

FROI Element Requirement Table

Kansas FROI Maintenance Type Code
 (MTC) values are:
00 Original
04 Denial
AU Acquired Unallocated
01 Cancel
CO Correction
02 Change

IAIABC DN	IAIABC DATA ELEMENT NAME	DN Used to:	Kansas MTC Requirements					
			00	04	AU	01	CO	02
0001	Transaction Set ID	EDI processing requirement	M	M	M	M	M	M
0002	Maintenance Type Code	EDI processing requirement	M	M	M	M	M	M
0003	Maintenance Type Code Date	EDI processing requirement	M	M	M	M	M	M
0004	Jurisdiction	Validate correct jurisdiction	M	M	M	M	M	M
0005	Agency Claim Number	Match data		C		M	M	M
0006	Insurer FEIN	ID and match data	M	M	M	M	M	M
0007	Insurer Name	Locate insurer	M	M	M	M	M	M
0008	Third Party Administrator FEIN	ID and match data	C	C	C	C	C	C
0009	Third Party Administrator Name	Locate TPA	C	C	C	C	C	C
0010	Claim Administrator Address Line 1	Contact info	O	O	O	O	O	O
0011	Claim Administrator Address Line 2	Contact info	O	O	O	O	O	O
0012	Claim Administrator City	Contact info	O	O	O	O	O	O
0013	Claim Administrator State	Contact info	O	O	O	O	O	O
0014	Claim Administrator Postal Code	Contact info	M	M	M	M	M	M
0015	Claim Administrator Claim Number	ID and match data	M	M	M	M	M	M
0016	Employer FEIN	ID and secondary match data	M	M	M	M	M	M
0017	Insured Name	Locate insured	M	M	M	M	M	M
0018	Employer Name	Locate employer	M	M	M	M	M	M
0019	Employer Address Line 1	Contact info	M	M	M	M	M	M
0020	Employer Address Line 2	Contact info	O	O	O	O	O	O
0021	Employer City	Contact info	M	M	M	M	M	M
0022	Employer State	Contact info	M	M	M	M	M	M
0023	Employer Postal Code	Contact info	M	M	M	M	M	M
0024	Self Insured Indicator	Contact info	M	M	M	M	M	M
0025	Industry Code	Statistical element	M	C	C	O	C	C
0026	Insured Report Number	NA						
0027	Insured Location Number	NA						
0028	Policy Number	ID	C	O	C	O	C	C
0029	Policy Effective Date	ID	C	O	C	O	C	C
0030	Policy Expiration Date	ID	O	O	O	O	O	O
0031	Date of Injury	Match data and statistical element	M	M	M	M	M	M
0032	Time of Injury	Match data and statistical element	M	M	M	M	M	M
0033	Postal Code of Injury Site	Statistical element	C	O	C	O	C	C
0034	Employers Premises Indicator	Statistical element	M	O	O	O	O	O
0035	Nature of Injury Code	Statistical element	M	M	M	M	M	M
0036	Part of Body Injured Code	Statistical element	M	M	M	M	M	M
0037	Cause of Injury Code	Statistical element	M	M	M	M	M	M
0038	Accident Description/Cause	Statistical element	M	M	M	M	M	M
0039	Initial Treatment	Statistical element	M	O	O	O	C	C
0040	Date Reported to Employer	Statistical element	M	M	O	O	C	C
0041	Date Reported to Claims Administrator	Statistical element	M	M	O	O	C	C
0042	Social Security Number	ID and match data	M	M	M	M	M	M
0043	Employee Last Name	ID and match data	M	M	M	M	M	M
0044	Employee First Name	ID and match data	M	M	M	M	M	M
0045	Employee Middle Initial	ID	O	O	O	O	O	O
0046	Employee Address Line 1	Contact info	M	M	M	M	M	M
0047	Employee Address Line 2	Contact info	O	O	O	O	O	O
0048	Employee City	Contact info	M	M	M	M	M	M
0049	Employee State	Contact info	M	M	M	M	M	M
0050	Employee Postal Code	Contact info	M	M	M	M	M	M
0051	Employee Phone	Contact info	O	O	O	O	O	O
0052	Employee Date of Birth	Match data and statistical element	M	M	M	M	M	M
0053	Gender Code	Statistical element	M	M	M	M	M	M
0054	Marital Status Code	Statistical element	O	O	O	O	O	O
0055	Number of Dependents	Administrative needs (death only)	C	C	C		C	C
0056	Date Disability Began	Statistical element	C	C	C	C	C	C
0057	Employee Date of Death	Statistical element and administrative need	C	C	C	C	C	C
0058	Employment Status Code	Statistical element	M	M	M	M	M	M
0059	Class Code	Statistical element	C	O	O	O	C	C
0060	Occupation Description	Statistical element	M	M	M	M	M	M
0061	Date of Hire	Statistical element	M	O	M	O	C	C
0062	Wage	Statistical element	O	O	O	O	O	O
0063	Wage Period	Statistical element	O	O	O	O	O	O
0064	Number of Days Worked	NA						
0065	Date Last Day Worked	NA						
0066	Full Wages Paid for Date of Injury Indicator	NA						
0067	Salary Continued Indicator	NA						
0068	Date of Return to Work	Statistical element	C	C	C	C	C	C



**KANSAS DIVISION OF WORKERS COMPENSATION
EDI ELEMENT REQUIREMENT CONDITIONAL STATEMENTS
IAIABC Release I First and Subsequent Reports**

DN Number	DN NAME	CONDITIONAL STATEMENT
FIRST REPORT DATA REQUIREMENT CONDITIONAL STATEMENTS		
DN0005	Agency Claim Number	If MTC (DN0002) is an Original, or an Acquired Unallocated, or if the Denial is the first submitted report to the Division, then Agency Claim Number (DN0005) is NOT Required. Agency Claim Number is required on all other reports.
DN0008	TPA FEIN	If a TPA is administrating the claim, then TPA FEIN (DN0008) is required. If either DN0008 or DN0009 is present on a FROI then the other is required.
DN0009	TPA Name	If a TPA is administrating the claim, then TPA Name (DN0009) is required. If either DN0008 or DN0009 is present on a FROI then the other is required.
DN0025	Industry Code	If Maintenance Type Code (DN0002) is an Acquired Unallocated (AU) and claim administrator has NAICS/SIC available or if MTC (DN0002) is a Denial (04) and Policy Number (DN0028) is present then Industry Code (DN0025) is required.
DN0028	Policy Number	If Self Insured Indicator (DN0024) is "N" then Policy Number (DN0028) is required, except if MTC = "Denial" or "Cancel." If either DN0028 or DN0029 is present, then both are required.
DN0029	Policy Effective Date	If Self Insured Indicator (DN0024) is "N" then Policy Effective Date (DN0029) is required, except if MTC = "Denial" or "Cancel." If either DN0028 or DN0029 is present, then both are required.
DN0033	Postal Code of Injury Site	If Accident occurred in Kansas, or if Employer's premises Code (DN0034) is "Y" and Employer State (DN0022) is "KS" then Postal Code of Injury Site is required.
DN0055	Number of Dependents	Note to Claim Administrator: If you have data on the number of dependents, then populate DN0055; otherwise, zero-fill the field.
DN0056	Date Disability Began	If Return to Work Date (DN0068) is > than Date of Injury (DN0031) plus 1 day, then Date Disability Began (DN0056) is required.
DN0057	Employee Date of Death	Note to Claim Administrator: If the Employee has died, then populate Date of Death (DN0057).
DN0059	Class Code	If Self Insured Indicator (DN0024) is "N" and TPA FEIN (DN0008) is blank or = Insurer FEIN (DN0006), then Class Code (DN0059) is required.
DN0061	Date of Hire	If correcting or changing previously submitted MTC 00 or AU, then date of hire is required.
DN0068	Date of Return to Work	Note to Claim Administrator: If the claimant has returned to work, enter the Return to Work Date (DN0068).

DN Number	DN NAME	CONDITIONAL STATEMENT
SUBSEQUENT REPORT DATA REQUIREMENT CONDITIONAL STATEMENTS		
DN0008	TPA FEIN	If a TPA is administrating the claim, then TPA FEIN (DN0008) is required.
DN0055	Number of Dependents	If Payment/Adjustment Paid to Date (DN0086) for Payment/Adjustment Code [010 or 510] is > \$0.00 then Number of Dependents (DN0055) is required. Note to Claim Administrator: If you have data on the number of dependents, or if the preceding condition is true, then populate DN0055; otherwise, zero-fill the field.
DN0056	Date Disability Began	If the Employee has lost work time due to work injury; or if Payment/Adjustment Paid To Date (DN0086) for Payment/Adjustment Code (DN085) 050, 070, or 240, is > \$0.00 then Date Disability Began (DN0056) is required.
DN0057	Employee Date of Death	If Payment/Adjustment Code (DN 0085) is 010 or 510 then Employee Date of Death (DN0057) is required. Note to Claim Administrator: If the Employee has died then Date of Death (DN0057) is required.
DN0062	Wage	If either Wage (DN0062) or Wage Period (DN0063) is present both are required. Note to Claim Administrator: If you have the wage data, then populate DN0062 and DN0063.
DN0063	Wage Period	If either Wage (DN0062) or Wage Period (DN0063) is present both are required. Note to Claim Administrator: If you have the wage period data, then populate DN0062 and DN0063.
DN0070	Date of Maximum Medical Improvement	If Payment/Adjustment code (DN 0085) is equal to 020, 021, 030, or 040, then Date of Maximum Medical Improvement (DN0070) is required. Note to Claim Administrator: If Maximum Medical Improvement reached, enter Date of Maximum Medical Improvement (DN0070).
DN0071	Return to Work Qualifier	If Return/Release to Return to Work date (DN0072) is present then Return to Work Qualifier (DN0071) is Required.
DN0072	Date of Return/Release to Work	Note to Claim Administrator: If the Claimant has Returned To Work, populate the Return to Work Date (DN0072). If Return/Release to Return to Work date (DN0072) is present then Return to Work Qualifier (DN0071) is Required.
DN0076	Date Of Representation	If Paid to Date Amount (DN0096) for Paid To Date Code (DN0095) is 340 Claimant Legal Expenses is > \$0.00 then Date of Representation (DN0076) is required. Note to Claim Administrator: If the claimant has legal representation, populate Date of Representation (DN0076).
DN0083	Permanent Impairment Body Part Code	If Payment/Adjustment Paid to Date (DN0086) for Payment/Adjustment Code (DN0085) is 020, 021, 030, or 040 is > \$0.00 then Permanent Impairment Body Part Code (DN0083) is Required. If either DN0083 or DN0084 are present, then both are required Note to Claim Administrator: If an impairment rating has been made, populate Permanent Impairment Body Part Code (DN0083).

DN Number	DN NAME	CONDITIONAL STATEMENT
DN0084	Permanent Impairment Percent	If Payment/Adjustment Paid to Date (DN0086) for Payment/Adjustment Code (DN0085) is 020, 021, 030, or 040 is > \$0.00 then Permanent Impairment Percent (DN0084) is Required. If either DN0083 or DN084 are present, then both are required. Note to Claim Administrator: If an impairment rating has been made, populate Permanent Impairment Percent (DN0084).
DN0085	Payment/Adjustment Code	If Maintenance Type Code (DN0002) is Initial Payment (IP) or Acquired Payment (AP) then Payment Adjustment Code (DN0085) is required. If either Payment/Adjustment Code (DN0085), or Payment/Adjustment Paid to Date (DN0086), or Payment/Adjustment Weekly Amount (DN0087) is present, each is required.
DN0086	Payment/Adjustment Paid to Date	If either Payment/Adjustment Code (DN0085), or Payment/Adjustment Paid to Date (DN0086), or Payment/Adjustment Weekly Amount (DN0087) is present, each is required.
DN0087	Payment/Adjustment Weekly Amount	If either Payment/Adjustment Code (DN0085), or Payment/Adjustment Paid to Date (DN0086), or Payment/Adjustment Weekly Amount (DN0087) is present, each is required.
DN0095	Paid To Date/Reduced Earnings/Recoveries Code	If either (DN0095) Paid to Date or Recovery Code or the associated Amount (DN0096) is present, both are required.
DN0096	Paid To Date/Reduced Earnings/Recoveries Amount	If either (DN0095) Paid to Date or Recovery Code or the associated Amount (DN0096) is present, both are required.

IAIABC Release 1 FROI Flat File Record

IAIABC RELEASE 1 FIRST REPORT OF INJURY (148)						
IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS		
				BEG	END	
TRANSACTION	0001	Transaction Set ID	3 A/N	1	3	
	0002	Maintenance Type Code	2 A/N	4	5	
	0003	Maintenance Type Code Date	DATE	6	13	
JURISDICTION	0004	Jurisdiction	2 A/N	14	15	
	0005	Agency Claim Number	25 A/N	16	40	
CLAIM ADMINISTRATOR	0006	Insurer FEIN	9 A/N	41	49	
	0007	Insurer Name	30 A/N	50	79	
	0008	Third Party Administrator FEIN	9 A/N	80	88	
	0009	Third Party Administrator Name	30 A/N	89	118	
	0010	Claim Administrator Address Line 1	30 A/N	119	148	
	0011	Claim Administrator Address Line 2	30 A/N	149	178	
	0012	Claim Administrator City	15 A/N	179	193	
	0013	Claim Administrator State	2 A/N	194	195	
	0014	Claim Administrator Postal Code	9 A/N	196	204	
	0015	Claim Administrator Claim Number	25 A/N	205	229	
	INSURED	0016	Employer FEIN	9 A/N	230	238
		0017	Insured Name	30 A/N	239	268
		0018	Employer Name	30 A/N	269	298
		0019	Employer Address Line 1	30 A/N	299	328
		0020	Employer Address Line 2	30 A/N	329	358
0021		Employer City	15 A/N	359	373	
0022		Employer State	2 A/N	374	375	
0023		Employer Postal Code	9 A/N	376	384	
0024		Self Insured Indicator	1 A/N	385	385	
0025		SIC Code	6 A/N	386	391	
	0026	Insured Report Number	10 A/N	392	401	
	0027	Insured Location Number	15 A/N	402	416	
POLICY	0028	Policy Number	30 A/N	417	446	
	0029	Policy Effective Date	DATE	447	454	
	0030	Policy Expiration Date	DATE	455	462	
ACCIDENT	0031	Date of Injury	DATE	463	470	
	0032	Time of Injury	HHMM	471	474	
	0033	Postal Code of Injury Site	9 A/N	475	483	
	0034	Employers Premises Indicator	1 A/N	484	484	
	0035	Nature of Injury Code	2 A/N	485	486	
	0036	Part of Body Injured Code	2 A/N	487	488	
	0037	Cause of Injury Code	2 A/N	489	490	
	0038	Accident Description/Cause	150 A/N	491	640	
	0039	Initial Treatment	2 A/N	641	642	
	0040	Date Reported to Employer	DATE	643	650	
	0041	Date Reported to Claim Administrator	DATE	651	658	

IAIABC RELEASE 1 FIRST REPORT OF INJURY (148)					
IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS	
				BEG	END
EMPLOYEE	0042	Social Security Number	9 A/N	659	667
	0043	Employee Last Name	30 A/N	668	697
	0044	Employee First Name	15 A/N	698	712
	0045	Employee Middle Initial	1 A/N	713	713
	0046	Employee Address Line 1	30 A/N	714	743
	0047	Employee Address Line 2	30 A/N	744	773
	0048	Employee City	15 A/N	774	788
	0049	Employee State	2 A/N	789	790
	0050	Employee Postal Code	9 A/N	791	799
	0051	Employee Phone	10 A/N	800	809
	0052	Employee Date of Birth	DATE	810	817
	0053	Gender Code	1 A/N	818	818
	0054	Marital Status Code	1 A/N	819	819
	0055	Number of Dependents	2 N	820	821
	0056	Date Disability Began	DATE	822	829
	0057	Employee Date of Death	DATE	830	837
EMPLOYMENT	0058	Employment Status Code	2 A/N	838	839
	0059	Class Code	4 A/N	840	843
	0060	Occupation Description	30 A/N	844	873
	0061	Date of Hire	DATE	874	881
	0062	Wage	\$9.2	882	892
	0063	Wage Period	2 A/N	893	894
	0064	Number Days Worked	1 N	895	895
	0065	Date Last Day Worked	DATE	896	903
	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	904	904
	0067	Salary Continued Indicator	1 A/N	905	905
	0068	Date of Return to Work	DATE	906	913

First Report of Injury (FROI) Form IA - 1

Please note that "MWCC" is a fictitious agency designation.

MWCC - WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS											
EMPLOYER (NAME & ADDRESS INCL ZIP) DN18 DN19, DN20, DN21, DN22, DN23				CARRIER/ADMINISTRATOR CLAIM NUMBER DN15				REPORT PURPOSE CODE DN2			
				JURISDICTION DN4				JURISDICTION CLAIM NUMBER DN5			
				INSURED REPORT NUMBER DN26							
SIC CODE		EMPLOYER FEIN		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) DN33, DN34				LOCATION # DN27 PHONE #			
CARRIER/CLAIMS ADMINISTRATOR											
CARRIER (NAME, ADDRESS & PHONE NO) DN7				POLICY PERIOD DN29 TO DN30				CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) DN7, DN9 DN10, DN11, DN12, DN13, DN14			
				CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE DN24							
CARRIER FEIN DN6		POLICY/SELF-INSURED NUMBER DN28				ADMINISTRATOR FEIN DN8					
AGENT NAME & CODE NUMBER											
EMPLOYEE/WAGE											
NAME (LAST, FIRST, MIDDLE) DN43, DN44, DN45				DATE OF BIRTH DN52		SOCIAL SECURITY NUMBER DN42		DATE HIRED DN61		STATE OF HIRE	
ADDRESS (INCL ZIP) DN46, DN47, DN48, DN49, DN50				SEX MALE (M) DN53 FEMALE (F) UNKNOWN (U)		MARITAL STATUS UNMARRIED/SINGLE/DIVORCED (U) DN54 MARRIED (M) SEPARATED (S) UNKNOWN (K)		OCCUPATION/JOB TITLE DN60			
				PHONE DN51		# OF DEPENDENTS DN55		EMPLOYMENT STATUS DN58 NCCI CLASS CODE DN59			
RATE DN62		PER: DAY MONTH WEEK OTHER: DN63		#DAYS WORKED WEEK DN64		FULL PAY FOR DAY OF INJURY? DN66		YES		NO	
						DID SALARY CONTINUE? DN67		YES		NO	
OCCURRENCE/TREATMENT											
TIME EMPLOYEE BEGAN WORK		DATE OF INJURY/ILLNESS DN31		TIME OF OCCURRENCE DN32		LAST WORK DATE DN65		DATE EMPLOYER NOTIFIED DN40		DATE DISABILITY BEGAN DN56	
CONTACT NAME/PHONE NUMBER DN34				TYPE OF INJURY/ILLNESS DN37				PART OF BODY AFFECTED DN36			
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/>				TYPE OF INJURY/ILLNESS CODE				PART OF BODY AFFECTED CODE			
COUNTY WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED						ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38					
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38						WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38					
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL DN38										CAUSE OF INJURY CODE DN37	
DATE RETURN(ED) TO WORK DN68		IF FATAL, GIVE DATE OF DEATH DN57		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?				YES		NO	
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)				HOSPITAL (NAME & ADDRESS)				INITIAL TREATMENT NO MEDICAL TREATMENT (0) MINOR: BY EMPLOYER (1) DN39 MINOR CLINIC/HOSP (2) EMERGENCY CARE (3) HOSPITALIZED > 24 HRS (4) FUTURE MAJOR MEDICAL / LOST TIME ANTICIPATED (5)			
WITNESSES (NAME & PHONE #)											
DATE ADMINISTRATOR NOTIFIED DN41		DATE PREPARED DN3		PREPARER'S NAME & TITLE				PHONE NUMBER			

First Report of Injury (FROI) - Form IA-1 OSHA

WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) DN18 DN19, DN20, DN21, DN22, DN23		CARRIER/ADMINISTRATOR CLAIM NUMBER DN15	OSHA LOG NUMBER	REPORT PURPOSE CODE DN2		
		JURISDICTION DN4	JURISDICTION CLAIM NUMBER DN5			
		INSURED REPORT NUMBER DN26				
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) DN33 DN34		LOCATION # DN27		
INDUSTRY CODE	EMPLOYER FEIN	PHONE #				
CARRIER/CLAIMS ADMINISTRATOR						
CARRIER (NAME, ADDRESS, & PHONE #) DN7		POLICY PERIOD DN29 TO DN30		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) DN7, DN9 DN10, DN11, DN12, DN13, DN14		
		CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE DN24				
CARRIER FEIN DN6	POLICY/SELF-INSURED NUMBER DN28	ADMINISTRATOR FEIN DN8				
EMPLOYEE/EMPLOYEE						
NAME (LAST, FIRST, MIDDLE) DN43, DN44, DN45		DATE OF BIRTH DN52	SOCIAL SECURITY NUMBER DN42	DATE HIRED DN61		
ADDRESS (INCL ZIP) DN46, DN47, DN48, DN49, DN50		SEX DN53 M MALE F FEMALE U UNKNOWN	MARITAL STATUS DN54 U UNMARRIED S SINGLEDIVORCED M MARRIED S SEPARATED K UNKNOWN	OCCUPATION/JOB TITLE DN60		
		PHONE DN51	# OF DEPENDENTS DN55	EMPLOYMENT STATUS DN58		
		NCCI CLASS CODE DN59				
RATE PER: DN62	DAY WEEK	MONTH OTHER: DN63	DAYS WORKED/WEEK DN64	FULL PAY FOR DAY OF INJURY? DID SALARY CONTINUE? DN66 DN67		
		YES	NO	YES		
OCCURRENCE/TREATMENT						
TIME EMPLOYEE BEGAN WORK	AM PM	DATE OF INJURY/ILLNESS DN31	TIME OF OCCURRENCE () CANNOT BE DETERMINED DN32	AM PM		
CONTACT NAME/PHONE NUMBER		TYPE OF INJURY/ILLNESS DN37		PART OF BODY AFFECTED DN56		
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO DN34		TYPE OF INJURY/ILLNESS CODE DN37		PART OF BODY AFFECTED CODE DN36		
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38				
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED DN38				
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL DN38				CAUSE OF INJURY CODE DN37		
DATE RETURN(ED) TO WORK DN68	IF FATAL, GIVE DATE OF DEATH DN57	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		YES NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		INITIAL TREATMENT DN39 0 NO MEDICAL TREATMENT 1 MINOR: BY EMPLOYER 2 MINOR CLINIC/HOSP 3 EMERGENCY CARE 4 HOSPITALIZED > 24 HOURS 5 FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED		
OTHER						
WITNESSES (NAME & PHONE #)						
DATE ADMINISTRATOR NOTIFIED DN41	DATE PREPARED DN3	PREPARER'S NAME & TITLE		PHONE NUMBER		

IAIABC Release 1 SROI Flat File Record

IAIABC RELEASE 1A SUBSEQUENT REPORT OF INJURY (A49) DATA ELEMENTS					
<i>IAIABC GROUPING</i>	<i>IAIABC DN</i>	<i>IAIABC DATA ELEMENT NAME</i>	<i>IAIABC FORMAT</i>	<i>POSITIONS BEG</i>	<i>POSITIONS END</i>
TRANSACTION	0001	Transaction Set ID	3 A/N	1	3
	0002	Maintenance Type Code	2 A/N	4	5
	0003	Maintenance Type Code Date	DATE	6	13
JURISDICTION	0004	Jurisdiction	2 A/N	14	15
CLAIM ADMINISTRATOR	0006	Insurer FEIN	9 A/N	16	24
	0008	Third Party Administrator FEIN	9 A/N	25	33
	0014	Claim Administrator Postal Code	9 A/N	34	42
	0042	Social Security Number	9 A/N	43	51
	0055	Number of Dependents	2 N	52	53
	0069	Pre-Existing Disability	1 A/N	54	54
	0056	Date Disability Began	DATE	55	62
	0070	Date of Maximum Medical Improvement	DATE	63	70
	0071	Return to Work Qualifier	1 A/N	71	71
	0072	Date of Return/Release to Work	DATE	72	79
	0057	Employee Date of Death	DATE	80	87
WAGE	0062	Wage	\$9.2	88	98
	0063	Wage Period	2 A/N	99	100
	0064	Number of Days Worked	1 N	101	101
	0067	Salary Continued Indicator	1 A/N	102	102
ACCIDENT	0031	Date of Injury	DATE	103	110
	0026	Insured Report Number	25 A/N	111	135
	0015	Claim Administrator Claim Number	25 A/N	136	160
	0005	Agency Claim Number	25 A/N	161	185
CLAIM STATUS	0073	Claim Status	1 A/N	186	186
	0074	Claim Type	1 A/N	187	187
	0075	Agreement to Compensate Code	1 A/N	188	188
	0076	Date of Representation	DATE	189	196
PAYMENTS	0077	Late Reason Code	2 A/N	197	198
VARIABLE SEGMENT COUNTERS	0078	Number of Permanent Impairments	2 N	199	200
	0079	Number of Payments/Adjustments	2 N	201	202
	0080	Number of Benefit Adjustments	2 N	203	204
	0081	Number of Paid to Date/Reduced Earnings/Recoveries	2 N	205	206
	0082	Number of Death Dependent/Payee Relationships	2 N	207	208
VARIABLE SEGMENTS					
		Permanent Impairments Occurs Number of Permanent Impairments times			
	0083	Permanent Impairment Body Part Code	3 A/N	1	3
	0084	Permanent Impairment Percentage	3.2 N	4	8
		Payment/Adjustments Occurs Number of Payment/Adjustments times			
	0085	Payment/Adjustment Code	3 A/N	1	3
	0086	Payment/Adjustment Paid to Date	\$9.2	4	14
	0087	Payment/Adjustment Weekly Amount	\$9.2	15	25
	0088	Payment/Adjustment Start Date	DATE	26	33

IAIABC RELEASE 1A SUBSEQUENT REPORT OF INJURY (A49) DATA ELEMENTS					
IAIABC GROUPING	IAIABC DN	IAIABC DATA ELEMENT NAME	IAIABC FORMAT	POSITIONS BEG END	
	0089	Payment/Adjustment End Date	DATE	34	41
	0090	Payment/Adjustment Weeks Paid	4 N	42	45
	0091	Payment/Adjustment Days Paid	1 N	46	46
		Benefit Adjustments Occurs Number of Benefit Adjustments times			
	0092	Benefit Adjustment Code	4 A/N	1	4
	0093	Benefit Adjustment Weekly Amount	\$9.2	5	15
	0094	Benefit Adjustment Start Date	DATE	16	23
		Paid to Date/Reduced Earnings/Recoveries Occurs Number of Paid to Date/Reduced Earning/Recoveries times			
	0095	Paid To Date/Reduced Earnings/Recoveries Code	3 A/N	1	3
	0096	Paid To Date/Reduced Earnings/Recoveries Amount	\$9.2	4	14
		Death Dependent/Payee Relationship Occurs Number of Death Dependent/Payee Relationship times			
	0097	Dependent/Payee Relationship	2 A/N	1	2

Approved EDI Formats

KDWC approves the use of IAIABC or ANSI technical formats. Both use the IAIABC data standards for State Reporting. These formats were chosen to standardize, simplify, and reduce the costs of exchanging data. Each meets the requirements of state reporting but also possesses characteristics that may make one format more suitable to your needs.

The IAIABC format is a flat file format. Each IAIABC format data element is identified by its physical position in the file. All data must be included. Missing or partially filled fields must be filled by blanks or zeros as per the data type it represents. The Release 1 Flat File Format is relatively simple and the technology is well known and suited for in-house development. Some translators process IAIABC Flat Files. Release 1 includes five flat files: First Report (FROI), Subsequent Report (SROI), Acknowledgement (AK1), and Header (HD1) and Trailer (TR1) files.

The ANSI format is a coded format. Each ANSI format data element is identified by a code and sequence scheme. This scheme does not require State Optional data to be omitted. Field delimiters eliminate the need to zero or blank fill a field to flat file field lengths. The ANSI format was developed to meet OSHA, BLS, physician reports, and also contains data typically exchanged between a claim administrator and policy/contract holders. The ANSI format provides for hierarchical representation of the data and is therefore fitted for, and economical for, transmitting huge amounts of claims. Because of its complexity, most organizations purchase a commercial translator and simply, using translator tools, map their data names to the standard reports. The ANSI Format uses two transactions: 148 Report of Injury or Illness, and 824 Acknowledgement. These transactions include Header and Trailer conventions. ANSI transmission capabilities include grouping and additional addressing functionality. ANSI transactions are mandated for Health Care Insurance under the HIPAA Act.

The IAIABC and ANSI Format are detailed in the [IAIABC Release 1 EDI Implementation Guide](#).

An updated ANSI Format and examples are available in the appendix of this Guide.

Data Edits

Data Edit Matrix Tables

The industry state reporting standards include a process that enables a claim administrator to relate a generic edit to data used in any state report. Three edit tables are provided to depict the standards edits and how they are applied by KDWC. The first identifies edits applied to KDWC FROI Reports. The second identifies edits applied to the SROI Reports. A third identifies edits applied to the Header and Trailer transactions. All Reports submitted to KDWC are edited against the appropriate table.

Each Edit Table indicates what edits apply to each data element for a given report. Data Elements are listed in the left column by DN# and DN Name. When edits are applied to a data element differently per report (MTC), an additional row is provided report. Edits are listed in the top row. When an edit applies to a data element its assigned edit severity (TR or TE) is noted at the row and column's intersect.

On occasion, an edit is applied conditionally or additional information is required to perform the edit. These notes are provided at the bottom of the edit matrix and also available in the electronic version of this implementation guide as embedded comments.

There are several types of Edits; data presence, data relationships, data values, report sequence, and matching a report to a claim. Many of the edits are specific to a data element. Edits such as matching a report to a claim or report submission sequence errors produce report level errors that usually result in rejecting the entire report. A listing of report level edits and Kansas match data and match process follow the edit matrix and conditional edits sections.

Failing a "TR" edit will cause a report to be rejected. Failing a "TE" edit will require that the error be corrected. KDWC will return an "Acknowledgement Report (AK1) for each report that is processed by KDWC. Each (AK1) will identify the status of the edited report as (TA) Transaction accepted without errors, (TE) Transaction accepted with errors, and (TR) Transaction Rejected; and list any errors in the format of DN# and the Edit # it failed. Please refer to the Acknowledgement, Correction, & Change Report Sequencing section for additional information.

Edit Matrix Legend

Data Presence Requirements	
Mandatory	M
Conditional	C
Optional	O
Unsolicited Data	Blank

Data Presence Requirements	
Transaction Accepted w/o Errors	TA
Transaction Accepted w/ Errors	TE
Transaction Rejected	TR
* Indicates Report Level Edit	

Please refer to the IAIABC Release 1 Standards for a description of the Acknowledgement report.

Please refer to the Header, Trailer, and Acknowledgement Record layouts section of this implementation guide.

Conditional Edits & Notes

Some edits are applied conditionally or require additional explanation. For example, Postal Code is only edited for US format only for U.S. addresses; and report type (MTC) is edited for MTCs accepted by KDWC. These comments are embedded in the edit matrix, and provided as a table following the respective Edit Matrix.

Report Level Edits

The IAIABC Edit Matrix is used to identify what edits are applied to a specific Data Element. Some edits are applied at a report level to several data elements at one time to determine if:

- A. A report does not match a claim on the database:
Used to decide to create a claim, or to process a report against an established claim.
- B. A batch does not contain both a FROI and SROI for a claim:
Used when a FROI and SROI are required in one Transmission and one is missing.
- C. A transmission or transaction is a duplicate:
Used to prevent processing a transmission or transaction twice.
- D. A report should not have been sent:
Used when the requirements to submit a report has not been met.
- E. A report is not sent in the correct sequence:
Used when a claim event is sent out of sequence.
For Example: A suspension precedes the initial payment.
- F. A current value is not consistent with previous value:
Used to identify different values of static data such as Date of Death, Date of Birth, and Financial Amounts that have not had any reported activity have changed.

Edits performed as a Report Level are reported as follows:

- * **Edit 039 – No Match on Database:**
At least three of the specified data must match.
When a Transaction match is confirmed, any non-matching DNs will be reported as TE for a Correction or Change response.
When a Transaction match is not confirmed, an Acknowledgement of "TR" with Maintenance Type Code, DN0002 in error.
- * **Edit 057 – Duplicate Transmission/Transaction:**
When a duplicate Transmission is encountered the Transmission is not processed further. An Acknowledgement of "TR" is sent with Entire Batch, DN0000 in error.
When a duplicate Transaction is encountered the Transaction is not processed further. An Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002 and Maintenance Type Code date, DN0003 in error.

- * **Edit 050 - No Matching Subsequent Report:**
When both a FROI and SROI are required in a transmission and the SROI is missing an Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002, in error.

- * **Edit 053 - No Matching First Report:**
When both a FROI and SROI are required in a transmission and the FROI is missing an Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002, in error.

- * **Edit 059 – Value not consistent with value previously received:**
When a current and previous static data value or financial amount changes without a change report or reported financial activity report it as TE error for that data element on the associated Acknowledgement to advise the sender but not impose an inappropriate correction request.

- * **Edit 061 – Event Criteria Not Meet:**
When a report is submitted before the requirement to submit a report have been satisfied, an Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002, in error.

- * **Edit 063 – Invalid Event Sequence:**
When a report is submitted out of Claim Event Sequence, an Acknowledgement of "TR" is sent with Maintenance Type Code, DN0002, in error.

Please note: the sequencing diagram below is meant to convey to the trading partner the sequencing rules that clarify how KDWC will apply edit 063.

With respect to acquired claims, KDWC requires the filing of an AU before an AP so that a unique agency claim number (DN05) can be acknowledged back to the trading partner for the filing subsequent claims.

Kansas Transaction Sequencing Requirements (Edit 063)

If Last Submitted FROI MTC is:	If Last Submitted SROI MTC is:	Allow MTC(s):	Reject MTC(s):
None	None	00 04 AU UR	01 02 CO IP FS CD AP 04 FN AN 02 CO
00	None	04 AU 01 02 CO IP FS CD AN UR	00 AP 04 FN 02 CO
04		AU 02 CO IP FS CD AN UR	00 04 01 AP 04 FN 02 CO
AU		04 01 02 CO FS CD AP 04 AN UR	00 AU IP FN 02 CO
01		CO UR	00 04 AU 01 02 IP FS CD AP 04 FN AN 02 CO
02		NA	NA
CO		NA	NA
	IP	02 CO FS CD 04 FN UR 02 CO	00 04 AU 01 IP AP AN
	FS	02 CO IP CD 04 FN UR 02 CO	00 04 AU 01 FS AP AN
	CD	02 CO IP 04 FN UR 02 CO	00 04 AU 01 FS CD AP AN
	AP	02 CO FS CD 04 FN UR 02 CO	00 04 AU 01 IP AP AN
	04	02 CO IP FS CD AP FN AN UR 02 CO	00 04 AU 01 04
	FN	02 CO AN UR 02 CO	00 04 AU 01 IP FS CD AP 04 FN
	AN	UR 02 CO	00 04 AU 01 02 CO IP FS CD AP 04 FN AN
	UR	All	NA
	02	NA	NA
	CO	NA	NA

Kansas processing of edits:

Kansas will only process and acknowledge reports for "TR" and TE severity level Edits to the Claim Administrators.

Kansas processing of unsolicited data:

Kansas will not edit (except for ASCII characters), acknowledge, reject, or process unsolicited data to their system.

Kansas Edit Matrix Tables

This section contains the following:

- FROI Edit Matrix Tables
- SROI Edit Matrix Tables
- Header & Trailer Edit Matrix Table