

Electronic Data Interchange Advisory

EDI Advisory: 07/30/2008

MTC codes IP, SA, RB, and AP should be reported with Claim Status "Open"

Nebraska Workers' Compensation Court policy does not allow for one-time reporting of initial "Closed" indemnity benefit payments. However, we are seeing instances where the claim status is incorrectly reported "Closed" when it should be reported "Open."

The following maintenance type codes should always be reported with claim status "Open."

- **IP:** Initial Payment
- **SA:** Periodic Semi-Annual Report
- **RB:** Reinstatement of Benefits
- **AP:** Acquired Payment

EDI Advisory: 06/16/2008

This document contains links to files in Portable Document Format (PDF). In order to download these files, please consider using the latest version of Adobe Reader for printing purposes and to reduce file size. [Select this link to install Adobe Reader.](#)

Notice: FROI edits to be implemented in 90 days

Whenever possible, advance notice of at least 90 days will be given for trading partners to implement EDI system/data element changes. **Effective 09/16/2008**, the edits described below will be applied to all applicable EDI transactions submitted to the court.

Employee First & Last Names, Address Lines 1 & 2, City: These mandatory fields **must not** consist solely of the following (non-case sensitive) strings or they will be rejected by our edits: "unk", "unknown", "dk", "don't know", "na", and "n/a".

Following are the IAIABC Element Numbers and Names for the mandatory Employee First & Last Names, Address Lines 1 & 2, and City:

- **DN 0043:** Employee Last Name
- **DN 0044:** Employee First Name
- **DN 0046:** Employee Address Line 1
- **DN 0047:** Employee Address Line 2
- **DN 0048:** Employee City

Subsequent Reporting Tips

A number of issues regarding SROI submissions have arisen since our last EDI Advisory. Please review the following tips for proper submission of subsequent reports.

- **Reporting payments with indemnity code 410:**
 - Use indemnity code 410 **ONLY** to report payments made to employees **who are participating in a court-approved vocational rehabilitation plan.**
 - Use the appropriate Paid to Date codes to report payments made to employees who are **NOT** participating in a court-approved vocational rehabilitation plan.
- **Reporting payments with 8XX codes:** To ensure that a claim reflects costs actually incurred, recoveries made under code 830 will be backed out of the appropriate Payment Adjustment or Paid to Date codes. Recoveries made under codes 800, 810, 820, and 840 will not be backed out of their respective Payment Adjustment or Paid to date codes.
 - **Example of reporting payments using an 8XX code:** TTD payments totalling \$1,000 are reported in a SROI transaction. Afterwards, it is determined that \$500 of this amount needs to be recovered. The next SROI transaction should again report \$1,000 in TTD payments, plus a Paid to Date code of 810 in order to recover \$500 of the TTD amount paid.
 - **For a description of the 8XX codes:** Please refer to the Paid to Date codes on Page 8 of the SROI Implementation Guide.
- **Reporting Final SROIs:**
 - Final (FN) SROIs will reject unless an Initial Payment (IP), First Non-Indemnity Payment (PY), or Acquired Payment (AP) has been previously submitted and accepted.
 - A Final SROI is **not** required if no dollars have been paid on a claim (indemnity, medical, or other non-income benefit payments).

Amendments to SROI Implementation Guide

Select the following link to download the current [SROI Implementation Guide](#) (PDF: 0.25 KB).

Page 5, Filing Requirements. This page contains the text of NWCC Rule 30, amended effective April 24, 2008. Also, a note has been added referring readers to the Event Table and the Addendum to the Event Table for detailed information regarding the timeframe for submission of Subsequent Reports.

Page 13, Event Table. The Trigger Value descriptions have been clarified to read as follows:

- **For IP and AP:**
 - $N > 0$ (N greater than zero \$) **OR**
 - $N \text{ and } B > 0$ (N and B greater than zero \$)
- **For PY:**
 - $B > 0$ (B greater than zero \$)
- **For 02, CO, 04, SA, FN, UR, S8 and RB:**
 - $N > 0$ (N greater than zero \$) **OR**
 - $B > 0$ (B greater than zero \$) **OR**
 - $N \text{ and } B > 0$ (N and B greater than zero \$)

In the "When is the Report Due?" column of the Event Table, the following descriptions were clarified to read as follows:

- **For IP:** "Within 14 days following initial payment of workers' compensation benefits. **Note:** Do not submit IP for med-only claims."
- **For AP:** "Within 14 days following initial payment of workers' compensation benefits. **Note:** Do not submit AP for med-only claims."
- **For PY:** "Within 14 days following initial payment of non-indemnity workers' compensation benefits (Medical, Hospital, Funeral, etc.) or within 14 working days following the closing of any case for which benefits have been paid. A PY must be filed even in cases where only medical or other workers' compensation non-income benefit payments have been made."