPE QUALIFIER: AN
0 TEXT: EMPLOYEE FELL FROM LADDER,
NO LOST TIME
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000056
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000057
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...No Lost Time (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000058
0 DOI FULL WAGES PAID IND: Y
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 **INIT RETURN TO WORK DT: 19991001**
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 **RETURN TO WK CD: A**
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000059
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000060
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Cumulative Injury (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000061
0 TRANSACTION TRACKING #: 000000005
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: GG11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000062
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000063
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 215 KEO WAY
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503091726
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000064
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000065
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000066
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 97
0 NATURE OF INJURY: 78
0 PART OF BODY INJURED: 34
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000067
0 TEXT TYPE QUALIFIER: AN
0 TEXT: LEFT WRIST INJURY FROM
HOLDING SAW
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000068
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000069
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



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First Report of Injury...Cumulative Injury (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 00000070
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 00000071
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 00000072
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



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First Report of Injury...Transaction with Errors (TE) (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
 0 RECORD SEQUENC NUMBER: 000000073
 0 TRANSACTION TRACKING #: 000000006
 0 MAINTENANCE TYPE CODE: 00
 0 MTC DATE: 19991028
 0 JURISDICTION CLAIM #:
 0 JUR BRANCH OFFICE CODE:
 0 CA CLAIM #: HH11
 0 EMPLOYEE ID TYPE QUAL: S
 0 EMPLOYEE ID: 666331117
 0 DATE OF INJURY: 19991001
 0 EMPLOYEE LAST NAME: RUNNER
 0 EMPLOYEE FIRST NAME: ROAD
 0 INSURED REPORT NUMBER:
 0 REPORTING PERIOD CODE:
 0 LATE REASON CODE:

0 RECORD TYPE QUALIFIER: EE N
 0 SEQUENCE NUMBER: 000000074
 0 EMPLOYEE MIDDLE NAME/IN:
 0 EMPLOYEE LAST NAME SFFX:
 0 EMPLOYEE PHONE NUMBER: 5555555555
 0 EMPLOYEE GENDER CODE: M
 0 MARITAL STATUS: U
 0 EDUCATION LVL: 12
 0 SSN RELEASE INDICATOR:
 0 MED REC RELEASE IND:
 0 EMPLOYEE DATE OF BIRTH: 19530501
 0 NBR OF DEPENDENTS:
 0 PRE-EXISTING DISABILITY: N
 0 ODT NOTFD OF EE REPRSNTD:
 0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
 0 SEQUENCE NUMBER: 000000075
 0 ADDRESS TYPE QUALIFIER: M
 0 PRIMARY ADDRESS: PO BOX 600
 0 SECONDARY ADDRESS:
 0 CITY: DES MOINES
 0 STATE: IA
 0 POSTAL CODE: 503030600
 0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
 0 SEQUENCE NUMBER: 000000076
 0 EMPLOYEE DATE OF HIRE: 19940701
 0 EMPLOYMENT STATUS CODE: 1
 0 DAYS WORKED PER WEEK:
 0 DISCNTD FRINGE BENEFITS:
 0 AVERAGE WAGE:
 0 WAGE PERIOD CODE:
 0 WAGE EFFECTIVE DATE:
 0 CAL WEEKLY COMP AMOUNT:
 0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000077
 0 TEXT TYPE QUALIFIER: OC
 0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
 0 SEQUENCE NUMBER: 000000078
 0 ACCIDENT SITE: STORY
 0 DATE EMPLOYER KNEW: 19991001
 0 DATE CA HAD KNOWLEDGE: 19991002
 0 TIME OF INJURY: 1400
 0 DEATH RESULT OF INJURY:
 0 CAUSE OF INJURY: 31
 0 NATURE OF INJURY: 28
 0 PART OF BODY INJURED: 54
 0 AGREEMENT TO COMPENSATE:
 0 CLAIM STATUS: O
 0 CLAIM TYPE: I
 0 ACCIDENT PREMISES: X
 0 INITIAL TREATMENT: 3
 0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000079
 0 TEXT TYPE QUALIFIER: AN
 0 TEXT: ROAD FELL OFF OF A LADDER

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000080
 0 TEXT TYPE QUALIFIER: AO
 0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
 0 SEQUENCE NUMBER: 000000081
 0 ADDRESS TYPE QUALIFIER: A
 0 PRIMARY ADDRESS: 399 S LOGAN
 0 SECONDARY ADDRESS:
 0 CITY: ROLAND
 0 STATE: IA
 0 POSTAL CODE: 50236
 0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Transaction with Errors (TE) (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000082
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 **SALARY CONTINUED IND: U**
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000083
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000084
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Employee ID (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000085
0 TRANSACTION TRACKING #: 000000007
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: II11
0 **EMPLOYEE ID TYPE QUAL: A**
0 **EMPLOYEE ID:**
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000086
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000087
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 100
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000088
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000089
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000090
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: 0
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000091
0 TEXT TYPE QUALIFIER: AN
0 TEXT: MINNIE FELL OFF OF A
LADDER
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000092
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000093
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Employee ID (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 00000094
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 00000095
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 00000096
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



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First Report of Injury...Employment Status Code (MTC 00)

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0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000097
0 TRANSACTION TRACKING #: 000000008
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: JJ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000098
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000099
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 200
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000100
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 7
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 7704
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000101
0 TEXT TYPE QUALIFIER: OC
0 TEXT: VOLUNTEER FIRE FIGHTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000102
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001

0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 86
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 4
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000103
0 TEXT TYPE QUALIFIER: AN
0 TEXT: DAFFY WAS IN AN EXPLOSION
PUTTING OUT A FIRE
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000104
0 TEXT TYPE QUALIFIER: AS
0 TEXT: TURKEY PALACE

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000105
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISIBILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000106
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000107
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111

```



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First Report of Injury...Transaction Rejected (TR) (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000108
0 TRANSACTION TRACKING #: 000000009
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: KK11
0 EMPLOYEE ID TYPE QUAL: S
0 **EMPLOYEE ID: 999000000**
0 DATE OF INJURY: 19990701
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000109
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155551111
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000110
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 1223 E COURT AVENUE
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000111
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000112
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000113
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000114
0 TEXT TYPE QUALIFIER: AN
0 TEXT: SIMPLE SAMPLE FELL OFF OF
A LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000115
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000116
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



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First Report of Injury...Transaction Rejected (TR) (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000117
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000118
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000119
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Medical Only (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000120
0 TRANSACTION TRACKING #: 000000010
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: LL11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331118
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: GIPPER
0 EMPLOYEE FIRST NAME: A
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:

-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000121
0EMPLOYEE MIDDLE NAME/IN: J
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000122
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 100
0 SECONDARY ADDRESS:
0 CITY: AMES
0 STATE: IA
0 POSTAL CODE: 500010010
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000123
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000124
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000125
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:

0 **CLAIM STATUS: C**
0 **CLAIM TYPE: M**
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000126
0 TEXT TYPE QUALIFIER: AN
0 TEXT: EE FELL OFF OF A LADDER

-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000127
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000128
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Medical Only (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000129
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000130
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000072
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Reporting Changes (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000073
0 TRANSACTION TRACKING #: 000000011
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: MM11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19950101
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L8

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000074
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000075
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 1223 E COURT AVENUE
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000076
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000077
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000078
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19950101
0 DATE CA HAD KNOWLEDGE: 19950102
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000079
0 TEXT TYPE QUALIFIER: AN
0 TEXT: SIMPLE SAMPLE FELL OFF OF
A LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000080
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000081
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Reporting Changes (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000082
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000083
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000084
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Fringe Benefits (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
 0 RECORD SEQUENC NUMBER: 000000085
 0 TRANSACTION TRACKING #: 000000012
 0 MAINTENANCE TYPE CODE: 00
 0 MTC DATE: 19991028
 0 JURISDICTION CLAIM #:
 0 JUR BRANCH OFFICE CODE:
 0 CA CLAIM #: NN11
 0 EMPLOYEE ID TYPE QUAL: S
 0 EMPLOYEE ID: 666331111
 0 DATE OF INJURY: 19960101
 0 EMPLOYEE LAST NAME: SAMPLE
 0 EMPLOYEE FIRST NAME: SIMPLE
 0 INSURED REPORT NUMBER:
 0 REPORTING PERIOD CODE:
 0 LATE REASON CODE: L8

0 RECORD TYPE QUALIFIER: EE N
 0 SEQUENCE NUMBER: 000000086
 0EMPLOYEE MIDDLE NAME/IN: A
 0EMPLOYEE LAST NAME SFFX: JR
 0 EMPLOYEE PHONE NUMBER: 5155550000
 0 EMPLOYEE GENDER CODE: M
 0 MARITAL STATUS: U
 0 EDUCATION LVL: 12
 0 SSN RELEASE INDICATOR:
 0 MED REC RELEASE IND:
 0 EMPLOYEE DATE OF BIRTH: 19530501
 0 NBR OF DEPENDENTS:
 0PRE-EXISTING DISABILITY: N
 0DT NOTFD OF EE REPRSNTD:
 0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
 0 SEQUENCE NUMBER: 000000087
 0 ADDRESS TYPE QUALIFIER: M
 0 PRIMARY ADDRESS: 1223 E COURT AVENUE
 0 SECONDARY ADDRESS:
 0 CITY: DES MOINES
 0 STATE: IA
 0 POSTAL CODE: 503190001
 0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
 0 SEQUENCE NUMBER: 000000088
 0 EMPLOYEE DATE OF HIRE: 19940701
 0 EMPLOYMENT STATUS CODE: 1
 0 DAYS WORKED PER WEEK:
 0DISCNTD FRINGE BENEFITS:
 0 AVERAGE WAGE:
 0 WAGE PERIOD CODE:
 0 WAGE EFFECTIVE DATE:
 0 CAL WEEKLY COMP AMOUNT:
 0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000089
 0 TEXT TYPE QUALIFIER: OC
 0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
 0 SEQUENCE NUMBER: 000000090
 0 ACCIDENT SITE: STORY
 0 DATE EMPLOYER KNEW: 19960101
 0 DATE CA HAD KNOWLEDGE: 19960102
 0 TIME OF INJURY: 1400
 0 DEATH RESULT OF INJURY:
 0 CAUSE OF INJURY: 31
 0 NATURE OF INJURY: 28
 0 PART OF BODY INJURED: 54
 0AGREEMENT TO COMPENSATE:
 0 CLAIM STATUS: O
 0 CLAIM TYPE: I
 0 ACCIDENT PREMISES: X
 0 INITIAL TREATMENT: 3
 0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000091
 0 TEXT TYPE QUALIFIER: AN
 0 TEXT: SIMPLE SAMPLE FELL OFF OF
 A LADDER

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000092
 0 TEXT TYPE QUALIFIER: AO
 0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
 0 SEQUENCE NUMBER: 000000093
 0 ADDRESS TYPE QUALIFIER: A
 0 PRIMARY ADDRESS: 399 S LOGAN
 0 SECONDARY ADDRESS:
 0 CITY: ROLAND
 0 STATE: IA
 0 POSTAL CODE: 50236
 0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Fringe Benefits (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000094
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000095
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000096
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Concurrent Employer (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
 0 RECORD SEQUENC NUMBER: 000000097
 0 TRANSACTION TRACKING #: 000000013
 0 MAINTENANCE TYPE CODE: 00
 0 MTC DATE: 19991028
 0 JURISDICTION CLAIM #:
 0 JUR BRANCH OFFICE CODE:
 0 CA CLAIM #: 0011
 0 EMPLOYEE ID TYPE QUAL: S
 0 EMPLOYEE ID: 666331111
 0 DATE OF INJURY: 19971201
 0 EMPLOYEE LAST NAME: SAMPLE
 0 EMPLOYEE FIRST NAME: SIMPLE
 0 INSURED REPORT NUMBER:
 0 REPORTING PERIOD CODE:
 0 LATE REASON CODE: L8

0 RECORD TYPE QUALIFIER: EE N
 0 SEQUENCE NUMBER: 000000098
 0EMPLOYEE MIDDLE NAME/IN: A
 0EMPLOYEE LAST NAME SFFX: JR
 0 EMPLOYEE PHONE NUMBER: 5155550000
 0 EMPLOYEE GENDER CODE: M
 0 MARITAL STATUS: U
 0 EDUCATION LVL: 12
 0 SSN RELEASE INDICATOR:
 0 MED REC RELEASE IND:
 0 EMPLOYEE DATE OF BIRTH: 19530501
 0 NBR OF DEPENDENTS:
 0PRE-EXISTING DISABILITY: N
 0DT NOTFD OF EE REPRSNTD:
 0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
 0 SEQUENCE NUMBER: 000000099
 0 ADDRESS TYPE QUALIFIER: M
 0 PRIMARY ADDRESS: 1223 E COURT AVENUE
 0 SECONDARY ADDRESS:
 0 CITY: DES MOINES
 0 STATE: IA
 0 POSTAL CODE: 503190001
 0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
 0 SEQUENCE NUMBER: 000000100
 0 EMPLOYEE DATE OF HIRE: 19940701
 0 EMPLOYMENT STATUS CODE: 1
 0 DAYS WORKED PER WEEK:
 0DISCNTD FRINGE BENEFITS:
 0 AVERAGE WAGE:
 0 WAGE PERIOD CODE:
 0 WAGE EFFECTIVE DATE:
 0 CAL WEEKLY COMP AMOUNT:
 0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000101
 0 TEXT TYPE QUALIFIER: OC
 0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
 0 SEQUENCE NUMBER: 000000102
 0 ACCIDENT SITE: STORY
 0 DATE EMPLOYER KNEW: 19971201
 0 DATE CA HAD KNOWLEDGE: 19971202
 0 TIME OF INJURY: 1400
 0 DEATH RESULT OF INJURY:
 0 CAUSE OF INJURY: 31
 0 NATURE OF INJURY: 28
 0 PART OF BODY INJURED: 54
 0AGREEMENT TO COMPENSATE:
 0 CLAIM STATUS: O
 0 CLAIM TYPE: I
 0 ACCIDENT PREMISES: X
 0 INITIAL TREATMENT: 3
 0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000103
 0 TEXT TYPE QUALIFIER: AN
 0 TEXT: SIMPLE SAMPLE FELL OFF OF
 A LADDER

0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000104
 0 TEXT TYPE QUALIFIER: AO
 0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
 0 SEQUENCE NUMBER: 000000105
 0 ADDRESS TYPE QUALIFIER: A
 0 PRIMARY ADDRESS: 399 S LOGAN
 0 SECONDARY ADDRESS:
 0 CITY: ROLAND
 0 STATE: IA
 0 POSTAL CODE: 50236
 0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Concurrent Employer (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000106
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000107
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000108
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Upon Request (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000109
0 TRANSACTION TRACKING #: 000000014
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: PP11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19980701
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L1

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000110
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000111
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 1223 E COURT AVENUE
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000112
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000113
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000114
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19980701
0 DATE CA HAD KNOWLEDGE: 19980702
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000115
0 TEXT TYPE QUALIFIER: AN
0 TEXT: SIMPLE SAMPLE FELL OFF OF
A LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000116
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000117
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Upon Request (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000118
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000119
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000120
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Intermittent Waiting Periods (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000121
0 TRANSACTION TRACKING #: 000000015
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: QQ11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19981201
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: E1

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000122
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000123
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 1223 E COURT AVENUE
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000124
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000125
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000126
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19981201
0 DATE CA HAD KNOWLEDGE: 19981202
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000127
0 TEXT TYPE QUALIFIER: AN
0 TEXT: SIMPLE SAMPLE FELL OFF OF
A LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000128
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000129
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Intermittent Waiting Periods (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000130
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000131
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000132
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Acquired Claim (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000133
0 TRANSACTION TRACKING #: 000000016
0 **MAINTENANCE TYPE CODE: AQ**
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #: 1212121
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: RR11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111112
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FINE
0 EMPLOYEE FIRST NAME: SHIRLEY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Indemnity Benefits Continuous (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000134
0 TRANSACTION TRACKING #: 000000017
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: SS11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19980201
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L1
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000135
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000136
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 215 KEO WAY
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503091726
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000137
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000138
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000139
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19980201
0 DATE CA HAD KNOWLEDGE: 19980202
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 97
0 NATURE OF INJURY: 78
0 PART OF BODY INJURED: 34
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000140
0 TEXT TYPE QUALIFIER: AN
0 TEXT: LEFT WRIST INJURY FROM
HOLDING SAW
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000141
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000142
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Indemnity Benefits Continuous (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000143
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000144
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000145
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



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First Report of Injury...Indemnity Benefits Intermittent (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000146
0 TRANSACTION TRACKING #: 000000018
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: TT11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331117
0 DATE OF INJURY: 19981215
0 EMPLOYEE LAST NAME: RUNNER
0 EMPLOYEE FIRST NAME: ROAD
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L8

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000147
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5555555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000148
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 600
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503030600
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000149
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000150
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000151
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19981215
0 DATE CA HAD KNOWLEDGE: 19981216
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000152
0 TEXT TYPE QUALIFIER: AN
0 TEXT: ROAD FELL OFF OF A LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000153
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000154
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Indemnity Benefits Intermittent (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000155
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000156
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000157
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...TTD (MTC 00)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000158
0 TRANSACTION TRACKING #: 000000019
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: UU11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111113
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L1
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000159
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000160
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 350 MAPLE STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190069
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000161
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000080000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000162
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000163
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 48
0 NATURE OF INJURY: 59
0 PART OF BODY INJURED: 90
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000164
0 TEXT TYPE QUALIFIER: AN
0 TEXT: EMPLOYEE WAS DRIVING TRUCK
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000165
0 TEXT TYPE QUALIFIER: AS
0 TEXT: INTERSTATE 35
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...TTD (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000166
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19991001
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000167
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000168
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...TPD (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000169
0 TRANSACTION TRACKING #: 000000020
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: VV11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID:
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L1
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000170
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000171
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 100
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000172
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000173
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000174
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19951001
0 DATE CA HAD KNOWLEDGE: 19951002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000175
0 TEXT TYPE QUALIFIER: AN
0 TEXT: MINNIE FELL OFF OF A
LADDER
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000176
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000177
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...TPD (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000178
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000179
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000170
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



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First Report of Injury...PPD Only (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000171
0 TRANSACTION TRACKING #: 000000021
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: WW11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID:
0 DATE OF INJURY: 19961001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L1

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000172
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000173
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 100
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000174
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000175
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000176
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19961001
0 DATE CA HAD KNOWLEDGE: 19961002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000177
0 TEXT TYPE QUALIFIER: AN
0 TEXT: MINNIE FELL OFF OF A
LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000178
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000179
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



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First Report of Injury...PPD Only (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000180
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000181
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000182
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...FROI Sent in Error (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000183
0 TRANSACTION TRACKING #: 000000022
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: XX11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID:
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L8

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000184
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000185
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 100
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000186
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000187
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000188
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19971001
0 DATE CA HAD KNOWLEDGE: 19971002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000189
0 TEXT TYPE QUALIFIER: AN
0 TEXT: MINNIE FELL OFF OF A
LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000190
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000191
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...FROI Sent in Error (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000192
ODOI FULL WAGES PAID IND: N
ONON CONSECUTIVE PD CODE:
OINIT DT LAST DAY WORKED:
OINIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
OCURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
OEST GROSS WKLY AMNT IND:
OEE NBR OF ENTITIED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000193
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000194
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Annual Reporting (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000195
0 TRANSACTION TRACKING #: 000000023
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: YY11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID:
0 DATE OF INJURY: 19981001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L8

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000196
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000197
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 100
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000198
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000199
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000200
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19981001
0 DATE CA HAD KNOWLEDGE: 19981002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000201
0 TEXT TYPE QUALIFIER: AN
0 TEXT: MINNIE FELL OFF OF A
LADDER

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000202
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000203
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Annual Reporting (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 00000204
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 00000205
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 00000206
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Minimum (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000207
0 TRANSACTION TRACKING #: 000000024
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ZZ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: D1

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000208
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000209
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 200
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000210
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 7
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 7704

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000211
0 TEXT TYPE QUALIFIER: OC
0 TEXT: VOLUNTEER FIRE FIGHTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000212
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19951001
0 DATE CA HAD KNOWLEDGE: 19951002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 86
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 4
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000213
0 TEXT TYPE QUALIFIER: AN
0 TEXT: DAFFY WAS IN AN EXPLOSION
PUTTING OUT A FIRE

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000214
0 TEXT TYPE QUALIFIER: AS
0 TEXT: TURKEY PALACE



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Minimum (MTC 00)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000215
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000216
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000217
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Other Benefit Revisions (MTC 00)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000218
0 TRANSACTION TRACKING #: 000000025
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ABC11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE: L8

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000219
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000220
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 200
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:

0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000221
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 7
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 7704

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000222
0 TEXT TYPE QUALIFIER: OC
0 TEXT: VOLUNTEER FIRE FIGHTER

0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000223
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19971001
0 DATE CA HAD KNOWLEDGE: 19971002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 86
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 4
0 INSURED LOCATION NBR: JS51

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000224
0 TEXT TYPE QUALIFIER: AN
0 TEXT: DAFFY WAS IN AN EXPLOSION
PUTTING OUT A FIRE

0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000225
0 TEXT TYPE QUALIFIER: AS
0 TEXT: TURKEY PALACE



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Other Benefit Revisions (MTC 00)

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000226
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000227
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000228
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Death Claims (MTC 00)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000229
0 TRANSACTION TRACKING #: 000000026
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: DEF11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19981001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000230
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH: 19991001
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000231
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: PO BOX 200
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503010100
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000232
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000233
0 TEXT TYPE QUALIFIER: OC
0 TEXT: GARDEN KEEPER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000234
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19981001
0 DATE CA HAD KNOWLEDGE: 19981002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY: Y
0 CAUSE OF INJURY: 86
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 4
0 INSURED LOCATION NBR: JS51
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000235
0 TEXT TYPE QUALIFIER: AN
0 TEXT: DAFFY WAS IN AN EXPLOSION
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000236
0 TEXT TYPE QUALIFIER: AS
0 TEXT: TURKEY PALACE
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000237
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISBILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000238
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000239
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111

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Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

First Report of Injury...Light Duty (MTC 00)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000240
0 TRANSACTION TRACKING #: 000000027
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991028
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: GHI11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111113
0 DATE OF INJURY: 19990101
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000241
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000242
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 350 MAPLE STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190069
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000243
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 0000080000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000244
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000245
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19990101
0 DATE CA HAD KNOWLEDGE: 19990102
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 48
0 NATURE OF INJURY: 59
0 PART OF BODY INJURED: 90
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: 0
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATON NBR: JS51
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000246
0 TEXT TYPE QUALIFIER: AN
0 TEXT: EMPLOYEE WAS DRIVING TRUCK
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000247
0 TEXT TYPE QUALIFIER: AS
0 TEXT: INTERSTATE 35
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000248
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISBILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000249
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000250
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111

```



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Acknowledgements

HD1426004546 503190207123456789 5031900751999102800005919991028000059TAK102F
 AK100000001420000203095141321654987 148HD
 00 0000000001 YOUR FEIN IS NOT ON MY FILE, PLEASE CALL 515 281-8337 00000000100
 TR1000000025000000000

HD1426004546 503190207999999000 5031900011999102800065919991028000659TAK102F
 AK100000001420000203095141001122337503190001999999000148TA AA11
 1273150 000019991028000
 00000000100
 AK100000002520000203095141001122337503190001999999000148TA BB11
 1273151 000019991028000
 00000000200
 TR1000000035000000000

HD1426004546 503190207321654987 5031900751999102800105919991028001059TAK102F
 AK100000001420000203095141321654987503190001999999000148TA CC11
 1273126 000019991028000
 00000000100
 AK100000002520000203095141321654987503190001999999000148TA DD11
 1273127 000019991028000
 00000000200
 AK100000003720000203095141321654987503190001999999000148TA EE11
 1273128 000419991028000
 00000000300
 AK100000004920000203095141321654987503190001999999000148TA FF11
 1273129 000019991028000
 00000000400
 AK100000006120000203095141321654987503190001999999000148TA GG11
 1273130 000019991028000
 00000000500
 AK100000007320000203095141321654987503190001999999000148TE HH11
 1273131 000019991028000
 00000000601006705800
 AK100000008520000203095141321654987503190001999999000148TA II11
 1273134 000019991028000
 00000000700EMPLOYEE ID ASSIGNED BY JURISDICTION:999000363
 AK100000009720000203095141321654987503190001999999000148TA JJ11
 1273135 000019991028000
 00000000800
 AK100000010820000203095141321654987503190001999999000148TR KK11
 000019991028000INVALID SOCIAL SECURITY NUMBER PROVIDED 00000000901004205800
 AK100000012020000203095141321654987503190001999999000148TR LL11
 000019991028000WE DO NOT PROCESS THESE UNDER IOWA LAW PER IC 86-11 00000001001007405800
 AK100000007320000203095141321654987503190001999999000148TA MM11
 1273132 000019991028000
 00000001100



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Acknowledgements

AK10000008520000203095141321654987503190001999999000148TA 1273133 000019991028000 00000001200	NN11
AK100000009720000203095141321654987503190001999999000148TA 1273136 000019991028000 00000001300	OO11
AK100000010920000203095141321654987503190001999999000148TA 1273137 000019991028000 00000001400	PP11
AK100000012120000203095141321654987503190001999999000148TA 1273138 000019991028000 00000001500	QQ11
AK100000013320000203095141321654987503190001999999000148TR 1212121 00AQ19991028000NO CLAIM FOUND FOR IOWA, PLEASE SUBMIT AN MTC OF 00 00000001602004203900000500100	RR11
AK100000013420000203095141321654987503190001999999000148TA 1273139 000019991028000 00000001700	SS11
AK100000014620000203095141321654987503190001999999000148TA 1273140 000019991028000 00000001800	TT11
AK100000015820000203095141321654987503190001999999000148TA 1273141 000019991028000 00000001900	UU11
AK100000016920000203095141321654987503190001999999000148TA 1273142 000019991028000 00000002000	VV11
AK100000017120000203095141321654987503190001999999000148TA 1273143 000019991028000 00000002100	WW11
AK100000018320000203095141321654987503190001999999000148TA 1273144 000019991028000 00000002200	XX11
AK100000019520000203095141321654987503190001999999000148TA 1273145 000019991028000 00000002300	YY11
AK100000020720000203095141321654987503190001999999000148TA 1273146 000019991028000 00000002400	ZZ11
AK100000021820000203095141321654987503190001999999000148TA 1273147 000019991028000 00000002500	ABC11
AK100000022920000316104840321654987503190001999999000148TA 1275357 000019991028000 00000002600	DEF11
AK100000024020000316104840321654987503190001999999000148TA 1275354 000019991028000 00000002700	GHI11
TR1000000319000000000	



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Transmission Level Two

The next subsection contains 28 scenarios for the second level of transmission. These 28 MTC's must be transmitted in one transmission. There is one FROI (MTC AU) and 27 SROI's varying in claim status. Please review the Testing Level table for proper sequencing and number of each type of FROI and SROI.

1	HD	Allocated/Unallocated Claim
2	HD	Two KEY Records associated with Employer Paid information
3	HD	Twenty-Five KEY Records with other information

Scenario Development

- ◆ Refer to Iowa Scenario Testing Level Table for proper sequencing and testing transmissions.
- ◆ Highlighted sample data helps identify specific issues to that particular claim.

-MTC CODE: AU OCCURRS 1 TIME
-MTC CODE: CO OCCURRS 1 TIME
-MTC CODE: EP OCCURRS 2 TIMES
-MTC CODE: FN OCCURRS 3 TIMES
-MTC CODE: IP OCCURRS 17 TIMES
-MTC CODE: 02 OCCURRS 1 TIME
-MTC CODE: 00 OCCURRS 1 TIME
-MTC CODE: UR OCCURRS 1 TIME
-MTC CODE: 01 OCCURRS 1 TIME



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Report of Injury...Allocated/Unallocated (Record Levels 1-5)

```

0 RECORD TYPE QUALIFIER: HD1 Y
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991029
0 TIME TRANSMISSION SENT: 000759
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR Y
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA Y
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000003
0 TEXT TYPE QUALIFIER: AI
0 TEXT: BRAD SMITH
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000004
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: CON Y
0 SEQUENCE NUMBER: 000000005
0 CONTACT NAME: SAM HARTFORD
0 BUSINESS PHONE NBR: 5152815934
0 FAX NUMBER:
0 E-MAIL ADDRESS:
-
0 RECORD TYPE QUALIFIER: INR Y
0 RECORD SEQUENC NUMBER: 000000006
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:
0 RECORD TYPE QUALIFIER: IND Y
-
0 RECORD SEQUENC NUMBER: 000000007
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075
-
0 RECORD TYPE QUALIFIER: COV Y
0 SEQUENCE NUMBER: 000000008
0 POLICY/CONTRACT NUMBER: ZZZZZZ
0 COVERAGE EFFECTIVE DATE: 19990701
0 COVERAGE EXPIRATION DT: 20010630
-
0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000009
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000010
0 TEXT TYPE QUALIFIER: EI
0 TEXT: AL SMITH
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000011
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 321 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: CON Y
0 SEQUENCE NUMBER: 000000012
0 CONTACT NAME: JANE SMITH
0 BUSINESS PHONE NBR: 5155550000
0 FAX NUMBER:
0 E-MAIL ADDRESS:
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000013
0 TEXT TYPE QUALIFIER: NB
0 TEXT: CONSTRUCTION

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Report of Injury...Acquired Claim (MTC AU)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000014
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: AU
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: RR11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111112
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FINE
0 EMPLOYEE FIRST NAME: SHIRLEY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000015
0EMPLOYEE MIDDLE NAME/IN: M
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000016
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 1305 E WALNUT STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190112
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000017
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000200000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 9990701
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000018
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000019
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000020
0 TEXT TYPE QUALIFIER: AN
0 TEXT: SHIRLEY FINE FELL OFF OF A
LADDER
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000021
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000022
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
0 COUNTRY CODE:

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Report of Injury...Allocated/Unallocated (MTC AU)

```
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000023
ODOI FULL WAGES PAID IND: N
ONON CONSECUTIVE PD CODE:
OINIT DT LAST DAY WORKED:
OINIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
OCURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
OEST GROSS WKLY AMNT IND:
OEE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED N
0 RECORD SEQUENCE NUMBER: 000000024
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL SEC ADDR:
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
0 IMP PHYSICAL COUNTRY CD:
-
0 RECORD TYPE QUALIFIER: WIT N
0 RECORD SEQUENCE NUMBER: 000000025
0 WITNESS NAME: SAM SMITH
0 WITNESS BUSINESS PHONE: 5152811111
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Report of Injury...Employer Paid (Record Levels 1-5)

```
0 RECORD TYPE QUALIFIER: HD1 N
0 SENDER ID: 999999000
0 RECEIVER ID: 426004546
0 DATE TRANSMISSION SENT: 19991029
0 TIME TRANSMISSION SENT: 000039
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR N
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA N
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 RECORD TYPE QUALIFIER: INR N
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: S
0 INSURER NAME: PARENT COMPANY
0 INSURER FEIN: 001122337
0 SELF INSURED ORG TYPE: G
0 SELF INSURED AUTH TYPE: L
-
0 RECORD TYPE QUALIFIER: IND N
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: S
0 INSURED NAME: PARENT COMPANY
0 INSURED FEIN: 001122337
0 INSURED POSTAL CODE: 50319
-
0 RECORD TYPE QUALIFIER: ER N
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: CONVIENCE STORE
0 EMPLOYER FEIN: 001122336
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Reports of Injury...Employer Paid (MTC EP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000007
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: EP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273150
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: AA11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000008
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000009
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000050000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19990701
0 CAL WEEKLY COMP AMOUNT: 00000030535
0 MANUAL CLASSIFICATION: 2802
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000010
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000011
0 MAINTENANCE TYPE: EP
0 BENEFIT TYPE: 240
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991029
0 BENEFIT TYPE CLAIM WKS: 0004
0BENEFIT TYPE CLAIM DAYS: 1
0 BENEFIT AMOUNT PAID: 00000210000
0 PAYMENT ISSUE DATE: 19991012
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Reports of Injury...EP to CA Paid (MTC EP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000012
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: EP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273151
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: BB11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991015
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000013
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000014
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000050000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19991001
0 CAL WEEKLY COMP AMOUNT: 00000030535
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000015
0DO I FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991015
0INIT DT DISBILITY BEGAN: 19991015
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000016
0 MAINTENANCE TYPE: EP
0 BENEFIT TYPE: 240
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991015
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991015
0 BENEFIT PERIOD ST DATE: 19991015
0 BENEFIT PD THRU DATE: 19991021
0 BENEFIT TYPE CLAIM WKS: 0001
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000050000
0 PAYMENT ISSUE DATE: 19991022
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Reports of Injury...Varying MTC's (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 N
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991029
0 TIME TRANSMISSION SENT: 000147
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR N
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA N
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000004
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: INR N
0 RECORD SEQUENC NUMBER: 000000006
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:
-
0 RECORD TYPE QUALIFIER: IND N
0 RECORD SEQUENC NUMBER: 000000007
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075
-
0 RECORD TYPE QUALIFIER: ER N
0 SEQUENCE NUMBER: 000000009
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742



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Subsequent Report of Injury...Under Investigation (MTC IP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000071
0 TRANSACTION TRACKING #: 000000013
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273126
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: CC11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331113
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000072
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000073
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000080000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19980901
0 CAL WEEKLY COMP AMOUNT: 00000049264
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000074
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000075
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 010
0 GROSS WEEKLY AMOUNT: 00000049264
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000049264
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991006
0 BENEFIT TYPE CLAIM WKS: 0001
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000049264
0 PAYMENT ISSUE DATE:
```



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Subsequent Report of Injury...Base Scenario (MTC IP)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000016
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273127
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: DD11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000017
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000018
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000050000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19990701
0 CAL WEEKLY COMP AMOUNT: 00000030535
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000019
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000020
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991029
0 BENEFIT TYPE CLAIM WKS: 0004
0BENEFIT TYPE CLAIM DAYS: 1
0 BENEFIT AMOUNT PAID: 00000126500
0 PAYMENT ISSUE DATE: 19991010

```



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Subsequent Report of Injury...Denial of Liability (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000027
0 TRANSACTION TRACKING #: 000000005
0 **MAINTENANCE TYPE CODE: FN**
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273128
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: EE11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111111
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: KANGAROO
0 EMPLOYEE FIRST NAME: CAPTAIN
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000028
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 16
0 NATURE OF INJURY: 43
0 PART OF BODY INJURED: 36
0 AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: C
0 CLAIM TYPE: N
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR:



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Subsequent Report of Injury...No Lost Time (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000014
0 TRANSACTION TRACKING #: 000000001
0 **MAINTENANCE TYPE CODE: FN**
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273129
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: FF11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111114
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: RUBBLE
0 EMPLOYEE FIRST NAME: BARNEY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000015
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 16
0 NATURE OF INJURY: 43
0 PART OF BODY INJURED: 36
0 AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: C
0 CLAIM TYPE: N
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR:



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Subsequent Report of Injury...Cumulative Injury (MTC IP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000115
0 TRANSACTION TRACKING #: 000000023
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273130
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: GG11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000116
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000117
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000075000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT: 00000043077
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000118
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000119
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000043077
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000043077
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991022
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000129231
0 PAYMENT ISSUE DATE:
```



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Subsequent Report of Injury...Transaction with Errors (TE) (MTC CO)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000026
0 TRANSACTION TRACKING #: 000000002
0 **MAINTENANCE TYPE CODE: CO**
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273131
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: HH11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111117
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: RUNNER
0 EMPLOYEE FIRST NAME: ROAD
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000027
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED:
0 INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN:
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 **SALARY CONTINUED IND: Y**



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Subsequent Report of Injury...Employee ID (MTC IP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000021
0 TRANSACTION TRACKING #: 000000003
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273134
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: II11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000022
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000075000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT: 00000046433
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000023
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
```

```
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000024
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000046333
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000046433
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991022
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000139299
0 PAYMENT ISSUE DATE:
```



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Subsequent Report of Injury...Employment Status Code (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000076
0 TRANSACTION TRACKING #: 000000014
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273135
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: JJ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000077
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000078
0 EMPLOYEE DATE OF HIRE: 19940701
0 **EMPLOYMENT STATUS CODE: 7**
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000075000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19980901
0 **CAL WEEKLY COMP AMOUNT: 00000069716**
0 **MANUAL CLASSIFICATION: 7704**

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000079
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000080
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000046433
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000046433
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991022
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000139299
0 PAYMENT ISSUE DATE:



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Subsequent Report of Injury...Transaction Rejected (TR) (MTC 00)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000035
0 TRANSACTION TRACKING #: 000000007
0 MAINTENANCE TYPE CODE: 00
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #:
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: KK11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19990701
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE Y
0 SEQUENCE NUMBER: 000000036
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000037
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 1223 E COURT AVENUE
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
-
0 RECORD TYPE QUALIFIER: EMP Y
0 SEQUENCE NUMBER: 000000038
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE:
0 WAGE PERIOD CODE:
0 WAGE EFFECTIVE DATE:
0 CAL WEEKLY COMP AMOUNT:
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000039
0 TEXT TYPE QUALIFIER: OC
0 TEXT: CARPENTER
-
0 ACCIDENT QUALIFIER: ACC Y
0 SEQUENCE NUMBER: 000000040
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19990701
0 DATE CA HAD KNOWLEDGE: 19990702
0 TIME OF INJURY: 1400
0 CAUSE OF INJURY: 31
0 WITNESS BUSINESS PHONE: 5152811111

0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: 0
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000041
0 TEXT TYPE QUALIFIER: AN
0 TEXT: SIMPLE SAMPLE FELL OFF OF
A LADDER
-
0 RECORD TYPE QUALIFIER: TXT Y
0 RECORD SEQUENCE NUMBER: 000000042
0 TEXT TYPE QUALIFIER: AO
0 TEXT: BILLY'S
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000043
0 ADDRESS TYPE QUALIFIER: A
0 PRIMARY ADDRESS: 399 S LOGAN
0 SECONDARY ADDRESS:
0 CITY: ROLAND
0 STATE: IA
0 POSTAL CODE: 50236
-
0 RECORD TYPE QUALIFIER: DIS Y
0 SEQUENCE NUMBER: 000000044
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: MED Y
0 RECORD SEQUENCE NUMBER: 000000045
0 INIT MED PROVIDER NAME: MCFARLAND CLINIC
0 IMP PHYSICAL PRIM ADDR: 900 DUFF AVENUE
0 IMP PHYSICAL CITY: AMES
0 IMP PHYSICAL STATE: IA
0 IMP PHYSICAL POSTAL CD: 50010
-
0 RECORD TYPE QUALIFIER: WIT Y
0 RECORD SEQUENCE NUMBER: 000000046
0 WITNESS NAME: SAM SMITH
```



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Subsequent Report of Injury...Reporting Changes (MTC 02)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000025
0 TRANSACTION TRACKING #: 000000004
0 **MAINTENANCE TYPE CODE: 02**
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273132
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: MM11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 **DATE OF INJURY: 19950201**
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000026
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:



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Subsequent Report of Injury...Fringe Benefits (MTC IP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000056
0 TRANSACTION TRACKING #: 000000010
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273133
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: NN11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19960101
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000057
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000058
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS: 00000015000
0 AVERAGE WAGE: 00000060000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19960101
0 CAL WEEKLY COMP AMOUNT: 00000035115
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000059
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19960101
0INIT DT DISBILITY BEGAN: 19960101
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000060
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000035115
0 GROSS AMOUNT EFF DATE: 19960101
0 NET WEEKLY AMOUNT: 00000035115
0 NET AMOUNT EFF DATE: 19960101
0 BENEFIT PERIOD ST DATE: 19960101
0 BENEFIT PD THRU DATE: 19960122
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000105345
0 PAYMENT ISSUE DATE:
```



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Subsequent Report of Injury...Concurrent Employer (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000109
0 TRANSACTION TRACKING #: 000000022
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273136
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: 0011
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19971201
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000110
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000111
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000075000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT: 00000042443
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000112
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19971201
0INIT DT DISBILITY BEGAN: 19971201
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000113
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000042443
0 GROSS AMOUNT EFF DATE: 19971201
0 NET WEEKLY AMOUNT: 00000042443
0 NET AMOUNT EFF DATE: 19971201
0 BENEFIT PERIOD ST DATE: 19971201
0 BENEFIT PD THRU DATE: 19971222
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000127329
0 PAYMENT ISSUE DATE:
-
0 **RECORD TYPE QUALIFIER: CER N**
0 **SEQUENCE NUMBER: 000000114**
0 **CONCURRENT EMPLOYER NM:**
0 **CONCURRENT EMPLOYER WG: 00000025000**
0 **CONCURRENT EMPLOYR PHON:**



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Subsequent Report of Injury...Upon Request (MTC 00)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000047
0 TRANSACTION TRACKING #: 000000008
0 MAINTENANCE TYPE CODE: UR
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273137
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: PP11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19980701
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000048
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000049
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000050000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19980701
0 CAL WEEKLY COMP AMOUNT: 00000030218
0 MANUAL CLASSIFICATION: 2802
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000059
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED:
0INIT DT DISABILITY BEGAN:
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000050
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19980701
0 DATE CA HAD KNOWLEDGE: 19980701
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51

```



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Subsequent Report of Injury...Intermittent Waiting Periods (MTC IP)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000077
0 TRANSACTION TRACKING #: 000000015
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273138
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: QQ11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19981201
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000078
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000079
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000045000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19980901
0 CAL WEEKLY COMP AMOUNT: 00000027637
0 MANUAL CLASSIFICATION: 2802
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000080
0DOI FULL WAGES PAID IND: N
ONON CONSECUTIVE PD CODE: W
0INIT DT LAST DAY WORKED: 19981201
0INIT DT DISBILITY BEGAN: 19981201
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:19981204
0 CURRENT DATE LDW:19981206
0 CURRENT DATE DDB:19981207
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000081
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000027637
0 GROSS AMOUNT EFF DATE: 19981201
0 NET WEEKLY AMOUNT: 00000027637
0 NET AMOUNT EFF DATE: 19981201
0 BENEFIT PERIOD ST DATE: 19981201
0 BENEFIT PD THRU DATE: 19981222
0 BENEFIT TYPE CLAIM WKS: 0002
0BENEFIT TYPE CLAIM DAYS: 4
0 BENEFIT AMOUNT PAID: 00000071082
0 PAYMENT ISSUE DATE:

```



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Subsequent Report of Injury...Indemnity Benefits Continuous (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000051
0 TRANSACTION TRACKING #: 000000009
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273139
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: SS11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19980201
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000052
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000053
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000035000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19980201
0 CAL WEEKLY COMP AMOUNT: 00000023214
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000054
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19980201
0INIT DT DISBILITY BEGAN: 19980201
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 03
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000055
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000023214
0 GROSS AMOUNT EFF DATE: 19980201
0 NET WEEKLY AMOUNT: 00000023214
0 NET AMOUNT EFF DATE: 19980201
0 BENEFIT PERIOD ST DATE: 19980201
0 BENEFIT PD THRU DATE: 19980222
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000069642
0 PAYMENT ISSUE DATE:



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Subsequent Report of Injury...Indemnity Benefits Intermittent (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
 0 RECORD SEQUENC NUMBER: 000000061
 0 TRANSACTION TRACKING #: 000000011
 0 MAINTENANCE TYPE CODE: IP
 0 MTC DATE: 19991029
 0 JURISDICTION CLAIM #: 1273140
 0 JUR BRANCH OFFICE CODE:
 0 CA CLAIM #: TT11
 0 EMPLOYEE ID TYPE QUAL: S
 0 EMPLOYEE ID: 666111117
 0 DATE OF INJURY: 19981215
 0 EMPLOYEE LAST NAME: RUNNER
 0 EMPLOYEE FIRST NAME: ROAD
 0 INSURED REPORT NUMBER:
 0 REPORTING PERIOD CODE:
 0 LATE REASON CODE:

-
 0 RECORD TYPE QUALIFIER: EE N
 0 SEQUENCE NUMBER: 000000062
 0EMPLOYEE MIDDLE NAME/IN:
 0EMPLOYEE LAST NAME SFFX:
 0 EMPLOYEE PHONE NUMBER: 5155555555
 0 EMPLOYEE GENDER CODE: M
 0 MARITAL STATUS: U
 0 EDUCATION LVL: 12
 0 SSN RELEASE INDICATOR:
 0 MED REC RELEASE IND:
 0 EMPLOYEE DATE OF BIRTH: 19530501
 0 NBR OF DEPENDENTS:
 0PRE-EXISTING DISABILITY: N
 0DT NOTFD OF EE REPRSNTD:
 0 EMPLOYEE DATE OF DEATH:

-
 0 RECORD TYPE QUALIFIER: EMP N
 0 SEQUENCE NUMBER: 000000063
 0 EMPLOYEE DATE OF HIRE: 19940701
 0 EMPLOYMENT STATUS CODE: 1
 0 DAYS WORKED PER WEEK:
 0DISCNTD FRINGE BENEFITS:
 0 AVERAGE WAGE: 00000075000
 0 WAGE PERIOD CODE: 01
 0 WAGE EFFECTIVE DATE: 19981215
 0 CAL WEEKLY COMP AMOUNT: 00000046571
 0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
 0 SEQUENCE NUMBER: 000000064
 0DOI FULL WAGES PAID IND: N
 0NON CONSECUTIVE PD CODE:
 0INIT DT LAST DAY WORKED: 19981215
 0INIT DT DISBILITY BEGAN: 19981215
 0 DATE OF MMI:
 0 INIT RETURN TO WORK DT:
 0 CURRENT DATE LDW:
 0 CURRENT DATE DDB:
 0CURRENT RETURN TO WK DT:
 0 RETURN TO WK CD:
 0 PHYSICAL RESTRICTIONS:
 0 RTW SAME EMPLOYER IND:
 0EST GROSS WKLY AMNT IND:
 0EE NBR OF ENTITIED EXPN: 04
 0 EMPLOYEE TAX FILING ST:
 0 WITHHOLDING EXEMPTIONS:
 0 DENIAL REASON CODE 1:
 0 DENIAL REASON CODE 2:
 0 DENIAL REASON CODE 3:
 0 DENIAL REASON CODE 4:
 0 DENIAL REASON CODE 5:
 0 MTC EFFECTIVE DATE:
 0 DENIAL RESCISSION DATE:
 0 SALARY CONTINUED IND:

0 **RECORD TYPE QUALIFIER: BEN N**
 0 **SEQUENCE NUMBER: 000000065**
 0 **MAINTENANCE TYPE: IP**
 0 **BENEFIT TYPE: 050**
 0 **GROSS WEEKLY AMOUNT: 00000046571**
 0 **GROSS AMOUNT EFF DATE: 19981215**
 0 **NET WEEKLY AMOUNT: 00000046571**
 0 **NET AMOUNT EFF DATE: 19981215**
 0 **BENEFIT PERIOD ST DATE: 19981215**
 0 **BENEFIT PD THRU DATE: 19990105**
 0 **BENEFIT TYPE CLAIM WKS: 0003**
 0 **BENEFIT TYPE CLAIM DAYS: 0**
 0 **BENEFIT AMOUNT PAID: 00000139713**
 0 **PAYMENT ISSUE DATE:**



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Subsequent Report of Injury...TTD (MTC IP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000082
0 TRANSACTION TRACKING #: 000000016
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273141
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: UU11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331113
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000083
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000084
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000080000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT: 00000048667
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000085
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19951001
0INIT DT DISBILITY BEGAN: 19951001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000086
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000048667
0 GROSS AMOUNT EFF DATE: 19951001
0 NET WEEKLY AMOUNT: 00000048667
0 NET AMOUNT EFF DATE: 19951001
0 BENEFIT PERIOD ST DATE: 19951001
0 BENEFIT PD THRU DATE: 19951022
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000146001
0 PAYMENT ISSUE DATE:
```



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Subsequent Report of Injury...TPD (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000029
0 TRANSACTION TRACKING #: 000000006
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273142
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: VV11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:

-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000030
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000031
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000050000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19950701
0 CAL WEEKLY COMP AMOUNT: 00000031021
0 MANUAL CLASSIFICATION: 2802

-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000032
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19951001
0INIT DT DISABILITY BEGAN: 19951001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:

0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000033
0 MAINTENANCE TYPE: IP
0 **BENEFIT TYPE: 070**
0 GROSS WEEKLY AMOUNT: 00000031021
0 GROSS AMOUNT EFF DATE: 19951001
0 NET WEEKLY AMOUNT: 00000031021
0 NET AMOUNT EFF DATE: 19951001
0 **BENEFIT PERIOD ST DATE: 19951001**
0 **BENEFIT PD THRU DATE: 19951028**
0 **BENEFIT TYPE CLAIM WKS: 0004**
0**BENEFIT TYPE CLAIM DAYS: 0**
0 **BENEFIT AMOUNT PAID: 00000093338**
0 PAYMENT ISSUE DATE:

-
0 **RECORD TYPE QUALIFIER: RED N**
0 **RECORD SEQUENCE NUMBER: 000000034**
0**REDUCED EARNINGS WK NBR: 01**
0**ACTUAL REDUCED EARNINGS: 00000015000**
0**DEEMED REDUCED EARNINGS:**
-
0 **RECORD TYPE QUALIFIER: RED N**
0 **RECORD SEQUENCE NUMBER: 000000034**
0**REDUCED EARNINGS WK NBR: 02**
0**ACTUAL REDUCED EARNINGS: 00000015000**
0**DEEMED REDUCED EARNINGS:**

-
0 **RECORD TYPE QUALIFIER: RED N**
0 **RECORD SEQUENCE NUMBER: 000000034**
0**REDUCED EARNINGS WK NBR: 03**
0**ACTUAL REDUCED EARNINGS: 00000015000**
0**DEEMED REDUCED EARNINGS:**
-
0 **RECORD TYPE QUALIFIER: RED N**
0 **RECORD SEQUENCE NUMBER: 000000034**
0**REDUCED EARNINGS WK NBR: 04**
0**ACTUAL REDUCED EARNINGS: 00000015000**
0**DEEMED REDUCED EARNINGS:**



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Subsequent Report of Injury...PPD Only (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000087
0 TRANSACTION TRACKING #: 000000017
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273143
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: WW11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19961001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER: 00000088
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000088
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000089
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000075000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940701
0 CAL WEEKLY COMP AMOUNT: 00000045918
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000090
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19961001
0INIT DT DISBILITY BEGAN: 19961001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000091
0 MAINTENANCE TYPE: IP
0 **BENEFIT TYPE: 030**
0 GROSS WEEKLY AMOUNT: 00000045918
0 GROSS AMOUNT EFF DATE: 19961001
0 NET WEEKLY AMOUNT: 00000045918
0 NET AMOUNT EFF DATE: 19961001
0 BENEFIT PERIOD ST DATE: 19961001
0 BENEFIT PD THRU DATE: 19970227
0 **BENEFIT TYPE CLAIM WKS: 0022**
0**BENEFIT TYPE CLAIM DAYS: 0**
0 **BENEFIT AMOUNT PAID: 00001010196**
0 PAYMENT ISSUE DATE: 19991029
-
0 **RECORD TYPE QUALIFIER: IMP N**
0 **RECORD SEQUENC NUMBER: 000000092**
0**PERMANENT IMPAIRMENT BP: 54**
0 **PERMANENT IMPAIRMENT %: 01000**
0 **PI MINIMUM PAYMENT IND: Y**



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Subsequent Report of Injury...FROI Sent in Error (MTC 01)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000093
0 TRANSACTION TRACKING #: 000000018
0 **MAINTENANCE TYPE CODE: 01**
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273144
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: XX11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



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Subsequent Report of Injury...Annual Reporting (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000066
0 TRANSACTION TRACKING #: 000000012
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273145
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: YY11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19981001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000067
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000068
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000075000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19980901
0 CAL WEEKLY COMP AMOUNT: 00000046350
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000069
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19981001
0INIT DT DISBILITY BEGAN: 19981001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 **RECORD TYPE QUALIFIER: BEN N**
0 **SEQUENCE NUMBER: 000000070**
0 **MAINTENANCE TYPE: IP**
0 **BENEFIT TYPE: 050**
0 **GROSS WEEKLY AMOUNT: 00000046350**
0 **GROSS AMOUNT EFF DATE: 19981001**
0 **NET WEEKLY AMOUNT: 00000046350**
0 **NET AMOUNT EFF DATE: 19981001**
0 **BENEFIT PERIOD ST DATE: 19981001**
0 **BENEFIT PD THRU DATE: 19981006**
0 **BENEFIT TYPE CLAIM WKS: 0001**
0**BENEFIT TYPE CLAIM DAYS: 0**
0 **BENEFIT AMOUNT PAID: 00000046350**
0 **PAYMENT ISSUE DATE:**



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Subsequent Report of Injury...Minimum (MTC IP)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000094
0 TRANSACTION TRACKING #: 000000019
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273146
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ZZ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000095
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000096
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 0000005000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940901
0 CAL WEEKLY COMP AMOUNT: 0000004617
0 MANUAL CLASSIFICATION: 2802

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000097
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19951001
0INIT DT DISBILITY BEGAN: 19951001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000098
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000004617
0 GROSS AMOUNT EFF DATE: 19951001
0 NET WEEKLY AMOUNT: 00000004617
0 NET AMOUNT EFF DATE: 19951001
0 BENEFIT PERIOD ST DATE: 19951001
0 BENEFIT PD THRU DATE: 19951022
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 0000013851
0 PAYMENT ISSUE DATE:

```



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Subsequent Report of Injury...Other Benefit Revisions (MTC IP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000099
0 TRANSACTION TRACKING #: 000000020
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1273147
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ABC11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000100
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000101
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000185000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940901
0 CAL WEEKLY COMP AMOUNT: 00000090300
0 MANUAL CLASSIFICATION: 2802
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000102
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19971001
0INIT DT DISBILITY BEGAN: 19971001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000103
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000903003
0 GROSS AMOUNT EFF DATE: 19971001
0 NET WEEKLY AMOUNT: 00000090300
0 NET AMOUNT EFF DATE: 19971001
0 BENEFIT PERIOD ST DATE: 19971001
0 BENEFIT PD THRU DATE: 19971022
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000270900
0 PAYMENT ISSUE DATE:
```



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Subsequent Report of Injury...Death Claims (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000104
0 TRANSACTION TRACKING #: 000000021
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1275354
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: DEF11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19981001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000105
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: M
0 EDUCATION LVL: 09
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH: 19981001
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000106
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000075000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19940901
0 CAL WEEKLY COMP AMOUNT: 00000046350
0 MANUAL CLASSIFICATION: 2802
-

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000107
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19981001
0INIT DT DISBILITY BEGAN: 19981001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000108
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 010
0 GROSS WEEKLY AMOUNT: 00000046350
0 GROSS AMOUNT EFF DATE: 19981001
0 NET WEEKLY AMOUNT: 00000046350
0 NET AMOUNT EFF DATE: 19981001
0 BENEFIT PERIOD ST DATE: 19981001
0 BENEFIT PD THRU DATE: 19991022
0 BENEFIT TYPE CLAIM WKS: 0055
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00002549250
0 PAYMENT ISSUE DATE:



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Subsequent Report of Injury...Light Duty (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000120
0 TRANSACTION TRACKING #: 000000024
0 **MAINTENANCE TYPE CODE: FN**
0 MTC DATE: 19991029
0 JURISDICTION CLAIM #: 1275354
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: GHI11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331113
0 DATE OF INJURY: 19990101
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000121
0 **OTHER BENEFIT TYPE CODE: 360**
0 **OTHER BENEFIT AMOUNT: 00000050000**



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Acknowledgements

HD1426004546 503190207321654987 5031900751999102900075919991029000759TAK102F
AK100000001420000207081306321654987503190001999999000148TA RR11
1273153 00AU19991029000
00000000100
TR1000000027000000000

HD1426004546 503190207999999000 50319000119991029000039199910290001111TAK102F
AK100000000720000207081306001122337503190001999999000148TA AA11
1273150 00EF19991029000
00000000100
AK100000001220000207081306001122337503190001999999000148TA BB11
1273151 00EF19991029000
00000000200
TR1000000016000000000

HD1426004546 503190207321654987 5031900751999102900014719991029000147TAK102F
AK100000007120000207081306321654987503190001999999000148TA CC11
1273126 00IP19991029000
00000001300
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1273127 00IP19991029000
00000000200
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00000000500
AK100000001420000207081306321654987503190001999999000148TA FF11
1273129 00FN19991029000
00000000100
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1273130 00IP19991029000
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AK100000002620000207081306321654987503190001999999000148TA HH11
1273131 00CO19991029000
00000000200
AK100000002120000207081306321654987503190001999999000148TA II11
1273134 00IP19991029000
00000000300
AK100000007620000207081306321654987503190001999999000148TA JJ11
1273135 00IP19991029000
00000001400
AK100000003520000207081306321654987503190001999999000148TA KK11
1273152 000019991029000
00000000700
AK100000002520000207081306321654987503190001999999000148TA MM11
1273132 000219991029000
00000000401002903300



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Acknowledgements

AK100000005620000207081306321654987503190001999999000148TA 1273133 00IP19991029000 00000001000	NN11
AK100000010920000207081306321654987503190001999999000148TA 1273136 00IP19991029000 00000002200	OO11
AK100000004720000207081306321654987503190001999999000148TA 1273137 00UR19991029000 00000000800	PP11
AK100000007720000207081306321654987503190001999999000148TA 1273138 00IP19991029000 00000001500	QQ11
AK100000005120000207081306321654987503190001999999000148TA 1273139 00IP19991029000 00000000900	SS11
AK100000006120000207081306321654987503190001999999000148TA 1273140 00IP19991029000 00000001100	TT11
AK100000008220000207081306321654987503190001999999000148TA 1273141 00IP19991029000 00000001600	UU11
AK100000002920000207081306321654987503190001999999000148TA 1273142 00IP19991029000 00000000600	VV11
AK100000008720000207081306321654987503190001999999000148TA 1273143 00IP19991029000 00000001700	WW11
AK100000009320000207081306321654987503190001999999000148TA 1273144 000119991029000 00000001800	XX11
AK100000006620000207081306321654987503190001999999000148TA 1273145 00IP19991029000 00000001200	YY11
AK100000009420000207081306321654987503190001999999000148TA 1273146 00IP19991029000 00000001900	ZZ11
AK100000009920000207081306321654987503190001999999000148TA 1273147 00IP19991029000 00000002000	ABC11
AK100000010420000316122349321654987503190001999999000148TA 1275357 00IP19991029000 00000002100	DEF11
AK100000012020000316122349321654987503190001999999000148TR 1275354 00FN19991029000MTC IS NOT IN CORRECT SEQUENCE PLEASE CORRECT 00000002401000206300	GHI11
TR1000000127000000000	



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Transmission Level Three

The next subsection contains 15 scenarios for the third level of transmission. These 14 MTC's must be transmitted in one transmission. There are 15 varying SROI's. Please review the Testing Level table for proper sequencing and number of each type of SROI.

There will be two headers as outlined in the sample data structure. For example,

1	HD	Two KEY Records associated with Employer Paid information
2	HD	Thirteen KEY Records with other information

Scenario Development

- ◆ Refer to Iowa Scenario Testing Level Table for proper sequencing and testing transmissions.
- ◆ Highlighted sample data helps identify specific issues to that particular claim.

-MTC CODE: S1 OCCURRS 6 TIMES
-MTC CODE: CB OCCURRS 2 TIMES
-MTC CODE: RE OCCURRS 1 TIME
-MTC CODE: CA OCCURRS 2 TIMES
-MTC CODE: AN OCCURRS 1 TIME
-MTC CODE: AP OCCURRS 1 TIME
-MTC CODE: IP OCCURRS 1 TIME
-MTC CODE 01 OCCURRS 1 TIME



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Subsequent Report of Injury...Employer Paid (Record Levels 1-5)

```
0 RECORD TYPE QUALIFIER: HD1 Y
0 SENDER ID: 999999000 503190001
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991115
0 TIME TRANSMISSION SENT: 000039
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR Y
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA Y
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: INR Y
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: S
0 INSURER NAME: PARENT COMPANY
0 INSURER FEIN: 001122337
0 SELF INSURED ORG TYPE: G
0 SELF INSURED AUTH TYPE: L
-
0 RECORD TYPE QUALIFIER: IND Y
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: S
0 INSURED NAME: PARENT COMPANY
0 INSURED FEIN: 001122337
0 INSURED POSTAL CODE: 50319
-
0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: CONVIENCE STORE
0 EMPLOYER FEIN: 001122336
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742
```



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Subsequent Report of Injury...Employer Paid (MTC S1)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000007
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273150
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: AA11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000008
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000009
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991115
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991112
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000010
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000011
0 MAINTENANCE TYPE: S1
0 BENEFIT TYPE: 240
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991030
0 BENEFIT PD THRU DATE: 19991112
0 BENEFIT TYPE CLAIM WKS: 0002
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000120000
0 PAYMENT ISSUE DATE:
-



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Subsequent Report of Injury...EP to CA Paid (MTC CB)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000012
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: CB
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273151
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: BB11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991015
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000013
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000014
0 MAINTENANCE TYPE: EP
0 BENEFIT TYPE: 240
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991015
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991015
0 BENEFIT PERIOD ST DATE: 19991015
0 BENEFIT PD THRU DATE: 19991103
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000150000
0 PAYMENT ISSUE DATE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000015
0 MAINTENANCE TYPE: CB
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991015
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991015
0 BENEFIT PERIOD ST DATE: 19991104
0 BENEFIT PD THRU DATE: 19991114
0 BENEFIT TYPE CLAIM WKS: 0001
0BENEFIT TYPE CLAIM DAYS: 4
0 BENEFIT AMOUNT PAID: 00000047984
0 PAYMENT ISSUE DATE:
-
```



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Subsequent Report of Injury...Varying MTC's (Record Levels 1-5)

```
0 RECORD TYPE QUALIFIER: HD1 N
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991115
0 TIME TRANSMISSION SENT: 000147
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR N
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA N
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: INR N
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:
-
0 RECORD TYPE QUALIFIER: IND N
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075
-
0 RECORD TYPE QUALIFIER: ER N
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742
```




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Subsequent Report of Injury...Under Investigation (MTC S1)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000036
0 TRANSACTION TRACKING #: 000000007
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273126
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: CC11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331113
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000037
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19991001
0 INIT DT DISABILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991113
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000039
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE DEVIATED FROM NORMAL ROUTE



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Subsequent Report of Injury...Base Scenario (MTC S1)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000008
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 12723127
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: DD11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000009
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRNTD:
0 EMPLOYEE DATE OF DEATH:

0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000010
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991113
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991111
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000012
0 MAINTENANCE TYPE: S1
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991111
0 BENEFIT TYPE CLAIM WKS: 0006
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000183210
0 PAYMENT ISSUE DATE: 19991114



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Subsequent Report of Injury...Transaction with Errors (TE) (MTC IP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000057
0 TRANSACTION TRACKING #: 000000012
0 MAINTENANCE TYPE CODE: IP
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273131
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: HH11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331117
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: RUNNER
0 EMPLOYEE FIRST NAME: ROAD
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000058
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000050000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19990701
0 CAL WEEKLY COMP AMOUNT: 00000030535
0 MANUAL CLASSIFICATION: 2802
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000059
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000060
0 MAINTENANCE TYPE: IP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991022
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000091605
0 PAYMENT ISSUE DATE:
-
```



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Subsequent Report of Injury...Fringe Benefits (MTC CA)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000024
0 TRANSACTION TRACKING #: 000000004
0 MAINTENANCE TYPE CODE: CA
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273133
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: NN11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19960101
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000025
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000026
0 MAINTENANCE TYPE: CA
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000035115
0 GROSS AMOUNT EFF DATE: 19960101
0 **NET WEEKLY AMOUNT: 00000020115**
0 **NET AMOUNT EFF DATE: 19960123**
0 BENEFIT PERIOD ST DATE: 19960123
0 BENEFIT PD THRU DATE: 19960129
0 BENEFIT TYPE CLAIM WKS: 0001
0BENEFIT TYPE CLAIM DAYS: 0
0 **BENEFIT AMOUNT PAID: 00000020115**
0 PAYMENT ISSUE DATE:
-
0 **ADJUSTMENT QUALIFIER: ACR N**
0 **SEQUENCE NUMBER: 000000027**
0 **BENEFIT ACR QUALIFIER: A**
0 **BENEFIT ACR CODE: W050**
0 **BENEFIT ACR START DATE: 19960123**
0 **BENEFIT ACR END DATE:**
0**BENEFIT ACR WKLY AMOUNT: 00000015000**



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Subsequent Report of Injury...Acquired Claim (MTC AP)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000052
0 TRANSACTION TRACKING #: 000000011
0 MAINTENANCE TYPE CODE: AP
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273153
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: RR11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111112
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FINE
0 EMPLOYEE FIRST NAME: SHIRLEY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000053
0EMPLOYEE MIDDLE NAME/IN: M
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: EMP N
0 SEQUENCE NUMBER: 000000054
0 EMPLOYEE DATE OF HIRE: 19940701
0 EMPLOYMENT STATUS CODE: 1
0 DAYS WORKED PER WEEK:
0DISCNTD FRINGE BENEFITS:
0 AVERAGE WAGE: 00000200000
0 WAGE PERIOD CODE: 01
0 WAGE EFFECTIVE DATE: 19990701
0 CAL WEEKLY COMP AMOUNT: 00000099341
0 MANUAL CLASSIFICATION: 2802
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000055
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000056
0 MAINTENANCE TYPE: AP
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000099341
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000099341
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991021
0 BENEFIT TYPE CLAIM WKS: 0003
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000298023
0 PAYMENT ISSUE DATE:
```



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Subsequent Report of Injury...Indemnity Benefits Continuous (MTC CB)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000020
0 TRANSACTION TRACKING #: 000000003
0 MAINTENANCE TYPE CODE: CB
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273139
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: SS11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19980201
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-

0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000021
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000022
0 MAINTENANCE TYPE: CB
0 BENEFIT TYPE: 070
0 GROSS WEEKLY AMOUNT: 0000023214
0 GROSS AMOUNT EFF DATE: 19980201
0 NET WEEKLY AMOUNT: 0000023214
0 NET AMOUNT EFF DATE: 19980201
0 BENEFIT PERIOD ST DATE: 19980223
0 BENEFIT PD THRU DATE: 19980301
0 BENEFIT TYPE CLAIM WKS: 0001
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 0000016675
0 PAYMENT ISSUE DATE:
-

0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000023
0REDUCED EARNINGS WK NBR: 01
0ACTUAL REDUCED EARNINGS: 0000010000
0DEEMED REDUCED EARNINGS:



Iowa Division of Workers' Compensation EDI Release 2 Implementation Guide

Subsequent Report of Injury...Indemnity Benefits Intermittent (MTC S1)

0 RECORD TYPE QUALIFIER: KEY
 0 RECORD SEQUENC NUMBER: 000000028
 0 TRANSACTION TRACKING #: 000000005
 0 MAINTENANCE TYPE CODE: S1
 0 MTC DATE: 19991115
 0 JURISDICTION CLAIM #: 1273140
 0 JUR BRANCH OFFICE CODE:
 0 CA CLAIM #: TT11
 0 EMPLOYEE ID TYPE QUAL: S
 0 EMPLOYEE ID: 666111117
 0 DATE OF INJURY: 19981215
 0 EMPLOYEE LAST NAME: RUNNER
 0 EMPLOYEE FIRST NAME: ROAD
 0 INSURED REPORT NUMBER:
 0 REPORTING PERIOD CODE:
 0 LATE REASON CODE:

-
 0 RECORD TYPE QUALIFIER: EE N
 0 SEQUENCE NUMBER: 000000029
 0EMPLOYEE MIDDLE NAME/IN:
 0EMPLOYEE LAST NAME SFFX:
 0 EMPLOYEE PHONE NUMBER: 5155555555
 0 EMPLOYEE GENDER CODE: M
 0 MARITAL STATUS: U
 0 EDUCATION LVL: 12
 0 SSN RELEASE INDICATOR:
 0 MED REC RELEASE IND:
 0 EMPLOYEE DATE OF BIRTH: 19530501
 0 NBR OF DEPENDENTS:
 0PRE-EXISTING DISABILITY: N
 0DT NOTFD OF EE REPRSNTD:
 0 EMPLOYEE DATE OF DEATH:

-
 0 RECORD TYPE QUALIFIER: DIS N
 0 SEQUENCE NUMBER: 000000030
 0DOI FULL WAGES PAID IND: N
 0NON CONSECUTIVE PD CODE:
 0INIT DT LAST DAY WORKED: 19981215
 0INIT DT DISBILITY BEGAN: 19981215
 0 DATE OF MMI:
 0 INIT RETURN TO WORK DT: 19990113
 0 CURRENT DATE LDW:
 0 CURRENT DATE DDB:
 0CURRENT RETURN TO WK DT:
 0 RETURN TO WK CD: A
 0 PHYSICAL RESTRICTIONS:
 0 RTW SAME EMPLOYER IND:
 0EST GROSS WKLY AMNT IND:
 0EE NBR OF ENTITIED EXPN: 04
 0 EMPLOYEE TAX FILING ST:
 0 WITHHOLDING EXEMPTIONS:
 0 DENIAL REASON CODE 1:
 0 DENIAL REASON CODE 2:
 0 DENIAL REASON CODE 3:
 0 DENIAL REASON CODE 4:
 0 DENIAL REASON CODE 5:
 0 MTC EFFECTIVE DATE: 19991112
 0 DENIAL RESCISSION DATE:
 0 SALARY CONTINUED IND:

0 RECORD TYPE QUALIFIER: BEN N
 0 SEQUENCE NUMBER: 000000031
 0 MAINTENANCE TYPE: S1
 0 BENEFIT TYPE: 050
 0 GROSS WEEKLY AMOUNT: 00000046571
 0 GROSS AMOUNT EFF DATE: 19981215
 0 NET WEEKLY AMOUNT: 00000046571
 0 NET AMOUNT EFF DATE: 19981215
 0 BENEFIT PERIOD ST DATE: 19981215
 0 BENEFIT PD THRU DATE: 19990112
 0 BENEFIT TYPE CLAIM WKS: 0004
 0BENEFIT TYPE CLAIM DAYS: 0
 0 BENEFIT AMOUNT PAID: 00000186284
 0 PAYMENT ISSUE DATE: 19991114
 0 RECORD TYPE QUALIFIER: TXT N
 0 RECORD SEQUENCE NUMBER: 000000011
 0 TEXT TYPE QUALIFIER: SU
 0 TEXT: EE RETURNED TO WORK

-
 0 RECORD TYPE QUALIFIER: OBT N
 0 RECORD SEQUENCE NUMBER: 000000027
 0OTHER BENEFIT TYPE CODE: 350
 0 OTHER BENEFIT AMOUNT: 00000100000
 -
 0 RECORD TYPE QUALIFIER: OBT N
 0 RECORD SEQUENCE NUMBER: 000000027
 0OTHER BENEFIT TYPE CODE: 360
 0 OTHER BENEFIT AMOUNT: 00000200000



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Subsequent Report of Injury...TPD (MTC RE)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000013
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: RE
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273142
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: VV11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000014
0 MAINTENANCE TYPE: RE
0 **BENEFIT TYPE: 070**
0 NET WEEKLY AMOUNT:
0 NET AMOUNT EFF DATE:
0 BENEFIT PERIOD ST DATE: 19951029
0 BENEFIT PD THRU DATE: 19951113
0 BENEFIT TYPE CLAIM WKS: 0002
0 BENEFIT TYPE CLAIM DAYS: 2
0 **BENEFIT AMOUNT PAID: 000000116006**
0 PAYMENT ISSUE DATE:

0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000017
0 REDUCED EARNINGS WK NBR: 01
0 ACTUAL REDUCED EARNINGS: 00000016000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000018
0 REDUCED EARNINGS WK NBR: 02
0 ACTUAL REDUCED EARNINGS: 00000022000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000019
0 REDUCED EARNINGS WK NBR: 03
0 ACTUAL REDUCED EARNINGS: 00000000400
0 DEEMED REDUCED EARNINGS:

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Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...PPD Only (MTC S1)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000040
0 TRANSACTION TRACKING #: 000000008
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273143
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: WW11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19961001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000042
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19961001
0 INIT DT DISABILITY BEGAN: 19961001
0 DATE OF MMI: 19970228
0 INIT RETURN TO WORK DT: 19970301
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19970228
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK. BENEFITS HAVE BEEN PAID.



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Annual Reporting (MTC AN)

```

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000032
0 TRANSACTION TRACKING #: 000000006
0 MAINTENANCE TYPE CODE: AN
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273145
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: YY11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19981001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE: CY
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000033
0EMPLOYEE MIDDLE NAME/IN:
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: F
0 MARITAL STATUS: S
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000034
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19981001
0INIT DT DISBILITY BEGAN: 19981001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000038
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19981001
0 DATE CA HAD KNOWLEDGE: 19981002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 31
0 NATURE OF INJURY: 28
0 PART OF BODY INJURED: 54
0AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: O
0 CLAIM TYPE: I
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000035
0 MAINTENANCE TYPE: AN
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000046350
0 GROSS AMOUNT EFF DATE: 19981001
0 NET WEEKLY AMOUNT: 00000046350
0 NET AMOUNT EFF DATE: 19981001
0 BENEFIT PERIOD ST DATE: 19981001
0 BENEFIT PD THRU DATE: 19981029
0 BENEFIT TYPE CLAIM WKS: 004
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000185400
0 PAYMENT ISSUE DATE:
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000027
0OTHER BENEFIT TYPE CODE: 350
0 OTHER BENEFIT AMOUNT: 00000075000
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000027
0OTHER BENEFIT TYPE CODE: 360
0 OTHER BENEFIT AMOUNT: 00000150000

```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

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Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Minimum (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000045
0 TRANSACTION TRACKING #: 000000009
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273146
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ZZ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000047
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19951001
0 INIT DT DISABILITY BEGAN: 19951001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19960601
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19960531
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Other Benefit Revisions (MTC IP)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000049
0 TRANSACTION TRACKING #: 000000010
0 MAINTENANCE TYPE CODE: CA
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1273147
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ABC11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000050
0 MAINTENANCE TYPE: CA
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000903003
0 GROSS AMOUNT EFF DATE: 19971001
0 **NET WEEKLY AMOUNT: 0000090300**
0 **NET AMOUNT EFF DATE: 19971001**
0 BENEFIT PERIOD ST DATE: 19971001
0 BENEFIT PD THRU DATE: 19971031
0 BENEFIT TYPE CLAIM WKS: 0004
0 BENEFIT TYPE CLAIM DAYS: 2
0 BENEFIT AMOUNT PAID: 00000387000
0 PAYMENT ISSUE DATE:
-
0 **ADJUSTMENT QUALIFIER: ACR N**
0 **SEQUENCE NUMBER: 000000051**
0 **BENEFIT ACR QUALIFIER: R**
0 **BENEFIT ACR CODE: H050**
0 **BENEFIT ACR START DATE: 19971001**
0 **BENEFIT ACR END DATE: 19971031**
0 **BENEFIT ACR WKLY AMOUNT: 0000010000**



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Light Duty (MTC 01)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000061
0 TRANSACTION TRACKING #: 000000013
0 MAINTENANCE TYPE CODE: 01
0 MTC DATE: 19991115
0 JURISDICTION CLAIM #: 1275354
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: GHI11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331113
0 DATE OF INJURY: 19990101
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Acknowledgements

HD1426004546 503190207999999000 5031900011999111500003919991115000111TAK102F
AK100000000720000210082517001122337503190001999999000148TA AA11
1273150 00S119991115000
00000000100
AK100000001220000210082517001122337503190001999999000148TA BB11
1273151 00CB19991115000
00000000200
TR1000000015000000000

HD1426004546 503190207321654987 5031900751999111500014719991115000147TAK102F
AK100000003620000210082517321654987503190001999999000148TA CC11
1273126 000419991115000
00000000700
AK100000000820000210082517321654987503190001999999000148TA DD11
1273127 00S119991115000
00000000100
AK100000005720000210082517321654987503190001999999000148TA HH11
1273131 00IP19991115000
00000001200
AK100000002420000210082517321654987503190001999999000148TA NN11
1273133 00CA19991115000
00000000400
AK100000005220000210082517321654987503190001999999000148TA RR11
1273153 00AP19991115000
00000001100
AK100000002020000210082517321654987503190001999999000148TA SS11
1273139 00CB19991115000
00000000300
AK100000002820000210082517321654987503190001999999000148TA TT11
1273140 00S119991115000
00000000500
AK100000001320000210082517321654987503190001999999000148TA VV11
1273142 00RE19991115000
00000000200
AK100000004020000210082517321654987503190001999999000148TA WW11
1273143 00S119991115000
00000000800
AK100000003220000210082517321654987503190001999999000148TA YY11
1273145 00AN19991115000
00000000600
AK100000004520000210082517321654987503190001999999000148TA ZZ11
1273146 00S119991115000
00000000900
AK100000004920000210082517321654987503190001999999000148TA ABC11
1273147 00CA19991115000
00000001000
AK100000006120000316123528321654987503190001999999000148TA GHI11
1275354 000119991115000
00000001300
TR1000000066000000000



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Transmission Level Four

The next subsection contains 11 scenarios for the fourth level of transmission. These 11 MTC's must be transmitted in one transmission. There are 11 varying SROI's. Please review the Testing Level table for proper sequencing and number of each type of SROI.

There will be two headers as outlined in the sample data structure. For example,

1	HD	Two KEY Records associated with Employer Paid information
2	HD	Nine KEY Records with other information

Scenario Development

- ◆ Refer Iowa Scenario Testing Level Table for proper sequencing and testing transmissions.
- ◆ Highlighted sample data helps identify specific issues to that particular claim.

-MTC CODE: ER OCCURRS 1 TIME
-MTC CODE: S1 OCCURRS 1 TIME
-MTC CODE: FN OCCURRS 2 TIMES
-MTC CODE: RE OCCURRS 1 TIME
-MTC CODE: CB OCCURRS 1 TIME
-MTC CODE: CA OCCURRS 2 TIMES
-MTC CODE: RB OCCURRS 2 TIMES
-MTC CODE: 04 OCCURRS 1 TIME



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Employer Paid (Levels 1-5)

```
0 RECORD TYPE QUALIFIER: HD1 Y
0 SENDER ID: 999999000 503190001
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991215
0 TIME TRANSMISSION SENT: 000039
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR Y
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA Y
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: INR Y
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: S
0 INSURER NAME: PARENT COMPANY
0 INSURER FEIN: 001122337
0 SELF INSURED ORG TYPE: G
0 SELF INSURED AUTH TYPE: L
-
0 RECORD TYPE QUALIFIER: IND Y
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: S
0 INSURED NAME: PARENT COMPANY
0 INSURED FEIN: 001122337
0 INSURED POSTAL CODE: 50319
-
0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: CONVIENCE STORE
0 EMPLOYER FEIN: 001122336
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Employer Paid (MTC ER)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000007
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: ER
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273150
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: AA11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000008
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000009
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW: 19991130
0 CURRENT DATE DDB: 19991201
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD:
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE:
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000010
0 MAINTENANCE TYPE: ER
0 BENEFIT TYPE: 240
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991202
0 BENEFIT PD THRU DATE: 19991209
0 BENEFIT TYPE CLAIM WKS: 0001
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000050000
0 PAYMENT ISSUE DATE:
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...EP to CA Paid (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000011
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273151
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: BB11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991015
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000012
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000013
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991015
0INIT DT DISBILITY BEGAN: 19991015
0 DATE OF MMI:

0 INIT RETURN TO WORK DT: 19991214
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991125
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000014
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK

0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000015
0 MAINTENANCE TYPE: S1
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991015
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991015
0 BENEFIT PERIOD ST DATE: 19991104
0 BENEFIT PD THRU DATE: 19991125
0 BENEFIT TYPE CLAIM WKS: 0004
0BENEFIT TYPE CLAIM DAYS: 4
0 BENEFIT AMOUNT PAID: 00000139589
0 PAYMENT ISSUE DATE: 19991214
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Varying MTC's (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 N
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991215
0 TIME TRANSMISSION SENT: 000147
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802

-
0 RECORD TYPE QUALIFIER: JUR N
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA

-
0 RECORD TYPE QUALIFIER: CA N
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY

-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

-
0 RECORD TYPE QUALIFIER: INR N
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:

-
0 RECORD TYPE QUALIFIER: IND N
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075

-
0 RECORD TYPE QUALIFIER: ER N
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Under Investigation (MTC 04)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000031
0 TRANSACTION TRACKING #: 000000007
0 MAINTENANCE TYPE CODE: 04
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273126
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: CC11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331113
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000032
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19991001
0 INIT DT DISABILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT:
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITLED EXPN: 02
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1: 1E
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991214
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: N
-
0 ACCIDENT QUALIFIER: ACC N
0 SEQUENCE NUMBER: 000000033
0 ACCIDENT SITE: STORY
0 DATE EMPLOYER KNEW: 19991001
0 DATE CA HAD KNOWLEDGE: 19991002
0 TIME OF INJURY: 1400
0 DEATH RESULT OF INJURY:
0 CAUSE OF INJURY: 48
0 NATURE OF INJURY: 59
0 PART OF BODY INJURED: 90
0 AGREEMENT TO COMPENSATE:
0 CLAIM STATUS: C
0 CLAIM TYPE: N
0 ACCIDENT PREMISES: X
0 INITIAL TREATMENT: 3
0 INSURED LOCATION NBR: JS51
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000034
0 TEXT TYPE QUALIFIER: DR
0 TEXT: EE DEVIATED FROM NORMAL ROUTE



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Base Scenario (MTC FN)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000008
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273127
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: DD11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000009
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000010
0 MAINTENANCE TYPE: FN
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991001
0 BENEFIT PD THRU DATE: 19991202
0 BENEFIT TYPE CLAIM WKS: 0009
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000274815
0 PAYMENT ISSUE DATE:
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000011
0OTHER BENEFIT TYPE CODE: 320
0 OTHER BENEFIT AMOUNT: 00000010000
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000012
0OTHER BENEFIT TYPE CODE: 360
0 OTHER BENEFIT AMOUNT: 00000500000
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000013
0OTHER BENEFIT TYPE CODE: 350
0 OTHER BENEFIT AMOUNT: 00000750000
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Fringe Benefits (MTC CA)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000021
0 TRANSACTION TRACKING #: 000000004
0 MAINTENANCE TYPE CODE: CA
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273133
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: NN11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19960101
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000022
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000023
0 MAINTENANCE TYPE: CA
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000035115
0 GROSS AMOUNT EFF DATE: 19960101
0 NET WEEKLY AMOUNT: 00000020115
0 NET AMOUNT EFF DATE: 19960130
0 BENEFIT PERIOD ST DATE: 19960130
0 BENEFIT PD THRU DATE: 19960205
0 BENEFIT TYPE CLAIM WKS: 0001
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000020115
0 PAYMENT ISSUE DATE: 19991214
-
0 ADJUSTMENT QUALIFIER: ACR N
0 SEQUENCE NUMBER: 000000024
0 BENEFIT ACR QUALIFIER: A
0 BENEFIT ACR CODE: W050
0 BENEFIT ACR START DATE:
0 BENEFIT ACR END DATE: 19960205
0BENEFIT ACR WKLY AMOUNT: 00000030000
```




Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Indemnity Benefits Continuous (MTC CB)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000017
0 TRANSACTION TRACKING #: 000000003
0 MAINTENANCE TYPE CODE: CB
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273139
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: SS11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19980201
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000018
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000019
0 MAINTENANCE TYPE: CB
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000023214
0 GROSS AMOUNT EFF DATE: 19980201
0 NET WEEKLY AMOUNT: 00000023214
0 NET AMOUNT EFF DATE: 19980201
0 BENEFIT PERIOD ST DATE: 19980302
0 BENEFIT PD THRU DATE: 19980420
0 BENEFIT TYPE CLAIM WKS: 0007
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000162498
0 PAYMENT ISSUE DATE: 19991214



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Indemnity Benefits Intermittent (MTC RB)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000025
0 TRANSACTION TRACKING #: 000000005
0 MAINTENANCE TYPE CODE: RB
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273140
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: TT11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111117
0 DATE OF INJURY: 19981215
0 EMPLOYEE LAST NAME: RUNNER
0 EMPLOYEE FIRST NAME: ROAD
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000027
0 MAINTENANCE TYPE: RB
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000046571
0 GROSS AMOUNT EFF DATE: 19981215
0 NET WEEKLY AMOUNT: 00000046571
0 NET AMOUNT EFF DATE: 19981215
0 BENEFIT PERIOD ST DATE: 19990416
0 BENEFIT PD THRU DATE: 19990604
0 BENEFIT TYPE CLAIM WKS: 0007
0 BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000325997
0 PAYMENT ISSUE DATE: 19990606



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...TPD (MTC RE)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000014
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: RE
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273142
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: VV11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000015
0 MAINTENANCE TYPE: RE
0 BENEFIT TYPE: 070
0 NET WEEKLY AMOUNT:
0 NET AMOUNT EFF DATE:
0 BENEFIT PERIOD ST DATE: 19951114
0 BENEFIT PD THRU DATE: 19951117
0 BENEFIT TYPE CLAIM WKS: 0000
0 BENEFIT TYPE CLAIM DAYS: 5
0 BENEFIT AMOUNT PAID: 000000142494
0 PAYMENT ISSUE DATE:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000016
0 REDUCED EARNINGS WK NBR: 01
0 ACTUAL REDUCED EARNINGS: 00000016000
0 DEEMED REDUCED EARNINGS:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...PPD Only (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000035
0 TRANSACTION TRACKING #: 000000008
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273143
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: WW11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19961001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Minimum (MTC RB)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000036
0 TRANSACTION TRACKING #: 000000009
0 MAINTENANCE TYPE CODE: RB
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273146
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ZZ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000037
0 MAINTENANCE TYPE: RB
0 BENEFIT TYPE: 030
0 GROSS WEEKLY AMOUNT: 00000004617
0 GROSS AMOUNT EFF DATE: 19951001
0 NET WEEKLY AMOUNT: 00000004617
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE:
0 BENEFIT PD THRU DATE:
0 BENEFIT TYPE CLAIM WKS: 0022
0 BENEFIT TYPE CLAIM DAYS: 0
0 **BENEFIT AMOUNT PAID: 00000239316**
0 PAYMENT ISSUE DATE: 19991210
-
0 **RECORD TYPE QUALIFIER: IMP N**
0 **RECORD SEQUENC NUMBER: 000000038**
0 **PERMANENT IMPAIRMENT BP: 54**
0 **PERMANENT IMPAIRMENT %: 01000**
0 **PI MINIMUM PAYMENT IND: Y**



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Other Benefit Revisions (MTC CA)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000039
0 TRANSACTION TRACKING #: 000000010
0 MAINTENANCE TYPE CODE: CA
0 MTC DATE: 19991215
0 JURISDICTION CLAIM #: 1273147
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ABC11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000040
0 MAINTENANCE TYPE: CA
0 BENEFIT TYPE: 050
0 GROSS WEEKLY AMOUNT: 00000090300
0 GROSS AMOUNT EFF DATE: 19971001
0 **NET WEEKLY AMOUNT: 00000090300**
0 NET AMOUNT EFF DATE: 19971001
0 BENEFIT PERIOD ST DATE: 19971101
0 BENEFIT PD THRU DATE: 19971130
0 BENEFIT TYPE CLAIM WKS: 0004
0 BENEFIT TYPE CLAIM DAYS: 1
0 BENEFIT AMOUNT PAID: 00000374100
0 PAYMENT ISSUE DATE: 19991214
-
0 **ADJUSTMENT QUALIFIER: ACR N**
0 **SEQUENCE NUMBER: 000000041**
0 **BENEFIT ACR QUALIFIER: R**
0 **BENEFIT ACR CODE: H050**
0 **BENEFIT ACR START DATE: 19971101**
0 **BENEFIT ACR END DATE: 19971130**
0 **BENEFIT ACR WKLY AMOUNT: 00000100000**



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Acknowledgements

HD1426004546 503190207999999000 5031900011999121500003919991215000111TAK102F

AK10000000720000211141940001122337503190001999999000148TA AA11 1273150
00ER19991215000 00000000100

AK100000001120000211141940001122337503190001999999000148TA BB11 1273151
00S119991215000 00000000200

TR1000000015000000000

HD1426004546 503190207321654987 5031900751999121500014719991215000147TAK102F

AK100000003120000211141940321654987503190001999999000148TA CC11 00000000700
1273126 000419991215000

AK100000000820000211141940321654987503190001999999000148TA DD11 00000000100
1273127 00FN19991215000

AK100000002120000211141940321654987503190001999999000148TA NN11 00000000400
1273133 00CA19991215000

AK100000001720000211141940321654987503190001999999000148TA SS11 00000000300
1273139 00CB19991215000

AK100000002520000211141940321654987503190001999999000148TA TT11 00000000500
1273140 00RB19991215000

AK100000001420000211141940321654987503190001999999000148TA VV11 00000000200
1273142 00RE19991215000

AK100000003520000211141940321654987503190001999999000148TA WW11 00000000800
1273143 00FN19991215000

AK100000003620000211141940321654987503190001999999000148TA ZZ11 00000000900
1273146 00RB19991215000

AK100000003620000210092122321654987503190001999999000148TA ABC11 00000001000
1273147 00CA19991215000

TR1000000039000000000



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Transmission Level Five

The next subsection contains nine (9) scenarios for the fifth level of transmission. These nine (9) MTC's must be transmitted in one transmission. There are nine (9) SROI's. Please review the Testing Level table for proper sequencing and number of each type of SROI.

There will be two headers as outlined in the sample data structure. For example,

1	HD	Two KEY Records associated with Employer Paid information
2	HD	Seven KEY Records with other information

Scenario Development

- ◆ Refer to Iowa Scenario Testing Level Table for proper sequencing and testing transmissions.
- ◆ Highlighted sample data helps identify specific issues to that particular claim.

-MTC CODE: S1 OCCURRS 6 TIMES
-MTC CODE: FN OCCURRS 2 TIMES
-MTC CODE: RE OCCURRS 1 TIME



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Employer Paid (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 Y
0 SENDER ID: 999999000 503190001
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991230
0 TIME TRANSMISSION SENT: 000039
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR Y
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA Y
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: INR Y
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: S
0 INSURER NAME: PARENT COMPANY
0 INSURER FEIN: 001122337
0 SELF INSURED ORG TYPE: G
0 SELF INSURED AUTH TYPE: L
-
0 RECORD TYPE QUALIFIER: IND Y
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: S
0 INSURED NAME: PARENT COMPANY
0 INSURED FEIN: 001122337
0 INSURED POSTAL CODE: 50319
-
0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: CONVIENCE STORE
0 EMPLOYER FEIN: 001122336
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Employer Paid (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000007
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273150
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: AA11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000008
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000009
0DOI FULL WAGES PAID IND: Y
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19991001
0INIT DT DISBILITY BEGAN: 19991001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991229
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991229
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000010
0 MAINTENANCE TYPE: S1
0 BENEFIT TYPE: 240
0 GROSS WEEKLY AMOUNT: 00000030535
0 GROSS AMOUNT EFF DATE: 19991001
0 NET WEEKLY AMOUNT: 00000030535
0 NET AMOUNT EFF DATE: 19991001
0 BENEFIT PERIOD ST DATE: 19991202
0 BENEFIT PD THRU DATE: 19991229
0 BENEFIT TYPE CLAIM WKS: 0004
0BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000200000
0 PAYMENT ISSUE DATE: 19991229
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...EP to CA Paid (MTC FN)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000012
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273151
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: BB11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991015
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000013
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Varying MTC's (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 N
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 19991230
0 TIME TRANSMISSION SENT: 000147
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802

-
0 RECORD TYPE QUALIFIER: JUR N
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA

-
0 RECORD TYPE QUALIFIER: CA N
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY

-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

-
0 RECORD TYPE QUALIFIER: INR N
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:

-
0 RECORD TYPE QUALIFIER: IND N
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075

-
0 RECORD TYPE QUALIFIER: ER N
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Under Investigation (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000039
0 TRANSACTION TRACKING #: 000000011
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273126
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: CC11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331113
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: FLINTSTONE
0 EMPLOYEE FIRST NAME: FRED
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Fringe Benefits (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000021
0 TRANSACTION TRACKING #: 000000003
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273133
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: NN11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19960101
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000022
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000019
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19960101
0INIT DT DISABILITY BEGAN: 19960101
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991217
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991216
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Indemnity Benefits Continuous (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000011
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273139
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: SS11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19980201
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000018
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000019
0DOI FULL WAGES PAID IND: N
0NON CONSECUTIVE PD CODE:
0INIT DT LAST DAY WORKED: 19980201
0INIT DT DISBILITY BEGAN: 19980201
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991217
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0EST GROSS WKLY AMNT IND:
0EE NBR OF ENTITIED EXPN: 03
0 EMPLOYEE TAX FILING ST: A
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991216
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Indemnity Benefits Intermittent (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000025
0 TRANSACTION TRACKING #: 000000004
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273140
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: TT11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111117
0 DATE OF INJURY: 19981215
0 EMPLOYEE LAST NAME: RUNNER
0 EMPLOYEE FIRST NAME: ROAD
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000019
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19981215
0 INIT DT DISABILITY BEGAN: 19981215
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991217
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITIED EXPN: 04
0 EMPLOYEE TAX FILING ST: A
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991216
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```




Iowa Division of Workers' Compensation

EDI Release 2 Implementation

Subsequent Report of Injury...TPD (MTC RE)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000008
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: RE
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273142
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: VV11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: BEN N
0 SEQUENCE NUMBER: 000000009
0 MAINTENANCE TYPE: RE
0 BENEFIT TYPE: 070
0 NET WEEKLY AMOUNT:
0 NET AMOUNT EFF DATE:
0 BENEFIT PERIOD ST DATE: 19951118
0 BENEFIT PD THRU DATE: 19960108
0 BENEFIT TYPE CLAIM WKS: 0008
0 BENEFIT TYPE CLAIM DAYS: 0
0 BENEFIT AMOUNT PAID: 00000186676
0 PAYMENT ISSUE DATE: 19991223
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 01
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 02
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 03
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 04
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 05
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 06
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 07
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
0 RECORD SEQUENCE NUMBER: 000000010
0 REDUCED EARNINGS WK NBR: 08
0 ACTUAL REDUCED EARNINGS: 00000015000
0 DEEMED REDUCED EARNINGS:
-
0 RECORD TYPE QUALIFIER: RED N
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Minimum (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000034
0 TRANSACTION TRACKING #: 000000005
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273146
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ZZ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000019
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19951001
0 INIT DT DISABILITY BEGAN: 19951001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991217
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST: C
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991216
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Other Benefit Revisions (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000036
0 TRANSACTION TRACKING #: 000000006
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 19991230
0 JURISDICTION CLAIM #: 1273147
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ABC11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000019
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19971001
0 INIT DT DISABILITY BEGAN: 19971001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19991217
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITIED EXPN: 02
0 EMPLOYEE TAX FILING ST: C
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19991216
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND: Y
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000011
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Acknowledgements

HD1426004546 503190207999999000 5031900011999123000003919991230000111TAK102F

AK100000000720000225140158001122337503190001999999000148TA AA11
1273150 00S119991230000
00000000100

AK100000001220000225140158001122337503190001999999000148TA BB11
1273151 00FN19991230000
00000000200

TR1000000013000000000

HD1426004546 503190207321654987 5031900751999123000014719991230000147TAK102F

AK100000003920000225140158321654987503190001999999000148TA CC11
1273126 00FN19991230000
00000001100

AK100000002120000225140158321654987503190001999999000148TA NN11
1273133 00S119991230000
00000000300

AK100000001120000225140158321654987503190001999999000148TA SS11
1273139 00S119991230000
00000000200

AK100000002520000225140158321654987503190001999999000148TA TT11
1273140 00S119991230000
00000000400

AK100000000820000225140158321654987503190001999999000148TA VV11
1273142 00RE19991230000
00000000100

AK100000003920000225140158321654987503190001999999000148TA ZZ11
1273146 00S119991230000

AK100000003620000225140158321654987503190001999999000148TA ABC11
1273147 00S119991230000
00000000600

TR1000000035000000000



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Transmission Level Six

The next subsection contains seven (7) scenarios for the sixth level of transmission. These seven (7) MTC's must be transmitted in one transmission. There are seven (7) SROI's. Please review the Testing Level table for proper sequencing and number of each type of SROI.

There will be two headers as outlined in the sample data structure. For example,

1	HD	One KEY Record associated with Employer Paid information
2	HD	Six KEY Records with other information

Scenario Development

- ◆ Refer to Iowa Scenario Testing Level Table for proper sequencing and testing transmissions.
- ◆ Highlighted sample data helps identify specific issues to that particular claim.

-MTC CODE: FN OCCURRS 6 TIMES
-MTC CODE: S1 OCCURRS 1 TIME



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Employer Paid (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 Y
0 SENDER ID: 999999000 503190001
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 20000110
0 TIME TRANSMISSION SENT: 000039
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802
-
0 RECORD TYPE QUALIFIER: JUR Y
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA
-
0 RECORD TYPE QUALIFIER: CA Y
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY
-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:
-
0 RECORD TYPE QUALIFIER: INR Y
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: S
0 INSURER NAME: PARENT COMPANY
0 INSURER FEIN: 001122337
0 SELF INSURED ORG TYPE: G
0 SELF INSURED AUTH TYPE: L
-
0 RECORD TYPE QUALIFIER: IND Y
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: S
0 INSURED NAME: PARENT COMPANY
0 INSURED FEIN: 001122337
0 INSURED POSTAL CODE: 50319
-
0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: CONVIENCE STORE
0 EMPLOYER FEIN: 001122336
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Employer Paid (MTC FN)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000007
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 20000110
0 JURISDICTION CLAIM #: 1273150
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: AA11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111116
0 DATE OF INJURY: 19991001
0 EMPLOYEE LAST NAME: BUNNY
0 EMPLOYEE FIRST NAME: BUGS
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000008
0EMPLOYEE MIDDLE NAME/IN: L
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155555555
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000009
0OTHER BENEFIT TYPE CODE: 350
0 OTHER BENEFIT AMOUNT: 00000200000
-
0 RECORD TYPE QUALIFIER: OBT N
0 RECORD SEQUENCE NUMBER: 000000010
0OTHER BENEFIT TYPE CODE: 360
0 OTHER BENEFIT AMOUNT: 00000600000
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Varying MTC's (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 N
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 20000110
0 TIME TRANSMISSION SENT: 000147
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802

-
0 RECORD TYPE QUALIFIER: JUR N
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA

-
0 RECORD TYPE QUALIFIER: CA N
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY

-
0 RECORD TYPE QUALIFIER: ADR N
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

-
0 RECORD TYPE QUALIFIER: INR N
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:

-
0 RECORD TYPE QUALIFIER: IND N
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075

-
0 RECORD TYPE QUALIFIER: ER N
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Fringe Benefits (MTC FN)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000013
0 TRANSACTION TRACKING #: 000000003
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 20000110
0 JURISDICTION CLAIM #: 1273133
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: NN11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666331111
0 DATE OF INJURY: 19960101
0 EMPLOYEE LAST NAME: SAMPLE
0 EMPLOYEE FIRST NAME: SIMPLE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000014
0EMPLOYEE MIDDLE NAME/IN: A
0EMPLOYEE LAST NAME SFFX: JR
0 EMPLOYEE PHONE NUMBER: 5155550000
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Indemnity Benefits Continuous (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000011
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 20000110
0 JURISDICTION CLAIM #: 1273139
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: SS11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111115
0 DATE OF INJURY: 19980201
0 EMPLOYEE LAST NAME: STRANGE
0 EMPLOYEE FIRST NAME: U
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: EE N
0 SEQUENCE NUMBER: 000000012
0EMPLOYEE MIDDLE NAME/IN: R
0EMPLOYEE LAST NAME SFFX:
0 EMPLOYEE PHONE NUMBER: 5155552222
0 EMPLOYEE GENDER CODE: M
0 MARITAL STATUS: U
0 EDUCATION LVL: 12
0 SSN RELEASE INDICATOR:
0 MED REC RELEASE IND:
0 EMPLOYEE DATE OF BIRTH: 19530501
0 NBR OF DEPENDENTS:
0PRE-EXISTING DISABILITY: N
0DT NOTFD OF EE REPRSNTD:
0 EMPLOYEE DATE OF DEATH:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Indemnity Benefits Intermittent (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000015
0 TRANSACTION TRACKING #: 000000004
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 20000110
0 JURISDICTION CLAIM #: 1273140
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: TT11
0 EMPLOYEE ID TYPE QUAL: S
0 EMPLOYEE ID: 666111117
0 DATE OF INJURY: 19981215
0 EMPLOYEE LAST NAME: RUNNER
0 EMPLOYEE FIRST NAME: ROAD
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...TPD (MTC S1)

```
0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000008
0 TRANSACTION TRACKING #: 000000001
0 MAINTENANCE TYPE CODE: S1
0 MTC DATE: 20000110
0 JURISDICTION CLAIM #: 1273142
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: VV11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:
-
0 RECORD TYPE QUALIFIER: DIS N
0 SEQUENCE NUMBER: 000000009
0 DOI FULL WAGES PAID IND: N
0 NON CONSECUTIVE PD CODE:
0 INIT DT LAST DAY WORKED: 19951001
0 INIT DT DISABILITY BEGAN: 19951001
0 DATE OF MMI:
0 INIT RETURN TO WORK DT: 19960109
0 CURRENT DATE LDW:
0 CURRENT DATE DDB:
0 CURRENT RETURN TO WK DT:
0 RETURN TO WK CD: A
0 PHYSICAL RESTRICTIONS:
0 RTW SAME EMPLOYER IND:
0 EST GROSS WKLY AMNT IND:
0 EEE NBR OF ENTITIED EXPN: 01
0 EMPLOYEE TAX FILING ST:
0 WITHHOLDING EXEMPTIONS:
0 DENIAL REASON CODE 1:
0 DENIAL REASON CODE 2:
0 DENIAL REASON CODE 3:
0 DENIAL REASON CODE 4:
0 DENIAL REASON CODE 5:
0 MTC EFFECTIVE DATE: 19960108
0 DENIAL RESCISSION DATE:
0 SALARY CONTINUED IND:
-
0 RECORD TYPE QUALIFIER: TXT N
0 RECORD SEQUENCE NUMBER: 000000010
0 TEXT TYPE QUALIFIER: SU
0 TEXT: EE RETURNED TO WORK
```



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Minimum (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000016
0 TRANSACTION TRACKING #: 000000005
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 20000110
0 JURISDICTION CLAIM #: 1273146
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ZZ11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...Other Benefit Revisions (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000017
0 TRANSACTION TRACKING #: 000000006
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 20000110
0 JURISDICTION CLAIM #: 1273147
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: ABC11
0 EMPLOYEE ID TYPE QUAL: P
0 EMPLOYEE ID: 123994567
0 DATE OF INJURY: 19971001
0 EMPLOYEE LAST NAME: DUCK
0 EMPLOYEE FIRST NAME: DAFFY
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Acknowledgements

HD1426004546 503190207999999000 5031900012000011000003920000110000111TAK102F

AK100000000720000225140158001122337503190001999999000148TA AA11
1273150 00FN20000110000
00000000100

TR1000000013000000000

HD1426004546 503190207321654987 5031900752000011000014720000110000147TAK102F

AK100000002120000225140158321654987503190001999999000148TA NN11
1273133 00FN20000110000
00000000300

AK100000001120000225140158321654987503190001999999000148TA SS11
1273139 00FN20000110000
00000000200

AK100000002520000225140158321654987503190001999999000148TA TT11
1273140 00FN20000110000
00000000400

AK100000000820000225140158321654987503190001999999000148TA VV11
1273142 00S120000110000
00000000100

AK100000003920000225140158321654987503190001999999000148TA ZZ11
1273145 00FN20000110000

AK100000003620000225140158321654987503190001999999000148TA ABC11
1273147 00FN20000110000
00000000600

TR1000000035000000000



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Transmission Level Seven

The next subsection contains one (1) scenarios for the final level of transmission. These one (1) MTC must be transmitted in one transmission. It is a SROI. Please review the Testing Level table for proper sequencing and number of each type of FROI.

There will be one header as outlined in the sample data structure. For example,

1 HD One KEY Record with other information

Scenario Development

- ◆ Refer to Iowa Scenario Testing Level Table for proper sequencing and testing transmissions.
- ◆ Highlighted sample data helps identify specific issues to that particular claim.

MTC CODE: FN OCCURRS 1 TIME



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...TPD (MTC FN) (Record Levels 1-5)

0 RECORD TYPE QUALIFIER: HD1 Y
0 SENDER ID: 321654987 503190075
0 RECEIVER ID: 426004546 503190207
0 DATE TRANSMISSION SENT: 20000120
0 TIME TRANSMISSION SENT: 000147
0 TEST/PRODUCTION IND: T
0 INTERCHANGE VERSION ID: 14802

-
0 RECORD TYPE QUALIFIER: JUR Y
0 RECORD SEQUENC NUMBER: 000000001
0 JURISDICTION CODE: IA

-
0 RECORD TYPE QUALIFIER: CA Y
0 SEQUENCE NUMBER: 000000002
0 CLM ADMINISTRATOR FEIN: 999999000
0 CLM ADMINISTRATOR NAME: OUR OWN TPA COMPANY

-
0 RECORD TYPE QUALIFIER: ADR Y
0 SEQUENCE NUMBER: 000000003
0 ADDRESS TYPE QUALIFIER: M
0 PRIMARY ADDRESS: 400 E 12TH STREET
0 SECONDARY ADDRESS:
0 CITY: DES MOINES
0 STATE: IA
0 POSTAL CODE: 503190001
0 COUNTRY CODE:

1 -
0 RECORD TYPE QUALIFIER: INR Y
0 RECORD SEQUENC NUMBER: 000000004
0 INSURER TYPE CODE: I
0 INSURER NAME: OUR OWN INSURANCE COMPANY
0 INSURER FEIN: 321654987
0 SELF INSURED ORG TYPE:
0 SELF INSURED AUTH TYPE:

-
0 RECORD TYPE QUALIFIER: IND Y
0 RECORD SEQUENC NUMBER: 000000005
0 INSURED TYPE CODE: I
0 INSURED NAME: A LITTLE COMPANY INC
0 INSURED FEIN: 001122334
0 INSURED POSTAL CODE: 503190075

-
0 RECORD TYPE QUALIFIER: ER Y
0 SEQUENCE NUMBER: 000000006
0 EMPLOYER TYPE CODE:
0 EMPLOYER NAME: A LITTLE COMPANY INC
0 EMPLOYER FEIN: 001122334
0 EMPLOYER UI NUMBER: 484842314
0 EMPLOYER SIC CODE: 1742



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Subsequent Report of Injury...TPD (MTC FN)

0 RECORD TYPE QUALIFIER: KEY
0 RECORD SEQUENC NUMBER: 000000008
0 TRANSACTION TRACKING #: 000000002
0 MAINTENANCE TYPE CODE: FN
0 MTC DATE: 20000120
0 JURISDICTION CLAIM #: 1273142
0 JUR BRANCH OFFICE CODE:
0 CA CLAIM #: VV11
0 EMPLOYEE ID TYPE QUAL: A
0 EMPLOYEE ID: 999000363
0 DATE OF INJURY: 19951001
0 EMPLOYEE LAST NAME: MOUSE
0 EMPLOYEE FIRST NAME: MINNIE
0 INSURED REPORT NUMBER:
0 REPORTING PERIOD CODE:
0 LATE REASON CODE:



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Acknowledgements

HD1426004546 503190207999999000 5031900012000012000003920000120000111TAK102F

AK100000000720000225140158001122337503190001999999000148TA AA11
1273150 00FN200000120000
00000000100

TR1000000013000000000



Iowa Division of Workers' Compensation EDI Release 2 Implementation

VIII. MISCELLANEOUS



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Rate Calculations

Below describe how the Iowa Division of Workers' Compensation interpret the EDI Release 2 data elements for calculating workers' compensation rates.

- Average Wage (Gross Weekly Wage):
The employee's pre-injury wage for the wage period as statutorily defined by the jurisdiction.
- Calculated Weekly Compensation Amount (Weekly Rate/Rate Schedule):
The result of multiplying the employee's average wage by the statutory percentage and applying the minimum compensation amounts.
- Net Weekly Amount (Fringe Benefits is an example):
The weekly payment amount which is due by the current claim administrator for that benefit type after applying adjustments and credits to the gross weekly amount.
- Gross Weekly Amount (Calculated Weekly Compensation Amount):
The weekly benefit amount due for a benefit type which is based on criteria such as pre-injury wages, statutory percentage, maximum and minimum limits, number of dependents, temporary partial earnings, etc., and it always excludes the application of any adjustments, credits or redistribution's.



Iowa Division of Workers' Compensation EDI Release 2 Implementation

FAQ's

What is EDI?

EDI is the computer-to-computer exchange of standard business data using telecommunications.

What is a VAN?

VAN stands for Value Added Network. It is commonly referred to as an "electronic mailbox."

What is a FROI?

The "hardcopy" format that helps reporting entities get information from employer to the insurance carrier or claim administrator on first reports of injury. It can also be used to train and educate staff and key personnel in understanding EDI. It begins the initial process of filing a claim. This "hardcopy" format will not be accepted for transporting data to the Iowa Division of Workers' Compensation.

What is a SROI?

The "hardcopy" format that helps reporting entities get information from employer to the insurance carrier or claim administrator on subsequent reports of injury. It can also be used to train and educate staff and key personnel in understanding EDI. It updates, makes corrections, changes, payments, denials, etc. claims built from the FROI. This "hardcopy" format will not be accepted for transporting data to the Iowa Division of Workers' Compensation.

When will EDI, Release 2 be mandatory in Iowa?

July 1, 2001

Can you send the FROI or SROI via the Internet to DWC's web site?

Not at this time. The Division's web site does not have the capacity nor the technology to process claims off of its own web site. There are, however, EDI vendors with those capabilities. Please visit our web site at the following address to link to EDI vendors that are approved to send FROI's and SROI's to the Iowa DWC.
<http://www.state.ia.us/iwd/wc/Press%20Release%2005012000.html>

What is the difference between Flat File and ANSI?

Flat File formats have fixed record lengths or record segments. Each data element has assigned character positions within each record. Usually the fields and/or records are expanded to the maximum length. Delimiters are not included in the Flat File transmissions.

ANSI (American National Standards Institute) is recognized as the National Standards setting body for the United States. Traditionally, these standards have been used to set product design and safety standards. These standards provide both manufacturer and consumer with confidence and thus improve commerce. The ANSI Standards are best known for approving standards for items such as light bulbs, contractor's levels and rulers, nuts and bolts, etc. The X12 Committee for data interchange processes (electronic standards) reviews ANSI standards.



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Overview

Electronic Data Interchange is not a relatively new process to the Iowa Division of Workers' Compensation. However, it is a process that needs devoted time and resources to test and build the appropriate programs to gather data. As time has evolved, so has the EDI process in Iowa.

In 1996, Iowa began using EDI Release 1 according to the IAIABC standards. Although EDI Release 1 did include the ability to gather supplemental information for workers' compensation claims, the Iowa Division of Workers' Compensation did not collect data to update a claim. These reasons were:

In 1997, Iowa was selected to become the first jurisdiction along with Employers Mutual Companies (EMC) to test (Beta Test) the EDI Release 2 project. One of the main objectives for the Beta Test was to test the Release 2 product on a national basis, not just for Iowa

In 1999, the Division began pilot testing the EDI Release 2 product. After conducting the Beta Test, the Division had to make changes to the system in order to gear it towards Iowa requirements and processes. This has been a very slow process. Slower than first anticipated. However, the Division believes that the extra time that was devoted to creating and pilot testing the Release 2 product as compared to testing it for the Beta, will enhance all participants learning abilities as well as programming knowledge.

Review and completion of the tables, Element Requirement Table, Edit Matrix Table, Match Data Table, Claim Event Table, and Conditional Data Elements Table, is very labor intensive. It is also time consuming. However, for system design and development it is imperative that the tables be completed as soon as possible in the implementation process.

In addition to review and development, your key to success is to have a competent Team and support from top level management. Teams drive the process and make things work through all of your daily struggles and successes. Furthermore, Certified Vendors, Committee Members of the IAIABC, and our Division will be there to help you walk down that road to development. The help and support you can receive from these members will be greatly rewarded after you are in production.



Iowa Division of Workers' Compensation EDI Release 2 Implementation

Resources

Developing and implementing EDI can be a great challenge to most business involved in workers' compensation claim processing. There are several key organizations and individuals that can help and direct you and your business down that "yellow brick road" to EDI success. Here are just some of the resources you can use to implement EDI.

- ◆ IAIABC Implementation Guide for FROI/SROI, EDI Release 2
- ◆ Simple Steps Brochure
- ◆ IAIABC's Web site
- ◆ Iowa Division of Workers' Compensation's Web site
- ◆ IAIABC staff
- ◆ Iowa Division of Workers' Compensation staff
- ◆ Certified EDI Service Providers/Vendors



**Iowa Division of Workers' Compensation
EDI Release 2 Implementation**

Medical Report Transmittal Form

IAC 876-3.1(2)(17A) ... Medical data supporting the action taken shall be (provided) when temporary total disability or temporary partial disability exceeds 13 weeks or when the employee sustains a permanent disability. ...

Please complete and attach this form to the front of medical data or reports when they are submitted to the Iowa Division of Workers' Compensation.

Jurisdiction Claim Number:	
Claim Administrator Claim Number:	
Claim Administrator Name:	
Employee ID (number):	
Date of Injury:	
Employee Last Name:	
Employee First Name:	
Current Return to Work Date: (if applicable)	
Date of Maximum Medical Improvement: (if applicable)	
Permanent Impairment Body Part Code: (if applicable)	
Permanent Impairment Percentage: (if applicable)	
Doctor's Name:	
Comments:	

**Please Mail or Fax to:
Division of Workers' Compensation
1000 East Grand Avenue
Des Moines, Iowa 50319-0209
Fax Number: (515) 281-6501**





Iowa Division of Workers' Compensation

EDI Release 2 Implementation

Iowa Scenario Analysis

Author: Travelers Insurance - Vonnie Cianciulli

To help me understand the processing scenarios, I have re-arranged the pages of the IOWA manual to help put each scenario at my fingertips.

I took the liberty of numbering the scenarios and I have created a map to the pages that relate to each scenario.

#	Scenario Description	Trans	Level 1-5 page	MTC	Level 6 page
1	Batch Rejection	1	144	00	145
	[entire batch is rejected]				
2	Employer Paid	1	147	00	148
	[ER paying salary in lieu of comp]	2	205	EP	206
		3	237	S1	238
		4	258	ER	259
		5	273	S1	274
		6	286	FN	287
3	EP to CA Paid	1	147	00	149
	[Salary in lieu of comp, then	2	205	EP	207
	To indemnity benefits]	3	237	CB	239
		4	258	S1	260
		5	273	FN	275
4	Under Investigation	1	150	UI	151
	[CA Investigating claim for	2	208	IP	209
	Compensation]	3	240	S1	241
		4	261	04	262
		5	276	FN	277
5	Base	1	150	00	152
		2	208	IP	210
		3	240	S1	242
		4	261	FN	263



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#	Scenario Description	Trans	Level 1-5 page	MTC	Level 6 page
6	Denial of Liability	1	150	04	154
		2	208	FN	211
7	No Lost Time	1	150	00	155
		2	208	FN	212
8	Cumulative Injury	1	150	00	157
		2	208	IP	213
9	Transaction Accepted with Errors [What to do after a TE]	1	150	00	159
		2	208	CO	214
		3	240	IP	243
10	EE ID [ID assigned by Jurisdiction]	1	150	00	161
		2	208	IP	215
11	Employment Status Code [Using 'other' as a code for Describing employment]	1	150	00	163
		2	208	IP	216
12	Transaction Rejected [TR] [What to do after a TR]	1	250	00	164
		2	208	00	217
13	Medical Only [Iowa does not process]	1	150	00	166
14	Reporting Chang in PA agreement	1	150	00	168
		2	208	02	218



Iowa Division of Workers' Compensation EDI Release 2 Implementation

#	Scenario Description	Trans	Level 1-5 page	MTC	Level 6 page
15	Fringe Benefits	1	150	00	170
	[Room & Board]	2	208	IP	219
		3	240	CA	244
		4	261	CA	264
		5	276	S1	278
		6	288	FN	289
16	Concurrent Employer	1	150	00	172
	[Full and Part time Worker]	2	208	IP	220
17	Upon Request	1	150	00	174
	[What to do when the DWC office Requests data]	2	208	UR	221
18	Intermittent Waiting Period	1	150	00	176
	[Lapses in time off before WP is met]	2	208	IP	222
19	Acquired Claim	1	150	AQ	178
		2	202	AU	203
		3	240	AP	245
20	Indemnity Benefits Paid,	1	150	00	179
	Continuous	2	208	IP	223
	[no break in indemnity benefits]	3	240	CB	246
		4	261	CB	265
		5	276	S1	279
		6	288	FN	290



Iowa Division of Workers' Compensation ED I Release 2 Implementation

#	Scenario Description	Trans	Level 1-5 page	MTC	Level 6 page
21	Indemnity Benefits Paid,	1	150	00	181
	Intermittent	2	208	IP	224
	[Break in indemnity benefits	3	240	S1	247
		4	261	RB	266
		5	276	S1	280
		6	288	FN	291
22	TTD	1	150	00	183
		2	208	IP	225
23	TPD	1	150	00	185
		2	208	IP	226
		3	240	RE	248
		4	261	RE	267
		5	276	RE	281
		6	288	S1	292
		7	297	FN	298
24	PPD Only	1	150	00	187
		2	208	IP	227
		3	240	S1	250
		4	261	FN	268
25	First Report Sent in Error	1	150	00	189
	[Cancellation]	2	208	01	228
26	Annual Reporting	1	150	00	191
		2	208	IP	229
		3	240	AN	251
27	Minimum	1	150	00	193
		2	208	IP	230
		3	240	S1	253
		4	261	RB	269
		5	276	S1	282
		6	288	FN	293



Iowa Division of Workers' Compensation EDI Release 2 Implementation

#	Scenario Description	Trans	Level 1-5 page	MTC	Level 6 page
28	Other Benefit Revisions	1	150	00	195
		2	208	IP	231
		3	240	CA	254
		4	261	CA	270
		5	276	S1	283
		6		FN	294
29	Death Claims	1	150	00	197
		2	208	IP	232
30	Light Duty	1	150	00	198
		2	208	FN (w TR status)	233
		3	240	01	255
	Acknowledgments for all above scenarios	1	ACK	199	
		2	ACK	234	
		3	ACK	256	
		4	ACK	271	
		5	ACK	284	
		6	ACK	295	
		7	ACK	299	



Iowa Division of Workers' Compensation EDI Release 2 Implementation

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