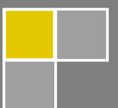
2023

EDI External Training Aids

The EDI Training Aid #16 – Trading Partner Registration was updated May 2023 and published to the Virginia Workers' Compensation Commission website.

EDI QA
May 2023



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FROI Key Event Matrix

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Event	FROI							When to Report *(Calendar Days From Notification)*
	UR	00	01	02	04	AQ	AU	
Employee accident results in Lost Time > 7 Days		●						10
Employee accident results in medical expense > $1,000		●						10
Employee accident involving Employee Death		●						10
Employee suffers a Permanent Disability		●						10
Employees injury classified as minor (filing reduced data set)	●							30
Employees injury reclassified as major (UR previously filed)		●						Immediate
Employee suffers a Minor Injury (filing full documentation)		●						10
Employee reports an injury which is disputed by employer		●						10
CA denies the entire compensability of the claim (no prior FROI 00)					●			10
CA discovers that claim was filed in error			●					*See note below*
CA determines a change in one or more data elements is required				●				Immediate
CA acquires an open claim (both Major and Minor)						●		10
An error occurred submitting an AQ (AQ rejected by the VWC).							●	30

Possible Subsequent transactions (FROI/SROI)

UR	00	01	02	04	AQ	AU
00	S-04	Determined by Previous non-02	Determined by Previous non-02	00	02	02
02	01			02	01	01
01	02			01	AQ	AQ
AQ	AQ			AQ	AU	AU
AU	AU			AU	S-04	S-04
S-04	IP				AP	AP
	EP				EP	EP
	PY				PY	PY

Note:

"**Major injury**" is an injury which meets any of the following criteria:

1. Lost time or partial disability exceeding seven days.
2. Medical expenses exceeding $1,000.
3. Any denial of compensability.
4. Any disputed issues.
5. An accident that results in death.
6. Any permanent disability or disfigurement.
7. Any specific request made by the commission.

"**Minor injury**" is an injury that meets none of the above criteria.

"FROI 01" is a transaction that will cancel the entire JCN not the last transaction filed.

- If you believe a FROI 01 Cancel Transaction is due, please contact the Commission's EDI QA Department before submitting. Refer to the FROI 01 Training Aid #10 for additional information.

*This is not to be used as the final guideline for sequencing requirements. All prior transactions must be taken into consideration when determining sequencing. Refer to the Commission's Implementation Guide (Event Table) for the full requirements on sequencing.

Electronic Data Interchange (EDI) Training Aid

SROI Key Event Matrix

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Event		SROI																			
		04	AP	EP	ER	IP	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	SD	SJ	QT	CB	UR
CA denies claim after Major Injury Claim Established		●																			
First payment processed for Acquired Claim			●																		
Lost time injury occurs, employer pays benefits				●																	
Employer is reinstating indemnity following suspension					●																
CA pays first payment on a claim after submitting 00						●															
Cumulative Medical > $1,000 has been paid (No previous IP, EP, or AP)							●														
Order or opinion for a lump sum payment is issued							●														
CA Reinstating benefits which were previously suspended								●													
Employer's request for hearing rejected								●													
Suspension of Benefits (Full and Partial)	Employee Returned to Work								●												
	Employee Determined Qualified to RTW								●												
	Medical Non-Compliance									●											
	Administrative Non-Compliance										●										
	Claimant Death											●									
	Incarceration												●								
	Whereabouts Unknown													●							
	Benefits Exhausted														●						
	Jurisdiction Change															●					
	Judicial order or opinion to suspend																●				
	Pending Appeal or Judicial Review																	●			
Payment made during the current quarter and SROI on file *(quarterly period is based on the date of injury)*																			●		
Reported Benefit Type Code changes without a gap in time																				●	
One time catchup for an active pre-10/01/08 claim																					●

Note:

Partial suspension reports submitted to suspend concurrent benefits follow the same rules as submitting full suspensions.

All transactions should be filed immediately upon notification. However, ten days are allowed for filing of EP, IP & PY and Quarterly reports are due within 45 days from end of the quarter.

Paper forms are required in addition to all SROI filings except the SROI 04 and QT. An **Award Agreement** should be sent along with SROI AP, EP, ER, IP, PY, RB and CB. Additional Forms are also required after a Suspension of Benefits: **Termination of Wage Loss** or **Employers Application for Hearing.**

Possible Subsequent transactions *																			
04	AP	EP	ER	IP	PY	RB	S1	S2	S3	S4	S5	S6	S7	S8	SD	SJ	QT	CB	UR
00	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02	02
02	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01
01	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ
AQ	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU
AU	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04
AP	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY	PY
IP	Sx	Sx	Sx	Sx	RB	Sx	EP	EP	EP	EP	EP	EP	EP	EP	EP	EP	RB	Sx	Sx
EP	Px	Px	Px	Px	ER	Px	RB	RB	RB	RB	RB	RB	RB	RB	RB	RB	ER	Px	Px
	QT	QT	QT	QT	Sx	QT	ER	ER	ER	ER	ER	ER	ER	ER	ER	ER	Sx	QT	QT
	CB	IP	CB	CB	Px	CB											Px		IP
		CB		EP	QT												QT		EP
					IP												IP		CB
					EP												CB		

*This is not to be used as the final guideline for sequencing requirements. All prior transactions must be taken into consideration when determining sequencing. Refer to the Commission's Implementation Guide (Event Table) for the full requirements on sequencing.

Claims R3 Quick Code Reference List

MAINTENANCE TYPE CODE (MTC's) (DN0002)			
FIRST REPORT:			
00	Original	AQ	Acquired Claim
01	Cancel	UR	Upon Request
02	Change		
04	Denial		
AU	Acquired/Unallocated		
SUBSEQUENT REPORT:			
04	Denial	SD	Suspension, Directed By Jurisdiction
AP	Acquired/Payment	SJ	Suspended Pending Appeal or Judicial Review
CB	Change in Benefit Type	UR	Upon Request
EP	Employer Paid	QT	Quarterly
ER	Employer Reinstatement		
IP	Initial Payment		
P1	Partial Suspension, RTW or Med Determined/Qualified to RTW		
P2	Partial Suspension, Medical Non-Compliance		
P3	Partial Suspension, Administrative Non-Compliance		
P5	Partial Suspension, Incarceration		
PJ	Partial Suspension Pending Appeal or Judicial Review		
PY	Payment Report		
RB	Reinstatement of Benefit		
S1	Suspension, RTW or Medically Determined/Qualified to RTW		
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		

OTHER BENEFIT TYPE CODE (OBT's) (DN0216)	
340	Total Claimant's Legal Expenses
350	Total Payments to Physicians
360	Total Hospital Costs
370	Total Other Medical
430	Total Unallocated Prior Indemnity Benefits
440	Total Unallocated Prior Medical
450	Total Pharmaceutical Costs
455	Total Dental Expenses
460	Total Physical Therapy Costs
465	Total Chiropractic Expenses

BENEFIT ADJUSTMENT CODE (DN0092)	
B	Subrogation
1	Cost of Living Adjustment

BENEFIT TYPE CODE (DN0085)			
REGULAR BENEFIT TYPES:		**LUMP SUM PAYMENTS/SETTLEMENTS:**	
010	Fatal	500	Unspecified Lump Sum Pmt/Settlement
020	Permanent Total	501	Medical Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	510	Fatal Lump Sum Pmt/Settlement
050	Temporary Total	520	Permanent Total Lump Sum Pmt/Settlement
070	Temporary Partial	524	Employer Paid Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	530	Perm Partial Sch Lump Sum Pmt/Settlement
210	Employer Paid Fatal Benefits	550	Temporary Total Lump Sum Pmt/Settlement
220	Employer Paid Permanent Total Benefits	570	Temporary Partial Lump Sum Pmt/Settlement
230	Employer Paid Permanent Partial Scheduled	590	Perm Partl Disfigure Lump Sum Pmt/Settlement
240	Employer Paid (EP) Unspecified		
250	EP Temporary Total		
270	EP Temporary Partial		

INSURED TYPE CODE (DN0184)	
I	Insured
S	Self-Insured
U	Uninsured

BENEFIT CREDIT CODE (DN0126)	

INSURER TYPE CODE (DN0185)	
I	Insurer
S	Self-Insurer
G	Guarantee Fund

CLAIM TYPE CODE (DN0074) *in hierarchical order*	

BENEFIT REDISTRIBUTION CODE (DN0130)	
K	Clmt Attorney Fees

LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293)	
SF	Settlement Full
SP	Settlement Partial
AS	Agreement Stipulated
AW	Award

INITIAL TREATMENT CODE (DN0039)	

TYPE OF LOSS CODE (DN0290)	
01	Traumatic Injury
02	Occupational Disease
03	Cumulative Injury (other than disease)

NON-CONSECUTIVE PERIOD CODE (DN0212)	

PARTIAL DENIAL CODE (DN0294)	

WAGE PERIOD CODE (DN0063)			
FROI:		**SROI:**	
		01	Weekly

INJURY SEVERITY TYPE CODE (DN0229)	
J	Major/Medical Threshold
M	Minor

REDUCED BENEFIT AMOUNT CODE (DN0202)	

NATURE OF INJURY CODE (DN0035) / CAUSE OF INJURY CODE (DN0037) / PART OF BODY INJURED CODE (DN0036)
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx
Part of Body Code "99 - Whole Body" is not valid in VA

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Claims R3 Quick Code Reference List

FULL DENIAL REASON CODE (DN0198)		
1	**No Compensable Accident/Not in Course and Scope of Employment**	
	A	Coming and Going
	B	Horseplay
	C	Willful Intent To Injure Oneself
	D	Not Statutory Definition of Accident
	E	Deviation From Employment
	F	Recreational/Social Activity
	G	Traveling Employee
	H	Subsequent Intervening Accident
	I	Presumption of compensability, as defined by juris., does not apply
2	**No Causal Relationship**	
	A	Idiopathic Condition
	B	Pre-existing Condition
	C	Stress non-work related
	D	No Medical Evidence of Injury
	E	No Injury Per Statutory Definition
	F	Accident not major contributing cause of injury
3	**No Coverage**	
	A	No Employee/Employer Relationship
	B	Independent Contractor
	C	Not Statutory Definition of Employee
	D	No Jurisdiction
	E	No Policy in Effect On Date of Accident
	F	Statute of Limitation Expired
	G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc.
	H	Elected Other Coverage (24 hr, Collective Bargaining, Opted Out)
	I	Employee not reported to PEO
4	**Substance Use/Abuse**	
	A	Injury Primarily Occasioned by Intoxication or Use of Any Drug
	B	Substance Use/Abuse, Violation of Drug-Free Work Place Policy in effect
5	**Other (Not Elsewhere Classified)**	
	A	Failure To Report Accident Timely
	B	Right To Reserve
	C	Misrepresentation

EMPLOYMENT STATUS CODE (DN0058) (In Hierarchical Order)	

RETURN TO WORK TYPE CODE (DN0189)	
A	Actual
R	Released

WORK WEEK TYPE CODE (DN0204)	

WORK DAYS SCHEDULED CODE (DN0205)	

EMPLOYEE ID TYPE QUALIFIER (DN0270)	
A	Employee ID Assigned by Jurisdiction
E	Employee Employment Visa
G	Employee Green Card
P	Employee Passport Number
S	Employee Social Security Number

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
TN	Transaction Rejected by Service Provider
TR	Transaction Rejected

TRANSACTION SET ID (DN0001)	
148	First Report
R21	First Report Companion Record
A49	Subsequent Report
R22	Subsequent Report Companion Record
AKC	Claims Acknowledgment Detail Record
ARC	Claims Re-Acknowledgment Detail Record
HD1	Transmission Header Record
TR2	Transmission Trailer Record

LATE REASON CODE (DN0077)		
Delays		
	L1	No Excuse
	L2	Late Notification, Employer
	L3	Late Notification, Employee
	L4	Late Notification, Jurisdiction Transfer
	L5	Late Notification, Health Care Provider
	L6	Late Notification, Assigned Risk
	L7	Late Investigation
	L8	Tech Processing Delay, Computer Failure
	L9	Manual Processing Delay
	LA	Intermittent Lost Time Prior To 1st Pymnt
	LB	Late notification/payment due to a Natural Disaster
	LC	Late notification/payment due to an Act of Terrorism
Coverage		
	C1	Coverage Lack Of Information
Errors		
	E1	Wrongful Determination of No Coverage
	E2	Errors From Employer
	E3	Errors From Employee
	E4	Errors From Jurisdiction
	E5	Errors From Health Care Provider
	E6	Errors From Other Claim Admin/IA/TPA
Disputes		
	D1	Dispute Concerning Coverage
	D2	Dispute Concern, Compensability in Whole
	D3	Dispute Concern, Compensability in Part
	D4	Dispute Concerning Disability in Whole
	D5	Dispute Concerning Disability in Part
	D6	Dispute Concerning Impairment

ACCIDENT PREMISES CODE (DN0249)	

AGREEMENT TO COMPENSATE CODE (DN0075)	

EMPLOYEE GENDER CODE (DN0053)	
M	Male
F	Female
U	Unknown

EMPLOYEE MARITAL STATUS CODE (DN0054)	
U	Unmarried, Widowed, Divorced, Single
M	Married
S	Separated
K	Unknown

PRE-EXISTING DISABILITY CODE (DN0069)	

RECOVERY CODE (DN0226)	

CLAIM STATUS CODE (DN0073)	
O	Open
C	Closed
R	Re-Open
X	Re-Open/Closed

DEATH RESULT OF INJURY CODE (DN0146)	
Y	Yes
N	No
U	Unknown

EMPLOYEE TAX FILING STATUS CODE (DN0158)	

DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)		
R	Relationship	
	2	Widow
	3	Widower
	4	Son/Daughter
	6	Mother/Father
	7	Disabled Child
	8	Jurisdiction Fund/Estate
N	Numerical Birth Order (0-9)	
	0	Jurisdiction Fund

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)
http://www.wcio.org/Document%20Library/DataSpecificationsManualPage.aspx

ACKNOWLEDGMENT TRANSACTION SET ID (DN0110)	
148	First Report
A49	Subsequent Report

INTERCHANGE VERSION ID (DN0105)	
14830	First Report of Injury; Release 3, Version 0
A4930	Subsequent Report of Injury; Release 3, Version 0
AKC30	Claims Acknowledgment Detail Record; Release 3, Version 0
ARC30	Claims Re-Acknowledgment Detail Record; Release 3, Version 0

TEST/PRODUCTION CODE (DN0104)	
P	Production
T	Test (Pilot Parallel or Test)

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Employee ID

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Social Security Number
(DN0042)
Preferred Identification Number

If the Social Security Number is unknown, the following will be accepted:

Employee Employment Visa
(DN0152)

Employee Green Card
(DN0153)

Employee Passport Number
(DN0156)

Assigned by Jurisdiction ID
(DN0154)
If none of the above valid IDs are known, the "Assigned by Jurisdiction ID" should be composed as follows:

Format

VA/Date of Injury (mmddyy)/Last Name/First Name/Padded with zeros (0)

Examples

For Claimant Name Sean Winterhalter with a Date of Injury of 01/01/08:
VA010108Winterh

For Claimant Name Dan Kim with a Date of Injury of 05/05/10:
VA050510KimDan0

Reporting of Attorney Fees

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

When trying to determine how to report the attorney fees awarded to the Claimant's attorney, ask yourself the following question:

Who is responsible for the payment of the attorney fees, the claimant (deducted from compensation or paid directly by the claimant) or the Insurance Carrier (Claim Administrator)?

Claimant's Responsibility – reporting Attorney fees when they are awarded to be deducted from compensation

If the Commission awarded attorney fees to be deducted from the Claimant's compensation (indemnity and/or settlement payments) or they are to be paid directly by the claimant, the segments in your transactions should be completed as follows (this only addresses the amount paid and payee that are required):

Benefit Segment

Benefit Type Amount Paid should include the amount paid to the claimant and the amount deducted for claimant's legal expenses. This is also true when reporting the payment of a settlement. The amount paid to the attorney should be included in the Benefit Type Amount Paid.

Payment Segment

For lump sum/settlements, two payment segments are required. One would list the claimant as the payee with his/her portion of the settlement as the payment amount and the other would list the attorney as the payee with the attorney fee as the payment amount.

ACR Segment

The weekly amount you are deducting from the claimant's compensation and paying to his/her attorney should be listed as the Benefit Redistribution Weekly Amount. If the total amount due to the attorney was paid at one time, the entire amount should be listed. For lump sum/settlements, this segment should not be completed.

Other Benefit Segment

This segment should only be completed to show medical payments. *Code 340 should no longer be used to report attorney fees that are deemed the responsibility of the claimant.* If the Commission were to award the claimant's attorney a fee to be paid by the Insurance Carrier/Claim Administrator (not deducted from comp) then you would use code 340 - see Responsibility of the Carrier (Claim Administrator) Below

Examples:

Scenario 1: Claimant is due $5,000.00 in TT. $500.00 was to be deducted and paid to the attorney. (Attorney fee is responsibility of the claimant but is deducted from ongoing compensation)

- Benefit Segment – Report $5,000.00 as the Benefit Type Amount Paid for 050
- ACR Segment – Report $500.00 using the Redistribution Code K – Claimant Attorney Fees.

Scenario 2: Settlement issued and Claimant is due $10,000. $1,500.00 was to be deducted and paid to the attorney. (Attorney fee is responsibility of the claimant but is deducted from the settlement)

- Benefit Segment – Report $10,000.00 as the Benefit Type Amount Paid for 5xx
- ACR Segment – This segment should not be completed for this scenario
- Payment Segment – two payment segments are required:
  1. Report $8,500 as the Payment Amount for 5xx with payee as the claimant
  2. Report $1,500 as the Payment Amount for the 5xx with the payee as the attorney

Insurance Carrier's Responsibility – reporting Attorney fees when they are awarded to be payable by the Insurance Carrier (Claim Administrator)

If the Commission awarded Claimant attorney fees to be payable by the carrier (claim administrator) and not deducted from the claimant's compensation, the segments in your transactions should be completed as follows (this only addresses the amount paid and payee that are required

Benefit Segment: The Benefit Type Amount Paid should be the amount paid to the Claimant. Attorney fee amount should not be included.

Payment Segment: For settlements, the payment amount should be the amount paid to the claimant. Attorney fee amount should not be included.

Other Benefit Segment: Code 340 should be used and the amount of the attorney fee should be listed. Any medical payments made should also be reported.

- ✷ The ACR Segment should not be completed for this scenario.

Examples:

Scenario 1: Claimant is due $5,000.00 in TT. $500.00 was awarded to Claimant's attorney but assessed against the carrier and not deducted from the claimant's compensation.

- Benefit Segment – Report $5,000.00 as the Benefit Type Amount Paid for 050
- Other Benefit Segment – Report $500.00 as the Other Benefit Type Amount paid for 340

- ✷ The ACR Segment should not be completed for this scenario.

Scenario 2: Settlement issued and Claimant is due $10,000. $1,500.00 was awarded to Claimant's attorney but assessed against the carrier and not deducted from the claimant's compensation.

- Benefit Segment – Report $10,000.00 as the Benefit Type Amount Paid for 5xx
- Payment Segment – Report $10,000 as the Payment Amount for 5xx with payee as the claimant
- Other Benefit Segment – Report $1,500.00 as the Other Benefit Type Amount paid for 340

- ✷ The ACR Segment should not be completed for this scenario.

Electronic Data Interchange (EDI) Training Aid

Helpful Guidelines for PY Transactions

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Many Trading Partners have questions surrounding the PY Transaction, when it should be submitted, and what information should be in each of the reported segments. The following guidelines should help in determining if and when to file a PY transaction.

When to file a PY transaction

PY transactions should only be used for two reasons:

1. To report the initial payment of medical benefits on Medical Only Claim

2. To report the payment of a Commission awarded lump sum
   a. Compromise Settlement
   b. Permanent Partial Disability awarded by the Commission to be paid in a lump sum.

Medical Only Claims

A medical only claim is when the only payments made are for medical expenses and they total over $1,000. When the claims you are processing meet this scenario, a PY transaction is required to reflect the initial medical payment. The segments in your PY transaction should be completed as follows:

Other Benefit Segment

This segment should include

- Other Benefit Type Code(s) that would properly reflect the type of payment made.
- Other Benefit Type Amount Paid
  - Must be the cumulative amount paid for each of the Other Benefit Type Codes reported

✸ The Benefit, Payment and ACR Segments should not be completed for this scenario.

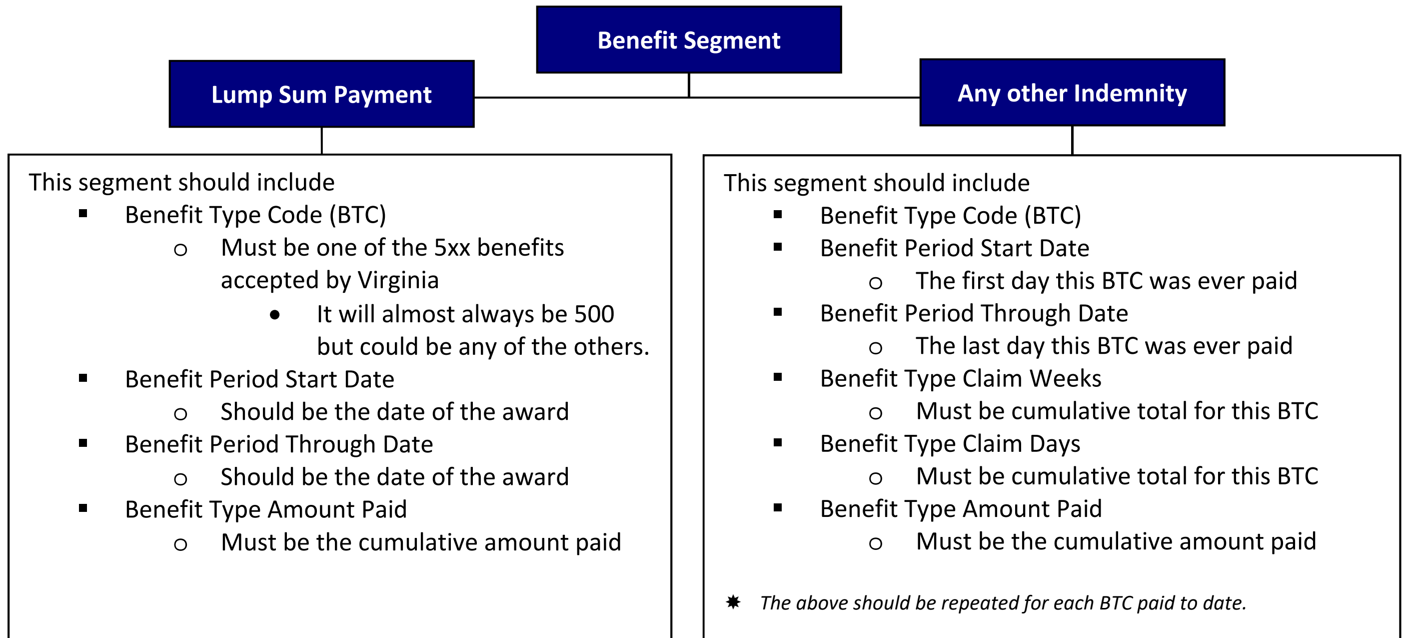
Electronic Data Interchange (EDI) Training Aid

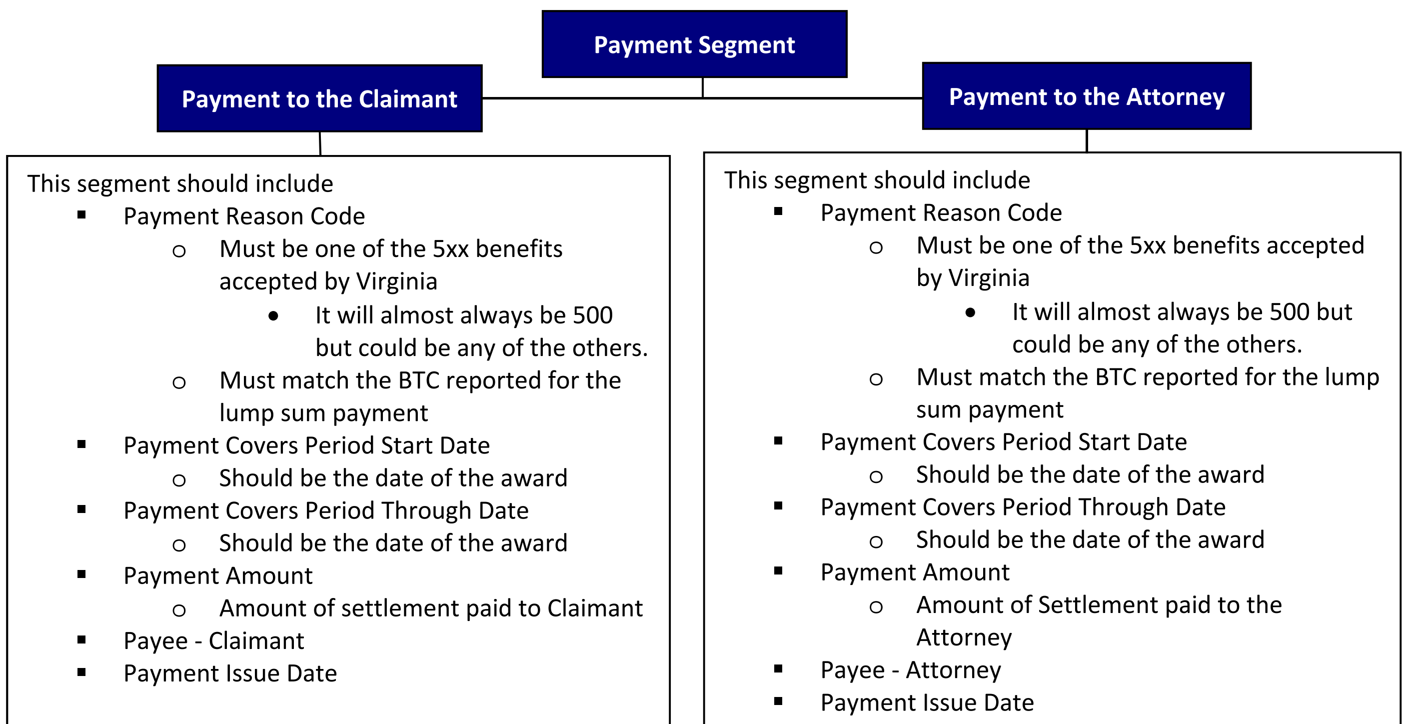
Helpful Guidelines for PY Transactions

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Awarded Lump Sum Payments - Compromise Settlements

If a Compromise Settlement (Petition and Order) was approved and entered by the Commission, a PY transaction is required to reflect the payments made. The segments in your PY transaction should be completed as follows:





Other Benefit Segment

This segment should include
- All Other Benefit Type Code(s) paid to date
- Other Benefit Type Amount Paid
  - Must be the cumulative amount paid for each of the Other Benefit Type Codes reported

✸ The ACR Segments should not be completed for this scenario.

Awarded Lump Sum Payments – Permanent Partial Disability awarded by the Commission to be paid in a lump sum

If the Commission awarded the Claimant a Permanent Partial Disability (PPD) to be paid in a lump sum, a PY transaction is required to reflect the payments made. The segments in your PY transaction should be completed as follows:

Benefit Segment

Lump Sum Payment

This segment should include
- Benefit Type Code (BTC)
  - Must be one of the 5xx benefits accepted by Virginia
    - It will be either 530 or 590.
- Benefit Period Start Date
  - Should be the beginning date of the PPD award
- Benefit Period Through Date
  - Should be the end date of the PPD award
- Benefit Type Amount Paid
  - Must be the cumulative amount paid

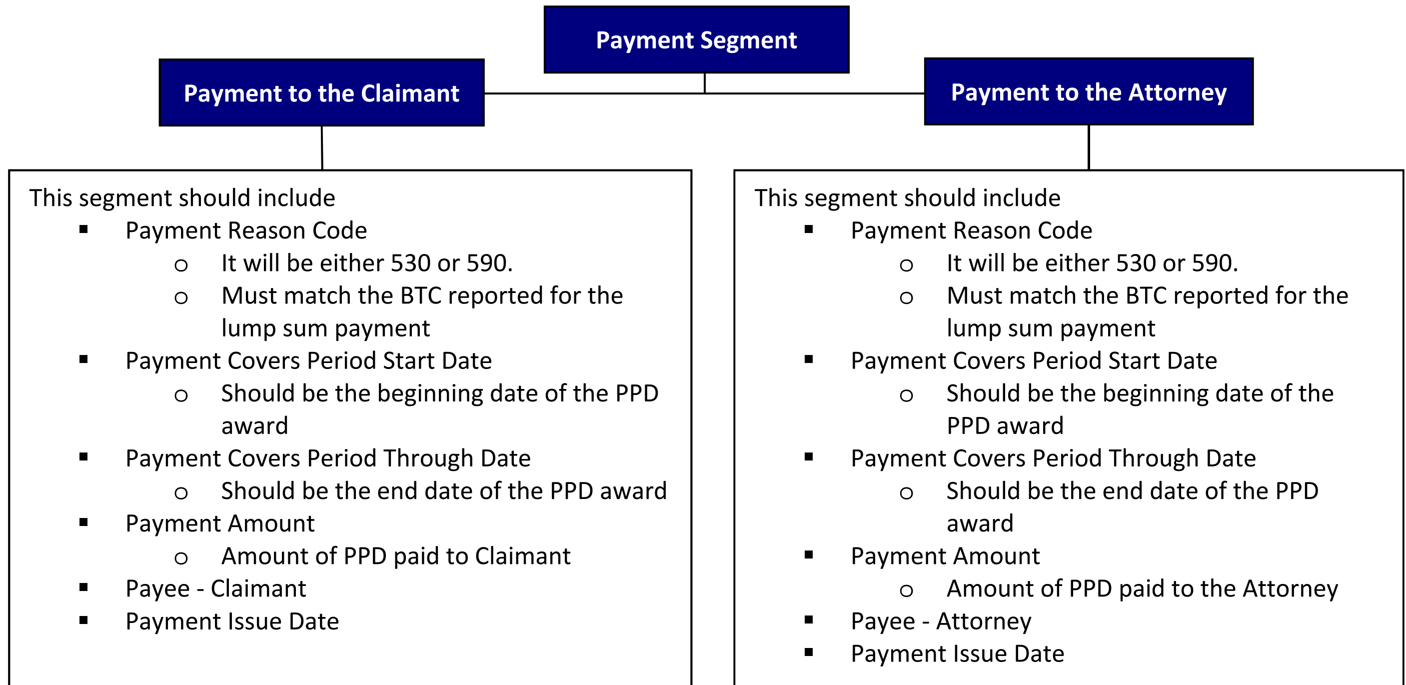
Any other Indemnity

This segment should include
- Benefit Type Code (BTC)
- Benefit Period Start Date
  - The first day this BTC was ever paid
- Benefit Period Through Date
  - The last day this BTC was ever paid
- Benefit Type Claim Weeks
  - Must be cumulative total for this BTC
- Benefit Type Claim Days
  - Must be cumulative total for this BTC
- Benefit Type Amount Paid
  - Must be the cumulative amount paid

✸ *The above should be repeated for each BTC paid to date.*

Helpful Guidelines for PY Transactions

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

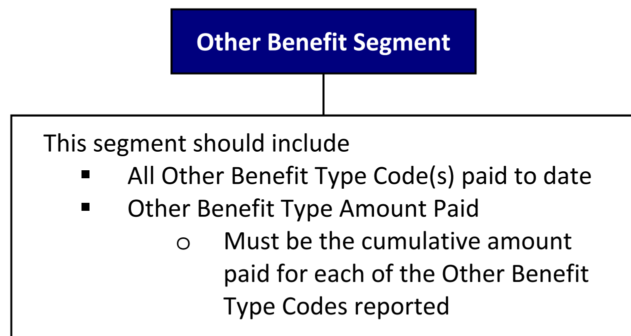


Payment to the Claimant

This segment should include
- Payment Reason Code
  - It will be either 530 or 590.
  - Must match the BTC reported for the lump sum payment
- Payment Covers Period Start Date
  - Should be the beginning date of the PPD award
- Payment Covers Period Through Date
  - Should be the end date of the PPD award
- Payment Amount
  - Amount of PPD paid to Claimant
- Payee - Claimant
- Payment Issue Date

Payment to the Attorney

This segment should include
- Payment Reason Code
  - It will be either 530 or 590.
  - Must match the BTC reported for the lump sum payment
- Payment Covers Period Start Date
  - Should be the beginning date of the PPD award
- Payment Covers Period Through Date
  - Should be the end date of the PPD award
- Payment Amount
  - Amount of PPD paid to the Attorney
- Payee - Attorney
- Payment Issue Date



This segment should include
- All Other Benefit Type Code(s) paid to date
- Other Benefit Type Amount Paid
  - Must be the cumulative amount paid for each of the Other Benefit Type Codes reported

✸ The ACR Segments should not be completed for this scenario

Electronic Data Interchange (EDI) Training Aid

Benefit Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

The Benefit Segment is the section of a SROI transaction where indemnity payments are reported. If indemnity benefits have been paid, this segment should be populated on each SROI transaction submitted.

Benefit Segment(s) must include the following:

Data Element	What to Report	Conditions
Benefit Type Code	One of the BTCs accepted by VA	Must include all benefit types ever paid on the claim
MTC *(see challenges)*	The current MTC you are filing	The MTC should be omitted on a SROI QT, UR or PY. There should be two MTCs on a CB transaction.
Benefit Period Start Date	The first day this BTC was ever paid	The only exception is an RB, ER, or CB. For these MTCs, the date is the reinstatement date
Benefit Period Thru Date	The last day this BTC was ever paid	
Benefit Type Claim Weeks & Days	Total weeks & days the BTC was paid	This is always a cumulative figure
Benefit Type Amount Paid	Total amount paid for this BTC	This is always a cumulative figure
Benefit Payment Issue Date	The date the check was issued	This date is only required on the IP and PY

Challenges

- **A specific Benefit Type Code is reported multiple times within the Benefit Segment.**
  - A Benefit Type Code can only be reported once within the Benefit Segment. If multiple periods of a specific benefit type have been paid, then the Benefit Type Code should only be reported once reflecting cumulative information.
- **The MTC in the Benefit Segment**
  - The MTC is sent alongside more than one Benefit Type Code
    - The MTC is only sent alongside the Benefit Type Code that is initiating, reinstating, suspending or changing within a transaction.
      - Exception: For the CB MTC, the MTC should be populated twice in the benefit segment. One occurrence next to the benefit that is ending and then a second occurrence next to the benefit that is beginning.
  - The MTC populated in the Benefit Segment does not match the SROI MTC transaction being filed which will cause a rejection.

"Event" Transaction vs. "Sweep" Transaction - The difference between an "event" transaction and a "sweep" transaction is whether or not the Maintenance Type Code should be populated in the Benefit Segment of the transaction.

"Event" Transaction	"Sweep" Transaction
MTC should be populated in the Benefit Segment	MTC should not be populated in the Benefit Segment
Specific Event MTC's: IP, EP, RB, ER, CB, Sx, Px, AP	*Specific Sweep MTC's: 04, PY, QT, UR*

- **The Benefit Period Start Date**
  - The Benefit Period Start Date should always be the very first day the benefit type was ever paid.
  - The only exception is when filing a SROI ER, RB, or CB. For these transactions the Benefit Period Start Date is the date in which the benefit is being instated or reinstated for the new period.
- **Previously reported benefit types are missing from current SROI transaction**
  - All SROI transactions must report all benefit types ever paid on the JCN.
  - The only exception is if a Benefit Type Code was previously reported in error.
    - For this scenario, the Benefit Type Code reported in error should be removed from the Benefit Segment and the correct Benefit Type Code listed. A letter should be sent to the Commission advising that this has occurred.

Benefit Segment

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How to complete the Benefit Segment (Scenarios)

Scenario 1: SROI IP

- First Award
  - TT - $500 a week beginning 2/1/2013
- First Payment
  - TT - $500 a week from 2/1/2013 through 2/15/2013
  - Issued on 2/16/2013
- First SROI
  - IP to show the first payment

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050	IP	2/1/2013	2/15/2013	2	1	$1,071.43	2/16/2013

Scenario 2: SROI CB

- Prior Info – *see scenario 1*
- Second Award
  - TP - $250 a week beginning 5/2/2013
    - TT benefits were paid through the day before TP began
- Second Payment
  - TP - $250 a week beginning 5/2/2013 through 5/12/2013
- Second SROI
  - CB to show the Change in Benefit Type

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050	CB	2/1/2013	5/1/2013	12	6	$6,428.57	
070	CB	5/2/2013	5/12/2013	1	4	$392.86	

Scenario 3: SROI S1

- Prior Info – *see scenarios 1 through 2*
- Benefits are suspended
  - TP - $250 a week from 5/2/2013 through 5/20/2013
- Third SROI was a S1 on 5/20/2013

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050		2/1/2013	5/1/2013	12	6	$6,428.57	
070	S1	5/2/2013	5/20/2013	2	5	$678.57	

Benefit Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Scenario 4: SROI RB

- Prior Info – *see scenarios 1 through 3*
- Third Award
  - TT - $500 a week beginning 5/30/2013
- Next SROI
  - RB to reinstate payment of TT - $500 a week beginning 5/30/2013 through 6/30/2013

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050	RB	5/30/2013	6/30/2013	17	4	$8,714.29	
070		5/2/2013	5/20/2013	2	5	$678.57	

Scenario 5: SROI QT

- Prior Info – *see scenarios 1 through 4*
- Benefits have continued passed 90 day mark
- QT issued 7/31/2013

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050		2/1/2013	7/31/2013	21	6	$10,928.57	
070		5/2/2013	5/20/2013	2	5	$678.57	

Payment Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

The Payment Segment is the section of a SROI transaction where a lump sum/settlement payment is reported. This segment shows the amount paid to each payee, the period the payment covers and the date the payment was issued. The Payment Segment should only be populated on a SROI PY and will only include a 5xx Payment Reason Code that is acceptable in Virginia. When reporting the 5xx Payment Reason Code, there must also be a corresponding Benefit Segment showing the 5xx Benefit Type Code and the total amount of the lump sum/settlement payment.

Payment Segment(s) must include the following:

Data Element	What to Report
Payment Reason Code	5xx code representing the Lump Sum/Settlement Payment
Payee	Name of the individual receiving the payment
Payment Amount	Amount paid for this payment reason code
Payment Covers Period Start Date	The start date for this payment reason code *(date the lump sum/settlement was approved)*
Payment Covers Period Thru Date	The end date for this payment reason code *(date the lump sum/settlement was approved)*
Payment Issue Date	The date the check was issued

**For additional information on completing the payment segment, please refer to the "Helpful Guidelines for PY Transactions" Training Aid.*

Corresponding Benefit Segment must include the following:

Data Element	What to Report
Benefit Type Code	5xx code representing the Lump Sum/Settlement Payment
Benefit Period Start Date	The start date for this benefit type code *(date the lump sum/settlement was approved)*
Benefit Period Thru Date	The end date for this benefit type code *(date the lump sum/settlement was approved)*
Benefit Type Amount Paid	Total amount paid for this BTC

The Benefit Segment must include all benefit types ever paid on the claim.

**Refer to the "Benefit Segment" Training Aid for information and scenarios on completing the Benefit Segment.*

Payment Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Challenges

- **Sending a Payment Segment on a PY transaction with no corresponding Benefit Segment**
  - When reporting a 5xx Payment Reason Code in the Payment Segment to show the payment of a lump sum/settlement, it must have a corresponding 5xx Benefit Type Code in the Benefit Segment.
- **Lump Sum/Settlement not reported accurately in the Payment Segment**
  - When reporting a lump sum/settlement, the Payment Segment must show each payee that was awarded money in the lump sum/settlement.
    - _Example_: If a claim is settled and the total amount is apportioned out to the Claimant and to his/her Attorney, there should be two Payment Segments; one segment to show the Claimant as the payee with the amount awarded to him/her, and another segment to show the Attorney as the payee with the amount awarded to him/her. *The corresponding Benefit Segment should reflect the total amount of the settlement.*
- **The Payment Segment reporting an invalid Payment Reason Code**
  - The Payment Segment is only used to report the lump sum/settlement payment(s) and must be represented by a 5xx Payment Reason Code on a SROI PY Transaction.
- **Payment Segment does not reflect cumulative**
  - When more than one lump sum/settlement is awarded and paid throughout the life of the claim, the Payment Segment must reflect all payments ever made on the claim. If the same Payment Reason Code applies to both lump sum/settlement payments, the Start Date, End Date, and Payment Amount must reflect a cumulative figure.
- **No Sx filed before PY to report the payment of a Compromise settlement**
  - If the last SROI submitted initiated, reinstated or changed benefits *(SROI IP, EP, RB, RB, CB, or AP)*, a SROI suspension (Sx) must be filed prior to the PY to terminate the open benefits. Once the Sx accepts, the PY can be submitted.

Payment Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

How to complete the Payment Segment

Scenario 1: Claim settled, no previous indemnity paid

- Award = Compromise Settlement (Full and Final dated March 25, 2013)
  - $25,000 awarded with $5,000 to be deducted and paid to the Claimant's attorney
  - Paid March 27, 2013

Payment Segment on PY

Payment Reason Code	Payment Covers Period Start Date	Payment Covers Period Through Date	Payment Amount	Payee	Payment Issue Date
500	3/25/2013	3/25/2013	$20,000.00	Claimant's Name	3/27/2013
500	3/25/2013	3/25/2013	$5,000.00	Attorney's Name	3/27/2013

Must have corresponding Benefit Segment

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
500		3/25/2013	3/25/2013			$25,000.00	

Scenario 2: Claim settled, previous indemnity paid

- Prior Info = Multiple SROIs filed through the life of the claim
  - Cumulative information:
    - TT from 02/01/2013 through 08/21/2013 for 24 weeks, 6 days and $12,428.57
    - TP from 05/02/2013 through 05/20/2013 for 2 weeks, 5 days and $678.57
- Award = Compromise Settlement (Full and Final dated September 25, 2013)
  - $25,000 awarded with $5,000 to be deducted and paid to the Claimant's attorney
  - Paid September 27, 2013

Payment Segment on PY

Payment Reason Code	Payment Covers Period Start Date	Payment Covers Period Through Date	Payment Amount	Payee	Payment Issue Date
500	9/25/2013	9/25/2013	$20,000.00	Claimant's Name	9/27/2013
500	9/25/2013	9/25/2013	$5,000.00	Attorney's Name	9/27/2013

Must have corresponding Benefit Segment

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
500		9/25/2013	9/25/2013			$25,000.00	
050		2/1/2013	8/21/2013	24	6	$12,428.57	
070		5/2/2013	5/20/2013	2	5	$678.57	

Electronic Data Interchange (EDI) Training Aid

Duplicate JCNs and Consolidation

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Duplicate JCNs

Many duplicate Jurisdiction Claim Numbers (JCNs) are created when the Commission receives a paper submission from the claimant or claimant's attorney before we receive the EDI transaction from the Claim Administrator. This results in the Commission creating a JCN for the paper submission and potentially creating another JCN for the EDI transaction.

How to prevent the creation of duplicate JCNs

File FROI submissions timely

If more than 30 days have passed since the injury occurred, contact the Commission so we can verify whether or not a claim has been set up and if a JCN has been assigned.

Capture existing JCN in your system and use it when filing your initial FROI

The Commission is required to create a claim when a paper submission is received from the claimant or claimant's attorney. When the Commission creates the claim, the Notification of Injury – Request for FROI, is generated and sent to all known parties.

When you receive this notice, make note of the Jurisdiction Claim Number that is listed and capture it in your system. File the required initial FROI using the assigned JCN.

Duplicate Check Process

The Commission has a "Duplicate Check" process in place to assist in eliminating a large volume of duplicate JCNs.

Duplicate Check	• Checks for SSN • Looks for Claimant's First and Last Name and Date of Injury Combo • The information must be a 100% match

The "Duplicate Check" will return a "Duplicate Transaction/Transmission" error if a JCN already exists for the claim that is being filed. The three key pieces of information must be a 100% match to the information in the Commission's system for the Duplicate Check to locate duplicate claims. It is important to verify that all information being submitted is accurate.

How to help eliminate additional work when duplicate JCN's exist.

- Make note of the Jurisdiction Claim Number on all correspondence you receive from the Commission.

- Advise the Commission as soon as you are aware that a duplicate JCN may exist so that we can review promptly.
    - A letter can be mailed or faxed to the Commission
    - E-mail the Commission EDI Support Team
    - Call the Commission's Customer Contact Center

- The Commission should be notified of a duplicate claim promptly in order to significantly reduce potential additional work for both the Commission and the Claim Administrator.
    - Decreased amount of duplicate transactions the Claim Administrator is responsible for filing
    - Decreased amount of unnecessary or duplicate notifications mailed by the Commission
    - Decreased amount of confusion between parties when the consolidation is performed and only one JCN exists for the injury

Duplicate JCNs and Consolidation

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Consolidations

A process performed by the Commission's EDI Quality Assurance Department when two JCN's are created for the same injury and need to be merged into one.

The Commission's Consolidation Process:	
Step 1: Determine which JCN to keep	• We look at: o Creation Date ▪ Was the FROI filed timely? ▪ How many days are between our creation date and the FROI submission? o Activity that has occurred on each JCN ▪ Is the JCN currently on the hearing docket? ▪ Are there currently any Awards entered?
Step 2: Process Consolidation	• If needed, an Order is issued moving or vacating any awards • Issue the Consolidation Letter o Advise which JCN the files were consolidated into o Request EDI transactions, if needed
Step 3: Merge the claims together	• All documents from both files are moved into the one active JCN *EDI transactions cannot merge into a different JCN as EDI transactions are JCN specific*

Once the Consolidation Letter is received:

- **All parties should note the JCN that remains active**
  - The active JCN should be used on all correspondences and EDI transactions going forward.
- **Claim Administrators should file any requested EDI transactions within the timeframe specified**
  - Consolidation letters typically ask for the FROI 01 Cancel transaction on the JCN that was not kept and an initial FROI on the JCN that is kept.
    - If the FROI 01 Cancel transaction is requested, it should be filed as requested in order to prevent issues with future EDI filings. If the FROI 01 Cancel transaction is filed on the JCN not requested, it causes more work on both ends. *(See FROI 01 Cancel Transaction Training Aid.)*
    - When requested to file an initial FROI, a FROI 02 is not an acceptable FROI to file. The transaction will reject, as there is no initial FROI on file. The JCN cannot be changed by filing a FROI 02.
  - If the Consolidation Letter does not request any EDI FROI transactions to be filed, then no EDI FROI transactions are required at that time.
- **Claim Administrators should note which file they submitted payments under, if any**
  - EDI transactions are JCN specific.
    - EDI transactions filed under the old JCN do not move to the active JCN.
  - Any SROI payment transactions filed under the inactive JCN must be re-filed under the active JCN.

**A consolidation will not be performed when multiple JCNs exist and parties want the JCNs combined only for hearing purposes. Those JCNs will be related in our Claims Processing System to alert VWC employees to review each JCN when performing any future action.*

Electronic Data Interchange (EDI) Training Aid

Duplicate JCNs and Consolidation

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Common Pitfalls with Consolidations

Discrepancy in the Date of Injury for the same injury	• When notifying the Commission of duplicate claims and there is a discrepancy in the date of injury, you should clarify which date of injury is correct based on your records. • Occupational Disease Claims – the Date of Injury should be the Date of Communication, not the Date of Last Exposure (which is used to determine coverage.)

Different Employers	• This is seen in cases of:
	  o "Trade Name" or "Doing Business As Name" versus Primary Insured/Parent Corporation
	  o Subcontractor versus Statutory Employer
	  o Independent Contractor versus an Employee
	  o Professional Employer Organization (PEO) versus the Client Company
	
	• When notifying the Commission of duplicate claims and there is a discrepancy in the Employer, you should clarify the correct Employer.

Different Insurance Carriers	• This is seen when the EDI data is not correct or the Commission did not have the correct information at the time the claim was created. • EDI will reflect the Claim Administrator as both the Claim Administrator and an Insurer or it will reflect the Employer as a self-insured when they are not. • Discrepancy with Employer Information • Make sure you are using the correct Insurance Carrier for the Employer and Date of Injury on your EDI transaction.

Different Claim Administrators	• This happens when a Claim Administrator acquires a claim and does not file the FROI AQ on the assigned JCN.
	  o A call is made to verify who is actually handling the claim, if we do not have documentation in the file.
	  o If this happens on a claim where you are notifying the Commission of a duplicate JCN, please clarify who the correct Claim Administrator handling the claim is.
	
	• This is also seen when different Insurance Carriers are listed in the JCNs and each have different Claim Administrators.

FROI 01 Cancel transaction is submitted incorrectly on a JCN	• When the Commission issues a Consolidation Letter and a FROI 01 Cancel transaction is needed, the Consolidation Letter will specifically request the transaction to be filed on a particular JCN. • Not all Consolidation Letters request the FROI 01 Cancel transaction to be filed. It is important to read the Consolidation Letter and only file the FROI 01 Cancel transaction if it is requested. **For more information surrounding the* FROI 01 Cancel transaction*, refer to the FROI 01 Cancel Transaction Training Aid*

Electronic Data Interchange (EDI) Training Aid

FROI 01 Cancel Transaction

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

A FROI 01 Cancel Transaction is submitted by the Claim Administrator and used when the original first report was sent in error. Many Claim Administrators believe that a FROI 01 cancels the last transaction submitted. **THIS IS NOT CORRECT.** In Virginia, when a FROI 01 is filed, it cancels the JCN in its entirety and renders it invalid. The JCN can no longer be used for EDI filing purposes.

When should a FROI 01 transaction be filed to cancel a JCN?

FROI 01 transaction should only be used for two reasons:

1. When a claim was reported to the wrong jurisdiction.*
2. When requested by the Commission

What to do if….

You believe a FROI 01 Cancel should be filed on a JCN	1. Contact the EDI Quality Assurance Department of the Commission so we can verify if it is appropriate to file the FROI 01. 2. Once approved, send a written letter to the Commission explaining the reason for the cancellation. *If the claimant has filed in Virginia, the claim must stay active as it is the claimant's right to file. If a FROI 01 has been filed on a claim in which the claimant has filed a Claim for Benefits, we are required to create a new claim with a newly assigned JCN and request the Claim Administrator file a new FROI on the new JCN.*
A FROI 01 was filed in error and accepted	1. Contact the EDI Quality Assurance Department of the Commission *The sooner the Commission is advised of the error, the sooner we can get a new claim created and assign a new JCN.*
You believe a duplicate claim exists	1. Send a letter to the Commission requesting review for possible consolidation. 2. File no further EDI transactions until you receive a Claim Consolidation Letter. • The Claim Consolidation Letter will advise you which JCN to use going forward and if any additional EDI transactions are required. If a FROI 01 Cancel transaction is requested, it must be filed on the requested JCN in order to prevent issues with future EDI filings.

What is a Notification of Cancellation?

- An automated letter triggered by the submission and acceptance of the FROI 01.
- Sent to all parties listed on the JCN

*Please contact the EDI Quality Assurance Department to verify it is appropriate to file the FROI 01 transaction, prior to doing so. This will assist in preventing confusion and unnecessary additional work for all parties.

Electronic Data Interchange (EDI) Training Aid

Reporting of Compromise Settlements

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Scenario A - One JCN settled

Compromise Settlement indicates *ONE* amount to cover the JCN

- One SROI transaction is required
  - Full amount should be reported on the JCN

Scenario B - Two JCNs settled

Compromise Settlement indicates *ONE* amount to cover both JCNs

- Two SROI transactions are required
  - You should split the amount of the settlement and report half on one JCN and the other half on the other JCN

Compromise Settlement indicates *TWO* separate amounts; ONE amount for each JCN

- Two SROI transactions are required
  - One for each settlement submitted on their respective JCN

Scenario C - Three or More JCNs settled

Compromise Settlement indicates *ONE* amount to cover all JCNs

- One SROI transaction is required
  - Transaction should be filed on the JCN with the most recent date of injury

Compromise Settlement indicates *TWO* separate amounts:

ONE amount for ONE JCN and ONE amount for TWO JCNs

- Three SROI transactions are required.
  - One SROI should be filed on the JCN for half the amount of the settlement that covers two JCNs
  - One SROI that covers the other half of the amount for the settlement for the other *JCN*
  - One SROI transaction should be filed on the JCN for the amount that covers the one JCN

ONE amount for ONE JCN and another amount to cover multiple (more than 3 JCNs)

- Two SROI transactions are required
  - One SROI should be filed on the JCN where the settlement covers one JCN
  - One SROI should be filed on the JCN with the most recent date of injury for the settlement that covers three or more JCNs

ONE amount for TWO JCNs and another amount to cover multiple (more than 3 JCNs)

- Three SROI transactions are required.
  - One SROI should be filed on the JCN for half the amount of the settlement that covers two JCNs
  - One SROI that covers the other half of the amount for the settlement for the other *JCN*
  - One SROI transaction should be filed on the JCN with the most recent date of injury for the amount that covers multiple JCNs

Additional Notes

- A FROI must be filed on each JCN (Date of Injury) reflected in the Compromise Settlement before the SROI is submitted
- When a Compromise Settlement indicates a separate amount for each JCN (Date of Injury) listed, a SROI reflecting the specific amount should be filed in the respective JCN(s)
- If you have an approved Compromise Settlement that does not fit into one of the above scenarios, contact the Commission's EDI QA Department for assistance.

Electronic Data Interchange (EDI) Training Aid

Transaction Rejection

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

An EDI transaction is rejected when it does not pass the edits applied by Virginia to the data elements. The reason for rejection can be found on the Acknowledgement Record. It is the responsibility of the Trading Partner to review the reason for rejection, make the necessary correction(s), and resubmit the transaction, if necessary, or submit the appropriate transaction.

Common Rejection Reasons

- Error found on a mandatory or mandatory conditional data element
- Submitted code value not accepted by Virginia
- Invalid Event Sequence
- Duplicate Transaction/Transmission
- Match Data Discrepancies

Understanding the Rejection Received

The Commission follows the IAIABC standard but only implemented what was necessary do business in Virginia. The Standard provides guidelines for the applied edits and the error messages received. The Edit Matrix spreadsheet will assist in understanding the rejections.

EDIT MATRIX

Outlines the edits applied by Virginia to each accepted data element

DN-Error Message	• Provides standard error messages to use in association with the edits applied to the data elements and elaborates on data elements that have specific population restrictions and/or code values. • The table lists the Data Element Numbers and Names down the left column and the Error Message Numbers and Descriptions across the top.
Value Table	• Provides a list of code values and indicates which are and are not accepted in Virginia
Match Data Table	• Identifies which data elements are used as primary or secondary "match" data elements to determine if a new JCN should be created or if the transaction should be matched to an existing JCN.
Population Restrictions	• Elaborates on the data population or the code value limitations applied to the data elements and provides specifics on the standard error messages received for those data elements.
Sequencing	• Elaborates on the standard error messages received in relation to the sequence of transactions and should be used in correlation with the Event Tables to determine the proper sequencing requirements.

Electronic Data Interchange (EDI) Training Aid

Transaction Rejection

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How to Interpret the Acknowledgement Record for the Rejected Transaction

The Acknowledgement Record will return an Application Acknowledgement Code of TA *(Transaction Accepted)* or TR *(Transaction Rejected)*. If the transaction is returned as "rejected," review the reason for rejection. The Acknowledgement Record provides the rejection information in the following number sequence: Data Element Number, Element Error Message Number and Variable Segment Number. The Element Error Text may be provided at the end of the acknowledgment record.

By using the Data Element Number and Element Error Message Number received in the rejection along with the Edit Matrix: DN-Error Message Table, you will be able to determine the reason for the rejection.

Step 1

Use the number sequence provided in the Acknowledgment Record to locate the exact error on the DN- Error Message table of the Edit Matrix.

Example:

Reason for Rejection: 0088064

0088 – This is the Data Element Number

064 – This is the Element Error Message Number

Error Received:

Benefit Period Start Date

Invalid Data Sequence/Relationship

Edit Matrix Population Legend:
F = Edit applies to the data elements deemed essential for a transmission/transaction to be processed.
L = *Not grayed out: Edit applies to the data elements based on the requirements indicated on the VWC Element Requirement Table.
*Grayed out: The standard edit will not be applied by VWC

Application of 001 - Mandatory field not present: some data elements are based on MTC and/or conditions defined in VWC's Element Requirement Table. Refer to requirement codes "M" or "MC" on the Element Requirement Table.

Application of 059 - Non-match data value not consistent with value previously reported: For data elements that are unique to the FROI, VA requires an 02 change transaction immediately after this change is known. For data elements that are on both the FROI and SROI or unique to the SROI, VA requires an update of the changed data element with the next SROI MTC transaction filed. See exception for Claim Administrator Claim Number (DN0015) in *Information and Data Reporting* in Section 2 of the VWC Implementation guide.

Jurisdiction will apply edits?:
F = Essential data element; will be edited for successful transaction processing
Y = Yes - indicates that all edits marked for the data element will be applied; some may be based on conditions defined in the Element Requirement Table
N = No - indicates that none of the standard edits marked for the data elements will be applied

Population Restrictions:
When Data Elements have certain "population values" allowed, a "P" is indicated in the "Population Restrictions Indicator" column and the associated data element population restriction is detailed in the Population Restrictions Table.

DN (Sorted by Error Message & DN)	IAIABC Data Element Name	...risdiction will apply edits?	...pulation Restrictions Indicator	060 ...vious paper documentation not received	061 ...ent Table criteria not met	062 ...quired segment not present	063 ...alid event sequence	064 ...alid data relationship	065 ...rresponding report/data not found	066 ...alid record/transaction count	067 ...ist be >= Policy Effective Date
0085	Benefit Type Code	Y	P					L			
0086	Benefit Type Amount Paid	Y									
0087	Net Weekly Amount	Y									
0088	Benefit Period Start Date	Y	P					L			
0089	Benefit Period Through Date	Y									
0090	Benefit Type Claim Weeks	Y									

Column C indicates if the edit is applied to the data element by Virginia.

For this example, the edit is applied as it is marked with "Y"

Column D indicates if there is a population restriction for the data element.

For this example, "P" is populated indicating the Data Element: *Benefit Period Start Date* has a population restriction.

The "L" located at the intersection, indicates the edit applies to that data element.

If there is a "P" in column "D" go to the Population Restriction Table of the Edit Matrix to find more information on the error. (*See Step 2 for details on the Population Restriction Table)*

Electronic Data Interchange (EDI) Training Aid

Transaction Rejection

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Step 2

Using the Population Restrictions table of the Edit Matrix you will be able to determine the Element Error Text and understand the restrictions applied to the Data Element.

- Locate the Data Element Number/Name lined up with the Error Message Number/Text
  - *Utilize the filters option to easily locate what you are looking for, if using the electronic version.*
- The Population Restriction column will advise which edit is applied
- The Element Error Text will show the exact error you will receive

DN	Data Element Name	Error Message Numbe	Error Message Text	Population Restriction	Element Error Text
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.** **Example of Invalid Reporting:** **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 **Example of Valid Reporting:** **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

The Element Error Text, located in column F, tells us there is a gap in the dates between Benefit Period Through Date for the earliest benefit type reported and the Benefit Period Start Date of the latest benefit type reported OR that the expected MTC was not received for the benefit information being reported.

Based on the information collected in Step 1 and Step 2, we now know the transaction rejected based on the *Benefit Period Start Date* due to *Invalid Data Relationship* because there is a gap in the dates between Benefit Period Through Date for the earliest benefit type reported and the Benefit Period Start Date of the latest benefit type reported and/or the expected MTC is not received for the benefit information being reported.

How to Resolve

Step 1: Review the Benefit Period Dates of the rejected transaction.

Example:		
	***Earliest Benefit reported*:**	***Latest Benefit reported*:**
Benefit Type Code	*050*	*070*
Benefit MTC	*CB*	*CB*
Benefit Period Start Date	*3/25/2015*	*5/19/2015*
Benefit Period Through Date	*5/13/2015*	*6/15/2015*

Step 2: Determine if the gap in time between the earliest benefit period through date and the latest benefit period start date should truly exist or not.

Step 3:

- If no gap between the dates should exist – Correct the benefit period start date and resubmit the transaction.
- If gap between the dates should exist – Submit the proper SROI Suspension to show the earliest benefit period reported has ended. Once accepted, the proper Reinstatement transaction should follow to show the reinstatement of benefits.

Transaction Rejection

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Common Error Messages

063 - Invalid event sequence/relationship

Failure to follow proper event sequencing

Resources:	Examples:
• Edit Matrix – Sequencing • FROI/SROI Event Matrix (*Refer to Training Aid #1 & #2)*	• FROI 00 must be on file prior to filing a SROI reporting payments • FROI 04 cannot be filed after an initiating FROI has been accepted • SROI QT cannot be filed prior to an initiating SROI reporting payments being accepted • SROI Suspension must have a preceding initial SROI or SROI Reinstatement

117 - Match Data value not consistent with value previously reported

Change made to a match data value on a transaction other than a FROI 02

Resources:	Examples:
• Edit Matrix – Match Data Table • EDI FROI 02 Change Transaction ○ *Only one Match Data field can be updated per FROI 02 unless otherwise noted in the Category legend.*	• Change made to Employee First Name or Date of Injury does not match previously accepted transaction. • A FROI 02 must be filed and accepted with the change(s) made prior to additional transaction(s) being submitted with the changed data.

001 - Mandatory field not present

A data element that is mandatory for the transaction/data being submitted is not populated or contains an invalid space

Resource:	Examples:

• Element Requirement Table	• Latest Return to Work Date – Mandatory Conditional field
	  ○ Is mandatory when the employee returns to work after a subsequent disability period.
	• Employer Industry Code – Mandatory field
	  ○ *Exception*: Claim is being denied for no coverage

042 - Not statutorily valid

Reported code value is not valid for Virginia

Resources:	Examples:

• Edit Matrix – Value Table
• Edit Matrix – Population Restrictions
• EDI Quick Code Sheet
	• Employer Industry Code – NAICS Codes
	  ○ Date of Injury prior to 10/20/2014 – use 2007 NAICS Codes
	  ○ Date of Injury on or after 10/20/2014 – use 2012 NAICS Codes
	  ○ Date of Injury on or after 5/1/2017 – use 2017 NAICS Codes
	• SROI transaction reports Other Benefit Type Code 400 *(Total Other Vocational Rehabilitation)* – the Value Table has the code greyed, therefore not a code accepted by Virginia

037 - Must be <= Maintenance Type Code Date	
Reported data element date is after the date the transaction is being submitted	
Resources:	**Examples**:
• Verify all fields reporting a date and that it does not fall after the date the EDI transaction is being submitted.	• Benefit Period Start Date • Date Claim Administrator Had Knowledge of Injury • Initial Date Disability Began

057 - Duplicate Transmission/Transaction	
Key information submitted matches to a transaction or claim file previously accepted	
Resources:	**Examples**:
• Edit Matrix – Match Data Table • Duplicate Check Process (*Refer to Training Aid #18)*	• Claim created from paper submission and JCN assigned by VWC – Initial FROI filed without the assigned JCN populated. • SROI IP rejects - SROI IP previously filed and accepted • Multiple Injuries on the same day – *Contact EDI Support for assistance with acceptance of the second injury*

Electronic Data Interchange (EDI) Training Aid

Occupational Disease Claims

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

What is an Occupational Disease?

An occupational disease is 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.

The most common Occupational Disease is Pneumoconiosis, which includes, but is not limited to, Coal Worker's Pneumoconiosis also known as Black Lung, Silicosis, Byssinosis, and Asbestosis.

Occupational Disease or Ordinary Disease of Life?

The Commission must determine whether a condition or disease is an occupational disease as defined by § 65.2-400, Code of Virginia or an ordinary disease of life. This is essentially a medical issue that the Commission must decide on a case-by-case basis. The specific characteristics of each employment, the type of work in which the employee performs and the effect it has on the employee are factors that the Commission considers when determining whether a claimant has an occupational disease or an ordinary disease of life. In certain cases, §65.2-401, Code of Virginia will treat ordinary diseases of life as compensable if the evidence satisfies the specific statutory requirements.

Examples of ordinary diseases of life that may be found to be compensable are Heart Disease, Carpel Tunnel Syndrome, Hearing Loss and Hepatitis.

Common Terms

Term	Description
Date of Injury	The Date of Injury is the date in which the diagnosis of an occupational disease is communicated to the employee, per §65.2-403, Code of Virginia. Therefore, the date of communication of diagnosis is the date of injury.
Date of Last Injurious Exposure	Per §65.2-404, Code of Virginia, injurious exposure is the exposure to the causative hazard of the disease which is reasonably calculated to bring on the disease in question. For coal workers' pneumoconiosis cases, 90 work shifts of exposure to the causative hazard is conclusively presumed to be injurious. Date of last injurious exposure is not necessarily the same as the date the claimant last worked for the employer.
Coverage	The employer's insurance carrier at the time of last injurious exposure is responsible for compensation and medical expenses, per §65.2-404, Code of Virginia. In coal workers' pneumoconiosis cases, if more than one carrier covers the claimant's last 90 shifts of exposure, liability will be divided between the carriers based on the number shifts that each carrier covered.

Occupational Disease Claims

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EDI Reporting of Occupational Disease Claims

Date of Injury

When filing your EDI FROI transaction, the date of injury field must reflect the date of communication of the occupational disease. This may pose as an issue in your EDI system with coverage being based on the date of last injurious exposure. If this poses as an issue in your EDI system when submitting the EDI FROI transaction, a manual work-around will have to be done on your end prior to submitting the EDI FROI transaction.

Two Carriers responsible

When there is a question as to which carrier is responsible for payment of the Occupational Disease, no EDI should be filed by any party until the Commission makes a decision as to the responsible parties. If two carriers are determined to be responsible for an injury and EDI is required from both parties, another Jurisdiction Claim Number will be created in order for each carrier to file EDI to be in compliance with § 65.2-902, Code of Virginia.

Reporting Pneumoconiosis Permanency Impairment Rating

§65.2-503 & §65.2-504, Code of Virginia, provides the breakdown of how many weeks are awarded for each stage of the disease.

The following table provides the percentage breakdown for each stage to use when reporting the permanency rating via EDI.

Stage 1	50 Weeks	16.67%
Stage 2	100 Weeks	33.33%
Stage 3	300 Weeks	100%

Electronic Data Interchange (EDI) Training Aid

Interpreting EDI Reporting Requirements

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The EDI Implementation Guide's main reporting requirements are outlined into three individual spreadsheets provided by the IAIABC: the Event Table, the Element Requirement Table, and the Edit Matrix. Virginia has taken these documents and made them specific to State reporting rules and requirements.

Event Table

The Event Table provides the criteria and timeframes for filing each MTC along with VWC's Mandate Dates.

The Event Table Contains:

- FROI Reports
- SROI Reports
- Periodic Reports

Using the Event Table

The three different report types are set-up and interpreted the same way.

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 30-91-10). ~~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 30-91-10). ~~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		

FROI | SROI | Periodic

Columns A – D provide the release number, the report type, and the Maintenance Type Code and Name.

Columns E – I provide the event rule, the Criteria that must be met in order to file that MTC and any trigger value that occurs in order to file the MTC.

Columns J – L provide the timeframe in which the transaction should be filed.

Column M advises if any paper forms are required in addition to the EDI transaction.

Example: FROI UR

– If the claim meets VWC's EDI Mandate Dates, a FROI UR can be filed if it is a minor injury that has not been denied and the carrier wants to file a reduced data set.

– The report is due within 30 calendar days from the date of the Claim Administrator's knowledge.

– No paper form is required to be submitted in addition to the EDI transaction.

Interpreting EDI Reporting Requirements

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VWC's Mandate Date box can be found at the bottom of each Event Table and provides the effective date of certain EDI criteria that has changed since the implementation of EDI on October 1, 2008.

* 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.

Element Requirement Table

The Element Requirement Table outlines the data element requirements for both FROI and SROI transactions along with the business rules that may be applied.

The Element Requirement Table Contains:

- FROI Element Requirements
- FROI Conditional Requirements
- SROI Element Requirements
- SROI Conditional Requirements
- Event Benefits Segment Requirements
- Event Benefits Segment Conditional Requirements

Interpreting the Legend

These codes are located at the top of each of the Element and Event Benefits Requirements.

Code	Description
M *(Mandatory)*	• Data Element must be present and in valid format • When marked for FROI 02, a change is not allowed but the element is required
MC *(Mandatory Conditional)*	• Data Element becomes mandatory under the condition(s) established in the respective Conditional Table
AA *(If Applicable/ Available)*	• Data Element should be sent if known • Data Element will not be edited on for accuracy
AR *(If Applicable/Available Transaction Rejected)*	• Data Element should be sent if known • Data Element will be edited on for accuracy
NA *(Not Applicable)*	• Data Element is not relevant to Virginia's requirements for the MTC • Data Element information may be sent but is ignored and not captured in Virginia's system
F *(Fatal Technical)*	• Data Element is essential to the transaction and must be present
X *(Exclude)*	• Data Element is not relevant to Virginia's requirements for the MTC • Data Element information should not be sent as it will cause the transaction to reject

Interpreting EDI Reporting Requirements

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FY (Fatal yes change)	• Data Element is essential to the transaction but can be changed on a MTC 02
Y *(Change Allowed)*	• Data Element may be changed but is mandatory if it has ever been reported
y *(Change Allowed – Match Data element)*	• Data Element may be changed • Refer to Match Data Table
R *(Restricted)*	• Data Element will not be accepted and will cause the transaction to reject

*This is not all the Data Element Requirement Codes provided by the IAIABC. The above only contains those codes Virginia uses throughout the Element Requirement Table.

Using the Element Requirement Table

The Element Requirements Table provides the requirements for each data element as it pertains to the MTC being submitted.

*FROI and SROI Element Requirements are used the same way.

	A	B	C	F	G	H	I	J	K	L
18	REC	DN#	DATA ELEMENT NAME	00	01	02	04	AQ	AU	UR
19	148	0001	Transaction Set ID	F	F	F	F	F	F	F
20	148	0002	Maintenance Type Code	F	F	F	F	F	F	F
21	148	0003	Maintenance Type Code Date	F	F	F	F	F	F	F
22	148	0004	Jurisdiction Code	F	F	F	F	F	F	F
23	148	0005	Jurisdiction Claim Number	MC	M	M	MC	M	AR	MC
24	148	0006	Insurer FEIN	F	F	FY	F	F	F	F
25	148	0012	Claim Administrator City	M	NA	Y	M	M	M	M
26	148	0013	Claim Administrator State Code	M	NA	Y	M	M	M	M

FROI Element Requirements | FROI Conditional Requirements | SROI Element Requirements

Column A indicates which record layout the data is located.

Column B indicates the Data Element Number.

Column C indicates the Data Element Name.

Columns F – L indicate the Data Element Requirement Code for each acceptable MTC in Virginia.

Example:

0005 - Jurisdiction Claim Number
Located in the FROI 148 table
FROI 00 = MC *(Mandatory Conditional)*

Jurisdiction Claim Number is Mandatory Conditional for a FROI 00. Go to the Conditional Requirements Table to determine if the data element is mandatory based on the listed condition.

Interpreting EDI Reporting Requirements

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The Conditional Requirements Table provides the Business Condition(s) and the Technical Condition(s) for those data elements that are Mandatory Conditional.

*FROI and SROI Conditional Requirements are used the same way.

	A	B	C	D	E
1		***FROI DATA ELEMENT***			
2	**Req Code**	**DN#**	**DATA ELEMENT NAME**	**BUSINESS CONDITION(S)**	**TECHNICAL CONDITION(S)**
4	MC	0005	Jurisdiction Claim Number	Mandatory if a UR for the claim has been previously filed	Mandatory if UR exists for the claim.
5	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
6	MC	0016	Employer FEIN	Mandatory on MTC 04 unless 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
7	MC	0017	Insured Name	Mandatory on MTC 04 unless 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
8	MC	0025	Industry Code	Mandatory on MTC 04 unless 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

FROI Element Requirements | **FROI Conditional Requirements** | SROI Element Requirements | SROI C

DN0005, Jurisdiction Claim Number, has two conditions that would make the data element mandatory.

1. Mandatory if a UR has previously been filed on the claim.
2. Mandatory on an 00, 04 or UR if the date of injury occurred before October 1, 2008.

If either of these two conditions are met, this data element is now mandatory.

The Element Requirement Table also includes the Requirements and Conditions for the Event Benefit Segment.

The Event Benefit tab is different from the FROI & SROI tab as the Data Elements are listed across the top and not the MTC being reported.

Follow the benefit type, being reported over to locate the requirement code for each field in the benefit segment.

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
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.

	A	B: *Benefit Type*	C: *0085 Benefit Type Code*	D: *0002 MTC*	E: *0174 Gross Weekly Amount*	F: *0175 Gross Wkly Amt Eff Date*	G: *0087 Net Weekly Amount*	H: *0211 Net Wkly Amt Eff Date*	I: *0088 Ben Period Start Date*	J: *0089 Ben Period Thru Date*	K: *0090 Ben Type Claim Weeks*	L: *0091 Ben Type Claim Days*	M: *0086 Ben Type Amount Paid*	N: *0192 Benefit Payment Issue Date*
7	Fatal	010	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
8	Permanent Total	020	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
9	Permanent Total Supplemental	021	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
10	Permanent Partial Scheduled	030	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
11	Permanent Partial Unscheduled	040	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
12	Temporary Total	050	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC
13	Temporary Total Catastrophic	051	R	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
14	Temporary Partial	070	MC	F	NA	NA	NA	NA	MC	MC	MC	MC	MC	MC

... | SROI Conditional Requirements | **Event Benefits Segment Req** | Event Benefits Conditional | worksheet

Electronic Data Interchange (EDI) Training Aid

Interpreting EDI Reporting Requirements

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Then use the Event Benefit Conditional Requirements if the field is 'MC' to determine if it is mandatory.

	A	B	C	D	E
1		BENEFIT DATA ELEMENT			
2	Req Code	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
4	MC	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
5	MC	0086	Benefit Type Amount Paid	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
6	MC	0088	Benefit Period Start Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
7	MC	0089	Benefit Period Through Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
8	MC	0090	Benefit Type Claim Weeks	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
9	MC	0091	Benefit Type Claim Days	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
10	MC	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.

SROI Element Requirements | SROI Conditional Requirements | Event Benefits Segment Req | **Event Benefits Conditional**

Edit Matrix

The Edit Matrix consists of five components that outline the edits applied by Virginia to each accepted data element.

The Edit Matrix Contains:

- DN-Error Message
- Value Table
- Match Data Table
- Population Restrictions
- Sequencing

Using the Edit Matrix Table

The **DN-Error Message** tab provides standard error messages to use in association with the edits applied to the data elements and indicates if a data element has a population restriction to consider when entering the data. **Instructions on how to use/interpret the DN Error Message table can be found in Training Aid #12 – Transaction Rejection.*

The **Population Restrictions** tab provides the data population or the code value limitations applied to the data elements and provides the element error text received, for those data elements, on rejected transactions. ** Instructions on how to use/interpret the Population Restrictions table can be found in Training Aid #12 – Transaction Rejection.*

The **Value Table** tab provides a list of acceptable code values for specific data elements.

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**Section 1 – Code values that are 'Not Statutorily Valid' (Code values that are grayed out):** VWC has indicated the code values that are not statutorily valid. A 'N' in the capture column indicates that the data i A code value that has been grayed out indicates that the code is 'Not Statutorily Valid' in VWC. VWC will return Err The code values that are not grayed out are the code values that are statutorily valid and will be processed by VWC															
2	**DN**	**Element Name**	**Capture?**	**Acceptable Code Value List - grayed out indicat**												
3	0002	Maintenance Type Code (for FROI)	Y	00	01	02	04	CO	AQ	AU	UI	UR				
4	0002	Maintenance Type Code (for SROI)	Y	02	04	AB	AP	CA	CB	CD	CO	EP	ER	FN	IP	P1
5		Maintenance Type Codes (for SROI continued)		RB	RE	S1	S2	S3	S4	S5	S6	S7	S8	S9	SD	SJ
6	0039	Initial Treatment Code	N	0	1	2	3	4	5							
7	0053	Employee Gender Code	Y	F	M	U										
8	0054	Employee Marital Status Code	Y	U	M	S	K									
9	0058	Employment Status Code	N	C	9	8	A	B	1	2	3	6	4	5	7	(see

... | DN-Error Message | **Value Table** | Match Data Table | Population Restrictions | Sequencing

Column B indicates the Data Element Number.

Column C indicates the Data Element Name.

Column D indicates if the Data Element is captured in Virginia.

Columns E - AJ list the codes acceptable for the each data element. The codes that are grayed out are "Not Statutorily Valid" in Virginia.

Example:
0002 - Maintenance Type Code (for FROI)
The Data Element is captured in Virginia

The table indicates a FROI 00, 01, 02, 04, AQ, AU and UR are accepted in Virginia but a FROI CO and UI is not.

The **Match Data Table** tab identifies which data elements are used as primary or secondary "match" data elements to determine if a new JCN should be created or if the transaction should be matched to an existing JCN.

Interpreting EDI Reporting Requirements

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

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

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			NA

DN-Error Message | Value Table | Match Data Table | Population Restrictions | Seque

Column A indicates which group the Data Element falls in.

Column B indicates the Data Element Number.

Column C indicates the Data Element Name.

Columns D & E indicate if the data element is considered Match Data for new or existing claims and if it is considered to be a primary or a secondary match.

When a Data Element is considered 'match data', only one data element can be updated at a time. This means that if more than one match data field needs to be updated, a FROI 02 must be submitted for each update needed after waiting for one transaction to accept prior to filing the next transaction.

Exception:

1. Employee First Name and Employee Last Name needs to be updated
2. Employer FEIN, Insurer FEIN, and Claim Administrator FEIN needs to be updated

In the following scenarios, one FROI 02 can be submitted to make updates to more than one data element at the same time.

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

Instructions | DN-Error Message | Value Table | Match Data Table | Population Restrictions

The **Sequencing** tab provides the standard error messages received in relation to the sequencing of transactions and should be used in correlation with the Event Table to determine the proper sequencing requirements. Merged columns, like 3A through 3E or 16A through 16E, are important to reference while determining sequencing because they can provide critical information to prevent rejections.

	A	B	C	D	E
2	Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Element Error Number (DN0116)	Element Error Text (DN0291)
3	Business Event Group 1. Establish Claim or New Claim Administrator				
4		1a. Minor Injury			
6	Y	UR - FROI	Upon Request		
8		1b. Report of Injury			
9	Y	00	Original		
10		1c. Denial			
11	Y	04 - FROI	Full Denial FROI		
12		1d. Acquired Claim			
13	Y	AQ	Acquired Claim	063	No previous 00 from prior Clm Admin accepted
14		1e. Acquired Claim Unallocated			
15	Y	AU	Acquired/Unallocated		
16	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				
17	Business Event Group 2. Initial Payment of Indemnity or equivalent				
18		2a. Non-payment of Indemnity			
19	Y	04 - SROI	Full Denial SROI	063	Event 1a, b, d or e (FROI) not previously accepted
24		2b. Salary in Lieu of Compensation			
25	Y	EP	Employer Paid	063	Event 1b, d or e (FROI) not previously accepted
26		2c. Initial Payment of Weekly Benefits			
27	Y	IP	Initial Payment	063	Event 1b (FROI) not previously accepted
28		2d. Initial Payment by New Claim Administrator			
29	Y	AP	Acquired/Payment	063	Event 1d or 1e (FROI) not previously accepted
30	Business Event Group 3. Changes to benefits (if applicable). May occur multiple times after Event 2b, 2c or 2d.				
33	Y	CB	Change in Benefit Type	063	Event 2b, 2c, or d (SROI) not previously accepted

... | DN-Error Message | Value Table | Match Data Table | Population Restrictions | **Sequencing**

Column A indicates if Virginia applies the sequencing edit.

Column B indicates the Maintenance Type Code.

Column C indicates the Maintenance Type Code Name

Column D indicates the Element Error Number.

Column E indicates the Element Error Text.

Example:

SROI CB submitted
Rejection: Event 2b, 2c, or 2d (SROI) not previously accepted

Go up to Event 2b, 2c, or 2d – A SROI EP, IP, or AP must be accepted prior to submitting the SROI CB.

Electronic Data Interchange (EDI) Training Aid

Acquired Claims

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

A claim is considered to be acquired when a new Claim Administrator has taken over claims from a prior Claim Administrator. The new Claim Administrator may receive these claims in an open or closed status and may be required to file the proper acquiring FROI transaction.

Codes To Know

FROI AQ (Acquired Claim): Transaction submitted by the new Claim Administrator to show acquisition of a claim that was previously established via EDI by the prior Claim Administrator. Requires minimal data to be sent.

FROI AU (Acquired Claim/Unallocated): Transaction submitted by the new Claim Administrator to show acquisition of a claim not previously established via EDI by a prior Claim Administrator OR a transaction submitted by the new Claim Administrator when their FROI AQ transaction rejected for no claim match on database. This is the equivalent to a FROI 00.

FROI 02 (Change): Transaction can be submitted by the new Claim Administrator in lieu of a FROI AQ/AU when the claim stays in the original claims system or when the prior Claim Administrator FEIN is listed on the Trading Partner Address List of the new Trading Partner due to a takeover. These two Claim Administrators will be grouped together for EDI purposes.

SROI AP (Acquired Payment): Transaction sent by the acquiring Claim Administrator to report their first indemnity payment.

SROI PY (Payment Report): Transaction sent when the acquiring Claim Administrator has paid only medical expenses and the total now exceeds $1,000 over the lifetime of the claim.

OBTC 430 (Total Unallocated Prior Indemnity Benefits): The Other Benefit Type Code used when reporting the sum of indemnity benefits paid to date by the prior Claim Administrator.

OBTC 440 (Total Unallocated Prior Medical Benefits): The Other Benefit Type Code used when reporting the sum of medical benefits paid to date by the prior Claim Administrator.

When To File

FROI AQ	10 calendar days from the effective date of acquisition
FROI AU	30 calendar days from the effective date of acquisition or 10 calendar days from the date of FROI AQ rejection
FROI 02	10 calendar days from the effective date of acquisition
SROI AP	Immediately upon payment
SROI PY	10 calendar days upon payment

Note: If the claim is received "closed" where no activity has occurred in the 5 years prior to acquiring the claim, an acquisition transaction is not required unless the claim becomes active again.

- An active claim is defined as:
  - There is an open award
  - Payments are currently being made for any benefit
  - There is a current denial/dispute
  - Claim for Benefits filed by the Claimant pending action
  - Outstanding request for EDI submission
  - Any inactive claim where any of the above occur

Acquired Claims

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Challenges

- **The new Claim Administrator is not provided with the assigned Jurisdiction Claim Number.**
    - Reach out to EDI Support at edi.support@workcomp.virginia.gov or our Toll Free Number at 1-877-664-2566 to obtain the assigned JCN.

- **FROI AQ rejecting on Employer FEIN.**
    - In some cases, the Employer FEIN provided to the new Claim Administrator does not match the Employer FEIN submitted by the prior Claim Administrator and the FROI AQ rejects.
    - This could be due to bad data previously submitted or recently obtained or could be due to a parent corporation FEIN versus the subsidiary FEIN.
    - Reach out to EDI Support at edi.support@workcomp.virginia.gov for assistance obtaining the FEIN already on file.
        - The FROI AQ transaction will need to contain the Employer FEIN submitted by the prior Claim Administrator. If the Employer FEIN is incorrect, a FROI 02 will need to be submitted following the acceptance of the FROI AQ to update the FEIN.

- **Acquiring a claim at the same time Match Data details need to be updated.**
    - A claim must first be acquired reflecting Match Data details as submitted by the prior Claim Administrator before the current Claim Administrator can update any additional information. When the acquisition transaction has been accepted, the FROI 02 transaction(s) can be submitted to update the Match Data field(s).

- **Reporting benefits**
    - The new Claim Administrator is not required to report any benefits paid until they have either paid indemnity or medical expenses, unless it is a medical only claim and the total paid over the lifetime of the claim has not reached the $1,000 threshold. The AP/EP or PY should be filed at this time depending on benefits paid.
    - Benefits paid by the prior Claim Administrator are not required to be reported until the new Claim Administrator has made payments and filed an initial SROI. If known, the benefits paid by the prior Claim Administrator should be reported under the Other Benefits Segment as code 430 and 440.

Electronic Data Interchange (EDI) Training Aid

Trading Partner Registration

Email: editpinfo@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

The Virginia Workers' Compensation Commission currently uses the IAIABC Release 3.0 Format for the electronic submission of workers' compensation data. When an entity (Sender/Trading Partner) plans to exchange workers' compensation claims data electronically with the Commission, an electronic Trading Partner Profile must be submitted.

A Sender/Trading Partner who wishes to administer workers' compensation claims in Virginia is required to register at https://wcs.iso.com/tp-register/login and this must be completed prior to the Commission approving the entity for production in Virginia.

When information for a current Sender needs to be updated, the information must immediately be updated and submitted in order for the Commission to update our records and our vendor's system. This can be any of the Sender's information, including their contact information, or when a Claim Administrator is added or removed from under the Sender.

The information in this profile is not only essential to the Commission's claims processing system and to ensure transactions are acknowledged correctly but also for the issuance of quarterly Report Cards. Report Card grades are based on the acceptance, rejection, and timeliness of transactions and are comprised of the submitting Claim Administrators listed under each Sender. If the Commission does not have the correct Claim Administrators under each Sender, the grades calculated may be incorrect. In addition, these forms tell the Commission who to send the Report Card to each quarter and who approves requests to add additional people to receive a copy of the quarterly Report Card.

Terms to Know

Trading Partner: An entity that has entered into an agreement with another entity to exchange data electronically. For EDI purposes, this is the Claim Administrator.

Sender: The Sender is the master Trading Partner that is authorized to send electronic data via EDI on behalf of a Claim Administrator.

Claim Administrator: The legal name of the entity adjusting the claim. A Claim Administrator can either be a self-administered insurance carrier, self-administered self-insured employer, or a third-party administrator hired by an insurance company or self-insured employer to handle their workers' compensation claims.

Insurance Carrier: An Insurance Carrier is the insurance company, self-insured employer, or guarantee fund assuming the employer's financial responsibility for the claim.

Business Contact: The individual most familiar with the transmission and business processes, as well as data quality issues, within the business entity.

Technical Contact: The individual to be contacted if issues regarding the actual transmission process arise.

Electronic Data Interchange (EDI) Training Aid

Trading Partner Registration

Email: editpinfo@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Important Information to Know

- The information provided in this profile is used to populate the Commission's claims processing system and our vendor's system in order to identify valid submitters in Virginia.
- The listed Business Contact will receive all EDI business related emails. The email address must be to the person listed as the contact and not a group mailbox.
- In the Claim Administrator Section of the profile,
  - Each Claim Administrator FEIN can only be linked to one Sender.
  - Only Claim Administrators should be listed; not insurance carriers.
  - Insurance Carriers are tracked through NCCI and the Commission's Self-Insured Database.
  - The Mailing Address listed for each Claim Administrator listed will advise us where we should mail all claim correspondence. Please make note, Virginia only uses one mailing address per Claim Administrator Name/FEIN combo and does not capture an alternative address.
- The Comments section of the profile allows you to add, update, and remove any additional contacts you wish to receive a copy of the quarterly Report Cards alongside the list Business Contact. This will allow you to notify the Commission of these changes through the profile instead of reaching out individually.

Questions

My company no longer wishes to be listed as a Trading Partner with the Commission for the purpose of submitting workers' compensation claims data electronically. How can our entity become inactive in Virginia?
Email EDI at editpinfo@workcomp.virginia.gov advising the Commissions EDI QA team that you will no longer be submitting in Virginia and wish to become an inactive submitter. Please also provide information regarding who is taking over the handling of your currently active claims or any claims that may become active in the future. Providing this information will help us assist the Claim Administrator when they begin the process of taking over your active claims and also who to reach out to when one of the currently inactive claims becomes active in the future.

What do I do if my company chooses to become active again after being marked inactive?
Follow the new Sender process and submit a Trading Partner Profile to alert the Commission's EDI QA Team that your company wishes to become an active sender/submitter again.

Can a group email be used for any of the required contacts on the Trading Partner Profile?
Preparer Contact is preferred to be a direct email of the person listed as preparing the Partner Profile, but a group email address may be listed with the understanding that, at submission of the profile, should any issues arise with the information submitted or with getting any required updates, the responsibility of this information will fall back on the listed Business Contact.

Business Contact must be a direct email address. For EDI compliance purposes, we need verification that the Business Contact is the one who receives our courtesy follow-up for failure to respond to letters prior to a fine/penalty being issued or any issues with an EDI submission in order to streamline our processes; especially in those cases that may need to go to a hearing. If you are needing another team member to receive these emails in the Business Contacts absence, we suggest a rule being set-up or assistance received from your internal technical team to have those emails forwarded during that time.

Technical Contact can be a group email address.