

EDI Advisory

11/30/01

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Subsequent Report Implementation Scheduling

In the weeks to come, representatives from the Nebraska Workers' Compensation Court (NWCC) will be contacting EDI trading partners to determine when Subsequent Report Certification Testing and Production Implementation would be the most convenient for trading partners and the NWCC. The NWCC wants to avoid scheduling pilot testing where there would be more than 3-4 trading partners testing concurrently. By contacting trading partners the NWCC hopes to develop a realistic impact analysis and Implementation Schedule.

New Edits To Be Added

The EDI project at the NWCC has seen a 99 percent electronic reporting rate on first reports as opposed to paper reporting prior to July 1, 2000. From this automation the NWCC has identified some data quality issues. The insurer fein has always been a mandatory data element to be reported and the tpa fein has always been conditional data element to be reported if an administrator other than the insurer is administering the claims. Data quality programs have run against the received data and has identified that these data elements do not consistently have good data. In a effort to improve data quality on these two data elements the NWCC announces the addition of new edits. Effective 1/1/2002 edits will be implemented that will accept a transaction with errors if the insurer fein does not match the NWCC database of licensed insurance companies on file with the Nebraska Department of Insurance. Effective 4/1/2002 any invalid insurance carrier feins will be rejected if they are invalid. Also, an edit will be implemented to validate the tpa fein sometime between 1/1/2002 and 4/1/2002 and accept a transaction with errors if the tpa fein does not match the NWCC database for claim administrators reporting claims in Nebraska. The NWCC may at some point after 4/1/2002 decide to reject invalid tpa feins should the rate of invalid feins being received not meet data quality criteria.

New Version of SROI Implementation Guide Available

You may download the latest version of the **SROI Implementation Guide**, revised November 30, 2001. Changes include:

1. Addition of two (2) new sections (page 2 & 31-32)
 - a. Sweeping
 - b. Intermittent Periods of Disability;
2. Addition of a new Maintenance Type Code (MTC) (page 3)
 - a. FS = Full Salary
3. Change to the exception under electronic filing (page 6)
 - a. Corrections
 - b. Revised the exceptions for Lump Sum Settlements
4. Additions to EDI Event Table (after page 22)
 - a. FS = Full Salary

- b. 02 = Change
- 5. Additions and revisions to Addendum to Event Table (page 24)
 - a. FS = Full Salary
 - b. 02 = Change
- 6. Additions and revisions to the Element Requirements Table (after page 24)
 - a. Claim Administrator Claim Number = mandatory field
 - b. FS = Full Salary
 - c. 02 = Change
- 7. Change to Edit Matrix (after Element Requirements Table)
 - a. Added X for element 3 error 41.
 - b. Moved X from element 85 error 55 to error 54.
- 8. Additions to Transaction Sequencing (page 30)
 - a. FS = Full Salary
 - b. 02 = Change
- 9. Addition of Lump Sum Scenario (page 37)
- 10. Updated EDI Certification Test Procedure (page 39)
- 11. Updated Frequently Asked Questions (FAQs) (page 42)
- 12. Change to Edit Matrix of **SROI Guide** and **FROI Guide** (after Element Requirements Table in both guides)
 - a. Added X for element 6 error 39.
 - b. Added X for element 8 error 39.

EDI Advisory

08/15/01

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

Paper First Reports of Injury No Longer Accepted

When the Nebraska Workers' Compensation Court first mandated Electronic Data Interchange there was an unwritten policy that first reports could be filed on paper prior to the EDI production date. Effective upon receipt of this advisory notice, the Nebraska Workers' Compensation Court will no longer follow this policy. All first reports should be filed electronically no matter when the production date was established. Should this present problems to a claims administrator, a letter describing the reason for a variance will be required.

New Version of SROI Implementation Guide

Download the latest version of the **SROI Implementation Guide**, revised August 15, 2001.

Indemnity Payment Section Codes

Valid Codes:

- 500 Unspecified
- 501 Unspecified Medical (Part of Lump Sum Settlement)
- 010 and 510 Fatal
- 020 and 520 Permanent Total
- 030 and 530 Permanent Partial Scheduled
- 040 and 540 Permanent Partial Unscheduled
- 050 and 550 Temporary Total
- 070 and 570 Temporary Partial
- 240 and 524 Employer Paid
- 410 and 541 Vocational Rehabilitation Maintenance

Invalid Codes:

- 021 and 521 Permanent Total Supplemental
- 051 and 551 Temporary Total Catastrophic
- 080 and 580 Employers Liability
- 090 and 590 Permanent Partial Disfigurement

Paid-to-Date Codes

Valid Codes:

- 300 Funeral Expenses
- 310 Penalties
- 320 interest
- 330 Employer's Legal Expenses
- 340 Claimant's Legal Expenses
- 350 Payments to Physicians
- 360 Hospital Payments
- 370 Medical Payments (this will also be where we put the Mileage payments)
- 380 Vocational Rehabilitation Evaluation Payments
- 390 Vocational Rehabilitation Education Payments
- 400 Other Vocational Rehabilitation Payments
- 420 Expert Witness Fees
- 430 Unallocated Prior Indemnity Benefit Payments
- 440 Unallocated Prior Medical Payments
- 800 Special Fund Recovery
- 810 Deductible Recovery
- 820 Subrogation Recovery
- 830 Overpayment Recovery
- 840 Unspecified Recovery

Secondary Match Data (e.g., Social Security Number, Date of Injury)

The Nebraska Workers' Compensation Court continues to strive toward having the agency claim number and claim administrator claim number be the primary match keys. Occasionally, even when this information is submitted the secondary match information of social security number and date of injury does not match what has been previously reported. In the past, reports filed in this manner were being accepted in the NWCC system leaving secondary match information out of sync between the claim administrator's system and the NWCC system. It has also left the court in doubt of whether reported compensation and expense amounts were posted to the appropriate claim(s).

Effective upon receipt of this advisory notice, the Nebraska Workers' Compensation Court will require that secondary match data such as social security number and date of injury in the claims administrator's system match what is in the NWCC system. This policy change is being put into place to allow court staff to improve the accuracy of the reported data in the NWCC system and reduce the time it takes to perform adjudication and settlement processing. This information must be accurate, especially when claims cover more than one date of injury due to multiple injuries occurring on the same day or different days. Should the social security number or date of injury for a subsequent report filing be different than what has been previously reported, it will be rejected and returned to the sender. The sender should send a FROI correction to update the social security number and/or the date of injury or an explanation for the difference to insure that any subsequent

reports properly reflect in the NWCC system what is in the claims administrator's system. Subsequent reports should be re-filed once corrections or explanations are received by the court.

SROI Frequently Asked Questions:

Q: *If there is no more space available on the Form 4, Subsequent Report, then how do I report additional payments?*

A: Attach a second copy of the form to the first and report the additional payments on the second form.

Q: *How do I report claims that were in existence prior to the new Rule 30?*

A: Rule 30 governs the filing of a Form 4, Subsequent Report, for all claims and became effective July 1, 2001. This means that all claims, both old and new, have to be filed in accordance with Rule 30. Therefore, this report must be submitted for outstanding claims as soon as the first payment occurs after July 1, 2001.

Q: *What sort of medical/hospital/other expenses should I report?*

A: Only those expenses that have a corresponding code should be reported in the Paid-To-Date section. *Note:* Please do not report your own internal claims adjusting expenses.

Q: *What should be reported in the Report Purpose field?*

A: The Report Purpose field is used to report the reason for the filing of the form in conjunction with the requirements under Rule 30. For example, an initial payment would be an IP and a semi-annual report would be an SA. Indicate PY for the Report Purpose code if this is the first non-indemnity payment. If medical/hospital is to be reported with indemnity payments, the Report Purpose code should be IP, AP, SA, or FN. The SROI Implementation Guide on the court web site: <http://www.nol.org/workcomp/>, has a listing of the valid codes for the Report Purpose field.

Q: *What date should be listed in the Report Effective Date field?*

A: The report effective date should have the date the report was filed with the court. For initial payments, the Report Effective Date is the same as the date of initial draft. On Subsequent Reports, it was the date of the event that necessitated the filing of the Form 4.

Q: *Where do I report Medical/Hospital (expense) payments?*

A: In the Paid-To-Date field, located on the lower half of the Form 4, Subsequent Report. A list of Paid-to-Date codes can be found in the SROI Implementation Guide on the court web site: <http://www.nol.org/workcomp/>.

Q: *Will an AP from the acquiring claims administrator be accepted if an IP was filed previously by the acquired claims administrator?*

A: Yes, initially during the transition from paper to electronic. The court will be providing feedback to those that submit paper Subsequent Reports on the information that should go in the report purpose code and the sequence of reports that should be filed. For example, a semi-annual report cannot be filed without filing an Initial Payment or an Acquired Payment. Once a trading partner starts sending electronically then the report type (Maintenance Type Code) and sequence of reports will be checked and must follow the standards in the EDI Implementation Guide or the reports will be rejected.

Q: *Where can a list of the Payment Codes be found?*

A: A list of Payment Codes, Paid-to-Date Codes and Body Part Codes can be found in the SROI Implementation Guide on the court web site: <http://www.nol.org/workcomp/>.

Q: *Are there situations where certain codes could be rejected?*

A: Yes, those codes which are not statutorily valid.

Q: *Does the court accept compromised payment codes (5XX)?*

A: Yes, except 521, 551, 580, and 590.

Q: *Does the court allow multiple concurrent benefits?*

A: Yes, as long as the benefit types are different. In other words the court does not accept multiple occurrences of the same benefit type.

Q: *There was a place to put Subrogation amounts on the old Form 4, how do your report Subrogation on the new Form 4?*

A: Place the 820 code and the amount in Paid-to-Date section.

Q: *Is Nebraska a "Body as a Whole" state?*

A: Yes.

Q: *How can we send the agency claim number if the claim was originally filed on paper?*

A: You can contact the court and it will be provided to the requestor. Additionally the court can try to match on secondary match data including name, social security number and date of injury.

Q: *When reporting First Non-Indemnity Payments, are codes 350 (physicians), 360 (hospitals), or 370 (other) sufficient to meet the jurisdictions need?*

A: Nebraska will accept any of the valid codes in the R1 Implementation Guide and the Nebraska SROI Implementation Guide. A few other examples are: funeral expenses (code 300), claimant legal expenses (code 340), and expert witness fees (code 420). Remember to indicate PY for the Report Purpose code.

Q: *In an acquired claim situation, does Nebraska require the current claim administrator to submit a PY for its First Non-Indemnity Payment if the previous claim administrator had already filed a PY for its First Non-Indemnity Payment?*

A: Yes, Nebraska will assume these are new dollars from the acquiring claims administrator. It is nearly impossible to determine if the prior claim administrator reported a First Non-Indemnity Payment.

Q: *Where do we report Total Medical Mileage in what used to be the other field on the old Form 4?*

A: Report Total Medical Mileage as code 370 - Other Medical Paid to Date. You can report Funeral Expenses Paid to Date with code 300, Penalties Paid to Date with code 310 and Interest Paid to Date with code 320. There are three codes available to report Vocational Rehabilitation, codes 380, 390 and 400. See the codes section of this guide for details."

EDI Advisory

05/15/01

Subsequent Report (NWCC Form 4)

This is a reminder that the Nebraska Workers' Compensation Court's (NWCC) new Subsequent Report - NWCC Form 4; Revised 12-00 for the filing of compensation and expense information will go into effect July 1, 2001. Also, be advised that the court will require electronic filing pursuant to the new requirements effective July 1, 2002.

Beginning July 1, 2001, the court will only accept the Subsequent Report - NWCC Form 4; Revised 12-00. Also, any Subsequent Report received that does not contain the mandatory and correct information will be returned as not accepted for reasons of incompleteness. Mandatory information is shown in bold typeface.

This advisory notice, along with past advisory notices, are posted on the court's website at <http://www.nol.org/workcomp>. The website also includes a copy of the Subsequent Report - NWCC Form 4 in PDF format for downloading. Or, you may order the new forms by phone at 800-599-5155.

If you have any questions or would like additional information regarding the Nebraska Workers' Compensation Court's EDI initiative, please call Su Perk Davis, Public Information Manager, at 402-471-6455 or e-mail at sdavis@wcc.state.ne.us.

EDI Advisory

04/05/01

Report Effective Date, Report Purpose

Amendments to the advisory notice, entitled Subsequent Report (NWCC Form 4) Information & Definitions of the Nebraska Workers' Compensation Court, are effective July 1, 2001.

Report Effective Date: designates the date corresponding to the purpose of the report.

Business Example:

- Initial Payment - date the first indemnity payment was made.
- Denial - date the entire claim was denied.
- Paid-To-Date (Non-indemnity) - date the non-indemnity (medical, hospital, voc/rehab, etc.) payment was made.

Report Purpose: the specific purpose of the individual records within the report being submitted.

Business Examples:

- Initial Payment - the first payment of indemnity benefits.
- Denial - the entire claim is being denied
- Annual Report - submitted on the anniversary of the date of injury until the case is reported closed.
- Final - closed claim, no further payments of any kind anticipated.

Payment Type: this section is for reporting indemnity, based on disability type. The section should be completed in chronological (date) order, completing each line. Abbreviations are accepted. For example: Temporary Total (TTD); Temporary Partial (TPD); Permanent Partial (PPD), Permanent Total (PTD), Death (DB), etc.

Paid-To-Date: medical, hospital, vocational rehabilitation, and all other payments should be reported in this area.

The above fields are conditional - the information requested must be provided if the information is known.

Lump Sum Settlement: Report the information in the Payments section. Write Lump Sum Settlement or LSS in the payment type column to identify the payment.

Benefits Adjustments: These fields are for future use. Do not fill these in at this time.

EDI Advisory

02/26/01

This document contains links to files in Portable Document Format (PDF). You will need Adobe Acrobat Reader to download these PDF files. **Select this link to install Acrobat Reader.**

Amendments to the EDI Advisory, entitled **First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions**, of the Nebraska Workers' Compensation Court are effective February 26, 2001. The advisory has been amended to provide information regarding exceptions:

Nebraska EDI Implementation Guide

The Nebraska Workers' Compensation Court **EDI Implementation Guide** is now available in pdf format.

New Trading Partner Agreement and Exhibit A:

- Select the following link to review new **Trading Partner Agreement & Exhibit A** in Microsoft Word.

Amendment to Crosswalk of NWCC Form 1 and EDI First Report Addendum:

- The **Occurrence/Treatment Section** of the Crosswalk of NWCC Form 1 and EDI First Report has been amended. Please refer to this section in the Nebraska Workers' Compensation Court **EDI Implementation Guide**.

Amendment to Element Requirements Table:

- The Occupational Description field 'DN60' **is amended to read: "OPTIONAL 'O'"**.

Amendment and Addition to Element Requirements Table Addendum:

- The entry regarding Occupational Description **is amended to read: "OCCUPATIONAL DESCRIPTION ('DN060') - Optional. If trading partner has a data element defined to collect this information in their database, please send it."**
- **Addition: "SOCIAL SECURITY NUMBER ('DN042') - Mandatory.** The policy of the court shall be that EDI first reports will not be accepted with a predefined social security number override and that the court will not publish a method to automatically bypass the submission of a social security number that is not available. If an EDI transaction is rejected due to the fact that a social security number is not available or is invalid, the trading partner should contact the court by e-mail, letter or phone call and provide the name, date of injury, and administrator claim number of the claim the trading partner is trying to get accepted. The court's EDI staff will then assign a value for the social security number and request the trading partner resubmit the claim electronically. Once resubmitted and the first report passes all edits the transaction will be accepted. Once the real social security number is obtained a change transaction should be sent by the claims administrator to update the records of the court."

Note: Contact Jamie Lillis, NWCC Public Information Officer, at 402-471-6468 to obtain a court-assigned value for a missing social security number in order to electronically file such claims with the court.

Amendment to Edit Matrix Table:

- A new edit has been added that will check the date of birth to determine the age of the employee. If the age of the employee is less than 10 years old then the transaction is accepted with an error. The error returned will indicate that the first report date of birth is probably incorrect and should be updated to reflect the injured workers real date of birth. An 'X' has been placed at the intersection of data element DN52 and error message number 44. NWCC uses this date to process claims that involves minors.

Amendment to Edit Matrix Table Addendum:

- The entry regarding All Data Elements **is amended to read: "ALL DATA ELEMENTS** - Implement most of the standard edits from the IAIABC model, in addition Nebraska has implemented a few state specific edits which will check for valid values and codes as defined in the IAIABC dictionary and return error messages as defined in the edit matrix table. The Nebraska Edit Matrix Table is included in the Nebraska Implementation Guide and it replaces what is in the IAIABC EDI Implementation Guide. Any data element that does not pass a reasonable edit check will be accepted with error unless noted otherwise in the Edit Matrix Table."

Amendment to Acknowledgement Record:

- Nebraska will now place a "0" in the Request Code field (DN112) regardless of the code that is in the Application Acknowledgement Code field (DN111). Nebraska will only want to send a "1" in the Request Code field if there is a message to send along with it.

Contacting the Nebraska Workers' Compensation Court via E-Mail:

- Please send all correspondence regarding EDI transmissions to the following Nebraska Workers' Compensation Court Internet e-mail addresses:
 - To: wccedi@wcc.state.ne.us
 - cc: brucem@wcc.state.ne.us, swhite@wcc.state.ne.us

Subsequent Report (NWCC Form 4)

The Nebraska Workers' Compensation Court recently adopted the following new requirements for the filing of compensation and expense information:

- Effective on July 1, 2001, a new paper Form 4, **Subsequent Report** will replace the court's current Form 4, Compensation and Expense Report.
- Effective July 1, 2002, all Subsequent Reports must be filed electronically. (The paper Subsequent Report is designed to duplicate information the court will receive electronically, pursuant to national standards.)

Prior to July 1, 2001, the court will accept either the current Compensation and Expense Report (Rev. 95) or the new Subsequent Report (Rev. 12-00). **Beginning July 1, 2001, the court will accept ONLY the Subsequent Report (Rev. 12-00).** Also, any Subsequent Report received by the court that does not contain the mandatory and correct information will be returned with a request for correction. All Subsequent Reports are required to be filed per NWCC Procedural Rule 30, as follows:

"RULE 30

SUBSEQUENT REPORT

(Effective July 1, 2001)

- A. A Subsequent Report shall be filed with the court by the insurer, risk management pool, or self insured employer. Such Subsequent Report shall be filed:
 1. Within fourteen days following initial payment of compensation, whether such compensation is for weekly income or non-weekly income benefits.
 2. Within fourteen days following the denial of a claim or a change to a previous report.

3. On the semi-annual anniversary of the date of injury, and every 180 days thereafter until the case is closed.
 4. Within seven working days following the closing of any case for which benefits have been paid.
 5. Within fourteen days following payment pursuant to a final order, award, or judgment of the court, including an order approving a lump sum settlement or settlement agreement.
 6. Within 30 days of receipt from the court of a notice of error and request for correction of a previously filed subsequent report.
- B. Regardless of the reporting requirements of this rule, nothing shall delay the prompt and proper payment of compensation.
- C. On all Subsequent Reports filed with the court, complete and accurate cumulative weekly, medical, hospital, vocational rehabilitation and other expense information shall be included.
- D. The Subsequent Report shall be filed in writing or by electronic means, if such electronic means and the content of the electronic filing is approved by the court. Written reports shall be made by means of the Subsequent Report (Form 4). Facsimile copies will not be accepted. Blank forms for written reports are furnished by the court upon request.
- E. Beginning no later than July 1, 2002, all Subsequent Reports filed by or on behalf of an insurer, risk management pool, or self insured employer shall be filed electronically in the form and manner and to include the content prescribed by the compensation court. No report filed by electronic means shall be deemed filed until the electronic transmission has been received and accepted by the court.

Sections 48-144, 48-165, R.R.S. 1998, and 48-163, R.S. Supp., 2000.

Effective date July 1, 2001."

As a supplement to this rule, the following instructions have been prepared by the Nebraska Workers' Compensation Court to help your organization properly file the Subsequent Report.

"1. Paper Filing:

Beginning July 1, 2001, all compensation and expense information must be reported to the court using the new Form 4, Subsequent Report (Rev. 12-00). Information submitted should be printed or typed using black ink (illegible reports will be returned). It is absolutely essential that all mandatory information be filled in. Failure to complete the form may result in delayed processing and possibly penalties.

2. Electronic Filing:

Beginning July 1, 2002, the court will only accept electronically filed Subsequent Reports containing information prescribed by the court. An implementation guide is being developed and will be available in the near future.

3. Mandatory Information on a Subsequent Report paper form:

Necessity, function and conformity require the court to accept only those Subsequent Reports that contain the mandatory information for filing claims both electronically and on paper. Several

fields (pieces of information) have been declared as mandatory fields and must be completed on every Subsequent Report filed. These mandatory fields include:

- Social Security
- Date of Injury
- Jurisdiction
- Insurer FEIN
- Claim Administrator Claim Number
- Claim Status

4. Conditional Information on a Subsequent Report:

The information requested in a conditional field must be provided if this information is known.

- Employee's name (paper form only)
- Agency Claim #

5. Field Definitions

Items in **BOLD TYPE** are mandatory and must be completed or the form will be returned. Items in *ITALIC TYPE* are conditional and must be provided if the information is known.

General Information:

- *Employee Name* - The injured worker's legally recognized name as reported on the First Report of Alleged Injury or Illness filed for the specific claim (paper form only).
- **Social Security Number** - A number assigned by the Social Security Administration used to identify the employee.
- **Date of Injury** - Date on which the accident occurred.
- **Jurisdiction** - The governing body or territory whose statutes apply. Organizations filing the Nebraska Workers' Compensation Court's Subsequent Report must use "NE" for jurisdiction identification.
- Date Disability Began - The first day on which the employee originally lost time from work due to the occupational injury or disease or as otherwise defined by the jurisdiction. (Use MM/DD/YY format)
- Pre-existing Disability - Identifies the existence of a disability that existed prior to the injury.
- Date of Representation - The date the claim administrator became aware that the claimant had secured legal representation. (Use MM/DD/YY format)
- *Date of Death* - The date the injured worker died. (Use MM/DD/YY format)
- Date of Return/Release to Work - The date, following the most recent disability period, on which the employee actually returned to work, or was released to return to work, as identified by the return to work qualifier. (Use MM/DD/YY format)

- Return to Work Qualifier - A code identifying the employee's return to work status, with or without physical restrictions.
- *Agency Claim Number* - The number assigned by the Nebraska Workers' Compensation Court to identify a specific claim.
- Number of Dependents - The number of dependents as defined by the administering jurisdiction.
- Dependent/Payee Relationship - The relationship of the dependent(s)/payee(s) to the deceased employee, to which relationship and benefit entitlement may be determined by the adjudicator's decision for distribution of the death benefit.
- Date of Maximum Medical Improvement - The date after which further recovery from or lasting improvement to an injury or disease can no longer be anticipated based upon reasonable medical probability. (Use MM/DD/YY format)
- Permanent Impairment Body Part Code - A code referencing the part(s) of body permanently impaired.
- Permanent Impairment Percentage - Report the amount of part(s) or body or functional abnormality or loss that results from the injury and exists after the date of maximum medical improvements.
- Employer Name - The name of the business entity of the insured where the employee was employed at the time of the injury.
- Employer FEIN - The Federal Employer's Identification Number of the employer where the employee was employed at the time of the injury-illness. A nine-digit number used to report federal withholding and FICA taxes.
- Insured Report Number - A number used by the insured to identify a specific claim.

Wage Information:

- Wage Period - A code indicating the time period during which the wage was earned.
- Wage - The reported employee's wage for the wage period prior to the injury. This amount may include commissions, piecework earnings, and other forms of income converted to a normal scheduled work week, plus the estimated values of lodging, food, laundry and other payments in kind; and concurrent employment earnings.
- Number of Days Worked - The number of days per week that the employee is regularly scheduled to work.
- Salary Continued Indicator - The employer has paid or is paying the employee's salary in lieu of compensation during an absence caused by a work-related injury.

Payment Information:

- *Payment/Adjustment Type* - A code that identifies the payment of adjustment being made.
- *Payment/Adjustment Start Date* - For weekly benefits: the first start date of a benefit period for which benefits were paid. For Adjustments: the first date for which the adjustment is applied.

- *Payment/Adjustment End Date* - For weekly benefits: the last date of a benefit period for which benefits were paid. For adjustments: the last date for which the adjustment is applied.
- *Payment/Adjustment Weeks Paid* - The number of whole weeks for a specific payment/adjustment code.
- *Payment/Adjustment Days Paid* - The number of days paid for a specific payment/adjustment code.
- *Payment/Adjustment Paid to Date* - The cumulative amount paid for the payment/adjustment code being paid as modified by any applicable benefit adjustment(s).
- **Benefit Adjustment Type** - A code used to identify an adjustment being applied to a weekly payment/adjustment amount, still in effect (non-suspension).
- **Benefit Adjustment Weekly Amount** - The weekly amount of benefit adjustment applied per payment/adjustment code.
- **Benefit Adjustment Start Date** - The first date a benefit adjustment was applied.
- *Paid to Date Reduced Earning/Recoveries Type* - A code that identifies the type of paid to date/reduced earnings/recoveries made.
- *Paid to Date Reduced Earning/Recoveries Amount* - The amount defined by the paid to date/reduced earnings/recoveries code.

Claim Administrator Information:

- *Insurer Name* - The name of the insurer or self insured assuming the employer's financial responsibility for the workers' compensation claim(s).
- **Insurer FEIN** - The Federal Employer's Identification Number of the insurer or self insured assuming the employer's financial responsibility for the workers' compensation claim(s).
- *Third Party Administrator Name* - The name of the Third Party Administrator contracted to adjust the claim on behalf of the carrier or self insured.
- *Third Party Administrator FEIN* - The Federal Employer's Identification Number of the Third Party Administrator contracted to adjust the claim on behalf of the carrier or self insured.
- **Claim Administrator Claim Number** - Identifies a specific claim within a claim administrator's claims processing system.
- **Claim Administrator Address** - The address of the claim administrator.
- **Claim Administrator Postal Code** - The postal code of the claim administrator's process facility's mailing address for the specific claim.

Claim Status Information:

- **Claim Status** - A code representing the current status of the claim.

- Claim Type - a code representing the current benefit classification of the claim as interpreted by the jurisdiction.
- Agreement to Compensate Code - A code used to identify the condition under which compensation benefits are being paid.
- Late Reason Code - A code which identifies the reasons payment/report was not made within a jurisdiction's requirements."

Select this link to download the court's EDI Advisory: First Report of Alleged Occupational Injury and Illness Filing Compliance Information & Definitions.