

**COMMONWEALTH OF VIRGINIA
WORKERS' COMPENSATION COMMISSION**



**ELECTRONIC DATA INTERCHANGE
(EDI)
IMPLEMENTATION GUIDE
VERSION 5.0.5
PUBLICATION DATE: May 2, 2016**



Virginia Workers' Compensation Commission

Table of Contents

	Page
1. Introduction	
Preface	1-1.1
Background	1-1.2
Resources	1-1.4
2. Reporting Rules	
Electronic Data Reporting Format	2-1.1
Information and Data Reporting	2-1.2
Event Table	
First Report of Injury	2-2.1
Subsequent Report of Injury	2-3.1
Periodic Reports	2-4.1
Data Element Requirements and Conditions	
First Report of Injury (FROI)	2-5.1
Subsequent Report of Injury (SROI)	2-6.1
Edit Matrix	
DN Error Message Table	2-7.1
Population Restrictions	2-8.1
Code Value Table	2-9.1
Match Data	2-10.1
Transaction Sequencing Diagram	2-11.1
Transaction Sequencing Edits	2-12.1
Data Element Requirements and Conditions for SROI MTC UR	2-13.1
Forms to EDI Crosswalk	2-14.1
3. Business Scenarios	
BS001 Minor Injury Occurs	3-1.1
BS002 Minor Injury; Medical Reaches \$1,000	3-1.1
BS003 Lost Time Injury Occurs	3-1.1
BS004 Quarterly Report is Due (Anniversary of Date of Injury)	3-1.1
BS005 Intermittent Periods of Disability	3-1.2
BS006 Opinion Issued Awarding Benefits	3-1.2
BS007 Entire Claim is Denied, First Report	3-1.2
BS008 Lost Time Injury Occurs, Employer Paid Benefits	3-1.2
BS009 Entire Claim is Denied After First Report	3-1.3
BS010 Benefits are Suspended	3-1.3
BS011 Partial Suspension of Benefits	3-1.3
BS012 Acquired Claim	3-1.4
BS013 Acquired Claim, Reject AQ	3-1.4
BS014 Acquired Claim, First Payment	3-1.4
BS015 Claim is Cancelled	3-1.4



Virginia Workers' Compensation Commission

Table of Contents

	Page
4. Delivery	
File Transfer Protocol	4-1.1
File Naming Convention	4-1.2
Reporting Timelines	4-2.1
Acknowledgement Reports	4-2.1
5. Testing Requirements	
Test Plan	5-1.1
Test Plan Procedures	5-1.2
Data Quality Requirements	5-1.8
6. Becoming an EDI Trading Partner	
Requirements	6-1.1
Electronic Partnering Agreements	6-2.1
Trading Partner Profile	6-3.1
Transmission Profile	6-4.1
Claim Administrator Address List	6-5.1
7. Other Information	
Glossary	7-1.1
Implementation Guide Change Log	7-2.1

**VIRGINIA EDI REPORTING
SECTION 1
INTRODUCTION**



Preface

This Implementation Guide is designed to assist Insurers, Self Insurers, and Claim Administrators with the transition from paper filing to electronic filing of first and subsequent reports of injury. The Guide will also serve as a tool during the EDI set up process for reporting first reports of injury and subsequent reports of injury to the Virginia Workers' Compensation Commission.

If there are any questions about any of the information provided in this guide, please direct all inquiries to: edi.support@workcomp.virginia.gov

Virginia Workers' Compensation Commission

Workers' Compensation Electronic Reporting

Background

In Virginia an employer with more than two employees must provide workers' compensation insurance coverage for its employees. In exchange, an employee who suffers a workplace injury or disease is precluded from bringing a civil action against his or her employer for damages caused by the injury or disease. Benefits available under the insurance policy in question are outlined in the Virginia Workers' Compensation Act.

The Virginia Workers' Compensation Commission administers the Act, and adjudicates disputes relating to coverage. The Commission also monitors insurance policies to prevent, as much as possible, employers having lapses in coverage. The Commission certifies employers who seek to self-insure their workers' compensation liability. The Virginia State Corporation Commission, Bureau of Insurance, on the other hand, certifies insurers to offer workers' compensation coverage, and sets premium rates for this coverage. The two agencies—the Workers' Compensation Commission and the State Corporation Commission—are governed independently from each other.

Under the Workers' Compensation Act, employers are required to file accident reports with the Commission. The Act spells out certain data that must be included, but authorizes the Commission to collect additional information that it deems necessary. The Act also charges the Commission with oversight of compensation payments made under the Act, as well as adjudicating disputes with respect to compensation and other benefits.

The Commission's paper forms are as old as the Commission. Over the years, efforts at comprehensively updating forms have been replaced with simply adding fields here and there to existing forms, sometimes in non-intuitive ways. New forms have been created to help resolve operational challenges. Forms have been modified to reflect changing laws, or changing interpretations of existing laws. There have also been efforts at electronically collecting some of the data that is collected on forms, but the results of these efforts has been mixed in terms of external customers, and somewhat ineffective in terms of internal operations.

In 2006 the Commission began an effort to examine its processes, as well as those of its customers, and design a solution to leverage available best practices and technologies to improve its customer-service mission. A key decision from this analysis involved utilizing data sharing standards available within the industry. In the summer of 2007 the Commission issued a Request for Proposals for a comprehensive process engineering engagement, to be driven primarily by the need to improve customer service through industry data standards, and specifically the standards established by the International Association of Industrial Accident Boards and Commissions, or the "IAIABC." Through a competitive bidding process the Commission awarded a contract to CapTech Ventures, Inc., to deliver the solution, with Ingenix formerly Red Oak E-Commerce Solutions, Inc. supporting the data delivery objectives. Work on the Commission's "Technology Alignment Program," or "TAP" formally began in September 2007.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Electronic Data Interchange

A fundamental component to TAP is the "data-driven workflow." In other words, the Commission is re-engineering its work processes such that they are driven by the data supplied by trading partners. In this way, the Commission seeks to avoid retrofitting existing workflows, but instead is focused on meeting its mission-critical objectives, and designing workflows that use available data to help accomplish this.

Electronic data interchange, or "EDI," is an excellent and well-proven method of efficiently and accurately collecting data. Through EDI, submitters and receivers of data quickly gain knowledge of critical information that is being conveyed, as well as proof that the data was delivered. In an automated, predictable, and accurate manner, both a receiver's and sender's respective business objectives relevant to critical data are assisted through EDI.

The Commission has determined to interact with its trading partners via the IAIABC Claims Release 3 EDI standard. The Commission has a strong commitment to the IAIABC, and believes that its interests are well aligned with those across the industry, both commercial and jurisdictional, as represented within the IAIABC. The Commission is committed to focusing its EDI collection efforts on data that adds value to its mission, and is aligned with its trading partners' core work processes. The Commission firmly believes that the Release 3 standard accomplishes these objectives.

Other Considerations

The Commission recognizes that some of its small-volume trading partners do not have the capital necessary to accomplish a return on a robust EDI investment in a reasonable time. Fortunately, there are competent specialists to provide assistance in this area. Additionally, the Commission will be accepting the reports required by this Guide via the internet. Because this is difficult for the Commission to support in large volumes, this will be limited to small-volume filers.

An exciting component of TAP, which is not covered in this Guide, is how information collected by the Commission pursuant to this effort will be shared back with our customers. This will serve to provide added value to you in the dispute resolution and claims handling processes, as you will have managed access to the data relevant, from the Commission's perspective, in processing your claims.

Conclusion

Thank you for doing business in Virginia. We want you here, and we want you to enjoy doing business here and continue doing business here. Accurate and timely information is vital to how the Commission serves its workers' compensation customers. We sincerely appreciate your investment, and pledge to return value to you in two essential ways: (1) collect only that data from our trading partners that is essential to fulfilling our mission; and (2) extend that effort back out to our customers, which include you, our trading partners, in the form of information sharing that helps your organization fulfill its business mission.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Resources

Acronyms

The following list will be useful when using through this guide. These acronyms are used often throughout the guide.

AKC	Release 3 Acknowledgment Report
CA	Claim Administrator
DN	Data Element Number
EDI	Electronic Data Interchange
FEIN	Federal Employer Identification Number
FROI	First Report of Injury
SROI	Subsequent Report of Injury
FTP	File Transfer Protocol
IAIABC	International Association of Industrial Accident Boards and Commissions
JCN	Jurisdiction Claim Number
MTC	Maintenance Type Code
SROI	Subsequent Report of Injury
TA	Transaction Accepted
TR	Transaction Rejected
VWC	Virginia Workers' Compensation Commission

Websites

The following links will take you to websites that are referred to multiple times within the Implementation Guide.

Commonwealth of Virginia Worker's Compensation Commission

Website: <https://www.workcomp.virginia.gov/portal/vwc-website/OnlineServices/EDIServices>

This link will bring you directly to the Virginia WCC technology website.

For general inquiries regarding the TAP Program contact us at edi.support@workcomp.virginia.gov.

IAIABC Website: <http://www.iaiabc.org/i4a/pages/index.cfm?pageid=3347>

This link goes directly to the IAIABC web page where the Claims Release 3 Implementation guide is published. Implementation Guide for IAIABC adopted Claims Release 3 standards are available on this page. Virginia Workers' Compensation Commission supports the Release 3.0 Version of the Claims EDI (electronic reporting).

**VIRGINIA EDI REPORTING
SECTION 2
REPORTING RULES**



Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Electronic Data Interchange Rules

Virginia Workers' Compensation Act, Va. Code sections 65.2-201, 65.2-701, and 65.2-900, the Commission's Rules, and the Commission's regulations at 16 VAC 30-91 concerning electronic claims report filing, posted December 24, 2007, in the Virginia Register of Regulations and currently in publication.

Electronic Data Reporting Format

The Virginia Workers' Compensation Commission uses IAIABC Claims Release 3.0 standards for all EDI submissions. The IAIABC Implementation Guide can be found on the IAIABC website. Data format must be in compliance with the standard data format described in the Systems Rules in Section 2 of the Release 3 Implementation guide.

Maintenance Type Codes Required

An MTC (Maintenance Type Code) is a code indicating the transaction to submit to comply with VWC EDI reporting requirements. The following MTC's are required to be submitted by the Commonwealth of Virginia VWC. Refer to the Event Table for report timeliness. Virginia Workers' Compensation Commission does not accept changes or updates to SROI's (02).

	MTC	Description
FROI	00	Original
	01	Cancel
	02	Change/Update
	04	Denial
	AQ	Acquired
	AU	Acquired/Unallocated
	UR	Upon Request
SROI	04	Denial
	AP	Acquired/Payment
	CB	Change in Benefit Type
	EP	Employer Paid
	ER	Employer Reinstatement
	IP	Initial Payment
	P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to Work
	P2	Partial Suspension, Medical Non-Compliance
	P3	Partial Suspension, Administrative Non-Compliance
	P5	Partial Suspension, Incarceration
	PJ	Partially Suspended Pending Appeal or Judicial Review
	PY	Payment Report
	RB	Reinstatement of Benefits
	S1	Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work
	S2	Suspension, Medical Non-Compliance
	S3	Suspension, Administrative Non-Compliance
	S4	Suspension, Claimant Death
	S5	Suspension, Incarceration
	S6	Suspension, Claimant's Whereabouts Unknown
	S7	Suspension, Benefits Exhausted
	S8	Suspension, Jurisdiction Change
	SD	Suspension, Directed by Jurisdiction
	SJ	Suspended Pending Appeal or Judicial Review
UR	Upon Request	
QT	Quarterly	

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

VWC Forms Required

The Virginia Workers' Compensation Commission will focus on the electronic submission of FROI's and SROI's. Some conditions require the submission of additional paper forms. These requirements are defined in VWC's Event Table.

Information and Data Reported

Each piece of information for electronic reports is defined as a data element. Please refer to the Section 6 of the IAIABC Claims Release 3 EDI Implementation Guide for definitions of each data element.

Calculations:

- The average weekly wage shall be calculated by dividing the total earnings by the number of weeks worked during the 52 weeks preceding the date of accident.
- The compensation rate for Temporary Total, Permanent Partial, or Permanent Total disability must be 66 2/3% of the Average Weekly Wage (AWW)
- The compensation rate awarded to the claimant cannot be less than 25% or more than 100% of the average weekly wage of the Commonwealth
- The compensation rate for Temporary Partial must be 66 2/3% of the difference between the pre-injury and post-injury AWW

Average Weekly Wage of the Commonwealth and Cost of Living Adjustment (COLA) percentages can be found at:

<http://www.workcomp.virginia.gov/portal/vwc-website/HelpfulResources/CustomerAssistance/CustomerAssistanceCOLA>

Claim Administrator Claim Number:

When changing the Claim Administrator Claim Number (DN0015) prior to a subsequent report (SROI), the new value should be reported on the FROI 02 (Change) transaction. The new value must be populated on both the 148 and its related R21 record so VWC can detect record relationships within the batch of transactions.

VWC recognizes that when a claim is acquired (AQ, AU), both the Claim Administrator FEIN (DN0187) and the Claim Administrator Claim Number (DN0015) may change at the same time.

Date of Injury (DN0031):

For Date of Accident, if the employee or other relevant individual providing the data is uncertain about the exact date, use the earliest date about which there is some degree of certainty or the date that you received notice of the accident, whichever is earlier. For example, if only the month of the accident is known, use the first day of the month.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Employee ID:

Social Security Number (DN0042) is preferred, if known. If Social Security is not known, the following identification types will be accepted, in order of preference:

- Employee Employment Visa (DN0152)
- Employee Green Card (DN0153)
- Employee Passport Number (DN0156)

If none of the above valid IDs are known, the Assigned by Jurisdiction ID should be composed as follows:

- Employee ID Assigned by Jurisdiction (DN0154).
Format: VA/Date of Injury (mmddyy)/Last Name/First Name/padded with zeros (0).
example: VA010108Winterh or VA010108KimDan0
Assigned Employee ID should be padded with zeros to the right, if necessary, so that the ID results in 15 bytes.

Longshore Claims:

An addendum will follow that outlines how to submit information relating to Longshoreman claims.

Match Data:

Match Data elements are used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements, secondary "match" data elements are used to match a claim. Refer to the Edit Matrix Match Data table for the application of primary and secondary Match Data elements.

Changes to Match Data elements must be reported on a FROI 02 (Change) transaction before further reporting for the claim will be accepted. All match data elements must be present on a 02 transaction excluding changes being made to a 04 filed because of No Coverage. Match data elements that can be changed on an 02 (Change) transaction are indicated with lower case requirement codes on the FROI Element Requirement Table. For example, if the Employer FEIN (DN0187) is not provided when a claim is denied for lack of coverage, a FROI 02 (Change) transaction must be filed to report the valid Employer FEIN before any other transactions for the claim will be accepted.

When changing from one Employee ID type to another, Employee ID Type Qualifier (DN0270) must be changed as well. For example, if a valid Employee Social Security Number is available after a claim is submitted with an Employee Assigned by Jurisdiction (DN0154), the 02 (Change) transaction should be populated with the new Employee ID Type Qualifier Of "S" (SSN) as well as the employee's Social Security Number.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

VWC Reporting Requirements

Reporting requirements are described on the matrices that follow.

Event Table:

- Describes conditions that "trigger" electronic reports required by VWC
- Describes when the report is due
- Describes Report Due dates based on VWC legislative mandate

Element Requirement Table describes the data elements that are required for each FROI/SROI report indicated on the VWC's Event Table. Business rules that apply to specific data elements are also described when the data element on the table contains the second indicator of "MC" or Mandatory Conditional. "MC" data elements are mandatory data fields if the condition exists in the transaction.

Edit Matrix: describes editing that will be applied by VWC to incoming transactions

- *DN-Error Message* describes editing that will be applied to each data element.
- *Value Table* expresses the VWC's acceptable code values
- *Match Data* describes the data elements that will be used to determine if the report will create a new claim or find an existing claim or transaction in the VWC database
- *Population Restrictions* contains the VWC's restrictions applied to the data element(s).
- *Sequencing* illustrates logical transaction sequencing for VWC. Transaction sequencing refers to the order in which the MTC's must be sent in. For example, an IP will not be accepted by VWC before an 00 original FROI has been accepted.

Virginia Workers' Compensation Commission
Claims Release 3
First Report of Injury Event Table

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand Virginia's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting Virginia's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	FROI	UR	Upon Request	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined. Any Injury deemed minor by Virginia, the claim is not denied and carrier wants to file a reduced data set. A Minor Injury is any injury not meeting any of the rules specified for the other FROI 00 submissions (Classified as a Major Injury as defined by 16 VAC 30-90-20). Claim Type Code must be set to "N" (Notification-only) Injury Severity Type Code must be set to 'M' Minor Injury	NA	30	C	D = Administrator Notification		
3.0	FROI	00	Original	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined. Any Injury deemed minor by Virginia, the claim is not denied and carrier wants to file a full data set. A Minor Injury is any injury not meeting any of the rules specified for the other FROI 00 submissions (Classified as a Major Injury as defined by 16 VAC 30-90-20). Claim Type Code must be set to "N" (Notification-only) Injury Severity Type Code must be set to 'M' Minor Injury	NA	40 30	C	D = Administrator Notification		

Virginia Workers' Compensation Commission
Claims Release 3
First Report of Injury Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.1	FROI	00	Original	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined. If a MTC UR was sent on a Minor Injury and the claim is not denied, the Claim Administrator is required to send a MTC 00 in the event that the injury becomes Major (Classified as a Major Injury as defined by 16 VAC 30-90-20)	NA	NA	NA	H = Immediate		
3.0	FROI	00	Original	2	VWC's EDI Mandate Dates *		C = Lost Time and the claim is not denied (Classified as a Major Injury as defined by 16 VAC 30-90-20)	Lost Time > 7 Days	10	C	D = Administrator Notification		
3.0	FROI	00	Original	2	VWC's EDI Mandate Dates *		B = Cumulative Medical \$ and the claim is not denied (Classified as a Major Injury as defined by 16 VAC 30-90-20)	> \$1000	10	C	D = Administrator Notification		
3.0	FROI	00	Original	2	VWC's EDI Mandate Dates *		Q = Employee Death and the claim is not denied (Classified as a Major Injury as defined by 16 VAC 30-90-20)	NA	10	C	D = Administrator Notification	Supplementary Report for Fatal Accidents (Form CL3B) - if # of dependents > 0	VA*
3.0	FROI	00	Original	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined. Any Permanent disability or disfigurement and the claim is not denied (Classified as a Major Injury as defined by 16 VAC 30-90-20)	NA	10	C	D = Administrator Notification	Amputation Chart (Hand/Foot) (Form AW7)	VA*
3.0	FROI	00	Original	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined. Any aspect of the claim is disputed, but not denied. (Classified as a Major Injury as defined by 16 VAC 30-90-20)	NA	10	C	D = Administrator Notification		

Virginia Workers' Compensation Commission
Claims Release 3
First Report of Injury Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	FROI	01	Cancel	2	VWC's EDI Mandate Dates *		M = MTC Defined. Immediately upon knowledge of the error.	NA	NA	NA	H = Immediate		
3.0	FROI	02	Change	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with one or more of the data elements marked with a Y or FY in the FROI MTC 02 column of the Element Requirement Table has changed.	NA	NA	NA	H = Immediate		
3.0	FROI	04	Denial	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator denies the entire compensability of the claim and FROI has not been accepted.	NA	10	C	D = Administrator Notification		
3.0	FROI	AQ	Acquired Claim	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator acquires an open claim, regardless of whether claim is Major or Minor.	NA	10	C	J = After Report Trigger Effective Date of Acquisition		
3.0	FROI	AU	Acquired/ Unallocated	2	VWC's EDI Mandate Dates *		M = MTC Defined. When an AQ receives a TR because there is no match, the Claim Administrator is required to submit an AU.	NA	30	C	J = Report Trigger, after TR		

Virginia Workers' Compensation Commission
Claims Release 3
First Report of Injury Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		

Release

IAIABC Claims Release number

Event Rule Criteria

- 1=Date of Injury
- 2=EDI Mandate Date
- 3=Jurisdiction defined

Report Trigger Criteria Codes

- A = New Claim
- B = Cumulative Medical \$ Paid
- C = Lost Time
- D = Cumulative Wage Replacement
- E = Days Open
- F = Formula
- J = Jurisdiction Defined
- L = Determination of Compensable Death
- M = MTC Defined
- N = Cumulative Indemnity \$ Paid
- Q = Employee Death

Report Due Type

- B = Business Days
- C = Calendar Days

Receiver Codes

- EE = Employee
- ER = Employer
- PR = Provider
- Others as defined by jurisdiction

Report Due From Code

- A = From Date of Accident/Injury
- B = From Date of Disability
- C = From Employer Notification
- D = From Administrator Notification
- E = From Jurisdiction Notification
- F = From Carrier Notification
- G = From Initial Payment (IP)
- H = Immediate
- I = From Date of Death
- J = From Report Trigger
- K = Prior to Final Report (FN)

VA*
 Virginia Workers Compensation Commission
 1000 DMV Drive
 Richmond, VA 23220

* VWC's Mandate Dates

= Effective July 1, 2009 all claims with a date of injury on or after October 1, 2008 must be reported to the Commission via EDI. (Note: Trading Partners were phased in beginning October 1, 2008, with a final mandate on July 1, 2009.)

= Effective July 1, 2012 all active claims with a date of injury prior to October 1, 2008 must be reported to the Commission via EDI. (Note: Voluntary submissions will be accepted beginning January 5, 2012, with a final mandate date on July 1, 2012.)

- An "active" claim is a claim with any of the following:
 - o Open Award
 - o Payment currently being made for any benefit
 - o Current Denial/Dispute
 - o Claim for Benefits filed by Claimant
 - o Inactive claim where any of the above occur

Virginia Workers' Compensation Commission
Claims Release 3
Subsequent Report of Injury Event Table

The Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand Virginia's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting Virginia's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From) If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	04	Denial	2	VWC's EDI Mandate Dates *		M = MTC Defined. Full Denial after Major Injury claim is established	NA	NA	NA	H = Immediate		
3.0	SROI	AP	Acquired/Payment	2	VWC's EDI Mandate Dates *		M = MTC Defined.	The claim administrator who acquired the claim has processed their first payment of indemnity benefits.	NA	NA	H = Immediate		
3.0	SROI	CB	Change in Benefit Type	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator is switching the Injured Workers benefits from one BTC to another.	NA	NA	NA	H = Immediate		
3.0	SROI	EP	Employer Paid	2	VWC's EDI Mandate Dates *		D = Cumulative Wage Replacement Paid	>0	10	C	D = Claim Administrator Notification		
3.0	SROI	ER	Employer Reinstatement	2	VWC's EDI Mandate Dates *		When the Employer is reinstating indemnity benefits following a prior suspension.	NA	NA	NA	H = Immediate		
3.0	SROI	IP	Initial Payment	2	VWC's EDI Mandate Dates *		N = Cumulative Indemnity \$ Paid	> 0	10	C	G = From Initial Payment (IP)		

**Virginia Workers' Compensation Commission
Claims Release 3
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	P1	Partial Suspension, RTW, or Medically Determined/Qualified RTW	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend temporary, but not permanent indemnity benefits because the employee returned to work (RTW). Must be at full pre-injury wage.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 46 Termination of Wage Loss Award, Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	P1	Partial Suspension, RTW, or Medically Determined/Qualified RTW	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend temporary, but not permanent indemnity benefits because the employee was Medically Determined/Qualified to RTW.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 46 Termination of Wage Loss Award, Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	P2	Partial Suspension, Medical Non-compliance	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend temporary, but not permanent indemnity benefits because of Medical Non-compliance.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*

Virginia Workers' Compensation Commission
Claims Release 3
Subsequent Report of Injury Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	P3	Partial Suspension, Administrative Non-compliance	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend temporary, but not permanent indemnity benefits because of Administrative Non-compliance - such as refusing Vocational Rehab or selective employment.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	P5	Partial Suspension, Incarceration	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend temporary, but not permanent indemnity benefits because of employee's Incarceration.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	PJ	Partially Suspended Pending Appeal or Judicial Review	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend temporary, but not permanent indemnity benefits due to a Pending Appeal or Judicial Review.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	PY	Payment Report	2	VWC's EDI Mandate Dates *		B = Cumulative Medical \$ Paid and no IP, EP, or AP has been filed	> \$1,000	10	C	J = From Report Trigger		
3.0	SROI	PY	Payment Report	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined	Order or Opinion for Lump Sum benefits is issued (May be multiple PY's for multiple orders)	NA	NA	H = Immediate		

**Virginia Workers' Compensation Commission
Claims Release 3
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	RB	Reinstatement of Benefits	2	VWC's EDI Mandate Dates *		When the Claim Administrator is reinstating indemnity benefits following a prior suspension.	NA	NA	NA	H = Immediate		
3.0	SROI	RB	Reinstatement of Benefits	2	VWC's EDI Mandate Dates *		When the Employer's Application for hearing that accompanied a suspension has been rejected by VWC.	NA	NA	NA	H = Immediate		
3.0	SROI	S1	Suspension, RTW, or Medically Determined/ Qualified RTW	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits because the employee returned to work (RTW). Must be at full pre-injury wage.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 46 Termination of Wage Loss Award, Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	S1	Suspension, RTW, or Medically Determined/ Qualified RTW	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits because the employee was Medically Determined/ Qualified to RTW.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 46 Termination of Wage Loss Award, Form 5A Employer's Application for Hearing or other appropriate documentation	VA*

Virginia Workers' Compensation Commission
Claims Release 3
Subsequent Report of Injury Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	S2	Suspension, Medical Non-compliance	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits because of Medical Non-compliance.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	S3	Suspension, Administrative Non-compliance	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits because of Administrative Non-compliance - such as refusing Vocational Rehab or refusing selective employment.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	S4	Suspension, Claimant Death	2	VWC's EDI Mandate Dates *		When the Claim Administrator decides to suspend indemnity benefits because of the employee's Death.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	S5	Suspension, Incarceration	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits because of employee's Incarceration.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*

Virginia Workers' Compensation Commission
Claims Release 3
Subsequent Report of Injury Event Table

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	S6	Suspension, Claimant's Whereabouts Unknown	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits because employee's whereabouts are unknown.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	S7	Suspension, Benefits Exhausted	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits because employee's entitlement to Benefits have been exhausted.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	S8	Suspension, Jurisdiction Change	2	VWC's EDI Mandate Dates *		When the Claim Administrator decides to suspend indemnity benefits because of Jurisdiction Change.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	SD	Suspension, Directed by Jurisdiction	2	VWC's EDI Mandate Dates *		J = Jurisdiction defined	Order or Opinion to suspend benefits is issued	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*

**Virginia Workers' Compensation Commission
Claims Release 3
Subsequent Report of Injury Event Table**

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Paper Form(s)	Receiver
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From		
3.0	SROI	SJ	Suspended Pending Appeal or Judicial Review	2	VWC's EDI Mandate Dates *		M = MTC Defined. When the Claim Administrator decides to suspend indemnity benefits due to a Pending Appeal or Judicial Review.	NA	NA	NA	H = Immediate	Follow the current process for requesting suspensions: submit a Form 5A Employer's Application for Hearing or other appropriate documentation	VA*
3.0	SROI	UR	Upon Request	2	VWC's EDI Mandate Dates *		J = Jurisdiction Defined.	The Claim Administrator is required to provide a SROI when requested by Virginia.	NA	NA	H = Immediate		

<u>Release</u>	<u>Rule Date Criteria</u>	<u>Report Trigger Criteria Codes</u>	<u>Report Due Type</u>	<u>Report Due From Codes</u>	<u>Receiver Codes</u>
IAIABC Claims	1=Date of Injury	A= New Claim	B = Business Days	A = From Date of Accident/Injury	EE = Employee
Release number	2=EDI Mandate Date	B= Cumulative Medical \$ Paid	C = Calendar Days	B = From Date of Disability	ER = Employer
	3=Jurisdiction defined	C= Lost Time		C = From Employer Notification	PR = Provider
		D= Cumulative Wage Replacement Paid		D = From Claim Administrator Notification	Others as defined by jurisdiction
		E= Days Open		E = From Jurisdiction Notification	
		F= Formula		F = From Carrier Notification	VA*
		J= Jurisdiction Defined		G = From Initial Payment (IP)	Virginia Workers Compensation Commission
		L= Determination of Compensable Death		H = Immediate	1000 DMV Drive
		M= MTC Defined		I = From Date of Death	Richmond, VA 23220
		N = Cumulative Indemnity \$ Paid		J = From Report Trigger	
		Q = Employee Death		K = Prior to Final Report (FN)	

* VWC's Mandate Dates
= Effective July 1, 2009 all claims with a date of injury on or after October 1, 2008 must be reported to the Commission via EDI. (Note: Trading Partners were phased in beginning October 1, 2008, with a final mandate on July 1, 2009.)
= Effective July 1, 2012 all active claims with a date of injury prior to October 1, 2008 must be reported to the Commission via EDI. (Note: Voluntary submissions will be accepted beginning January 5, 2012, with a final mandate date on July 1, 2012.)
 An "active" claim is a claim with any of the following:
 o Open Award
 o Payment currently being made for any benefit
 o Current Denial/Dispute
 o Claim for Benefits filed by Claimant
 o Inactive claim where any of the above occur
= Effective July 1, 2015 a Change in Benefit Type (CB) transaction is due anytime the Claim Administrator switches the Injured Workers' benefit type from one Benefit Type Code to another and there is no gap in time/payments.

**Virginia Workers' Compensation Commission
Claims Release 3
Periodic Report Event Table**

The Periodic Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand Virginia's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting Virginia's requirements: A (Report Type) (Maintenance Type-Code) must be filed based on the (Event Rule Criteria) within (Event Rule Date range) on Claims that meet the Report Trigger (Criteria and Trigger Value), meets the Periodic Qualifier (Status and Activity) and must be filed by the Periodic Report Due indicated (Value, Due Type, From).

* If the Event Rule Thru date is blank, reporting requirements apply until further notice.

* Periodic Report Due indicated (Value, Due Type, From) is the last day a claim administrator has to receive a "Transaction Accepted" or "Transaction Accepted with Errors" for that MTC, and not just the date on which that transaction must be triggered regardless of errors. It was suggested that the Claim Administrator trigger the reports prior to this date in order to allow time for correcting errors.

Note: For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J' (Major).

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		Periodic Qualifiers		Periodic Report Due		
		Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Status	Activity	Value	Due Type	From
3.0	SROI	QT	Quarterly	2	VWC's EDI Mandate Dates *		Jurisdiction Defined	3 months from the DOI and every 3 months thereafter when an existing SROI is on file & there is indemnity, medical or award payments since the last SROI report was filed		E = Either (either IL or MB) J= DN0229 Injury Severity Type Code = J – Major	45	C	J = Report Trigger value

Release

IAIABC Claims Release number

Event Rule Criteria

1=Date of Injury
2=EDI Mandate Date
3=Jurisdiction defined

Status Qualifier

1 = Open (If claim is open at time of Report Trigger)
2 = Closed (If claim has closed since the last periodic report)
3 = Either (if claim is open or has closed since the last periodic report)

Due Type

B = Business Days
C =Calendar Days

* VWC's Mandate Dates

= Effective July 1, 2009 all claims with a date of injury on or after October 1, 2008 must be reported to the Commission via EDI. (Note:Trading Partners were phased in beginning October 1, 2008, with a final mandate on July 1, 2009.)

= Effective July 1, 2012 all active claims with a date of injury prior to October 1, 2008 must be reported to the Commission via EDI. (Note: Voluntary submissions will be accepted beginning January 5, 2012, with a final mandate date on July 1, 2012.)

- An "active" claim is a claim with any of the following:
 - o Open Award
 - o Payment currently being made for any benefit
 - o Current Denial/Dispute
 - o Claim for Benefits filed by Claimant
 - o Inactive claim where any of the above occur

Activity Qualifier

E = Either (either IL or MB)
IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)
J = Jurisdiction defined (define details in column)
MB = Medical Only (If Claim Type Code = Medical Only or Became Medical Only)

Virginia Workers' Compensation Commission First Report of Injury Element Requirements

- M (Mandatory)
 - MC (Mandatory/Conditional)
 - AA (If Applicable/Available Transaction Accepted)
 - AE (If Applicable/Available Transaction Accepted with Errors)
 - AR (If Applicable/Available Transaction Rejected)
 - NA (Not Applicable)
 - F (Fatal Technical)
 - X (Exclude)
 - FY (Fatal yes change) Essential data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.
 - Y (Change allowed) limited to 02 Change (Note: The Data Element can be changed but is Mandatory if it has ever been reported on the JCN).
 - N (No Change) limited to 02 Change
- Note: For FROI MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction **taking into consideration DN's noted under Multiple element changes Category legend on Match Data Table**. Lower case requirement codes indicate these Match Data data elements.

Claim Administrator Postal Code (DN0014) and related address fields should be populated with:

Mailing or Physical

FROI MTC'S

REC	DN#	DATA ELEMENT NAME	00	01	02	04	AQ	AU	UR
148	0001	Transaction Set ID	F	F	F	F	F	F	F
148	0002	Maintenance Type Code	F	F	F	F	F	F	F
148	0003	Maintenance Type Code Date	F	F	F	F	F	F	F
148	0004	Jurisdiction Code	F	F	F	F	F	F	F
148	0005	Jurisdiction Claim Number	MC	M	M	MC	M	AA	MC
148	0006	Insurer FEIN	F	F	FY	F	F	F	F
148	0012	Claim Administrator City	M	NA	Y	M	M	M	M
148	0013	Claim Administrator State Code	M	NA	Y	M	M	M	M
148	0014	Claim Administrator Postal Code	F	F	FY	F	F	F	F
148	0015	Claim Administrator Claim Number (Key Match)	F	F	FY	F	F	F	F
148	0016	Employer FEIN	M	M	y	MC	M	M	M
148	0021	Employer Physical City	NA						
148	0022	Employer Physical State Code	NA						
148	0023	Employer Physical Postal Code	NA						
148	0025	Industry Code	M	NA	Y	MC	NA	M	AA
148	0027	Insured Location Identifier	NA						
148	0028	Policy Number	MC	NA	Y	MC	MC	MC	AA
148	0029	Policy Effective Date	NA						
148	0030	Policy Expiration Date	NA						
148	0031	Date of Injury	M	M	y	M	M	M	M
148	0032	Time of Injury	AA	NA	Y	AA	NA	AA	AA
148	0033	Accident Site Postal Code	M	NA	Y	M	NA	M	AA
148	0035	Nature of Injury Code	M	NA	Y	M	NA	M	AA
148	0036	Part of Body Injury Code	M	NA	Y	M	NA	M	AA
148	0037	Cause of Injury Code	M	NA	Y	M	NA	M	AA
148	0039	Initial Treatment Code	NA						
148	0040	Date Employer Had Knowledge of the Injury	M	NA	Y	M	NA	M	M
148	0041	Date Claim Administrator Had Knowledge of Injury	M	NA	Y	M	NA	M	M
148	0044	Employee First Name	M	M	y	M	M	M	M
148	0048	Employee Mailing City	M	NA	Y	M	NA	M	M
148	0049	Employee Mailing State Code	MC	NA	Y	MC	NA	MC	MC
148	0050	Employee Mailing Postal Code	M	NA	Y	M	NA	M	M

**Virginia Workers' Compensation Commission
First Report of Injury Element Requirements**

FROI MTC'S

REC	DN#	DATA ELEMENT NAME	00	01	02	04	AQ	AU	UR
148	0052	Employee Date of Birth	MC	NA	Y	MC	NA	MC	MC
148	0053	Employee Gender Code	MC	NA	Y	MC	NA	MC	MC
148	0054	Employee Marital Status Code	MC	NA	NA	MC	NA	MC	AA
148	0055	Employee Number of Dependents	MC	NA	NA	MC	NA	MC	AA
148	0056	Initial Date Disability Began	NA	NA	NA	NA	NA	NA	NA
148	0057	Employee Date of Death	MC	NA	Y	MC	NA	MC	AA
148	0058	Employment Status Code	NA	NA	NA	NA	NA	NA	NA
148	0059	Manual Classification Code	M	NA	Y	AA	NA	M	AA
148	0061	Employee Date of Hire	NA	NA	NA	NA	NA	NA	NA
148	0062	Wage	NA	NA	NA	NA	NA	NA	NA
148	0063	Wage Period Code	NA	NA	NA	NA	NA	NA	NA
148	0064	Number of Days Worked Per Week	NA	NA	NA	NA	NA	NA	NA
148	0065	Initial Date Last Day Worked	NA	NA	NA	NA	NA	NA	NA
148	0066	Full Wages Paid for Date of Injury Indicator	NA	NA	NA	NA	NA	NA	NA
148	0068	Initial Return to Work Date	NA	NA	NA	NA	NA	NA	NA
R21	0001	Transaction Set ID	F	F	F	F	F	F	F
R21	0295	Maintenance Type Correction Code	X	X	X	X	X	X	X
R21	0296	Maintenance Type Correction Code Date	X	X	X	X	X	X	X
R21	0196	Denial Rescission Date	NA	NA	NA	X	NA	NA	NA
R21	0186	Jurisdiction Branch Office Code	NA	NA	NA	NA	NA	NA	NA
R21	0015	Claim Administrator Claim Number	F	F	y	F	F	F	F
R21	0187	Claim Administrator FEIN	F	F	FY	F	F	F	F
R21	0188	Claim Administrator Name	M	NA	Y	M	M	M	M
R21	0135	Claim Administrator Information/Attention Line	AA	NA	Y	AA	AA	AA	AA
R21	0010	Claim Administrator Primary Address	M	NA	Y	M	M	M	M
R21	0011	Claim Administrator Secondary Address	AA	NA	Y	AA	AA	AA	AA
R21	0136	Claim Administrator Country Code	AA	NA	AA	AA	AA	AA	AA
R21	0270	Employee ID Type Qualifier	M	M	y	M	M	M	M
R21	*	Employee ID	*One of the following Employee ID types may be populated in positions						
	0042	Employee SSN	MC	MC	y	MC	MC	MC	MC
	0152	Employee Employment Visa	MC	MC	y	MC	MC	MC	MC
	0153	Employee Green Card	MC	MC	y	MC	MC	MC	MC
	0154	Employee ID Assigned by Jurisdiction	MC	MC	y	MC	MC	MC	MC
	0156	Employee Passport Number	MC	MC	y	MC	MC	MC	MC
R21	0255	Employee Last Name Suffix	AA	NA	Y	AA	NA	AA	AA
R21	0150	Employee Authorization to Release Medical Records Indicator	NA	NA	NA	NA	NA	NA	NA
R21	0157	Employee Social Security Number Release Indicator	NA	NA	NA	NA	NA	NA	NA
R21	0043	Employee Last Name	M	M	y	M	M	M	M
R21	0045	Employee Middle Name/Initial	AA	AA	Y	AA	NA	AA	AA
R21	0046	Employee Mailing Primary Address	M	NA	Y	M	NA	M	M
R21	0047	Employee Mailing Secondary Address	AA	NA	Y	AA	NA	AA	AA
R21	0155	Employee Mailing Country Code	MC	NA	AA	MC	NA	MC	MC
R21	0051	Employee Phone Number	AA	NA	Y	AA	NA	AA	AA
R21	0146	Death Result of Injury Code	MC	NA	Y	MC	NA	MC	AA
R21	0290	Type of Loss	NA	NA	NA	NA	NA	NA	NA
R21	0228	Return to Work with Same Employer Indicator	NA	NA	NA	NA	NA	NA	NA
R21	0189	Return to Work Type Code	NA	NA	NA	NA	NA	NA	NA
R21	0224	Physical Restrictions Indicator	NA	NA	NA	NA	NA	NA	NA
R21	0314	Insured FEIN	M	NA	Y	MC	NA	M	M

**Virginia Workers' Compensation Commission
First Report of Injury Element Requirements**

FROI MTC'S

REC	DN#	DATA ELEMENT NAME	00	01	02	04	AQ	AU	UR
R21	0017	Insured Name	M	NA	Y	MC	NA	M	M
R21	0184	Insured Type Code	M	NA	Y	MC	NA	M	M
R21	0026	Insured Report Number	AA	NA	NA	AA	NA	AA	AA
R21	0204	Work Week Type Code	NA						
R21	0205	Work Days Scheduled Code	NA						
R21	0229	Injury Severity Type Code	M	NA	Y	M	M	M	M
R21	0007	Insurer Name	M	NA	Y	M	M	M	M
R21	0185	Insurer Type Code	M	NA	Y	MC	M	M	AA
R21	0292	Insolvent Insurer FEIN	NA						
R21	0200	Claim Administrator Alternate Postal Code	M	X	Y	M	M	M	M
R21	0206	Employee Security ID	NA						
R21	0249	Accident Premises Code	NA						
R21	0118	Accident Site County/Parish	NA						
R21	0119	Accident Site Location Narrative	NA						
R21	0120	Accident Site Organization Name	NA						
R21	0121	Accident Site City	NA						
R21	0122	Accident Site Street	NA						
R21	0123	Accident Site State Code	NA						
R21	0280	Accident Site Country Code	AA	NA	AA	AA	NA	AA	AA
R21	0281	Date Employer Had Knowledge of Date of Disability	NA						
R21	0075	Agreement to Compensate Code	NA	NA	NA	X	NA	NA	NA
R21	0018	Employer Name	M	NA	Y	M	M	M	M
R21	0329	Employer UI Number	NA						
R21	0019	Employer Physical Primary Address	NA						
R21	0020	Employer Physical Secondary Address	NA						
R21	0164	Employer Physical Country Code	NA						
R21	0159	Employer Contact Business Phone Number	NA						
R21	0160	Employer Contact Name	NA						
R21	0230	Employer ID Assigned by Jurisdiction	NA						
R21	0231	Manual Classification Sub-Code	NA						
R21	0163	Employer Mailing Information/Attention Line	AA						
R21	0165	Employer Mailing City	M	NA	Y	M	NA	M	M
R21	0166	Employer Mailing Country Code	AA	NA	Y	AA	NA	AA	AA
R21	0167	Employer Mailing Postal Code	M	NA	Y	M	NA	M	M
R21	0168	Employer Mailing Primary Address	M	NA	Y	M	NA	M	M
R21	0169	Employer Mailing Secondary Address	AA	NA	Y	AA	NA	AA	AA
R21	0170	Employer Mailing State Code	M	NA	Y	M	NA	M	M
R21	0060	Occupation Description	NA						
R21	0199	Full Denial Effective Date	X	NA	Y	M	X	X	X
R21	0073	Claim Status Code	NA						
R21	0074	Claim Type Code	NA						
R21	0077	Late Reason Code	AA	NA	NA	NA	AA	AA	AA
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	NA						

Variable Segment Counters

R21	0274	Number of Accident/Injury Description Narratives	F	F	F	F	F	F	F
R21	0277	Number of Full Denial Reason Codes	F	F	F	F	F	F	F
R21	0276	Number of Denial Reason Narratives	F	F	F	F	F	F	F
R21	0278	Number of Managed Care Organizations	F	F	F	F	F	F	F
R21	0279	Number of Witnesses	F	F	F	F	F	F	F

Variable Segments

**Virginia Workers' Compensation Commission
First Report of Injury Element Requirements**

FROI MTC'S

REC	DN#	DATA ELEMENT NAME	00	01	02	04	AQ	AU	UR
		Accident/Injury Description Narratives							
R21	0038	Accident/Injury Description Narrative	M	NA	Y	NA	NA	M	AA
		Full Denial Reason Codes							
R21	0198	Full Denial Reason Code	X	NA	Y	M	X	X	X
		Full Denial Reason Narratives							
R21	0197	Denial Reason Narrative	X	NA	Y	M	X	X	X
		Managed Care Organizations							
R21	0207	Managed Care Organization Code	NA						
R21	0209	Managed Care Organization Name	NA						
R21	0208	Managed Care Organization Identification Number	NA						
		Witnesses							
R21	0238	Witness Name	NA						
R21	0237	Witness Business Phone Number	NA						

Virginia Workers' Compensation Commission First Report of Injury Conditional Requirements

FROI DATA ELEMENT

Req Code	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC	0005	Jurisdiction Claim Number	Mandatory if a UR for the claim has been previously filed	Mandatory if UR exists for the claim.
MC	0005	Jurisdiction Claim Number	Mandatory on an 00, 04 or UR where the date of injury is before October 1, 2008	For MTC 00, 04 and UR, DN0005 is mandatory if DN0031 is prior to 10/01/2008
MC	0016	Employer FEIN	Mandatory on MTC 04 <u>unless</u> Full Denial Reason Code is 3 (no coverage), except when the denial is from a PEO	Mandatory for MTC 04 if DN0198 Full Denial Reason Code NOT = 3A, 3B, 3C, 3D, 3E, 3F, 3G, or 3H
MC	0017	Insured Name	Mandatory on MTC 04 <u>unless</u> Full Denial Reason Code is 3 (no coverage)	Mandatory for MTC 04 if DN0198 Full Denial Reason Code NOT = 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H or 3I
MC	0025	Industry Code	Mandatory on MTC 04 <u>unless</u> Full Denial Reason Code is 3 (no coverage)	Mandatory for MTC 04 if DN0198 Full Denial Reason Code NOT = 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H or 3I
MC	0028	Policy Number	Mandatory on MTC 04 <u>unless</u> Full Denial Reason Code is 3 (no coverage)	Mandatory for MTC 04 if DN0198 Full Denial Reason Code NOT = 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H or 3I and DN0184 (Insured Type Code) = I
MC	0028	Policy Number	Mandatory when the kind of insurance arrangement held by the financially responsible party associated with the claim is "Insured"	Mandatory for MTC other than FROI MTC 04 when DN0184 (Insured Type Code) = I
MC	0042	Employee SSN	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = S, then mandatory
MC	0049	Employee Mailing State Code	If the Country Code is present and is NOT Canada, Mexico, or US, then the State is NOT required If the Country Code is present and is Canada, Mexico, or US, then the State is required	If DN0155= US, MX, or CA then State Code (DN0049) is Mandatory
MC	0052	Employee Date of Birth	Mandatory if the Social Security Number is available	When DN 0270 Employee ID Type Qualifier = S, then mandatory
MC	0053	Employee Gender Code	Mandatory if the Social Security Number is available	When DN 0270 Employee ID Type Qualifier = S, then mandatory
MC	0054	Employee Marital Status Code	Must be present if a death has occurred	Must be present if DN146 (Death Result of Injury Code = Y
MC	0055	Employee Number of Dependents	Must be present if a death has occurred	Must be present if DN146 (Death Result of Injury Code = Y
MC	0057	Employee Date of Death	Must be present if a death has occurred	Must be present if DN146 (Death Result of Injury Code = Y
MC	0146	Death Result of Injury Code	Must be present if a death has occurred	Must be present if Employee Date of Death (DN0057) is not null
MC	0152	Employee Employment Visa	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = E, then mandatory
MC	0153	Employee Green Card	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = G, then mandatory
MC	0154	Employee ID Assigned by Jurisdiction	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = A, then mandatory
MC	0155	Employee Mailing Country Code	Mandatory if the employee mailing country code is not US.	For MTC 00, 04 and UR, DN0155 is Mandatory if code is not US
MC	0156	Employee Passport Number	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = P, then mandatory

Virginia Workers' Compensation Commission Subsequent Report of Injury Requirements

- M (Mandatory)
- MC (Mandatory/Conditional)
- AA (If Applicable/Available Transaction Accepted)
- AE (If Applicable/Available Transaction Accepted with Errors)
- AR (If Applicable/Available Transaction Rejected)
- NA (Not Applicable)
- F (Fatal Technical)
- X (Exclude)

FC (Fatal/Conditional) - Limited to 02 Change. **Essential data elements that are required for a variable segment to be processed. These data elements must be populated only with previously reported values when the other related data element(s) within the same variable segment have changed.**

Claim Administrator Postal Code (DN0014) and related address fields should be populated with:

- Mailing or Physical

SROI MTC'S

REC	DN#	DATA ELEMENT NAME	04	AP	CB	EP	ER	IP	P1	P2	P3	P5	PJ	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	SD	SJ	QT	
A49	0001	Transaction Set ID	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0002	Maintenance Type Code	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0003	Maintenance Type Code Date	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0004	Jurisdiction Code	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0006	Insurer FEIN	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0014	Claim Administrator Postal Code	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0055	Employee Number of Dependents	MC	MC	MC	MC	MC	MC	NA	NA	NA	NA	NA	NA	MC	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	MC	
A49	0069	Pre-existing Disability Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
A49	0056	Initial Date Disability Began	NA	AA	M	M	M	M	M	M	M	M	M	NA	M	M	M	M	M	M	M	M	NA	M	M	MC	
A49	0070	Date of Maximum Medical Improvement	X	MC	NA	MC	MC	MC	MC	NA	MC	MC	MC	NA	MC	MC	MC										
A49	0072	Latest Return to Work Status Date	NA	AA	MC	AA	AA	AA	MC	NA	NA	NA	NA	NA	X	MC	NA	AA									
A49	0057	Employee Date of Death	MC	MC	MC	MC	MC	X	NA	NA	X	NA	NA	NA	MC	X	NA	NA	M	X	X	NA	NA	NA	NA	MC	
A49	0063	Wage Period Code	NA	M	M	M	M	M	M	M	M	M	M	NA	M	M	M	M	M	M	M	M	M	M	M	MC	
A49	0064	Number of Days Worked Per Week	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
A49	0031	Date of Injury	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
A49	0026	Insured Report Number	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
A49	0015	Claim Administrator Claim Number	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0005	Jurisdiction Claim Number	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
A49	0073	Claim Status Code	NA	AA	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
A49	0074	Claim Type Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
A49	0075	Agreement to Compensate Code	X	NA																							
A49	0076	Date Claim Administrator Notified of Employee Representation	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
A49	0077	Late Reason Code	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
Variable Segment Counters																											
A49	0078	Number of Permanent Impairments	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0082	Number of Death Dependent/Payee Relationships	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Variable Segments																											
Permanent Impairments			Jurisdictions must require Permanent Impairment Body Part Code if any of the following Permanent Impairments data elements are requested																								
A49	0083	Permanent Impairment Body Part Code	X	MC																							
A49	0084	Permanent Impairment Percentage	X	MC	AA	MC																					
Death/Dependent/Payee Relationships																											
A49	0097	Dependent/Payee Relationship Code	X	MC	MC	MC	MC	MC	X	X	NA	X	NA	NA	MC	X	X	NA	X	X	X	NA	NA	NA	NA	MC	
R22	0001	Transaction Set ID	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0295	Maintenance Type Correction Code	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
R22	0296	Maintenance Type Correction Code Date	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
R22	0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0186	Jurisdiction Branch Office Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0015	Claim Administrator Claim Number	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	

Virginia Workers' Compensation Commission Subsequent Report of Injury Requirements

SROI MTC'S

REC	DN#	DATA ELEMENT NAME	04	AP	CB	EP	ER	IP	P1	P2	P3	P5	PJ	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	SD	SJ	QT	
R22	0187	Claim Administrator FEIN	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0188	Claim Administrator Name	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0140	Claim Administrator Claim Representative Name	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
R22	0137	Claim Administrator Claim Representative Business Phone Number	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
R22	0138	Claim Administrator Claim Representative Email Address	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
R22	0139	Claim Administrator Claim Representative Fax Number	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
R22	0270	Employee ID Type Qualifier	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	*	Employee ID	*One of the following Employee ID types may be populated in positions 244-258																								
	0042	Employee SSN	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
	0152	Employee Employment Visa	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
	0153	Employee Green Card	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
	0154	Employee ID Assigned by Jurisdiction	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
	0156	Employee Passport Number	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
R22	0043	Employee Last Name	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0044	Employee First Name	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0045	Employee Middle Name/Initial	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
R22	0255	Employee Last Name Suffix	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	
R22	0052	Employee Date of Birth	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
R22	0054	Employee Marital Status Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0151	Employee Education Level	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0213	Employee Number of Entitled Exemptions	X	NA	NA	NA	NA	NA	X	X	X	X	X	NA	NA	X	X	X	X	X	X	X	X	X	X	NA	
R22	0201	Anticipated Wage Loss Indicator	X	X	X	X	X	X	X	X	X	X	X	X	X	NA	X	X	X	X	X	X	X	X	X	X	
R22	0202	Reduced Benefit Amount Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0158	Employee Tax Filing Status Code	X	NA	NA	NA	NA	NA	X	X	X	X	X	NA	NA	X	X	X	X	X	X	X	X	X	X	NA	
R22	0146	Death Result of Injury Code	NA	MC	MC	MC	MC	MC	X	NA	NA	X	NA	NA	MC	X	NA	NA	M	X	X	NA	NA	NA	NA	MC	
R22	0314	Insured FEIN	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0292	Insolvent Insurer FEIN	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0016	Employer FEIN	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0023	Employer Physical Postal Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0228	Return to Work with Same Employer Indicator	NA	NA	NA	NA	NA	NA	MC	NA	NA	NA	NA	NA	NA	MC	NA	X	X	MC							
R22	0281	Date Employer Had Knowledge of Date of Disability	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0212	Non-Consecutive Period Code	X	NA	X																						
R22	0172	Estimated Gross Weekly Amount Indicator	X	NA	NA	X	X	NA																			
R22	0145	Current Date Last Day Worked	X	AA																							
R22	0144	Current Date Disability Began	NA	AA	X																						
R22	0065	Initial Date Last Day Worked	NA	AA																							
R22	0189	Return to Work Type Code	NA	NA	MC	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	M	NA	MC									
R22	0224	Physical Restrictions Indicator	NA	NA	MC	NA	NA	NA	M	NA	NA	NA	NA	NA	NA	M	NA	MC									
R22	0193	Suspension Effective Date	X	X	X	X	X	M	M	M	M	M	X	X	M	M	M	M	M	M	M	M	M	M	M	X	
R22	0199	Full Denial Effective Date	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
R22	0196	Denial Rescission Date	X	NA	X	NA	NA	NA	X	X	X	X	X	NA	NA	X	X	X	X	X	X	X	X	X	X	NA	
R22	0294	Partial Denial Code	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
R22	0134	Calculated Weekly Compensation Amount	NA	M	M	M	NA	M	M	M	M	M	M	NA	M	M	M	M	M	M	M	M	M	M	M	MC	
R22	0256	Wage Effective Date	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0149	Discontinued Fringe Benefits	X	NA																							
R22	0290	Type of Loss Code	NA	M	M	M	M	NA	M	NA	MC																
R22	0058	Employment Status Code	NA	AA	M	M	M	M	NA	NA	NA	NA	NA	NA	M	NA	MC										
R22	0223	Permanent Impairment Minimum Payment Indicator	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0068	Initial Return to Work Date	NA	AA	MC	AA	AA	MC	M	AA	AA	AA	AA	AA	M	M	AA	MC									
R22	0066	Full Wages Paid for Date of Injury Indicator	NA	M	M	M	M	NA	M	NA	MC																
R22	0293	Lump Sum Payment/Settlement Code	X	X	X	X	X	X	X	X	X	X	X	MC	X	X	X	X	X	X	X	X	X	X	X	X	
R22	0273	Employer Paid Salary in Lieu of Compensation Indicator	NA	NA	NA	M	M	NA	MC																		
R22	0286	Average Wage	NA	M	M	M	M	M	M	M	M	M	M	NA	M	M	M	M	M	M	M	M	M	M	M	MC	

Virginia Workers' Compensation Commission Subsequent Report of Injury Requirements

SROI MTC'S

REC	DN#	DATA ELEMENT NAME	04	AP	CB	EP	ER	IP	P1	P2	P3	P5	PJ	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	SD	SJ	QT
R22	0297	First Day of Disability After the Waiting Period	NA	AA	M	M	M	M	M	M	M	M	M	NA	M	M	M	M	M	M	M	M	M	M	M	MC
R22	0299	Award/Order Date	X	NA																						
R22	0200	Claim Administrator Alternate Postal Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0203	Employer Paid Salary Prior To Acquisition Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0204	Work Week Type Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0205	Work Days Scheduled Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0206	Employee Security ID	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0229	Injury Severity Type Code	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Variable Segment Counters																										
R22	0288	Number of Benefits	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0283	Number of Payments	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0282	Number of Other Benefits	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0289	Number of Benefit ACR	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0284	Number of Recoveries	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0285	Number of Reduced Earnings	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0275	Number of Concurrent Employers	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0277	Number of Full Denial Reason Codes	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0276	Number of Denial Reason Narratives	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0287	Number of Suspension Narratives	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Variable Segments																										
Benefits			E0	E1	E2	E1	E1	E1	E2	E2	E2	E2	E2	E0	E1	E0										
			Jurisdictions must require DN0085 - Benefit Type Code if any of the following data elements from the Benefits segment are requested																							
R22	0085	Benefit Type Code	<p>Event Benefits Segment Requirements are defined on the <i>Event Benefits Segment Req Tab</i></p> <p>For MTC's: AP, EP, ER, IP, PY (Benefit Type Codes other than 5XX), RB, 04 (if indemnity benefits are being paid at the time of the denial), P1-P9, PJ, S1-9, SD, SJ</p> <ul style="list-style-type: none"> ▶ E0, E1 and E2 labels on the <i>Benefits</i> title line shows the minimum # of segments by MTC (See <i>Variable Segment Population Rules</i> in Section 4) ▶ Benefit Type Code (DN0085) is pre-populated in the <i>Benefits</i> segment because the segment cannot be sent without this data element. ▶ "Sweep" Benefits Segment Rules and Lump Sum Payment/Settlements from <i>Variable Segment Population Rules</i> in Section 4 apply to "non-event" <i>Benefits</i> segments ▶ <i>Benefits</i> segment requirements for UR MTC transactions, when applicable, may vary at the request of the jurisdiction <p style="text-align: right;">Requirements on Periodic reports are based on "Sweep" Benefits Segment Rules in Variable</p>																							
R22	0002	Maintenance Type Code																								
R22	0174	Gross Weekly Amount																								
R22	0175	Gross Weekly Amount Effective Date																								
R22	0087	Net Weekly Amount																								
R22	0211	Net Weekly Amount Effective Date																								
R22	0088	Benefit Period Start Date																								
R22	0089	Benefit Period Through Date																								
R22	0090	Benefit Type Claim Weeks																								
R22	0091	Benefit Type Claim Days																								
R22	0086	Benefit Type Amount Paid																								
R22	0192	Benefit Payment Issue Date																								
			Jurisdictions must require DN0222 - Payment Reason Code if any of the following data elements from the Payments segment are requested																							
R22	0222	Payment Reason Code	X	NA	X	X	X	NA	X	X	X	X	X	MC	NA	X	X	X	X	X	X	X	X	X	X	
R22	0217	Payee	X	NA	X	X	X	NA	X	X	X	X	X	MC	NA	X	X	X	X	X	X	X	X	X	X	
R22	0218	Payment Amount	X	NA	X	X	X	NA	X	X	X	X	X	MC	NA	X	X	X	X	X	X	X	X	X	X	
R22	0219	Payment Covers Period Start Date	X	NA	X	X	X	NA	X	X	X	X	X	MC	NA	X	X	X	X	X	X	X	X	X	X	
R22	0220	Payment Covers Period Through Date	X	NA	X	X	X	NA	X	X	X	X	X	MC	NA	X	X	X	X	X	X	X	X	X	X	
R22	0195	Payment Issue Date	X	NA	X	X	X	NA	X	X	X	X	X	MC	NA	X	X	X	X	X	X	X	X	X	X	
			Jurisdictions must require DN0216 - Other Benefit Type Code if any of the following data elements from the Other Benefits segment are requested																							
R22	0216	Other Benefit Type Code	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
R22	0215	Other Benefit Type Amount	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	
Benefit ACR - Segment contains Adjustments, Credits or Redistributions																										
			Jurisdictions must require DN0092 - Benefit Adjustment Code if any of the following Benefit Adjustment data elements are requested																							
R22	0092	Benefit Adjustment Code	X	MC																						
R22	0094	Benefit Adjustment Start Date	X	MC																						
R22	0125	Benefit Adjustment End Date	X	MC																						
R22	0093	Benefit Adjustment Weekly Amount	X	MC																						
			Jurisdictions must require DN0126 - Benefit Credit Code if any of the following Benefit Credit data elements are requested																							
R22	0126	Benefit Credit Code	X	NA																						

Virginia Workers' Compensation Commission Subsequent Report of Injury Requirements

SROI MTC'S

REC	DN#	DATA ELEMENT NAME	04	AP	CB	EP	ER	IP	P1	P2	P3	P5	PJ	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	SD	SJ	QT	
R22	0127	Benefit Credit Start Date	X	NA																							
R22	0128	Benefit Credit End Date	X	NA																							
R22	0129	Benefit Credit Weekly Amount	X	NA																							
			Jurisdictions must require DN0130 - Benefit Redistribution Code if any of the following Benefit Redistribution data elements are requested																								
R22	0130	Benefit Redistribution Code	X	MC																							
R22	0131	Benefit Redistribution Start Date	X	MC																							
R22	0132	Benefit Redistribution End Date	X	MC																							
R22	0133	Benefit Redistribution Weekly Amount	X	MC																							
			Recoveries																								
			Jurisdictions must require DN0226 - Recovery Code if any of the following Recoveries data elements are requested																								
R22	0226	Recovery Code	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0225	Recovery Amount	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
			Reduced Earnings																								
			Jurisdictions must require DN0242 - Reduced Earnings Week Number if any of the following Reduced Earnings data elements are requested																								
R22	0242	Reduced Earnings Week Number	X	NA	NA	X	X	NA	NA	NA	NA	NA	NA	X	NA												
R22	0124	Actual Reduced Earnings	X	NA	NA	X	X	NA	NA	NA	NA	NA	NA	X	NA	X											
R22	0147	Deemed Reduced Earnings	X	NA	NA	X	X	NA	NA	NA	NA	NA	NA	X	NA	X											
			Concurrent Employers																								
			Jurisdictions must require DN0141 - Concurrent Employer Name if any of the following Concurrent Employers data elements are requested																								
R22	0141	Concurrent Employer Name	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0142	Concurrent Employer Contact Business Phone	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
R22	0143	Concurrent Employer Wage	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
			Denial Reason Codes																								
R22	0198	Full Denial Reason Code	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
			Denial Reasons																								
R22	0197	Denial Reason Narrative	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
			Suspension Narratives																								
R22	0233	Suspension Narrative	X	X	X	X	X	X	AA	AA	AA	AA	AA	X	X	AA	X										

Virginia Workers Compensation Commission Subsequent Report of Injury Conditional Requirements

SROI DATA ELEMENT

Req Code	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC	0042	Employee SSN	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = S, then mandatory
MC	0052	Employee Date of Birth	Mandatory if the Social Security Number is available	When DN 0270 Employee ID Type Qualifier = S, then mandatory
MC	0055	Employee Number of Dependents	Must be present if a death has occurred	Mandatory if DN0057 Employee Date of Death is not Null
MC	0056	Initial Date Disability Began	Mandatory on MTC QT if benefits have been paid for lost time	For MTC QT, DN0085 Benefit Type Code = 0xx or 2xx
MC	0057	Employee Date of Death	Must be present if a death has occurred	Mandatory if Death Result of Injury Code (DN0146) = Y
MC	0058	Employment Status Code	Mandatory on MTC QT if benefits have been paid for lost time	For MTC QT, DN0085 Benefit Type Code = 0xx or 2xx
MC	0063	Wage Period Code	Mandatory on MTC QT if benefits have been paid for lost time	For MTC QT, DN0085 Benefit Type Code = 0xx or 2xx
MC	0066	Full Wages Paid for Date of Injury Indicator	Mandatory on MTC QT if benefits have been paid for lost time	For MTC QT, DN0085 Benefit Type Code = 0xx or 2xx
MC	0068	Initial Return to Work Date	Mandatory if employee has returned to work at wage loss	MTC IP or QT: Mandatory if 070 (temporary partial) Benefit Type Code is present
MC	0068	Initial Return to Work Date	Mandatory if benefits have been suspended because the employee returned to work (P1 or S1)	MTC QT CB : Mandatory if there is a Current Return to Work Date DN0072 Latest Return to Work Status Date
MC	0070	Date of Maximum Medical Improvement	mandatory when Benefit Type Code 030 (Permanent Partial Scheduled) is present	Mandatory if Benefit Type Code = 030 (Permanent Partial Scheduled) is present
REMO VE EDIT	0072	Latest Return to Work Status Date	Mandatory if employee has returned to work at wage loss after the initial disability period	QT: Mandatory if 050 (temporary total) benefits are stopped and 070 (temporary partial) benefits are reinstated for a subsequent disability period during the reporting period

Virginia Workers Compensation Commission Subsequent Report of Injury Conditional Requirements

SROI DATA ELEMENT

Req Code	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC	0072	Latest Return to Work Status Date	Mandatory when the employee returns to work after a subsequent disability period	<p>P1, S1, CB: Initial Return to Work Date was previously reported and benefits have been reinstated and employee returns to work a 2nd time.</p> <p>MTC P1: If this is at least the 2nd time benefits have been suspended i.e. an P1 MTC transaction has previously been sent and Initial Return to Work Date was previously reported.</p> <p>MTC S1: If this is at least the 2nd time benefits have been suspended i.e. an S1 MTC transaction has previously been sent and Initial Return to Work Date was previously reported.</p> <p>MTC CB: Required if: <i>Benefit Type Code is being changed from 050 to 070 (only applicable if 050 was previously on file and 070 is being added via the CB i.e. 070 has the latest start date)</i></p> <p>1) Mandatory if 070 and 050 were previously on file and Benefit Level MTC on 070 = CB. Scenario: -Benefit Type Code = 070 -Benefit Type Code = 050 -Benefit Type Code = 070 resumed - DN0072 Latest Return to Work Status Date is mandatory</p> <p>2) Not Mandatory when 050 was previously on file and Benefit Level MTC on 070 = CB and no previous 070 reported. Scenario 2: -Benefit Type Code = 050 -Benefit Type Code = 070 not resumed - DN0072 Latest Return to Work Status Date is not mandatory</p> <p>OR</p> <p>When a SROI S1 or P1 MTC transaction has previously been sent.</p>
MC	0083	Permanent Impairment Body Part Code	Mandatory when Benefit Type Code 030 (Permanent Partial Scheduled) is present	Benefit Type Code = 030 (Permanent Partial Scheduled)
MC	0083	Permanent Impairment Body Part Code	SROI MTC's P1, P2, P3, P5, PJ, S1, S2, S3, S4, S5, S6, S7, S8, SD, SJ. Mandatory when Benefit Type Code 030 (Permanent Partial/Scheduled) or 090 (Permanent Partial Disfigurement) is present	SROI MTC's P1, P2, P3, P5, PJ, S1, S2, S3, S4, S5, S6, S7, S8, SD, SJ. Mandatory when Benefit Type Code 030 (Permanent Partial/Scheduled) or 090 (Permanent Partial Disfigurement) is present
MC	0083	Permanent Impairment Body Part Code	SROI MTC PY Mandatory when Benefit Type Code 530 (Perm Partial Sch Lump Sum Pmt/Settlement) or 590 (Perm Partl Disfigure Lump Sum Pmt/Settlement) is present	SROI MTC PY Mandatory when Benefit Type Code 530 (Perm Partial Sch Lump Sum Pmt/Settlement) or 590 (Perm Partl Disfigure Lump Sum Pmt/Settlement) is present

Virginia Workers' Compensation Commission Subsequent Report of Injury Event Benefits Segment Element Requirements

For MTC's: AP, CB, EP, ER, IP, PY (Benefit Type Codes Other than 5XX), RB, P1, P2, P3, P5, PJ, S1-8, SD, SJ	Benefit Type	0085 Benefit Type Code	0002 MTC	0174 Gross Weekly Amount	0175 Gross Wkly Amt Eff Date	0087 Net Weekly Amount	0211 Net Wkly Amt Eff Date	0088 Ben Period Start Date	0089 Ben Period Thru Date	0090 Ben Type Claim Weeks	0091 Ben Type Claim Days	0086 Ben Type Amount Paid	0192 Benefit Payment Issue Date
Legend: F = Fatal Technical M = Mandatory MC = Mandatory/Conditional NA = Not applicable R = Restricted X = Exclude Refer to IAIABC Sweep vs. Event Rules. *Sweep Rule note related Employer Paid Population Rules: When DN0085 Benefit Type Code 2xx, then the requirements for sweep MTC's have the same edits (as MTC EP) for the Benefit Segment DN's as shown on the Event Benefits Segment Req Table.													
Fatal	010	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
Permanent Total	020	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
Permanent Total Supplemental	021	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Permanent Partial Scheduled	030	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
Permanent Partial Unscheduled	040	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Temporary Total	050	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
Temporary Total Catastrophic	051	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Temporary Partial	070	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
Employer's Liability	080	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Permanent Partial Disfigurement	090	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
Employer Paid Fatal	210	MC	F	X	X	X	X	MC	MC	X	X	X	NA
Employer Paid Permanent Total Benefits	220	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	NA
Employer Paid Permanent Total Supplemental Benefits	221	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Permanent Partial Scheduled	230	MC	F	X	X	X	X	MC	MC	X	X	X	NA
Employer Paid Unspecified	240	MC	F	X	X	X	X	MC	MC	X	X	X	NA
Employer Paid Vocational Rehab Maintenance	242	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Temporary Total	250	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	NA
Employer Paid Temporary Total Catastrophic	251	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Temporary Partial	270	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	NA
Vocational Rehabilitation Maintenance	410	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**Virginia Workers' Compensation Commission
Subsequent Report of Injury
Event Benefit Conditional Requirements**

BENEFIT DATA ELEMENT

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0085	Benefit Type Code	Must be present if the Benefit Type has ever been paid on the claim.	Mandatory if DN0288 Number of Benefits is greater than zero
0086	Benefit Type Amount Paid	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0088	Benefit Period Start Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0089	Benefit Period Through Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0090	Benefit Type Claim Weeks	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0091	Benefit Type Claim Days	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0192	Benefit Payment Issue Date	Must be present on the Initial Payment of indemnity benefits for the claim	Mandatory if Maintenance Type Code (MTC) = IP or PY for the first time reporting of any applicable Benefit Type Code = 0xx. Example: If MTC IP filed with Benefit Type Code 0xx and later a MTC PY is filed, the edits on the Benefit Segment for the MTC PY Benefit Type Code 0xx should be based on Sweep Rules.

**Virginia Workers' Compensation Commission
DN-Error Message Table**

Sorted by Error Message & DN		Jurisdiction will apply edits?		Population Restrictions Indicator	
DN	IAIABC Data Element Name				
				001	Mandatory field not present
				018	Number of Days Worked must be 0-7
				019	Days must be 0-6
				028	All digits must be 0-9
				029	Must be a valid date (CCYYMMDD)
				030	Must be A-Z, 0-9, or spaces
				031	Must be a valid time
				033	Must be <= Date of Injury
				034	Must be >= Date of Injury
				035	Must be >= Initial Date Disability Began
				036	Must be <= Employee Date of Death
				037	Must be <= Maintenance Type Code Date
				038	Must be >= Start Date
				039	No match on database
				040	All digits cannot be the same
				041	Must be <= current date
				042	Not statutorily valid
				044	Value is > required by jurisdiction
				045	Value is < required by jurisdiction
				050	No matching Subsequent Report (A49)
				053	No matching First Report of Injury (148)
				054	Must be valid occurrence for segment
				055	Must be < Employee Date of Hire
				057	Duplicate Batch/Transaction
				058	Code/ID invalid
				059	Non-match data value not consistent with value previously reported
				060	Previous paper documentation not received
				061	Event Table criteria not met
				062	Required segment not present
				063	Invalid event sequence
				064	Invalid data relationship
				065	Corresponding report/data not found
				066	Invalid record/transaction count
				067	Must be >= Policy Effective Date
				068	Must be <= Policy Expiration Date
				100	No leading/trailing embedded spaces
				101	MTC not approved for production
				102	Must be <= Initial Date Disability Began
				103	Same code received in multiple variable segments
				104	Must be >= Current Date Disability Began
				105	Must be <= Current Date Disability Began
				106	Invalid batch structure
				107	Variable segment counter > maximum value allowed
				108	Expected field not present
				109	Must be >= Employee Date of Hire
				110	Date Must be >= Jurisdiction Implementation Date
				111	Must be valid content
				112	Must be >= Initial Date Last Day Worked
				113	Must be >= Initial Return to Work Date
				114	Must be >= Current Date Last Day Worked
				117	Match data value not consistent with value previously reported
				118	Trading Partner not approved to submit data for Insurer/Claim Adm
0287	Number of Suspension Narratives	F	F		
0288	Number of Benefits	F	F		
0289	Number of Benefit ACR	F	F		
0290	Type of Loss Code	Y	L		
0292	Insolvent Insurer FEIN	N			
0293	Lump Sum Payment/Settlement Code	Y	L		
0294	Partial Denial Code	N			
0295	Maintenance Type Correction Code	N			
0296	Maintenance Type Correction Code Date	N			
0297	First Day of Disability After the Waiting Period	Y	L		
0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	N			
0299	Award/Order Date	N			
0314	Insured FEIN	Y	L		
0329	Employer UI Number	N			

**Virginia Workers' Compensation Commission
Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0002	Maintenance Type Code	042	Not Statutorily Valid	Valid values limited to 00, 01, 02, FROI 04, AQ, AU, FROI UR, SROI 04, AP, CB , EP, ER, IP, P1, P2, P3, P5, PJ, PY, RB, S1-S8, SD, SJ, UR and QT	
0004	Jurisdiction Code	042	Not Statutorily Valid	Value must be VA	
0005	Jurisdiction Claim Number	042	Not Statutorily Valid	For transactions submitted with a date of injury prior to 10/01/2008: <ul style="list-style-type: none"> o Must be either 7 or 13 characters - For 13 Character JCNs: <ul style="list-style-type: none"> <input type="checkbox"/> Characters 1-2 must be VA <input type="checkbox"/> Characters 3-13 must be numeric o Should not contain dashes or spaces For transaction submitted with a date of injury on or after 10/01/2008: <ul style="list-style-type: none"> o Must start with VA o Must be 13 characters <ul style="list-style-type: none"> <input type="checkbox"/> Characters 1-2 must be VA <input type="checkbox"/> Characters 3-13 must be numeric o Should not contain dashes or spaces 	
0025	Industry Code	042	Not Statutorily Valid	If DN0031 Date of Injury < 10/20/2014, then refer to and validate against the 2007 NAICS Codes If DN0031 Date of Injury > = 10/20/2014, then refer to and validate against the 2012 NAICS Codes Note: VWC will accept valid 4, 5 or 6 digit NAICS Codes.	Refer to NAICS 2007 vs 2012 list for DOI.
0056	Initial Date Disability Began	042	Not Statutorily Valid	When MTC = IP, date must be gtr or eql the Date of Injury (DN0031)	
0059	Manual Classification Code	042	Not Statutorily Valid	Verify a valid DN0059 Manual Classification Code and using DN0031 Date of Injury verify code is in the range of Effective Date (D_eff) and Expiration Date (D-expir).	
0063	Wage Period Code (SROI)	042	Not Statutorily Valid	Value must be 1 (Weekly)	
REM IOVE 0074	Claim Type Code	042	Not Statutorily Valid	DN0074 Claim Type Code For all SROI MTC's, Claim Type Code of 'N' is not a valid value. Error 042 Not Statutorily Valid Element Error Text: N invalid on SROI reports	N invalid on SROI reports
0078	Number of Permanent Impairments	042	Not Statutorily Valid	Must be greater than 00 when DN0085 Benefit Type Code = 030 (Permanent Partial/Scheduled) or 090 (Permanent Partial Disfigurement) when MTC is AP, CB, EP, ER, IP, RB QT, P1, P2, P3, P5, PJ, S1, S2, S3, S4, S5, S6, S7,	Must be greater than 00 when DN0085 = 030,090
0078	Number of Permanent Impairments	042	Not Statutorily Valid	Must be greater than 00 when DN0085 Benefit Type Code = 530 (Perm Partial Sch Lump Sum Pmt/Settlement) or 590 Perm Partl Disfigure Lump Sum Pmt/Settlement when MTC is PY	Must be greater than 00 when DN0085 = 530,590

**Virginia Workers' Compensation Commission
Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0084	Permanent Impairment Percentage	042	Not Statutorily Valid	Value must be greater than zero and not more than 100%	
0085	Benefit Type Code	042	Not Statutorily Valid	Codes 021, 040, 051, 080, 210, 230 , 242, 251, 410, 521, 540, 541, 551, 580 are not valid in VA.	
0088	Benefit Period Start Date	042	Not Statutorily Valid	When MTC = RB and Current Date Disability Began (DN0144) is present then Benefit Period Start Date must equal Current Date Disability Began (DN0144)	
0088	Benefit Period Start Date	042	Not Statutorily Valid	When MTC = CB and Benefit level MTC = CB and Current Date Disability Began (DN0144) is present then for Benefit level MTC = CB with the newest Benefit Period Start Date, Benefit Period Start Date must equal Current Date Disability Began (DN0144)	For MTC CB, DN0088 must = DN0144 when DN0144 is present
0092	Benefit Adjustment Code	042	Not Statutorily Valid	Only codes B and 1 are valid in VA	
0097	Dependent/Payee Relationship Code (1st character)	042	Not Statutorily Valid	5 (brother or sister) or 9 (other) are not valid	
0130	Benefit Redistribution Code	042	Not Statutorily Valid	Only code 'K' is valid. Code 'H' is not valid in VA	
0187	Claim Administrator FEIN	042	Not Statutorily Valid	DN0187 Claim Administrator FEIN: Claim Administrator FEIN change may be submitted via a FROI 02 as long as the FEIN is within the same Claim Admin group (Group FEIN). If incoming FROI Claim Administrator FEIN (DN0187) is not in the same Claim Admin group (Group FEIN) as the latest FROI Claim Administrator FEIN (DN0187) on file in TA status, then return error 042. DN0187 Claim Administrator FEIN change may be submitted via a FROI 02 for the latest FROI in TA status if the Claim Administrator FEIN is (within the same Claim Admin group (Group FEIN)).	MTC 02-CA FEIN change within same group, file MTC AQ
0216	Other Benefit Type Code	042	Not Statutorily Valid	Only codes 340, 350, 360, 370, 430, 440, 450, 455, 460, 465 are valid in VA.	
0222	Payment Reason Code	042	Not Statutorily Valid	Codes 021, 040, 051, 080, 242, 251, 410, 521, 540, 541, 551, 580 are not valid in VA. Only codes 500, 501, 510, 520, 524, 530, 550, 570, 590 are valid in VA. All other codes are invalid"	
0293	Lump Sum Payment/Settlement Code	042	Not Statutorily Valid	Code AD and NS is not valid in VA	
0282	Number of Other Benefits	045	Value is < required by jurisdiction	On a SROI MTC PY, must be > 0 if DN0288 Number of Benefits is = 0 on error 045 Value is < required by jurisdiction.	DN0085 OR DN0216 required on MTC PY
0282	Number of Other Benefits	045	Value is < required by jurisdiction	If SROI MTC = PY, then must be > 0 if DN0288 Number of Benefits is = 0	SROI MTC PY, DN0282 must be > 0 when DN0288 = 0
0283	Number of Payments	045	Value is < required by jurisdiction	DN0283 Number of Payments: Edit: On a SROI PY, must be greater than 0 if DN0293 Lump Sum Payment/Settlement code is present.	DN0283 must be > 0 if DN0293 present
0288	Number of Benefits	045	Value is < required by jurisdiction	Per the VWC Event Benefits Segment Req table: When MTC at the Claim Level is = to AP, CB, EP, ER, IP, PY (Benefit Type Codes = 5XX), RB, P1, P2, P3, P5, PJ, S1-8, SD, or SJ, must be >= 01	DN0288 Must be >=01

**Virginia Workers' Compensation Commission
Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0288	Number of Benefits	045	Value is < required by jurisdiction	On a SROI MTC PY, must be > 0 if DN0282 Number of Other Benefits is = 0	DN0085 OR DN0216 required on MTC PY
0288	Number of Benefits	045	Value is < required by jurisdiction	If SROI MTC = CB, then must be >= 02.	At least two expected for MTC CB
Remove 0002	Maintenance Type Code	061	Event Table criteria not met	FROI MTC = UR is only accepted when Claim Type Code = N (Notification-Only)	
0002	Maintenance Type Code	061	Event Table criteria not	For all SROI MTC's, DN0229 Injury Severity Type Code must be = 'J'.	DN0229 must be = J for all SROI reports
0002	Maintenance Type Code	061	Event Table criteria not	For a FROI UR MTC, DN0229 Injury Severity Type Code must be = 'M'.	DN0229 must be = M for FROI UR
0002	Maintenance Type Code	061	Event Table criteria not	For a FROI 04 MTC, DN0229 Injury Severity Type Code must be = 'J'.	DN0229 must be J for FROI 04
0002	Maintenance Type Code (at the BEN level)	064	Invalid Data Relationship	Apply edit per variable segment rules on DN0002 MTC (at BEN level R22 record): Error 064 Invalid data relationship. (133) EVENT: Per the VWC Event Benefits Segment Req table: For MTC's = to AP, CB , EP, ER, IP, PY (Benefit Type Codes Other than 5XX), RB, P1, P2, P3, P5, PJ, S1-8, SD, SJ, there must be at least one Benefit Level segment present where DN0002 MTC at the Benefit Level is = to the MTC at the Claim Level (MTC in the Benefits Segment of the R22 record must equal MTC in the A49 record). Apply TR Edit 064 Invalid data relationship on DN0002 MTC.	Event: MTC in R22 Ben Seg must = MTC in A49
0002	Maintenance Type Code (at the Claim level)	064	Invalid Data Relationship	Apply edit per variable segment rules: EVENT: Per the VWC Event Benefits Segment Req table: When MTC at the Claim Level is = to AP, CB , EP, ER, IP, RB, P1, P2, P3, P5, PJ, S1-8, SD, or SJ, there must be at least one Benefit Level segment present where DN0002 MTC at the Claim Level is = to MTC at the Benefit Level. If there is no BEN Level present return error 064 on DN0002 MTC (at claim level). Apply TR Edit 064 Invalid data relationship on DN0002 MTC at the claim	Event: BEN seg required, MTC in A49 must = MTC in R22 BEN
0002	Maintenance Type Code (at the Claim level)	064	Invalid Data Relationship	Apply edit per variable segment rules: Edit: When MTC at the Claim Level is = to CB, there must be at least two Benefit Level segments present where DN0002 MTC at the Claim Level is = to MTC at the Benefit Level. If there is no BEN Level present return error 064 on DN0002 MTC (at claim level).	For MTC CB, 2 BEN seg req with BEN MTC must = CB
0002	Maintenance Type Code	064	Invalid Data Relationship	Apply edit per variable segment rules on DN0002 MTC (at BEN level R22 record): Error 064 Invalid data relationship. (133) Sweep: For MTC's NOT = to AP, CB , EP, ER, IP, PY (Benefit Type Codes-Other than 5XX), RB, P1, P2, P3, P5, PJ, S1-8, SD, SJ, DN0002 MTC at the Benefit Level MUST be = blank. Apply TR Edit 064 Invalid data relationship on DN0002 MTC with Element Error Text: Sweep: MTC in R22 Ben Seg must = Blank	Sweep: MTC in R22 Ben Seg must = Blank

**Virginia Workers' Compensation Commission
Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0003	Maintenance Type Code Date	064	Invalid Data Relationship	If incoming FROI: Must be greater than or equal to MTC Date of last FROI MTC Report that is in TA acknowledgment status.	Must be >= last FROI MTCDate forRpt in TA ack status
0003	Maintenance Type Code Date	064	Invalid Data Relationship	If incoming SROI: Check to see if there is a SROI in TA acknowledgment status: If NO SROI in TA ack status: Must be greater than or equal to MTC Date of last FROI MTC Report that is in TA acknowledgment status.	Must be >= last FROI MTCDate forRpt in TA ack status
0003	Maintenance Type Code Date	064	Invalid Data Relationship	If incoming SROI: Check to see if there is a SROI in TA acknowledgment status: If YES SROI in TA ack status: Must be greater than or equal to MTC Date of last SROI MTC Report that is in TA acknowledgment status.	Must be >= last SROI MTCDate forRpt in TA ack status
0015	Claim Administrator Claim Number	064	Invalid Data Relationship	Claim Administrator Claim Number on the companion record does not match the Claim Administrator Claim Number on the base transaction, the transaction (148/R21 or A49/R22).	Invalid data relationship
0088	Benefit Period Start Date	064	Invalid Data Relationship	If DN0288 Number of Benefits >= 02 and SROI MTC = CB and Benefit Segment contains MTC = CB at the Benefit level: Find the DN0085 Benefit Type Code with the earliest DN0088 Benefit Period Start Date. For the earliest Benefit Period Start date found, DN0089 Benefit Period Through Date must be = DN0088 Benefit Period Start Date - (minus) one day for the newest DN0085 Benefit Type Code with the latest DN0088 Benefit Period Start Date. MTC at the BEN Level must be = CB. <u>Example of Invalid Reporting:</u> Earliest Benefit reported: Benefit Type Code, BEN MTC = CB, 050 Benefit Period Start Date = 3/25/2015 / Benefit Period Through Date = 5/13/2015 Latest Benefit reported: Benefit Type Code 070, BEN MTC = CB, Benefit Period Start Date = 5/19/2015 / Benefit Period Through Date = 6/15/2015 <u>Example of Valid Reporting:</u> Earliest Benefit reported: Benefit Type Code 050, BEN MTC = CB, Benefit Period Start Date = 3/25/2015 / Benefit Period Through Date = 5/13/2015 Latest Benefit reported: Benefit Type Code 070, BEN MTC = CB, Benefit Period Start Date = 5/14/2015 / Benefit Period Through Date = 6/15/2015	Gap in/check DN88/DN89 or expected MTC not recd
0092	Benefit Adjustment Code	064	Invalid data relationship	Benefit Adjustment Code must contain a Benefit Type Code (NNN) that is being reported. Positions 2-4 (BNNN) NNN = Benefit Type Codes (DN0085)	Ben Adjust Code must match Ben Type Code Rptd
0105	Interchange Version ID	064	Invalid Data Relationship	Interchange Version ID (Transmission Type Code) of the HD1 must correspond to the Transaction Set ID. (See Acknowledgment Scenario #8: Validate Batch Integrity)	Invalid data relationship

**Virginia Workers' Compensation Commission
Population Restrictions Table**

DN	Data Element Name	Error Message Number	Error Message Text	Population Restriction	Element Error Text
0130	Benefit Redistribution Code	064	Invalid data relationship	Benefit Redistribution Code must contain a Benefit Type Code (NNN) that is being reported. Positions 2-4 (BNNN) NNN = Benefit Type Codes (DN0085)	Ben Redist Code must match Ben Type Code Rptd
0217	Payee	064	Invalid data relationship	Same Payment Reason Code DN0222 is sent in a single transaction where the Payee is the same for the specific Payment Reason Code. <i>Example: Payment Reason Code 500 is sent where both contain Payee=Payment Center. To be accepted the Payee must be different.</i>	Same Payee with same Payment Reason Code.
remove 0092	Benefit Adjustment Code	065	Corresponding report/data not found	Mandatory if DN0094 Benefit Adjustment Start Date or DN0125 Benefit Adjustment End Date or DN0093 Benefit Adjustment Weekly Amount is present.	DN0094, DN0125 or DN0093 present and no DN0092
remove 0130	Benefit Redistribution Code	065	Corresponding report/data not found	Mandatory if DN0131 Benefit Redistribution Start Date or DN0132 Benefit Redistribution End Date or DN0133 Benefit Redistribution Weekly Amount is present.	DN0131, DN0132 or DN0133 present and no DN0130
remove 0216	Other Benefit Type Code	065	Corresponding report/data not found	Mandatory if DN0215 Other Benefit Type Amount is present.	DN0215 present and no DN0216
0222	Payment Reason Code	065	Corresponding report/data not found	When SROI MTC = PY , there must be a DN0085 Benefit Type Code corresponding to the DN0222 Payment Reason Code OR an Other Benefit Segment must be present. Both may also exist. EDIT: If incoming SROI MTC = PY then (DN0222 Payment Reason Code and DN0085 Benefit Type Code) OR (DN0216 Other Benefit Type Code) must be present.	DN0222 & no DN0085 present
0015	Claim Administrator Claim Number	111	Must be Valid Content	Cannot be all 0's and all 9's. Must be the actual value for DN0015, no default values are accepted.	
0052	Employee Date of Birth	111	Must be Valid Content	The Employee Date of Birth must be between 01/01/1753 and 12/31/9999. (> 01/01/1753 < 12/31/9999)	Must be between 01/01/1753 and 12/31/9999

Virginia Workers' Compensation Commission Match Data Table

The Match Data Table is designed to convey which data elements should be used as primary or secondary "match" data elements. It is used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and processing. On a specific claim, a primary "match" data element value may change and prevent a match. When there is no match on one of the primary "match" data elements on a change transaction, secondary "match" data elements are used to match a claim. Refer to *Information and Data Reporting* in Section 2 of the VWC Implementation guide.

Match Data Elements can only be changed on a MTC 02 Change transaction. Only one Match Data Element can be changed on the same MTC 02 Change transaction. If more than one Match Data Element is changed on the same MTC 02 Change transaction, an error message 117- Match data value not consistent with value previously reported will be returned resulting in a TR-Transaction Rejected acknowledgment.

At the discretion of the jurisdiction, a 02 transaction may include one or more changed match values at a time but a minimum of two must remain the same in order to accomplish the match of the trading partner's records. Note: Data Elements within the 'Transaction Grouping' cannot be changed on MTC 02 Change transaction; they will only be used to recognize duplicate transactions (ie. 00, IP, EP, etc).

VWC Exception: Per the Multiple match data element changes Category legend located below, VWC will allow changes to multiple match data elements within Category 1 OR Category 4 OR change to one data element that is not included in a category. Refer to Match Data Rules in Section 4..

Note: DN0043 Employee Last Name and DN0044 Employee First Name will be processed as one Match Data field in the case that both names are changing.

GROUPING	DN	DATA ELEMENT NAME	New Claims	Existing Claims	Corrections
Claim	0004	Jurisdiction Code			NA
	0005	Jurisdiction Claim Number		P	NA
	0015	Claim Administrator Claim Number			NA
Claimant		Employee ID	P	S	NA
		▪ Employee SSN – Preferred (DN0042)			NA
		▪ Employee Green Card (DN0153)			NA
		▪ Employee Employment Visa (DN0152)			NA
		▪ Employee ID Assigned by Jurisdiction (DN0154)			NA
		▪ Employee Passport Number (DN0156)			NA
	0031	Date of Injury	P	S	NA
	0043	Employee Last Name	P	S	NA
0044	Employee First Name	P	S	NA	
0052	Employee Date of Birth			NA	
Claim Administrator	0187	Claim Administrator FEIN	S	S	NA
	0014	Claim Administrator Postal Code			NA
Employer	0026	Insured Report Number			NA
	0016	Employer FEIN	P	S	NA
	0023	Employer Physical Postal Code			NA
	0028	Policy Number			NA
Insurer	0006	Insurer FEIN			NA
Transaction	0295	Maintenance Type Correction Code (DN0002-From Original Transaction)**			NA
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction)**			NA
	0002	Maintenance Type Code	S	S	NA
	0003	Maintenance Type Code Date			NA

** Refer IAIABC Release 3 Error Correction Technical Rules in Section 4

Virginia Workers' Compensation Commission Match Data Table

When a match is found on the primary or secondary "match" data elements per the table above, the following data elements can be used as 'additional' confirmation that the claim is a duplicate for situations where there may be multiple injuries for the same Date of Injury. When these fields are evaluated and a match is found then a duplicate error message will be returned on Element Number 0002 Maintenance Type Code with Element Error Number 057-Duplicate Transmission/Transaction. If the duplicate is not identified the claim will be processed.

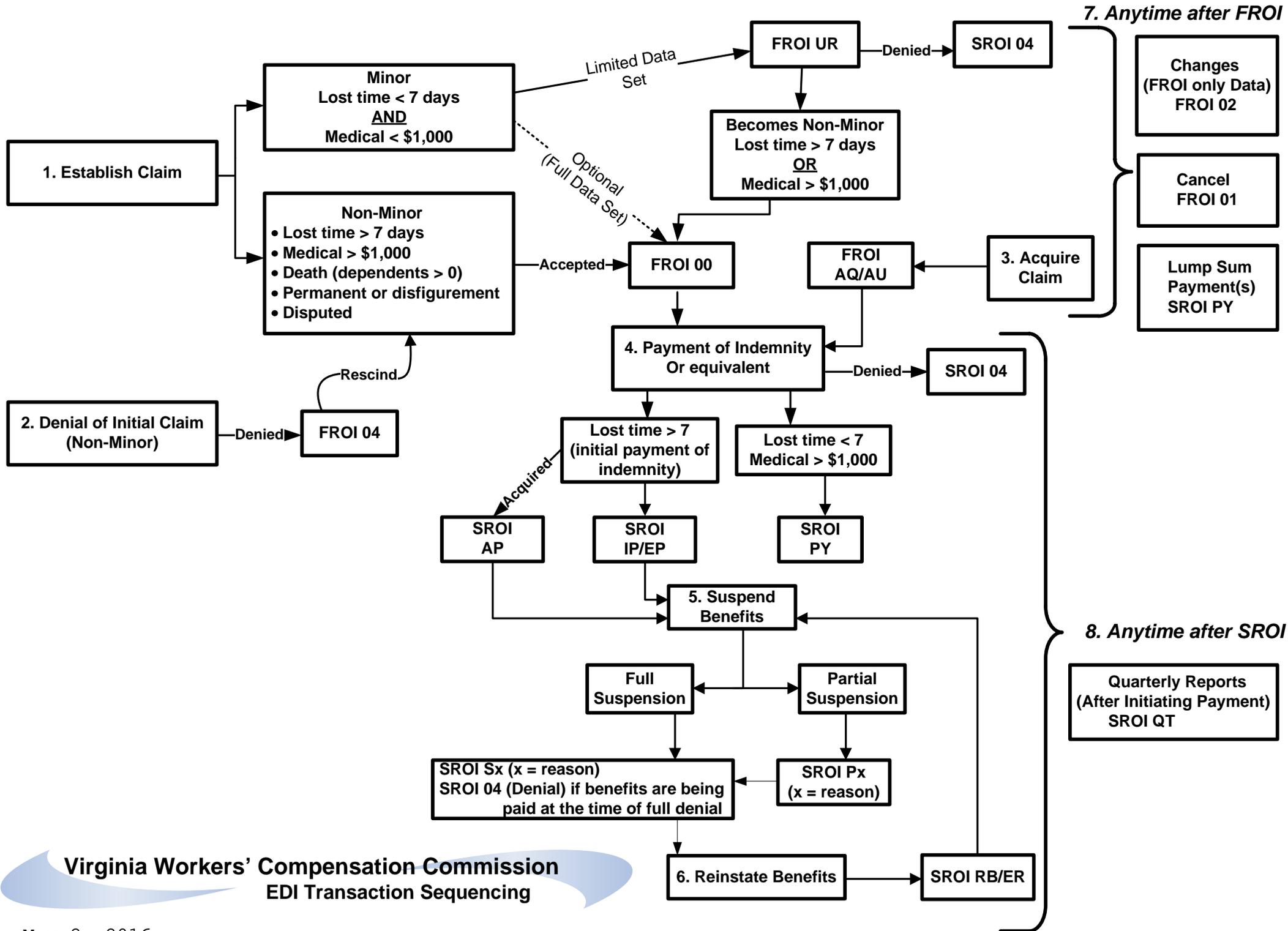
Limitations: The limitation of changing one match data element does not apply to these 'Additional' match data elements. See Match Data Rules in Section 4.

The suggested optional data element names are listed below. An "A" (Additional) is indicated in the appropriate column in order to identify the additional match data. Jurisdictions should not use the "additional" match data elements when processing an 02 change transaction because the 02 could be filed to change one or more of these elements.

VWC Exception: If the incoming FROI is MTC UR and/or latest FROI on file is MTC UR where the match data is not present for either of the MTC UR reports then continue processing by excluding the 'Additional Confirmation' of match on Nature of injury and Cause of Injury since these DN's have IA (not mandatory) Requirement Code on the FROI MTC UR.					
			New	Existing	
Injury	0035	Nature of Injury	A	A	
	0036	Part of Body			
	0037	Cause of Injury	A	A	

Multiple element changes **Category** legend:

Category	Conditions	Applicable?
1	Employee First Name (DN0043) and Employee Last Name (DN0044)	yes
2	Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187)	no
3	Claim Administrator postal code (DN0014) and Claim Administrator FEIN (DN0187)	no
4	Employer FEIN (DN0016), Insurer FEIN (DN0006), and Claim Administrator FEIN (DN0187)	yes
5	Employer FEIN (DN0016), Insurer FEIN (DN0006)	no
6	Employer Physical Postal Code (DN0023) and Claim Administrator Postal Code (DN0014)	no
7	7 or greater - jurisdiction must define custom allowable combinations	no



**Virginia Workers' Compensation Commission
Transaction Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
Business Event Group 1. Establish Claim or New Claim Administrator				
	1a. Minor Injury			
Y	UR - FROI	Upon Request		
	1b. Report of Injury			
Y	00	Original		
	1c. Denial			
Y	04 - FROI	Full Denial FROI		
	1d. Acquired Claim			
Y	AQ	Acquired Claim	063	No previous 00 from prior Clm Admin accepted
	1e. Acquired Claim Unallocated			
Y	AU	Acquired/Unallocated		
Business Events 2b and 2c can occur once during the life of the claim. 3 can occur multiple times until benefits are suspended (Event 4). Event 2b or 2c may or may not occur after 2a. Event 2c may or may not occur after 2b. However, once Event 2b or 2c occurs, Event 4 must occur before 5a or				
Business Event Group 2. Initial Payment of Indemnity or equivalent				
	2a. Non-payment of Indemnity			
Y	04 - SROI	Full Denial SROI	063	Event 1a, b, d or e (FROI) not previously accepted
	2b. Salary in Lieu of Compensation			
Y	EP	Employer Paid	063	Event 1b, d or e (FROI) not previously accepted
	2c. Initial Payment of Weekly Benefits			
Y	IP	Initial Payment	063	Event 1b (FROI) not previously accepted
	2d. Initial Payment by New Claim Administrator			
Y	AP	Acquired/Payment	063	Event 1d or 1e (FROI) not previously accepted

**Virginia Workers' Compensation Commission
Transaction Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
Business Event Group 3. Changes to benefits (if applicable). May occur multiple times after Event 2b, 2c or 2d.				
Y	CB	Change in Benefit Type	063	Event 2b, 2c, or d (SROI) not previously accepted
3a. Concurrent benefits only				
Y	P1	Partial Suspension, Returned to Work or Medically Determined/Qualified to Return to	063	Event 2b, c, or d (SROI) not previously accepted
Y	P2	Partial Suspension, Medical Non-Compliance	063	Event 2b, c, or d (SROI) not previously accepted
Y	P3	Partial Suspension, Administrative Non-	063	Event 2b, c, or d (SROI) not previously accepted
Y	P5	Partial Suspension, Incarceration	063	Event 2b, c, or d (SROI) not previously accepted
Y	PJ	Partially Suspended Pending Appeal or Judicial Review	063	Event 2b, c, or d (SROI) not previously accepted
Suspension of all indemnity benefits				
Y	S1	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	Event 2b, c or d (SROI) not previously accepted
Y	S2	Suspension, Medical Non-Compliance	063	Event 2b, c or d (SROI) not previously accepted
Y	S3	Suspension, Administrative Non-Compliance	063	Event 2b, c or d (SROI) not previously accepted
Y	S4	Suspension, Claimant Death	063	Event 2b, c or d (SROI) not previously accepted
Y	S5	Suspension, Incarceration	063	Event 2b, c or d (SROI) not previously accepted
Y	S6	Suspension, Claimant's Whereabouts	063	Event 2b, c or d (SROI) not previously accepted
Y	S7	Suspension, Benefits Exhausted	063	Event 2b, c or d (SROI) not previously accepted
Y	S8	Suspension, Jurisdiction Change	063	Event 2b, c or d (SROI) not previously accepted
Y	SD	Suspension, Directed by Jurisdiction	063	Event 2b, c or d (SROI) not previously accepted
Y	SJ	Suspended Pending Appeal or Judicial Review	063	Event 2b, c or d (SROI) not previously accepted
N	04 - SROI	Full Denial SROI		

**Virginia Workers' Compensation Commission
Transaction Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
Events 5, 6 and 7 can occur multiple times during the life of the claim. However, once Event 5 occurs, Event 7 must occur before 5 can occur again. (Event 6 may not always occur)				
Group 5. Resumption of Benefits				
Y	Any Event Group 5 MTC		063	Event 1 (FROI) not previously accepted
5a. Reinstated Salary in Lieu of Compensation				
Y	ER	Employer Reinstatement	063	Event 2b and 4 (SROI) not previously accepted
5b. Reinstated Weekly Benefits				
Y	RB	Reinstatement of Benefits	063	Event 2c or d and 4 (SROI) not previously accepted
Changes to Resumed benefits (if applicable)				
	Any Event Group 6 MTC		063	Event 1 (FROI) not previously accepted
Concurrent benefits only				
Y	P1	Partial Suspension, Returned to Work or	063	No Event 5 (SROI) not previously accepted
Y	P2	Partial Suspension, Medical Non-Compliance	063	No Event 5 (SROI) not previously accepted
Y	P3	Partial Suspension, Administrative Non-	063	No Event 5 (SROI) not previously accepted
Y	P5	Partial Suspension, Incarceration	063	No Event 5 (SROI) not previously accepted
Y	PJ	Partially Suspended Pending Appeal or	063	No Event 5 (SROI) not previously accepted

**Virginia Workers' Compensation Commission
Transaction Sequencing**

Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
7. Suspension of Resumed Benefits				
Y	ANY Event Group 7 MTC		063	Event 1 (FROI) not previously accepted
Y	S1	Suspension, Returned to Work or Medically Determined/Qualified to Return to Work	063	Event 5 (SROI) not previously accepted
Y	S2	Suspension, Medical Non-Compliance	063	Event 5 (SROI) not previously accepted
Y	S3	Suspension, Administrative Non-Compliance	063	Event 5 (SROI) not previously accepted
Y	S4	Suspension, Claimant Death	063	Event 5 (SROI) not previously accepted
Y	S5	Suspension, Incarceration	063	Event 5 (SROI) not previously accepted
Y	S6	Suspension, Claimant's Whereabouts	063	Event 5 (SROI) not previously accepted
Y	S7	Suspension, Benefits Exhausted	063	Event 5 (SROI) not previously accepted
Y	S8	Suspension, Jurisdiction Change	063	Event 5 (SROI) not previously accepted
Y	SD	Suspension, Directed by Jurisdiction	063	Event 5 (SROI) not previously accepted
Y	SJ	Suspended Pending Appeal or Judicial Review	063	Event 5 (SROI) not previously accepted
	04	Full Denial - SROI (applicable only when the	063	Event 5 (SROI) not previously accepted
Business Event Group 8. Claim Closure				
N	04 - SROI	Full Denial SROI		
Group 9. One Time Payment Reporting				
Y	PY	Payment Report		Event 1b, d or e (FROI) not previously accepted
Group 10. Periodic reporting				
Y	QT	Quarterly (Periodic Report)	063	Event 2b, c, d or 9 (SROI) not previously accepted
Group 11. Corrections/Changes				
	Changes			
Y	02 - FROI	Change	063	Event 1 (FROI) not previously accepted
Business Event Group 12. Miscellaneous				
Y	01	Cancel	063	Event 1 (FROI) not previously accepted
Y	UR - SROI	Upon Request	063	Event 1b (FROI) not previously accepted

Virginia Workers' Compensation Commission
Subsequent Report of Injury MTC UR (Upon Request) Requirement Table

E (Expected)
M (Mandatory)
MC (Mandatory/Conditional)
EC (Expected/Conditional)
IA (If Applicable/Available)
NA (Not Applicable)
F (Fatal Technical)

Claim Administrator Postal Code (DN0014) and related address fields should be populated with:

Mailing or Physical

REC	DN#	DATA ELEMENT NAME	FORMAT	SROI UR
A49	0001	Transaction Set ID	3 A/N	F
A49	0002	Maintenance Type Code	2 A/N	F
A49	0003	Maintenance Type Code Date	DATE	F
A49	0004	Jurisdiction Code	2 A/N	F
A49	0006	Insurer FEIN	9 A/N	F
A49	0014	Claim Administrator Postal Code	9 A/N	F
A49	0055	Employee Number of Dependents	2 N	MC
A49	0069	Pre-existing Disability Code	1 A/N	NA
A49	0056	Initial Date Disability Began	DATE	MC
A49	0070	Date of Maximum Medical Improvement	DATE	MC
A49	0072	Latest Return to Work Status Date	DATE	MC
A49	0057	Employee Date of Death	DATE	MC
A49	0063	Wage Period Code	2 A/N	MC
A49	0064	Number of Days Worked Per Week	1 N	NA
A49	0031	Date of Injury	DATE	M
A49	0026	Insured Report Number	25 A/N	IA
A49	0015	Claim Administrator Claim Number	25 A/N	F
A49	0005	Jurisdiction Claim Number	25 A/N	M
A49	0073	Claim Status Code	1 A/N	M
A49	0074	Claim Type Code	1 A/N	NA
A49	0075	Agreement to Compensate Code	1 A/N	NA
A49	0076	Date Claim Administrator Notified of Employee Representation	DATE	NA
A49	0077	Late Reason Code	2 A/N	IA
Variable Segment Counters				
A49	0078	Number of Permanent Impairments	2 N	F
A49	0082	Number of Death Dependent/Payee Relationships	2 N	F
Variable Segments				

Virginia Workers' Compensation Commission
Subsequent Report of Injury MTC UR (Upon Request) Requirement Table

REC	DN#	DATA ELEMENT NAME	FORMAT	SROI UR
Permanent Impairments				
A49	0083	Permanent Impairment Body Part Code	3 A/N	MC
A49	0084	Permanent Impairment Percentage	3.2 N	MC
Death/Dependent/Payee Relationships				
A49	0097	Dependent/Payee Relationship Code	2 A/N	MC
R22	0001	Transaction Set ID	3 A/N	F
R22	0295	Maintenance Type Correction Code	2 A/N	X
R22	0296	Maintenance Type Correction Code Date	DATE	X
R22	0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	DATE	NA
R22	0186	Jurisdiction Branch Office Code	2 A/N	NA
R22	0015	Claim Administratoristrator Claim Number	25 A/N	F
R22	0187	Claim Administrator FEIN	9 A/N	F
R22	0188	Claim Administrator Name	40 A/N	M
R22	0140	Claim Administrator Claim Representative Name	40 A/N	IA
R22	0137	Claim Administrator Claim Representative Business Phone Number	15 A/N	IA
R22	0138	Claim Administrator Claim Representative Email Address	80 A/N	IA
R22	0139	Claim Administrator Claim Representative Fax Number	10 A/N	IA
R22	0270	Employee ID Type Qualifier	1 A/N	M
R22	*	Employee ID		
	0042	Employee SSN	15 A/N	MC
	0152	Employee Employment Visa	15 A/N	MC
	0153	Employee Green Card	15 A/N	MC
	0154	Employee ID Assigned by Jurisdiction	15 A/N	MC
	0156	Employee Passport Number	15 A/N	MC
R22	0043	Employee Last Name	40 A/N	M
R22	0044	Employee First Name	15 A/N	M
R22	0045	Employee Middle Name/Initial	15 A/N	IA
R22	0255	Employee Last Name Suffix	4 A/N	IA
R22	0052	Employee Date of Birth	DATE	MC
R22	0054	Employee Marital Status Code	1 A/N	NA
R22	0151	Employee Education Level	2 N	NA
R22	0213	Employee Number of Entitled Exemptions	2 N	NA
R22	0201	Anticipated Wage Loss Indicator	1 A/N	NA
R22	0202	Reduced Benefit Amount code	1 A/N	NA
R22	0158	Employee Tax Filing Status Code	1 A/N	NA
R22	0146	Death Result of Injury Code	1 A/N	MC

Virginia Workers' Compensation Commission
Subsequent Report of Injury MTC UR (Upon Request) Requirement Table

REC	DN#	DATA ELEMENT NAME	FORMAT	SROI UR
R22	0314	Insured FEIN	9 A/N	M
R22	0292	Insolvent Insurer FEIN	9 A/N	NA
R22	0016	Employer FEIN	9 A/N	M
R22	0023	Employer Physical Postal Code	9 A/N	NA
R22	0228	Return to Work with Same Employer Indicator	1 A/N	MC
R22	0281	Date Employer Had Knowledge of Date of Disability	DATE	NA
R22	0212	Non-Consecutive Period Code	1 A/N	NA
R22	0172	Estimated Gross Weekly Amount Indicator	1 A/N	NA
R22	0145	Current Date Last Day Worked	DATE	IA
R22	0144	Current Date Disability Began	DATE	IA
R22	0065	Initial Date Last Day Worked	DATE	IA
R22	0189	Return to Work Type Code	1 ID	MC
R22	0224	Physical Restrictions Indicator	1 A/N	MC
R22	0193	Suspension Effective Date	DATE	MC
R22	0199	Full Denial Effective Date	DATE	MC
R22	0196	Denial Rescission Date	DATE	NA
R22	0294	Partial Denial Code	1 A/N	NA
R22	0134	Calculated Weekly Compensation Amount	\$9.2	MC
R22	0256	Wage Effective Date	DATE	NA
R22	0149	Discontinued Fringe Benefits	\$9.2	NA
R22	0290	Type of Loss Code	2 A/N	MC
R22	0058	Employment Status Code	2 A/N	MC
R22	0223	Permanent Impairment Minimum Payment Indicator	1 A/N	NA
R22	0068	Initial Return to Work Date	DATE	MC
R22	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	MC
R22	0293	Lump Sum Payment/Settlement Code	2 A/N	NA
R22	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	MC
R22	0286	Average Wage	\$9.2	MC
R22	0297	First Day of Disability After the Waiting Period	DATE	MC
R22	0299	Award/Order Date	DATE	NA
R22	0200	Claim Administrator Alternate Postal Code	9 A/N	NA
R22	0203	Employer Paid Salary Prior To Acquisition Code	1 A/N	NA
R22	0204	Work Week Type Code	1 A/N	NA
R22	0205	Work Days Scheduled Code	7 A/N	NA
R22	0206	Employee Security ID	15 A/N	NA
R22	0229	Injury Severity Type Code	1 A/N	M
Variable Segment Counters				

Virginia Workers' Compensation Commission
Subsequent Report of Injury MTC UR (Upon Request) Requirement Table

REC	DN#	DATA ELEMENT NAME	FORMAT	SROI UR
R22	0288	Number of Benefits	2 N	F
R22	0283	Number of Payments	2 N	F
R22	0282	Number of Other Benefits	2 N	F
R22	0289	Number of Benefit ACR	3 N	F
R22	0284	Number of Recoveries	2 N	F
R22	0285	Number of Reduced Earnings	2 N	F
R22	0275	Number of Concurrent Employers	2 N	F
R22	0277	Number of Full Denial Reason Codes	2 N	F
R22	0276	Number of Denial Reason Narratives	2 N	F
R22	0287	Number of Suspension Narratives	2 N	F
Variable Segments				
Benefits				
R22	0085	Benefit Type Code	3 A/N	Requirements on UR reports are based on "Sweep" Benefits Segment Rules in Variable Segment Population Rules (see Section 4)
R22	0002	Maintenance Type Code	2 A/N	
R22	0174	Gross Weekly Amount	\$9.2	
R22	0175	Gross Weekly Amount Effective Date	DATE	
R22	0087	Net Weekly Amount	\$9.2	
R22	0211	Net Weekly Amount Effective Date	DATE	
R22	0088	Benefit Period Start Date	DATE	
R22	0089	Benefit Period Through Date	DATE	
R22	0090	Benefit Type Claim Weeks	4 N	
R22	0091	Benefit Type Claim Days	1 N	
R22	0086	Benefit Type Amount Paid	\$9.2	
R22	0195	Benefit Payment Issue Date	DATE	This field should be populated with the Benefit Payment Issue Date of the first payment made to the claim
Payments				
R22	0222	Payment Reason Code	3 A/N	X
R22	0217	Payee	40 A/N	X
R22	0218	Payment Amount	\$9.2	X
R22	0219	Payment Covers Period Start Date	DATE	X
R22	0220	Payment Covers Period Through Date	DATE	X

Virginia Workers' Compensation Commission
Subsequent Report of Injury MTC UR (Upon Request) Requirement Table

REC	DN#	DATA ELEMENT NAME	FORMAT	SROI UR
R22	0195	Payment Issue Date	DATE	X
Other Benefits				
R22	0216	Other Benefit Type Code	3 A/N	IA
R22	0215	Other Benefit Type Amount	\$9.2	MC
Benefit ACR - Segment contains Adjustments, Credits or Redistributions				
R22	0092	Benefit Adjustment Code	4 A/N	IA
R22	0094	Benefit Adjustment Start Date	DATE	MC
R22	0125	Benefit Adjustment End Date	DATE	MC
R22	0093	Benefit Adjustment Weekly Amount	\$9.2	MC
Benefit Credits				
R22	0126	Benefit Credit Code	4 A/N	NA
R22	0127	Benefit Credit Start Date	DATE	NA
R22	0128	Benefit Credit End Date	DATE	NA
R22	0129	Benefit Credit Weekly Amount	\$9.2	NA
Benefit Redistributions				
R22	0130	Benefit Redistribution Code	4 A/N	NA
R22	0131	Benefit Redistribution Start Date	DATE	NA
R22	0132	Benefit Redistribution End Date	DATE	NA
R22	0133	Benefit Redistribution Weekly Amount	\$9.2	NA
Recoveries				
R22	0226	Recovery Code	3 A/N	NA
R22	0225	Recovery Amount	\$9.2	NA
Reduced Earnings				
R22	0242	Reduced Earnings Week Number	2 N	NA
R22	0124	Actual Reduced Earnings	\$9.2	NA
R22	0147	Deemed Reduced Earnings	\$9.2	NA
Concurrent Employers				
R22	0141	Concurrent Employer Name	40 A/N	NA
R22	0142	Concurrent Employer Contact Business Phone	15 A/N	NA
R22	0143	Concurrent Employer Wage	\$9.2	NA
Denial Reason Codes				
R22	0198	Full Denial Reason Code	2 A/N	MC
Denial Reasons				
R22	0197	Denial Reason Narrative	50 A/N	MC
Suspension Narratives				
R22	0233	Suspension Narrative	50 A/N	MC

Virginia Workers' Compensation Commission
Subsequent Report of Injury Conditional Requirements for MTC UR (Upon Request)

SROI DATA ELEMENT

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0042	Employee SSN	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = S, then mandatory
0052	Employee Date of Birth	Mandatory if the Social Security Number is available	When DN 0270 Employee ID Type Qualifier = S, then mandatory
0055	Employee Number of Dependents	Must be present if a death has occurred	Mandatory if DN0057 Employee Date of Death is not Null
0056	Initial Date Disability Began	Mandatory if benefits have been paid for lost time	Mandatory if DN0085 Benefit Type Code = 0xx or 2xx
0057	Employee Date of Death	Must be present if a death has occurred	Mandatory if Death Result of Injury Code (DN0146) = Y
0058	Employment Status Code	Mandatory if benefits have been paid for lost time	Mandatory if DN0085 Benefit Type Code = 0xx or 2xx
0063	Wage Period Code	Mandatory if benefits have been paid for lost time	Mandatory if DN0085 Benefit Type Code = 0xx or 2xx
0066	Full Wages Paid for Date of Injury Indicator	Mandatory if benefits have been paid for lost time	Mandatory if DN0085 Benefit Type Code = 0xx or 2xx
0068	Initial Return to Work Date	Mandatory if employee has returned to work at wage loss	MTC IP or QT: Mandatory if 070 (temporary partial) Benefit Type Code is present
0068	Initial Return to Work Date	Mandatory if benefits have been suspended because the employee returned to work (P1 or S1)	MTC QT, UR: Mandatory if there is a Current Return to Work Date
0070	Date of Maximum Medical Improvement	mandatory when Benefit Type Code 030 (Permanent Partial Scheduled) is present	Mandatory if Benefit Type Code = 030 (Permanent Partial Scheduled) is present
0072	Latest Return to Work Status Date	Mandatory if employee has returned to work at wage loss after the initial disability period	Mandatory if 050 (temporary total) benefits are stopped and 070 (temporary partial) benefits are reinstated for a subsequent disability period during the reporting period
0072	Latest Return to Work Status Date	Mandatory when the employee returns to work after a subsequent disability period	Initial Return to Work Date was previously reported and benefits have been reinstated and employee returns to work a 2nd time.
0083	Permanent Impairment Body Part Code	mandatory when Benefit Type Code 030 (Permanent Partial Scheduled) is present	Benefit Type Code = 030 (Permanent Partial Scheduled)
0084	Permanent Impairment Percentage	mandatory when Benefit Type Code 030 (Permanent Partial Scheduled) is present	Benefit Type Code = 030 (Permanent Partial Scheduled)
0093	Benefit Adjustment Weekly Amount	Mandatory if Benefit Adjustment Code is present	Mandatory if DN0092 is present
0094	Benefit Adjustment Start Date	Mandatory if Benefit Adjustment Code is present	Mandatory if DN0092 is present
0097	Dependent/Payee Relationship Code	Mandatory when Fatal benefits are present or Death Result of Injury Code = Y and number of dependents > 0	Mandatory when Benefit Type Code = 010or Death Result of Injury Code (DN0146) = Y and Number of Dependents (DN0055) > 0
0125	Benefit Adjustment End Date	Mandatory if Benefit Adjustment Code is present	Mandatory if DN0092 is present and MTC = Sx
0134	Calculated Weekly Compensation Amount	Mandatory if benefits have been paid for lost time	Mandatory if DN0085 Benefit Type Code = 0xx or 2xx
0146	Death Result of Injury Code	Must be present if a death has occurred	Must be present if Employee Date of Death (DN0057) is not null
0152	Employee Employment Visa	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = E, then mandatory
0153	Employee Green Card	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = G, then mandatory
0154	Employee ID Assigned by Jurisdiction	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = A, then mandatory
0156	Employee Passport Number	Refer to <i>Information and Data Reported</i> in Section 2 of the VWC Implementation guide.	When DN 0270 Employee ID Type Qualifier = P, then mandatory
0189	Return to Work Type Code	Mandatory if Initial or Current Return to Work date is present	Mandatory if Initial Return to Work Date (DN0068) or Current Return to Work Date (DN0072) is present
0193	Suspension Effective Date	Mandatory if the claim was suspended during the life of the claim	
0195	Payment Issue Date	Mandatory if Payment Reason Code is present	Mandatory if DN0222 is present
0197	Denial Reason Narrative	Mandatory if Full Denial Reason Code is present	Mandatory if DN0198 is present
0198	Full Denial Reason Code	Mandatory if the claim was denied during the life of the claim	
0199	Full Denial Effective Date	Mandatory if Full Denial Reason Code is present	Mandatory if DN0198 is present
0215	Other Benefit Type Amount	Must have if there is an Other Benefit Type Code (DN 0216)	DN 0216 is not null
0217	Payee	Mandatory if Payment Reason Code (DN0222) is present	Mandatory if DN0222 is present
0218	Payment Amount	Mandatory if Payment Reason Code (DN0222) is present	Mandatory if DN0222 is present
0219	Payment Covers Period Start Date	Mandatory if Payment Reason Code (DN0222) is present	Mandatory if DN0222 is present
0220	Payment Covers Period Through Date	Mandatory if Payment Reason Code (DN0222) is present	Mandatory if DN0222 is present
0222	Payment Reason Code	For PY: Payment Reason Code is mandatory when Lump Sum Payment/Settlement code is present.	DN 0293 is not null

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Forms to EDI Crosswalk

In order to better understand how the paper reporting data is represented and reported using EDI, the Commission has taken the paper forms that are utilized to report data to the VWC and documented each field's EDI equivalent data element number. The documentation provided in this section creates a "forms to EDI crosswalk" visual showing how the previous paper processes relates to EDI.

On each of the forms a DN (data element number) has been placed in the field on the form when an EDI equivalent exists. If an EDI equivalent does not exist, an "NA" has been placed in the field. For example, on The Employer's Accident Report (Form 3), the field "Reason for Filing" contains DN0002. The Element Requirement Table defines DN0002 as the Maintenance Type Code (reason for filing).

This section contains the forms that map to EDI transactions as defined by Virginia's Element Requirement Tables and provides Trading Partners with valuable data mapping information to ease the transition to EDI.

Employer's Accident Report
 (formerly: Employer's First Report of Accident)
 Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer	Reason for filing	VWC file number
	Insurer code or PEO Ref. No.	Insurer location
	Insurer claim number	

Employer				
1. Name of employer (trading as or doing business as, if applicable)	2. Federal Tax Identification Number	3. Employer's Case No. (if applicable)		
4. Mailing address	5. Location (if different from mailing address)			
6. Parent corporation /Policy Named Insured (if applicable) or PEO name	7. Nature of business (NAICS code, if applicable)			
8. Name and Address of Insurer or self-insurer for this claim	9. Policy number	10. Effective date		
Time and Place of Accident				
11. City or county where accident occurred	12. Date of injury	13. Hour of injury DN0032 a.m. p.m.	14. Date of incapacity	15. Hour of incapacity
		13a. Time began work NA a.m. p.m.		
16. Was employee paid in full for day of injury <input type="checkbox"/> Yes <input type="checkbox"/> No NA		17. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No NA		
18. Date injury or illness reported	19. Person to whom reported	20. Name of other witness	21. If fatal, give date of death	
Employee				
22. Name of employee (Last, First, Middle)	23. Phone number	24. Sex DN0053 <input type="checkbox"/> Male <input type="checkbox"/> Female		
25. Address	26. Date of birth	27. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced		
	28. Social security number DNs	DN0054 <input type="checkbox"/> Married <input type="checkbox"/> Widowed		
29. Occupation at time of injury or illness (SOC code, if applicable)	30. Is worker covered by PEO policy? <input type="checkbox"/> Yes <input type="checkbox"/> No NA		31. Number of dependent children DN 0 0 5 5	
32. How long in current job?	33. Date of Hire	34. Was employee paid on a piece work or hourly basis? NA <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly		
35. Hours worked per day NA	36. Days worked per week NA	37. Value of perquisites per week Food/meals Lodging Tips Other \$ NA \$ NA \$ NA \$ NA		
38. Wages per hour \$ NA \$	39. Earnings per week (inc. overtime) NA			
Nature and Cause of Accident				
40. Machine, tool, or object causing injury or illness		41. Specify part of machine, etc.		
42. Describe fully how injury or illness occurred				
43. Describe nature of injury or illness, including parts of body affected				43a. Overnight inpatient hospitalization? <input type="checkbox"/> Yes NA <input type="checkbox"/> No
				43b. Treated in Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Physician (name and address)		45. Hospital or Clinic (name and address)		
46. Probable length of disability	47. Has employee returned NA to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes	48. At what wage?	49. On what date?
50. EMPLOYER: prepared by (name, signature, title)		51. Date		52. Phone number
53. INSURER: (name of processor)		54. Date		55. Phone number
56. THIRD PARTY ADMINISTRATOR (if applicable)	57. Address			58. Phone number

This report is required by the Virginia Workers' Compensation Act

Employer's Accident Report
 VWC Form No. 3 (rev. 03/22/02)

May 2, 2016

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Employer's Accident Report
VWC Form No. 3

This form must be completed by the employer, the employer's representative or the insurer and filed within 10 days after the notice of a work-related injury, occupational illness/disease or if the occurrence resulted in death to the worker. If the employer or its representative completed the form, the form should be submitted to the insurer who provided insurance coverage on the date of the occurrence, and the insurer will immediately file the original and one copy of the completed form with the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. The additional copy of the Employer's Accident Report (VWC Form No. 3) will be furnished to the Virginia Department of Labor and Industry. The filing of this form with the Commission is a requirement under §65.2-900 of the Act.

Employer

1. As the employer, you are responsible for accurately completing all sections of this form when one of your employees is injured. It should be typed or legibly printed, signed, and dated by the preparer. Your insurance carrier, claims servicing agency, self-insured employer's representative or third-party administrator should complete the information in the top right corner.
2. The "trading as" or "doing business" as name should appear in Block 1 and the Parent Corporation (policy named insured) should be reflected in Block 6.
3. Provide the insurance information (name, address, policy number, and effective date of the policy), that covers the date that the work-related accident or occupational illness or disease occurred, in Blocks 8, 9 and 10.
4. As the employer, if you are subject to OSHA record-keeping requirements, a copy of this completed form may be retained as a supplementary record of an occupational illness or disease. Use Block 3 (Employer's Case No.) to cross-reference any master-log of work-related accidents, illnesses, diseases and death claims.
5. Send the original beige form to your insurance carrier, claims servicing agency, or third-party administrator for processing.

Insurance Companies, Self-Insurers, Servicing Companies, Authorized Representatives, Third-Party Administrators (TPA's), Group Self-Insurance Associations, and Professional Employer Organizations (PEO's):

1. The insurer should provide the information at the top right of the form. Use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criteria's*. When using a code reason (7) provide the VWC file number. Note that the insurer code refers to the five-digit numeric code assigned by the National Counsel on Compensation Insurance (NCCI). The Virginia Workers' Compensation Commission assigns self-insured employers a similar five-digit code number. Professional Employer Organizations (PEO's) must use the VWC reference number.
2. If the work-related accident or occupational illness or disease does not meet one of the filing criteria*, a Report of Minor Injuries (VWC Form 45-A) should be completed for the occurrence and timely filed with the Virginia Workers' Compensation Commission.
3. Verify the insurance information that was provided by the employer (name, address, policy number, and effective date of the policy) as it appears on this form and ensure that it covers the date that the accident or occupational illness or disease occurred (Blocks 8, 9 and 10).
4. Provide the applicable information requested in Blocks 50 through 58 as it applies.

Forms: Additional copies of this form are available without cost by writing to the Commission. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address. This form is also available on the Commission's website, at www.vwc.state.va.us. **Note:** color-coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. The original copy of the Employer's Accident Report (VWC Form No. 3) should be on beige paper.

Electronic Filing: The Employer's Accident Report (VWC Form No. 3) can be filed electronically through the Commission's Website, at www.vwc.state.va.us. For questions or assistance regarding the electronic filing process, please contact our "Information Systems Department" at (804) 367-2084 or in writing. Also, provide a brief description of your current data processing and communication capabilities.

For questions or assistance with completing the form, please contact the First Report's Unit at (804) 367-0072 or the Commission's Toll-free number at (1-877) 664-2566.

*The criteria's for filing are (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

Report of Minor Injuries

Submit to: Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

45 - A

See instructions on the reverse of this form.

Insurer			
Name of insurer or self-insurer DN0188		Period covered From <u>NA / NA / NA</u> To <u>NA / NA / NA</u>	
Address DNs 0010, 0011, 0012, 0013, 0014, 0136, + 0200		Insurer code DN0006	Insurer location NA
		Date filed DN0003	Phone number NA
		Contact Person NA	Phone number NA
Payments			
NOTE: If this accident has been previously reported on Form 45A, place an "X" in the box by the entry.			
<input type="checkbox"/>	Name of employee DNs 0043, 0044, 0045	Social Security Number DNs 0270,0042,0152,0153,0154,0156	Date of accident DN0031
	Address of employee DNs 0046, 0047, 0048, 0049, 0050, 0155	Name and address of employer DNs 0018, 0165, 0166, 0167, 0168, 0169, 0170	Employer Tax Identification Number DN0016
			Monthly medical cost NA
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	Employer Tax Identification Number
			Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	Employer Tax Identification Number
			Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	Employer Tax Identification Number
			Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	Employer Tax Identification Number
			Monthly medical cost
<input type="checkbox"/>	Name of employee	Social Security Number	Date of accident
	Address of employee	Name and address of employer	Employer Tax Identification Number
			Monthly medical cost

Report of Minor Injuries
VWC Form No. 45A (rev. 9/1/99)

FILING INSTRUCTIONS
(Instructions Updated 09/01/07)

Report of Minor Injuries
VWC Form No. 45A

1. This form is used to report minor injuries which do not: a) result in lost time of more than seven days; b) involve more than \$1,000 in medical costs; or c) involve a fatality, permanent disability, or disfigurement.* The information you provide is used both to report on medical costs and provides proper notification to injured employees of their rights under the Virginia Workers' Compensation Act.
2. The insurer should provide the information at the top of the form and the Report of Minor Injuries (VWC Form No. 45A) should be submitted to the Commission on a monthly basis.
3. Type or legibly print all information on the form for each employee including, the social security number, accident date and the federal tax identification number for all employers.
4. Place a check in the box to the left of the employee's name whenever the accident has been previously reported to the Commission as a Minor Injury Claim and additional medical costs were incurred, but the total medical costs have not exceeded \$1,000.
5. If this is the initial reporting of a claim, and there has been no medical cost, place a zero (\$0) in the box for monthly medical costs. It is not necessary to report zero (\$0) medical costs each month after the initial reporting of the injury.
6. **Forms:** Additional copies of this form are available without cost by writing to the Commission. Address your inquiry to "Forms" at the listed Virginia Workers' Compensation Commission address. Please note that any alternate versions of the form you develop yourself require prior approval by the Commission.
7. **Electronic Filing:** The Report of Minor Injuries (VWC Form No. 45A) can be filed electronically through the Commission's website, www.vwc.state.va.us and selecting "Electronic Filing Services". If you are interested in the batch processing method, please contact our "Information Systems Department" at (804) 367-2084 or in writing. Please provide a brief description of your current data processing and communication capabilities.
8. For questions or assistance with completing this form, please contact the First Reports Unit at (804) 367-0072 or the Commission's toll free number (1-877) 664-2566.

*More specifically, the seven situations in which you should NOT use this form, and should instead file an Employer's Accident Report are when (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) the accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

Report of Medical Costs

Submit to: Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

45 - G

See instructions on the reverse of this form.

Insurer			
Name of insurer or self-insurer DN 0188		Period covered From NA / NA / NA To NA / NA / NA	
Address DNs 0010, 0011, 0012, 0013, 0014, 0136, + 0200		Insurer code DN0006	Insurer location NA
		Contact Person NA	Date filed DN0003 Phone number NA
Payments			
NOTE: This report is to be filed every six months and SHOULD NOT include costs previously reported.			
1. VWC File Number DN0005			
2. Name of employee DNs 0043, 0044, 0455		3. Social Security Number 0270, 0042, 0152, 0153, 0154, 0156	4. Date of accident DN0031
5. Hospital costs DN0216 (value = 360)	6. Physician costs DN0216 (value = 350)	7. Miscellaneous costs DN0216 (value = 370)	8. Rehabilitative costs DN0216 (value = 460)
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs
1. VWC File Number			
2. Name of employee		3. Social Security Number	4. Date of accident
5. Hospital costs	6. Physician costs	7. Miscellaneous costs	8. Rehabilitative costs

FILING INSTRUCTIONS

(Instructions Updated 09/01/07)

Report of Medical Costs VWC Form No. 45G

1. This form is to be used to report medical costs on accidents that were previously reported to the Virginia Workers' Compensation Commission on an **Employer's Accident Report (VWC Form No. 3)** because they (a) result in lost time of more than seven days; (b) involve more than \$1,000 in medical costs; or (c) involve any fatality, permanent disability, or disfigurement. This report is to be submitted every six months.*
2. The insurer or its designated representative should complete all of the information requested at the top of the form.
3. Type or legibly print all information on the form for each employee, including the VWC File Number, Social Security Number, and Date of Accident, along with a breakdown of the medical expenses incurred. *Note:* If you do not have a VWC File Number, please ensure that you have filed an Employer's Accident Report (VWC Form No. 3) with the Commission
4. Incomplete or illegible forms will be returned to the sender for proper completion.
5. If no medical costs were incurred on a particular claim during the reporting period, these claims should not be submitted to the Commission reflecting a zero (\$0) amount.
6. **Forms:** Additional copies of this form are available without cost by writing to the Commission. This form is also available on the Commission's Website, at www.vwc.state.va.us. Address your inquiries to "Forms" at the listed Virginia Workers' Compensation Commission address. Please note that any alternative versions of the form you develop require prior approval of the Commission.
7. **Electronic Filing:** The Report of Medical Costs (VWC Form No. 45G) can be filed electronically through the Commission's Website at www.vwc.state.va.us and selecting Electronic Filing Services. If you are interested in the batch processing method, please contact our "Information Systems Department" at (804) 367-2084 or in writing. Please provide a brief description of your current data processing and communication capabilities.
8. For questions or assistance with completing this form, please contact the Awards Unit using the Commission's Toll Free number at (1-877) 664-2566.

*If this accident has **not** been previously reported to the Commission, and does **not** meet one of the following seven criteria, you should use VWC Form No. 45A (Report of Minor Injuries) rather than this report: (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) the accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

VIRGINIA EDI REPORTING
SECTION 3
BUSINESS SCENARIOS



Virginia Workers' Compensation Commission
Business Scenarios

Scenario	Description	Comments	Previously reported	Report MTC
BS001	Minor injury occurs	Injury is reported, No lost time and Medicals are less than \$1000. FROI is due within 30 days of the Date of Injury (a 00 - Original could be reported in place of the UR Upon Request report but is due within 10 days of Date of Injury) Note: Injury Severity Type Code must be set to 'M' Minor Injury	none	UR (Upon request)
BS002	Minor injury; Medical reaches \$1,000	BS001 scenario is reported within 30 days of the Date of Injury. The UR is accepted by VWC after which time the Medical payments reach \$1,000 FROI 00 is due within 10 days of Medical Payments reaching \$1,000. JCN must match UR's JCN. SROI PY due within 10 days of medical payments exceeding \$1000.	UR (Upon request)	00 (Original) PY (Payment Report)
BS003	Lost time injury occurs	Injury is reported, becomes lost time FROI is due within 10 days of the Date of Injury SROI is due within 10 days of check issue date	none	00 (Original) IP (Initial Payment)
BS004	Quarterly report is due (anniversary of Date Of Injury)	BS003 scenario is reported within the Virginia guidelines, subsequently medical bill payments are made FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of check issue date Quarterly Report due within 90 days from the month of injury date reporting paid-to-date amounts on indemnity & medical payments	00 (Original) IP (Initial Payment)	QT (Quarterly)

Virginia Workers' Compensation Commission
Business Scenarios

Scenario	Description	Comments	Previously reported	Report MTC
BS005	Intermittent Periods of disability	Injury is reported, becomes lost time, injured worker returns to work (actual RTW) after 20 days at pre-injury wages then misses work two weeks later due to the same work related injury FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days or the check issue date SROI S1 was reported immediately when employee returned to work SROI RB must be filed within 10 days of the benefits being reinstated	00 (Original) IP (Initial Payment) S1 (Suspension, RTW)	RB (Reinstate Benefits)
BS006	Opinion issued awarding lump sum benefits, lump sum payment is reported	Injury is reported, becomes lost time, an award is made for a lump sum payment FROI 00 was reported within 10 days of the Date of Injury SROI IP with indemnity payments and medical payments within 10 days of check issue date SROI PY must be filed immediately reporting the payment of lump sum benefits	00 (Original) IP (initial Payment)	PY (Payment Report)
BS007	Entire Claim is denied, first report	Injury is reported, claim is denied due to no coverage FROI is due within 10 days of the Date of Injury	none	FROI 04 (Denial)
BS008	Lost time injury occurs, employer paid benefits	Injury is reported, becomes lost time and the employer agrees to pay lost wages FROI 00 was filed within 10 days of the Date of Injury SROI EP is due within 10 days of the check issue date	00 (Original)	EP (Employer Paid)

Virginia Workers' Compensation Commission
Business Scenarios

Scenario	Description	Comments	Previously reported	Report MTC
BS009	Entire claim is denied after First Report	Lost time injury is reported. Claim is denied after further investigation. FROI 00 was filed within 10 days of the Date of Injury SROI 04 Denial is due immediately	00 (Original)	SROI 04 (Denial)
BS010	Benefits are suspended	Lost time injury is reported, injured worker returns to work (actual RTW) after 20 days at pre-injury wages FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of the Check Issue Date SROI S1 is due immediately when employee returned to work Note: SROI Sx is used to report the suspension of all benefits where x = reason for suspending. This scenario could be used for any suspension reason.	00 (Original) IP (Initial Payment)	S1 (Suspension, RTW)
BS011	Partial suspension of benefits	Lost time injury is reported, injured worker is paid temporary partial and permanent partial indemnity benefits concurrently. Temporary partial benefits are suspended because the injured employee returned to full-duty work; permanent benefits continue. FROI 00 was reported within 10 days of the Date of Injury SROI IP was reported within 10 days of the Check Issue Date SROI P1 is due immediately when temporary partial benefits are suspended Note: SROI Px is used to report the suspension of concurrent temporary partial benefits where x = reason for suspending. This scenario could be used for any partial suspension reason.	00 (Original) IP (Initial Payment)	P1 (Partial Suspension, RTW, or Medically Determined/Qualified RTW)

Virginia Workers' Compensation Commission
Business Scenarios

Scenario	Description	Comments	Previously reported	Report MTC
BS012	Acquired claim	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. FROI AQ is due 10 days from the date of acquisition.	none (new claim administrator)	AQ (Acquired claim)
BS013	Acquired claim, rejected AQ	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. Claim administrator submits an AQ report to VWC. VWC has no record of the claim so the AQ is rejected because the AQ report doesn't have enough data to establish the claim on the VWC database; an AU report is due. FROI AU is due 10 days from the date the AQ was rejected.	AQ (rejected)	AU (Acquired Unallocated)
BS014	Acquired claim, first payment	Claim is acquired by new Claim Administrator. Claim Administrator reports the acquisition of the claim. The first check for indemnity benefits was issued. FROI AU was filed within 10 days of the date the AQ was rejected. AP is due within 10 days of check issue date.	AU (Acquired Unallocated)	AP (Acquired Payment)
BS015	Claim is cancelled	Injury is reported, becomes lost time. Claim administrator discovers that a duplicate JCN exists; Claim administrator had paid and filed the required reports to VWC in error. FROI 00 was filed within 10 days of the Date of Injury. SROI IP was filed within 10 days of check issue date. 01 is due immediately.	00 (Original) IP (Initial Payment)	01 (Cancel)

**VIRGINIA EDI REPORTING
SECTION 4
DELIVERY**



Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Secure FTP (File Transfer Protocol)

Trading Partners will connect to a standard SFTP (Secure File Transfer Protocol) server hosted by the Commonwealth of Virginia.

When the Commonwealth of Virginia returns the necessary information per the implementation guide to grant access to the server, the Trading Partner will be contacted with their appropriate login information.

Once access is granted and the necessary information exchanged, Trading Partners may log into the SFTP server using whatever software or scripting system they have at their disposal, on whichever platform the Trading Partner is running.

Trading Partners will drop their FROI/SROI files into the "froi_sroi" directory on the server. The Commonwealth of Virginia will pick up these files and delete them from the "froi_sroi" directory as they are processed.

Trading Partners are required to check the "acks" directory for any waiting acknowledgements to pull. The Trading Partner is required to delete files from the "acks" directory as soon as they have verified that they have been successfully received. It is important that the Trading Partner delete the files or they will be processed multiple times.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Inbound File Naming Convention

Files submitted to the Commonwealth of Virginia SFTP server should be named using the following convention using ALL CAPITAL LETTERS.:

<version><t or p>_<date>_<time>.txt

<version> - The IAIABC release version (R3)

<t or p> - Test or Production Indicator

<date> - current date of the submission, format CCYYMMDD

<time> - the current time of the submission, in the military format HHMMSS

.txt - default text file extension

Example for First Report of Injury File

R3P_20130218_234501.txt

				_____	Text file extension
				_____	11:45:01 AM EST
				_____	Feb 18th, 2013
				_____	Production File
				_____	IAIABC Release 3

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Reporting Timelines:

The cut-off time for processing files will be 8:00 PM EST. All files located in the "IN" directory will be processed by the VWC. Data that arrives after this cut-off time will be processed with the next day's files.

Acknowledgment Reports:

There are two types of Acknowledgments that are sent back to trading partners when First Reports of Injury or Subsequent Reports of Injury batches are processed. One is a batch level AKC and the other is the transaction level AKC.

The first type of AKC record occurs at the batch level only if the batch rejects. One AKC transaction will be sent with the HD level rejection. When a batch rejects, all of its content rejects.

The second type of AKC record occurs when a batch is not rejected. The transactions within the batch are processed and detailed level (transaction level) data is provided indicating whether the transaction has been accepted (TA) or rejected (TR). If the transaction represents the first filing (FROI 00/UR) and is accepted, VWC will return the Jurisdiction Claim Number (JCN) on the AKC. The JCN should be captured and recorded for later use for subsequent filings. If a transaction is rejected detailed error information is provided. It is the trading partner's responsibility to use this error information for correction purposes.

VWC will generate a "sequence number" which will be returned for each transaction on the acknowledgment. The sequence number reflects the order in which the transaction was received from the trading partner within the batch.

It is important to note that any rejections (batch or transaction) should be corrected and resent by the trading partner. TA transactions are not to be resent. Resending TA transactions will result in a duplicate rejection (TR). It is important to note that rejections (TR) for duplicate batch/transaction should not be resent.

Acknowledgment reports will be available in your "OUT" directory by 7:00 AM EST the following business day for those transactions sent prior to the VWC cut off for transmissions (8 PM EST).

Summary:

VWC Cut-off for transmissions – 8 PM EST

VWC Acknowledgment return – 7 AM EST (next business day)

**VIRGINIA EDI REPORTING
SECTION 5
TESTING REQUIREMENTS**



Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Testing Procedures for Virginia Trading Partners

Test Plan Development

All Virginia trading partners are placed in the tiered Virginia Test Schedule and required to complete the full test program with the following exceptions:

1. Trading Partners who are in production status with another IAIABC ***Claims Release 3*** jurisdiction are not required to participate in the complete Virginia Test Schedule. These trading partners will be required to participate in a limited connectivity and validation test. If the limited connectivity and validation test is successful, then no further testing for the Virginia implementation is required.
2. Trading Partners who volunteer to participate in the Virginia beta testing will not be required to participate in the Virginia Test Schedule. These trading partners will be put into production upon successful beta completion.

All other Virginia EDI Trading Partners are required to complete the Test Plan during their assigned Test Plan Schedule.

Two weeks prior to the first day of the scheduled test period, the trading partner or vendor must complete and submit the Trading Partner Agreement and the Sender Trading Partner Profile to the Virginia EDI Test Coordinator. You may contact Virginia Test Coordinator in either of the following manners:

Via email at: edi.support@workcomp.virginia.gov

You must contact the Virginia EDI Test Coordinator prior to sending any Test transaction(s):

- If you have any questions about the test,
- To confirm your testing readiness, or
- If you have not heard from the Virginia EDI Test Coordinator the week prior to your scheduled test period begins.

Test documentation required before the test begins is the completed and signed Trading Partner Agreement and the Trading Partner Profile.

Though not required, every Trading Partner may benefit by a pretest review of the Virginia edits for each data element.

Having a "test plan" does not mean or require that a formal, testing document be exchanged between the participants. Rather, a discussion of a test plan is

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

intended to take place and result in an understanding of the procedures and the processes involved.

Test Plan Procedures

Different testing procedures apply depending upon the transmission mode you will be using to send data to Virginia, see description below for Web Users and FTP Users.

Trading Partners must continue to submit reports on paper until they have successfully moved into production with EDI reporting. Reporters who move into production after the October 1, 2008 mandate date must be prepared to submit electronic records for all claims whose injury date falls on or after this mandate date. Therefore, all testing, regardless of the transmission mode you choose, must be completed prior to the tier's production start date for you to be in compliance with the Virginia Workers' Compensation Act, Va. Code sections 65.2-201 and 65.2-900, and the Commission's regulations at 16 VAC 30-91 concerning electronic claims report filing, posted December 24, 2007, in the Virginia Register of Regulations and currently in publication.

Test Overview for WEB Users

Test procedures for using the Virginia Web Site to submit and manage claims via the internet will be provided as a separate addendum to this implementation guide.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Test Overview for FTP Users

During the testing process and until notified otherwise by Virginia's EDI Test Coordinator, the Claim Administrators and their employer clients must continue to provide the Virginia Workers' Compensation Commission the appropriate paper First and Subsequent reports:

First Reports:

- Employer's Accident Report (Form 3)
- Report of Minor Injuries (Form 45-A)

Subsequent Reports

- Initial Claim for Workers' Compensation Benefits (Form 5)
- Employer's Application for Hearing (Form 5A)
- Agreement to Pay Benefits (Form 4)
- Report of Medical Costs (Form 45G)
- Termination of Wage Loss Award (Form 46)
- Wage Chart (Form 7A)
- Supplementary Report (Form 3A)
- Supplementary Report for Fatal Accidents (Form 3B)
- Memorandum of Agreement for Payment of Compensation in a Fatal Case (Form 35)
- Physicians Report (Form 6)
- Amputation Chart (Form 7)
- Lump Sum Agreement (Form 12A)
- Supplemental Agreement to Pay Benefits (Form 4A)
- Supplemental Agreement to Pay Varying Temporary Partial Benefits (Form 4A)

Paper reporting process should not be discontinued until the Claim Administrator has received written approval to specifically discontinue the paper-reporting processes that EDI replaces.

There are five steps in the Virginia testing process:

1. Administrative Requirements
2. Technical Test (of FTP capability and file formats)
3. Business Test File (First Reports of Injury)
4. Business Test File (Subsequent Reports of Injury)
5. Virginia Test Completion (Production Status Granted)

Testing will continue until the Claim Administrator meets Virginia's data quality requirements as detailed in Step 3 and Step 4. Continuing the testing process may require additional test documents from those described below. Extra testing steps may be required should the tester not pass a given level of testing.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Step 1: Administrative Requirements

Each Test submitter is required to consult the Virginia's Test Schedule to determine the assigned test period. Once the test time frame is established, each Claim Administrator must prepare and submit a Trading Partner Profile and Trading Partner Agreement. These forms and instructions for completing them can be found in Section 7 of the implementation guide.

As part of the Trading Partner Profile and Trading Partner Agreement, VWC requires the establishment of email box/address for formal notifications and other documents from VWC to TPA that will be sent outside of EDI.

Once the Virginia EDI Test Coordinator has received and acknowledged the Trading Partner Profile and Trading Partner Agreement, the Virginia EDI Test Coordinator will contact you to review testing guidelines, address any questions you may have, and confirm the scheduled time frames in which each Claim Administrator will submit Test files. Test transactions are required to be submitted on actual or "real" Virginia open or closed workers compensation claims, chosen by the Claim Administrator.

Virginia Workers' Compensation Commission

Workers' Compensation Electronic Reporting

Step 2: Technical Test File

The first test process is the technical test. Once received, Virginia will process and acknowledge the test file (the claim administrator's technical capability). During this phase of the test procedure, the sender transmits a file of one Original First Reports of Injury to Virginia. The test file must consist of the following transactions:

- Header record (with the Test/Production indicator (DN 104) set to "T"),
- One "00," Original First Report of Injury transaction,
- Trailer Record.

Five business days are allowed for the test. On the first day of the scheduled test period, the Claim Administrator sends the Technical Capability Test File. Once the file is sent, the Claim Administrator must notify Virginia EDI Test Coordinator the file has been sent via e-mail at edi.support@workcomp.virginia.gov. The following information should be contained in the technical notification email:

- Date and time the test file was sent
- Sender FTP Mailbox that sent the file
- Contact phone number & email address

In response to the Claim Administrator's technical notification email, Virginia will process the test file through the Virginia EDI System's edit processes and will return an Acknowledgement to the Claim Administrator. The acknowledgement to a Technical Test File will contain a "T" in the Test/Production Indicator in the Header record.

If the file is technically acceptable, the business test begins. If, there are data content edits found in the technical test of the First Report of Injury, there will be no further action taken from an EDI perspective. The technical test is designed to test:

- Connectivity
- File structure
- File technical content (Fatal Errors)

Virginia Workers' Compensation Commission

Workers' Compensation Electronic Reporting

Follow Up Procedures

Responses to test files are automatically created. Therefore:

- If the Claim Administrator does not receive a return acknowledgment file within three days of sending the test file, contact the Virginia EDI Test Coordinator at the E-mail at edi.support@workcomp.virginia.gov

When Step 2 (Technical Test) has been completed, the Virginia Test Coordinator will advise the Claim Administrator to proceed to Step 3 below.

Step 3: Business Test File (First Report of Injury)

After Virginia's acknowledgement that the Technical Test File has been received and the

Virginia EDI Test Coordinator has approved the capability portion of the test, the Claim Administrator will forward the first of two business content test files of First Reports of Injury to Virginia. Virginia requires that the two business content test files be sent in two separate file transmissions sent on two different dates during the claim administrator's assigned test period. Note, keep in mind that the first report of injury transactions will be used for Step 4 to complete the SROI Business Test File.

Each Business Test File's First Report of Injury transaction must meet the following conditions:

- Must be sent from the Claim Administrator's EDI system.
- Must contain data from "actual claims" handled by the Claim Administrator, which may either be open or closed claim files.
- Must reflect the full spectrum of required FROI reports.

The business test file must contain the following transactions, in the proper sequence:

- Header Record (with DN 104, Test/Production Indicator, set to "T")
- Ten First Reports of Injury ("UR" – Original Minor, "00" – Original Major, "04" – Denial and "AQ" – Acquired) up to 15 transactions
- Trailer Record

A second or follow up Business Test file cannot be sent until you have received the acknowledgements from the previous file of First Reports of Injury. The second test file should be sent immediately after receiving the acknowledgement from the first test file. The second test file must contain no more than 10 transactions and must include the transactions with the following MTCs:

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

- "02" transactions for transactions previously sent with a change to one data element (can be a "made up" change) of a previously sent 00 transaction.
- "00" transaction of a previously sent UR when the minor claim becomes a major
- "01" transaction canceling a transaction previously sent.
- "AU" for a AQ rejection "TR"
- All outstanding "TRs" from the prior batch must be resubmitted in accordance with the error message received.

If the Claim Administrator has not received an acknowledgement to the Business Test File within three business days following the date it sent the file, contact the Virginia Test Coordinator by e-mail at edi.support@workcomp.virginia.gov.

Virginia Workers' Compensation Commission

Workers' Compensation Electronic Reporting

Data Quality Requirements for Business Test Files

Upon receipt of a Business Test File, Virginia will process the file through the Virginia EDI system's edit process and will return the detailed Acknowledgements. The Claim Administrator must review the detailed acknowledgements and implement corrective claims handling and solutions for any errors on transactions assigned TR status.

- TR status will be assigned to a transaction rejected for not passing requirements.

The testing and evaluation process continues until the two consecutive Business Test Files are processed and acknowledged and the Claim Administrator has met the Virginia data quality requirements. Virginia Business Test Files data quality requirements for FROI are:

First FROI File requirements

- A minimum of **80%** are accepted with a TA status
- No more than **20%** are rejected with a TR status

Second FROI File requirements

- A minimum of **90%** are accepted with a TA status
- No more than **10%** are rejected with a TR status

Step 4: Business Test File (Subsequent Reports of Injury)

When the Claim Administrator has completed testing of First Reports of Injury they will begin testing of Subsequent Reports of Injury. It is important to complete both the First Report of Injury testing and the Subsequent Report of Injury testing during your scheduled test period.

Order of Maintenance Type Codes (MTC) for Subsequent Report of Injury Testing

The Claim Administrator is to send Subsequent Report test transactions that match the claims contained within the First Report of Injury business test files previously sent. (Otherwise, the Subsequent Report test transaction(s) will fail the edit that requires a FROI to be present on the Virginia database prior to the SROI acceptance).

Virginia accepts the: "IP", "PY", "AP", "EP", "04", "Sx", "Px", "RB", "ER", "QT", and "UR" SROI "MTCs." Any SROI MTCs other than those accepted by Virginia will be rejected as not jurisdictionally valid.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

SROI MTC Data Element requirements, which include the mandatory data elements and the Jurisdiction Claim Number (assigned on the First Report of Injury during the FROI test cycle), are outlined in the preceding section for each Subsequent Report type (MTC). Refer to the SROI Element Requirement Table.

All SROI test file submissions require the following:

- Each SROI test file transaction must match to a previously transmitted FROI.
- SROI Business Test File transactions within a transmission are required to be in the logical MTC sequence
- Three SROI tests will be required. Do not send the next file of SROI test transactions until the acknowledgements from the previous SROI test have been received.

SROI Test File Batch #1

Limit the combination of Subsequent Report MTCs (either on the same or a different FROI) in the first file of SROI Business Content Test Files to SROI MTCs of Initial Payments (IP), Denial (04), AP (Acquired Payment), EP (Employer Paid), or PY (Payment).

The first file must contain:

- Header (with the Test/Production indicator [DN 104] set to T)
- Minimum of ten SROI transactions but no more than 15), MTCs as detailed above
- Trailer

When received by Virginia, the SROI test file will be processed through the Virginia EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the Virginia EDI Test Coordinator by e-mail at edi.support@workcomp.virginia.gov.

SROI Test File #2

Once the first SROI Business Test File has been acknowledged and the test transactions have been assigned either a TR or TA status, send a second Business Test File with a minimum of 5 transactions to:

- Re-file any TR status response codes from previous test file
- "Sx"
- "Px"
- "QT"

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Do not send more than **10** transactions in the second SROI test file

When received by Virginia, the SROI test file will be processed through the Virginia EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the Virginia EDI Test Coordinator by e-mail at edi.support@workcomp.virginia.gov.

SROI Test File #3

- Re-file any TR status response codes from previous test files
- "RB" Reinstatement of Benefits on a previously submitted (and accepted "TA") "Sx" or "Px" suspension SROI
- "ER" Reinstatement of Employer Benefits on a previously submitted (and accepted "TA") "Sx" or "Px" suspension.

Do not send more than 10 transactions in the third SROI test file

When received by Virginia, the SROI test file will be processed through the Virginia EDI system, edits applied, and the Acknowledgement returned.

NOTE: If you have not received the Acknowledgement within three business days, contact the Virginia EDI Test Coordinator by e-mail at edi.support@workcomp.virginia.gov to determine the test file status.

Data Quality Requirements for SROI Business Test Files

Upon receipt of a Business Test File, Virginia will process the file through the Virginia EDI system's edit process and will return the detailed Acknowledgements. The Claim Administrator must review the detailed acknowledgements and implement corrective claims handling and solutions for any errors on transactions assigned TR status.

- TR status will be assigned to a transaction rejected for not passing requirements.

The testing and evaluation process continues until the three consecutive Business Test Files are processed and acknowledged and on the Claim Administrator has met the Virginia data quality requirements. Virginia Business Test Files data quality requirements for SROI are:

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Average of the three SROI test files required:

- A minimum of 85% are accepted with a TA status
- No more than 15% are rejected with a TR status

When Step 4 testing is completed, the Virginia Test Coordinator will notify the Claim Administrator that Testing is complete.

Step 5: Virginia Test Completion

The Claim Administrator has successfully completed both First Report of Injury and Subsequent Report of Injury testing with Virginia as advised by the Virginia Test Coordinator. Full Production Status has been achieved and you are ready to move into production status. Congratulations!

The Virginia EDI Test Coordinator will notify the business and technical contacts that the company is approved for "production" for all Injuries with a date of injury on or after October 1, 2008.

Important Reminders for Moving into Production:

1. Remember to change the Test/Production indicator in the header record to "P" for Production before sending production files.
2. All Subsequent reports require that a First Report on the same claim be sent previously and acknowledged with a "TA". The SROI must also have the Jurisdiction Claim Number assigned to the claim via the FROI acknowledgment. Do not send an EDI SROI report on a claim where the First Report of Injury was sent on paper unless you have first sent a FROI for that claim.
3. Continue with the "P" indicator unless informed by Virginia that the data quality of First Reports or Subsequent Reports of Injury no longer meets Virginia's requirements; see Data Quality Requirements for Business Test Files for a review of these requirements.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Ongoing Monitoring of Production Status

Virginia will continue to monitor EDI data quality for every Claim Administrator throughout the Trading Partner relationship. If the Claim Administrator's data quality falls below the Virginia data quality requirements for five (5) consecutive transmissions, Virginia requires the Claim Administrator to submit according to the following:

- Paper reports will not be resumed and the Employer/Sender may be out of compliance with the Virginia EDI mandate.
- Increasingly higher Data Quality requirements may be imposed to correct problems and to avoid excessive submissions and the continuing review of the Administrator's written responses.
- The Claim Administrator is required by Virginia to submit a written report to the Virginia EDI Coordinator. The written report is to include the cause and corrective action taken by the Employer/Sender for each error noted on the Acknowledgment file for the last five transmission files (those that fell below the quality threshold).

VIRGINIA EDI REPORTING
SECTION 6
BECOMING AN EDI PARTNER



Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Requirements for Becoming an EDI Trading Partner

There are three requirements for becoming an EDI Trading Partner:

1. Complete the Electronic Partnering Agreement
2. Complete the Trading Partner and Transmission Profiles
3. Complete the Claim Administrator Address List
4. Complete Testing Requirements outlined in Section 5

All three forms can be downloaded from the VWC website at: <http://www.workcomp.virginia.gov/portal/vwc-website/OnlineServices/EDIServices>. Please complete the forms and e-mail them to edi.support@workcomp.virginia.gov

1. Electronic Partnering Agreement

VWC requires the completion of an Electronic Partnering Agreement to use Electronic Data Interchange (EDI) technologies and techniques to meet VWC Workers' Compensation reporting requirements.

2. Trading Partner and Transmission Profiles

VWC requires each entity, including those who plan to use a service provider, to complete the Electronic Trading Partner Profile and Transmission Profile. The TPP provides pertinent information about the receiver, sender and transmission protocol.

The Electronic Transmission Profile is a two part document. The first part of the document contains information pertaining to the sender's electronic transmission profile. This document indicates how the trading partner will send data to the VWC. If a claim administrator is sending data for more than one location, then a separate sender's profile is required for each location.

The second part of the Electronic Transmission Profile contains the VWC's information. This part of the form contains information needed in order to address and forward your electronic transmissions to the Virginia Workers' Compensation Commission.

3. Claim Administrator Address List

VWC may need a phone number to contact the office that administers the claim in the event that there is a question on the claim or an error in the FROI filing. In order for the VWC to collect this information, it is necessary for claim administrators to fill out a Claim Administrator Address List. The form must include the FEIN, legal name and postal code of the sender on the top part of the form. In the spaces provided, please provide:

- the FEIN and legal name of the Claim Administrator that will be administering VWC claims
- Name of Claim Representative contact person that could answer questions or could direct VWC to the appropriate adjustor for the claim
- Phone number of the Claim Representative contact person that could answer questions or could direct VWC to the appropriate adjustor for the claim
- physical street address, city, state and nine digit postal code related to the Alternate Postal Code that will be sent in the First Report of Injury transaction (FROI) for each Claim Administrator. Please be sure that the four digit extension on the postal code relates to the physical address, not the mailing address.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

After completing the Address list, save the file using the following file naming convention: <Sender FEIN>CA_Address_List_<Date>.xls
Example: 999999999_CA_Address_List_20080218.xls

4. Complete Testing requirements outlined in Section 5.

Virginia Workers' Compensation Commission Electronic Partnering Agreement

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

1. **Parties:** The parties to this agreement are: Virginia Workers' Compensation Commission (the "Jurisdiction") and _____ (Insurer or Self-Insured Employer) (the "Reporter") and all other organizations related to the Reporter authorized to write workers' compensation insurance or provide insurance related services within the Jurisdiction.

2. **Purpose:** The Reporter is required to file the following reports to the Jurisdiction:

First Report of Injury Subsequent Reports of Injury

3. **Objective:** To test, initiate, implement, and maintain these reports through electronic filing per the Jurisdiction Implementation Guide dated May 1, 2008, as amended.

4. **Exhibits:** A – D are annexed and incorporated in this Agreement, set forth the format, release and version of data transmissions from the Reporter, including original submissions and corrections or re-submissions as needed:
 - A. IAIABC Electronic Trading Partner Profile
 - B. IAIABC Electronic Transmission Profile -- Receiver's Specifications
 - C. IAIABC Electronic Transmission Profile -- Sender's Response
 - D. IAIABC Electronic Partnering Claims Administrator Address List

5. The parties agree that the objective stated above is lawful, and performance hereunder shall be deemed complete performance of the Reporter's obligations under any law or regulation governing such objective, or under any law or regulation otherwise requiring the reports described in the purpose stated above. This document shall be deemed to fulfill any requirement on the part of the Reporter to gain approval from the Jurisdiction or any related governmental entity for permission to file information electronically.

6. Each party shall retain the content of data transmissions in confidence to the extent required by law.

7. The Reporter shall pay transmission costs for all reports being sent to or received from the Jurisdiction or its agent.

Agreed this ____ day of _____, 20__ by the parties or their duly authorized representatives.

For the REPORTER:

For the JURISDICTION:

(Signature) _____

(Signature) _____

(Name) _____

(Name) _____

(Title) _____

(Title) _____

IAIABC ELECTRONIC TRADING PARTNER PROFILE

Trading Partner Type (check all that applies):

- | | |
|---|--|
| <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Service Bureau / DCO | <input type="checkbox"/> Self-Insurer |
| <input type="checkbox"/> Employer | <input type="checkbox"/> EDI Service Provider |
| <input type="checkbox"/> Insurer | <input type="checkbox"/> other (specify): _____ |

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9-position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the SENDER ID in the Header Record of all EDI transmissions from the partner:

Sender ID FEIN: _____ **Postal Code** (9 digits): { } - { }

Physical Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: { } Postal Code: { } - { }

Mailing Address:

Address Line 1: _____
Address Line 2: _____
City: _____ State: { } Postal Code: { } - { }

Contact Information:

- | | |
|--|---|
| <input type="checkbox"/> First Report of Injury (FROI) | <input type="checkbox"/> Subsequent Report of Injury (SROI) |
| <input type="checkbox"/> Proof of Coverage (POC) | <input type="checkbox"/> Medical (MED) |

Business Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Technical Contact:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Preparer Information:

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

**IAIABC
ELECTRONIC TRANSMISSION PROFILE
RECEIVER'S SPECIFICATIONS**

Receiver Name: Virginia Workers' Compensation Commission Date Prepared: _____

Trading Partner Type: ___Jurisdiction ___Service Bureau ___Other

Receiver ID: FEIN: 54-6001751 Postal Code (9 digits): {23220} – {2036}

Transaction Sets for this Profile:

Transaction Information				Acknowledgment Information	
IAIABC	ANSI	Release	Version	Mode (EDI/Paper/None)	Production Response period
148	148	See VWC Event Table		AKC	
A49	148	See VWC Event Table		AKC	
POC	271				
MED	837				
AK1	824				

Transmission Frequencies for this Profile:

Daily
 ___ Weekly Select Day: SUN MON TUE WED THU FRI SAT
 ___ Monthly Select Day (1-31): ____
 ___ Other: _____ Transmission Cut-off Time: 8:00 PM EST

Electronic Mailbox(s) for this Profile: not authorized in Virginia

Network:			Network:		
	Test	Production		Test	Production
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

Network:			Network:		
	Test	Production		Test	Production
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

Secure File Transfer Protocol (SFTP) for this Profile:

Web Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

Flat File Record Delimiter: ___Carriage Return (CR) Carriage Return Line Feed (CRLF)

ANSI Information:

Segment Terminator:	ISA Information:	Test	Production
Data Element Separator:	Sender/Receiver Qualifier:		
Sub-Element Separator:	Sender/Receiver ID:		

**IAIABC
ELECTRONIC TRANSMISSION PROFILE
SENDER'S RESPONSE**

Return this page to:

Receiver Name: Virginia Workers' Compensation Commission
 Receiver ID: Receiver FEIN: 54-6001751
 Receiver Postal Code (9 digits): {23220} – {2036}

Sender Selections/Information

Master Trading Partner Information:

Legal Name (no abbreviations): _____

Trading Partner Type: Jurisdiction Third Party Administrator Employer
 Service Bureau/DCO EDI Service Provider Self-Insurer Insurer
 Other (specify): _____

Sender ID: Sender FEIN: _____ Sender Postal Code (9digits): _____

Transaction Sets for This Profile:

Transaction Information					Acknowledgment
IAIABC	ANSI	Release	Version	Projected # per Transmission	Mode (EDI/Paper/None)
148	148	See VWC Event Table			
A49	148	See VWC Event Table			
POC	271				
MED	837				
AK1	824				

Transmission Frequency (select only one from Receiver's options):

Daily
 Weekly Select Day: SUN MON TUE WED THU FRI SAT
 Monthly Select Day (1-31): _____ Other: _____

Selected Media: Network Secure FTP

Electronic Mailbox for this Profile:

Network:		
	Test	Production
Mailbox Acct ID:		
User ID:		
Message Class:		

***Secure File Transfer Protocol (SFTP) for this Profile:**

Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

* See Instructions for additional information on securing Internet sessions.

**VIRGINIA EDI REPORTING
SECTION 7
OTHER INFORMATION**



Virginia Workers' Compensation Commission

Workers' Compensation Electronic Reporting

Glossary of Terms

148: A record sent to the jurisdiction to complete the VWC's FROI requirements. The FROI is identified by the Transaction set ID of "148" and has a specific record layout. This record must be paired with its companion record, "R21" to complete the FROI transaction requirements. Population of the record is dependent on VWC's Element Requirement Table. Timeliness of the report is dependent on the VWC Event Table.

A49: A record sent to the jurisdiction to complete the VWC's SROI requirements. The SROI record is identified by a Transaction Set ID of "A49" and has a specific record layout. This record must be paired with its companion record, "R22", to complete the SROI transaction requirements. Population of the record is dependent on the VWC's Element Requirement Table. Timeliness of the report is dependent on the VWC Event Table.

Accident Date – The day, month and year that the work-related accident occurred.

Accident Report – Generally, any documentation that a work-related accident occurred, including the facts surrounding the accident. This term may also be used in reference to Commission Form 3, Employer's Accident Report.

Acknowledgement Record: A transaction returned by the Virginia in response to a batch or transaction sent. It contains enough information to identify the original transaction and any technical and business errors found with it.

Acquired Claim: A claim previously administered by a different claim administrator

Agreement(s) – Generally, an understanding between the parties with respect to each party's legal rights and obligations. Specifically, this term is often used to refer to one of the several Commission forms used to document agreements between the parties. These include the Agreement to Pay Benefits (Form 4); Supplemental Agreement to Pay Benefits (Form 4A); Termination of Wage Loss Award (Form 46); Memorandum of Agreement to Pay Compensation in a Fatal Case (Form 35); Lump-Sum Agreement (Form 12A); and Petition and Order compromise settlements (*see* "P&O").

Application – An employer's/insurance carrier's written request, submitted to the Commission to suspend or terminate benefits the Commission has ordered paid to a claimant. An application may be based on, for example, the authorized treating physician's release of the claimant to return to work, the claimant's failure to perform the offered modified/restricted employment, the claimant's failure to cooperate with vocational rehabilitation, the claimant's performance of work with another employer, etc.

Attorney – A person admitted to the practice of law in his/her state who is authorized to perform legal functions for his/her clients, including drafting legal documents, giving legal advice, and representing clients before courts, administrative agencies and boards.

Attorneys' Fees – Compensation paid to an attorney for legal services rendered on behalf of a client.

Authorized Treating Physician – The physician responsible for managing an injured employee's medical treatment for compensable (*see* "Compensable")

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

injuries or diseases. AT the time of the accident, the employer is required to offers a panel of physicians and the claimant selects a doctor, who becomes the authorized treating physician. Generally, if the employer denies the claim or fails to present a panel, the injured worker may select his own physician.

Average Weekly Wage – The gross earnings of the injured employee in the employment in which he/she was working at the time of the injury during the period of 52 weeks immediately preceding the date of the injury, divided by 52.

Award – The grant or denial of benefits or other relief to a claimant by the Commission under the Virginia Workers' Compensation Act or any rule adopted pursuant to the Act. An award may be set forth in an opinion, order, or stipulation approved by the Commission.

Award Order – An official document issued by the Commission memorializing an Award based on agreement forms filed by the parties.

Batch: A set of records containing one header record, one or more detail transactions, and one trailer record.

Benefits – All compensation, medical or rehabilitative services provided to an injured employee by the insurance carrier pursuant to the Workers' Compensation Act. Benefits are either ordered by the Commission to be provided by the carrier, or provided voluntarily by the carrier. If provided voluntarily, the claimant has no assurance of continuing or future benefits without the entry of an award.

Calendar Month – The period between a particular numerical date in one month and the corresponding numerical date in the following month, minus one day. For example, if a court ordered a person on July 15 to provide discovery documents within one calendar month, the count would begin on July 16, and the person would have until August 15 to respond.

Carrier - *See* "Insurance Carrier."

Carrier File Number – An internal tracking or filing number assigned by the insurance carrier to the file of a particular injured employee. This number is different from the Commission's VWC file number. In electronic reporting, this will be the Claim Administrator Claim Number (DN0015).

Case – A legal proceeding for the determination of a controversy between the parties.

Claimant – An injured employee who claims benefits pursuant to the Virginia Workers' Compensation Act.

Claim – An employee's written request, submitted to the Commission, for wage an/or medical benefits as a result of an alleged work injury.

Claims Examiner – A Commission employee who reviews claimants' claims for benefits; contacts parties to attempt to resolve issues without a hearing; refers cases to the hearing docket; reviews a large volume of mail; dictates correspondence; answers a large volume of telephone inquiries pertaining to Commission policies and procedures regarding the handling and status of claims; sets attorneys' fees; determines permanent disfigurement ratings; and represents the Commission in show cause hearings.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Communication Date – The date on which a claimant is informed by his/her physician that a disease from which he/she suffers is work-related. This date is important in determining when the claimant became entitled to benefits under the Act and becomes the “date of accident.”

Compensable – A term used to describe an injury or disease which has been deemed by the Commission to have occurred as a result of and while in the course of a claimant’s employment. The insurance carrier is generally ordered to pay for medical treatment for a compensable injury or disease for as long as necessary, which may include the lifetime of the claimant.

Compensation – Most often, this term means payment for services rendered, whether in salary, fees, or commissions. In the workers’ compensation context, this term often refers to the payment of a wage replacement benefit after a compensable injury, such as permanent total, temporary total and temporary partial disability benefits, or payment of permanent partial disability benefits, which is compensation for the permanent loss of function of a body part or due to disfigurement..

Compensation Rate – The weekly amount of compensation to which the injured employee is entitled by Commission award. For temporary total, permanent total and permanent partial disability benefits, the compensation rate is calculated by multiplying the employee’s pre-injury gross average weekly wage by .66667. When the employee is working, but earning less than the pre-injury average weekly wage, the temporary partial compensation rate is calculated by taking the difference between the employee’s pre-injury average weekly wage and the current weekly wage, and multiplying this amount by .66667.

Consecutive Days – Calendar days that follow one another without interruption.

Cost of Living Adjustment (COLA) – Generally, an annual adjustment in wages to offset a change (usually a loss) in purchasing power over time also known as inflation. In the workers’ compensation context, injured employees are entitled to an annual COLA adjustment to their compensation benefits if they are under an open award (see “Open Award”) for temporary total disability benefits as of July 1, the year when COLA adjustments are made on October.

Court of Appeals – The intermediate appellate court in the Commonwealth of Virginia. Opinions issued by the full Commission may be appealed to the Virginia Court of Appeals by parties dissatisfied with the outcomes in their cases.

Cross-Examine – Questioning of a witness at a hearing, or in deposition, by the attorney for the party opposing the party who produced the witness.

d/b/a – An abbreviation meaning “doing business as.” Usually refers to an individual who is not incorporated conducting business under a corporate name, e.g. Susan Jones d/b/a Susan’s Snacks, Inc.

Deposition – The testimony of a witness, under oath and in response to questions from a party or a party’s representative. Although depositions usually do not occur in a courtroom setting, they are generally recorded and transcribed by court reporters, and the transcripts may be submitted to the Commission as evidence. A de bene esse deposition transcript of any deponent may be admitted as evidence in lieu of live testimony. The discovery deposition transcript of a party may be used for any purpose.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Deputy Commissioner – A Commission hearing officer/administrative law judge. Deputy Commissioners hold hearings, review evidence, and issue legally binding orders and awards in the Commission's behalf.

Diagnosis Date – The date on which a physician identifies a medical condition or occupational disease and advises the claimant of the diagnosis.

Disabled – The condition of an injured employee who is partially or totally incapable of performing his/her pre-injury work.

Docket – A calendar of the cases that have been scheduled for hearing and pending determination.

Docketed – A case is "docketed" if it has been referred for a hearing and placed on a deputy commissioner's docket. The deputy commissioner's office schedules the case for a hearing and notifies the parties of the date, time and location of the hearing.

Edit Matrix: A table indicating edits that will be applied to each data element by VWC. Senders should apply these edits before submitting a transaction and VWC will validate them during processing.

Element Requirement Table: A table indicating which data elements should be populated on a transaction (MTC) before submitting to VWC.

Employee – Every person, including aliens and minors, in the service of another for pay under any contract of hire or apprenticeship, written or implied, whether lawfully or unlawfully employed, except (1) one whose employment is not in the usual course of the trade, business, occupation or profession of the employer or (2) as otherwise provided in the definition in the Virginia Workers' Compensation Act, §65.2-101, Subdivision 2..

Employer – (1) Any person, the Commonwealth, or any political subdivision of the Commonwealth and any individual, firm, association or corporation, or the receiver or trustee of same, or the legal representative of a deceased employer, using the service of another for pay, and (2) any volunteer fire company or volunteer lifesaving or rescue squad electing to be included and maintaining coverage as an employer under the Virginia Workers' Compensation Act. If the employer is insured, "employer" includes the insurer as well.

Evidence – Testimony, written or electronic documentation, or material objects offered at a hearing as proof of alleged fact or proposition.

Evidentiary Hearing – A trial-type proceeding before a Commissioner or deputy commissioner. Each party is allowed to introduce evidence in support of its position, and challenge the evidence introduced by the opposing party. The hearing officer rarely rules on the outcome of the case at the evidentiary hearing, but instead issues at a later date a written opinion with findings of fact and conclusions of law.

File – The folder or container that holds all material related to a particular work-related accident. If an individual reports multiple, work-related accidents, a separate file is created for each accident. When accidents are reported to the Commission, they are assigned a file number. All correspondence, evidentiary submissions, medical records and Commission orders related to a specific accident are maintained in one file.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

File – To “file” a document with the Commission, a person must: (1) hand-deliver it to one of the Commission’s offices; (2) send it by telegraph, e-mail or facsimile; or (3) post it by certified or registered mail. Filing by certified or registered mail is deemed complete on the actual date of mailing; however, filing by first-class mail, telegraph, e-mail or facsimile is deemed complete only when the filing is actually received by a Commission office.

FIPS Number – The three-digit Federal Information and Processing Standards (FIPS) numbers assigned to each area of the country by state, county, and county subdivision. The Commission uses numbers to assign case files to the appropriate hearing venues.

Format: The technical method used to exchange information.

Full Commission – The three Commissioners who together oversee the work of the Virginia Workers’ Compensation Commission. When all three join in a judicial decision in the Commission’s behalf, it is a decision by the Full Commission.

Full Commission Review – A review of a deputy commissioner’s decision by all three Commissioners.

Header: Precedes each batch of data. It is the first record in every batch. It uniquely identifies the sender, receiver, the date and time the batch was prepared, whether the batch contains test or production data, transaction type and IAIABC Release number contained within the batch.

Hearing - A judicial procedure; a process whereby parties present sworn testimony and documentary evidence to a deputy commissioner in a courtroom. At the Virginia Workers’ Compensation Commission, testimony is recorded by electronic device by a bailiff who also swears the witnesses. “On-the-record-hearings” occur when no live testimony is taken, and the deputy commissioner makes a determination based only on the contents of the Commission’s file.

Hearing Officer - *See* “Deputy Commissioner.”

IAIABC: International Association of Industrial Accident Boards and Commissions is a group comprised of jurisdictions, insurance carriers, and vendors who are involved in workers’ compensation.

IME (Independent Medical Examination) - Va. Code Ann. § 65.2-607 provides that an employer may obtain an independent medical examination, sometimes referred to as an employer medical examination, for a claimant who receives benefits pursuant to an award of the Commission. An employer may obtain an IME without approval of the Commission one time in each relevant area of medical specialization applicable to the claimant. If the employer wishes to obtain more than one independent medical examination in a particular area of medical specialty, the employer must obtain permission from the Commission to do so. If a claimant refuses to submit to such an examination, his/her compensation benefits are subject to suspension.

Incapacitated – A term used to describe an employee who cannot work, temporarily or permanently, due to an injury sustained at work.

Indemnity – Reimbursement/compensation for loss.

Injury/Accident - Bodily harm or in specific instances mental distress arising during and while performing employment.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Insurance Adjuster - A representative of an insurance carrier who sets reserves on claims, interacts with injured employees to determine the nature and compensability of claims from the insurance carrier's point of view, and monitors wage loss indemnity and medical payments to claimants.

Insurance Carrier - In Virginia, workers' compensation insurance policies are provided by private insurance carriers. Employers with three or more employees must purchase policies of insurance from an insurance carrier licensed to do business in Virginia. Employers who qualify may also insure their liability by becoming self-insured as either an individual entity or as part of a group self-insurance program.

Judgment - A determination of a judicial officer. Although judicial officers of the Commission may enter and issue awards and orders, the Commission has no enforcement authority. Va. Code Ann. § 65.2-710 provides that if the Commission certifies its awards and orders, a party may then take the Commission document to a Circuit Court to enforce the judgment.

Liability - The condition of being actually or potentially subject to an obligation; an insurance carrier's responsibility or accountability for benefits for a compensable workers' compensation claim. In Virginia, employers with three or more employees must insure their liability for workers' compensation claims.

Lost Time - An employee's period of time away from work attributable to a workers' compensation accident. Some employees use "lost time claim" to distinguish a claim for wage loss indemnity benefits from a minor injury claim (See "Minor Injury Claim").

Maximum Medical Improvement - When an authorized treating physician states, in writing, that a claimant's injury is permanent but that no further medical treatment would be helpful other than possible pain management, the claimant is said to have reached maximum medical improvement.

Mediation Services - A confidential, voluntary process in which two or more people, having differing interests, meet at a mutually convenient location or by telephone and work together to arrive at a mutually satisfactory resolution to the conflict. This program is administered through the Commission's Ombudsman's Office and is free of charge to the parties. All of the Commission's mediators are trained and many are certified.

Medical Provider - Any entity providing medical services or treatment to a workers' compensation claimant, including hospitals, physicians, medical technicians, physical therapists, and others.

Medical Record - Written reports of medical providers. Any person who files a claim with the Virginia Workers' Compensation Commission must, within 90 days, file medical records which support the claim of the occurrence of an accident and a resulting period of disability from work. The defendants may subpoena additional medical records relating to the claimant's medical history. Medical documents are filed with the Commission so that a doctor treating a workers' compensation claimant will be paid for his or her services for reasonable and necessary treatment. These treating physicians must also file medical records with the Commission pursuant to Rule 4.2. After a file is referred to the docket, Commission employees in the Clerk's Office and the deputy commissioners' secretaries place the medical records on the left side of each file, separate doctors' records from physical therapy records, and sort both groups in reverse chronological order.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Minimum/Maximum Compensation Rate - Each year, both maximum and minimum compensation rates are established for the Commonwealth of Virginia. The Virginia Employment Commission provides to the Virginia Workers' Compensation Commission information compiled from reports made by employers throughout the Commonwealth indicating the appropriate maximum and minimum average weekly wage. This information is available to Commission employees who need maximum and minimum rates for any year through the Commission's database under the calculation menu.

Minor Injury Claim - The Commission deems any injury by accident during and while performing employment a minor injury if the claimant misses fewer than seven days from work and if the sum of medical expenses is \$1,000.00 or less. Employers provide monthly reports of minor injuries on the Minor Injury Claim Form (VWC Form 45A) to account to the Commission for medical benefits paid. Occasionally a Minor Injury Claim Form is used to determine whether a claim has been filed and may be used in connection with certain judicial determinations regarding the statute of limitations, i.e. whether a claim was timely filed.

MTC: Maintenance Type Code (MTC) is a code indicating the transaction to submit to comply with VWC EDI reporting requirements.

NCCI - The acronym for National Council of Compensation Insurance. This organization is the official agent of the Commission to collect insurance information from employers and insurance carriers in the Commonwealth of Virginia regarding insurance coverage required by Va. Code Ann. § 65.2-804. Commission employees in the Insurance and First Report units have access to coverage information provided online by NCCI.

Occupational Disease – A disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of the employment. See Va. Code Ann. §65.2-400 for a lengthy definition.

Officers of a Corporation - The president, vice-president, secretary, treasurer, or any other officeholder of a corporation. This definition also includes the manager of a limited liability company. Non-compensated officers of a tax-exempt corporation are not considered employees, nor are officers who are not paid salary or wages on a regular basis at an agreed-upon amount and who have rejected coverage pursuant to § 65.2-300. When an entity applies to the State Corporation Commission for status as a corporation, that entity must list with the State Corporation Commission one or more officers (**§ 13.1-818 states "one or more persons may act as incorporators of a corporation."**). In workers' compensation matters, the question frequently arises as to whether officers of a corporation are considered employees for the purpose of counting whether an employer has three or more employees. The Commission has determined that if these persons regularly receive a salary for their services performed, they are employees of the corporation.

On-the-Record Hearing - Commission Rule 1.9 provides that certain matters in which no material facts are in dispute may be referred to the Dispute Resolution docket for a prompt determination on the record without the need for an evidentiary (live) hearing. These matters are frequently referred to as "OTRs" or "on-the-record hearings." Issues usually deemed appropriate for on-the-record determinations include: average weekly wage; closed periods of disability; change in treating physician; contested medical issues, including bills; permanent disability ratings; return to work; failure to report incarceration, a change of address, or return to work; and attorney fee disputes.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Open Award – A Commission-ordered award of wage benefits from the employer and/or insurance carrier to the claimant that is for an ongoing, “open” period of time. When the ending date of the award is agreed upon by the parties, a “Termination of Wage Loss Award” agreement may be signed by the parties and submitted to the Commission. In the alternative, the Commission may order that the period of wage loss be terminated based on an application to suspend/terminate benefits filed by the employer/carrier.

Opinion - A judicial officer of the Commission issues a written opinion (decision) in a case following a hearing (evidentiary or on-the-record) and a review of the file. These opinions are stored in the Commission’s database and are a matter of public record. Every opinion by a deputy commissioner is subject to review by the full Commission if one or both parties appeal. The opinions of the Commission are published on the website, are stored in the Commission’s database, and are available through ISYS and PREMISE. Opinions of the full Commission are subject to review by the Virginia Court of Appeals.

Outstanding Award – A claimant’s ongoing or open award for benefits. All claimants who are agreed to have or who are ruled to have a compensable claim receive an award for lifetime medical benefits. The claimant’s right to medical treatment causally related to the injury by accident may continue long after wage loss indemnity benefits end. If the claimant is entitled to wage loss indemnity benefits, he/she is generally understood to be under an outstanding award or open award.

P&O - “Petition and Order” (*see* “Settlement Documents”).

Panel of Physicians - Va. Code Ann. § 65.2-603 states that an employer must provide reasonable and necessary medical care to a claimant with a compensable injury by accident. The statute also provides that the employer must offer the claimant a panel (list) of at least three physicians from which to choose once the claimant has notified the employer of the occurrence of an accident. The employer’s failure to provide a panel of healthcare providers to a claimant in a timely fashion may result in the claimant’s choosing his/her own physician. Once a claimant has chosen his/her own physician because a panel has not been provided in an appropriate amount of time, that physician becomes the claimant’s authorized treating physician.

Parties to a Claim - In workers’ compensation cases, the typical parties are the claimant, the employer, and the insurance carrier. If the employer was uninsured at the time of the alleged accident, the Uninsured Employer’s Fund is added as a party. In certain circumstances, there are multiple parties when statutory employers (See “Statutory Employers”) and their insurance carriers are noted. The Commission has allowed medical care providers to be parties to claims by allowing medical care providers to file claims when they have not been paid for services rendered in a compensable workers’ compensation case.

Penalty - Va. Code Ann. § 65.2-524 provides that an employer or insurance carrier that fails to pay benefits within 14 days after an award is issued may be subject to the assessment of a penalty for such failure. The penalty provision is not self-executing; therefore, the claimant must apply for a penalty. After a deputy commissioner enters an award or signs a settlement document indicating that the claimant will receive benefits, no penalty will be assessed until 34 days after the document is issued. The 34 days are calculated by adding to the 14 days (referenced in § 65.2-524) an additional 20 days during which the parties are allowed to petition for review pursuant to Va. Code Ann. § 65.2-704. If a request for a penalty is asserted after an award made by the full

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Commission, the parties have 44 days in which to pay pursuant to the award because of the 30-day review period enunciated in Va. Code Ann. § 65.2-705.

Period of Disability - A claimant who has sustained a compensable injury by accident during and while performing employment is eligible to receive benefits during the time that person is either totally or partially unable to work, as determined by the authorized treating physician.

Permanency Rating - When a claimant applies for permanent partial or permanent total disability benefits (see "Permanent Partial" and "Permanent Total" below), the claimant must first receive from a physician a rating of the percentage of loss or loss of use of the injured body part(s) and a statement that the claimant has reached maximum medical improvement. Generally, physicians use the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed. The Commission is guided by the AMA Guides to the Evaluation of Permanent Impairment, 5th Ed., but does not absolutely require its use by physicians giving a permanency rating. Ratings involving disfigurements are determined by the Commission.

Permanent Partial - Permanent partial disability benefits are awarded to a person who has sustained the loss or loss of use of a specific body part enumerated in Va. Code Ann. § 65.2-503. This award is made without regard to the ability to work, and is given for a loss of "human capital." Before a person is eligible for an award for permanent partial disability, the person must provide proof of maximum medical improvement (the injury is permanent and the claimant requires no further medical treatment) and must have received a rating from a physician in regard to the percentage of loss or loss of use.

Permanent Total - Va. Code Ann. § 65.2-503 provides that a claimant may receive permanent total disability benefits at the conclusion of a 500-week award for temporary total disability benefits. The requirements for receiving such an award are stringent, and the criteria are strictly applied: (1) loss of or loss of use in gainful employment both hands, both arms, both feet, both legs, both eyes, or any two thereof in the same accident; (2) total paralysis; or (3) injury to the brain which is so severe as to render the employee permanently unemployable.

Pre-Injury Gross Average Weekly Wage - (See "Average Weekly Wage") In calculating the average weekly wage, some parties are confused as to whether the figures to be used in calculation are the claimant's gross earnings or the net earnings after adjustments for taxes and other reductions. The claimant's gross earnings are used to calculate benefits.

Probable Cause - This term is subject to many subtleties and nuances. A commonly used definition is "substantial probability of success on the merits." When an employer files an employer's application for hearing, the application undergoes scrutiny for probable cause. Only when the senior claims examiner determines that there is probable cause that the employer will succeed on the merits does the senior claims examiner refer the employer's application to the docket.

Production: A trading partner is sending production data, or real claims. The data is loaded into VWC's production system.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Properly Executed - In this sense, the word executed means signed. A properly executed document is one signed by the appropriate parties and notarized if necessary. The Commission requires that the claimant sign certain documents and that these documents cannot be executed on behalf of the claimant by an attorney. A claimant must sign settlement documents and agreement documents. Rare exceptions are made in those cases in which a claimant is comatose or otherwise unable to execute a document.

R21: FROI companion record. A record sent to the jurisdiction to complete VWC's FROI reporting requirements. The FROI companion record is identified by a Transaction Set ID of "R21" and has a specific record layout. Population of the record is dependent on VWC's Element Requirement Table.

R22: SROI companion record. A record sent to the jurisdiction to complete the VWC's SROI reporting requirements. The SROI companion record is identified by a Transaction Set ID of "R22" and has a specific record layout. Population of the record is dependent on VWC's Element Requirement Table.

Regional Office - The Commission has satellite offices in: Northern Virginia, Harrisonburg, Lebanon, Roanoke and Virginia Beach. The addresses and phone numbers for these offices are listed on the Commission's website. Although cases are monitored and hearings are held in the regional offices, all referrals to the hearing docket originate in the Claims Department of the Commission's Richmond office. However, parties may file documents in any regional office.

Rehabilitation Work - This term could apply either to the services provided by a rehabilitation worker (*see* "Rehabilitation Worker") or to a specific type of rehabilitative effort often called "work hardening," wherein the claimant engages in a progressively more challenging series of activities designed to rehabilitate an injured body part to allow the worker to return to pre-work or selective, restricted work activity.

Rehabilitation Worker - A person charged with the responsibility of providing those services to an injured employee that will improve the chances of the worker's returning to meaningful employment. Va. Code Ann. § 65.2-603 charges the Commission with the authority to order the provision of rehabilitation services in certain circumstances. Rehabilitation workers whose jobs involve professional judgment must be certified by the Board of Health Professionals in their areas of expertise.

Review - Each opinion of a deputy commissioner, whether subsequent to an evidentiary injury hearing or an on-the-record determination, is subject to reconsideration by the full Commission (See "Full Commission"). The Commission also reviews parties' requests for review of determinations of senior claims examiners and of awards that have been issued by the Awards Department without benefit of a judicial order.

Review Opinion - A decision rendered by the Full Commission (See "Full Commission"). Va. Code Ann. § 65.2-705 provides that any party may petition for review of an opinion of a deputy commissioner, subsequent to either an evidentiary hearing or a determination on the record, within 20 days after receipt of such opinion. Review opinions of the Commission follow a de novo review, a term that means the Commissioners may re-examine the facts found by the deputy commissioner or that they may re-examine the witnesses. A panel of three Commissioners or, in some cases, two Commissioners and a designee, approves each review opinion. Review opinions of the Commission are subject to a right of appeal to the Court of Appeals of Virginia.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Selective Employment – Also called “light duty,” this term refers to the restricted employment offered to a claimant that does not exceed the claimant’s residual (remaining) work capacity. Residual work capacity is determined by the claimant’s authorized treating physician at the time the physician returns the claimant to modified/restricted employment after a compensable injury. For example, if the treating physician restricts the claimant from lifting over ten pounds, the selective employment would not require the claimant to lift over ten pounds at any time, even though the claimant’s pre-injury work may have had that requirement.

Self-Insured Employer - Va. Code Ann. § 65.2-801 provides that the Commission has the authority to approve self-insured status for qualifying business entities. The criteria that the Commission uses are (1) 50 employees in Virginia or 250 employees in U.S. jurisdictions; (2) no more than one net loss in the last three years; (3) three years of operation under the current corporate identity; (4) positive tangible net worth; (5) current ratio of 1.00 or better; and (6) debt/equity ratio of 2.2 or less.

Settlement Documents - Before a claimant may enter into to compromise of his or her claim for workers’ compensation benefits, the compromise settlement documents must be reviewed and approved by a deputy commissioner. The Commission requires the following documents to consider a settlement: (1) medical reports to support the settlement; (2) an informational letter from the claimant or claimant’s counsel, including a statement of the claimant’s intended use of the settlement proceeds; (3) a notarized affidavit from the claimant stating his/her understanding of the settlement, (4) a signed attorney fee agreement, (5) a petition signed by the parties, and (6) a draft order signed by the parties. Once a compromise settlement award has been entered by the Commission, no further claims may be filed in the case, unless the settlement document provides for continuing medical benefits.

Short-Term Employment - When determining how many employees an employer uses in the regular course of his/her trade, business, or industry, a question may arise about the use of persons for short-term employment. In this sense, the term refers to a person brought in for a finite period of time for the completion of specific duties not ordinarily included in a description of the employer’s regular business activities.

Statute of Limitation - A statutorily imposed amount of time that a claimant has to file a claim. The standard two-year statute of limitation for filing a claim subsequent to an original injury by accident is found in Va. Code Ann. § 65.2-601. However, the Workers’ Compensation Act has numerous other provisions which provide for statutes of limitation in regard to specific claims. Examples of other periods of limitations appear in Va. Code Ann. §§ 65.2-403, 405, 406, 501, 528, 602, 706, 708.

Statutory Employer – When a contractor contracts the services of a subcontractor to perform work of the same trade, business or occupation as the contractor, then the contractor becomes the statutory (legal) employer of the employees of the subcontractor. For example, if Contractor ABC subcontracts with Subcontractor DEF, the employees of Subcontractor DEF become, for legal purposes, the employees of Contractor ABC if Subcontractor DEF is performing work of the same trade, business or occupation as Contractor ABC.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Stipulation Agreement - When parties agree to resolve issues that have been raised before the Commission without participating in a hearing, the parties may reduce to writing their agreement in a document called a "Stipulated Agreement." This document is frequently used when the standard agreement forms of the Commission cannot accommodate all of the issues and nuances that the parties wish to memorialized in a formal agreement.

Subpoena *Duces Tecum* - A written order from the Commission, on behalf of a party, to a person or an entity to produce specific documents at a time and place certain.

Supreme Court - The United States Supreme Court is the highest court in the nation. Almost no workers' compensation matters are heard in the United States Supreme Court; however, an exception is Dillard v. Industrial Commission 416 U.S. 783,945.S.Ct. 2028, 40L.Ed. 2d 540 (1974), in which the Supreme Court entertained a due process issue. The term "Supreme Court" may also refer to the highest court in any state or commonwealth. The Supreme Court of Virginia entertains workers' compensation matters only after a writ of error is accepted by the Supreme Court of Virginia following a party's filing of a petition for such a writ from a decision of the Virginia Court of Appeals. A small number of workers' compensation cases, perhaps ten or fewer, are decided by the Supreme Court of Virginia on an annual basis.

t/a - "Trading as." Typically this designation is seen in the style of a case that contains a person's name along with the name of a business, e.g. Susan Jones t/a Susan's Snacks, Inc. When the Commission issues a subpoena on an employer, it is important to issue the subpoena for the appropriate party. If the wrong party is subpoenaed to a hearing, no sanctions can be assessed by the Deputy Commissioner if the desired party fails to appear.

Temporary Partial - A category of awards, temporary partial disability benefits are those awarded to a claimant who is able to engage in selective (restricted) employment or light-duty work after a compensable accident. Temporary partial disability benefits are calculated by subtracting the amount the claimant can currently earn from the amount of the pre-injury average weekly wage. The claimant is then awarded .66667 of the difference between the pre-injury wage and the post-injury average weekly wage.

Temporary Total - A category of awards, temporary total disability benefits are those awarded to a claimant who is unable to engage in employment of any kind after a compensable injury by accident. Temporary total disability benefits are calculated by multiplying the claimant's pre-injury average weekly wage by .66667; this amount becomes the compensation rate for temporary total disability benefits, subject to maximum and minimum rates.

Termination of Benefits - When a claimant is no longer entitled to receive benefits pursuant to an award, the Commission has the authority to close the award and thus terminate or conclude the period during which the claimant will receive benefits. An employer may not unilaterally terminate or suspend benefits. In order to bring an award to its conclusion, an employer may either submit an appropriately executed Agreement to Terminate Benefits or the employer may submit to the Commission an appropriately substantiated and documented Employer's Application for Hearing (See "Application"). Acceptance of the Employer's Application for Hearing will result in a suspension of the claimant's benefits pending a hearing on the substantive issue(s) submitted by the employer.

Testify - To state under oath.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

Testimony - Statements given, under oath, at a hearing and recorded by the Commission's bailiff. However, testimony may also be given by deposition (See "Deposition") in either a discovery (fact-finding) deposition or a de bene esse (in anticipation of future need) deposition.

Third-Party Administrator (TPA) - Some insurance carriers hire outside businesses to conduct administrative functions in handling claims. The insurance carrier remains responsible pursuant to statute, but may delegate certain administrative activities to the TPA. The arrangement becomes important at the Commission in order to communicate with responsible parties and with parties charged with the authority to make decisions. If the Commission does not receive notification of the correct identity of a third-party administrator, the Commission has difficulty communicating with the insurance carrier.

Tolling - A period during which the passage of time in regard to a statute of limitations is stopped or not counted. The term has relevance under Va. Code Ann. § 65.2-602 that describes how the running of the statute of limitations can be suspended for a period of time during which the employer did not file an Employer's Accident Report. If the Commission finds that the claimant has been prejudiced because the employer did not make an appropriate filing, the Commission can determine that the running of the statute of limitations was "tolled," or stopped, during this specific period of time.

Trading Partner: An entity that has entered into an agreement with another entity to exchange data electronically.

Trading Partner Agreement: An agreement that describes the expectations between two entities exchanging data electronically. These expectations include, but are not limited to, what transactions to send, what format to use, what data elements to include, when and where data elements are to be sent, and testing to be performed.

Trailer: Designates the end of a batch of transactions. It provides a count of records and/or transactions within a batch. The trailer record is used to ensure that the entire batch is complete and valid.

Transaction: The communication of data that represents a single business event. A transaction consists of one or more records.

Transmission: Consists of one or more batches sent or received during a communication session.

Underpayment - When an award is terminated, the Commission's Awards Unit contacts the insurance carrier to confirm the amount of benefits paid to a claimant pursuant to an award. The Awards Unit then calculates the amount of benefits that should have been paid and compares that amount to the amount actually paid, as reported by the insurance carrier. If there is an underpayment (or an overpayment), the Awards Unit notifies the parties of the Commission's determination. It is the responsibility of the parties to take any additional action deemed necessary in response to the Commission's notification.

Venue - The location of the hearing is called the "venue." Va. Code Ann. § 65.2-702 provides where cases will be heard. On most occasions, a case is set for hearing in the city or county where the accident occurred or in an adjacent county. However, the Commission has the discretion to set a case in a venue different from the location where the accident occurred.

Virginia Workers' Compensation Commission Workers' Compensation Electronic Reporting

VWC Claim Number/VWC File Number - When a claim file is assigned in the Commission's First Reports Unit, either because of the receipt of a claimant's Claim for Benefits, an Employer's Accident Report, or a letter from an attorney or claimant, the agency assigns a seven-digit claim number to the file. This claim number stays with the file and will reflect a claimant's specific claim for an injury on a specific date throughout the life of the claim.

VWC Database - The Virginia Workers' Compensation Commission maintains as a part of its computerized information system a database of relevant claim information regarding persons who have filed a claim with the agency after 1989. The database includes, but is not limited to, the claimant's name, the employer's name, the addresses of both the claimant and the employer, all insurance carrier information including, but not limited to, the name of the carrier, the name of the third-party administrator, the name of a claims representative, addresses, and phone numbers of insurance company representatives; claims activity information such as referrals to the docket, judicial determinations, and compromise settlements; and award information, including dates of temporary total and temporary partial awards and the amounts thereof.

Waiting Period - Under Va. Code Ann. § 65.2-509, a person who sustains a workers' compensation injury will not be awarded benefits for the first seven calendar days of time off from work unless the person misses 21 or more days of work. The first seven days subsequent to the injury are called "the waiting period." If a person is paid his or her wage on the day of the injury, the waiting period begins with the day after the injury; if a person is not paid his or her wage on the day of the injury, the waiting period begins on the day of the injury.

WebFile - The Commission's intranet-based, self-service claims management system available to Claim Administrators, Claimants, and Attorneys

Witness - A person who appears at a hearing to give testimony, under oath, regarding his or her knowledge about a workers' compensation claim. The person who gives testimony may do so on behalf of either the claimant or the defendants. Although this person may have actually witnessed the accident, a witness may also be a person who has knowledge about the claimant's medical condition or about any relevant aspect of the employer's place of work. In order to assure attendance at a hearing, either an attorney or the Commission may issue a witness subpoena, requiring attendance at a specific date, time and place.

Workers' Compensation Insurance - Employers in Virginia who employ three or more persons must insure their liability for workers' compensation claims in one of three ways: (1) an employer may buy a policy of insurance from a licensed insurance carrier, which is the most typical way for employers to insure liability; (2) an employer may apply to the Virginia Workers' Compensation Commission for approval of self-insured status, which is granted only if employers meet specific and rigidly-enforced criteria; (3) an employer may purchase group self-insurance. The State Corporation Commission approves entities that apply for group self-insured status; or, (4) by becoming a client of a Professional Employer Organization (PEO) so long as the PEO can obtain coverage in the voluntary market.

Work Hardening – See "Rehabilitation Work."

**Virginia Workers' Compensation Commission
EDI Documentation Change Log**

Item #	Document	Item	Description of Change	Publication Date	IMPLEMENTATION DATE FOR EDITS:	Revision Date
Changes for V 5.0						
322	VA R3 Element Requirement	SROI Element Requirements	Added Requirements for DN0203: Employer Paid Salary Prior To Acquisition Code	7/1/2014	7/15/2014	6/16/2014
324	VA R3 Edit Matrix	DN Error Message	REMOVE THE FOLLOWING WHICH IS COVERED BY ITEM # 334, 335, or 336: REMOVE: DN0216 Other Benefit Type Code added L to DN Error for error 042 Not statutorily valid	7/1/2014	7/15/2014	5/20/2014
325	VA R3 Edit Matrix	DN Error Message	REMOVE THE FOLLOWING WHICH IS COVERED BY ITEM # 334, 335, or 336: REMOVE: Add L to 065 Corresponding report/data not found for DN0085 Benefit Type Code and DN0216 Other Benefit Type Code.	7/1/2014	7/15/2014	5/20/2014
326	NA RESERVED ITEM #	NA	NA	NA	NA	NA
327	VA R3 Edit Matrix	NA	Standard edit information: Check the value of DN0270 Employee ID Type Qualifier as listed below. If the value in Employee ID positions 244-258 of the R22 record are invalid, then return the applicable error on the specific DN (as listed below) based on the Employee ID value. <u>EE ID</u> <u>Qual</u> <u>DN</u> <u>Employee ID</u> S 0042 Employee SSN P 0156 Employee Passport Number E 0152 Employee Employment Visa G 0153 Employee Green Card A 0154 Employee ID Assigned by Jur	7/1/2014	Prior to 7-1-14	5/20/2014
328	See Description	NA	Clarify Error 059 Non-match data value not consistent with value previously reported: When Error 059 is generated on a data element, this indicates that a FROI 02 is needed to change the Non-match data. Revise Element Error Text: 'Non-Match data should be changed on a FROI 02'.	7/1/2014	Prior to 7-1-14	5/20/2014
329	VA R3 Element Requirement	SROI Conditions	Current Return to Work Date changed to Latest Return to Work Status Date (DN0072)	7/1/2014	NA	5/20/2014
330	VA R3 Edit Matrix	Population Restrictions	DN0088 Benefit Period Start Date Error 042 Not Statutorily Valid revised edit per underlined: When MTC = RB and Current Date Disability Began (DN0144) is present then for the Benefit Segment where Benefit MTC = RB the Benefit Period Start Date must equal Current Date Disability Began (DN0144)	7/1/2014	Prior to 7-1-14	5/20/2014

**Virginia Workers' Compensation Commission
EDI Documentation Change Log**

Item #	Document	Item	Description of Change	Publication Date	IMPLEMENTATION DATE FOR EDITS:	Revision Date
331	VA R3 Edit Matrix	Population Restrictions	<p>REMOVE EDIT, COVERED BY EDIT per ITEM # 336 REMOVE: DN0222 Payment Reason Code and DN0085 Benefit Type Code: 064 Invalid Data Relationship Restriction: Per IAIABC Variable Segment Rules: When a lump sum payment/settlement is reported with a Benefit Type Code of 5XX, the Benefits Segment of the transaction is populated as a "Sweep" Benefits segment as well as a Payments Segment. The Benefit Type Code in the "Sweep" Benefits segment should be the same as the Payment Reason Code in the Payments segment. EDIT: For the incoming SROI MTC, if DN0222 Payment Reason Code is Mandatory then DN0085 Benefit Type Code in the "Sweep" Benefits segment should be the same (equal to) as DN0222 Payment Reason Code in the Payments segment. Element Error Text = '5xx where no Payment Reason/Benefit Type Code'. (120 C)</p>	7/1/2014	2/19/2014	2/19/2014
332	VA R3 Edit Matrix	Population Restrictions	<p>REMOVE THE FOLLOWING EDIT WHICH IS COVERED BY ITEM # 334, 335, or 336: REMOVE: On a SROI PY transaction, either a Payment Segment with the corresponding Benefit Segment OR an Other Benefit Segment must be present. Both may also exist. EDIT: If incoming SROI MTC = PY then (DN0222 Payment Reason Code and DN0085 Benefit Type Code) OR (DN0216 Other Benefit Type Code) must be present. Assign error 065 – Corresponding report/data not found to the appropriate DN(s) if the data in the DN is not present DN0222 & DN0085 OR DN0216. Assign Element Error Text = 'DN0222 & DN0085 OR DN0216 required on MTC PY'</p>	7/1/2014		5/20/2014

**Virginia Workers' Compensation Commission
EDI Documentation Change Log**

Item #	Document	Item	Description of Change	Publication Date	IMPLEMENTATION DATE FOR EDITS:	Revision Date
333	VA R3 Edit Matrix	Population Restrictions	REMOVE THE FOLLOWING EDIT WHICH IS COVERED BY ITEM # 334, 335, or 336: REMOVE: On a SROI PY transaction, either 1) a Benefit Segment with non 5xx Benefit Type Code OR 2) a Payment Segment with DN0222 Payment Reason Code = 5xx with the corresponding Benefit Segment with DN0085 Benefit Type Code = 5xx OR 3) a Other Benefit Segment DN0216 Other Benefit Type Code must be present. Assign Element Error Text = 'DN0222 & DN0085 OR DN0216 required on MTC PY'	7/1/2014		5/20/2014
334	VA R3 Edit Matrix	Population Restrictions	DN0282 Number of Other Benefits- error 045 Value is < required by jurisdiction : Edit: On a SROI MTC PY, must be > 0 if DN0288 Number of Benefits is = 0	7/1/2014	Prior to 7-1-14	5/20/2014
335	VA R3 Edit Matrix	Population Restrictions	DN0288 Number of Benefits - error 045 Value is < required by jurisdiction: Edit: On a SROI MTC PY, must be > 0 if DN0282 Number of Other Benefits is = 0	7/1/2014	Prior to 7-1-14	5/20/2014
336	VA R3 Edit Matrix	Population Restrictions	REVISE THIS EDIT AND USE EDIT per ITEM # 334: DN0222 Payment Reason Code-Error 065 Corresponding report/data not found: When SROI MTC = PY , there must be a DN0085 Benefit Type Code corresponding to the DN0222 Payment Reason Code being reported. OR an Other Benefit Segment must be present. Both may also exist. EDIT: If incoming SROI MTC = PY then (DN0222 Payment Reason Code and DN0085 Benefit Type Code) OR (DN0216 Other Benefit Type Code) must be present.	7/1/2014	Prior to 7-1-14	5/20/2014
337	VA R3 Edit Matrix	DN Error Message	Add L to 045 Value < Required by Jurisdiction to DN0282 Number of Other Benefits and DN0288 Number of Benefits. New Edit.	7/1/2014	Prior to 7-1-14	5/20/2014
338	VA R3 Edit Matrix	DN Error Message	Add L to 042 Not Statutorily Valid for DN0056 Initial Date Disability Began and DN0216 Other Benefit Type Code. Edit previously implemented, correction.	7/1/2014	Prior to 7-1-14	5/20/2014
339	VA R3 Edit Matrix	Sequencing-Internal Notes	Edit change: If the latest SROI is a SROI PY: Allow SROI AP to follow If latest FROI excluding 02 is FROI AQ or AU	7/1/2014	Prior to 7-1-14	5/20/2014
340	VA R3 Element Requirement	SROI Conditions	DN0125 Benefit Adjustment End Date. Edit Change. Old edit: Mandatory if DN0092 is present and MTC = Sx New Edit: Mandatory if DN0130 present.	7/1/2014	Prior to 7-1-14	5/23/2014

**Virginia Workers' Compensation Commission
EDI Documentation Change Log**

Item #	Document	Item	Description of Change	Publication Date	IMPLEMENTATION DATE FOR EDITS:	Revision Date
341	VA R3 Element Requirement	SROI Conditions	DN0068 Initial Return to Work Date Business Condition: OLD: Mandatory if benefits have been suspended because the employee returned to work (P1 or S1) New: Mandatory if benefits have been suspended because the employee returned to work	7/1/2014	NA	5/23/2014
342	VA R3 Edit Matrix	Sequencing-Internal Notes	SROI MTC CB Sequencing notes: A CB can follow a SROI 04 if an appropriate SROI was accepted prior to the 04 A CB can follow an Px transaction A CB cannot follow any Sx transaction CB can only follow a PY if an IP, AP, EP, or UR is on file	7/1/2014	Prior to 7-1-14	5/23/2014
343	VA R3 Edit Matrix	DN Error Message	DN0216 Other Benefit Type Code add L to 042 Not Statutorily Value column to account for Population Restriction entry. No edit change.	7/1/2014	NA	5/28/2014
344	VA R3 Edit Matrix	DN Error Message	DN0090 Benefit Type Claim Weeks, DN0091 Benefit Type Claim Days and DN0293 Lump Sum Payment/Settlement Code: remove L from 064 Invalid Data Relationship column as there is no Population Restriction entry. No edit change.	7/1/2014	NA	5/28/2014
345	VA R3 Edit Matrix	Population Restrictions	DN0015 Claim Administrator Claim Number and DN0105 Interchange Version ID: add Population Restriction to account for the F in the 064 Invalid Data Relationship column in the DN Error Msg Table. No edit change.	7/1/2014	NA	5/28/2014
346	VA R3 Edit Matrix	DN Error Message	DN0002 Maintenance Type Code, DN0295 Maintenance Type Correction Code, DN0296 Maintenance Type Correction Code Date: remove L from 065 Corresponding report/data not found column as there is no Population Restriction entry. No edit change.	7/1/2014	NA	5/28/2014
347	VA R3 Edit Matrix	Match Data VWC Edit for 059 Non Match Data Internal Notes on 06-12-14 for V5.0	Remove DN0052 Employee Date of Birth as a non Match Data Element. Reason: There is no way the DN0052 Employee Date of Birth on the SROI 04 will match the DN0052 Employee Date of Birth on the FROI AQ since it has a NA Requirement Code (is blank) on the FROI AQ but required on the SROI 04. See Item 348.	7/1/2014	6/18/2014	6/16/2014
348	VA R3 Edit Matrix	DN Error Message	DN0052 Employee Date of Birth: Grey L in column 059 (Non-match data value not consistent with value previously reported). See Item 347.	7/1/2014	6/18/2014	6/16/2014

**Virginia Workers' Compensation Commission
EDI Documentation Change Log**

Item #	Document	Item	Description of Change	Publication Date	IMPLEMENTATION DATE FOR EDITS:	Revision Date
349	VA R3 Edit Matrix	Sequencing	The following changes represent clarification or corrections on the Sequencing Table to match the currently implemented sequencing edits; <u>no edit changes are being made.</u> <ul style="list-style-type: none"> • Added SROI UR to the table under 12. Miscellaneous. Added Y to Apply Seq Edit? NOTE: SROI MTC UR IS NOT CURRENTLY LISTED ON THE IAIABC MASTER TABLE." • Added Y to Apply Seq Edit? for MTC 00 in Business Event Group 1b. • Added Y to Apply Seq Edit? for MTC 04 in Business Event Group 1c. • Added Y to Apply Seq Edit? for MTC AP in Business Event Group 2d. • Added Y to Apply Seq Edit? for MTC AU in Business Event Group 1e. • Added Y to Apply Seq Edit? for MTC CB in Business Event Group 3. • Added Y to Apply Seq Edit? for MTC UR in Business Event Group 1a. Unhide the row as well • Hide CD column as MTC is not accepted. See 2a. • Hide FN column as MTC is not accepted. See group 8. • Hide FROI UI column as MTC is not accepted. See 1a. • Hide P4 column as MTC is not accepted. See 3a. • Hide P4 column as MTC is not accepted. See group 6. • Hide P7 column as MTC is not accepted. See group 6. • Hide P9 column as MTC is not accepted. See group 6. • Hide PD column as MTC is not accepted. See 2a. • Hide PD column as MTC is not accepted. See group 7. • Hide S9 column as MTC is not accepted. See 3a. • Hide S9 column as MTC is not accepted. See group 7. • Hide SROI UI column as MTC is not accepted. See 2a. • Hide VE column as MTC is not accepted. See 2a. 	7/1/2014	NA	6/16/2014
350	VA R3 Edit Matrix	Valid Value	IAIABC added DN0083 Permanent Impairment Body Part Code including all codes to the Edit Matrix Valid Value Table, VA did the same and accepts all codes except 99 which has been greyed. <u>No edit change is being made here.</u>	7/1/2014	NA	6/16/2014
Changes added to V 5.0-Edits effective 10-20-14						
351	VA R3 Edit Matrix	DN Error Message	DN0059 Manual Classification Code error 042 Not Statutorily Valid. New Edit effective 10-20-14: DN Error Table: add L to DN0059 Manual Classification Code 042 Not Statutorily Valid.	7/1/2014	10/20/2014	6/23/2014
352	VA R3 Edit Matrix	Population Restrictions	DN0059 Manual Classification Code error 042 Not Statutorily Valid. New Edit effective 10-20-14: Population Restriction: Verify a valid DN0059 Manual Classification Code and using DN0031 Date of Injury to verify code is in the range of Effective Date (D_eff) and Expiration Date (D-expir).	7/1/2014	10/20/2014	6/23/2014

Virginia Workers' Compensation Commission EDI Documentation Change Log

Item #	Document	Item	Description of Change	Publication Date	IMPLEMENTATION DATE FOR EDITS:	Revision Date
353	VA R3 Edit Matrix	DN Error Message	DN0025 Industry Code error 058 Code ID Invalid: Edit Effective 10-20-14. NAICS Code Listing: allow the 2007 (prior to 10-20-14 accepting) and 2012 NAIC's (accepting on 10-20-14) codes. Per IAIABC DP Rule: The IAIABC recommends that jurisdictions could accept 6 digits but require no more than 5 digits.	7/1/2014	10/20/2014	6/23/2014
Changes added to V 5.0- ADDING NEW MTC CB however the edits are not effective until 7-1-2015						
314	VA R3 Event Table	SROI	Added New SROI MTC CB Change in Benefit Type. Effective (date TBD) a Change in Benefit Type (CB) transaction is due anytime the Claim Administrator switches the Injured Workers' benefit type from one Benefit Type Code to another and there is no gap in time/payments.	7/1/2014	7/1/2015	7/1/2014
315	VA R3 Element Requirement	SROI Element Requirements	Added New SROI MTC CB (Change in Benefit Type) Requirements	7/1/2014	7/1/2015	7/1/2014
316	VA R3 Element Requirement	Event Benefit Segment Req Table	Added CB to Description	7/1/2014	7/1/2015	7/1/2014
317	VA R3 Element Requirement	SROI Conditions	DN0068 Initial Return to Work Date: Technical Condition changed to add CB as follows: MTC QT CB : Mandatory if there is a Current Return to Work Date	7/1/2014	7/1/2015	7/1/2014
318	VA R3 Element Requirement	SROI Conditions	DN0072 Latest Return to Work Status Date: Technical Condition changed to add CB as follows: P1, S1, QT , CB : Initial Return to Work Date was previously reported and benefits have been reinstated and employee returns to work a 2nd time.	7/1/2014	7/1/2015	7/1/2014
319	VA Edit Matrix	Valid Value Table	DN0002 Maintenance Type Code (for SROI): Ungrey CB	7/1/2014	7/1/2015	7/1/2014
320	VA Edit Matrix	Population Restrictions	DN0002 Maintenance Type Code (for SROI): Error 042 Not Statutorily Valid: Add CB	7/1/2014	7/1/2015	7/1/2014
321	VA Edit Matrix	Sequencing	DN0002 Maintenance Type Code (for SROI): Add CB Also, internal sequencing documentation modified.	7/1/2014	7/1/2015	7/1/2014
ON HOLD:						
xxx	See Description		Common Edits for FROI MTC 02 Change. Internal documentation only.			
xxx	VA R3 Element Requirement	SROI Element Requirements	TO DO: When IAIABC adds these 3 new elements to the ERT, add to VA Requirements. Also add to Value Table. R22 0204 Work Week Type Code A/N 1 position 532 R22 0205 Work Days Scheduled Code A/N 7 position 533 R22 0206 Employee Security ID A/N 15 position 540			