Workers' Compensation Information System

California EDI Implementation Guide for First and Subsequent Reports of Injury

Version 2.1

June 2005

CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS
JOHN REA, ACTING DIRECTOR

DIVISION OF WORKERS' COMPENSATION

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June 15, 2005

Dear Claims Administrators:

Welcome to Electronic Data Interchange (EDI). The California Division of Workers' Compensation (DWC) is pleased to introduce its system for receiving workers' compensation claims data via EDI. This data will be integrated with other data to make up our Workers' Compensation Information System, which will become a rich resource for analyzing the performance of California's workers' compensation system.

This manual, the *California EDI Implementation Guide For First and Subsequent Reports of Injury*, is intended to be a primary resource for the organizations that will become the Division's "trading partners" – claims administrators for California workers' compensation claims.

Some organizations already have substantial experience with EDI, and transmit data to workers' compensation agencies in many states. For them, this *Implementation Guide* can serve as a reference for California-specific protocols. While we have adhered to national EDI standards, California's implementation does have minor differences from other states'.

The *Implementation Guide* also includes background information for organizations new to EDI. If your organization is just getting started, the "Overview of EDI" and the "Managers' Guide" are for you. You will also find numerous valuable resource materials.

This *Implementation Guide* will be posted on our Web site at www.dir.ca.gov/dwc/wcis.htm.

We hope that the start-up of EDI data reporting in California will be as smooth and as painless as possible, both for the Division and for our EDI trading partners. DWC is dedicated to full, open communication as a cornerstone of a successful start-up process, and this *Implementation Guide* is a key element of that communication.

Sincerely,

ANDREA LYNN HOCH
Administrative Director

Acknowledgements

This Implementation Guide was developed by the Research Unit, California Division of Workers' Compensation: Lisa Dasinger, Bill Ponicki, Melissa Cliatt, Benigno Diaz, Bonnie Cromartie, Marisa Pereira, Rosanna Choy, Yery Berger, and Jim Bellows, Research Manager. Jeff Snow and others at Celerity Technologies provided exhaustive technical advice, helping us clarify our EDI specifications.

We are grateful to the insightful project managers – Neil Maizlish and Linda Rudolph – who provided the original direction for California's Workers' Compensation Information System, and to the many other states – including Texas, Florida, and Kentucky – that granted us permission to reproduce material from their own implementation guides. We appreciate the support we received from Claimport (formerly Unicom Communication), especially in preparation of system test data.

We are especially grateful for the inspiration, dedication, and good humor provided by the late Harvey Shlasky, Senior Technical Lead during the early development of California's EDI system. He developed the architecture for our EDI processing system and the WCIS database, and deserves credit for whatever level of success the system enjoys. The rest of us are responsible for any shortcomings.

Acknowledgements for Version 2.0

The revised Implementation Guide 2.0 (IG) involved several individuals. They edited and corrected information to reflect the many changes that occurred since the last version and also the revised the WCIS system that was implemented July 1, 2004.

DWC Research Unit Manager Bill Kahley and Genet Daba went through the previous version to correct and clarify the document. Their effort was supplemented by the WCIS EDI staff--Damon Chen, Johnny Lee, and Elisema Cantu. Benny Gee modified the technical sections to reflect changes in technology.

Several IT staff, who worked on the design and development of the revised system, also contributed to this IG. They include:
Managers: Manny Ortiz, Jack Chu, and Dan Nishijima
Programmers: Jackie Chang, Marcel Zukerman, Elizabeth Nisperos, Dan Galperin, and Liza Dizon
DBA: Jeff Seeman
Project Coordinators: Rosanna Choy and Leo Alontave

Workers' Compensation Information System

CALIFORNIA EDI IMPLEMENTATION GUIDE FOR FIRST AND SUBSEQUENT REPORTS OF INJURY

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EDI – Electronic Data Interchange

Electronic Data Interchange (EDI) is the computer-to-computer exchange of data or information in a standardized format. In workers' compensation, EDI refers to the electronic transmission of claims information from claims administrators (insurers, self-insured employers, and third party administrators) to a State Workers' Compensation Agency.

Data are transmitted in a format standardized by the International Association of Industrial Accident Boards and Commissions (IAIABC). The IAIABC is a professional association of workers' compensation specialists from the public and private sectors and has spearheaded the introduction of EDI in workers' compensation. For further details, see Section P–IAIABC Information. All collected data elements are reviewed for valid and standardized business definitions and formats.

Benefits of EDI within Workers' Compensation

- **Allows state agencies to respond to policy makers' questions regarding their state programs**

  EDI allows states to evaluate the effectiveness and efficiency of their workers' compensation system by providing comprehensive and readily accessible information on all claims. This information can then be made available to state policy makers considering any changes to the system.

- **Avoids costs in paper handling**

  EDI reduces costs in the processing of paper documents for the claims administrator and the jurisdiction: mail processing costs, duplicated data entry costs, shipping, filing and storage costs.

- **Increases data quality**

  EDI has built-in data quality checking procedures that are triggered when data are received by the state agency. Many claims administrators choose to replicate these data-checking procedures to reduce the cost of data correction.

- **Simplifies reporting requirements for multi-state insurers**

  EDI helps claims administrators cut costs by having a single system for internal data management and reporting.

California's WCIS – the Workers' Compensation Information System

History

The California Legislature enacted sweeping reforms to California's workers' compensation system in 1993. The reform legislation was preceded by a vigorous debate among representatives of injured workers, their employers, insurance companies, and medical providers. All parties agreed that changes were due, but they could not reach agreement on the nature of the problems to be corrected nor on the likely impact of alternative reform proposals. One barrier to well-informed debate was the absence of comprehensive, impartial information about the performance of California's workers' compensation system.

Foreseeing the strengths and weaknesses of the system, the Legislature directed the Division of Workers' Compensation (DWC) to put together comprehensive information about workers' compensation in California. The result is the WCIS--the Workers' Compensation Information System. The WCIS has been in development since 1995, and its design has been shaped by a broad-based advisory committee. The WCIS has four main objectives:

- help DWC manage the workers' compensation system efficiently and effectively,
- facilitate the evaluation of the benefit delivery system,
- assist in measuring benefit adequacy,
- provide statistical data for further research.

WCIS Data Collection

The core of the system is standardized data on every California workers' compensation claim. Much of this data has historically been collected in paper form: employers' and physicians' first reports of injury and benefit notices. Beginning in 2000, standardized data was transmitted to the WCIS by EDI. These EDI transmissions are the main subject of this Guide. EDI reporting allows DWC to understand and improve the California workers' compensation system.

California EDI Requirements

California's WCIS regulations define EDI reporting requirements for claims administrators. A claims administrator is an insurer, a self-insured employer, or a third-party administrator.

In brief, claims administrators are required to submit the following:

First Reports: First Reports of Injury (FROIs) must be submitted by EDI to WCIS in the Division of Workers' Compensation (DWC) no later than 5 days after knowledge of the claim.

Subsequent Reports: Subsequent Reports of Injury (SROIs) are submitted within 10 business days whenever benefit payments to an employee are started, changed, suspended, restarted, stopped, delayed or denied or when a claim is closed, reopened or upon notification of employee representation.

Medical Bill/Payment Reports: Regulations will require the submission of Medical Bill/Payment Reports. WCIS anticipates the addition of Medical Bill/Payment Reports in 2006.

Annual Summary of Benefits: An Annual Summary of Benefits must be submitted for every claim with any benefit activity (including medical) during the preceding year.

Section E–Legal Authorities, includes the full WCIS regulations along with a more detailed summary.

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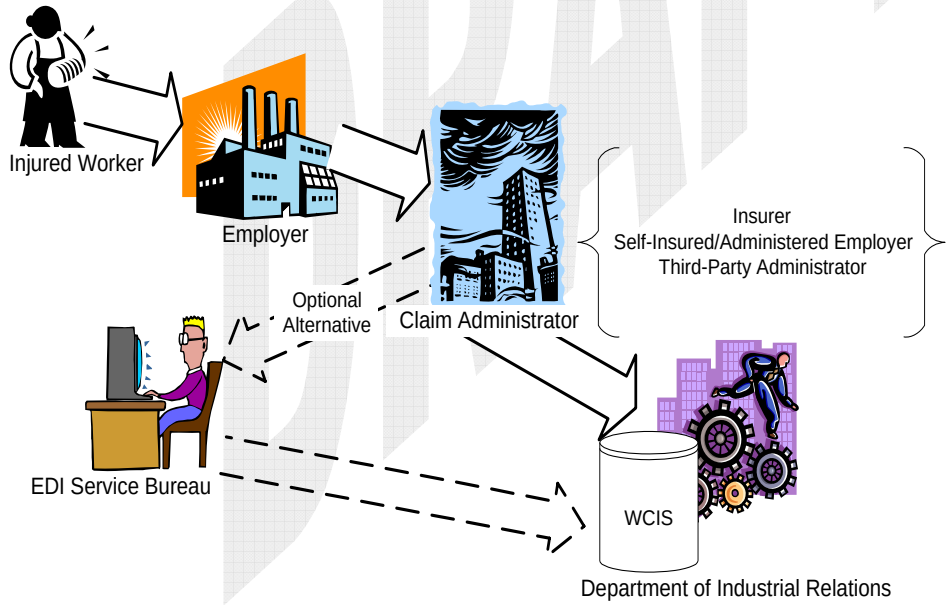
Sending Data to the WCIS

Workers' compensation claims are handled by diverse organizations: large multi-state insurance companies, smaller specialty insurance carriers, self-insured employers, and third-party administrators handling claims on behalf of insured and self-insured employers. These organizations have different information systems and capabilities. The WCIS has been designed to be flexible in the support of a variety of EDI systems.

There are three methods of transmitting data from claim administrators to WCIS. They are: secure internet e-mail attachments, commercially-owned Value Added Networks (VANs), and File Transfer Protocol (FTP). The WCIS is also flexible in supporting two different file formats, known as ANSI X12 and "flat-file" formats. These methods are described more fully in Section H–File Formats and Supported Transactions and Section I–Transmission Modes.

Claim administrators can avoid the details of EDI by selecting among several firms that sell EDI-related software products, consulting, and related services. These are described in Section J–EDI Service Providers.



The Five Step Process of EDI--From Testing to Production

Full production EDI reporting status is a five step process. Each step of the process is described in more detail in Section G–Test, Pilot, Parallel and Production Phases of EDI. These steps should be repeated each time the claims administrator is ready to move into a new transaction type, i.e., the First Reports and Subsequent Reports.

Step 1: EDI Trading Partner Profile

The claims administrator first provides an EDI Trading Partner Profile to the Division at least 30 (thirty) days before its first submission of EDI data. The Trading Partner Profile form is provided in Section F–Trading Partner Profile. The Trading Partner Profile is used to prepare WCIS for your data transmission: what file format to expect, where to send an acknowledgement, when you plan to transmit reports, and similar information.

Step 2: Testing

The claims administrator runs a preliminary test by transmitting a test file to ensure that the WCIS system can read and interpret the data. The claims administrator has passed the test when minimum technical requirements are met: WCIS recognizes the sender, the file format is correct, and the claims administrator can receive electronic acknowledgements from WCIS.

Step 3: Pilot

After a test file is successfully transmitted, real claims data is transmitted in the Pilot stage. During the Pilot step, data submissions are analyzed for completeness, validity, and accuracy. The data should meet minimum data quality requirements in order to complete the Pilot stage.

Step 4: Parallel

The claims administrator submits reports both electronically and in hard copy during the Parallel phase. WCIS uses these parallel reports to conduct a comparison study.

Step 5: Production

During Production, data transmissions will be monitored for completeness, validity, and accuracy. Each Trading Partner will be routinely sent reports describing their data quality. Those in Production status for EDI First Reports will no longer be required to send paper copies of the Employer's Report (Form 5020) to Department of Industrial Relation's Division of Labor Statistics and Research (DLSR).

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Where to Get Help – Contacting WCIS and Other Information Resources

Starting up a new EDI system isn't simple. It requires detailed technical information, as well as close cooperation between the organizations that send data – in this case you, the Trading Partner – and the organization that receives data – us, the California Division of Workers' Compensation (DWC).

The following is a list of resources available to you for information and assistance.

California Division of Workers' Compensation

Our Web Site

Visit our web site at www.dir.ca.gov/dwc/WCIS.htm to:

- Download the latest version of the *California EDI Implementation Guide,*
- Get answers to *Frequently Asked Questions,*
- Review archived *WCIS e·News* letters.

Your WCIS Contact Person

Each WCIS Trading Partner will be assigned a WCIS contact person at DWC. This person will help answer your questions about EDI in California workers' comp, work with you during the Test-Pilot-Parallel-Production process, and be an ongoing source of support during production.

Your WCIS liaison can be reached by phone, e-mail, or mail. When initially contacting us, be sure to provide your company name so that you may be directed to the appropriate WCIS staff.

By phone: (415) 703-4413, (415) 703-4427 or (415) 703-4418

By fax: (415) 703-5911

By e-mail: wcis@dir.ca.gov

By mail: WCIS EDI Unit
Attn: Name of WCIS Contact (if known)
Department of Industrial Relations
Information Systems
PO Box 420603
San Francisco, CA 94142-0603

WCIS e·News

WCIS e·News is an email newsletter sent out periodically to inform WCIS Trading Partners of announcements and technical implementations. The *WCIS e·News* will be archived on the WCIS web site. Interested parties who are not already receiving *WCIS e·News* can register at the WCIS website to be added to the *WCIS e·News* mailing list.

EDI Service Providers

Several companies can assist you in your efforts to report data via EDI. A range of products and services are available, including:

- software that works with your organization's computer systems to automatically transmit data,
- systems consulting, to help get your computer systems EDI-ready,
- data transcription services which accept paper forms, keypunch data, and transmit the data via EDI.

See Section J–EDI Service Providers, for a list of companies known to DWC that provide these services.

IAIABC

The International Association of Industrial Accident Boards and Commissions (IAIABC) is the organization that sets the national standards for the transmission of workers' compensation claims data via EDI. The IAIABC publishes these standards in their EDI Implementation Guide.

For more information about the IAIABC and how to purchase the EDI Implementation Guide, see Section P–IAIABC Information, and/or visit the IAIABC web site at www.iaiabc.org.

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Implementing EDI – A Managers' Guide

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1. Get to know the basic requirements.

Starting up a new EDI system can be a complex endeavor. Make sure you understand all that is required *before* investing resources. Otherwise, you may end up with a collection of piecemeal fixes rather than a comprehensive solution.

This guide has much of the information needed to implement EDI in California. As more information becomes available it will be posted on our Web site at www.dir.ca.gov/dwc/WCIS.htm.

2. Assign responsibilities for implementing EDI.

Some organizations put an Information Systems (IS) manager in charge, while others designate a claims manager. Implementing EDI will affect your information system, flow of claims information and your business process. The most effective approach may be to have Claims and Information Systems departments collaborate on the project.

Regardless of who is assigned primary responsibility, make sure that both Claims and IS departments maintain continual oversight as your solution is designed and implemented.

3. Decide whether to contract with an EDI service provider.

Formatting electronic records and transmitting them by EDI generally requires some specialized automated routines. Programming a complete EDI system also requires in-depth knowledge of EDI standards and protocols.

Some organizations choose to develop these routines in-house, especially if they have an IS department that is familiar with EDI and is efficient in bringing new technology online.

Other organizations choose to contract with vendors for dedicated EDI software or services. Typically, an EDI vendor's products interface with your organization's data to produce EDI transactions in the required formats. The benefit is that no one in your organization has to learn all the intricacies of EDI. The service provider takes care of file formats, record layouts, and many other details that may seem foreign to your organization. Some EDI vendors can also provide full-service consulting, helping you update your entire data management process for electronic commerce.

A list of known EDI vendors can be found in Section J of this guide.

4. If your organization will not use an EDI service provider, choose a file format and transmission mode for your data.

Contracting with an EDI service provider would relieve your organization of the detailed mechanics of EDI, such as file formats and transmission modes. If you decide to develop your own system, you will have some

important decisions to make that will determine the scope and difficulty of the programming work.

Probably the most important decision is whether your data will be packaged as "flat files" or as "ANSI X12 files." More information on these choices is provided in Section H–File Formats and Supported Transactions. In general, Release 1 flat files are relatively easy to get up and running quickly. ANSI X12 may be a wise investment in long-run flexibility and compatibility.

Information about file formats can be found in the *IAIABC EDI Implementation Guide,* at www.iaiabc.org. This guide is essential if you will be programming your own EDI system.

You will also need to choose a transmission mode from the three that WCIS supports: 1) commercial Value Added Networks or data integrators, 2) data files transmitted by secure internet e-mail attachment, 3) File Transfer Protocol. See Section I–Transmission Modes for further information.

5. Make sure your computer systems contain all the required data.

You'll have a hard time submitting data by EDI if the data are not readily accessible on your systems. Give your Information Systems department a copy of Section L–Required Data Elements.

If all are available and readily accessible, then you are in great shape. If not, your Claims and IS departments will need to develop and implement a plan for capturing, storing, and accessing the necessary data.

6. Determine who will handle error messages sent by WCIS.

Your organization will receive "error messages" from WCIS if you transmit data that cannot be interpreted or do not meet the regulatory requirements to provide complete, valid and accurate data.

Some glitches are inevitable. You'll need a system for forwarding any error messages to people who can respond as necessary.

Establish a procedure for responding to error messages before you begin transmitting data by EDI. Otherwise, your organization may find itself unprepared for the inevitable.

Typically, errors related to technical problems may be aggravating when a system is new, but they quickly become rare. Error messages related to data quality and completeness are harder to correct, and you can expect them to present an ongoing workload that must be managed.

7. Decide whether your organization could benefit by adding data edits.

Data you transmit to the WCIS will be subjected to edit rules to assure that the data are valid and consistent with data previously reported for a particular claim. For example, one edit rule would reject an injury date of February 31. Another rule would reject a benefit notice if a First Report had

not been previously filed. These edit rules are detailed in Section L–Required Data Elements, Section M–California-Specific Data Edits, and Section N–System Specifications. Data that violate these edit rules will cause transmissions to be rejected or will be returned with error messages.

Correcting erroneous data often requires going to the original source, perhaps the applicant or the policyholder. In some organizations, the data passes through many hands before it is transmitted to WCIS. For example, the injury type and cause may be initially reported by the applicant, then go through the employer, a claims reporting center, a data entry clerk, a claims adjuster, and an Information Systems department. Any error messages would typically be passed through the same hands in the opposite direction.

An alternative is to install in your system, as close as possible to the original source of data, data edits that match the WCIS edit rules. As an example, consider a claims reporting center in which claims data are entered directly into a computer system, and the system has data edits in place. Most data errors could be caught and corrected while the employer was still on the phone. This eliminates the expense of passing bad data from hand to hand and back again.

8. Install any software and communications services you will need.

Once your system is planned, you will need to purchase and/or develop any software and services for your system

Most systems will need at least the following:

- software (or other means) to identify events that trigger required reports,
- software (or other means) to gather required data elements from your databases,
- software (or other means) to format the data into an approved EDI file format,
- an internet e-mail account to transmit EDI reports via e-mail attachment, a Value Added Network/Integrator (VAN) account that enables you to transmit data via a commercial network or a File Transfer Protocol (FTP) server that stores EDI files,
- an internet e-mail account, VAN account or a FTP server to receive acknowledgements and error messages from WCIS.

Some organizations, especially those that handle few California claims, may wish to contract for EDI services rather than handle EDI in-house. EDI service providers offer all the services listed above--see Section J–EDI Service Providers.

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9. Test your system internally.

Not every system works perfectly the first time. Make sure your system gets thoroughly tested before you begin reporting data to WCIS. Catching any bugs internally will spare you the blizzard of error messages that a faulty system can cause.

Include in your internal tests some complex test cases as well as simple ones. For example, challenge your system with claims that feature multiple episodes of disability and partial return to work. Fix any identified problems before you try transmitting EDI data to WCIS.

10. Move through the Test, Pilot and Parallel stages to reach the Production stage of EDI transmission.

Complete an EDI Trading Partner Profile--see Section F–Trading Partner Profile. The Profile is used to prepare WCIS for your data transmission: what file format to expect; where to send your acknowledgements; when you plan to transmit reports; and similar information.

Once you have completed a successful test and verified that your transmissions match our technical specifications, you will be ready to enter the Pilot stage. During the Parallel stage, a sample of your EDI transmissions will be compared with the paper reports, and will also be tested against the WCIS data validation rules.

Upon your successful completion of the Parallel step, DWC will issue you a written determination that you have demonstrated capability to transmit complete, valid, and accurate data. You will then be authorized to move into the Production stage, routinely transmitting your data via EDI.

11. Evaluate the efficiency of your EDI system and consider future refinements.

Many organizations find that implementing EDI brings unexpected benefits. For example, EDI may provide an opportunity to address long-standing data quality problems.

Arrange a review session after your system has been running for a few months. Users will be able to suggest opportunities for future refinements. Managers from departments not directly affected may also be interested in participating because EDI may eventually affect many business processes in other departments.

Please let us know if you have any comments on this Manager's Guide.

We can't anticipate every challenge you may face in implementing EDI data reporting. Please e-mail any comments or suggestions you may have to wcis@dir.ca.gov.

Section D
Authorizing Statutes – Labor Code §138.6, 138.7

L.C. §138.6.
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L.C. §138.6.
Development of workers' compensation information system

(a) The administrative director, in consultation with the Insurance Commissioner and the Workers' Compensation Insurance Rating Bureau, shall develop a cost-efficient workers' compensation information system, which shall be administered by the division. The administrative director shall adopt regulations specifying the data elements to be collected by electronic data interchange.

(b) The information system shall do the following:

(1) Assist the department to manage the workers' compensation system in an effective and efficient manner.

(2) Facilitate the evaluation of the efficiency and effectiveness of the benefit delivery system.

(3) Assist in measuring how adequately the system indemnifies injured workers and their dependents.

(4) Provide statistical data for research into specific aspects of the workers' compensation program.

(c) The data collected electronically shall be compatible with the Electronic Data Interchange System of the International Association of Industrial Accident Boards and Commissions. The director shall issue a report on the development of the system, and recommendations for any necessary legislative action, no later than July 1, 1995, and shall, upon request, make the report available to the Governor, the Legislature, and the public.

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L.C. §138.7.
"Individually identifiable information"; restricted access.

(a) Except as expressly permitted in subdivision (b), a person or public or private entity not a party to a claim for workers' compensation benefits may not obtain individually identifiable information obtained or maintained by the division on that claim. For purposes of this section, "individually identifiable information" means any data concerning an injury or claim that is linked to a uniquely identifiable employee, employer, claims administrator, or any other person or entity.

(b) (1) The administrative director, or a statistical agent designated by the administrative director, may use individually identifiable information for purposes of creating and maintaining the workers' compensation information system as specified in Section 138.6.

(2) The State Department of Health Services may use individually identifiable information for purposes of establishing and maintaining a program on occupational health and occupational disease prevention as specified in Section 105175 of the Health and Safety Code.

(3) Individually identifiable information may be used by the Division of Workers' Compensation, the Division of Occupational Safety and Health, and the Division of Labor Statistics and Research as necessary to carry out their duties. The administrative director shall adopt regulations governing the access to the information described in this subdivision by these divisions. Any regulations adopted pursuant to this subdivision shall set forth the specific uses for which this information may be obtained.

(4) The administrative director shall adopt regulations allowing reasonable access to individually identifiable information by other persons or public or private entities for the purpose of bona fide statistical research. This research shall not divulge individually identifiable information concerning a particular employee, employer, claims administrator, or any other person or entity. The regulations adopted pursuant to this paragraph shall include provisions guaranteeing the confidentiality of individually identifiable information.

(5) This section shall not operate to exempt from disclosure any information that is considered to be a public record pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) contained in an individual's file once an application for adjudication has been filed pursuant to Section 5501.5.

However, individually identifiable information shall not be provided to any person or public or private entity who is not a party to the claim unless that person identifies himself or herself or that public or private

entity identifies itself and states the reason for making the request. The administrative director may require the person or public or private entity making the request to produce information to verify that the name and address of the requester is valid and correct. If the purpose of the request is related to pre-employment screening, the administrative director shall notify the person about whom the information is requested that the information was provided and shall include the following in 12-point type:

"IT MAY BE A VIOLATION OF FEDERAL AND STATE LAW TO DISCRIMINATE AGAINST A JOB APPLICANT BECAUSE THE APPLICANT HAS FILED A CLAIM FOR WORKERS' COMPENSATION BENEFITS."

Any residence address is confidential and shall not be disclosed to any person or public or private entity except to a party to the claim, a law enforcement agency, an office of a district attorney, any person for a journalistic purpose, or other governmental agency.

Nothing in this paragraph shall be construed to prohibit the use of individually identifiable information for purposes of identifying bona fide lien claimants.

(c) Except as provided in subdivision (b), individually identifiable information obtained by the division is privileged and is not subject to subpoena in a civil proceeding unless, after reasonable notice to the division and a hearing, a court determines that the public interest and the intent of this section will not be jeopardized by disclosure of the information. This section shall not operate to restrict access to information by any law enforcement agency or district attorney's office or to limit admissibility of that information in a criminal proceeding.

(d) It shall be unlawful for any person who has received individually identifiable information from the division pursuant to this section to provide that information to any person who is not entitled to it under this section.

Section E
Legal Authorities

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Pertinent WCIS Regulations

The regulations pertinent to WCIS are stated in Title 8, California Code of Regulations, Sections 9701-9704. They are available at www.dir.ca.gov/t8/ch4_5sb1a1_1.html

Additional Regulations Related to Filing Employers' First Reports of Injury

The regulations related to filing First Reports of Injury are stated in Title 8, California Code of Regulations, Sections 14001 and 14005. They are available at www.dir.ca.gov/t8/ch7sb1a1.html

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Letter from DIR regarding electronic filing

February 7, 2000

To: California Workers' Compensation Insurers and Self-Insured Employers

Re: Electronic Filing of the Employer's Report of Occupational Injury or Illness (Form 5020)

Labor Code § 6409.1 and Title 8, California Code of Regulations ("C.C.R.") Section 14001 require that both workers' compensation insurers and self-insured employers file with the Division of Labor Statistics and Research ("DLSR") a complete report of every occupational injury or illness that results in lost time beyond the date of injury or which requires medical treatment beyond first aid. The report must be filed within five days after obtaining knowledge of the injury or illness. Labor Code § 6409.1 (a); 8 C.C.R. § 14001 (d) & (e). 8 C.C.R. § 14001 (c) provides that the mandatory filing shall be made by a photocopy of the Form 5020, the Employer's Report of Occupational Injury or Illness, or "by use of computer input media, prescribed by the Division and compatible with the Division's computer equipment."[1]

Please be advised that DLSR hereby prescribes the Workers' Compensation Information System ("WCIS." See Labor Code § 138.6 and 8 C.C.R. §§ 9700-9704) as the "computer input media" referenced in 8 C.C.R. § 14001 (c). The obligation of an insurer or a self-insured employer to submit a complete report of occupational injury or illness pursuant to Labor Code § 6409.1 and 8 C.C.R. § 14001 is satisfied provided that the insurer or self-insured employer submits data to the WCIS as required under 8 C.C.R. § 9702 (b) and demonstrates capability to submit complete, valid, and accurate data under 8 C.C.R. § 9702 (h)(1). Assuming such data is electronically transmitted to the WCIS in an acceptable manner, claims administrators need not submit paper copies of the Form 5020 to DLSR.

Please note that specific information, or data elements ("DN"), required under 8 C.C.R. § 9702 (b) is not included on the Form 5020. For example, the Form 5020 does not include the employer's or insurer's Federal Employer Identification

[1] 8 C.C.R. § 14000 defines "computer input media" as "[t]echniques and means by which information or data can be entered into a computer system. Examples include magnetic tape, diskette, and telecommunications."

Number ("FEIN") (DN 6 and DN16). Pursuant to 8 C.C.R. § 14005 (b) and (c), which allow insurers and self-insured employers to reproduce a revised Form 5020 to include additional questions, DLSR will approve the inclusion of questions asking for information necessary to comply with 8 C.C.R. § 9702 (b).

Thank you for your anticipated cooperation in this matter. Extensive information about the Workers' Compensation Information System, including a technical description of the prescribed computer input media, can be found on the Department's Web site at http://www.dir.ca.gov/dwc/wcis.htm. Any inquiries should be made to Division of Workers' Compensation, Research Unit, located at 455 Golden Gate Avenue, 9th Floor, San Francisco, California, 94102. The Research Unit can be contacted by telephone at (415) 703-4600 or by e-mail at wcis@dir.ca.gov.

Sincerely,

Daniel M. Curtin

Chief Deputy Director

Department of Industrial Relations

DRAFT

Section F
Trading Partner Profile

Who Should Complete the Trading Partner Profile?.....F-2

EDI Trading Partner Profile Form.....F-3

Instructions for Completing Trading Partner Profile.....F-7

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Who Should Complete the Trading Partner Profile?

A separate Trading Partner Profile form should be completed for each Sender ID that will be used in EDI transmissions sent to WCIS. The Sender ID, which is composed of the trading partner's "Master FEIN" and physical address postal code (see profile form instructions), must be reported in the header record of every transmission. The Sender ID is used by WCIS to identify communication parameters as specified on the Trading Partner Profile form.

For many organizations, the claim administrator FEIN (Federal Employer Identification Number) provided on each transaction will always be the same as the Sender ID's Master FEIN. For EDI transactions, WCIS substitutes the Third Party Administrator FEIN (DN8) for the claim administrator FEIN. If there is no Third Party Administrator, WCIS substitutes the Insurer FEIN (DN6) for the claims administrator FEIN. Other organizations may have multiple claim administrator FEINs for their various operating units. If the transactions for these various claim administrator FEINs will all share the same transmission specifications, their data can be sent under the same Sender ID and be represented by a single Trading Partner Profile form.

For example, the information systems department of a single parent organization might wish to send transactions for two subsidiaries batched together within transmissions. In such a case, the parent organization could complete one Trading Partner Profile--providing the Master FEIN for the parent company in the Sender ID--and could then transmit transactions from both subsidiaries, identified by the appropriate claim administrator FEIN on each transaction.

The WCIS uses the claim administrator FEIN to process individual transactions. Transactions for unknown claim administrators will be rejected by WCIS. For this reason, <u>it is vital for each WCIS Trading Partner Profile to be accompanied by a list of all claim administrator FEINs whose data will be reported under a given Sender ID</u>. Since the profile form does not have any place to provide this list, DWC asks that it be submitted on a separate sheet of paper. If such a list is not provided, WCIS will assume that the only claim administrator FEIN reportable by that trading partner will be the Master FEIN from the trading partner's Sender ID.

Form DWC WCIS TP01 (Revised 6/05)

State of California
Department of Industrial Relations

DIVISION OF WORKERS' COMPENSATION

ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

A. Trading Partner Background Information:

Date: _____

Name: _____

Master FEIN: _____

Physical Address: _____
City: _____ State: _____
Zip Code (Zip+4): _____

Mailing Address: _____
City: _____ State: _____
Zip Code: _____

Claims Administrator type (check any that apply):

__ Self Administered Insurer
__ Self Administered, Self-Insurer (employer)
__ Third Party Administrator of insurer
__ Third Party Administrator of self-insurer
__ Service Bureau
__ Other:

B. Trading Partner Contact Information:

Business Contact:

Name: _____
Title: _____

Phone: _____
FAX: _____

E-mail Address: _____
_____

Technical Contact:

Name: _____
Title: _____

Phone: _____
FAX: _____

E-mail Address: _____
_____

Form DWC WCIS TP01 (Revised 6/05)

C. Trading Partner Transmission Specifications:

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): _____
DESCRIPTION: _____

Select Transmission Mode to be used for sending data to DWC (check one):

___ Value Added Network (VAN)--Complete sections C1 and C2 below.
___ Internet File Transfer (e-mail and FTP)--Complete sections C1 and C3 below.

Section C1: VAN and INTERNET FILE TRANSFER users, please complete the following:

TRANSACTION SETS FOR THIS PROFILE:

Transaction Type	Mode of Transmission (circle one per row):		Expected Transmission Days of Week (circle any that apply):	Production Response Period
	Flat File Release #	ANSI X12 Version #		
First Reports of Injury			Daily Mon Tues Weds Thurs Fri Sat Sun	
Subsequent Reports of Injury			Daily Mon Tues Weds Thurs Fri Sat Sun	

Form DWC WCIS TP01 (Revised 6/05)

Section C2: VAN users, please complete the following:

VAN ELECTRONIC MAILBOX FOR THIS PROFILE:

Network: _____

	TEST	PRODUCTION
Mailbox Acct ID		
User ID		

Section C3: INTERNET FILE TRANSFER (e-mail and FTP) users, please complete the following:

User Name (mandatory for FTP):_____

Password (mandatory for FTP): _____

URL or IP address(mandatory for FTP):
_____

E-mail Address (mandatory for e-mail, optional for FTP):
_____

DWC USE ONLY--SPECIAL TRANSMISSION SPECIFICATIONS FOR THIS PROFILE:

D. Receiver Information (to be completed by DWC):

Name: *California Division of Workers' Compensation*

FEIN: *943160882*

Physical Address: *455 Golden Gate Avenue, 9th Floor*
City: *San Francisco* State: *CA* Zip Code: *94102 3677*

Mailing Address: *P.O. Box 420603*
City: *San Francisco* State: *CA* Zip Code: *94142 0603*

Business Contact:
Name: *(Varies by trading partner)*
Title: *(Varies by trading partner)*
Phone: *(415) 703-4600*
FAX: *(415) 703-4718*
E-mail Address: *wcis@dir.ca.gov*

Technical Contact:
Name: *(Varies by trading partner)*
Title: *(Varies by trading partner)*
Phone: *(415) 703-4600*
FAX: *(415) 703-4718*
E-mail Address: *wcis@dir.ca.gov*

RECEIVER'S VAN ELECTRONIC MAILBOX(s):

Network: *A.T. & T.*

	TEST	PROD
Mailbox Acct ID	*(N/A)*	*(N/A)*
User ID	*(N/A)*	*(N/A)*

Network: *IBM Global (Advantis)*

	TEST	PROD
Mailbox Acct ID	*DIRW*	*DIRW*
User ID	*DIRWCIS*	*DIRWCIS*

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA A VIRTUAL PRIVATE NETWORK (VPN): *(Please contact DWC for this information)*

RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL ATTACHMENT:

TEST: *wcisdata@dir.ca.gov*
PRODUCTION: *wcisdata@dir.ca.gov*

RECEIVER'S FLAT FILE RECORD DELIMITER: *CR*

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:

Segment Terminator: ~
Data Elements Separator: *
Sub-Element Separator: >

ISA Information:	TEST	PROD
Sender/Receiver Qualifier:	*ZZ*	*ZZ*
Sender/Receiver ID:	*(Use Master FEINs)*	

Form DWC WCIS TP01 (Revised 6/05)

WORKERS' COMPENSATION INFORMATION SYSTEM

Electronic Data Interchange Trading Partner Profile

INSTRUCTIONS FOR COMPLETING TRADING PARTNER PROFILE

Each claims administrator will complete parts A, B and C, providing information as it pertains to them. Part D contains receiver information, and will be completed by the Division of Workers' Compensation (DWC).

A. TRADING PARTNER BACKGROUND 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 FEIN, along with the 9-position zip code (Zip+4) in the trading partner 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" trading partner agreement if using a delivery service other than the U.S. Postal Service.

City: The city of the physical address of your business entity.

State: The 2-character standard state abbreviation of the state of the physical address of your business entity.

Zip Code: The 9-position zip code of the physical address of your business entity. This field, along with the Trading Partner 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 for your business entity. This should be the mailing address that would be used to receive materials pertaining to "this" trading partner agreement. If this address is the same as the physical address, indicate "Same as above".

Claims Administrator Type: Indicate any functions that describe the claims administrator. If "other", please specify.

Form DWC WCIS TP01 (Revised 6/05)

B. TRADING PARTNER CONTACT INFORMATION:

This section provides the ability to identify individuals within your business entity who can be used as contacts. 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. 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.

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.

BUSINESS/TECHNICAL CONTACT: Name	The name of the contact.
BUSINESS/TECHNICAL CONTACT: Title	The title of the contact or the role that contact performs.
BUSINESS/TECHNICAL CONTACT: Phone	The telephone number at which that contact can be reached.
BUSINESS/TECHNICAL CONTACT: FAX	If FAX facilities are available, the telephone number of the FAX machine to use for the contact.
BUSINESS/TECHNICAL CONTACT: E-mail	If the contact can be reached via electronic mail, an e-mail address that may be used to send messages to this contact should be provided in this section.

Form DWC WCIS TP01 (Revised 6/05)

C. TRANSMISSION SPECIFICATIONS:

This section is used to communicate all allowable options for EDI transmissions between the trading partner and DWC.

One profile should be completed for each set of transactions with common transmission requirements. For example, if a trading partner is currently sending production transmissions to DWC via a VAN, but would like to enter test status for sending via internet file transfer, a second profile can be completed for the internet option. Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set IDs, a trading partner could specify those differences by providing more than one profile.

PROFILE ID: A number assigned to uniquely identify a given profile.

PROFILE ID DESCRIPTION: A free-form field 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.

TRANSMISSION MODE: The claims administrator must select one of the following transmission modes through which the WCIS can accept transactions: EDI transactions sent through a value added network (VAN), or EDI transactions sent as internet file transfers (e-mail and FTP). Those selecting the VAN option should complete sections C1 and C2 below. Those selecting the INTERNET FILE TRANSFER option should complete sections C1 and C3 below.

SECTION C1: VAN and INTERNET FILE TRANSFER PROVIDERS ONLY:

TRANSACTION SETS FOR THIS PROFILE:

This section identifies all the transaction sets/report types described within the profile along with any options that DWC provides to the claims administrator for each transaction set.

TRANSACTION TYPE: Indicates the types of EDI transmissions accepted by DWC.

MODE OF TRANSMISSION: DWC will specify below any FLAT FILE RELEASE #(s) and ANSI X12 VERSION #(s) which can be accepted for a given transaction set by DWC. The claim administrator should select ONE mode of transmission (flat file release # or ANSI X12 version #) from the alternatives specified. NOTE: WCIS will transmit acknowledgements

using the acknowledgement format that corresponds to the format of the original transaction.

EXPECTED TRANSMISSION DAYS OF WEEK: Indicate expected transmission timing for each transaction type by circling the applicable day or days. Transmission days of week information will help DWC to forecast WCIS usage during the week. Note that DWC reserves the right to impose restrictions on a trading partner's transmission timing in order to control system utilization.

PRODUCTION RESPONSE PERIOD: DWC will indicate here the maximum period of elapsed time within which a sending trading partner may expect to receive an acknowledgment for a given transaction type.

SECTION C2: VAN PROVIDERS ONLY:

ELECTRONIC MAILBOX FOR THIS PROFILE: If a Value Added Network (VAN) will be used to exchange data, the claims administrator will specify the electronic mailbox to which data can be transmitted. Separate mailbox information may be provided for transmitting 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 claims administrator's mailbox on the specified VAN.

NETWORK: USER ID: This is the identifier of the claims administrator's entity to the VAN.

SECTION C3: INTERNET FILE TRANSFER PROVIDERS ONLY:

EDI files may be transferred between a claims administrator and DWC by means to be negotiated between the two parties. Transmission mechanisms include File Transfer Protocol (FTP) and internet e-mail attachments. The following pieces of information will be used to facilitate such file transfers.

USER NAME: Specify a user name, which could be used to identify this authorized claim administrator for access to WCIS server. User names should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

PASSWORD: Specify a password, which will be used by the WCIS in combination with the user name to prevent data file submission by unauthorized parties. Passwords should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

NETWORK IP ADDRESS: Claims administrators with internet-connected networks must provide the Internet Protocol (IP) address here or the Uniform Resource Locater (URL) address. This address will be used for establishing File Transfer Protocol (FTP) connections between the claims administrator and DWC.

E-MAIL ADDRESS: The e-mail address of the claims administrator through which WCIS data would be exchanged with DWC using internet e-mail attachments (which may also be used to send acknowledgements for EDI transactions sent via File Transfer Protocol (FTP)).

D. RECEIVER INFORMATION (to be completed by DWC):

This section contains DWC's trading partner information.

Name: The business name of California Division of Workers' Compensation (DWC).

FEIN: The Federal Employer's Identification Number of DWC. This FEIN, combined with the 9-position zip code (Zip+4), uniquely identifies DWC as a trading partner.

Physical Address: The street address of DWC. The 9-position zip code of this street address, combined with the FEIN, uniquely identifies DWC as a trading partner.

Mailing Address: The address DWC uses to receive deliveries via the U.S. Postal Service.

Contact Information: This section identifies individuals at DWC who can be contacted with issues pertaining to this trading partner. The TECHNICAL CONTACT is the individual that should be contacted for issues regarding the actual transmission process. The BUSINESS CONTACT can address non-technical issues regarding the WCIS.

RECEIVER'S VAN ELECTRONIC MAILBOXES: This section specifies DWC's Value Added Network (VAN) mailboxes, which claims administrators can use to transmit EDI transactions to DWC. Separate mailbox information may be provided for receiving production versus test data.

NETWORK: The name of the VAN service on which the DWC's mailbox can be accessed.

NETWORK MAILBOX ACCT ID: The name of the DWC mailbox on the specified VAN.

NETWORK: USER ID: This is the identifier of the DWC's entity to the VAN.

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA A FILE TRANSFER PROTOCOL (FTP): If claims administrators are provided the option of sending EDI transmissions to WCIS using a File Transfer Protocol, DWC will provide the appropriate network IP (Internet Protocol) address here.

RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL ATTACHMENT: If claims administrators are provided the option of sending EDI transmissions to WCIS as internet e-mail attachments, the DWC e-mail address(es) to be used for such transmissions are provided here. Separate e-mail addresses may be provided for receiving production versus test data.

RECEIVER'S FLAT FILE RECORD DELIMITER: This character is to be used by claims administrators to indicate the end of each physical record when submitting flat file transactions formatted according to the IAIABC proprietary standards.

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:

SEGMENT TERMINATOR: The character to be used as a segment terminator is specified here.

DATA ELEMENT SEPARATOR: The character to be used as a data element separator is specified here.

SUB-ELEMENT SEPARATOR: The character to be used as a sub-element separator is specified here.

SENDER/RECEIVER QUALIFIER: This will be the claims administrator's 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 the claims administrator 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 ISA segment. Separate Sender/Receiver IDs are provided to exchange Production and Test data, if different identifiers are needed.

Form DWC WCIS TP01 (Revised 6/05)

Section G
Test, Pilot, Parallel and Production Phases of EDI

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Test, Pilot, Parallel and Production Phases of EDI

This section is a step-by-step guide to become a successful EDI Trading Partner in the California workers' compensation system. Attaining EDI capability can be viewed as a five step process: 1) begin with completing a Trading Partner Profile, 2) send a test transmission to make sure your system and the WCIS system can communicate with each other, 3) complete a Pilot phase, to check for complete, valid, and accurate data 4) complete a Parallel phase, where your EDI transmissions are compared to their corresponding paper reports and 5) attain and maintain full production capability. The steps outlined below are meant to help you through this process by providing you with information on what to expect in terms of electronic acknowledgments, what could go wrong along the way, and how to fix problems as they arise. Your WCIS contact person is available to work with you during this process to make sure that the transition to attaining Production status in California workers' compensation EDI is as successful as possible.

Step 1. Complete an EDI Trading Partner Profile

Completing a Trading Partner Profile form is the first step in reporting workers' compensation EDI data to WCIS. As stated in the WCIS regulations (Section 9702(j)), the form should be submitted to the Division at least 30 days before the first transmission of EDI data--at least 30 days before the Trading Partner sends the first test transmission (see Step 2). See Section F of this guide for details on who should complete a Trading Partner Profile form.

1. Get a copy of the Trading Partner Profile form

Form DWC WCIS TP01 (Revised 6/05), entitled *Electronic Data Interchange Trading Partner Profile,* is available from the following sources:

- Section F–Trading Partner Profile.
- California Division of Workers' Compensation web site at www.dir.ca.gov/DWC/wcis.htm
- Call or e-mail your WCIS liaison--see Section B–Where to Get Help.

When contacting us, please provide your name, company, and the e-mail or mailing address you would like the form sent to, and we will mail you a copy.

2. Complete the form

The form contains instructions about how to complete it. If you need additional help completing the form, contact your WCIS liaison. The Trading Partner Profile form asks you to provide the following information:

- Your business name, FEIN, 9-digit postal code, address, and type of business (insurer, employer, TPA etc.).
- Name, phone, fax, and e-mail of business contact person
- Name, phone, fax, and e-mail of technical contact person
- Transmission mode (VAN/Integrator, e-mail attachment, or FTP)
- Transmission specifications for each transaction type (flat file or ANSI X12)
- Transmission schedule (how often, what days)

On a separate sheet of paper, also compile a list of all claim administrator names and FEINs whose data will be reported under the Sender ID of the Trading Partner profile (see Section F for more information). The WCIS uses the claim administrator FEIN to process individual transactions. Since transactions for unknown claim administrators will be rejected by WCIS, it is imperative that this information be provided along with the Trading Partner Profile form.

3. Return the completed form to the Division

Mail or fax the Trading Partner Profile form and, if applicable, a list of claim administrator names and FEINs reported under that profile to the attention of your WCIS contact person:

WCIS Trading Partner Profile
Attn: Your WCIS Contact
Department of Industrial Relations
EDI Unit, Information Systems
PO Box 420603
San Francisco, CA 94142-0603

Fax: (415)-703-5911

4. Wait for approval of your Trading Partner Profile

- Your WCIS contact person will review your Trading Partner Profile for completeness and accuracy. If there are any questions, you will be notified.

- Upon approval of your application, you will be notified. You are now ready to move into the Test phase and may begin sending test files (see

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Step 2) to assess the capability of your system to send transmissions to WCIS.

Step 2. Complete the Test Phase

Purpose

The purpose of the Test phase is to make sure that your transmissions meet certain technical specifications. WCIS needs to be able to recognize and process your transmissions, and your system needs to be able to recognize and process transmissions from WCIS. The following are checked during the test:

- the **transmission mode** (e-mail attachment, VAN/Integrator transmission, or FTP) for both report and acknowledgment files is functional and acceptable for both receiver and sender,
- the **sender ID** is valid and recognized by the receiver and vice versa,
- the **file format** (ANSI X12 or flat file) matches the file format specified in the Trading Partner Profile of the sender and is structurally valid,
- the **batch format** of files sent by the Trading Partner is correct, (i.e., each batch contains an appropriate header record, one or more transaction records, and a trailer record, and the number of records sent matches the number indicated in the trailer).

Order of Testing

The Test (Step 2), Pilot (Step 3), and Parallel (Step 4) phases are done separately for each transaction type supported by WCIS:

- First Report of Injury (FROI)
- Subsequent Report of Injury (SROI)

You should be in Production with First Reports before testing and piloting Subsequent Reports. This is because the WCIS system will not be able to recognize your Subsequent Report transmissions unless it has already received the corresponding First Report.

Test Criteria

In order for your system and the WCIS system to communicate successfully, the following conditions must be met:

- No errors in header or trailer records,
- Correct ANSI structure (if using ANSI),
- TP can receive electronic acknowledgment (AK1/824) reports.

Test Procedure

Note: Trading Partners sending data as an **e-mail attachment** should follow the steps given in Sending Data as an E-mail Attachment in Section I–Transmission Modes, before sending a test file. Trading Partners using a File Transfer Protocol server should follow the steps given in Using a FTP Server in Section I–Transmission Modes, before sending a test file.

1. Prepare a test file

Trading Partners send data to WCIS in **batches**. A batch consists of 3 parts:

- a header record which identifies the sender, receiver, test/production status, time and date sent etc.
- one or more transactions (First Reports or Subsequent Reports),
- a trailer record which identifies the number of transactions in the batch.

We suggest that the test file consist of one batch of 5 production-quality reports of unique claims, real or simulated. Each test file must have the Test/Production indicator (DN104) located in the Header record set to “T”.

For First Reports: Submit Original first reports (Maintenance Type Code “00”)

For Subsequent Reports: Submit Initial Payment reports (MTC “IP”)

Note: If you would like to send additional MTCs while testing, please let your WCIS contact person know so that the WCIS system can be set up to receive them. Annual Reports (MTC “AN”), are a type of subsequent report and need not be tested. If a Trading Partner successfully tests SROIs with MTC “IP,” then it automatically passes the Test phase for SROIs with MTC “AN.”

2. Send the test file

Send (or make available if FTP) the test file to WCIS. The test data you send, if successful, will be posted to our test database. They will not be posted to the WCIS production database. This means that any live California claims sent as test data ~~during the pilot or production stages~~ will have to be resent to WCIS, after passing the test stage, in order to be posted to the WCIS production database.

3. Wait for electronic acknowledgment from WCIS

Trading Partners must be able to receive and process an electronic acknowledgment--AK1 (flat file) or 824 (ANSI)--from WCIS. When a test file has been processed, an electronic acknowledgment will be transmitted to the Trading Partner. The acknowledgment will report whether the transmission was successful, and, if not successful, any errors that occurred, as outlined in the following table. **Note that if the test file is missing the header, or if the sender ID in the header is not recognized by WCIS, no acknowledgment will be sent.** Also, the acknowledgment sent during the test phase will be header-level only; it will not contain information about the individual claims that you sent.

Structural Edits

Error Code, if applicable	Edit	Result
	Presence of HD1 (Header record)	Transmission rejected; no ACK sent
042	Presence of TR1 (Trailer record)	ACK rejecting transmission
002	Transaction Set ID at record level invalid	ACK rejecting transmission
997 Error Codes	ANSI structure validation • Segment Count does not match • Transaction Set Trailer Missing • Transaction Set not Supported • Transaction Set Control # in Header/Trailer don't match • Missing or Invalid Transaction Set ID • Missing or Invalid Transaction Set Control #	997 functional acknowledgment
042	Header record must be 87 bytes long	ACK rejecting transmission

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Data Edits

Error Code	Message	Data Elements to Validate	Result
001	Trading Partner Table Mandatory field not present	• Sender ID • Receiver ID • Date Transmission Sent • Time Transmission Sent • Test/Production Indicator • Interchange Version ID	Transmission rejected; no ACK sent (Sender ID) ACK rejecting transmission (remaining elements)
028	Must be Numeric (0-9)	• Detail Record Count	ACK rejecting transmission
029	Must be a valid Date (CCYYMMDD)	• Date Transmission Sent	ACK rejecting transmission
031	Must be a valid Time (HHMMSS)	• Time Transmission Sent	ACK rejecting transmission
039	No match on database	• Sender Id	Transmission rejected; no ACK sent
041	Must be <= Current Date	• Date Transmission Sent	ACK rejecting transmission
056	Detail Record Cnt NE number recs received	• Detail Record Count	ACK rejecting transmission
057	Duplicate Transmission	• Transaction Set ID	ACK rejecting transmission
058	Code/ID Invalid	• Test/Production Indicator • Interchange Version ID • Receiver ID	ACK rejecting transmission
058	Code/ID Invalid	• Release Number = 1	ACK rejecting transmission

Trading Partners should receive an electronic acknowledgment within 48 hours of sending the test transmission. If you do not receive an acknowledgment within 48 hours, contact your WCIS contact person.

Trading Partners using ANSI X12 file format will receive a 997, or functional acknowledgement, in addition to the 824.

4. Process the acknowledgment and correct any errors

If you receive an acknowledgment error (Application Acknowledgement Code (DN 111) = TR or “transmission rejected”), you will need to check the batch’s file format, and make corrections before re-transmitting the file to WCIS.

If the acknowledgment has a TA code (“transaction accepted”), skip to step 6.

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5. Retransmit corrected file to WCIS

Send the corrected file to WCIS. If your test fails again, repeat steps (2) through (5) until your test file is accepted by WCIS (no TR code). You may send as many test files as you need to. Let your WCIS liaison know if you have any questions or problems along the way.

6. Notify the Division when you are ready to move on to the Pilot Phase

When WCIS accepts your test transmission without technical errors, this means that your system and the WCIS system are able to successfully communicate with each other and your files are in a format readable by WCIS. Let your WCIS liaison know when you have successfully transmitted a test file. This person will verify the success of your test by accessing the WCIS system. If you have passed, your Trading Partner Profile on the WCIS system will be updated to prepare WCIS for your pilot data.

Your WCIS liaison will notify you when the WCIS system is ready to accept your pilot data. You may then begin transmitting pilot data as described in Step 3 in the next section.

Step 3. Complete the Pilot Phase

Overview

During the Pilot phase, the Trading Partner sends live California workers' compensation injury reports--First Reports of Injury and/or Subsequent Reports of Injury--to WCIS to be analyzed for data validity and completeness. The Test/Production Indicator (DN 104) should be set to "P" at this point.

Purpose

Testing for data quality during the Pilot, Parallel and Production phases will help Trading Partners comply with Section 9702, Electronic Data Reporting of the WCIS Regulations (8 CCR §9702(a)):

"Each claims administrator shall, at a minimum, provide **complete**, **valid**, and **accurate data** for the data elements set forth in this section."

- **complete data** – In order to evaluate the effectiveness and efficiency of the California workers' compensation system (one of the purposes of WCIS set forth in the 1993 authorizing statute), claims administrators must submit all required data elements on workers' compensation claims for the required reporting periods.

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- **valid data** – Valid means that the data are what they are purported to be. For example, data in the date of injury field must be date of injury and not some other date (or something else entirely). Data must consist of allowable values, e.g., date of injury cannot be September 31, 2005, a non-existent date. At a more subtle level, each Trading Partner must have the same understanding of the meaning of each data element and submit data with that meaning only. **Review the definitions for each required data element in the *Data Dictionary* of the *IAIABC EDI Implementation Guide* (http://www.iaiabc.org/) to be sure that your use of the data element matches that assigned by the IAIABC. If your meaning or use of a data element differs, you will need to make changes to conform to the IAIABC standards.**

- **accurate data** – Accurate means free from errors. There is little value in collecting and utilizing data unless there is assurance that the data are accurate. WCIS currently follows the IAIABC Edit Matrix error messages in the February 15, 2002 revised edition of the *IAIABC EDI Implementation Guide*.

The Pilot phase is to ensure that the above requirements are met before a Trading Partner is allowed to routinely submit electronic data to WCIS in the place of hard copy reports--in other words, before the Trading Partner is moved to Parallel status.

Data Quality Criteria

Reports are first transmitted to WCIS via EDI, and they are tested for **completeness** and **validity** using automatic built-in data edits on the WCIS system.

DWC suggests that you transmit **at least 30 live claims** to WCIS. These claims should meet or exceed the following two data quality criteria:

- No more than 5% of transmitted reports are rejected (Application Acknowledgment Code = TR or "transaction rejected"). This is the same as saying that at least 95% of transmitted reports are free of any errors in mandatory/fatal or conditional/fatal data elements, AND
- Of the accepted reports (≥ 95% of transmitted reports), no more than 10% contain errors (Application Acknowledgment Code = TE or "accepted with errors"). This is the same as saying that at least 90% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements.

Note: Trading Partners whose claim volume is too low to reasonably send 30 claims may send fewer claims. Your WCIS contact will be able to advise you on how many claims to send.

First Reports: If data do not meet the above data quality criteria on the initial submission because of missing data, the Trading Partner has up to 60 days from the initial submission to fill in missing data in order to meet these criteria (see section 9702(b) of the WCIS regulations). Any corrections made will be reflected in the remainder of the pilot process.

The data reporting requirements for each data element are listed in Section L– Required Data Elements.

Test/Production Indicator

The Test/Production indicator (DN104) located in the Header record is set to "P" during the Pilot stage. Data are posted to the California WCIS live database.

Maintenance Type Codes Piloted

The following are the maintenance type codes piloted in California at this time:

FROI	00	(Original)
SROI	IP	(Initial Payment)

During the Pilot process, Trading Partners may also need to submit reports with MTC CO (Correction) in order to correct data reported in error or to fill in missing data. Trading Partners may also submit reports with MTC 02 (Change) to update any previously reported data elements that were accepted without error.

After a report type has been successfully piloted, all other maintenance type codes for that report type become reportable. For example, once a Trading Partner has successfully piloted Original First Reports, the AU, 01, 04, 02, and CO maintenance type codes for first reports are reportable. Depending on overall Trading Partner performance, California may later choose to incorporate additional maintenance type codes into the piloting requirements.

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Step 4. Parallel Procedure

1. Request Parallel analysis

After you have fulfilled the completeness and validity data quality requirements of EDI, the next step is to submit the paper reports of the corresponding EDI reports to be cross-checked for accuracy. Notify your WCIS contact person when you are ready for a "Parallel analysis". This person will verify that the EDI completeness and validity requirements are fulfilled before you proceed.

Unresolved mismatches between the paper and EDI reports should not exceed 5% of all reportable data elements across all cross-checked reports. In addition, there may be no data mapping errors (e.g., employer telephone number always sent in place of the employee telephone number, or "part of body = foot" always sent when "part of body = hand").

A cross-walk of data elements contained on California First Report Forms 5020 and 5021 and on the EDI First Report of Injury is provided at the end of this section. For data elements that appear on all three reports, a match on the EDI First Report with at least one of the corresponding values from the paper reports is required. For example, if the employer address field is filled in on Form 5020 but not on Form 5021, the address on Form 5020 should match the corresponding EDI data elements for employer address. If different employer addresses are provided on Forms 5020 and 5021, one of these addresses should match the corresponding EDI data elements for employer address.

Additionally, the following data elements are used in the Parallel analysis:

DN	Data Element
44	Employee First Name
43	Employee Last Name
45	Employee Middle Name/Initial
46	Employee Street Address Line 1
48	Employee City
49	Employee State
50	Employee Postal Code
51	Employee Phone Number
42	Social Security Number

52	Employee Date of Birth
53	Gender Code
61	Date of Hire
59	Class Code
58	Employment Status Code
60	Occupation
18	Employer Name
19	Employer Street Address Line 1
21	Employer City
22	Employer State
23	Employer Postal Code
62	Wage
63	Wage Period
31	Date of Injury
65	Date Last Day Worked
56	Date Disability Began
35	Nature of Injury Code
36	Part of Body Injured Code
37	Cause of Injury Code
38	Accident Description/Cause
33	Postal Code of Injury Site
68	Date of Return to Work
57	Employee Date of Death
40	Date Reported to Employer

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2. Prepare paper copies of reports

First Reports: Make one copy of completed *Form 5020, Rev. 6, Employer's Report of Occupational Injury or Illness* for each Original First Report that you submitted in the EDI portion of the pilot. If you wish, you may also make one copy of *Form 5021, Rev. 4, Doctor's First Report of Occupational Injury or Illness*. This gives you more opportunities for a successful match if information on Form 5020

fails to match the EDI First Report. Fill out a *WCIS Parallel Batch Identification Form* (at the end of this section). The purpose of this form is to allow DWC to link your EDI reports to your paper reports.

Subsequent Reports (IP): Make one copy of the benefit notice sent to the employee notifying him/her of the start of benefit payments for each Subsequent Report that you submitted in the EDI portion of the Pilot. Fill out a *WCIS Parallel Batch Identification Form* (at the end of this section). This form allows DWC to link your EDI reports to your paper reports.

3. Send paper reports to DWC

Send the paper forms to your WCIS liaison. Please include a completed *WCIS Parallel Batch Identification Form* to facilitate identification of your claims. Mail the entire packet to:

WCIS Parallel Phase
Attn: Your WCIS Contact
Department of Industrial Relations
EDI Unit, Information Systems
PO Box 420603
San Francisco, CA 94142-0603

4. Wait for Parallel Analysis Report

Your WCIS contact will compare your paper and EDI reports for consistency and prepare a "Parallel Analysis Report," which will be sent to you. The report will describe any discrepancies noted between data sent on paper and data sent electronically, as well as any other suspected data issues/errors not detected by the routine EDI program edits.

You may be asked to explain any discrepancies. Depending on the extent of the discrepancies, this may require a phone consultation, a meeting, a brief note, or a more formal written justification.

Moving from Parallel to Production Status

When the data quality criteria of the Pilot and Parallel phase have been met for a given transaction, the Trading Partner will be approved for Production status for that transaction. You will receive written authorization from the Division to submit Production status data to WCIS for the transaction type successfully tested and piloted. Once Production status for a transaction type has been granted, you will no longer be required to send the corresponding paper report to the Division of Labor Statistics and Research (DLSR).

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Step 4. Production

Congratulations! You are now officially in Production for EDI reporting of workers' compensation claims data with the State of California Division of Workers' Compensation.

During Production, the following conditions apply:

Paper Reports

The EDI First Report fulfills the requirement to submit paper copies of the Employer's Report (Form 5020) to the California Division of Labor Statistics and Research (DLSR), pursuant to Labor Code §6409.1 and 8 C.C.R. §14001 (see letter from DLSR in Section E–WCIS Regulations). However, the submission of paper copies of the Doctor's First Report of Occupational Injury or Illness (Form 5021) to DLSR is still required at this time (LC §6409 and 8 C.C.R. § 14001-14002).

In the future, submission of the ICD-9 CM Diagnosis Code, on the first Medical Bill/Payment Report, may substitute for the requirement to submit the paper Doctor's First Report (Form 5021) to DLSR.

Trading Partners in Production status for Subsequent reports satisfy the obligation to submit paper copies of benefit notices to the Administrative Director pursuant to Labor Code §138.4 (see §9702 (h)(1) of the WCIS regulations).

Data Quality Requirements

Data sent to WCIS will continue to be monitored for completeness and validity. The following are guidelines for data quality that Trading Partners should strive to meet or exceed:

- At least 95% of transmitted reports should be free of any errors in *mandatory/fatal* and *conditional/fatal* data elements,
- At least 90% of accepted reports should be free of any errors in *mandatory/serious* and *conditional/serious* data elements.

Note: As in the Pilot phase, these requirements need not be met upon the first submission of data to WCIS. Trading Partners have up to 60 days after the first submission of First Report data to submit data elements that were omitted on the first transmission because they were not known to the claims administrator

(see Section 9702(b). Electronic Data Reporting of the WCIS Regulations). Notwithstanding this requirement, the claims administrator is required to transmit data in response to a data error message generated by WCIS, or when the claims administrator becomes aware of the need to update data elements previously transmitted or omitted, no later than the next submission of data for the affected claim (see Section 9702(f) of the WCIS Regulations).

DWC anticipates that, in the future, its claims auditors will collect data from claims administrators. These data will be checked for data accuracy against EDI data that were already submitted to WCIS (see LC §129; 8 CCR §10105).

Data Quality Reports

WCIS automatically monitors the quality of data received from Trading Partners during the Pilot and Production phases. The system tracks all outstanding errors and produces automated data quality reports. The Division plans to provide these reports to each Trading Partner on a regular basis. The frequency of providing these reports has not yet been determined.

Trading Partner Profile

Trading Partner Profiles must be kept up-to-date. The Division must be notified of any changes to the Trading Partner Profile, since these may affect whether WCIS recognizes your transmissions. Note that if the transmission mode (e-mail, VAN, or FTP) or transmission specifications (flat file vs. ANSI) are changed, this may require re-testing some or all types of transactions.

WCIS PARALLEL BATCH IDENTIFICATION FORM

TO: _____
Your WCIS Contact

FROM: TRADING PARTNER (the following information must be as it appears on your Trading Partner Profile)

NAME _____

ADDRESS _____

_____

_____

FEIN _____ ZIP CODE _____

DATE(S) ELECTRONIC TRANSMISSION(S) WERE SENT _____
_____

TOTAL NUMBER OF EDI CLAIMS SENT _____
DATE PAPER REPORTS MAILED _____
NUMBER OF PAPER REPORTS MAILED _____

PREPARED BY _____

PHONE _____

COMPLETE THIS FORM AND RETURN WITH COPIES OF PAPER 5020 (and 5021 REPORTS, if desired) OR NOTICES OF INITIAL BENEFIT PAYMENTS TO :

WCIS PARALLEL PHASE
ATTN: Your WCIS Contact Person
EDI Unit, Information Systems
PO BOX 420603
San Francisco, CA 94142-0603

Crosswalk of Employer's (Form 5020), Doctor's (Form 5021), and EDI First Report[1]

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
EMPLOYER INFORMATION					
1	Firm Name	Employer Name	2	EMPLOYER NAME	18
1A	Policy Number				
2	Mailing Address	Address	3	EMPLOYER ADDRESS LINE 1 EMPLOYER ADDRESS LINE 2 EMPLOYER CITY EMPLOYER STATE EMPLOYER POSTAL CODE	19 20 21 22 23
2A	Phone Number				
3	Location, if different from Mailing Address	Address	3	EMPLOYER ADDRESS LINE 1 EMPLOYER ADDRESS LINE 2 EMPLOYER CITY EMPLOYER STATE EMPLOYER POSTAL CODE	19 20 21 22 23
3A	Location Code				
4	Nature of Business	Nature of Business	4	Must be consistent with: OCCUPATION DESCRIPTION MANUAL CLASSIFICATION CODE	 60 59
5	State Unemployment Insurance Acct. No.				
6	Type of Employer				

Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
EMPLOYEE INFORMATION					
7	Employee Name	Patient Name	5	EMPLOYEE LAST NAME EMPLOYEE FIRST NAME EMPLOYEE MIDDLE INITIAL	43 44 45
8	Social Security Number	Social Security Number	11	EMPLOYEE SOCIAL SECURITY NUMBER	42
9	Date of Birth	Date of Birth	7	EMPLOYEE DATE OF BIRTH	52
10	Home Address	Address	8	EMPLOYEE ADDRESS LINE 1 EMPLOYEE ADDRESS LINE 2 EMPLOYEE CITY EMPLOYEE STATE EMPLOYEE POSTAL CODE	46 47 48 49 50
10A	Phone Number	Telephone Number	9	EMPLOYEE PHONE	51
11	Sex	Sex	6	GENDER CODE	53
12	Occupation (Regular job title)	Occupation (Specific job title)	10	OCCUPATION DESCRIPTION	60
13	Date of Hire			DATE OF HIRE	61
14	Employee usually works (__ hrs per day, __ days per week, __ total weekly hours)				
14A	Employment Status (regular FT/PT/ temporary/seasonal)			Must be consistent with: EMPLOYMENT STATUS CODE	 58
14B	Under what class code of your policy were wages assigned?			CLASS CODE	59
15	Gross Wages/Salary			Must be consistent with: WAGE WAGE PERIOD	 62 63
16	Other payments not reported as wages/salary? (yes/no)				

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Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
INJURY INFORMATION					
17	Date of Injury or Onset of Illness	Date and hour of injury or onset of illness	13	DATE OF INJURY	31
18	Time Injury Illness occurred	Date and hour of injury or onset of illness	13		
19	Time employee began work				
20	If employee died, Date of Death			EMPLOYEE DATE OF DEATH	57
21	Unable to work for at least one full day after Date of Injury? (yes/no)			If Yes on 5020, INITIAL DATE DISABILITY BEGAN must be present	56
22	Date Last Worked	Date Last Worked	14	DATE LAST DAY WORKED[2]	65
23	Date Returned to Work	Work Status: Is patient able to perform usual work? Date when patient can return to regular/modified work	26	DATE OF RETURN TO WORK	68
		Work Status: "Date when patient can return to modified work "	26		
24	If still off work Check This Box				
25	Paid full wages for day of injury or last day worked? (yes/no)				
26	Salary being continued? (yes/no)				
27	Date of Employer's Knowledge/Notice of Injury/Illness			DATE REPORTED TO EMPLOYER	40
28	Date employee was provided employee claim form				
29	Specific Injury/Illness and Part of Body Affected, Medical Diagnosis, if available	Diagnosis, ICD-9 Code	20	Must be consistent with: NATURE OF INJURY CODE PART OF BODY INJURED CODE CAUSE OF INJURY CODE	 35 36 37
30	Location where event or exposure occurred (Number, Street, City)	Injured at: (No. and Street, City, County)	12	Must be consistent with: POSTAL CODE OF INJURY SITE	 33

Crosswalk of Employer's, Doctor's, and EDI First Report (cont.)

Q#	Employer's Report	Doctor's Report	Q#	EDI Data Element Name	DN#
INJURY INFORMATION (cont.)					
30A	County	Injured at: (County)	12		
30B	On employer's premises? (yes/no)			Must be consistent with: ACCIDENT SITE POSTAL CODE	 33
31	Department where event or exposure occurred				
32	Other workers injured/ill in this event? (yes/no)				
33	Equipment, materials and chemical the employee was using when event or exposure occurred	Describe how the accident or exposure happened	17		
34	Specific activity the employee was performing when event or exposure occurred	Describe how the accident or exposure happened	17	Must be consistent with: NATURE OF INJURY CODE CAUSE OF INJURY CODE	 35 37
35	How Injury/Illness occurred	Describe how the accident or exposure happened	17	ACCIDENT/INJURY DESCRIPTION/NARRATIVE	38
36	Name and Address of Physician (Number and Street, City, ZIP)				
36A	Phone Number				
37	If hospitalized as an inpatient, name and address of hospital (Number and Street, City, ZIP)	If hospitalized as inpatient, give hospital name and location	25		
37A	Phone Number				

[1] Only data elements in non-shaded rows will be checked for consistency. Shaded rows indicate data elements present on California Form 5020 and/or 5021, but not present on the EDI First Report of Injury. Questions on the Doctor's First Report which are neither on the Employer's Report nor on the EDI First Report are not listed.
[2] For injuries or illnesses resulting in disability (= lost work time) only.

Section H
File Formats and Supported Transactions

Supported Transactions H-2

Understanding ANSI and Flat Files H-3

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Supported Transactions

The WCIS accepts transactions in the Release 1 format which is the current IAIABC standard. Since the IAIABC no longer supports the Release 2 format, WCIS does not accept Release 2 transactions. The Release 3 format is expected to be adopted by WCIS in the future.

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Understanding ANSI and Flat Files

The IAIABC has approved two file formats for the electronic submission of Release 1 transactions: ANSI X12 formats – based on the American National Standards Institute (ANSI) X12 EDI standard – and proprietary IAIABC "flat file" formats.

First Reports	ANSI X12 Release 1 (Version 3041) IAIABC Flat File Release 1
Subsequent Reports	ANSI X12 Release 1 (Version 3041) IAIABC Flat File Release 1

ANSI X12 is the primary EDI standard for electronic commerce in a wide variety of applications. Data elements are strung together continuously, with special data element identifiers and separator characters delineating individual data elements and records. ANSI X12 is extremely flexible but also somewhat complex, so most X12 users purchase translation software that handles the X12 formatting. Because X12 protocols are used for many types of business communications, X12 translation software is commercially available. Some claim administrators may already be using X12 translation software for purchasing, financial transactions, or other business purposes.

The IAIABC's proprietary flat file formats were designed specifically for transferring workers' compensation data via EDI. Data elements are placed in assigned character positions within each record. Different records are presented on separate lines of the file. Flat files have the disadvantage of being inflexible and not easily modified. The Release 1 version of the flat files is fairly straightforward to implement without translation software.

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Section I
Transmission Modes

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Transmission Options Available

There are three options available to claims administrators for transmitting data to the WCIS:

E-mail Attachment

The WCIS can receive data as an e-mail attachment using the Secure/Multipurpose Internet Mail Extensions (S/MIME) protocol. Both e-mail messages and attachments will be confidential through authentication and encryption, using digital certification. For more information, see "Sending Data as an E-Mail Attachment" in this section.

Value Added Networks (VAN)

A Value Added Network (VAN) is a commercially-owned network that provides specific services, such as access to a specialized database for a fee, which is restricted to users. Organizations that provide VAN services act as intermediaries during electronic message exchange. VAN customers typically purchase leased lines that connect them to the network or use a dial-up number, given by the network owner, to gain access to the network.

The advantages of using a VAN include security, auditing, and tracking capabilities, and in some cases, formatting services.

Several EDI service providers provide VAN services. Be aware that billing can be complex, and it typically consists of per byte charges and per "envelope" charges, which vary depending on how the user sends the information. Note: the Division of Workers' Compensation does not pay VAN charges for either incoming or outgoing EDI transmissions. VAN messages will not be transmitted if the trading partner does not specify that it will accept charges for both incoming and outgoing transmissions. See Section J–EDI Service Providers, for VAN contact information.

File Transfer Protocol (FTP)

WCIS will poll trading partner File Transfer Protocol (FTP) servers to receive and send data. The internet file transfer protocol is defined in RFC 959 by the Internet Engineering Task Force and the Internet Engineering Steering Group. Data files will be confidential by using Pretty Good Privacy (PGP) authentication and encryption. A history of the PGP program and frequently asked questions is available at http://www.pgpi.org.

Trading partners must provide a secure FTP server that is accessible by WCIS. WCIS will only pull data and push acknowledgement to trading partner FTP servers. For more information, see "Storing and Receiving Data with File Transfer Protocol" in this section.

Sending Data as an E-Mail Attachment

Your e-mail software must comply with the Secure/Multipurpose Internet Mail Extensions (S/MIME) format to send secure e-mail to WCIS. Please check with your system administrator to ensure that your e-mail software is S/MIME compliant before proceeding with the following steps. Trading Partners that are unable to send S/MIME e-mail may send files encrypted by Pretty Good Privacy (PGP) to: wcispgp@dir.ca.gov. Please contact your Trading Partner liaison for instructions on how to send PGP encrypted files.

This section should be read in conjunction with Section G–Test, Pilot, Parallel, and Production Phases of EDI.

Step 1. Trading Partner Profile

Complete the Trading Partner Profile form as instructed in Step 1 of Section G. Be sure to indicate that the transmission mode is e-mail attachment. Also include the e-mail address where the acknowledgments will be returned. The return address does not need to be the same as the sending address. After the Trading Partner Profile form is completed, follow the steps below. Upon completion of the below steps, return to Section G, Step 2: Complete the Test Phase.

Step 2 . Purchase a Digital Certificate

Purchase a digital certificate from one of the state-certified vendors. The approved list of Digital Signature Certification Authorities is available at the Secretary of State website (http://www.ss.ca.gov/digsig/cert1.htm). The digital certificate will authenticate the data you will be sending to us.

Step 3. Install the Digital Certificate

The digital certificate can be installed either from a software disk or directly from the internet. The digital certificate will be installed in your e-mail program and on your internet web browser (e.g., Microsoft Internet Explorer, Netscape Navigator). Details for installation of digital certificates are available at the website of the specific Digital Signature Certificate Authority you choose to purchase from.

Step 4. Exchange Digital Certificates with WCIS

The exchange of digital certificates is necessary for authentication and encryption. The Trading Partner sends WCIS their digital certificate so that WCIS can ensure that the message has not been altered by someone else. WCIS sends the Trading Partner its digital certificate so that the Trading Partner

can encrypt the e-mails sent to WCIS. Encryption ensures that the message and its attachments are not readable by anyone other than the intended recipients.

To exchange digital certificates, send a digitally signed e-mail message to wcisdata@dir.ca.gov with the subject header "REQUEST PUBLIC KEY". Details for sending a digitally signed e-mail are available at the website of the specific Certified Digital Signature Authority you choose to purchase from. Upon receipt of a signed e-mail message, WCIS will respond with a digitally signed message.

The digitally signed e-mail message contains a copy of the WCIS digital certificate. The trading partner must register the WCIS digital certificate with their e-mail system. See your system administrator or the help files of your e-mail program for complete instructions on registering the WCIS certificate on your machine.

If a Trading Partner does not receive a digitally signed e-mail message from WCIS, they should notify their WCIS Contact Person.

Step 5. Set Up Your E-mail Program to Encrypt all Data Transmissions to WCIS

Once digital certificates have been exchanged between users, e-mail messages can be encrypted and signed to protect against tampering. Encrypting a message means you "scramble" the message and its attachment so that only the intended recipient can read it. All messages sent to wcisdata@dir.ca.gov must be encrypted and signed. If a message is received that is not encrypted, the Trading Partner will be notified either by e-mail or by the WCIS contact person. If messages continue to be received un-encrypted, a Trading Partner may not be allowed to use the email facility to send their data. Details for configuring the encryption of a digital certificate message are available at the website of the specific Digital Signature Certification Authority you choose to purchase from.

Step 6. Send your Transmissions

Send an EDI test file, as specified in Section G Step 2: Complete the Test Phase. To send the test file: format the file, attach the formatted file to an e-mail message, encrypt the message, sign the message, and send to wcisdata@dir.ca.gov. Data file names should be unique. The subject line should read "SEND EDI DATA".

If transmission of the encrypted and signed test file from a trading partner is successful, WCIS will process your transmission and return a header level acknowledgment to the e-mail address provided on your Trading Partner Profile. E-mail acknowledgments will be returned in the same file format as the original transmission. E-mail acknowledgments will not be encrypted or signed. See Section G for further information on completing the Test, Pilot, Parallel and Production Phases.

More on Digital Certificates

Digital certificates bind an identity to a pair of electronic keys that can be used to encrypt and sign digital information. A digital certificate makes it possible to verify someone's claim that they have the right to use a given key and helps to prevent people from using fictitious keys to impersonate other users. Used in conjunction with encryption, digital certificates provide a more complete security solution that authenticates the identity of all parties involved in a transaction.

In order to send and receive secure e-mail using a digital certificate, you must be working with an e-mail software that supports S/MIME, the standard format that allows users with different e-mail software to communicate with one another.

Tips on using E-mail Transmission

- Always encrypt and digitally sign e-mail messages when sending to WCIS.
- Keep the digital certificate current. If a digital certificate has expired, WCIS may not receive your transmission.
- Make sure that your email address matches the email address on your digital certificate. Sometimes the email address you use is different from what is maintained by your email system.
- Do not send any other type of messages to wcisdata@dir.ca.gov. The wcisdata mailbox is for EDI transmissions only. All other messages will be deleted and not read.
- Acknowledgements are sent back from ediout@dir.ca.gov.
- The Acknowledgement is an email attachment with the file extension "txt.snd". The Acknowledgement file can be read by removing the "snd" extension, so that the filename should be "*filename.*txt".
- Use unique filenames for each EDI file.

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Storing and Receiving Data with File Transfer Protocol

Certain processes and procedures must be coordinated to ensure the efficient transmission of data and acknowledgement files via FTP.

Step 1. Trading Partner Profile

Complete the Trading Partner Profile form as instructed in Step 1 of Section G. Be sure to indicate that the transmission mode is Internet File Transfer. Acknowledgments will be returned by FTP or email. After the Trading Partner Profile form is completed, follow the steps below. Upon completion of the below steps, return to Section G, Step 2: Complete the Test Phase.

Step 2. Generate a Pretty Good Privacy (PGP) Key

WCIS uses PGP to for encryption and authentication. PGP is an encryption program available from PGP Corporation (http://www.pgp.com) and the International PGP home page (http://www.pgpi.org). PGP is also available from previous versions of security programs offered by Network Associates (http://www.nai.com), which had previously acquired the license to distribute PGP.

If the Trading Partner does not already have a PGP key, it will need to generate its own unique set of PGP keys. The PGP program will create a set of public and private keys based on information you enter into the program.

Step 3. Exchange PGP Public Keys

The PGP public keys are required for encryption to provide data security. Data sent to WCIS is encrypted by WCIS's public key and files are signed by the Trading Partner's private key. The exchange of public keys ensures that the recipient is the only one that is able to read the file and that the sender is the only one that could have sent the data. Please do not share private keys and passwords with anyone else as this would allow others to create files that would appear to have come from you.

E-mail your PGP public key to your EDI contact person. Your contact person will send you a copy of the WCIS PGP public key. Exchange of PGP keys is based on mutual trust between WCIS and Trading Partners.

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Step 4. Import WCIS PGP Public Key

Import the WCIS public key into the PGP program. Implicitly trusting the key will facilitate communications without the inconvenience of having to verify the key each time it is used.

FTP Name and Internet Address

The FTP server must have a static network internet address. The FTP server must be accessible either by a Uniform Resource Locater (URL) (e.g.; ftp.tradingpartner.com) or an internet address (e.g.; 10.10.10.10). Enter the network internet address information on C3 on the Trading Partner Profile form. If the address of the FTP server changes, please contact your trading partner liaison to update your Trading Partner profile information.

FTP Server Account and Password

WCIS requires an account and password on your FTP server. The account and password is entered in C4 on the Trading Partner Profile form. Make sure that it is set and does not change. If the account and password is changed, please update your trading partner profile information.

Polling Processes

WCIS will periodically poll trading partner FTP servers. An FTP client program will log onto the trading partner server and it will download all files in a directory named inbox on the FTP server. After all the files are retrieved, the client program will delete all files in the directory on the FTP server. Files received will be unencrypted by WCIS with its private key and the trading partner's digital signature will be verified.

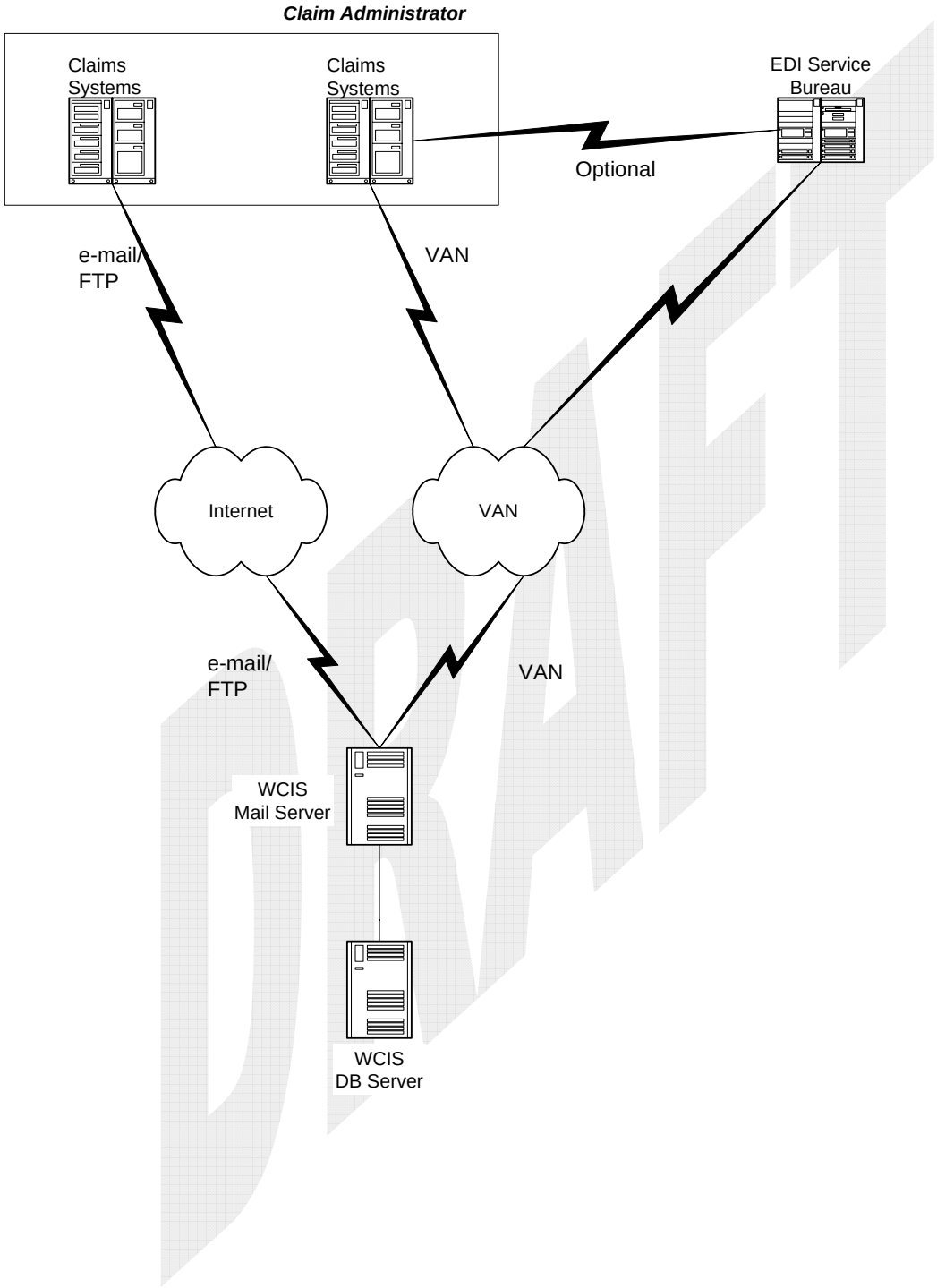
WCIS will send acknowledgment files to trading partners, either by FTP or email. Files that are sent by email will be sent to the trading partner's email address, which is listed in C3 of the Trading Partner Profile form. If the email address is blank on the form, acknowledgements will be placed into a directory named Outbox on the FTP server.

FTP File Conventions

Files should follow these conventions:

- Data files should contain no more than 1,500 FROI or SROI transactions.
- Data file names must be unique and start with 3 letters assigned by WCIS.
- Data files must be encrypted with PGP and signed.
- Acknowledgement files will be unique.
- Acknowledgement files will not be encrypted.

Transmission Pathways



Section J
EDI Service Providers

Introduction to EDI Service Providers J-2

Providers of consultation, technical support, VAN service, and/or software products J-3

Organizations providing data collection services J-6

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Introduction to EDI Service Providers

Claims administrators seeking assistance in implementing EDI may wish to consult one or more of the EDI service providers listed on the following pages. Many of these firms offer a full range of EDI-related services: consultation, technical support, value added network (VAN) services, and/or software products. These products and services can make it possible for claims administrators to successfully transmit claims data via EDI and avoid the technical details of EDI.

Another alternative to developing a complete EDI system is to contract for the services of a data collection agent. For a fee, a data collection agent will receive paper forms by fax or mail, enter the data, and transmit it by EDI to state agencies or other electronic commerce trading partners.

The California Division of Workers' Compensation does not have a process for granting "approvals" to any EDI service providers. The listings below are simply of providers known to the Division. The lists will be updated as additional resources become known. The most up-to date version of these listings can be accessed through the WCIS home page at www.dir.ca.gov/DWC/WCIS.htm.

Appearance on the following lists does not in any way constitute an endorsement of the companies listed or a guarantee of the services they provide. Other companies not listed may be equally capable of providing EDI-related services.

Note to suppliers of EDI-related services: Please contact wcis@dir.ca.gov if you wish to have your organization added or removed from DWC's list, or to update your contact information.

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Providers of consultation, technical support, value added network (VAN) service, and/or software products:

Claims Harbor (previously DBA Bridium, Inc.) http://www.claimsharbor.com 1900 Emery Street Atlanta, GA 30318 Jodi Carpenter Phone: (941) 739-7753 Email: jcarpenter@claimsharbor.com	IBM Global Network / Advantis www.ibm.com/globalnetwork/ IBM Global Services P.O. Box 30021 Tampa, FL 33630 Phone: (800) 655-8865 E-mail: globalnetwork@info.ibm.com
StellarNet, Inc www.stellarnetinc.com 124 Beale Street, Suite 400 San Francisco, CA 94105-1811 John R. Stevens, CEO Phone: (415) 882-5700 Fax: (415) 882-5718 E-mail: rtwfast@ibm.net	HealthTech, Inc. www.health-tech.net 11730 W. 135th Street, Suite 31 Overland Park, KS 66221 Mark R. Hughes, President Phone: (913) 764-9347 Fax: (913) 764-0572 E-mail: mhughes@health-tech.net
MountainView Software Corp. www.mvsc.com 335 N 300 W Suite 104 Kaysville, UT 84037 Steve Schmutz, Vice President, Sales & Marketing Phone: (888) 533-1122 Fax: (801) 544-3138 E-mail: steve@mvsc.com	Alliance Consulting www.lever8.com One Commerce Square 2005 Market Street 32nd Floor Philadelphia, PA 19103 Phone: (800) 706-3339 E-Mail: Get-IT-solved-phi@alliance-consulting.com

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Providers of consultation, technical support, VAN service, and/or software products, continued:

CompData www.CompDataEdex.com P.O. Box 729 Seal Beach, CA 90740-0729 Ron Diller Phone: (800) 493-6652 Fax: (562) 493-1550 E-mail: Customer@CompDataEdex.com	Red Oak E-Commerce Solutions, Inc. http://www.roesinc.com/ PO Box K-9 Carlisle, IA 50047 Patrick "Pat" Cannon Phone: (866)363-4297 Fax: (512) 363-4298 E-mail: prcannon@roesinc.com
Valley Oak Systems www.valleyoak.com 3189 Danville Blvd., Suite # 255 Alamo, CA 94507 David Turner, Vice President Phone: (925) 552-1650 Fax: (925) 552-1656 E-mail: dturner@valleyoak.com	David Corp. 200 Pine Street, 2nd Floor San Francisco, CA 94104 Richard Bigelow, President and CEO Phone: (800) 553-2843 Fax: (415) 362-5010 E-mail: support@davidcorp.com
Harbor Healthcare Ventures, LLC http://www.hhcv.com 11500 Olympic Blvd, Suite 400 Los Angeles, CA 90049 Phone: (310) 444-3001 Fax: (310) 444-3002	Insurance Services Office, Inc. (Also see, Claims Harbor) http://wcis.iso.com 545 Washington Blvd. Jersey City, NJ 07310-1686 Larry Gross Phone: (609) 799-1800 Email: lgross@iso.com John Rewinkel Phone: (303) 756-5712 Email: jrewinkel@iso.com

Providers of consultation, technical support, VAN service, and/or software products, continued:

Forms On-A-Disk, Inc. www.e-forms.net 11551 Forest Central Dr., Suite 205 Dallas, TX 75243-3915 Susan Parma Phone: (324) 340-9429 E-mail: sales@e-forms.net	Palarco, Inc. www.palarco.com Raritan Plaza 3, 101 Fieldcrest Ave. Edison, NJ 08837 Joshua Marcus Phone: (732) 417-2886 Fax: (732) 417-2138 E-mail: jmarcus@palarco.com
Risk Management Technologies / STARS Marsh Risk & Insurance Services http://www.starsinfo.com One California St. San Francisco, CA 94111 Chris Dempsey Phone: (415) 743-8293 Fax: (415) 743-7789 E-mail: Christopher.k.dempsey@marshmc.com	Shelter Island Risk Services, LLC 174 Corte Alta Novato, CA 94949 Chuck Wight, Regional Manager & VP Phone: (415) 382-1424 Fax: (415) 382-2044 E-mail: Cwight@SIRisk.com
Workcompcentral.com, Inc. www.workcompcentral.com 124 Mainsail Court Hueneme Beach, CA 93041 David J. DePaolo, CEO, President Phone: (805) 484-0333 Fax: (805) 484-7272 E-mail: david-depaolo@workcompcentral.com	Sterling Commerce www.sterlingcommerce.com Peter Wellman, Sr. Account Exec. 2175 N. California Blvd., Suite 425 Walnut Creek, CA 94596 Phone: (925) 299-2440 Fax: (925) 296-1850

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Providers of consultation, technical support, VAN service, and/or software products, continued:

EasyLink Services Corporation www.easylink.com 33 Knightsbridge Road Piscataway, NJ 08854 Phone: (888) 825-6385 Fax: (732) 652-3810 E-mail: sales@EasyLink.com	

Organizations providing data collection services:

Claims Harbor/Bridium, Inc. (800) 448-1776	Insurance Services Office, Inc. (609) 799-1800
Corporate Systems (800) 927-3343	HealthTech, Inc. (913) 764-9347
Concentra Managed Care, Inc. (972) 364-8000	Risk Management Technologies (415) 743-8293
Alliance Consulting (800) 206-1078	CompData (800) 493-6652
Red Oak E-Commerce Solutions, Inc. (866) 363-4297	Valley Oak Systems (925) 552-1650
Palarco, Inc. (732) 417-2886	David Corp. (800) 553-2843
Workcompcentral.com, Inc. (805) 484-0333	

SECTION K
Events that Trigger Required EDI Reports

Release 1 ..... K-2

First Report of Injury K-2

Subsequent Report of Injury K-3

Annual Summary K-4

Release 1

First Report of Injury

For claims with date of injury March 1, 2000 or later.

MTC†	Event	Time Report is Due
00	A new Employer's Report OR A new Doctor's First Report of Injury OR An Application for Adjudication OR Information that an injury requires medical treatment by a physician.	Within 5 business days (report all data known to the claims administrator)
01	A previously sent First Report was sent in error.	Within 10 business days of event
02	Previously sent First Report was incomplete.	Within 60 days of original first report submission
02	Data in previous First Report has changed.	By next date a submission is due for the claim
AU	Claim acquired from another claims administrator.	Within 10 business days of event
CO	Correction of previously reported data, in response to an error message from WCIS.	By next date a submission is due for the claim
04	Denial of Claim.	Within 10 business days of event

†MTC is the Maintenance Type Code and is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAIABC EDI Implementation Guide at www.iaiabc.org.

Release 1

Subsequent Report of Injury

For claims with date of injury July 1, 2000 or later.

MTC†	Event	Time Report is Due
IP	Initial payment of a benefit.	Within 10 business days of event
AP	First payment of benefits on a claim acquired from another claim administrator.	Within 10 business days of event
FS	Employer is paying the injured worker's salary.	Within 10 business days of event
CD	Injured worker died because of a covered injury.	Within 10 business days of event
04	Claim is denied.	Within 10 business days of event
4P	A concurrent benefit has been denied.	Within 10 business days of event
02	A previous benefit report has changed or Employee representation has changed. (Do not include changes in weekly benefit rates / benefit type).	By next date a submission is due for the claim
CA	The weekly benefit rate has changed.	Within 10 business days of event
CB	Current benefit type is ending; new benefit type is beginning.	Within 10 business days of event
RE	The injured worker may return to work with reduced earnings.	Within 10 business days of event
P1/S1*	Employee returned to work, payments stopped.	Within 10 business days of event
P2/S2*	There is a medical noncompliance, payments stopped.	Within 10 business days of event
P3/S3*	There is an administrative noncompliance, payments stopped.	Within 10 business days of event
P4/S4*	Employee died, payments stopped.	Within 10 business days of event
P5/S5*	Employee is incarcerated, payments stopped.	Within 10 business days of event
S6	Employee's whereabouts unknown, payments stopped.	Within 10 business days of event
P7/S7*	Benefits exhausted, payments stopped.	Within 10 business days of event
S8	Jurisdiction changed, payments stopped.	Within 10 business days of event
P9/S9*	A settlement is pending, payments stopped.	Within 10 business days of event
PJ/SJ*	An appeal or review is pending, payments stopped.	Within 10 business days of event
RB	Benefits are being reinstated after a suspension.	Within 10 business days of event
PY	A lump sum settlement has been paid.	Within 10 business days of event
CO	Correction of previously reported data, in response to an error message from WCIS.	By next date a submission is due for the claim
FN#	Claim is closed.	Within 10 business days of event

†MTC is the Maintenance Type Code and is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAIABC EDI Implementation Guide at www.iaiabc.org.

*If one or more benefit payments continue after the suspension of a concurrent benefit payment, use the MTC P*x* indicate a partial suspension. If all benefit payments are being suspended, use the MTC S*x*.

#The WCIS will support substitution of a FN (final) for a final AN (annual), provided that the claim is closed without further benefit activity.

Release 1

Annual Summary*

For claims with date of injury March 1, 2000 or later.

MTC†	Event	Time Report is Due
AN#	Summary of payments through the previous year for each claim that had a payment in the previous year.	By January 31 for the preceding year (starting in 2001)

*WCIS will only support the AN (annual) and the FN (final) periodic reports. Any other periodic reports will be rejected.

†MTC is the Maintenance Type Code. The MTC is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAIABC EDI Implementation Guide at www.iaiabc.org.

#For non-indemnity claims, WCIS will accept substitution of a final AN (annual) for a FN (final), provided that the AN reports the claim status (DN73) as closed.

Section L
Required Data Elements

This section indicates the data elements that are to be included in EDI transmission of First Reports of Injury and Subsequent Reports of Injury. Specific requirements depend upon the type of transaction reported (original report, change, correction, etc.) The transaction type is identified by the Maintenance Type Code, or MTC.

To fully understand the reporting requirements for each data element, please see **both** the data requirement tables and the associated conditional rules and implementation notes. The Conditional Rules and Implementation Notes tables provide specific details on when conditional requirements for each data element apply, as well as California implementation notes.

WCIS Data Requirement Codes L-2

Data Requirements for First Report of Injury - Release 1 ..... L-3

Conditional Rules & Implementation Notes (First Report of Injury) - Release 1 ..... L-6

Data Requirements for Subsequent Report - Release 1 ..... L-8

Conditional Rules & Implementation Notes (Subsequent Report of Injury) - Release 1 ..... L-12

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WCIS Data Requirement Codes

The WCIS incorporates flexible data handling. Rather than requiring all data elements on all reports, WCIS specifies a minimal list of data items that must be provided in a given situation. Each data element is designated as Mandatory, Conditional, or Optional for each transaction type. Validity errors for required data elements are designated Fatal, Serious, or Minor.

The table below describes the designations of data requirements in the WCIS. The data requirements tables that follow specify which designation applies for each data element on a given transaction.

Code		Description
M/F	Mandatory/ Fatal	Reporting is Mandatory. Validity errors are Fatal and will result in rejection of the faulty record.
M/S	Mandatory/ Serious	Reporting is Mandatory. Validity errors are Serious: WCIS will accept the faulty record but will produce an error message.
M/M	Mandatory/ Minor	Reporting is Mandatory. Validity errors are regarded as Minor. No error message will be returned. Errors will be tracked internally and may be summarized periodically for each claims administrator.
C/F	Conditional/ Fatal	Reporting is Conditional. Validity errors are Fatal when reporting conditions are present and will result in rejection of the faulty record.
C/S	Conditional/ Serious	Reporting is Conditional. Validity errors are Serious when the reporting conditions are present. WCIS will accept the faulty record, but will produce an error message.
C/M	Conditional/ Minor	Reporting is Conditional. Validity errors are regarded as Minor, often because WCIS cannot detect the conditions under which these elements should be reported. No error message will be produced.
O	Optional	Reporting is Optional. No error messages will be produced.
*		An asterisk added to a requirement code indicates that the edit will only be tested if the relevant record or sub-record is supplied. Note that there may be requirements on DN78-DN82 to require that at least one sub-record be sent.

Note: Error severity levels may evolve over time. Ample notification will be provided of any planned changes.

Data Requirements for First Reports of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Codes					
		Original	Acquired / Unallocated	Cancel	Denial	Change, Correction	Upon Request
		00	**AU**	**01**	**04**	**02, CO**	**UR**
	Transaction						
1	**Transaction Set Id**	M/F	M/F	M/F	M/F	M/F	M/F
2	**Maintenance Type Code**	M/F	M/F	M/F	M/F	M/F	M/F
3	**Maintenance Type Code Date**	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction						
4	**Jurisdiction**	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer						
6	**Insurer FEIN**	M/F	M/F	M/F	M/F	M/F	M/F
7	**Insurer Name**	M/F	M/F		M/F	M/S	M/F
	Claim Administrator						
8	**Third Party Administrator FEIN**	C/M	C/M	C/M	C/M	C/M	C/M
9	**Third Party Administrator Name**	C/M	C/M		C/M	C/M	C/M
10	**Claim Administrator Address Line 1**	M/M	M/M		M/M	M/M	M/M
11	**Claim Administrator Address Line 2**	C/M	C/M		C/M	C/M	C/M
12	**Claim Administrator City**	M/M	M/M		M/M	M/M	M/M
13	**Claim Administrator State**	M/M	M/M		M/M	M/M	M/M
14	**Claim Administrator Postal Code***	M/F	M/F		M/F	M/F	M/F
	Employer						
16	**Employer FEIN**	M/S	M/S		M/S	M/S	M/S
18	**Employer Name**	M/S	M/S		M/F	M/S	M/S
19	**Employer Address Line 1**	M/M	M/M		M/M	M/M	M/M
20	**Employer Address Line 2**	C/M	C/M		C/M	C/M	C/M
21	**Employer City**	M/M	M/M		M/M	M/M	M/M
22	**Employer State**	M/M	M/M		M/M	M/M	M/M
23	**Employer Postal Code**	M/S	M/S		M/S	M/S	M/S
24	**Self Insured Indicator**	M/F	M/S		M/F	M/S	M/F

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Conditional Rules and Implementation Notes
First Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Transaction	
1	Transaction Set Id	
2	Maintenance Type Code	
3	Maintenance Type Code Date	
	Jurisdiction	
4	Jurisdiction Code	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	Insurer FEIN	If self-insured, provide Employer FEIN in this field.
7	Insurer Name	If self-insured, provide Employer Name in this field.
	Claim Administrator	
8	Third Party Administrator FEIN	
9	Third Party Administrator Name	
10	Claim Administrator Address Line 1	
11	Claim Administrator Address Line 2	
12	Claim Administrator City	
13	Claim Administrator State	
14	Claim Administrator Postal Code	Must be a valid US Postal code.
	Employer	
16	Employer FEIN	If employer has no FEIN, send "000000006"; If employer refuses to provide, send "000000007".
18	Employer Name	
19	Employer Address Line 1	
20	Employer Address Line 2	
21	Employer City	
22	Employer State	
23	Employer Postal Code	Must be a valid US Postal code.
24	Self Insured Indicator	
	Accident	
31	Date of Injury	CALIFORNIA EDIT: Must be on or after 9/1/1999. Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
33	Postal Code of Injury Site	Must be a valid US Postal code.
35	Nature of Injury Code	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
36	Part of Body Injured Code	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
37	Cause of Injury Code	
38	Accident Description/Cause	
39	Initial Treatment	
40	Date Reported to Employer	
41	Date Reported to Claim Administrator	Must be a valid date.

Conditional Rules and Implementation Notes
First Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Claim	
5	Jurisdiction Claim Number/Agency Claim Number	Rel 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory.
15	Claim Administrator Claim Number	For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
26	Insured Report Number	
	Employee	
42	Social Security Number	
43	Employee Last Name	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
44	Employee First Name	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
45	Employee Middle Initial	
46	Employee Address Line 1	
47	Employee Address Line 2	
48	Employee City	
49	Employee State	
50	Employee Postal Code	
51	Employee Phone	
52	Employee Date of Birth	
53	Gender Code	
54	Marital Status Code	
55	Number of Dependents	
56	Date Disability Began	
68	Date of Return to Work	
57	Employee Date of Death	
	Employment	
58	Employment Status Code	
59	Class Code	Rel. 1: If (MTC=00, AU, 04, 02, CO, or UR) AND Self Insured Indicator (DN24)=N, then Mandatory.
60	Occupation Description	
61	Date of Hire	
62	Wage	
63	Wage Period	If Average Wage (DN62) provided, then Mandatory.
65	Date Last Day Worked	
67	Salary Continued Indicator	

Data Requirements for First Reports of Injury
Release 1

Maintenance Type Codes					
Original	Acquired / Unallocated	Cancel	Denial	Change, Correction	Upon Request
00	**AU**	**01**	**04**	**02, CO**	**UR**

DN#	Release 1 Data Element Name						
	Accident						
31	**Date of Injury**	M/F	C/F		M/F	M/F	M/F
33	**Postal Code of Injury Site**	M/S	M/S		M/S	M/S	M/S
35	**Nature of Injury Code**	M/S	C/S		M/S	M/S	M/S
36	**Part of Body Injured Code**	M/S	C/S		M/S	M/S	M/S
37	**Cause of Injury Code**	M/S	M/S		M/S	M/S	M/S
38	**Accident Description/Cause**	M/M	M/M		M/M	M/M	M/M
39	**Initial Treatment**	O	O		O	O	O
40	**Date Reported to Employer**	M/S	M/S		M/M	M/S	M/S
41	**Date Reported to Claim Administrator**	M/S	M/S		M/S	M/S	M/S
	Claim						
5	**Agency Claim Number**		C/M	C/F	C/M	C/F	C/M
15	**Claim Administrator Claim Number**	M/F	M/F	C/F	M/F	M/F	M/F
26	**Insured Report Number**	O	O		O	O	O
	Employee						
42	**Social Security Number**	C/M	C/M		C/M	C/M	C/M
43	**Employee Last Name**	M/F	C/F		M/F	M/S	M/F
44	**Employee First Name**	M/F	C/F		M/F	M/S	M/F
45	**Employee Middle Initial**	C/M	C/M		C/M	C/M	C/M
46	**Employee Address Line 1**	M/M	M/M		M/M	M/M	M/M
47	**Employee Address Line 2**	C/M	C/M		C/M	C/M	C/M
48	**Employee City**	M/M	M/M		M/M	M/M	M/M
49	**Employee State**	M/M	M/M		M/M	M/M	M/M
50	**Employee Postal Code**	M/M	M/M		M/M	M/M	M/M
51	**Employee Phone**	C/M	C/M		C/M	C/M	C/M
52	**Employee Date of Birth**	M/S	M/S		M/S	M/S	M/S
53	**Gender Code**	M/S	M/S		M/S	M/S	M/S
54	**Marital Status Code**	C/S	C/S		C/S	C/S	C/S
55	**Number of Dependents**	C/S	C/S		C/S	C/S	C/S
56	**Date Disability Began**	C/M	C/M		C/M	C/M	C/M

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Data Requirements for First Reports of Injury
Release 1

Maintenance Type Codes					
Original	Acquired / Unallocated	Cancel	Denial	Change, Correction	Upon Request
00	**AU**	**01**	**04**	**02, CO**	**UR**

DN#	Release 1 Data Element Name						
	Employee cont.						
68	**Date of Return to Work**	C/M	C/M		C/M	C/M	C/M
57	**Employee Date of Death**	C/M	C/M		C/M	C/M	C/M
	Employment						
58	**Employment Status Code**	M/M	M/M		M/M	M/M	M/M
59	**Class Code**	C/S	C/S		C/S	C/S	C/S
60	**Occupation Description**	M/S	M/S		M/S	M/S	M/S
61	**Date of Hire**	M/M	M/M		M/M	M/M	M/M
62	**Wage**	C/M	C/M		C/M	C/M	C/M
63	**Wage Period**	C/S	C/S		C/S	C/S	C/S
65	**Date Last Day Worked**	C/M	C/M		C/M	C/M	C/M
67	**Salary Continued Indicator**	M/M	M/M		M/M	M/M	M/M

NOTE: # DN14 is the Postal Code of the physical location of the Claims Administrator handling this claim.

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Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Code																
		Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
		IP	**AP**	**FS**	**CD**	**4P**	**04**	**CA**	**CB**	**RE**	**P1-9, PJ**	**S1-9, SJ**	**RB**	**02, CO**	**PY**	**FN**	**AN**	**UR**
	Transaction																	
1	**Transaction Set Id**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
2	**Maintenance Type Code**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
3	**Maintenance Type Code Date**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction																	
4	**Jurisdiction**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer																	
6	**Insurer FEIN**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Claim Administrator																	
8	**Third Party Administrator FEIN**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M
14	**Claim Administrator Postal Code***	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Accident																	
31	**Date of Injury**													M/F				
	Claim																	
5	**Agency Claim Number**	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F
15	**Claim Administrator Claim Number**	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	M/F	C/F	C/F	C/F	C/F
26	**Insured Report Number**													O				
73	**Claim Status**					M/S	M/S							M/S	M/S	M/S	O	
74	**Claim Type**	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
76	**Date of Representation**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Code																
		Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
		IP	**AP**	**FS**	**CD**	**4P**	**04**	**CA**	**CB**	**RE**	**P1-9, PJ**	**S1-9, SJ**	**RB**	**02, CO**	**PY**	**FN**	**AN**	**UR**
	Employee																	
42	**Social Security Number**													C/M				
55	**Number of Dependents**													C/S				
56	**Date Disability Began**	C/S	C/M	C/S					C/S				C/S	C/S				C/S
70	**Date of Maximum Medical Improvement**	C/S	C/S						C/S					C/S				C/S
71	**Return to Work Qualifier**	C/M	C/M	C/M				C/M	C/M	M/S	C/S	C/S		C/M				C/M
72	**Date of Return/Release to Work**	C/M	C/M	C/M				C/M	C/M	M/S	C/S	C/S		C/M				C/M
57	**Employee Date of Death**				M/S						C/S	C/S		C/M		C/S		
	Employment																	
62	**Wage**	M/S	M/S					M/S	M/S					M/S				M/S
63	**Wage Period**	M/S	M/S					M/S	M/S					M/S				M/S
67	**Salary Continued Indicator**			M/M										M/M				
	Payments																	
77	**Late Reason Code**	C/M	C/M	C/M			C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M		C/M
	Variable Segment																	
78	**Number of Permanent Impairments**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
79	**Number of Payments/Adjustments**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
80	**Number of Benefit Adjustments**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
81	**Number of Paid to Dates/Reduced Earnings/Recoveries**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
82	**Number of Death Dependent/Payee Relationships**	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Permanent Impairments																	
83	**Permanent Impairment Body Part Code**	C/S	C/S						C/S					C/S	C/S	C/S		C/S
84	**Permanent Impairment Percentage**	C/S	C/S						C/S					C/S	C/S	C/S		C/S
	Benefit Payments																	
85	**Payment/Adjustment Code**	M/F	M/F	M/F		M/S		M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/S	C/S	C/S	M/F
86	**Payment/Adjustment Paid to Date**	M/F	M/F	M/F				M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/S	C/S	C/S	M/F
87	**Payment/Adjustment Weekly Amount**	O	O	O		O		O	O	O	O	O	O	O	O	O	O	O
88	**Payment/Adjustment Start Date**	M/F	M/F	M/F		C/F		M/F	M/F	M/F	M/F	M/F	M/F	C/F				M/F

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Code																
		Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
		IP	**AP**	**FS**	**CD**	**4P**	**04**	**CA**	**CB**	**RE**	**P1-9, PJ**	**S1-9, SJ**	**RB**	**02, CO**	**PY**	**FN**	**AN**	**UR**
	Benefit Payments (Continued)																	
89	**Payment/Adjustment End Date**	M/F	M/F	M/F		C/F		M/F	M/F	M/F	M/F	M/F	M/F	C/F				M/F
90	**Payment/Adjustment Weeks Paid**	O	O	O		O		O	O	O	O	O	O	O				O
91	**Payment/Adjustment Days Paid**	O	O	O		O		O	O	O	O	O	O	O				O

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Code																
		Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
		IP	**AP**	**FS**	**CD**	**4P**	**04**	**CA**	**CB**	**RE**	**P1-9, PJ**	**S1-9, SJ**	**RB**	**02, CO**	**PY**	**FN**	**AN**	**UR**
	Benefit Adjustments																	
92	**Benefit Adjustment Code**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M				C/M
93	**Benefit Adjustment Weekly Amount**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M				C/M
94	**Benefit Adjustment Start Date**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M				C/M
	Paid to Dates																	
95	**Paid to Date/Reduced Earnings/Recoveries Code**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M		C/M	C/S	C/M
96	**Paid to Date/Reduced Earnings/Recoveries Amount**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M		C/M	C/S	C/M

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Transaction	
1	Transaction Set Id	
2	Maintenance Type Code	If MTC = CB or RB, then must be preceded by at least one previous benefit event of any BTC. If MTC = FS, then must contain benefit record with BTC = 240 or 524. If MTC = RE, then must contain benefit record with BTC = 070 or 410. If MTC = CD or FN, then all previously reported benefit periods must be closed. If MTC = FN or AN, then must report all previously reported Benefit Type Codes. If MTC = VE, BM, BW, MN, QT, or SA reported transaction will be rejected.
3	Maintenance Type Code Date	
	Jurisdiction	
4	Jurisdiction	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	Insurer FEIN	If self-insured, provide Employer FEIN in this field.
	Claim Administrator	
8	Third Party Administrator FEIN	
14	Claim Administrator Postal Code	
	Accident	
31	Date of Injury	CALIFORNIA EDIT: Must be on or after 9/1/1999.
	Claim	
5	Jurisdiction Claim Number/Agency Claim Number	Rel 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory.
15	Claim Administrator Claim Number	For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
26	Insured Report Number	
73	Claim Status	
74	Claim Type	
76	Date of Representation	
	Employee	
42	Employee Social Security Number	
55	Employee Number of Dependents	
56	Date Disability Began	If reporting temporary disablity benefits (DN85=050, 051, or 070), then Mandatory.
70	Date of Maximum Medical Improvement	If reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090), then Mandatory.
71	Return to Work Qualifier	Rel. 1 only: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
72	Date of Return/Release to Work	If MTC=S1 or MTC=P1 (returned to work), then Mandatory. Must be a valid date.
57	Employee Date of Death	If MTC=P4 or MTC=S4 or [MTC=FN and transaction includes any benefit type code (DN85) = 010 or 510], then Mandatory.
	Employment	
62	Wage	
63	Wage Period	If Wage (DN62) provided, then Mandatory.
67	Salary Continued Indicator	
	Payments	
77	Late Reason Code	
	Variable Segment	
78	Number of Permanent Impairments	Rel. 1 EDIT: Must be >0 if [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})]; SERIOUS error, R1 code = 62; required segment not present

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
79	**Number of Payment Adjustments**	Rel 1 only. FATAL EDIT: If [MTC={IP, AP, FS, CA, CB, RE, Px, Sx, or RB}] then DN 79 must be >0; SERIOUS EDIT: If[MTC=4P or (MTC=PY and DN 81 = 0) or (MTC={AN or FN} and Claim Administrator previously reported events with DN 86>0) then DN 79 must be > 0; R1 error code = 62; Required segment not present
80	**Number of Benefit Adjustments**	
81	**Number of Paid to Dates/Reduced Earnings/Recoveries**	Release 1 EDIT: If [(MTC=PY and DN 79 = 0) or (MTC=AN and Claim Administrator previously reported events with DN96>0)] then must have DN81>0. FATAL Error, R1 code = 062: Required segment not present.
82	**Number of Death Dependent/Payee Relationships**	
	Permanent Impairments	
83	**Permanent Impairment Body Part Code**	Use Codes 90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for all impairments. Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02, SROI CO or SROI UR} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] then Mandatory.
84	**Permanent Impairment Percentage**	Report percent for DN83=90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for any/all impairments Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02, SROI CO or SROI UR} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] then Mandatory.
	Benefit Payments	
85	**Payment/Adjustment Code**	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79).
86	**Payment/Adjustment Paid to Date**	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79).
87	**Payment/Adjustment Weekly Amount**	
88	**Payment/Adjustment Start Date**	Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date. Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0)} then Mandatory.
89	**Payment/Adjustment End Date**	EDIT: Must be >= Ben. Period Start Date (DN88). Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date. Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0)} then Mandatory.
90	**Payment/Adjustment Weeks Paid**	
91	**Payment/Adjustment Days Paid**	
	Benefit Adjustments	
92	**Benefit Adjustment Code**	
93	**Benefit Adjustment Weekly Amount**	
94	**Benefit Adjustment Start Date**	
	Paid to Dates	
95	**Paid to Date/Reduced Earnings/Recoveries Code**	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.
96	**Paid to Date/Reduced Earnings/Recoveries Amount**	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.

Section M
California-Specific Data Edits

Current Edits **M-2**
- **All Transactions** **M-2**
- **First Reports (FROIs)** **M-2**
- **Subsequent Reports (SROIs)** **M-3**

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California-Specific Data Edits

The California-specific data edits supplement the standard IAIABC edits, which are a part of the WCIS system. See the *IAIABC EDI Implementation Guide,* available at www.iaiabc.org for information on the standard IAIABC edits.

Current Edits

At this time, data sent to the WCIS system is subjected to the California-specific edits: Jurisdiction Code (DN 4) must be "CA" and Date of Injury (DN 31) must be on or after September 1, 1999 (see shaded rows in First Reports table below), as well as the edits listed in the tables below.

All Transactions

DN	Data Element Name	CA-Specific Data Edit(s)
2	MAINTENANCE TYPE CODE	See "Transaction Sequence Requirement" tables in *Section N – System Specifications*
3	MAINTENANCE TYPE CODE DATE	Must be >= DATE OF INJURY (DN 31) Must be <= CURRENT DATE

First Reports (FROIs)

DN	Data Element Name	CA-Specific Data Edit(s)
4	JURISDICTION CODE	Must = "CA"
10	CLAIM ADMINISTRATOR ADDRESS LINE 1	Must not consist **solely** any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
12	CLAIM ADMINISTRATOR CITY	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
18	EMPLOYER NAME	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
19	EMPLOYER ADDRESS LINE 1	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"
21	EMPLOYER CITY	Must not consist **solely** of any of the following non-case sensitive strings: "unk", "unknown", "dk", "don't know", "na", "n/a"

First Reports (cont.)

DN	Data Element Name	CA-Specific Data Edit(s)
31	DATE OF INJURY	Must be >= 09/01/99 Must be >= DATE OF HIRE (DN 61) (Disregard IAIABC edit: Must be <= DATE OF HIRE)
42	SOCIAL SECURITY NUMBER	Must be 9 digits Must not equal “123456789” Must not equal “987654321”
43	EMPLOYEE LAST NAME	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
44	EMPLOYEE FIRST NAME	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
46	EMPLOYEE ADDRESS LINE 1	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
48	EMPLOYEE CITY	Must not consist **solely** of any of the following non-case sensitive strings: “unk”, “unknown”, “dk”, “don’t know”, “na”, “n/a”
51	EMPLOYEE PHONE	All digits cannot be the same
56	DATE DISABILITY BEGAN	Must be >= DATE LAST DAY WORKED (DN 65)
65	DATE LAST DAY WORKED	Must be <= DATE DISABILITY BEGAN (DN 56)
68	DATE OF RETURN TO WORK	Must be >= DATE DISABILITY BEGAN (DN 56)

Subsequent Reports (SROIs)

DN	Data Element Name	CA-Specific Data Edit(s)
68	INITIAL RETURN TO WORK DATE	Must be >= INITIAL DATE DISABILITY BEGAN (DN 56)
70	DATE OF MAXIMUM MEDICAL IMPROVEMENT	Must be >= INITIAL DATE DISABILITY BEGAN (DN 56)
72	CURRENT RETURN TO WORK DATE	Must be >= DATE OF RETURN TO WORK (DN 68)

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Section N
System Specifications

Agency Claim Number/Jurisdiction Claim Number (JCN)..... N-2

Changed or Corrected Data..... N-2

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- **General Rules.....N-3**
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Agency Claim Number/Jurisdiction Claim Number (JCN)

The Agency Claim Number is most often referred to as the Jurisdiction Claim Number (JCN). The JCN is a random **12 or 22** digit number created by WCIS that uniquely identifies the claim. It is provided to the claims administrator on their acknowledgment of the First Report. The JCN requirements have been relaxed so that other data match elements such as Insurer FEIN (DN6), Third Party Administrator FEIN (DN8) and Claim Administrator Claim Number (DN15) may be used in place of the JCN under specific circumstances.

The WCIS system was revised in July, 2004 and creates a **22 digit JCN**. The old WCIS system created a 12 digit JCN. The revised system is backwards compatible and will continue to accept the 12 digit JCN for claims originally reported to the old system. A**ll new claims reported to the revised system will receive a 22 digit JCN.**

Changed or Corrected Data

The WCIS regulations require each claim administrator to submit to WCIS any changed or corrected data elements. Changed or corrected data for a claim are due by the time of the next submission for the claim. Correction reports (MTC=CO) are sent in response to an error message from WCIS. Change Reports (MTC=02) are sent when the claim administrator becomes aware that the value of a data element has changed, e.g., Employee Address. If a claim administrator needs to make changes to some data elements while making corrections to other elements for a given claim, these can be combined on either a change or correction report with identical results.

When submitting a change or correction report, the claim administrator should resubmit all known data elements, not just the data elements being changed or corrected. Data elements missing in a resubmission will not cause valid data already existing in the database to be overwritten; however the claim administrator will receive errors if the missing data elements are necessary for validation purposes. For example, if the Employee Date of Birth is absent on the change or correction report, WCIS will not delete the Date of Birth stored in the WCIS database, but the claim administrator will receive an error for having a mandatory data element missing.

Transaction Processing and Sequencing

General Rules

The WCIS processes batches within a transmission and transactions within a batch in the order in which they are received. If submitting more than one transaction for a single claim in the same batch or transmission, it is important that WCIS receive the transactions in the proper sequence. Transactions should be submitted in logical business order or in the order they were entered into the claim administrator's system, according to the following general rules:

- The First Report for a claim must be submitted and processed by WCIS before any Subsequent Reports are submitted for the claim. Subsequent Reports sent before the corresponding First Report has been received by WCIS will be rejected.

  First Report and Subsequent Report transactions must be submitted in separate batches by default. Combining First and Subsequent Reports in a batch is impossible because the two types of reports have different field layouts. If a First Report batch and Subsequent Report batch with the same claims are submitted to WCIS on the same day, the Subsequent Reports may be rejected. The WCIS will not automatically process the First Reports first. In order to avoid sequencing errors with First and Subsequent reports it is best to submit the reports on separate days.

- Incoming transactions with Maintenance Type Code (MTC) dates, DN 3, that are later than the current processing date (system date) will be rejected. For example, a transaction with an MTC date of 11-01-03 that is processed on 10-31-03 will be rejected. In addition, the MTC date must be between '1900' and the current date.

If the claim administrator is not sure of the business order, the following general sort orders are suggested:

- Primary sort order is MTC date. Multiple transactions for a claim should be sorted by MTC date so that WCIS processes the oldest MTC date first. This will help avoid unnecessary sequencing errors.
- Secondary sort order is MTC code. MTC codes should be sorted in business event order. See the next sections for further explanations specific to First Reports and Subsequent Reports.

First Reports

This section is intended to aid you in understanding the general sequence or order in which Maintenance Type Codes may be used to report claim events for First Reports. Maintenance Type Codes are used to define the specific purpose of a transaction. There are two types of First Report Maintenance Type Codes, initial First Reports, the very first report sent; and other First Reports, not the initial first report sent. Some Maintenance Type Codes belong in both groups; they can be the initial First Report sent or they can be sent after the initial First Report. Some Maintenance Type Codes can only be other First Reports and must be preceded by an initial First Report. First Report Maintenance Type Codes are grouped in the following tables to clarify their purpose and to demonstrate a logical order for their use. If transactions for a claim are not received in the proper sequence, whether they are submitted in one transmission or several, they will be rejected. If transactions are rejected due to processing/sequencing errors, then the claim administrator is responsible for resubmitting the transactions.

Initial First Reports: These Maintenance Type Codes are used to report new claims. One of these Maintenance Type Codes must be the initial First Report sent to WCIS.

MTC Code	MTC Name
00	Original
04	Denial
AU	Acquired/Unallocated

Other First Reports: After the initial First Report has been filed, the following First Report Maintenance Type Codes can be submitted to reflect/report additional information about the claim not known at the time of original reporting.

MTC Code	MTC Name
01	Cancel
02	Change
04	Denial
CO	Correction

First Report Transaction Sequencing Requirements Summary

MTC	Description	Type	Sequence Requirements
00	Original	Initial	No previous accepted transaction
AU	Acquired/Unallocated	Initial	None
04	Denial	Initial	None
01	Cancel	Other	Must follow initial First Report.
CO	Correction	Other	Must follow initial First Report
02	Change	Other	Must follow initial First Report

Subsequent Reports

For Subsequent Reports, each Maintenance Type Code identifies a Benefit Event – an action occurring on one or more benefit types. Benefit Events are of three main types: (1) Open Benefits: the claim administrator is starting to pay ongoing benefits; (2) Close Benefits: the claim administrator is suspending ongoing benefit payments; (3) Update Benefit: the claim administrator is reporting a change to a benefit period that has already been reported to WCIS. In the tables below, Maintenance Type Codes are grouped by the Benefit Event Type or the action that is being performed on the benefit. The transaction sequencing rules in the next section are applied at the Benefit Event Type level and not the specific Maintenance Type Code.

Open Benefits: These Maintenance Type Codes are used to report the start of a benefit period.

MTC Code	MTC Name
IP	Initial Payment
AP	Acquired Payment
FS	Full Salary
RB	Reinstatement of Benefits
CB	Change Benefit

Close Benefits: These Maintenance Type Codes are used to report the ending of a benefit period.

MTC Code	MTC Name
PJ, P1-9	Partial Suspension
SJ, S1-9	Suspension
04	Denial
4P	Partial Denial
CB	Change Benefit
CD	Compensatory Death*

*CD automatically closes all open indemnity benefits.

Update Benefits: These Maintenance Type Codes are used to report an update to a previously reported benefit period.

MTC Code	MTC Name
CA	Change in Benefit Amount
RE	Reduced Earnings
02	Change
CO	Correction

Other: These Maintenance Type codes don't fall into the above categories. They don't open, close, or update benefits in the same manner as other Maintenance Type Codes, because (1) the MTC reports single payments rather than the payment of ongoing benefits (PY), or (2) the MTC has specific jurisdictional uses (UR).

MTC Code	MTC Name
PY	Payment Report
UR	Upon Request

NOTE:

Only one IP transaction for the same Claim Number will be allowed.

Periodic Reports:

Periodic reports are required for every claim with any benefit type including medical. Periodic Reports are not used to report that a benefit period is opening, closing, or being updated. Rather, they are sent at a specific time in the life of a claim to report the amount paid for all benefit types and other benefit types through that date.

MTC Code	MTC Name
AN	Annual
FN	Final

For non-indemnity claims, i.e., claims without indemnity payments, a sufficient final report would be the Annual transaction (AN) with the Claim Status (DN73) set to closed. A Final transaction (FN) need not be sent.

NOTE:

- If submitting ANs in ANSI X12 format, be sure to include the proper ANSI frequency code. If you have any questions, contact your EDI liaison.
- Annual and Final transactions must contain at least one type of benefit payment.

Transaction Sequencing Requirements for Subsequent Reports

A general principle for WCIS is that we only want to collect data that we can interpret. To assure this, Subsequent Reports are automatically subjected to a set of sequencing rules and related business rules when processed by WCIS.

The sequencing requirements for Subsequent Reports are given in the table below. Most sequencing rules operate at the level of benefit-type events. Additionally, the Benefit Type Code of the incoming benefit event is used to determine proper sequencing of Subsequent Reports. For example, if a period of temporary disability is currently open and already being paid, a new period of temporary disability cannot be started. Also, if a benefit period of temporary disability was started and then a suspension report was filed to close a benefit period of permanent disability, it would be rejected because the benefit period of permanent disability was never started.

Sequencing Rules

Benefit-Level MTC	Benefit Event Type	Benefit Event Processing Rules to Be Applied
IP, FS, AP, AB, RB, ER, CB	Open	Opens cannot follow opens for the same BTC.
S(x), P(x), CB, 04 or 4P	Close	Closes must follow opens for the same BTC.
CA, RE	Update (open)	Update (open) must follow open for the same BTC.
02, CO	Update	Allow All
AN, FN	Periodic	Allow all, except reject transaction if BTC(s) are present that have not been reported previously for this claim.
UR, PY, CD*	Other	Allow All

*CD automatically closes all open indemnity benefits.

Related Business Rules

Rules Specific to Transaction-Level MTC

These rules are applied at the transaction level of the Maintenance Type Code. If any of these rules are not met, the transaction will be rejected.

Transaction MTC	Rule
CB, RB, ER, AB (and MTCs 02, CO with benefit blocks present)	Must be preceded by at least one previous benefit event of any Payment/Adjustment Code (DN85).
FS	Must contain a benefit record with Payment/Adjustment Code (DN85) = 240 or 524
RE	Must contain a benefit record with Payment/Adjustment Code (DN85) = 070 (Temporary Partial) or = 410 (Vocational Rehabilitation Maintenance) (VRM).
FN	All previously reported benefit periods must be closed.
FN, AN	Must report **all** previously reported benefit codes. If any previously reported benefit codes are missing, the transaction will be rejected.
Any MTC not supported in Benefit Event Type Rules table (including VE)	Reject transaction.

Overall Transaction Structure Edits.

(1) No benefit blocks (or “other benefits”, credits, adjustments, or reduced earnings blocks) are expected for First Report of Injury Reports (transactions with Maintenance Type Codes 00, 01, or AU). The transaction will be rejected if benefit blocks are reported on the First Report.

(2) Benefit blocks within a transaction may not repeat the same benefit code. Transactions will be rejected if duplicate benefit codes are reported in the same transaction.

WCIS Matching Rules and Processes

Match Data for a Claim

Primary:
1. Agency Claim Number/Jurisdiction Claim Number, DN 5

Secondary Match for Reports OTHER THAN AU:
2a. Third Party Administrator FEIN (DN8), FEIN if provided, otherwise match on Insurer FEIN (DN6)
AND Claim Administrator Claim Number (DN15)

Alternative Secondary Match for AU:
2b. Date of Injury (DN31)
AND Nature of Injury Code (DN35)
AND Part of Body Injured Code (DN36)
AND Employee Last Name (DN43)
AND Employee First Name (DN44)

How WCIS Matches Incoming Transactions to Existing Claim Records

The WCIS uses the Jurisdiction Claim Number (JCN) as the primary means for matching transactions representing the same claim. Secondary match data will be used only if a JCN is not provided. For current JCN requirements please see Jurisdiction Claim Number earlier in this section.

Transactions that can never be initial First Reports (MTC = 01, 02, CO, and all subsequent reports) will be rejected if they cannot be matched to existing claims on the WCIS database. This matching is based on the JCN, if provided. Otherwise, secondary match data #2a (described above) will be used.

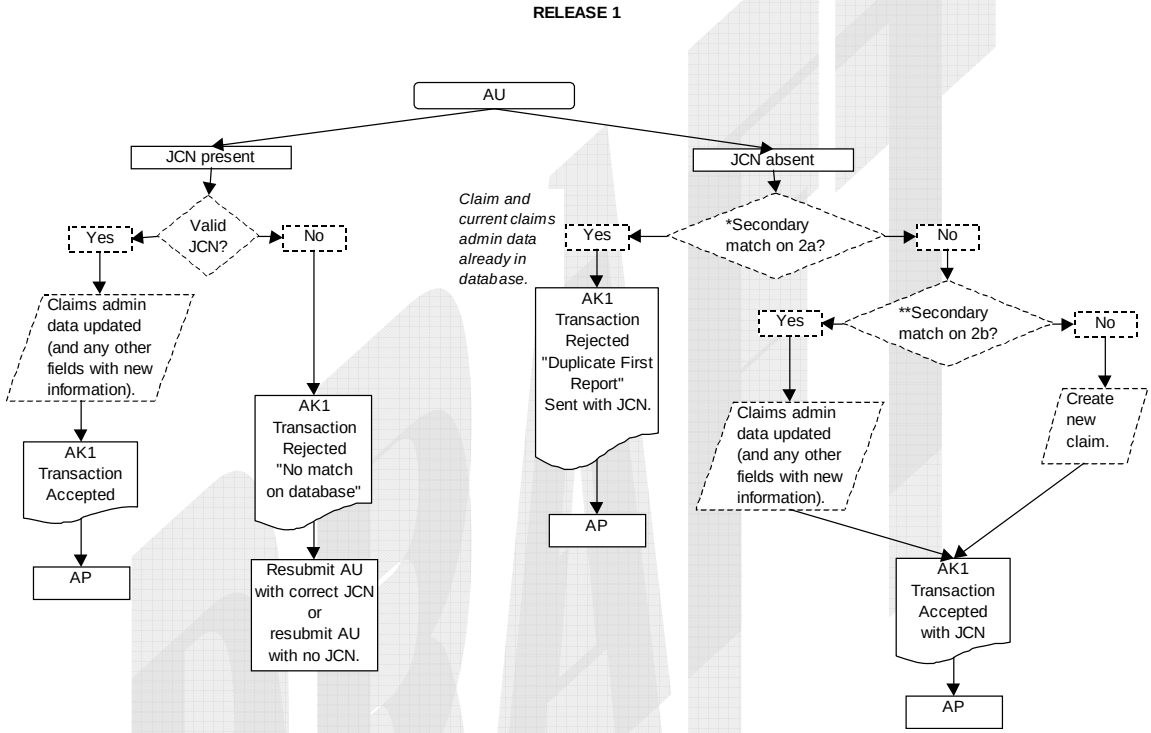
For transaction types that may or may not be initial First Reports (MTC = 00, 04), secondary match data is used to help avoid creation of duplicate records. Secondary match data #2a is used to prevent a given claim administrator from reporting multiple claims with the same Claim Administrator Claim Number.

The claim administrator can only change the data elements in match data #2a and #2b when a JCN is provided.

The case of a claim administrator acquiring existing claims from another administrator requires special handling. This is necessary because the claim administrator acquiring the claim may not know the JCN, and secondary match data #2a won't be useful for matching such transactions (because a new Third Party Administrator or Insurer FEIN and Claim Administrator Claim Number will generally be provided when transferring claim ownership). Therefore, for acquired reports (MTC=AU) only, the WCIS will use alternative match data #2b to determine if an AU transaction lacking the JCN matches to an existing claim on the database.

Acquired Claims

WCIS will support the transfer of claims from one claim administrator to another using the AU transaction. The AU will be processed as shown in the following chart.



Boxes with solid straight lines indicate a transmission from the Trading Partner to WCIS.
Boxes with a wavy bottom line indicate acknowledgements from WCIS to the Trading Partner.
Boxes with dashed lines - - - - indicate processing performed by WCIS.

*Secondary match on 2a, fields:

1. Third Party Administrator FEIN (DN 8) if provided, otherwise match on Insurer FEIN (DN 6); AND
2. Claim Administrator Claim Number (DN 15)

**Secondary match on 2b, fields:

1. Date of Injury (DN 31); AND
2. Part of Body Injured Code (DN 36); AND
3. Nature of Injury Code (DN 35); AND
4. Employee First Name (DN 44); AND
5. Employee Last Name (DN 43)

Section O
Code Lists

This Section lists valid codes for several data elements. The original source of each code list is noted. These valid code lists are provided as a convenience for our data providers, and are intended to be a simple repetition of code lists available elsewhere. In no case have codes been purposely omitted or deleted. If at any time you believe that WCIS is rejecting a valid code, please let us know by sending an e-mail to: wcis@dir.ca.gov.

Nature of Injury Codes (DN 35) O-2

Part of Body Codes (DN 36) O-4

Cause of Injury Codes (DN 37)..... O-7

Late Reason Codes (DN 77) O-9

Manual Classification Codes (DN 59)..... O-10

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Nature of Injury Codes (DN 35)

CODE	DESCRIPTION
SPECIFIC INJURY	
01	No Physical Injury
02	Amputation
03	Angina Pectoris
54	Asphyxiation
04	Burn
07	Concussion
10	Contusion
13	Crushing
16	Dislocation
19	Electric Shock
22	Enucleation (To Remove, Ex.: Tumor, Eye, etc)
25	Foreign Body
28	Fracture
30	Freezing
31	Hearing Loss or Impairment
32	Heat Prostration
34	Hernia
36	Infection
37	Inflammation
40	Laceration
41	Myocardial Infarction (Heart Attack)
42	Poisoning-General (Not OD or Cumulative Injury)
43	Puncture
46	Rupture
47	Severance
49	Sprain
52	Strain
53	Syncope
55	Vascular
58	Vision Loss
59	All Other Specific Injuries, NOC
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY	
60	Dust Disease, NOC (All other Pneumoconiosis)
61	Asbestosis
62	Black Lung
63	Byssinosis
64	Silicosis
65	Respiratory Disorders (Gases, Fumes, Chemicals, etc.)
66	Poisoning-Chemical (Other than Metals)
67	Poisoning-Metal

CODE	DESCRIPTION
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY continued	
68	Dermatitis
69	Mental Disorder
70	Radiation
71	All Other Occupational Disease Injury, NOC
72	Loss of Hearing
73	Contagious Disease
74	Cancer
75	Aids
76	VDT-Related Disease
77	Mental Stress
78	Carpal Tunnel Syndrome
79	Hepatitis C
80	All Other Cumulative Injuries, NOC
MULTIPLE INJURIES	
90	Multiple Physical Injuries Only
91	Multiple Injuries Including Both Physical and Psychological

Source: IAIABC/NCCI

Part of Body Codes (DN 36)

CODE	DESCRIPTION
HEAD	
10	Multiple Head Injury
11	Skull
12	Brain
13	**Ear(s)**
13A	Total Deafness of Both Ears (SROI CODE)
13B	Total Deafness of One Ear (SROI CODE)
13C	Where Worker Prior to Injury has Suffered a Total Loss of Hearing in
	One Ear, and as a Result of the Accident Loses Total Hearing in
	Remaining Ear (SROI CODE)
14	**Eye(s)**
14A	The Loss of Eye by Enucleation (Including Disfigurement Resulting
	From Removal) (SROI CODE)
14B	Total Blindness of One Eye (SROI CODE)
14C	Blindness in both Eyes (SROI CODE)
15	Nose
16	Teeth
17	Mouth
18	Soft Tissue – Head
19	Facial Bones
NECK	
20	Multiple Neck Injury
21	Vertebrae
22	Disc
23	Spinal Cord
24	Larynx
25	Soft Tissue – Neck
26	Trachea
UPPER EXTREMITIES	
30	Multiple Upper Extremities
31	Upper Arm (inc. Clavicle & Scapula)
32	Elbow
33	Lower Arm
34	Wrist
35	Hand
36	**Finger(s)**
36A	The Loss of an Index Finger and Metacarpal Bone (SROI CODE)
36B	The Loss of an Index Finger at the Proximal Joint (SROI CODE)
36C	The Loss of an Index Finger at the Second Joint (SROI CODE)
36D	The Loss of an Index Finger at the Distal Joint (SROI CODE)
36E	The Loss of a Second Finger and the Metacarpal Bone (SROI CODE)

36F	The Loss of a Middle Finger at the Proximal Joint (SROI CODE)
36G	The Loss of a Middle Finger at the Second Joint (SROI CODE)
36H	The Loss of a Middle Finger at the Distal Joint (SROI CODE)
36I	The Loss of a Third (Ring) Finger and Metacarpal Bone (SROI CODE)
36J	The Loss of a Third (Ring) Finger at the Proximal Joint (SROI CODE)
36K	The Loss of a Third (Ring) Finger at the Second Joint (SROI CODE)
36L	The Loss of a Third (Ring) Finger at the Distal Joint (SROI CODE)
36M	The Loss of a Little Finger and Metacarpal Bone (SROI CODE)
36N	The Loss of a Little Finger at the Proximal Joint (SROI CODE)
36O	The Loss of a little Finger at the Second Joint (SROI CODE)
36P	The Loss of a Little Finger at the Distal Joint (SROI CODE)
37	**Thumb**
37A	The Loss of a Thumb and Metacarpal Bone (SROI CODE)
37B	The Loss of a Thumb at the Proximal Joint (SROI CODE)
37C	The Loss of a Thumb at the Distal Joint (SROI CODE)
38	Shoulder(s)
39	Wrist(s) & Hand(s)
TRUNK	
40	Multiple Trunk
41	Upper Back Area (Thoracic Area)
42	Low Back Area (inc. Lumbar & Lumbo-Sacral)
43	Disc
44	Chest (inc. Ribs, Sternum & Soft Tissue)
45	Sacrum and Coccyx
46	Pelvis
47	Spinal Cord
48	Internal Organs
49	Heart
CODE	**DESCRIPTION**
TRUNK continued	
60	Lungs
61	Abdomen Including Groin
62	Buttocks
63	Lumbar and/or Sacral Vertebrae (Vertebrae NOC Trunk)
LOWER EXTREMITIES	
50	Multiple Lower Extremities
51	Hip
52	Upper Leg
53	Knee
54	Lower Leg
55	Ankle
56	Foot
57	**Toe(s)**
57A	Little Toe Metatarsal Bone (SROI CODE)

57B	Little Toe at Distal Joint (SROI CODE)
57C	The Loss of any other Toe with Metatarsal Bone (SROI CODE)
57D	The Loss of any other Toe at the Proximal Joint (SROI CODE)
57E	Other Toe at Middle Joint (SROI CODE)
57F	The Loss of any other Toe at Second or Distal Joint (SROI CODE)
57G	Other Toe at Distal Joint (SROI CODE)
58	**Great Toe**
58A	The Loss of a Great Toe with Metatarsal Bone (SROI CODE)
58B	The Loss of a Great Toe at the Proximal Joint (SROI CODE)
58C	The Loss of a Great Toe at the Second (Distal) Joint (SROI CODE)
MULTIPLE BODY PARTS	
64	Artificial Appliance
65	Insufficient Info to Properly Identify-Unclassified
66	No Physical Injury
90	Multiple Body Parts
91	Body Systems and Multiple Body Systems
99	Whole Body

Source: IAIABC/NCCI

Cause of Injury Codes (DN 37)

CODE	DESCRIPTION
BURN OR SCALD-HEAT OR COLD EXPOSURE	
01	Chemicals
02	Hot Objects or Substances
11	Cold Objects or Substances
03	Temperature Extremes
04	Fire or Flame
05	Steam or Hot Fluids
06	Dust, Gases, Fumes or Vapors
07	Welding Operations
08	Radiation
14	Abnormal Air Pressure
84	Electrical Current
09	Contact With, NOC
CAUGHT IN OR BETWEEN	
10	Machine or Machinery
12	Object Handled
20	Collapsing Materials (Slides of Earth)
13	Caught in, Under or Between, NOC
CUT, PUNCTURE, SCRAPE INJURED BY	
15	Broken Glass
16	Hand Tool, Utensil; Not Powered
17	Object Being Lifted or Handled
18	Powered Hand Tool, Appliance
19	Cut, Puncture, Scrape, NOC
FALL OR SLIP INJURY	
25	From Different Level (Elevation)
26	From Ladder or Scaffolding
27	From Liquid or Grease Spills
28	Into Openings
29	On Same Level
30	Slipped, Did Not Fall
32	On Ice or Snow
33	On Stairs
31	Fall, Slip, Trip, NOC
MOTOR VEHICLE	
40	Crash of Water Vehicle
41	Crash of Rail Vehicle
45	Collision or Sideswipe with Another Vehicle
46	Collision with a Fixed Object
47	Crash of Airplane
48	Vehicle Upset

CODE	DESCRIPTION
MOTOR VEHICLE continued	
50	Motor Vehicle, NOC
STRAIN OR INJURY BY	
52	Continual Noise
53	Twisting
54	Jumping
55	Holding or Carrying
56	Lifting
57	Pushing or Pulling
58	Reaching
59	Using Tool or Machinery
61	Wielding or Throwing
97	Repetitive Motion – Carpal Tunnel Syndrome
60	Strain or Injury by, NOC
STRIKING AGAINST OR STEPPING ON	
65	Moving Parts of Machine
66	Object Being Lifted or Handled
67	Sanding, Scraping, Cleaning Operations
68	Stationary Object
69	Stepping on Sharp Object
70	Striking Against or Stepping on, NOC
STRUCK OR INJURY BY	
75	Falling or Flying Object
76	Hand Tool or Machine in Use
77	Motor Vehicle
78	Moving Parts of Machine
79	Object Being Lifted or Handled
80	Object Handled by Others
81	Struck or Injured, NOC (Includes Kicked, Stabbed, Bit, and Etc.)
85	Animal or Insect
86	Explosion or Flare Back
RUBBED OR ABRADED BY	
94	Repetitive Motion
95	Rubbed or Abraded, NOC
MISCELLANEOUS CAUSES	
82	Absorption, Ingestion, or Inhalation, NOC
87	Foreign Matter (Body) in Eye(s)
88	Natural Disasters (Earthquake, Hurricane, Tornado, and Etc.)
89	Person in Act of a Crime (Robbery or Criminal Assault)
90	Other Than Physical Cause of Injury
91	Mold
96	Terrorism
98	Cumulative, NOC

CODE	DESCRIPTION
MISCELLANEOUS CAUSES continued	
99	Other-Miscellaneous, NOC

Source: IAIABC/NCCI

Late Reason Codes (DN 77)

Codes	Description
Delays	
L1	No excuse
L2	Late Notification, Employer
L3	Late Notification, Employee
L4	Late Notification, State
L5	Late Notification, Health Care Provider
L6	Late Notification, Assigned Risk
L7	Late Investigation
L8	Technical Processing Delay/Computer Failure
L9	Manual Processing Delay
LA	Intermittent Lost Time Prior to First Payment
Coverage	
C1	Coverage Lack of Information
Errors	
E1	Wrongful Determination of No Coverage
E2	Errors from Employer
E3	Errors from Employee
E4	Errors from State
E5	Errors from Health Care Provider
E6	Errors from Other Claim Administrator/IA/TPA
Disputes	
D1	Dispute Concerning Coverage
D2	Dispute Concerning Compensability in Whole
D3	Dispute Concerning Compensability in Part
D4	Dispute Concerning Disability in Whole
D5	Dispute Concerning Disability in Part
D6	Dispute Concerning Impairment

Source: IAIABC, ANSI A9

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Manual Classification Codes (DN 59) (Required for insured employers; optional for self-insured employers)

CODE	DESCRIPTION
0005	Nurseries--propagation and cultivation of nursery stock
0016	Orchards -- citrus and deciduous fruit
0034	Farms-poultry raising
0035	Florists—cultivating or gardening
0036	Farms-dairy farms
0038	Farms-stock farms
0040	Farms-vineyards
0041	Farms-potato crops
0042	Landscape gardening
0044	Farms-cotton farms
0045	Orchards -- nut crops
0050	Farm machinery operation
0079	Strawberry crops
0106	Tree pruning, Repairing or Pruning
0171	Farms-field crops
0172	Farms-truck farms
0251	Irrigation, Drainage or Reclamation Works
0400	Cotton merchants--including cotton compressing
1122	Mining--surface
1123	Mining--underground
1124	Mining underground-surface employees
1320	Oil or gas lease operators
1322	Oil or gas wells servicing
1330	Blasting--NOC
1438	Smelting metals, Sintering, Refining, or Alloying—beet or cane
1452	Mining--ore milling
1463	Asphalt works and briquette manufacturing
1624	Quarries
1699	Rock wool manufacturing
1701	Cement manufacturing
1710	Stone crushing
1741	Silica grinding, talc and plaster mills
1803	Stone cutting or polishing
1925	Die casting manufacturing
2002	Macaroni manufacturing
2003	Bakeries and cracker manufacturing
2014	Grain or rice milling
2030	Sugar manufacturing or refining
2063	Creameries and dairy products manufacturing
2081	Butchering

CODE	DESCRIPTION
2095	Meat products manufacturing--NOC
2102	Fruit or vegetable dehydrating
2106	Olive handling and pickle manufacturing
2107	Fruit--fresh fruit packing and handling
2108	Fruit--citrus fruit packing
2109	Fruit--dried fruit packing
2111	Canneries NOC
2113	Canneries-fish
2116	Fruit juice manufacturing
2117	Vegetable or fruit processors - frozen
2121	Breweries or malt houses
2142	Wineries and vinegar manufacturing
2150	Ice manufacturing or ice dealers
2163	Bottling--beverages
2211	Cotton batting, wadding or waste manufacturing
2222	Spinning or weaving NOC
2362	Knitting--NOC
2402	Textiles
2413	Textiles--finishing
2570	Mattress or box spring manufacturing
2571	Pillow, quilt or cushion manufacturing
2576	Canvas goods manufacturing NOC
2584	Carpet, rug or upholstery cleaning
2585	Laundries NOC
2586	Dry cleaning or dyeing--NOC
2589	Dry cleaning or laundry -- retail
2623	Tanning
2660	Boot or shoe manufacturing or repairing
2683	Bag manufacturing—Traveling bags or hand luggage
2688	Leather goods manufacturing NOC
2702	Logging or lumbering
2710	Sawmills or shingle mills
2727	Log hauling
2731	Planing or moulding mills
2757	Pallet manufacturing, repair or reconditioning - wood
2759	Box, box shook or container manufacturing - wood
2790	Pattern or model manufacturing
2806	Door, sash or window manufacturing - wood
2812	Cabinet manufacturing -- wood
2819	Truss or building components manufacturing -- wood -- shop
2840	Picture frame assembly
2842	Wood products manufacturing -- NOC
2852	Window blind manufacturing. Or assembly--all types
2881	Furniture assembling--other than metal

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CODE	DESCRIPTION
2883	Furniture manufacturing—wood
2915	Veneer or veneer products manufacturing NOC
2923	Musical instrument manufacturing--other than metal NOC
3018	Steel making--rolling mills
3022	Pipe or tube manufacturing--not iron or steel
3030	Iron or steel works—structural—shop
3039	Reinforcing steel fabrication—permanent shop or yard
3040	Iron works—non-structural shop
3060	Door or window manufacturing—metal or combined metal and glass
3066	Sheet metal products manufacturing NOC
3070	Computer memory disk manufacturing - rigid
3076	Furniture manufacturing--metal
3081	Foundries--iron NOC
3082	Foundries--steel castings
3085	Foundries--non-ferrous NOC
3099	Tool manufacturing
3110	Forging works
3131	Tag, button or fastener manufacturing and engraving
3146	Hardware manufacturing NOC
3152	Nail, tact or rivet manufacturing and screen printed merchandise dealers
3165	Air conditioning, solar panel and refrigeration equipment manufacturing
3169	Stove manufacturing
3175	Furnace, heater or radiator manufacturing
3178	Electronic element manufacturing NOC
3179	Electrical apparatus manufacturing NOC
3180	Fixtures or lamp manufacturing—or assembly
3220	Can manufacturing
3241	Wire rope or cable manufacturing--including wire drawing
3257	Wire goods manufacturing NOC
3300	Bed spring or wire mattress manufacturing
3339	Foundries--investment casting
3365	Welding or cutting NOC
3372	Electroplating
3383	Jewelry and clock manufacturing
3400	Metal goods manufacturing NOC
3401	Tube or pipe products manufacturing.--NOC
3501	Machinery manufacturing.--portable tools and lawn care
3507	Machinery or equipment manufacturing
3560	Machinery manufacturing.--commercial food processing equipment
3566	Audio/visual electronic products manufacturing.
3567	Computer or computer peripheral equipment manufacturing.
3568	Electrical connector manufacturing.--NPD
3569	Electric motor manufacturing. Or repair

CODE	DESCRIPTION
3570	Electric tool or appliance manufacturing.--NOC
3572	Medical instrument manufacturing--electronic
3573	Power supply manufacturing.--NPD
3574	Machine manufacturing--office or sewing--NOC
3577	Printed circuit board assembly--by contractor--NPD
3578	Radio or television broadcasting/receiving equipment manufacturing
3579	Telephone or telephone equipment manufacturing.
3612	Pumps or hydraulic apparatus manufacturing. Or repair--NOC
3620	Boilermaking
3632	Machine shops NOC
3634	Valves manufacturing.--NOC
3643	Electric power or transmission equipment
3647	Battery manufacturing--storage
3651	Electrical wire harness manufacturing
3681	Instrument manufacturing
3719	Oil or gas refining units-erection
3724	Millwright work NOC and Electrical machinery or auxiliary apparatus
3726	Boiler installation or repair or setting
3805	Aircraft engine manufacturing or rebuilding
3807	Automobile or automobile truck radiator manufacturing
3808	Automobile or motorcycle manufacturing or assembling
3815	Automobile truck or automobile truck trailer manufacturing
3821	Automobile or automobile truck dismantling
3828	Automobile or automobile truck parts rebuilding—including incidental machining—N.P.D.
3830	Airplane manufacturing
3831	Machine shops—aircraft component
3840	Automobile, automobile truck or motorcycle parts manufacturing
4000	Sand or gravel digging and salt production
4034	Concrete products manufacturing
4036	Plaster board or plaster block manufacturing
4038	Plaster statuary or ornament manufacturing and taxidermist
4041	Brick or clay products manufacturing NOC
4049	Potteries
4111	Glassware manufacturing--no automatic machines
4112	Integrated circuit and semiconductor wafer manufacturing.
4114	Glassware manufacturing
4130	Glass merchants
4150	Optical goods manufacturing NOC
4239	Paper or pulp manufacturing
4240	Box manufacturing--rigid paper boxes
4243	Box manufacturing--folding paper boxes NOC
4244	Corrugated or fibre board container manufacturing
4250	Paper coating or laminating and printer ribbon manufacturing

CODE	DESCRIPTION
4251	Envelope manufacturing
4279	Paper goods manufacturing NOC
4283	Building or roofing paper preparation
4286	Bag manufacturing.--plastic
4295	Printing--screen printing-all other employees
4297	Photo typesetting
4299	Printing--all other employees
4304	Newspaper publishing or printing--all other employees
4312	Newspaper delivery
4351	Photo engraving
4354	Printed circuit board manufacturing
4360	Motion pictures--development of negatives
4361	Photographers
4362	Motion pictures--film exchanges
4410	Rubber goods manufacturing NOC
4414	Rubber tire manufacturing
4420	Rubber tire recapping
4432	Pen or mechanical pencil manufacturing
4470	Wire rope or cable manufacturing--no wire drawing
4478	Plastic goods manufacturing NOC
4492	Sign manufacturing.—metal, plastic or wood--NOC
4494	Plastics--blow molded products manufacturing.--NOC
4495	Plastics--extrusion molded products manufacturing.--NOC
4496	Plastics--fabricated products manufacturing.--no molding--NOC
4497	Plastics--fiber reinforced plastic products manufacturing.--NOC
4498	Plastics--injected molded products manufacturing.--NOC
4499	Plastics--thermoformed products manufacturing.--NOC
4511	Analytical or testing laboratories
4512	Biomedical research laboratories
4557	Ink, mucilage or polish manufacturing
4558	Paint, varnish or lacquer manufacturing
4567	Lead manufacturing, reclaiming or alloying
4611	Drug or medicine or pharmaceutical manufacturing—NOC
4623	Cosmetic, personal care for perfumery products manufacturing
4635	Oxygen or hydrogen manufacturing
4665	Rendering or fertilizer works
4683	Oil manufacturing or refining--vegetable--NOC
4691	Orthotic or prosthetic device manufacturing.
4692	Dental laboratories
4717	Butter substitutes manufacturing
4720	Soap or synthetic detergent manufacturing
4740	Oil refining--petroleum and asphalt or tar distilling or refining
4771	Explosive manufacturing
4828	Chemical mixing, blending and repackaging

CODE	DESCRIPTION
4829	Chemical manufacturing
4831	Vitamin or food supplement manufacturing.
4922	Magnetic tape manufacturing
4983	Gasket manufacturing
5020	Ceiling installation
5027	Masonry NOC
5028	Masonry NOC
5040	Iron or steel erection--structural
5057	Iron or steel erection NOC
5059	Iron or steel erection—under 3 stories
5102	Iron, steel, brass, bronze or aluminum erection
5107	Door, door frame or pre-glazed window installation
5108	Door installation--overhead doors
5128	Instrument—installation or repair
5140	Electrical wiring
5146	Cabinet sign or fixtures--installation
5160	Elevator erection or repair
5183	Plumbing and refigeration equipment NOC
5184	Steam pipe or boiler insulation
5185	Automatic sprinkler installation
5186	Automatic sprinkler installation
5187	Plumbing NOC
5190	Electrical wiring
5191	Office machine installation or repair NOC
5192	Vending or coin operated machines
5195	Communications cabling
5201	Concrete or cement work - sidewalks
5205	Concrete or cement work - sidewalks
5207	Dam construction--concrete
5212	Concrete pumping
5213	Concrete construction NOC
5214	Concrete or cement work
5222	Concrete construction--bridges, chimneys
5225	Reinforcing steel installation
5348	Tile, stone, mosaic or terrazzo work
5403	Carpentry NOC
5432	Carpentry NOC
5436	Hardwood floor laying
5443	Lathing
5446	Wallboard application NOC
5447	Wallboard application NOC
5467	Glaziers
5470	Glaziers
5473	Asbestos abatement

CODE	DESCRIPTION
5474	Painting, decorating or paper hanging
5479	Insulation work NOC
5482	Painting, decorating or paper hanging and waterproofing
5484	Plastering or stucco work
5485	Plastering or stucco work
5506	Street or road construction--paving
5507	Street or road construction--grading
5538	Sheet metal work--erection NOC
5542	Sheet metal work--erection NOC
5552	Roofing
5553	Roofing
5606	Contractors--executive supervisors
5630	Steel framing--light gauge – residential
5631	Steel framing--light gauge – residential
5632	Steel framing--light gauge – commercial
5633	Steel framing--light gauge – commercial
5645	Carpentry
5650	Termite control work
5697	Carpentry--private residence construction
5951	Serum, anti-toxin or virus manufacturing
6003	Pile driving and bridge or trestle construction – wood
6011	Dam construction NOC
6204	Drilling NOC
6206	Oil or gas wells--cementing
6213	Oil or gas wells--specialty tool companies
6216	Oil or gas lease work NOC
6218	Excavation NOC
6220	Excavation NOC
6233	Oil or gas pipe line construction
6235	Oil or gas wells--drilling
6237	Oil or gas wells—wireless service company – instrument lodging
6251	Tunneling
6254	Subway construction—S.C.R.T.D.
6258	Foundation preparation work
6307	Sewer construction
6308	Sewer construction
6315	Water or gas mains or connection construction
6316	Water or gas mains or connection construction
6325	Conduit construction
6361	Canal construction—all operations
6364	Irrigation pipe installation
6400	Fence construction
6504	Confections and food sundries manufacturing or processing
6834	Boat building or repairing

CODE	DESCRIPTION
7133	Railroads--NOC--operation and maintenance
7198	Parcel delivery companies
7207	Stables
7219	Trucking firms, express companies and mobile crane and hoisting service contractors
7232	Mail delivery service companies—U.S. postal service contract
7248	Marine appraisers or surveyors
7272	Water truck service companies
7332	Ambulance services
7360	Freight handlers
7365	Taxicab operations
7382	Bus or limousine operations
7392	Beer or ale dealers - wholesale
7403	Aircraft operation—scheduled, commuter and supplemental – all others
7405	Aircraft operation—scheduled, commuter and supplemental – flying crew
7409	Aircraft operation--agricultural flying crew
7410	Aircraft operation—agricultural – all others
7421	Aircraft operation--transportation of personnel
7424	Aircraft operation--flying crew NOC
7428	Aircraft operation—not agricultural, scheduled or supplemental
7429	Airport operators
7500	Gas works--all operations
7515	Oil or gas pipe line operation
7520	Waterworks--operation
7538	Electric light or power line construction
7539	Electric light or power companies
7580	Sanitary or sanitation districts operation
7600	Telecommunications companies--all employees
7601	Telephone or telegraph line construction
7605	Burglar alarm or sound system installation, service or repair
7606	Cable television companies
7607	Video post production--computer or electronic
7610	Radio, television or commercial broadcasting station
7706	Firefighters – not volunteers
7707	Firefighters – volunteers
7720	Police, sheriffs, constables, etc. – not volunteers
7721	Detective or patrol agencies
7722	Police, sheriffs, constables, etc. - volunteers
7855	Railroad construction—all operations
8001	Stores--florists
8004	Stores--garden supplies--NOC
8006	Stores--groceries and provisions--retail

CODE	DESCRIPTION
8008	Stores—clothing, wearing apparel or dry goods - retail
8013	Stores--jewelry and eyewear
8015	Stores--furniture
8017	Stores--retail NOC
8018	Stores--wholesale NOC
8019	Printing--quick print shops – or photocopying – all employees
8021	Stores—meat, fish or poultry – wholesale
8028	Equipment or machinery rental yards
8031	Stores—meat, fish or poultry – retail
8032	Stores—clothing, dry goods – wholesale
8039	Stores – department stores – retail
8041	Stores--wine or spirits – wholesale
8042	Stores – floor covering
8046	Stores--automobile accessories
8057	Boat dealers
8059	Stores - ceramic tile
8060	Stores – wine, beer or spirits – retail
8061	Stores – groceries and provisions – convenience – retail
8062	Stores -- computer -- wholesale or retail
8063	Stores - lighting fixtures
8064	Stores -- office supplies and stationery
8065	Stores -- paint or paint supplies
8066	Stores-bicycles and bicycle accessories
8070	Stores--videotape--rental or sale--retail
8071	Stores -- books -- retail
8078	Beverage preparation and sandwich shops – not restaurants, bars or taverns
8102	Seed merchants
8103	Wiping cloth or rag dealers
8106	Iron or steel merchants
8107	Machinery dealers NOC
8110	Stores -- welding supplies -- wholesale or retail
8111	Plumbers' and oil or gas well supplies dealers - wholesale
8113	Oil or gas well supplies – secondhand
8116	Farm machinery dealers
8117	Stores – feed, tack and farm supplies – retail
8204	Building material dealers-secondhand
8209	Vegetables -- fresh vegetable and tomato packing
8215	Hay, grain or feed dealers
8227	Construction or erection permanent yards
8232	Lumberyards and building material dealers --commercial
8264	Paper stock and bottle dealers - second-hand
8265	Iron or steel scrap and junk dealers
8267	Machinery and equipment dealers--secondhand

CODE	DESCRIPTION
8278	Racing stables-jockeys
8286	Livestock dealers or commission merchants
8290	Warehouses – self storage
8291	Warehouses – cold storage
8292	Warehouses – general merchandise NOC
8293	Warehouses--furniture
8304	Grain elevators or grain storage warehouses
8324	Automobile gasoline stations
8350	Gasoline or oil dealers--wholesale
8387	Automobile or automobile truck service stations
8388	Rubber tire dealers
8389	Automobile or automobile truck repair shops
8390	Automobile van conversion or customizing
8391	Automobile or automobile truck dealers
8392	Automobile or automobile truck storage or parking
8393	Automobile or automobile truck body and fender repair and painting
8397	Automobile or automobile truck transmission repairing and rebuilding
8400	Motorcycle dealers
8500	Metal scrap dealers
8601	Engineers--consulting and geophysical exploration
8631	Racing stables
8720	Inspection for insurance or valuation NOC
8729	Elevator service-no repair
8740	Apartment or condominium complex operations-property management
8741	Real estate agencies
8742	Salespersons-outside, boy and girl scout councils, newspaper publishing or printing
8743	Mortgage brokers
8745	News agents or distributors of magazines
8748	Automobile or automobile truck salespersons
8755	Labor unions
8800	Mailing or addressing companies
8801	Credit unions
8803	Auditors or accountants
8804	Alcoholic and drug recovery homes
8806	Sheltered workshops – or work activity centers
8807	Newspaper, magazine or book publishing – no printing – editing
8808	Banks
8810	Clerical office employees NOC
8813	Printing operation -- editing
8818	Newspaper publishing or newspaper printing – editing
8820	Attorneys
8822	Insurance companies
8823	Residential care facilities for children

CODE	DESCRIPTION
8827	Homemaker services and public health nursing associations
8829	Nursing homes
8830	Institutional employees
8831	Hospitals--veterinary
8834	Physicians
8838	Museums--all employees
8839	Dentists and dental surgeons
8840	Churches--clergy
8846	Printing – screen printing – editing
8847	Beverage container collection or redemption
8850	Check cashers
8851	Congregate living facilities
8852	Home infusion therapists--all employees
8859	Computer programming or software development
8868	Colleges or schools--private professional
8875	Public colleges or schools
9007	Apartment or condominium complex operation for seniors
9008	Janitorial services
9009	Building operation--commercial properties
9010	Mobile home park operation
9011	Apartment or condominium complex operation – N.O.C.
9015	Building operation and Churches --NOC
9016	Amusement parks or exhibitions--maintenance
9031	Pest control
9033	Housing authorities
9043	Hospitals
9048	Camps – recreational or educational
9050	Hotels
9053	Baths and exercise or health institutes
9059	Day care centers
9060	Clubs – country or golf
9061	Clubs
9066	Homeowners associations
9067	YMCA or YWCA institutions
9069	Clubs--gaming
9070	Residential care facilities for the elderly
9079	Restaurants or taverns
9085	Residential care facilities for the developmentally disabled
9092	Bowling centers, billiard halls and skating centers – all employees
9096	Residential cleaning services
9097	Swimming pool cleaning and servicing
9101	Colleges or schools--private
9151	Theaters--music ensembles
9154	Theaters--not motion picture

CODE	DESCRIPTION
9155	Theaters--motion picture
9156	Theaters – dance, opera and theater companies
9180	Amusement parks or exhibitions - operations and maintenance
9181	Athletic teams or parks
9182	Athletic teams or parks--maintenance
9184	Ski resorts - alpine
9185	Carnivals or circuses
9220	Cemetery operation
9402	Sewer or tank cleaning
9403	Garbage, ashes or refuse collecting
9410	Municipal state or public agency employees
9420	All other municipal state or public agency employees
9422	Road districts or departments
9424	Garbage, ashes or refuse dump operations
9426	Sanitary companies
9501	Painting--shop only
9507	Sign painting or lettering
9516	Television, video, audio and radio equipment installation or service – shop and outside
9519	Household appliances – installation
9521	House furnishings, floor coverings - installation
9522	Upholstering
9529	Scaffolds, shoring, distributing towers, hod hoists or construction elevators and interior/exterior decorating
9549	Advertising companies--outdoor
9552	Sign erection or repair--NOC
9586	Barber shops or beauty parlors
9610	Motion pictures--production
9620	Funeral directors

Source: Worker's Compensation Insurance Rating Bureau (WCIRB)

Section P
IAIABC Information

The following information about the International Association of Industrial Accident Boards and Commissions (IAIABC) was produced by the IAIABC. It is reproduced here by permission for users' convenience.

Organizations newly implementing an Electronic Data Interchange (EDI) system may need to obtain documents and/or a user agreement from IAIABC. You may contact the IAIABC for further information. Their website address is www.iaiabc.org.

The IAIABC asserts ownership of the intellectual property in the EDI transaction standards. It requires that any organization must obtain a license to use the standards to transmit workers' compensation data to any state (including California). Contact the IAIABC for further information.

I. HISTORY OF THE IAIABC AND EDI P-2

II. WHAT IS ELECTRONIC DATA INTERCHANGE (EDI)? P-4

A. STANDARDS P-4

B. SOFTWARE P-4

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I. HISTORY OF THE IAIABC AND EDI

In April of 1914, just six years after the enactment of the first Workers' Compensation Act in the United States, regulators from federal and state programs gathered in Lansing, Michigan and formed an association. The next year, a Canadian province joined and the International Association of Industrial Accident Boards and Commissions was formed.

Concurrent with the activities of the IAIABC subcommittee reviewing Basic Administrative Information Systems (BAIS), the National Association of Insurance Commissioners (NAIC) established a subcommittee to review the subject of data collection. The NAIC subcommittee was established at the same point in time that the IAIABC subcommittee was compiling the results of the second survey directed to the state agencies. Based upon the similarity of purpose in terms of expanded workers' compensation data collection, a joint working group composed of members of the IAIABC subcommittee and the NAIC subcommittee was formed.

In March of 1991, several carriers and associations met with the IAIABC in an effort to truly standardize the electronic reporting process. The result was the formation of the EDI Steering Committee. This working group within the IAIABC proceeded with the concept of moving the data collection project into an implementation phase. At the same time, a technical working group was established—composed primarily of insurance representatives, state agency personnel, and consultants—who have focused on the detail of defining the data elements and developing the format in which the data can be electronically transferred. This group, after reviewing all the various forms presently filed with state agencies, identified distinct phases that the project would follow. These phases reflect the various generic categories into which the various state reporting forms fell and include:

First Report of Injury—the initial report designed to notify the parties of the occurrence of an injury or illness.

Subsequent Payment Record—Consists of forms which gather information when benefit payments begin, case progress information, and paid amounts by benefit type when the claim is concluded.

Medical Data—Develops more refined data pertinent to the dates of service, diagnostic and procedure codes, and costs associated with the providing of medical care.

Vocational Rehabilitation Data—Monitors the incidence of vocational rehabilitation, the outcomes, and the costs associated with it.

Litigation Data—Reflects the incidence of disputes, issues in dispute, outcome results at various adjudication levels, and system costs related to litigation.

Each of these categories represents a separate project phase for the technical working group. Focusing first on the First Report of Injury (FROI), the working

groups were able to create a standard reporting format that served the needs of virtually each one of the state agencies.

Efforts have also been directed at establishing the same standardized reporting formats for the Proof of Coverage (POC), the reporting of medical information, and the Subsequent Payment Report which contains all those claim derivatives—including the level and type of benefit payments—that occur following the initial reporting of the claim. The transaction standards for FROI and Subsequent Reports have developed into a Release I version of the EDI Implementation Guide.

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II. WHAT IS ELECTRONIC DATA INTERCHANGE (EDI)?

Electronic Data Interchange (EDI) consists of standardized business practices that permit the flow of information between organizations without the need for human intervention.

Imagine that an ambitious ant wanted to get from your left hand to your right hand. It would be a long journey for a little ant. Imagine next that you held a string between your fingers. The ant could cross that string and get there much faster in that situation. Finally, imagine that you took the two ends of the string and put them together. That is EDI. It is putting together the two points for instant travel.

Using technology enables trading partners to communicate with themselves and their jurisdiction. Someone gathers the information, types it into the computer and the computer does the rest. Information can be routed to the correct system regardless of whether the system resides in the next room or somewhere across the globe.

Electronic Data Interchange is a member of a family of technologies for communicating business messages electronically. This family includes EDI, facsimile, electronic mail, telex, and computer conferencing systems. Technically speaking, EDI is the computer application to computer application exchange of business data in a structured format. In other words, the purpose of EDI is to take information from one company's application and place it in the computer application of another company (or in EDI vocabulary – a trading partner.)

Here are three key components to EDI:

(1) Standards, (2) Software, and (3) Communications.

A. STANDARDS

Standards have three categories.

Transactions sets—a logical grouping of segments used to convey business data (also referred to as a document). These replace paper documents or verbal requests.

Data dictionary - defines the meaning of individual pieces of information (a.k.a. data elements) within a transaction set.

Systems - an electronic envelope where all of the information resides.

B. SOFTWARE

Software solutions for managing the system will be dictated by your communications technology. You will be reprogramming existing systems and purchasing a translator, purchasing an off-the-shelf solution, hiring an outside consultant, or using a 3rd party to collect the data.

The EDI translation software component converts the application data to a standard EDI format. The telecommunication software initiates the

communication session, establishes protocol, validates security, and transmits the EDI data. The telecommunication network provides the medium to connect two or more computer environments.

C. COMMUNICATIONS

Communications is the technology that allows data to flow between one computer and another. The EDI telecommunications process involves a computer application to formulate the customized business partner's data. Communications technology is divided into software and network choices. The number of choices depends on the how you choose to implement EDI. The two choices are:

Communications Technology

Internal Systems Technology

The communications software you choose will be dictated by your choice of communications network and whether you are communicating with the same structure or need a translator between systems. The primary objective of communications relative to EDI is to transport information between business partners in a cost effective and efficient manner. A second critical objective is to assure the privacy and confidentiality of the information while it is being electronically exchanged.

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Section Q
EDI Terminology

Abbreviations and Acronyms Q-2

EDI Glossary Q-3

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Abbreviations and Acronyms

Acronyms and Abbreviations	Definition
AK1	A flat file type used for sending detailed acknowledgements
ANSI	American National Standards Institute
DIR	Department of Industrial Relations
BAIS	Basic Administrative Information System
DLSR	Division of Labor Statistics and Research
DOB	Date of Birth
DOI	Date of Injury
DN	Data Number – Identification number assigned to each data element in an IAIABC transaction
DWC	Division of Workers' Compensation
EDI	Electronic Data Interchange
E-mail	Electronic mail
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
FTP	File Transfer Protocol
IAIABC	International Association of Industrial Accident Boards and Commissions
ICD9	International Classification of Diseases 9th Revision
IP	Internet Protocol
ISP	Internet Service Provider
JCN	Jurisdiction Claim Number (DN 5)
MTC	Maintenance Type Code (DN 2)
PGP	Pretty Good Privacy
SIC	Standard Industrial Classification
S/MIME	Secure/Multipurpose Internet Mail Extensions
SROI	Subsequent Report of Injury
SSL	Secure Sockets Layer
TA	Transaction Accepted (without errors)
TE	Transaction Accepted with Errors
TPA	Third Party Administrator
TP	Trading Partner
TR	Transaction Rejected
URL	Uniform Resource Locater
VAN	Value-Added Network
WCAB	Workers' Compensation Appeals Board
WCIRB	Workers' Compensation Insurance Rating Bureau of CA
WCIS	Workers' Compensation Information System

EDI Glossary

Acknowledgement	A file sent from WCIS to a trading partner in order to provide feedback on a first or subsequent report batch from that trading partner. This file indicates whether each transaction was accepted, accepted with errors, or rejected. Applicable error codes are provided for each data element.
Agency Claim Number	Release 1 flat-file name for Jurisdiction Claim Number (JCN), DN5. This claim identifier is generated by WCIS at the time a claim record is first created. It must be provided on most transactions throughout the life of the claim.
ANSI X12	An EDI file format in which data elements are strung together continuously, with special data-element identifiers and separator characters delineating individual data elements and records.
Batch	A group of EDI records in ANSI or IAIABC flat format. Each batch consists of a header record, one or more transaction records containing claim data, and a trailer record.
Benefit Event	An event that triggers a report. Example: Benefits are starting and a first payment is made – an IP Report would be sent.
Benefit Period	an uninterrupted period of benefit payments for a particular benefit code.
Claim Administrator	A self-administered insurer, third party administrator, or self-insured, self-administered employer legally responsible for proper handling of a workers' compensation claims.
Data Element	A piece of information to be included in an EDI file. Examples include date of injury, last name, or Maintenance Type Code (MTC). An IAIABC flat-file data element can also be referenced by its "data number" (DN). For example, the Maintenance Type Code is also referred to as "DN 2".
Digital Certificate	Files issued by a certified security authority (such as VeriSign, Inc.), used to verify signatures on digitally signed mail and to send encrypted e-mail. Once the sender and receiver have exchanged valid digital certificates, all email between them can be encrypted automatically.

File Format	The manner in which data elements are organized in a file. The two file formats accepted by WCIS are the IAIABC flat file and the ANSI X12 format.
Flat File	An EDI file format in which data elements are placed in assigned positions within each record. Different records are presented on separate lines of the EDI file. Proprietary flat file standards for use in workers' compensation have been developed by the IAIABC.
First Report of Injury (FROI)	A class of EDI transactions that include the same data provided on the paper First Report of Injury or Illness (California Form 5020).
Jurisdiction Claim Number (JCN)	This claim identifier is generated by WCIS at the time a claim record is first created in the database. It is data element DN 5 in the flat-file format. The JCN must be provided on most transactions throughout the life of the claim. In Release 1, this data element is called "Agency Claim Number."
Header Record	The first record in a formatted EDI file, which identifies the sender, receiver, and file format version used. The header and trailer records combine to create an "envelope" surrounding a batch of transactions.
IAIABC	The International Association of Industrial Accident Boards and Commissions, an organization that develops Electronic Data Interchange standards for use in workers' compensation. http://www.iaiabc.org
Maintenance Type Code (MTC)	The IAIABC flat-file data element that identifies the business objective of a given EDI transaction. (ANSI equivalent is Purpose Code.)
Parallel Phase	The period during which a trading partner's EDI data is cross-analyzed with hard copies.
Pilot Phase	The period during which a trading partner is demonstrating their ability to send data via EDI that is "complete, valid, and accurate" (see WCIS regulations). This stage begins when the trading partner has passed the test stage, and ends

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	when the trading partner has been approved for Parallel status.
Production Phase	The period that begins when a trading partner has demonstrated the ability to send complete, valid, and accurate data for a given class of reports via EDI. This follows successful completion of the test and pilot phases. Claims administrators granted production status for First Reports are no longer required to send paper Employer's Reports (Form 5020) to DLSR. Claims administrators granted production status for Subsequent Reports satisfy the requirement to submit paper Benefit Notices to the Division.
Purpose Code	The ANSI data element that identifies the business objective of a given EDI transaction. (IAIABC flat-file equivalent is *Maintenance Type Code, MTC*.)
Receiver	The trading partner receiving EDI transmissions.
Release 1	A set of workers' compensation EDI data specifications released by the IAIABC in August, 1995.
Report	Often used synonymously with "transaction".
Sender	The trading partner sending EDI transmissions.
Subsequent Report of Injury (SROI)	A class of EDI transactions that include the types of data provided on California benefit notices. WCIS regulations stipulate when these transactions are required. For example, SROI are to be provided whenever indemnity benefit payments are begun or terminated.
Test Phase	The phase in which a trading partner sends test batches in order to ascertain whether WCIS can read their EDI files. At this phase, WCIS checks the header and trailer record and confirms basic record formats, but does not perform validations on individual data elements. Once this test phase is successfully completed, the trading partner advances to the pilot phase.
Trading Partner	One of the parties exchanging EDI transmissions, either the state jurisdiction, the "claims administrator" (insurer, self-insured employer, or third party administrator), or a collection of claims administrators. Each trading partner providing data to WCIS is expected to complete a Trading Partner Profile form. One such form can cover multiple Claim Administrators whose data will be combined in transactions and which will be considered together for testing, piloting,

and data-quality reports. For example, a parent organization with multiple subsidiary claim administrator organizations may wish to combine all its data into transmissions sent from a central office.

Trailer Record	The last record in a formatted EDI file, which indicates a count of transactions contained within the batch. The header and trailer records combine to create an “envelope” surrounding a batch of transactions.
Transaction	A section of a batch file representing a single first report of injury or a single benefit notice for an individual claim.
Transmission	A file in ANSI or IAIABC flat format containing one or more batches of transactions.

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Appendix A
Revised WCIS System updates

Clarification of issues AppA-2

Differences between old and revised WCIS systems..... AppA-3

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Clarification of issues:

1. The Payment/Adjustment Paid to Date (DN86) refers to the cumulative paid-to-date amount of the benefit over the life of the claim, including any and all previous calendar years.

2. The revised version of WCIS will continue to accept multiple MTCs for the same claim in the same batch file.

3. **MTC DATE:** For most transactions, the IAIABC defines the MTC date as the date the "transaction was moved to the transmission queue or flagged for transmission", except for the following MTCs:

    a. **CO** – MTC date of the Original Transaction being corrected that contained non-critical error(s).

    b. **AP** – Issue date of a check sent as the initial indemnity benefit payment after acquiring the claim.

    c. **CA** – Date the change in Payment/Adjustment amount was effective.

    d. **IP** – Issue date of check sent as the initial indemnity benefit payment..

    e. **P1 through PJ** – The last date through which indemnity benefits are due.

    f. **PY** – Issue date of payment.

    g. **RB** – Issue date of the check reinstating indemnity benefits.

    h. **S1 through SJ** – The last date through which indemnity benefits are due.

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Differences Between Old and Revised Version of WCIS:

1. The **Jurisdiction Claim Number** or **JCN** (DN05) has been increased from 12 digits to **22 digits**. The IAIABC rules allow a JCN of 25 characters.
2. The new system will continue to process all older claims submitted and processed prior to the switchover with the original 12 digit JCNs.
3. **Future Payment/Adjustment Start and End Dates** (DN88 and DN89) will be accepted. The edit for error message #37, "Must be <= MTC Date", has been removed for DN88 and DN89.
4. **FROI Cancel** (MTC=01) will be accepted after a SROI transaction has been accepted. This process cancels the entire claim, including all FROI and SROI transactions. Even though the IAIABC Release 1 format has no SROI Cancel, this will perform that function. In addition, a 01 Cancel will be able to follow a 04 Denial, as documented in the EDI Guide.
5. **The Release 2 transaction format will no longer be accepted.**
6. **MTC dates** (DN3) must be <= current system date.
7. **IP**: Only one "IP" transaction is allowed for each claim. Since a new benefit can be opened with a "CB" transaction, there is no need to report more than one "IP".
8. **Error Messages**: The February 15, 2002 revised edition of the IAIABC Edit Matrix error messages (Section 3) has been incorporated in the revised WCIS system. http://www.iaiabc.org/EDI/ReleaseI/Release_1_Guide_2_15_02.pdf
9. **M/S**: The following Mandatory/Serious (M/S) data elements, if sent with an invalid or blank USPS Postal Code or an invalid or blank date will result in a "TE" acknowledgement.

    a. DN23-Employer Postal Code
    b. DN33-Postal Code of Injury Site
    c. DN41-Date Reported to Claim Administrator
    d. DN72-Date of Return/Release to Work (Note: for MTC=RE only)

10. **M/F**: DN14-Claim Administrator Postal Code is now a Mandatory/Fatal (M/F) data element; an invalid or blank USPS Postal Code will result in a "TR" acknowledgement.

11. **C/S**: The following Conditional/Serious (C/S) data element, if sent with an invalid or blank date, will result in a TE acknowledgement.

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a. DN72-Current Return to Work Date (Note: For MTCs = S1 or P1 only).

12. **CD**: The MTC "Compensatory Death" (CD) will automatically close all open BENs.
13. **RB:** A suspension type MTC, such as S1 or P1, or an equivalent MTC, such as UR or CB, must precede an RB, which can open a new benefit or reopen an old one. An RB following an IP will no longer be accepted. This is consistent with the IAIABC Guide.
14. **AN/FN:** Must report all previously reported indemnity and non-indemnity benefits. If any of these benefits are missing, the transaction will be rejected. The AN/FN cannot report any new indemnity benefits but can report new non-indemnity benefits. On FN, all previously reported indemnity benefits must be suspended first.

An AN cannot be used to close claims with indemnity benefits. The proper transaction is an FN, as explained in e-News 7: http://www.dir.ca.gov/DWC/WCISenews/WCISen7.htm

15. **AN/FN/SROI 04**: Must contain some type of indemnity or non-indemnity payment information.

Appendix B

Revision History – Summary of Principal Changes from Previous Versions

Version 2.1 ..... AppB-2

Version 2.0 ..... AppB-3

Version 1.2……AppB-5

Version 1.1……AppB-6

Version 1.02……..AppB-6

Version 1.01……..AppB-7

Version 1.00……..AppB-7

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Version 2.1

Section A: Deleted sections referring to the variance period for data submission as the variance period has expired.

Section A: Eliminated manual data entry on the World Wide Web as a data transmission option.

Section A: Added File Transfer Protocol (FTP) as a data transmission option.

Section A: Clarified the implementation of EDI by adding an additional step. The Parallel Step now follows the Pilot Step creating a five step process.

Section C: Deleted references to the Release 2 format of EDI.

Section C: Eliminated manual data entry on the World Wide Web as a data transmission option.

Section E: Replaced regulations pertaining to WCIS and First Reports of Injury with web-site addresses where regulations are posted.

Section F: Deleted references to the Release 2 format of EDI.

Section F: Deleted reference to using the web site to submit claims data to the WCIS.

Section G: Added Parallel ~~Pilot~~ Phase to EDI transmission steps.

Section H: Deleted references to the Release 2 format of EDI.

Section J: Updated information on providers of EDI-related services.

Section K: Deleted references to the Release 2 format of EDI. Clarified language concerning criteria for submitting final (FN) and annual (AN) Subsequent Reports of Injury.

Section L: Deleted Release 2 data elements and references to the Release 2 format of EDI.

Section M: Deleted Release 2 data edits and references to the Release 2 format of EDI.

Section N: Deleted duplicate batch logic from the general rules for transaction processing and sequencing. Deleted Release 2 Maintenance Type Codes and references to the Release 2 format of EDI.

Section O: Updated Part of Body Codes for Subsequent Reports of Injury.

Section Q: Updated abbreviations and acronyms. Deleted references to the Release 2 format of EDI.

Appendix A: Deleted duplicate batch logic and references to the Release 2 format of EDI.

Version 2.0

Section B: Updated the contact information.

Section C: Language in sub-section 4 was updated to reflect the fact that Release 1 is the preferred file format even though WCIS still supports the Release 2 format.

Section C: Language in sub-section 7 was deleted on how to apply for a variance (delay) as the time deadline for requesting a variance has passed.

Section C: Modified title of current sub-section 7.

Section G: Updated contact information on where to get Trading Partner (TP) Profile forms and where to send the completed form.

Section G: Deleted the section that refers to a variance period as the variance period has expired.

Section G: Updated contact information on where the paper forms will be sent for parallel pilot phase.

Section G: Added two transmission mode options: Integrator and File Transfer Protocol (FTP).

Section G: Added a reference pointing to the February 15, 2002 version of the IAIABC Edit Matrix for information on error messages.

Section H: This section was modified to indicate that the mandatory switch to Release 2 has been postponed indefinitely.

Section H: Added information on the specific version of ANSI X12 that is compatible with WCIS.

Section I: Added detailed information on the FTP transmission mode option.

Section J: Corrected information on providers of EDI-related services.

Section K: Corrected the Trigger Event table to reflect a change in the revised WCIS system that Release 2 “AQ” MTC is not accepted. Alternatively, an “AU” MTC now needs to be sent.

Section L: Updated the Conditional Rules and Implementation Notes FROI: Release 1 and Release 2 data requirements Tables (See “Condition FROI” worksheet) to reflect that the Release 2 “AQ” MTC is not accepted in the revised WCIS system.

Section M: California-specific edits, noted in previous Implementation Guides as “planned edits”, are adopted.

Section N: Updated to indicate that First Reports and Subsequent reports cannot be sent together in a single batch for Release 2 files.

Section N: Updated to reflect the various differences between the revised WCIS system and the old system. This information was included in ENEWS #36 and #37. It is also detailed in Section R. Please note:

For new claims submitted to the revised WCIS system, TPs will receive a new JCN that will be 22 digits. Existing claims will continue to keep the original 12 digit JCN.

Duplicate batches will not be processed. A duplicate batch has the same Sender ID (DN 98), Date Transmission Sent date (DN100), and Time Transmission Sent time (DN101) as an earlier batch received and processed by WCIS.

The MTC date must be less than or equal to the current date.

Rules that apply to Release 2 “AQ” transactions have been removed.

Only one “IP” transaction for the same claim will be allowed.

Medical-only claims with no indemnity payments may be closed with an “AN” MTC (must include a Claim Status = “closed”. “FN” MTC not required to close this type of claim.

ANSI X12 “ANs” must include the proper ANSI “frequency code”.

Transaction-level MTC rule for “FS” MTC: Must contain benefit record with BTC=240 or 524.

Secondary Match for FROIs, other than “AU” transactions, also applies to SROIs.

Compensatory Death MTC automatically closes all Indemnity Benefits (BENs). MTCs that open these closed BENs will be rejected.

Section O: Updates to various code tables.

Section P: Removed the IAIABC EDI implementation Guide Order form as a free downloadable version is posted on the IAIABC web site.

Section P: Removed explanation of differences between Release 1 and Release 2 data formats.

Section Q: Deleted the description of full variance as the variance period has expired.

Appendix A: New section added to detail differences that TPs need to note between the former and revised WCIS systems and past issues that may need clarification.

Version 1.2

Section A: Updated information on paper reporting requirements to the Division of Labor Statistics and Research (DLSR) during production phase.

Section B: Added description of WCIS e·News that is the WCIS email newsletter.

Section C: Added information on obtaining from the IAIABC a license to use the EDI transaction standards for transmitting data to a state.

Section E: Added copy of letter from Department of Industrial Relations (DIR) stating that fulfilling the requirements of the WCIS regulations regarding transmission of First Reports satisfies the obligation to send paper Employer’s Reports (Form 5020) to DLSR. Added DLSR regulations pertinent to the filing of first reports.

Section F: Email address of State updated in Section D of Trading Partner Profile Form.

Section G: Information on paper reporting requirements to DLSR during production phase updated. Submission requirement of paper Doctor’s First Report (Form 5021) to WCIS during piloting phase changed to optional. Added

that ANSI Trading Partners receive 997 Functional Acknowledgment in addition to 824 Detailed Acknowledgment. References to Section I – Transmission Modes added for e-mail and web site Trading Partners. Statements that web site users be able to receive e-mail acknowledgments removed. Piloting procedures clarified.

Section H: Modified to indicate that the ANSI X12 file format for First and Subsequent Reports of Injury Release 2 will be accepted as soon as an implementation guide has been approved by *either* ANSI or IAIABC. Updated WCIS schedule of Supported Transactions.

Section I: Clarified the fact that the Division of Workers' Compensation (DWC) will not pay VAN charges for either incoming or outgoing EDI transmissions. Added specific steps on how to send data as an e-mail attachment or through DWCs website.

Section J: Added new EDI service providers to listing.

Section K: Added Release 1 Subsequent Report table.

Section L: Added Release 1 Subsequent Report table of required data elements and updated data requirements.

Section M: Planned edit on Claim Administrator Claim Number (DN15) removed.

Section N: Deleted reference to CO being preceded by an error message. Also deleted paragraph stating that claims administrators can only update First Report Data elements. Added Benefit Processing Rules and clarified sequencing rules for First and Subsequent Reports. Fixed matching rules table to indicate that Jurisdiction Claim Number must currently be provided on MTC=01, 02, CO, and all subsequent reports. Clarified description of when secondary match data are used.

Section O: Added footnote to table of Employee Mailing Country Codes. Added code 99 – whole body – to Part of Body code list.

Section P: Added information on obtaining from the IAIABC a license to use the EDI transaction standards for transmitting data to a state.

Section Q: Added section on EDI Terminology.

Version 1.1

Sections A and C: Includes minor updates to reflect final regulations.

Section E: Contains updated WCIS regulations, as approved by the California Office of Administrative Law on October 6, 1999.

Section F: Includes a new subsection on who needs to complete the Trading Partner Profile form.

Section G: Introductory paragraph added. Updated to reflect current regulations.

Section J: Includes updated list of EDI service providers.

Section K: Specifies which Maintenance Type Codes are not accepted by WCIS.

Section L: Minor updates to data element requirements and conditional statements.

Section N: Updated “Matching Rules and Processes” table, and revised explanation in “Changed or Corrected Data”.

Section O: Removed code lists for Application Acknowledgement Code, Denial Reason Code, and Employment Status Code.

Version 1.02

Reporting deadlines have been revised throughout to match new timeline in proposed regulations dated June 22, 1999.

Section G: Test, pilot, production process has been revised to provide simpler and more efficient movement through early phases of testing.

Section H: WCIS support for Release 2 file formats has been changed, reflecting recent IAIABC approval of an ANSI X12 format for First and Subsequent Reports of Injury, Release 2.

Version 1.01

Includes revised regulations, removing from the current rulemaking the requirements to submit Medical Bill/Payment Reports.

References to medical reporting requirements are eliminated from throughout the current implementation materials.

Version 1.00

The version previous to 1.00 was not numbered, but was released in February, 1999. Version 1.00 includes substantial modifications throughout. The most significant of these are:

WCIS support for all Maintenance Type Codes has been added.

A schedule has been added indicating what file formats (Release 1, Release 2, flat-file, ANSI X12) will be supported and when.

Test, pilot, and production process has been specified.

California-specific data edits have been specified.

Matching rules and processes have been specified.

Transaction sequencing requirements have been specified.

Processing of acquired claims transactions has been specified.

Lists of valid codes have been added.

DRAFT