

# **Iowa EDI Claim and Reporting Compliance Handbook**



**IOWA DIVISION OF  
WORKERS' COMPENSATION**

July 2001



# Iowa Division of Workers' Compensation EDI Release 2 Handbook

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# Iowa Division of Workers' Compensation

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## **II. Introduction**

### **General Overview**

#### **Iowa EDI Claim and Reporting Compliance Handbook**

The Iowa EDI (Electronic Data Interchange) Claim and Reporting Compliance Handbook is designed to help any individuals or businesses understand the State of Iowa's claim, compliance and reporting requirements. It is also a handbook to help understand the International Association of Industrial Accident Boards and Commissions' (IAIABC) Release 2 EDI package. In order to process workers' compensation claims in Iowa after July 1, 2001, that claim information will have to be reported to the state using EDI as the IAIABC and State of Iowa have standardized it.

The purpose of this handbook is to provide the user with an educational and process reference guide. This is a guide that the reader may utilize to learn Iowa's reporting and compliance system and also as a handy day-to-day document that may be referred to thereby assisting that individual and/or entity to understand and maintain compliance with Iowa Workers' Compensation statutes and rules and the requirements required therein.

To assist the reader in understanding the IAIABC's Release 2 standards reporting system you will find the definitions to the terms utilized in "Release 2" and also a comparison of those terms to one currently in use in the Iowa Workers' Compensation system.

This Handbook is not intended as a replacement for, substitute of or supplement to the Iowa EDI Implementation Guide or the IAIABC's Release 2 EDI Implementation Guide.

We hope that you will find this publication useful. Opinions or conclusions expressed in this handbook should not be considered to be a final determination of this office.

### **Iowa EDI Objectives**

1. To improve the workers' compensation claim processing utilizing electronic filing for First Reports and Subsequent Reports.
2. To monitor and ensure compliance with Iowa workers' compensation reporting requirements.
3. To obtain reliable data, reduce errors and provide timelier reporting.
4. To standardize the workers' compensation arena on a national and international basis.
5. Provide more efficient security and confidentiality to workers' compensation data.



Iowa Division of Workers' Compensation  
EDI Release 2 Handbook

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Letter from the Commissioner



Division of Workers' Compensation  
Iowa Workforce Development

Thomas J. Vilsack  
Governor

Sally J. Pederson  
Lt. Governor

Richard V. Running  
Director

Iris J. Post  
Workers' Compensation Commissioner

March 1, 2001

Dear Workers' Compensation Associate:

It is our pleasure to provide you with this copy of the Iowa Division of Workers' Compensation Iowa EDI Claim and Reporting Compliance Handbook.

This handbook contains valuable information in an understandable format relating to the rights and duties of those covered by Iowa's workers' compensation law and is a guide to assist the reader in the interpretation of the IAIABC's EDI Release 2 data. Opinions or conclusions expressed or implied in this handbook should not be considered to be a final determination of this office. You may copy and distribute the handbook to others.

The handbook reflects the current law, but changes in the law may affect the information contained in the handbook. If you have questions, please contact our office.

We trust you will find the handbook informative and useful.

Very truly yours,

Iris J. Post  
Workers' Compensation Commissioner



## Iowa Division of Workers' Compensation EDI Release 2 Handbook

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### Contact List

#### Iowa Division of Workers' Compensation

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<http://www.iaiaabc.org>

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## III. Reporting Requirements

### Reporting Injuries in Iowa

Every employer shall keep a record of all injuries, fatal or otherwise, alleged by an employee to have been sustained in the course of the employee's employment and resulting in incapacity for a longer period than one day. A First Report of Injury or Illness must be filed with the Iowa Workers' Compensation Commissioner, in the form and manner required by the commissioner. (86.11)

The form and manner in which the commissioner requires injuries to be reported in Iowa is drastically changing. Iowa is in partnership with several key workers' compensation groups to identify and define a more uniform workers' compensation claim process.

Today, workers' compensation claim processing relies on paper-based systems for processing, storage and postage. In the near future, this will be replaced with electronic computer transfers. Electronic Data Interchange (EDI) makes the process faster, more convenient, with less paper work, better accuracy, and the reduced chance for errors.

### Electronic Data Interchange

The Iowa Division of Workers' Compensation (DWC) has moved into the next century in claim processing for workers' compensation. This process is known as Electronic Data Interchange (EDI). Instead of the "old lineup" which features multiple mounds of paper and "hand-on" work, the process will involve the computer-to-computer exchange of workers' compensation information.

The workers' compensation field is well known for endless paperwork, high costs and conflicting information. Several injury or subsequent reports can be filed over and over again reflecting the same information on a particular claim. Claims may not represent the most current information. Claims may not be reported in a timely fashion or as jurisdictional statutes govern. Information varies throughout the world, particularly the United States.

Therefore, EDI is an electronic process to file a First Report of Injury (FROI) or Subsequent Report of Injury (SROI) with the Iowa DWC. Claims will be submitted electronically to a Value Added Network (VAN) or via Internet. The VAN is an electronic handoff point or mailbox from which to place and retrieve information. The Internet allows you to go to a storage center to place and retrieve your data. The Division will retrieve the information, process it and then send back an acknowledgement via the VAN/Internet back to the sender of the information. This acknowledgement informs the sender of the status of that particular transmission. For example, the acknowledgement informs the sender of errors or acceptable information. It is as easy as 1-2-3. It is a win-win situation.

EDI eliminates paper forms, facsimiles, forms on a disc, forms processed through the Internet or e-mail, and the use of scanners to get data to the Iowa Division of Workers' Compensation.

With EDI, after an injury, an employer gathers the information and gives it to the workers' compensation administrator (claim administrator) on a paper or in electronic form. The claim administrator stores the data on a computer. Through electronic mailbox systems, the information is relayed to the Iowa DWC.

### Why EDI?

EDI is a major step toward adopting a paperless business environment. One of the goals for workers' compensation is to seamlessly process workers' compensation information from its initial reporting source, whether that is the employer, insurance company, claimant, or medical provider.

EDI is proposed as a solution to the problems associated with data collection in workers' compensation. For example, the lack of credible information to identify and measure the factors driving costs higher; a lack of uniformity among forms and terms which prevents comparisons between states; and an excess of administrative paperwork are just a few of the problems today.



## Iowa Division of Workers' Compensation EDI Release 2 Handbook

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Reliable data is used to identify the causes and extent of work place injuries and illnesses. Data can be used by employers to reduce the incidence and severity of industrial injuries and illnesses. Lawmakers to draw comparisons across jurisdictional lines and measure the impact of legislative and regulatory reform can use comparable data. Reliable data can determine and measure cost drivers in the system. Improving the process and handling of claims and the uniformity of data opens the door for scientific research. EDI will help make workplaces safer while reducing costs.

EDI is an international initiative created by the International Association of Industrial Accident Boards and Commissions (IAIABC), an association of workers' compensation administrators and industry leaders. It has established standards on reporting industrial accidents since its inception in 1914.

Claim processing in workers' compensation is a rapidly changing field. Since 1991, the IAIABC has coordinated joint efforts with state jurisdictions and workers' compensation administrators to establish data and communication standards. Therefore, EDI is proposed as a solution to communicate with all parties involved in the workers' compensation process. The IAIABC, through all its partners, manages and provides the resources to establish the EDI process. The IAIABC EDI Development Committee, a collaboration of jurisdictions, insurance carriers, employers, and EDI product vendors, staffs the EDI project.

### Iowa, First in the Nation

Electronic Data Interchange (EDI) is an electronic process to file a First Report of Injury and Subsequent Reporting with the Iowa DWC.

Iowa has adopted the IAIABC EDI standards for filing of First Reports of Injury and Subsequent Reports of Injury. Iowa has been accepting Employers First Reports of Injury via EDI since 1996. This is under Release 1 of the IAIABC's EDI Project. Release 1 provides for one transmission for the Employers First Reports of Injury and one transmission for Subsequent Reports. The first standard (Release 1) was adopted in 1995 by the IAIABC. More than 25 states are in current production with this first standard.

In August of 1997, Iowa became the first state to test and document the "enhanced version" (Release 2) *IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header & Trailer Records, Release 2 Beta* for accuracy and validation. The IAIABC's EDI Release 2 is an enhancement of Release 1 that expands the information that can be transmitted and combines the First Reports of Injury and Subsequent Reports into a single transmission. At this time, several government jurisdictions, including Iowa, receive electronic filings of First Reports of Injury, Subsequent Reports and Proof of Coverage information from claims administrators, self-insured employers and insurers.





## Iowa Requirements

### Reporting Criteria

#### **Reports of Injuries 86.11**

Every employer shall hereafter keep a record of all injuries, fatal or otherwise, alleged by an employee to have been sustained in the course of the employee's employment and resulting in incapacity for a longer period than one day. If the injury results only in temporary disability, causing incapacity for a longer period than three days except as provided in section 86.36 then within four (4) days thereafter, not counting Sundays and legal holidays, the employer or insurance carrier having had notice or knowledge of the occurrence of such an injury and resulting disability, shall file a report with the workers' compensation commissioner in the form and manner required by the commissioner. If such injury to the employee results in permanent total disability, permanent partial disability or death, then the employer or insurance carrier upon notice or knowledge of the occurrence of the employment injury, shall file a report with the workers' compensation commissioner, within four (4) days after having notice or knowledge of the permanent injury to the employee or the employee's death. The report to the workers' compensation commissioner of injury shall be without prejudice to the employer or insurance carrier and shall not be admitted in evidence or used in any trial or hearing before any court, the workers' compensation commissioner or a deputy workers' compensation commissioner except as to the notice under section 85.23.

#### **Failure to Report 86.12**

The workers' compensation commissioner may require any employer to supply the information required by section 86.10 or to file a report required by section 86.11, by written demand sent to the employer's last known address. Upon failure to supply such information or file such report within twenty days, the employer may be ordered to appear and show cause why the employer should not be subject to civil penalty of one hundred dollars for each occurrence. Upon such hearing, the workers' compensation commissioner shall enter a finding of fact and may enter an order requiring such penalty to be paid into the second injury fund created by sections 85.63 to 85.69. In the event the civil penalty assessed is not voluntarily paid the workers' compensation commissioner may file a certified copy of such finding and order with the clerk of the court for the district in which the employer maintains a place of business. If the employer maintains no place of business in this state service shall be made as provided in chapter 85 for nonresident employers. In such case the finding and order may be filed in any court of competent jurisdiction within this state.

The workers' compensation commissioner may thereafter petition the court for entry of judgment upon such order, serving notice of such petition on the employer and any other person in default. If the court finds the order valid, the court shall enter judgment against the person or persons in default for the amount due under the order. No fees shall be required for the filing of the order or for the petition for judgment, or for the entry of judgment or for any enforcement procedure thereupon. No supersedeas shall be granted by any court to a judgment entered under this section.

When a report is required under section 86.11 and that report has been submitted to the employer's insurance carrier and no report of injury has been filed with the workers' compensation commissioner, the insurance carrier shall be responsible for filing the report of injury in the same manner and to the same extent as an employer under this section.

#### **86.10 Records of employer--right to inspect.**

All books, records, and payrolls of the employers, showing or reflecting in any way upon the amount of wage expenditure of such employers, shall always be open for inspection by the workers' compensation commissioner or any of the commissioner's representatives presenting a certificate of authority from said commissioner for the purpose of ascertaining the correctness of the wage expenditure, the number of persons employed, and such other information as may be necessary for the uses and purposes of the commissioner in the administration of the law.

Information so obtained shall be used for no other purpose than to advise the commissioner or insurance association with reference to such matters.

Upon a refusal on the part of the employer to submit the employer's books, records, or payrolls for the inspection of the commissioner or the commissioner's authorized representatives presenting written authority from the commissioner, the commissioner may enter an order requiring the employer to do so.



## Iowa Requirements

### Electronic Data Interchange (EDI)...IAC Chapter 11

876—11.1(85,86) Purpose. The purpose of this chapter is to establish the procedure for fulfilling reporting requirements of the division of workers' compensation.

876—11.2(85,86) Definitions. The following definitions apply to this chapter.

“*EDF*” means electronic transmission or reception, or both, of data through a telecommunications process utilizing a value-added network or the Internet as set forth in the EDI partnering agreement.

“*EDI partnering agreement*” means the written agreement between an entity and the division of workers' compensation specifying the terms and manner of reporting by EDI.

“*Implementation plan*” means the written document prepared by a reporter specifying a timetable for reporting by EDI.

“*Report*” means a first report of injury or a subsequent claim activity report, or both.

“*Reporter*” means the person who is responsible for reporting to the division of workers' compensation pursuant to the Iowa workers' compensation laws and includes an employer, an employer who has been relieved from insurance pursuant to Iowa Code section 87.11, and an insurance carrier that provides an employer workers' compensation insurance.

“*Reporting*” means submission of claims data and data fields of information of a report.

876—11.3(85,86) Form of reporting. The format of EDI reporting must be the current version of the International Association of Industrial Accident Boards and Commissions Release 2 FROI/SROI. A licensing agreement for use of the current version of the International Association of Industrial Accident Boards and Commissions Release 2 FROI/SROI may be purchased from the International Association of Industrial Accident Boards and Commissions, 1201 Wakarusa Drive, C-3, Lawrence, KS 66049; telephone (785) 840-9103; www.iaabc.org; e-mail [workcomp@iaabc.org](mailto:workcomp@iaabc.org).

876—11.4(85,86) Manner of reporting. The manner of EDI reporting is electronic.

876—11.5(85,86) Voluntary reporting deadline. All reporters must either sign an EDI partnering agreement or submit an implementation plan by December 1, 1999. The division of workers' compensation must approve implementation plans. The implementation plans must be approved before January 1, 2000.

876—11.6(85,86) Mandatory reporting deadline. **All reporters must sign a partnering agreement and begin reporting by EDI no later than July 1, 2001. Reporting by any means other than EDI after July 1, 2001, will not be acceptable.** Reporters are responsible for reporting by EDI. A reporter may contract with another entity for reporting but the reporter is ultimately responsible for reporting. Any entity reporting on behalf of a reporter must also sign an EDI partnering agreement.

These rules are intended to implement Iowa Code sections 85.26, 86.8, 86.11 and 86.13.

### Representative within the state...IAC Chapter 2

876—2.3(86,87) Representative within the state. All licensed insurers, foreign and domestic, insuring workers' compensation and all employers relieved from insurance pursuant to Iowa Code section 87.11 shall designate one or more persons geographically located within the borders of this state, which person or persons shall be knowledgeable of the Iowa Workers' Compensation Law and Rules and shall be given the authority and have the responsibility to expedite the handling of all matters within the scope of Iowa Code chapters 85, 85A, 85B, 86, and 87.

The Iowa workers' compensation commissioner shall be advised by letter of the name, address, and telephone number of each of the persons so designated. Any change in the identity, address or telephone number of the persons so designated shall be reported to the Iowa workers' compensation commissioner within ten days after such change occurs.



## Iowa Requirements

### Who is responsible

The Workers' Compensation Act is a part of the Iowa Code designed to provide certain benefits to employees who receive injuries (85), occupational disease (85A) or occupational hearing loss (85B) arising out of and in the course of their employment. Benefits are payable regardless of fault and are the exclusive remedy of the employee against the employer.

### Insurance of Liability 87.1

Every employer subject to the provisions of this and chapters 85, 85A, 85B, and 86, unless relieved therefrom as hereinafter provided, shall insure the employer's liability thereunder in some corporation, association, or organization approved by the commissioner of insurance.

### Relief from Insurance 87.11

When an employer coming under this chapter furnishes satisfactory proofs to the insurance commissioner of such employer's solvency and financial ability to pay the compensation and benefits as by law provided and to make such payments to the parties when entitled thereto, or when such employer deposits with the insurance commissioner security satisfactory to the insurance commissioner and the workers' compensation commissioner as guaranty for the payment of such compensation, such employer shall be relieved of the provisions of this chapter requiring insurance; but such employer shall, from time to time, furnish such additional proof of solvency and financial ability to pay as may be required by such insurance commissioner or workers' compensation commissioner.

### Professional Fire Fighters and Police Officers

- Employees that categorized under Iowa Code Chapters 410 and 411 will not have workers' compensation claims with the Iowa Division of Workers' Compensation. Please refer to the Chapters in the Iowa Code for reference on disability claims. Death claims must still be reported to the Iowa Division of Labor Service as prescribed by statute and rule.

### Method of Transmission

- Iowa approved Value Added Network (VAN)/Internet connections

### Format

- EDI Release 2 for First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) format. Voluntary basis until June 30, 2001. EDI Release 2 mandated as of July 1, 2001.
- Flat File data shall be transmitted per layout of the tables.
- When available, American National Standards Institute (ANSI) X12 data shall be transmitted per the standards.

### Forms

- Iowa has adopted the First Report of Injury (FROI) and Subsequent Report of Injury (SROI) IAIABC forms for processing workers' compensation claims. The use of these forms until June 30, 2001 are used for testing requirements and to be used as an educational tool for learning new terms and conditions.
- These forms must be used for the testing requirements for EDI Release 2. Hardcopies of each form must be sent to the Iowa DWC for completing the testing requirements.

### Acknowledgements

- Acknowledgements will occur on every transmission. Acceptable IAIABC formats include Batch Rejected (HD), Transaction Rejected (TR), Transaction Accepted with Errors (TE), and Transaction Accepted (TA). The Iowa Division of Workers' Compensation has formatted its acknowledgement process to help educate, train and inform the Reporter what has happened to a transmission as well as a particular Maintenance Type Code (MTC).



## Iowa Requirements

### Iowa DWC Criteria

#### Employee Identification Number

Both Employee ID Type Qualifier (DN 0270) and one of the following are required on each transaction.

- ◆ Employee SSN (DN 0042)
- ◆ Employee Passport Number (DN 0156)
- ◆ Employee ID Assigned by Jurisdiction (DN 0154)
- ◆ Employee Employment VISA (DN 0152)
- ◆ Employee Green Card (DN 0153)

#### Employee Names

Please use the following guidelines for transmitting names

- ◆ No Periods
- ◆ Hyphenated Names -- please enter with a dash, e.g. Alexander-Lewis
- ◆ Employee Last Name Suffix -- Jr., Sr., I, II, III, etc.

#### Postal Codes and Addresses

Complete addresses will be required for claim administrator, insurer, employer, and employee. This includes address, city, state, and postal codes. Iowa DWC uses a program for checking valid addresses called Code 1, which is valid data from the United States Postal Service. Please refer to *Publication 28, Postal Addressing Standards* or their website at [http://www.usps.com/ncsc/lookups/lookup\\_zip+4.html](http://www.usps.com/ncsc/lookups/lookup_zip+4.html). Iowa DWC will require valid addresses for the claim administrator and insurer prior to production of EDI Release 2 program. All reporting entities will be required on the profiles in the Iowa EDI Partnering Agreement.

#### Rate Calculation

In order for Iowa DWC to calculate an employee's workers' compensation rate, we require several elements to process this information. The following data elements will be mandatory:

- ◆ Average Wage (DN 0062)
- ◆ Employee Number of Entitled Exemptions (DN 0213)
- ◆ Employee Marital Status (0054)
- ◆ Date of Injury (0031)

#### Rate of Weekly Benefits

The weekly rate for disability benefits for temporary total (TTD), healing period (HP), permanent partial (PPD), and permanent total (PTD) is 80% of the employee's spendable weekly earnings not to exceed a maximum. An employee's spendable weekly earnings are defined as amount remaining after payroll taxes are deducted from gross weekly earnings. [85.61 (9)] Gross earnings is defined as recurring payments by the employer to the employee for employment, before any authorized or lawfully required deduction or withholding, excluding irregular bonuses, retroactive pay, overtime, penalty pay, reimbursement of expenses, expense allowances, and the employer's contribution for welfare benefits. [85.61 (3)] Generally, the basis of determining gross weekly earnings is dependent upon when or how an employee is paid. (85.36) There is a weekly minimum benefit for receiving permanent partial, permanent total or death benefits. The minimum is a benefit based on earnings of thirty-five percent (35%) of the statewide average weekly wage. The maximum for temporary total, healing period, permanent total, and death benefits is two hundred percent (200%) of the statewide average weekly wage. The maximum for permanent partial disability benefits is one hundred eighty-four percent (184%) of the statewide average weekly wage. The maximum and minimum rates are calculated annually and apply for injuries occurring in the year beginning July 1 and ending the following June 30.

The rate for a volunteer fire fighter, emergency medical care provider, reserve peace officer, volunteer ambulance driver, volunteer emergency rescue technician, or emergency medical technician trainee is an amount equal to the compensation they would receive if injured in the normal course of their regular employment or an amount equal to 140% of the statewide average weekly wage, whichever is greater. [85.36 (9) (a)]

The rate for elected or appointed officials is an amount based on the official's weekly earnings as an official or an amount equal to 140% of the statewide average weekly wage. [85.36 (11)]



## Iowa Requirements

### Commencement of Payment

There are two types of transactions (Maintenance Type Codes...MTC) that indicate to the State of Iowa whether indemnity benefits to the employee have been initiated. These two MTC's are Initial Payment (IP) and Acquired Payment (AP). No other transaction can be accepted indicating indemnity benefits changes, corrections, commencement, etc. Employer Paid (EP) benefits will be reported in Iowa, however, they must go through the proper transmission process.

The law is written to encourage prompt payment of workers' compensation benefits so that the employee will not suffer any undue hardship. Before making payments, most insurance companies or self-insured employers, require a written report of injury (which is usually completed and filed by the employer) and some medical verification of the injury. The law provides for weekly payments of disability benefits, beginning on the 11th day of disability. In certain cases, if the benefits are not paid when due, or are unreasonably delayed or denied, the employee may be entitled to interest or penalty benefits.

If commenced, the payments shall be terminated only when the employee has returned to work, or upon thirty days notice stating the reason for the termination and advising the employee of the right to file a claim with the Workers' Compensation Commissioner. (85.30, 86.13)

### Denial of Liability

Denial of Liability claims will be processed in Iowa in two scenarios. A Claims Administrator may submit a First Report (MTC 00) and then send a Denial (MTC 04) indicating reasons for denial. A Claim Administrator may also send a First Report as a Denial (04) with the denial reasons. However, on both occurrences, the claim will not close with the Iowa DWC. As in the EDI Release 2 guidelines, only a Final (FN) can close a claim. Therefore, a Final will need to be transmitted to the Iowa DWC for closure.

### Names of Employers

- ◆ No numeric values in the name fields. Exceptions: 3M Company, 801 Steak Shop, 7 Flags, etc., *Please call the Iowa DWC for clarification and sending transmissions.*
- ◆ If you are sending in information for a company indicating 'doing business as/dba' please only send or transmit the employer name, not the person's name in this field.
- ◆ No punctuation except for dashes or ampersands.
- ◆ Other examples: ABC Company, not A B C Company; A & W Restaurant, not A and W or A W;
- ◆ Please use the following for maximum space utilization: Incorporated = INC, Corporation = CORP, Limited = LTD, Company = CO, Community School District = CSD.

### FEIN's

Federal Employers Identification Numbers (United States Federal Tax ID) will be required from each employer, claim administrator, insurer, and insured. In addition, the postal code (zip +4) will be required. This is used as a way to match claims and databases with the most current information. Employers and Claim Administrators may have the same FEIN, however, the postal code will differentiate locations.

### Medical Reports

Pursuant to rule 876 – 3.1(2) a medical report must be filed if an injury involves PPD or PTD, or if the disability period exceeds 13 weeks on TTD/HP or TPD. Division staff will manually enter medical reports. Mail or fax reports to the Iowa DWC with a completed Medical Report Transmittal Form (DWC Form 14-0141). Please review this form in the Forms Section that follows. This form may be found for download on the DWC's website or you may obtain by directly contacting the DWC office.

### **Burial Expense (85.28, 85.31, 85.42, 85.43, 85.44)**

Burial expenses up to \$5,000 are paid in addition to the weekly death benefits.



## Iowa Requirements

### Second Injury Fund Benefits (85.63 – 85.69)

If an employee has a permanent partial disability to one specified major body member and sustains a permanent partial disability as a result of a job related injury to a second specified member, the employee may be entitled to benefits from the "Second Injury Fund." The benefits are limited to the value of that permanent disability which exceeds the value of the two affected members separately. The benefits are not payable until after the employer, or insurance carrier, has completed payment of benefits for the second permanent partial disability.

The treasurer of the state administers the "Second Injury Fund". An employee who feels entitled to benefits from this fund should contact the treasurer's office. The treasurer of the state pays Second Injury Fund benefits. An employer, or, if insured, the insurance carrier, in each case of compensable injury causing death pays to the fund \$12,000 in a case where there are dependents and \$45,000 in a case where there are no dependents.

### Iowa Division of Labor/OSHA Criteria

These data elements, in partnership with the Division of Labor/OSHA, are mandatory on any First Report of Injury (FROI).

- Accident Premises Code
- Accident Site County/Parish
- Accident/Injury Description Narrative
- Occupation Description
- Employee Date of Hire
- Employer SIC Code
- Nature of Injury Code
- Cause of Injury Code
- Part of Body Injured Code
- Time of Injury

### Time Limitations

The law establishes the following time limitations within which certain actions must be taken.

#### Notice of Injury (85.23)

The law provides that the employer must have notice or knowledge of an alleged injury within 90 days of its occurrence, if not, benefits may be denied. The 90-day period begins to run when the employee knew, or should have known the injury arose out of and in the course of employment.

#### Reporting of Claims (86.11)

An Employer's First Report of injury must be filed with the Workers' Compensation Commissioner when an employee alleges an injury arising out of and in the course of employment, which results in time loss from work of more than three days, permanent injury or death. The report is to be filed with the Workers' Compensation Commissioner within four days of notice or knowledge of such alleged injury. The report is also to be filed with the insurer so the employee's claim can receive proper consideration. Forms for reporting injuries may be obtained from the Workers' Compensation Commissioner.

#### Two-Year Statute of Limitation (85.26)

If within two years from the occurrence of the injury the employee does not receive Iowa weekly workers' compensation benefits or file an application for arbitration, benefits may be denied.

#### Three-Year Statute of Limitation (85.26)

If Iowa weekly workers' compensation benefits have been paid, the employee has three years from the last payment of weekly benefits to receive additional benefits or file an action before the Workers' Compensation Commissioner. If not filed within the three-year period, the benefits may be denied. This statute of limitation does not apply to medical expenses reasonably necessary to treat the injury.

### Confidentiality & Security

The information provided will be open for public inspection under Iowa Code § 22.11.

### Denials and the EDI Standards

Denial Reason Codes (DN173) do not limit defense under Iowa Code. The Denial Reason Codes are open for public inspection and may be used as evidence in a litigated action before the Iowa Workers' Compensation Commissioner.



## Iowa Requirements

### Definitions

**Gross Earnings**

Means recurring payments by employer to the employee for employment, before authorized or lawfully required deduction or withholding of funds by the employer, excluding irregular bonuses, retroactive pay, overtime, penalty pay, reimbursement of expenses, expense allowances, and the employer's contribution for welfare benefits. Iowa Code section 85.61 (3).

**Injury**

Includes injuries to an employee whose services are being performed on, in, or about the premises which are occupied, used, or controlled by the employer, injuries to those who are engaged elsewhere in places where their employer's business requires their presence and subjects them to dangers incident to the business, and death resulting from personal injury. Iowa Code section 85.61 (4).

**In-State Representatives**

All licensed insurers, foreign and domestic, insuring workers' compensation and all employers relieved from insurance pursuant to Iowa Code 87.11 shall designate one or more persons geographically located within the borders of this state, which person or persons shall be knowledgeable of the Iowa Workers' Compensation Law and Rules and shall be given the authority and have the responsibility to expedite the handling of all matters within the scope of Iowa Code chapters 85, 85A, 85B, 86, and 87.

**Employment Status**

Under the Iowa Administrative Code, there are certain employment statuses that need to be transmitted to the Iowa DWC. According to the following statutes, these employment classifications are specific to Iowa workers' compensation claims processing. To classify these employment positions in the state of Iowa through Electronic Data Interchange, Release 2, the following must apply. Employment Status Code (DN 0058) must be sent as "other" and sending the code of "7." In addition, then the Manual Classification Code (DN 0059) becomes a mandatory field and the following 4-digit NCCI value/code must be transmitted. Please refer to Employment Status Code table for NCCI values. These NCCI codes are not matched to Iowa's employment categories, but to some degree cover what is needed to base computation.

<b>85.36</b>			<b>85.33</b>	
-Volunteer Fire Fighter	7704		-Employee's paid on basis of output with	
-Emergency Medical Care Provider	8835		minimum guarantee (TPD)	8742
-Emergency Medical Technician Trainee	7370			
-Reserve Peace Officer	7720			
-Volunteer Ambulance Driver	7370		<b>85.60</b>	
-Volunteer Emergency Rescue Technician	7370		-Student in School-to-Work	9101
-Inmate	7730			
-Proprietor	8017		-Employment/training while undergoing	
-Partner	8017		employment evaluation under direction	
-Limited Liability Company Member	8017		of a rehabilitation facility	9063
-Officer of a Corporation	8017			
-Elected Official	9410		<b>85.61</b>	
-Appointed Official	9410		-Real Estate Agent	8721
-Professional Athlete	9179			
-Apprentice or Trainee	use specific ESC Code			

**Marital Status**

An individual who is married. The spouse can be a common law spouse if the elements of a common law marriage are present.

**Dependents/ Exemptions**

Number of exemptions properly claimed under Internal Revenue Code. (See IAC Rule 876-8.8 & Iowa Code 85.61(9))



# Iowa Division of Workers' Compensation EDI Release 2 Handbook

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## Forms





## Instructions for Completing Iowa's Revised First Report of Injury (FROI)

\*This form has replaced all other Iowa First Reports of Injury effective July 1, 1999\*

- This form will be used until June 30, 2001, thereafter no paper injury forms will be utilized.
- Using the revised FROI and Instruction List will make electronic filing of workers' compensation claims in Iowa easier for all Reporters. Electronic filing of claims required by rule to be implemented no later than July 1, 2001.

Any questions should be referred to:

**Iowa Division of Workers' Compensation**  
1000 E. Grand Avenue  
Des Moines, IA 50319  
(515) 281-5387  
(800) 562-4692



Instructions for Completing the Iowa First Report of Injury

**GENERAL INFORMATION**

- **Dates** - Enter all dates in MM/DD/CCYY format.
- **Addresses** - Enter street address, city, state and postal code (9 digits, if known).
- **Names** - Enter all names first name, middle initial, last name, and last name suffix (Jr., Sr., etc., if applicable).
- **FEIN's** - Enter the Federal Employer Identification Number of the entity.
- **Phone Numbers** - Enter the area code and telephone number (include extension, if applicable).
- **Employee** - The individual about whom this form is being filed.
- **Jurisdiction Code** – Please use “IA” or “19” to represent the codes used for Iowa.
- **Jurisdiction Claim #** - The number assigned by the jurisdiction to identify this claim.
- **Claim Type Code** - Enter one of the following codes which represents the current benefit classification of the claim according to jurisdictional requirements:
 

<b>M</b>	Medical only	<b>I</b>	Indemnity	<b>N</b>	Notification only
<b>B</b>	Became medical only	<b>L</b>	Became lost time	<b>T</b>	Transfer (claim jurisdiction changed)

**CLAIM ADMINISTRATOR**

- **Claim Administrator Name** - Enter the name of the carrier, third party administrator, or self-insured responsible for administering the claim. (Refers to question 8 on prior Iowa form).
- **Claim Administrator Claim #** - An identifier which distinguishes a specific claim within a claim administrator’s claims processing system assigned by the claim administrator.
- **Insurer Name** - The legal name of the insurance company, self-insured or guarantee fund assuming the employer’s financial responsibility for this claim.

**EMPLOYER**

- **Physical Address** - Enter the address of the employer’s facility where the employee was employed at the time of injury. See Accident Site Information question. (Refers to question 2 on prior Iowa form).
- **Mailing Address** – Enter the employer’s mailing address. (Refers to question 1 on prior Iowa form).
- **Employer Contact Name** - Enter the name of the individual at the employer’s premises to be contacted for additional information.
- **Nature of Business** - Enter the narrative description of the nature of the employer’s business related to the specific business operation for which the employee was employed at the time of injury. (Refers to question 3 on prior Iowa form).
- **Insured Report Number** - Enter a number that may be assigned by the insured to identify a specific claim. This may be the OSHA 101 number. If no number is assigned, this may be left blank.
- **Industry Code** - The code, which represents the nature of the employer’s business which may be found in either the Standard Industrial Classification Manual (SIC) or the North American Industrial Classification System (NAICS).
- **Employer Type Code** – A code that indicates whether the employer for whom the employee worked at the time of the injury is a lessor. If the employee is paid directly by the employer, check E. If the employee is paid by a leasing company, check L.  
NOTE: Iowa Division of Workers’ Compensation will not collect this information at this time.
- **Employer UI Number** - Enter the unemployment insurance number assigned for each employer by the state unemployment agency.
- **Insured Location Number** - Enter a code defined by the insured which is used to identify the employer’s location of the accident. If there is no number, this should be left blank.

**POLICY**

- **Insured Name** - Indicate the named entity of the policy. (Refers to question 7 on prior Iowa form).





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- **Policy/Contract Number** - Enter number identifying the coverage policy in effect for the claim. (Refers to question 52 on prior Iowa form).
- **Coverage Effective Date** - Enter the date that the employer's insurance policy or self-insurance license/certificate became effective. (Refers to question 50 on prior Iowa form).
- **Coverage Expiration Date** - Enter the date that the employer's insurance policy or self-insurance license/certificate expired. (Refers to question 51 on prior Iowa form).

### EMPLOYEE

- **Employee Name** - Indicate the employee's legally recognized name. (Refers to question 9 on prior Iowa form).
- **Occupation Description** - Indicate the primary occupation of the employee at the time of the accident or injurious exposure. (Refers to question 14 on prior Iowa form).
- **Date of Hire** - Provide the date the employee began his/her employment with the specified employer. If there have been multiple periods of employment, the beginning date of the current employment period should be indicated. (Refers to question 13 on prior Iowa form).
- **Manual Classification Code** - Provide the code that corresponds to the primary occupation in which the employee was engaged at the time of accident/injury, or injurious exposure, if known.
- **Employment Status** - Indicate the employee's work status at the time of injury. In the event that multiple Employment Status Codes apply to the employee, use the following hierarchy to determine which status, the topmost, to report. (i.e., if employee is a part time seasonal worker, report as seasonal worker.) (Refers to question 42 on prior Iowa form).
  - 1 **Piece Worker** - the injured employee was paid for employment according to the number of products/services completed or number of trips completed.
  - 2 **Volunteer** - the injured employee was serving at one's own free will without legal obligation of payment.
  - 3 **Seasonal** - the injured employee was employed in a position dependent on or controlled by the season of the year.
  - 4 **Apprenticeship Full-Time** - the injured employee was bound by a legal agreement to work full-time for another in return for instruction in a trade or occupation.
  - 5 **Apprenticeship Part-Time** - the injured employee was bound by a legal agreement to work part-time for another in return for instruction in a trade or occupation.
  - 6 **Regular Employee Full Time** - the injured employee was employed on a full-time basis. (schedule is comparable to other employees of the company and/or other employees in the same business or vicinity who are considered full-time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship, or piece workers.
  - 7 **Part-time** - the injured employee was employed on a part-time basis (whose work history in the preceding months shows that the person worked on less than a full-time basis). This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship or piece workers.
  - 8 **Other** - the injured employee had an employment status at the time of injury other than those previously listed.
- **Marital Status** - U = Widowed, Divorced, Single, Unmarried. (Refers to question 36 on prior Iowa form).
- **Tax Filing Status** - Indicate the employee's federal tax filing status used on the Internal Revenue tax forms.  
**NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.
- **Employee ID Number** - SSN is preferred. Critical to matching existing claims. If no SSN, please contact Iowa DWC. (Refers to question 10 on prior Iowa form).
- **Education level** - Indicate the highest number of years or equivalency level of formal education completed. (High school graduate/GED = 12)
- **Employee Authorization to Release:** **NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.  
**Medical** - Indicate whether the employee has provided written authorization to release medical records related to the injury.  
**SSN** - Indicate whether the employee has provided a written authorization to release the employee's Social Security Number.

### WAGE

- **Salary Continued in Lieu of Compensation** - The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work related injury.
- **Number of Dependents** - **NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.
- **Number of Entitled Exemptions** - The maximum number of exemptions that the employee is entitled to claim on their annual Federal Income Tax. Exemptions include marital status, maximum exemptions employee can claim (e.g. self, 65 and over, blind, spouse, etc.), number of dependent children, and other dependents. Refer to questions 36 & 37 on prior Iowa form).





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- **Number of Withholding Exemptions** - The number of exemptions that the employee claims on their withholding information provided to the employer.
- **NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.
- **Average Wage** - The employee's pre-injury wage for the wage period as statutorily defined by the jurisdiction. The amount may include commissions, piecework earnings and other forms of income converted to a normal scheduled work week, plus the estimated value of lodging, food, laundry and other payments in kind, as per jurisdictional requirements. Average wage includes discontinued fringes and concurrent employer wages, if any. It is preferred that hourly wage be calculated into a weekly wage. (Refers to question 38 - 42 on prior Iowa form).

### ACCIDENT/INJURY

- **Time** - indicate the time military format 00:00 through 23:59 for:
  - **of Injury** (Refers to question 22 on prior Iowa form).
  - **Employee began work** (Refers to question 23 on prior Iowa form).
- **Initial Date Last Day Worked** - Enter the last day the employee was able to work prior to the original lost time from work due to the occupational injury or disease. This date may be the date of injury or the first date prior to the initial lost time.
- **Initial Return to Work Date** - Enter the date following the first disability period on which the employee returned to work.
- **Accident Premises Code** - Check the code that indicates the premises on which the accident occurred.
- **Accident Site Information** - If accident site is different than the Employer Physical Address, then the accident site address information must be completed. For ease of description, Accident Site Address formatting has been developed. (Refers to question 5 on prior Iowa form).

### MEDICAL

- **Initial Treatment Code** - Select one of the six choices listed on the form. The choice should indicate the initial treatment only that the injured worker received immediately after the injury. If none, select "No medical treatment". The intent is to reflect care rendered at the time of reporting. Not anticipated care or severity of injury at the time of initial report.
- **Initial Medical Provider** - Name of the physician, clinic, hospital or in house treatment provider at the time of the report. (Refers to question 45-47 on prior Iowa form).
- **Managed Care Organization Name or ID Number** – **NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.
- **Primary ICD Diagnostic Code** - This is only needed if medical treatment was rendered. The medical provider should determine the selected code. If code is provided, enter the ICD (International Classification of Diagnosis or Disease) code depending on jurisdictional requirements at the time of injury.  
**NOTE:** Iowa Division of Workers' Compensation will not collect this information at this time.



## **Iowa Division of Workers' Compensation EDI Release 2 Handbook**

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### **Iowa First Report of Injury (FROI)...National EDI Form**



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## Iowa's Revised Subsequent Report of Injury (SROI)

\*This form has replaced all other Iowa Subsequent Reports of Injury... \*

- This form will be used until June 30, 2001, thereafter no paper subsequent reporting forms will be utilized.
- Using the revised SROI will make electronic filing of workers' compensation claims in Iowa easier for all Reporters. Electronic filing of claims required by rule to be implemented no later than July 1, 2001.

Any questions should be referred to:

**Iowa Division of Workers' Compensation**  
**1000 E. Grand Avenue**  
**Des Moines, IA 50319**  
**(515) 281-5387**  
**(800) 562-4692**





## **Iowa Division of Workers' Compensation EDI Release 2 Handbook**

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### **Iowa Subsequent Report of Injury (SROI)...National EDI Form**



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### Medical Report Transmittal Form

**IAC 876-3.1(2)(17A)** ... Medical data supporting the action taken shall be (provided) when temporary total disability or temporary partial disability exceeds 13 weeks or when the employee sustains a permanent disability.

Please complete and attach this form to the front of medical data or reports when they are submitted to the Iowa Division of Workers' Compensation.

<b>Jurisdiction Claim Number:</b>	
<b>Claim Administrator Claim Number:</b>	
<b>Claim Administrator Name:</b>	
<b>Employee ID (number):</b>	
<b>Date of Injury:</b>	
<b>Employee Last Name:</b>	
<b>Employee First Name:</b>	
<b>Current Return to Work Date:</b> (if applicable)	
<b>Date of Maximum Medical Improvement:</b> (if applicable)	
<b>Permanent Impairment Body Part Code:</b> (if applicable)	
<b>Permanent Impairment Percentage:</b> (if applicable)	
<b>Doctor's Name:</b>	
<b>Comments:</b>	

**Please Mail or Fax to:**  
**Division of Workers' Compensation**  
**1000 East Grand Avenue**  
**Des Moines, Iowa 50319-0209**  
**Fax Number: (515) 281-6501**



## Iowa Terminology

### \*\*\*EDI Release 2 Data Elements vs. Former Terms Used in Iowa\*\*\*

Below are data elements that correspond to Iowa workers' compensation claim processing. Words that are capitalized are former terms that Iowa DWC used prior to electronic data processing.

**EDI Release 2 Data Element Name**

**Former Terminology Used**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Claim Administrator</li> </ul>  | ADJUSTING CO./THIRD PARTY ADMINISTRATOR (TPA)<br>INSURER<br>INSURED   |
| <ul style="list-style-type: none"> <li>▪ Employee ID Number (choose one)               <ul style="list-style-type: none"> <li>Employee SSN</li> <li>Employee Passport Number</li> <li>Employee ID Assigned By Jurisdiction</li> <li>Employee Employment VISA</li> <li>Employee Green Card</li> </ul> </li> </ul> | SOCIAL SECURITY NUMBER  |
| <ul style="list-style-type: none"> <li>▪ Discontinued Fringe Benefits</li> </ul>   | VALUES FOR HOUSING, MEALS, & OTHER  |
| <ul style="list-style-type: none"> <li>▪ Accident Site               <ul style="list-style-type: none"> <li>Location Narrative (text field)</li> <li>vs.</li> <li>Organization Name and</li> <li>Site Address, City, State, &amp; Postal Code</li> </ul> </li> </ul>   | PLACE OF INJURY OF EXPOSURE   |
| <ul style="list-style-type: none"> <li>▪ Pre-Existing Disability Code</li> </ul>   | BLIND EXEMPTION   |
| <ul style="list-style-type: none"> <li>▪ Date of Injury</li> </ul>   | INJURY DATE   |
| <ul style="list-style-type: none"> <li>▪ Employee Marital Status</li> </ul>  | MARITAL STATUS  |
| <ul style="list-style-type: none"> <li>▪ Average Wage</li> </ul>   | GROSS WEEKLY WAGE (GROSS WAGES)   |
| <ul style="list-style-type: none"> <li>▪ Calculated Weekly Compensation Amount</li> </ul>  | WEEKLY RATE   |
| <ul style="list-style-type: none"> <li>▪ Employee Number of Entitled Exemptions</li> </ul>   | TOTAL EXEMPTIONS, includes the following: <ul style="list-style-type: none"> <li>◆ MARITAL STATUS (1 or 2);</li> <li>◆ 65 &amp; OVER (1);</li> <li>◆ BLIND (1);</li> <li>◆ DEPENDENT CHILDREN (1+);</li> <li>◆ OTHER DEPENDENTS (1+);</li> </ul> Therefore, minimum for entitled exemptions is one (1). |
| <ul style="list-style-type: none"> <li>▪ Employment Status Code</li> </ul>   | PPD WEEKLY RATE<br><br>Use to base it on earnings and hours worked.<br>COMPUTATION SECTION #42  |
| <ul style="list-style-type: none"> <li>▪ Payment Issue Date</li> <li>▪ Initial Date Disability Began</li> <li>▪ Transmission Date</li> <li>▪ Maintenance Type Code Date</li> </ul>   | COMMENCEMENT OF PAYMENT, includes <ul style="list-style-type: none"> <li>DATE OF FIRST PAYMENT</li> <li>DATE DISABILITY BEGAN</li> <li>PAYMENT NOTICE</li> <li>PAYMENT REPORT</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Wage Period Code</li> </ul>   | EMPLOYEE'S PAY PERIOD   |



# Iowa Division of Workers' Compensation EDI Release 2 Handbook

## Iowa Terminology

<ul style="list-style-type: none"> <li>▪ Actual Reduced Earnings (TPD Benefits)</li> </ul>	<p>AMOUNT EARNED in Iowa is when actual amount of wages earned from employer during period being reported while on TPD.</p>
<ul style="list-style-type: none"> <li>▪ Benefit Type Amount Paid</li> </ul>	<p>AMOUNT PAID is for actual amount paid during benefit period.</p>
<ul style="list-style-type: none"> <li>▪ Rate Calculation</li> </ul>	<p>Verifies employee's weekly compensation rate, includes the following:</p> <ul style="list-style-type: none"> <li>◆ DATE OF INJURY</li> <li>◆ TOTAL EXEMPTIONS</li> <li>◆ MARITAL STATUS</li> <li>◆ GROSS WEEKLY WAGE</li> </ul>
<ul style="list-style-type: none"> <li>▪ Denial Reason Code</li> <li>▪ Denial Reason Narrative</li> <li>▪ Denial Effective Date</li> <li>▪ Maintenance Type Code (04)</li> </ul>	<p>Reason for denying a claim: DENIAL OF LIABILITY (will include all four elements)</p>
<ul style="list-style-type: none"> <li>▪ Initial Return to Work Date</li> <li>▪ Return to Work Type Code</li> </ul>	<p>Reason for identifying a claim as: includes both elements INSUFFICIENT LOST TIME</p>
<ul style="list-style-type: none"> <li>▪ Maintenance Type Codes</li> </ul>	<p>PAYMENT REPORT</p>
<ul style="list-style-type: none"> <li>▪ Payment Issue Date</li> </ul>	<p>DATE OF LAST PAYMENT</p>
<ul style="list-style-type: none"> <li>▪ Maintenance Type Code (FN)</li> </ul>	<p>FINAL REPORT</p>
<ul style="list-style-type: none"> <li>▪ Benefit Type Codes &amp; Other Benefit Type Codes</li> </ul>	<p>TYPE OF PAYMENT</p>
<ul style="list-style-type: none"> <li>▪ Benefit Period Start Date</li> <li>▪ Benefit Period Through Date</li> </ul>	<p>PERIODS OF DISABILITY DATE BEGAN &amp; DATE ENDED</p>
<ul style="list-style-type: none"> <li>▪ Benefit Type Claim Days</li> <li>▪ Benefit Type Claim Weeks</li> </ul>	<p>WEEKS/DAYS PAYABLE WEEKS &amp; DAYS</p>
<ul style="list-style-type: none"> <li>▪ Benefit Type Amount Paid</li> </ul>	<p>AMOUNT PAID</p>
<ul style="list-style-type: none"> <li>▪ Actual Reduced Earnings</li> </ul>	<p>AMOUNT EARNED, IF TPD</p>
<ul style="list-style-type: none"> <li>▪ Permanent Impairment Body Part Code</li> <li>▪ Permanent Impairment Percentage</li> <li>▪ Permanent Impairment Minimum Payment Indicator</li> <li>▪ Benefit Type Code (030)</li> <li>▪ Benefit Type Amount Paid</li> </ul>	<p>PAYEMENT FOR PPD will include all five elements</p>
<ul style="list-style-type: none"> <li>▪ Other Benefit Type Code</li> <li>▪ Other Benefit Type Amount</li> </ul>	<p>OTHER BENEFIT PAYMENTS -includes TYPE OF BENEFITS &amp; AMOUNT PAID</p>
<ul style="list-style-type: none"> <li>▪ Settlement Type Code</li> <li>▪ Payment Reason Code</li> <li>▪ Payment Issue Date</li> <li>▪ Payment Covers Period Start Date</li> <li>▪ Payment Covers Period Through Date</li> <li>▪ Payment Amount</li> </ul>	<p>SETTLEMENT/COMMUTATION includes all six elements</p>

## Settlements & Awards

### General Statement:

For settlements and awards indemnity benefits must be reported in weeks and days. When a settlement or award results in the payment of a partial day then that partial day should be



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rounded-up to the next full day. Example: 3.75 days would be reported as 4 days for purposes of filing. The actual amount of indemnity benefit pursuant to the settlement or award is to be reported. Any resulting underpayment on the DWC's compliance system will be ignored by the DWC.

### **Compromise Settlements** (Settlements pursuant to Iowa Code section 85.35):

When there is a dispute as to whether or not the employee is entitled to benefits, a compromise settlement may be filed with the Workers' Compensation Commissioner. Approval of a compromise settlement ends the employee's future rights to any benefits for the settled injury.

### **All Iowa Code section 85.35 settlements are to be reported with the most applicable Benefit Type Codes (DN85) of 500 or 501**

### **Lump Sum Payments**

In Iowa, lump sum payments are the exception and not the rule. The law does, however, provide for two types of lump sum payments in the form of commutations, if approved by the Workers' Compensation Commissioner.

A commutation is a lump sum payment of future benefits. In order for a commutation to be approved by the Workers' Compensation Commissioner, it must be shown that the employee has a specific need and that the lump sum is in the employee's best interest. There are several other filing requirements that must be met before a commutation will be approved. When commuting benefits, the employer is entitled to a discount on the benefits commuted. There are two types of commutations:

#### **Full Commutation** (85.45, 85.47)

A full commutation is a lump sum payment of all remaining future benefits. When approved, a full commutation ends all of the employee's future rights to any additional benefits, including medical benefits.

#### **Partial Commutation** (85.45, 85.47, 85.48)

A partial commutation is a lump sum payment of a portion of the remaining future benefits. When approved, a partial commutation establishes the employee's entitlement to disability benefits, but it does not end the employee's future rights.

### **All Iowa Code section 85.45, 85.47 and 85.48 settlements are to be reported with the most applicable Benefit Type Codes (DN85) of 510 through 590**



## Petitions

When petitions, or litigation, is filed on a workers' compensation claim, generally by the claimant, the Division of Workers' Compensation sets up a litigation file which is separate and distinct from the compliance, or the claim reporting file that is set up by the Claims Administrator via EDI.

### Important points and/or requirements:

1. Compliance files are all assigned a number from 0 through 4,999,999.
2. DWC compliance file numbers are sent to the reporter by the DWC on the acknowledgement.
3. There must always be a compliance file with an injury date that corresponds to the same injury date alleged on the petition. Iowa law requires that FROI is to be filed by the employer with the Iowa Workers' Compensation Commissioner for each injury resulting in claimed indemnity. The FROI is not an admission of liability and may only be used as evidence except as to notice under section 85.23. (86.11)
4. Litigation files are all assigned a number from 5,000,000 through 5,999,999. (Effective 07/01/2001)
5. One litigation file number is assigned per injury date. *It is planned that effective on January 1, 2002 that only one litigation file number will be assigned per claimant rather than multiple file numbers for multiple injury dates. This will allow, for example, that claims for cumulative trauma injuries such as carpal tunnel syndrome may be tried under one litigation file for multiple alleged injury dates. When multiple injury dates are alleged on a single petition the Claims Administrator is only required to file a FROI for the most recently alleged injury date until or unless it is subsequently ordered or indicated by the DWC. (This is an exception to item number 3 above.)*
6. Reporters receiving notice that a petition on one of their claims has been filed with the DWC should verify that they have filed the corresponding FROI. Should the dates not correspond then it will be necessary to file the appropriate FROI with that injury date or to submit a correction to the injury date already on file.
7. Settlements or awards made on the litigated file are to be reported under the compliance file.
8. Should a petition be filed on an injury claim that is for a medical only injury no FROI should be transmitted to the DWC unless the claimant subsequently claims weekly indemnity benefits. (86.11)
9. Should the DWC order the Claims Administrator to file a FROI on a medical only injury the Claim Type Code (DN74) must be "N = Notification Only". "Notification Only" compliance files will be opened by the filing and automatically closed by the DWC system. No subsequent reports will be required unless the status of the claim changes to one of weekly indemnity, a settlement or an award.



## EDI Transmission Standards

The transmission of data may occur on each business day of each week, excluding holidays and weekends, from the Reporter or as otherwise agreed and will be considered received by the DWC as of the date the transmission(s) is sent by the Reporter.

The required data elements for the First and/or Subsequent Reports are found on the attached EDI Partnering Transmission Tables (page 40). Additional tables for other reports and forms may become part of this agreement by mutual agreement between the parties or as required by law.

Under normal circumstances, the DWC will retrieve Reporter's transmissions on a daily basis.

Any error in transmission will be identified by the DWC within five (5) business days from the date DWC retrieves the data. The Reporter shall have fifteen (15) days to re-send errors in transmission for Subsequent Reports and five (5) days for First Reports. DWC will respond within five (5) business days to that transmission.

DWC does not compile or maintain erroneous transmission reports, e.g. Transmission Rejected (TR) or Batch Rejected (HD). Erroneous transmissions do not satisfy Iowa statute and rule reporting requirements or deadlines.

Due to match data and subsequent reporting criteria in EDI Release 2, the DWC cannot match subsequent reports filed on the same transmission date and time with the following Maintenance Type Codes; all of which are First Reports of Injury, (00, 04, AU, or UI). For convenience and reduced costs to the Reporter, it is recommended that all subsequent reporting occur after the Reporter receives the acknowledgement from the DWC with the jurisdictional claim number.

Transmission will be accomplished via a VAN or Internet, as agreed between the parties from time to time.

The Reporter shall pay all costs of transmission either to or from the Reporter, including to and from DWC.

Annual Reporting will occur from Reporter to DWC per EDI Partnering Agreement. All Reporters must file annual reports on open files on the month and date as assigned by the DWC. Assigned dates will begin on the 1<sup>st</sup> and 15<sup>th</sup> of August and September. There will be a two-week period to transmit Annual Reports. These Annual Reports will cover all benefits paid during the previous DWC fiscal year ending with June 30. If DWC does not receive these reports, notification will be given to the Reporter that the EDI Partnering Agreement forthwith is terminated.

Medical Reports and Denial of Liability Notification Letters must be recorded by the DWC through paper form and must be received by the DWC per IAC Rule 876 – 3.1 (2). Pursuant to Rule 876 – 3.1(2) a medical report must be filed if an injury involves PPD or PTD, or if the disability period exceeds 13 weeks on TTD/HP or TPD. Division staff will manually enter medical reports. Mail reports to the Iowa DWC with a completed Medical Report Transmission Form from the DWC as found on page 26 of this handbook. These forms are available directly from the DWC or from the DWC's web site forms page. <http://www.state.ia.us/iwd/wc/forms%201.htm>





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Denial of Liability (Iowa Code 85.26) transactions (MTC 04) can be used for full denials. However, that transaction alone does not close the claim. Refer to Section VI, Testing Requirements, of the Iowa EDI Implementation Guide for further information. In addition, denial reason codes and narratives do not limit defense. Narrative can be used to supplement the codes and the DWC will review the data. Denial reason narratives can provide factual basis, supporting, and information for denial reasons(s) identified by codes(s). Narrative reasons cannot include code values. Narrative reason(s) will not be equivalent to denial reason codes. Narrative description will not invalidate a denial reason code.

Commencement of Payment Notice is required pursuant to Iowa Code 86.13 if a Claim Administrator is paying benefits. Data elements that indicate this requirement are Payment Issue Date (First Payment) and Initial Date Disability Began (Disability Began). These data elements are covered in the Iowa Element Requirement Table.

Changes in the EDI Partnering Agreement via the Reporter (e.g. profiles, specifications, etc.), shall be accepted and incorporated into this agreement. DWC shall be notified of any change prior to successful transmissions accepted.

If an Insurer/Insured/Claim Administrator/Reporter transfers the claim (s) to another location, then a Maintenance Type Code 02 should be transmitted indicating the new location handling the claim.

*In-State Representative*...Rule 876 IAC 2.3 requires all insurers and self-insurers to have one or more persons located in Iowa who shall be knowledgeable of the Iowa Workers' Compensation laws and Rules. They shall be given authority to expedite the handling of claims. The Iowa workers' compensation commissioner shall be advised by letter of the name, address, and telephone number of each of the persons so designated. Any change shall be reported to the commissioner 10 days after such an occurrence.



## EDI Partnering Transmission Tables

### **Claim Event Table**



## Claim Event Table Instructions

### USAGE INSTRUCTIONS

This table is designed to provide information integral for a Reporter to understand the Iowa DWC's EDI reporting requirements. It relates EDI information to events and under what circumstances they are initiated. This includes legislative mandates affecting difference reporting requirements based on various criteria (i.e. dates of injury after a certain period).

It is used and controlled by the receiver of EDI transactions to convey the level of EDI reporting that they currently accept. The table is also used by each trading partner to record an individual trading partner's production level by MTC and by implementation dates.

<b>TRADING PARTNER ID:</b>	A composite field containing a trading partner's FEIN and nine-position code. This is a generic term that can identify either the sender or receiver.
<b>MTC:</b>	The Maintenance Type Code defines the specific purpose (event) for which the transaction is being sent (triggered).
<b>MTC DESCRIPTION:</b>	Text describing the Maintenance Type Code.
<b>PRODUCTION LEVEL IND:</b>	Reflects an EDI participation status for a specific transaction. It indicates whether the transaction being sent is being targeted to a receiver's "production" or "test" system. Transactions performed while under "parallel" status should have the "test" indicator set. TECHNICAL NOTE: This flag is set at the transmission (batch) header level in the HD1. Therefore, all transactions with a batch must be at the same production level.
<b>IMPLEMENTATION DT FROM/THRU:</b>	These are the effective dates of the production level indicator for a trading partner.
<b>REPORT TRIGGER CRITERIA:</b>	This is a list of events that trigger a specific report and cause it to be submitted. If there are multiple events for a given MTC, then each event must be listed separately.
<b>REPORT TRIGGER VALUE:</b>	A value that is used to modify or define a Report Trigger Criteria.
<b>PERIODIC QUALIFIER:</b>	These are code values that describe the types of claims that are required to be reported periodically (e.g. open claims, closed claims). NOTE: See Periodic Qualifier in the Systems Dictionary.
<b>REPORT LIMIT NUMBER:</b>	When present, this value reflects the maximum number of periodic reports required.
<b>REPORT REQUIREMENT CRITERIA:</b>	The criteria that defines the claim event date. This will be compared to the Effective from and through dates. This reflects statutory requirements that affect report submission.
<b>EFFECTIVE DATE FROM:</b>	The first date that a claim meeting the report Requirement Criteria will be reported for a specific report trigger.
<b>EFFECTIVE DATE THRU:</b>	The last date that a claim meeting the Report Requirement Criteria will be reported for a specific report trigger.
<b>REPORT DUE CRITERIA:</b>	The criteria that determines the latest date that a report must be completed and submitted for a specific trigger to be considered timely.
<b>REPORT DUE VALUE:</b>	A value that is used to modify or define a Report Due Criteria.
<b>FOLLOW UP FORM:</b>	The 'hard-copy' form, or form number, that is required to be sent out at the time at which an EDI transaction is submitted.
<b>RECEIVER:</b>	A code (from a valid code list) to identify the receiver of the Form/Pamphlet being sent.



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## **Element Requirement Table**



Element Requirement Table Instructions

USAGE INSTRUCTIONS

This table was designed to provide a tool to communicate a Receiver's business data element requirements for each of its trading partners. This allows for requirement codes to be defined to a Transaction Set ID and down to the level of each Maintenance Type Code. Further, it provides for element requirements to differ based on Report Requirement Criteria established on the Event Table.

NOTE: This table should be completed after the Event Table as it relates to events described on that table.

TRADING PARTNER ID: A composite field containing a trading partner's FEIN and nine position postal code. This is a generic term that can identify either the sender or receiver.

MTC: The Maintenance Type Code defines the specific purpose (event) for which the transaction is being sent (triggered).

REPORT REQUIREMENT CRITERIA: Along with EFFECTIVE DATE FROM and EFFECTIVE DATE THRU define the class of claims covered by the table. An example would be:

- REPORT REQUIREMENT CRITERIA = A (Date of Injury)
EFFECTIVE DATE FROM = 1/1/91
EFFECTIVE DATE THRU = 12/31/96

A table with these values would cover claims who's Date of Injury falls between 1/1/91 and 12/31/96 inclusive.

EFFECTIVE DATE FROM: Along with REPORT REQUIREMENT CRITERIA and EFFECTIVE DATE THRU define the class of claims covered by the table. See example above.

EFFECTIVE DATE THRU: Along with REPORT REQUIREMENT CRITERIA and EFFECTIVE DATE FROM define the class of claims covered by the table. See example above.

DN001 .... DNnnn: Each one of the Data Elements included in the Transaction Set ID covered by the table.

REQUIREMENT CODE

A REQUIREMENT CODE is entered at each cell marked by the intersection of a Maintenance Type Code row and a Data Element column. The Requirement Code values are:

Table with 3 columns: Requirement Code, Requirement Name, and Description. Rows include m (Mandatory), c (Conditional), and o (Optional).

Iowa has structured the Element Requirement Table to represent what data elements are being collected. The following indicates, in addition to the mandatory, conditional and optional marks, the data elements that are not being used and which are in the acknowledgement transmission:

- \*-- Data Element Not Being Used In Iowa
m --Mandatory Data Element
c -- Conditional Data Element
o -- Optional Data Element
a -- Acknowledgement Record Only





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## **Conditional Data Elements Defined**



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## **IV. MISCELLANEOUS**



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### Rate Calculations

Below describe how the Iowa Division of Workers' Compensation interprets the EDI Release 2 data elements for calculating workers' compensation rates.

- Average Wage (Gross Weekly Wage):  
The employee's pre-injury wage for the wage period as statutorily defined by the jurisdiction.
- Calculated Weekly Compensation Amount (Weekly Rate/Rate Schedule):  
The result of multiplying the employee's average wage by the statutory percentage and applying the minimum compensation amounts.
- Net Weekly Amount (Fringe Benefits is an example):  
The weekly payment amount that is due by the current claim administrator for that benefit type after applying adjustments and credits to the gross weekly amount.
- Gross Weekly Amount (Calculated Weekly Compensation Amount):  
The weekly benefit amount due for a benefit type which is based on criteria such as pre-injury wages, statutory percentage, maximum and minimum limits, number of dependents, temporary partial earnings, etc., and it always excludes the application of any adjustments, credits or redistribution's.



## Iowa Division of Workers' Compensation EDI Release 2 Handbook

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### FAQ's

#### **What is EDI?**

EDI is the computer-to-computer exchange of standard business data using telecommunications.

#### **What is a VAN?**

VAN stands for Value Added Network. It is commonly referred to as an "electronic mailbox."

#### **What is a FROI?**

The "hardcopy" format that helps reporting entities get information from employer to the insurance carrier or claim administrator on first reports of injury. It can also be used to train and educate staff and key personnel in understanding EDI. It begins the initial process of filing a claim. This "hardcopy" format will not be accepted for transporting data to the Iowa Division of Workers' Compensation.

#### **What is a SROI?**

The "hardcopy" format that helps reporting entities get information from employer to the insurance carrier or claim administrator on subsequent reports of injury. It can also be used to train and educate staff and key personnel in understanding EDI. It updates, makes corrections, changes, payments, denials, etc. claims built from the FROI. This "hardcopy" format will not be accepted for transporting data to the Iowa Division of Workers' Compensation.

#### **When will EDI, Release 2 be mandatory in Iowa?**

July 1, 2001

#### **Can you send the FROI or SROI via the Internet? To DWC's web site?**

Not at this time. The Division's web site does not have the capacity nor the technology to process claims off of its own web site.

#### **What is the difference between Flat File and ANSI?**

*Flat File* formats have fixed record lengths or record segments. Each data element has assigned character positions within each record. Usually the fields and/or records are expanded to the maximum length. Delimiters are not included in the Flat File transmissions.

*ANSI* (American National Standards Institute) is recognized as the National Standards setting body for the United States. Traditionally, these standards have been used to set product design and safety standards. These standards provide both manufacturer and consumer with confidence and thus improve commerce. The ANSI Standards are best known for approving standards for items such as light bulbs, contractor's levels and rulers, nuts and bolts, etc. The X12 Committee for data interchange processes (electronic standards) reviews ANSI standards.



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### Overview

Electronic Data Interchange is not a relatively new process to the Iowa Division of Workers' Compensation. However, it is a process that needs devoted time and resources to test and build the appropriate programs to gather data. As time has evolved, so has the EDI process in Iowa.

In 1996, Iowa began using EDI Release 1 according to the IAIABC standards. Although EDI Release 1 did include the ability to gather supplemental information for workers' compensation claims, the Iowa Division of Workers' Compensation did not collect data to update a claim. These reasons were:

In 1997, Iowa was selected to become the first jurisdiction along with Employers Mutual Companies (EMC) to test (Beta Test) the EDI Release 2 project. One of the main objectives for the Beta Test was to test the Release 2 product on a national basis, not just for Iowa

In 1999, the Division began pilot testing the EDI Release 2 product. After conducting the Beta Test, the Division had to make changes to the system in order to gear it towards Iowa requirements and processes. This has been a very slow process. Slower than first anticipated. However, the Division believes that the extra time that was devoted to creating and pilot testing the Release 2 product as compared to testing it for the Beta, will enhance all participants learning abilities as well as programming knowledge.

Review and completion of the tables, Element Requirement Table, Edit Matrix Table, Match Data Table, Claim Event Table, and Conditional Data Elements Table, is very labor intensive. It is also time consuming. However, for system design and development it is imperative that the tables be completed as soon as possible in the implementation process.

In addition to review and development, your key to success is to have a competent Team and support from top-level management. Teams drive the process and make things work through all of your daily struggles and successes. Furthermore, Certified Vendors, Committee Members of the IAIABC, and our Division will be there to help you walk down that road to development. The help and support you can receive from these members will be greatly rewarded after you are in production.



## EDI Data Element Definitions

*These Data Elements and Definitions are the copyrighted material of the International Association of Industrial Accident Boards and Commissions © 1998*



**ACCIDENT/INJURY DESCRIPTION NARRATIVE - DN38**

A free form description of how the accident occurred and the resulting injuries.

**ACCIDENT PREMISES CODE - DN249**

A code to indicate the premises on which the accident occurred.

*Values:*

E Employer - Accident occurred on employer's lessor's premises.

L Lessee - Accident occurred on lessee's premises.

X Other - Accident occurred at a location other than the employer or lessee's premises.

**ACCIDENT SITE CITY - DN121**

The city that corresponds to the location where the accident or injury occurred.

**ACCIDENT SITE COUNTY/PARISH - DN118**

The name of the county or parish where the accident or injury occurred.

**ACCIDENT SITE LOCATION NARRATIVE - DN119**

A text field that describes the address of the accident when the location is not post office identifiable.

**ACCIDENT SITE ORGANIZATION NAME - DN120**

The name of the entity that corresponds to the Accident Site Street/City/State.

**ACCIDENT SITE POSTAL CODE - DN33**

The postal code that corresponds to the location where the accident or injury occurred.

**ACCIDENT SITE STATE CODE - DN123**

The state that corresponds to the location where the accident or injury occurred.

**ACCIDENT SITE STREET - DN122**

The street address that corresponds to the location where the accident or injury occurred.

**ACTUAL REDUCED EARNINGS - DN124**

The weekly wages of an employee who has returned to work with physical restrictions or reduced earnings.

**AVERAGE WAGE - DN62**

The employee's pre-injury wage for the wage period as statutorily defined by the jurisdiction.

**BENEFIT ADJUSTMENT CODE - DN92**

A code used to identify reductions or in-crases applied to the Gross Weekly Amount resulting in a new Net Weekly Amount for a specific benefit type.

*Values:*

A Apportionment/Contribution – Weekly payment amount reduced for shared or partial liability(s).

B Subrogation (Third Party Offset) - Weekly payment amount reduced for recovery from third party tort-feasor.

E Employer Provided Pension – Weekly payment amount reduced for eligibility or payments under an employer pro-vided pension program.

G Age 65 Reduction - Weekly payment amount reduced after employee reaches age 65.

I Intoxication - Weekly payment amount reduced due to employee's intoxication at the time of the injury.



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- J Appeal Adjustment - Weekly payment amount reduced by 30% while case is on appeal.
- L Disability Insurance/Income – Weekly payment amount reduced for disability insurance/income eligibility or payment other than social security.
- N Non-cooperation: Rehabilitation, Training, Education, Medical – Weekly payment amount reduced for non-cooperation/failure to comply with jurisdictional requirements.
- Q Illegally Employed Minor – Weekly payment amount increased (equal to the gross weekly amount) for any minor under 18 years of age whose employment has been shown to be illegal.
- R Social Security Retirement – Weekly payment amount reduced for eligibility or payments under the Federal Old Age Survivors Act, 42 USC 402.
- S Social Security Disability – Weekly payment amount reduced for eligibility or payments under the Federal Disability Act, 42 USC 423.
- T Acceleration of Benefits – Weekly payment amount increased over and above the compensation rate.
- U Unemployment Compensation – Weekly payment amount reduced for eligibility or payments under unemployment compensation.
- V Safety Violations - Weekly payment amount reduced for safety violation(s).
- W Partial Wage Continuation – Weekly payment amount reduced for continuation of fringe benefits by the employer. (For example; room, board, health insurance, etc.)
- X Death Benefit Reduction – Weekly payment amount reduced for eligibility or payments to survivors.
- Y Partial Reimbursement of Claimant Attorney Fees - Weekly payment amount increased to the employee for partial reimbursement of claimant attorney fees.
- Z 2 Years Continuous Disability – Weekly payment amount increased for employees who have been disabled for 2 continuous years and are receiving a gross weekly amount which is less than 50% of the state average weekly wage for the year of injury.
- 1 Cost of Living Adjustment – Weekly payment amount increased for cost of living adjustment.

### **BENEFIT ADJUSTMENT END DATE - DN125**

The last date through which the benefit adjustment was applied to the benefit type.

### **BENEFIT ADJUSTMENT START DATE - DN94**

The first date the benefit adjustment was applied to the benefit type.

### **BENEFIT ADJUSTMENT WEEKLY AMOUNT - DN93**

The weekly amount of benefit adjustment that corresponds to the Benefit Adjustment Code.

### **BENEFIT CREDIT CODE - DN126**

A code that identifies a reduction that is applied to the Gross Weekly Amount to yield a new Net Weekly Amount in order to recoup monies previously paid.

*Values:*

- C Overpayment – Re-coupment of benefits paid but not due.
- M Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit - Claim administrator's liability for payment of certain benefits is reduced or fully offset because the employer provided excess payments to the worker (in excess of the weekly benefit amount) by agreement, as provided by jurisdiction.
- P Advance - Reimbursement of pre-paid benefit/advance

### **BENEFIT CREDIT END DATE - DN128**



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The last date through which the benefit credit was applied to the benefit type.

**BENEFIT CREDIT START DATE - DN127**

The first date the benefit credit was applied to the benefit type.

**BENEFIT CREDIT WEEKLY AMOUNT - DN129**

The weekly amount of benefit credit that corresponds to the Benefit Credit Code.

**BENEFIT PERIOD START DATE - DN88**

The first date of the current uninterrupted period of benefit payments that corresponds to the Benefit Type Code.

**BENEFIT PERIOD THROUGH DATE - DN89**

The paid through date of the current uninterrupted period of benefit payments that corresponds to the Benefit Type Code.

**BENEFIT REDISTRIBUTION CODE - DN130**

A code that identifies that a portion of the Net Weekly Amount is directed to another party on behalf of the employee or beneficiary but which does not reduce the Gross Weekly Amount or affect the Net Weekly

*Values:*

B Meaning

H Court Ordered Lien - A portion of the Net Weekly Amount which is being sent to another party on behalf of the employee as a result of a court order (e.g., child support).

K Claimant Attorney Fees - A portion of the Net Weekly Amount which is being sent to another party on behalf of the employee in order to pay attorney fees.

**BENEFIT REDISTRIBUTION END DATE - DN132**

The last date through which the benefit redistribution was applied to the benefit type.

**BENEFIT REDISTRIBUTION START DATE - DN131**

The first date the benefit redistribution was applied to the benefit type.

**BENEFIT REDISTRIBUTION WEEKLY AMOUNT - DN133**

The weekly amount of benefit redistribution that corresponds to the Benefit Redistribution Code.

**BENEFIT TYPE AMOUNT PAID - DN86**

The cumulative amount paid for a benefit type for the reporting period.

**BENEFIT TYPE CLAIM DAYS - DN91**

The cumulative number of days paid for a Benefit Type Code for all benefit periods. (Paid to date by claim - cumulative)

**BENEFIT TYPE CLAIM WEEKS - DN90**

The cumulative number of whole weeks paid for a Benefit Type Code for all benefit periods. (Paid to Date by claim - cumulative)

**BENEFIT TYPE CODE - DN85**

A code that identifies the payment or adjustment being made.

*Values:*

010 Fatal - Benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.

020 Permanent Total - Benefits paid or payable for the loss of or the permanent loss of use of any body part or function which renders the claimant unable to engage in any employment or occupation.

021 Permanent Total Supplemental –Benefits paid to supplement permanent total benefits.

030 Permanent Partial Scheduled –Benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of body that was injured subject to limitations set forth in the statute.

040 Permanent Partial Unscheduled –benefits paid or payable for injuries to parts of the





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body not covered by a schedule. These benefits are payable for the claimant's actual wage loss or reduction in wage earning ability, subject to limitations set forth in the statute.

050 Benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover and which period precedes the date of maximum medical improvement.

051 Temporary Total Catastrophic –Benefits paid for catastrophic injuries.

070 Temporary Partial - Benefits paid or payable for the period during which the claimant, as a result of a disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving a reduced rate of pay and which period precedes the date of maximum medical improvement.

080 Employers Liability - Reports the indemnity loss portion of Employers Liability

090 Permanent Partial Disfigurement –Benefits paid or payable for any scarring or cosmetic defect.

240 Employer Paid - Wages paid by the employer to the employee in lieu of compensation due.

410 Vocational Rehabilitation Maintenance - Weekly maintenance benefits paid while the claimant is participating in a vocational rehabilitation program.

500 Compromised Unspecified - Compromised settlement amount that cannot be assigned to a specific benefit type.

501 Compromised Medical –Compromised settlement amount paid to the employee to conclude past, present, and/or future medical exposure

510 Compromised Fatal

520 Compromised Permanent Total

521 Compromised Permanent Total Supplemental

524 Compromised Employer Paid

530 Compromised Permanent Partial Scheduled

540 Compromised Permanent Partial Unscheduled

541 Compromised Vocational Rehabilitation Maintenance

550 Compromised Temporary Total

551 Compromised Temporary Total Catastrophic

570 Compromised Temporary Partial

580 Compromised Employers Liability

590 Compromised Permanent Partial Disfigurement

### **CALCULATED WEEKLY COMPENSATION AMOUNT - DN134**

The result of multiplying the employee's Average Wage by the statutory percentage and applying the minimum and maximum compensation amounts.

### **CAUSE OF INJURY CODE - DN37**

The code which corresponds to the cause of the injury based on the information available to the claim administrator.

*Values:*

See Appendix, Table 9: Cause of Injury, page 94

### **CLAIM ADMINISTRATOR CLAIM NUMBER - DN15**

An identifier, which distinguishes a specific claim within a claim administrator's claims processing system.



**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE BUSINESS PHONE NUMBER - DN137**

The telephone number of the individual or team responsible for handling the claim.

**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE E-MAIL ADDRESS - DN138**

The Internet E-mail address of the individual or team responsible for handling the claim.

**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE FAX NUMBER - DN139**

The fax number of the individual or team responsible for handling the claim.

**CLAIM ADMINISTRATOR CLAIM REPRESENTATIVE NAME - DN140**

The name of the individual or team working for the claim administrator that is responsible for handling the claim.

**CLAIM ADMINISTRATOR FEIN - DN187**

The FEIN of the entity licensed or allowed by a jurisdiction to adjust a claim.

**CLAIM ADMINISTRATOR MAILING CITY - DN12**

The mailing city of the claim administrator's processing facility.

**CLAIM ADMINISTRATOR MAILING COUNTRY CODE - DN136**

The mailing country of the claim administrator's processing facility.

**CLAIM ADMINISTRATOR MAILING INFORMATION/ ATTENTION LINE - DN135**

The name of the person, department or other information that facilitates delivery within the claim administrator's organization.

**CLAIM ADMINISTRATOR MAILING POSTAL CODE - DN14**

The mailing postal code of the claim administrator's processing facility.

**CLAIM ADMINISTRATOR MAILING PRIMARY ADDRESS - DN10**

The mailing address of the entity licensed or allowed by a jurisdiction to adjust a claim. This will be the carrier's address if there is no TPA.

**CLAIM ADMINISTRATOR MAILING SECONDARY ADDRESS - DN11**

The mailing address of the entity licensed or allowed by a jurisdiction to adjust a claim. This will be the carrier's address if there is no TPA.

**CLAIM ADMINISTRATOR MAILING STATE CODE - DN13**

The mailing state of the claim administrator's processing facility.

**CLAIM ADMINISTRATOR NAME - DN188**

The entity licensed or allowed by a jurisdiction to adjust a claim that is:

Designated to answer inquiries and resolve issues;

Performing but may have subcontracted (a) portion(s) of the adjust process;

Submitting or contracting jurisdiction reporting.

**CLAIM STATUS CODE - DN73**

A code representing the claim administrator's current status of the claim.

*Values:*

O = Open

C = Closed

R = Reopen

X = Reopened/Closed



**CLAIM TYPE CODE - DN74**

A code representing the current benefit classification of the claim as interpreted by the jurisdiction.

*Values:*

- M = Medical Only
- I = Indemnity
- N = Notification Only
- B = Became Medical Only
- L = Became Lost Time
- T = Transfer (Claim Jurisdiction changed)

**CONCURRENT EMPLOYER CONTACT BUSINESS PHONE NUMBER - DN142**

The phone number associated with the Concurrent Employer Name.

**CONCURRENT EMPLOYER WAGE - DN143**

The average wage the employee was earning at a concurrent employer at the time of the injury as calculated by the Claim Administrator or jurisdictional authority for the wage period.

**COVERAGE EFFECTIVE DATE - DN29**

The date that the employer's insurance policy or self-insurance license/certificate became effective.

**COVERAGE EXPIRATION DATE - DN30**

The date that the employer's insurance policy or self-insurance license/certificate expired.

**CURRENT DATE DISABILITY BEGAN - DN144**

The first qualifying day of disability in the current period of disability being reported.

**CURRENT DATE LAST DAY WORKED - DN145**

The date last day worked prior to the first day of disability on a subsequent period of disability.

**CURRENT RETURN TO WORK DATE - DN72**

The date, associated with the current disability period, that the employee was estimated to, released to, or actually returned to work.

**DATE CLAIM ADMINISTRATOR HAD KNOWLEDGE OF THE INJURY - DN41**

The earlier of the date(s) the claim administrator or the insurer first received notice of the accident or injury from any source.

**DATE EMPLOYER HAD KNOWLEDGE OF THE INJURY - DN40**

The earlier of the date that the accident was reported to the employer or the date that the employer had actual knowledge of an accident or injury.

**DATE OF INJURY - DN31**

For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition; unless otherwise defined by statute.

**DATE OF MAXIMUM MEDICAL IMPROVEMENT - DN70**

The date after which further recovery from or lasting improvements to an injury or disease can no longer be anticipated based upon reasonable medical probability.



**DEATH RESULT OF INJURY CODE - DN146**

A code that indicates whether the worker's death was a result of the injury.

*Values:*

- Y - Yes
- N - No
- U - Unknown

**DEEMED REDUCED EARNINGS - DN147**

The estimated weekly wages an employee would have earned had they actually returned to work.

**DENIAL EFFECTIVE DATE - DN240**

The date from which the claim administrator is totally or partially denying the claim.

**DENIAL REASON CODE - DN173**

A code used to identify reasons for denying a claim or defending that assertion.

*Values:*

- 1 = No Compensible Accident
  - A = Coming and going
  - B = Horseplay
  - C = Willful intent to injure oneself
  - D = Does not meet statutory definition of accident
  - E = Deviation from employment
  - F = Recreational/social activity
  - G = Traveling employee
  - H = Subsequent intervening accident
- 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
- 3 = No Coverage
  - A = No employer/employee relationship
  - B = Independent contractor
  - C = Does not meet statutory definition of employee
  - D = No jurisdiction
  - E = No policy in effect on the date of accident
  - F = Statute of limitation expired
  - G = Statutory exemptions (sole proprietor, corporate officer, etc)
  - H = Elected other coverage (24 hour, collective bargaining, opted out)
- 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

**DENIAL REASON NARRATIVE - DN148**

A description used to identify reasons for denying a claim or defending the assertion.



**DENIAL RESCISSION DATE - DN190**

The date a previous denial was revoked.

**DEPENDENT/PAYEE RELATIONSHIP CODE - DN97**

The code used to identify the relationship of the qualified dependent(s)/payee(s) to the deceased employee.

*Values:*

R = Relationship

2 - Widow

3 - Widower

4 - Son or Daughter

5 - Brother or Sister

6 - Mother or Father

7 - Disabled Child

8 - Jurisdiction Fund (e.g. Death Without Dependents Fund -CA, Subsequent Injury Fund- TX)

9 - Other

N = Numerical Birth Order

0-9 Birth order for each Relationship

**DISCONTINUED FRINGE BENEFITS - DN149**

The amount of non-salary remuneration that has been discontinued by the employer as applicable per jurisdiction to the calculation of benefits.

**EMPLOYEE DATE OF BIRTH - DN52**

The date the employee was born.

**EMPLOYEE DATE OF DEATH - DN57**

The date the employee died.

**EMPLOYEE DATE OF HIRE - DN61**

The date the employee began his/her employment with the employer under which the claim is being filed. If there have been multiple periods of employment, this would be the beginning date of the current employment period.

**EMPLOYEE EDUCATION LEVEL - DN151**

The highest number of years or equivalency level of formal education completed.

*Values:*

12 = High School Grad/GED

nn = Actual grade of completion (e.g., 6, 15)

**EMPLOYEE EMPLOYMENT VISA - DN152**

The number assigned to an endorsement to a passport, by the proper authority, to note examination of the passport, and authorization of the bearer to proceed.

**EMPLOYEE FIRST NAME - DN44**

The employee's legally recognized first name.

**EMPLOYEE GENDER CODE - DN53**

The code that indicates the sex of the employee.

*Values:*

M - Male

F - Female

U - Unknown

**EMPLOYEE GREEN CARD - DN153**

The number assigned by the United States Government and issued on an Official Document to foreign nationals permitting them to work in the United States. (Alien -identification number).



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### **EMPLOYEE ID ASSIGNED BY JURISDICTION - DN154**

A number assigned to the employee by the jurisdiction in the absence of the preferred identifier.

### **EMPLOYEE LAST NAME - DN43**

The employee's legally recognized last name.

### **EMPLOYEE LAST NAME SUFFIX - DN255**

The legally recognized last name suffix that is used on legal documents (Jr., Sr., II, III, etc.).

### **EMPLOYEE MAILING CITY - DN48**

The name of the city of the employee's mailing address.

### **EMPLOYEE MAILING COUNTRY CODE - DN155**

The name of the country of the employee's mailing address.

### **EMPLOYEE MAILING POSTAL CODE - DN50**

The postal code of the employee's mailing address.

### **EMPLOYEE MAILING PRIMARY ADDRESS - DN46**

The mailing address used by the employee.

### **EMPLOYEE MAILING SECONDARY ADDRESS - DN47**

The mailing address used by the employee.

### **EMPLOYEE MAILING STATE CODE - DN49**

The state of the employee's mailing address.

### **EMPLOYEE MARITAL STATUS CODE - DN54**

A code which indicates the marital status of the employee as of the date of injury.

*Values:*

U = Widowed, Divorced, Single, Unmarried

M = Married

S = Separated

K = Unknown

### **EMPLOYEE MIDDLE NAME/INITIAL - DN45**

The employee's legally recognized middle name or initial.

### **EMPLOYEE NUMBER OF DEPENDENTS - DN55**

The number of individuals relying on the employee for economic support as defined by the jurisdiction's statute.

### **EMPLOYEE NUMBER OF ENTITLED EXEMPTIONS - DN213**

The maximum number of exemptions that the employee is entitled to claim on their annual Federal Income Tax.

### **EMPLOYEE PASSPORT NUMBER - DN156**

The number assigned to an officially recognized passport by a country's government, to one of its citizens, that authenticates the bearer's identity, citizenship, right to protection while abroad, and right to re-enter his or her native country.

### **EMPLOYEE PHONE NUMBER - DN51**

The phone number where the employee can be reached.

### **EMPLOYEE SSN - DN42**

An identification number, issued by the Social Security Administration, used to record an individual's reported wages or self-employment income.

### **EMPLOYER CONTACT BUSINESS PHONE NUMBER - DN159**

The business phone number of the in-tended contact, organization or individual.

### **EMPLOYER CONTACT FAX NUMBER - DN162**

The fax number of the intended contact, organization or individual.

### **EMPLOYER CONTACT NAME - DN160**

The name of the intended contact organization or individual.

### **EMPLOYER FEIN - DN16**



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The FEIN of the employer where the employee was employed at the time of the injury.

### **EMPLOYER MAILING CITY - DN165**

The city of the employer's mailing address.

### **EMPLOYER MAILING INFORMATION/ATTENTION LINE - DN163**

The name of the person, department or other information that facilitates delivery within the employer's organization.

### **EMPLOYER MAILING POSTAL CODE - DN167**

The postal code of the employer's mailing address.

### **EMPLOYER MAILING PRIMARY ADDRESS - DN168**

The primary address of the employer's mailing address.

### **EMPLOYER MAILING SECONDARY ADDRESS - DN169**

The secondary address of the employer's mailing address.

### **EMPLOYER MAILING STATE CODE - DN170**

The state of the employer's mailing address.

### **EMPLOYER NAME - DN18**

The legal name of the business entity that hired the employee and provided direction and remuneration to the employee at the time of injury; or as jurisdictionally defined for volunteers and other non paid classes of employees. In a leasing situation, this would be the lessor.

### **EMPLOYER NATURE OF BUSINESS - DN210**

The narrative description of the nature of the employer's business related to the specific business operation for which the employee was employed at the time of injury.

### **EMPLOYER PHYSICAL CITY - DN21**

The city of the employer's facility where the employee was employed at the time of the injury.

### **EMPLOYER PHYSICAL POSTAL CODE - DN23**

The postal code of the employer's facility where the employee was employed at the time of the injury.

### **EMPLOYER PHYSICAL PRIMARY ADDRESS - DN19**

The address of the employer's facility where the employee was employed at the time of the injury.

### **EMPLOYER PHYSICAL SECONDARY ADDRESS - DN20**

The address of the employer's facility where the employee was employed at the time of the injury.

### **EMPLOYER PHYSICAL STATE CODE - DN22**

The state of the employer's facility where the employee was employed at the time of the injury.

### **EMPLOYER SIC/NAICS CODE - DN25**

The code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual published by the Federal Office of Management and Budget.

### **EMPLOYER UI NUMBER - DN329**

The unemployment insurance number assigned for each employer by the state unemployment agency.

### **EMPLOYMENT STATUS CODE - DN58**

A code used to indicate the employee's primary work status at the time of the injury with the covered employer.

Hierarchy: In the event that two Employment Status Codes apply to an employee the following hierarchy will determine which code, the topmost, will be reported, i.e., if employee is a part time seasonal worker, report as seasonal worker.

#### *Values:*

C Piece Worker indicates that the claimant was paid for employment according to the number of products / services completed or number of trips completed.

9 Volunteer Worker indicates that the claimant was serving at one's own free will without legal obligation of payment.

8 Seasonal Worker indicates that the claimant was employed in a position dependent on or controlled by the season of the year.



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- A Apprenticeship Full-time indicates that the claimant was bound by a legal agreement to work full-time for another in return for instruction in a trade or occupation.
- B Apprenticeship Part-time indicates that the claimant was bound by a legal agreement to work part-time for another in return for instruction in a trade or occupation.
- 1 Regular Employee indicates that the injured worker was employed on a full-time basis. (schedule is comparable to other employees of the company and/or other employees in the same business or vicinity who are considered full-time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship, or piece workers.
- 2 Part-Time Employee indicates that the injured worker was employed on a part-time basis (whose work history in the preceding months shows that the person worked on less than a full-time basis). This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship or piece workers.
- 3 Unemployed indicates that the injured worker was not employed by the employer against whom the claim is submitted after the date of injury for reasons other than disability, strike, or retirement. (note: there may be a reason to have a second unemployed category to cover those who are or are not activity seeking employment)
- 6 Retired indicates that the claimant was in retirement after the time of injury (i.e., a claimant with black lung). This status is also used when reporting experience for retired seasonal, volunteer, apprenticeship or piece workers.
- 4 On Strike indicates that the injured worker was on strike after the time of injury. This status is also used when reporting experience for on strike seasonal, volunteer, apprenticeship, or piece workers.
- 5 Disabled indicates that the injured worker (who is still working) had a disability unrelated to the new injury in this report. This status is also used when reporting experience for disabled seasonal, volunteer, apprenticeship or piece workers.
- 7 Other indicates that the claimant had an employment status other than those previously listed at the time of injury.

### **ESTIMATED GROSS WEEKLY AMOUNT INDICATOR - DN172**

An indicator to designate that the Gross Weekly Amount is based on an estimated wage.

### **FULL WAGES PAID FOR DATE OF INJURY INDICATOR - DN66**

Indicates whether full wages for the date of the accident/injury or illness were paid by the employer.

### **GROSS WEEKLY AMOUNT - DN174**

The weekly benefit amount due for a benefit type which is based on criteria such as pre-injury wages, statutory percentage, maximum and minimum limits, number of dependents, temporary partial earnings, etc. (as determined by jurisdiction rule); and it always excludes the application of any adjustments, credits or redistribution's.

### **GROSS WEEKLY AMOUNT EFFECTIVE DATE - DN175**

The date the gross weekly amount became effective.

### **INITIAL DATE DISABILITY BEGAN - DN56**

The first day qualifying as a day of disability in the first period of disability. This will be the first day of the waiting period.

### **INITIAL DATE LAST DAY WORKED - DN65**

The last day worked prior to initial disability entitlement.

Initial Date Last Day Worked must meet all of the following conditions:

- A. Must be in the course of employment
- B. Is not contingent on payment of wages
- C. Is on or after the Date of Injury
- D. Is on or before the Initial Date Disability Began





E. Be the first such event in this claim

**INITIAL MEDICAL PROVIDER NAME - DN176**

The name of the physician or health care organization that provided initial medical attention to the injured employee.

**INITIAL MEDICAL PROVIDER PHYSICAL CITY - DN177**

The physical city of the physician or health care organization that provided initial medical attention to the injured employee.

**INITIAL MEDICAL PROVIDER PHYSICAL COUNTRY CODE - DN178**

The physical country code of the physician or health care organization that provided initial medical attention to the injured employee.

**INITIAL MEDICAL PROVIDER PHYSICAL POSTAL CODE - DN179**

The physical postal code of the physician or health care organization that provided initial medical attention to the injured employee.

**INITIAL MEDICAL PROVIDER PHYSICAL PRIMARY ADDRESS - DN180**

The physical address of the physician or health care organization that provided initial medical attention to the injured employee.

**INITIAL MEDICAL PROVIDER PHYSICAL SECONDARY ADDRESS - DN181**

The physical address of the physician or health care organization that provided initial medical attention to the injured employee.

**INITIAL MEDICAL PROVIDER PHYSICAL STATE CODE - DN182**

The physical state code of the physician or health care organization that provided initial medical attention to the injured employee.

**INITIAL RETURN TO WORK DATE - DN68**

The initial date that the employee was estimated to, released to, or actually re-turned to work at full or reduced wages.

**INITIAL TREATMENT CODE - DN39**

A code used to identify the extent of medical treatment received by the employee immediately following the accident.

*Values:*

0 = No medical treatment

1 = Minor on-site remedies by employer medical staff

2 = Minor clinic/hospital medical remedies and diagnostic testing

3 = Emergency evaluation, diagnostic testing, and medical procedures

4 = Hospitalization > 24 hours

5 = Future major medical/Lost time anticipated (i.e., hernia case)

**INSURED FEIN - DN314**

The Federal Employer Identification Number (FEIN) that corresponds to and uniquely identifies the insured.

**INSURED LOCATION NUMBER - DN27**

A code defined by the insured which is used to identify the employer's location of the accident.

**INSURED NAME - DN17**

The named entity of the policy.

**INSURED POSTAL CODE - DN183**

The postal code of the insured.

**INSURED REPORT NUMBER - DN26:**

A number used by the insured to identify a specific claim.

**INSURED TYPE CODE - DN184**

A code that represents the kind of insurance arrangement held by the financially responsible party associated with the claim.



*Values:*

- I - Insured
- S - Self-Insured
- U - Uninsured

**INSURER FEIN - DN6**

The FEIN of the insurance company, self-insured or guarantee fund assuming the employer's financial responsibility for this claim.

**INSURER NAME - DN7**

The legal name of the insurance company, self-insured or guarantee fund assuming the employer's financial responsibility for this claim.

**INSURER TYPE CODE - DN185**

A code that represents the kind of entity providing financial responsibility for the claim.

*Values:*

- I - Insurer
- S - Self-Insurer
- G - Guarantee Fund

**JURISDICTION CLAIM NUMBER - DN5**

The number assigned by the jurisdiction to identify a specific claim.

**JURISDICTION CODE - DN4**

The code that uniquely identifies the governing body or territory whose statutes apply.

*Values:*

- State 2 letter codes plus list of non-state jurisdictions as follows:
  - UL = Long Shore & Harbor Workers' Compensation Act
  - U1 = Defense Base Act
  - U2 = Non Appropriated Fund Instrumentality's Act
  - U3 = Outer Continental Shelf Act
  - U4 = War Hazards Compensation Act
  - FC = Federal Coal Mine Health & Safety Act
  - FE = Federal Employers Liability Act
  - M1 = Admiralty I & II

**LATE REASON CODE - DN77**

A code which identifies the reason a payment/ report was not made within a jurisdiction's requirements.

*Values:*

*Delays:*

- L1 No excuse
- L2 Late notification, employer
- L3 Late notification, employee
- L4 Late notification, state
- 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 first payment

*Coverage:*

- C1 Coverage lack of information

*Errors:*



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- E1 Wrongful determination of no coverage
- E2 Errors from employer
- E3 Errors from employee
- E4 Errors from state
- E5 Errors from health care provider
- E6 Errors from other claim administrator/IA/TPA

### *Disputes:*

- D1 Dispute concerning coverage
- D2 Dispute concerning compensability in whole
- D3 Dispute concerning compensability in part
- D4 Dispute concerning disability in whole
- D5 Dispute concerning disability in part
- D6 Dispute concerning impairment

### **MAINTENANCE TYPE CODE - DN2**

A code that defines the specific purpose of individual records within the transaction being transmitted.

#### *Values:*

- 00 Original - The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.
- 01 Cancel - The original first report was sent in error.  
Process: A previous 00 First Report must have been filed.
- 02 Change - The content of a data element(s) designated on the Trading Partner table has changed.
- 04 Denial - The entire claim is being denied.
- AB Add Concurrent Benefit Type – Indemnity benefits are currently being paid and a concurrent benefit type is being added.
- AP Acquired/Payment - The first payment of indemnity benefits has been processed by the claim administrator who acquired the claim.  
Process: A previous AQ or AU must have been filed.
- AQ Acquired Claim - Minimal data sent to report that a claim has been acquired by a new claim administrator.
- AU Acquired/Unallocated - The equivalent of an initial first report (MTC 00) filed by the new claim administrator in response to an AQ transaction that has been rejected.
- CA Change in Benefit Amount - The Net Weekly Amount for this benefit type has changed from the previously reported Net Weekly Amount.  
Process: A previous IP Subsequent Report has been filed.
- CB Change in Benefit Type - A benefit type being paid has terminated and payments are being continued under a different benefit type without a break in continuity of benefits.  
Process: A previous IP or AP Subsequent Report has been filed.
- CD Compensable Death - No Dependents/Payees - The injured worker has died as a result of a covered injury and no payment(s) of indemnity benefit's have been made pending further beneficiary investigation.
- CO Correction - Corrected data element values are transmitted in response to an acknowledgment containing non-critical errors.
- EP Employer Paid - The employer is paying the injured worker's salary in lieu of compensation, and the claim administrator is not paying any indemnity benefits at this time.  
Process: A previous subsequent report may or may not have been filed.
- ER Employer Reinstatement - The employer has resumed paying the injured worker's salary in lieu of compensation, and the claim administrator is not paying any indemnity



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benefits at this time.

Process: A previous subsequent report has been filed with a Maintenance Type Code of EP.

FN Final - Closed claim, no further payments of any kind anticipated.

IP Initial Payment - The first payment of indemnity benefits has been processed.

P1 Partial Suspension, Returned to Work, or Medically Determined/ Qualified to Return to Work -Payment(s) of one concurrent indemnity benefit have stopped because the injured worker has returned to work, and payment(s) of other indemnity benefits continues.

P2 Partial Suspension, Medical Non-Compliance - Payment(s) of one concurrent indemnity benefit have stopped because of medical non-compliance, and payment(s) of other indemnity benefits continues.

P3 Partial Suspension, Administrative Non-Compliance - Payment(s) of one concurrent indemnity benefit have stopped because of administrative non-compliance, and payment(s) of other indemnity benefits continues.

P4 Partial Suspension, Employee Death –Payment (s) of one concurrent indemnity benefit have stopped because of employee death, and payment(s) of other indemnity benefits continues.

P5 Partial Suspension, Incarceration –Payment (s) of one concurrent indemnity benefit have stopped because the claimant has been incarcerated, and payment(s) of other indemnity benefits continues.

P7 Partial Suspension, Benefits Exhausted - Payment(s) of one concurrent indemnity benefit have stopped because limits of benefit or entitlement have been reached, and payment(s) of other indemnity benefits continues.

P9 Partially Suspended Pending Settlement Approval - Payment(s) of one concurrent indemnity benefit have stopped pending settlement approval, and payment(s) of other indemnity benefits continues.

PD Partial Denial - A specific benefit(s) has been denied.

Process: A previous Subsequent Report may or may not have been filed. A previous First Report must have been filed.

PJ Partially Suspended Pending Appeal or Judicial Review - Payment(s) of one concurrent indemnity benefit have stopped pending appeal or judicial review, and payment(s) of other indemnity benefits continues.

PY Payment Report - Identifies payment information for which reporting is required by the jurisdiction.

RB Reinstatement of Benefits – Indemnity payments have been resumed, but the reinstated benefit type may or may not have been paid previously.

Process: A previous subsequent report has been filed with a Suspension Maintenance Type Code.

RE Reduced Earnings - The injured worker has returned/been released to return to work and actual or deemed earnings for each reduced earnings week is reported.

Process: An IP or AP report has already been filed.

S1 Suspension, Returned to Work, or Medically Determined/Qualified to Return to Work - All payments of indemnity benefits have stopped because the employee has returned to work or has been medically determined qualified to return to work.

S2 Suspension, Medical Non-Compliance - All payments of indemnity benefits have stopped because of medical non-compliance.

S3 Suspension, Administrative Non-Compliance. - All payments of indemnity benefits have stopped because of administrative non-compliance.



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S4 Suspension, Claimant Death – All payments of indemnity benefits have stopped because the employee has died.

S5 Suspension, Incarceration - All payments of indemnity benefits have stopped because the employee has been incarcerated.

S6 Suspension, Claimant's Whereabouts Unknown - All payments of indemnity benefits have stopped because the employee's whereabouts are unknown.

S7 Suspension, Benefits Exhausted – All payments of indemnity benefits have stopped because limits of benefit or entitlement have been reached.

S8 Suspension, Jurisdiction Change – All payments of indemnity benefits have stopped because the jurisdiction has been changed.

S9 Suspended Pending Settlement Approval - All payments of indemnity benefits have stopped pending settlement approval.

SD Suspension, Directed by Jurisdiction - All payments of indemnity benefits have stopped per jurisdiction order.

SJ Suspended Pending Appeal or Judicial Review - All payments of indemnity benefits have stopped pending appeal or judicial review.

UI Under Investigation - A determination has not yet been made as to whether this is a compensable claim. This may be sent as a First Report.

UR Upon Request - Submitted in response to a specific request from the Trading Partner, and manually triggered by the Claim Administrator.

VE Volunteer - The employee is a volunteer for the covered employer, and no indemnity payments will be made by the claim administrator.

Process: No previous subsequent reports have been filed.

*Periodic Report Values-* Periodic Reports are Subsequent Reports that commence and terminate according to Trading Partner Table options, and repeat at specified intervals during that period.

AN Annual - Submitted at yearly intervals based on the report trigger criteria column located on the Event Table.

BM Bi-Monthly - Submitted at two-month intervals based on the report trigger criteria column located on the Event Table.

BW Bi-Weekly - Submitted at two-week intervals based on the report trigger criteria column located on the Event Table.

FN Final - Submitted at the time a claim is closed and no further payments of any kind are anticipated.

MN Monthly - Submitted at one-month intervals based on the report trigger criteria column located on the Event Table.

QT Quarterly - Submitted at three-month intervals based on the report trigger criteria column located on the Event Table

SA Semi-Annual - Submitted at six-month intervals based on the report trigger criteria column located on the Event Table.

### **MANUAL CLASSIFICATION CODE - DN59**

A code that corresponds to the primary occupation in which the employee was engaged at the time of accident/injury, or injurious exposure.

*Values:*

NCCI or state specific codes

### **NATURE OF INJURY CODE - DN35**

A code that corresponds to the nature of the injury sustained by the employee.

*Values:*

See Appendix, Table : Nature of Injury Codes, page 92



**NET WEEKLY AMOUNT - DN87**

The weekly payment amount which is due by the current claim administrator for that benefit type after applying adjustments and credits to the Gross Weekly Amount.

**NET WEEKLY AMOUNT EFFECTIVE DATE - DN211**

The date the Net Weekly Amount became effective as applied by the current claim administrator.

**NON-CONSECUTIVE PERIOD CODE - DN212**

Reflects whether the waiting period or benefit period being reported was comprised of non-consecutive days of disability.

*Values:*

W - Waiting Period

B - Benefit Period

**OCCUPATION DESCRIPTION - DN60**

Identifies the primary occupation of the employee at the time of the accident or injurious exposure.

**OTHER BENEFIT TYPE AMOUNT - DN215**

The cumulative amount paid to date associated with an Other Benefit Type Code.

**OTHER BENEFIT TYPE CODE - DN216**

A code that identifies miscellaneous benefits not otherwise specifically defined as a Benefit Type Code.

*Values:*

300 Total Funeral Expenses - Sum of the funeral expenses paid for this claim.

310 Total Penalties - Sum of the penalties paid for this claim.

320 Total Interest - Sum of the interest paid for this claim.

321 Total Employee Interest - Sum of the interest paid to the employee for this claim.

330 Total Employer's Legal Expenses - Sum of the employer's legal expenses paid for this claim.

340 Total Claimant's Legal Expenses - Sum of the claimant's legal expenses paid for this claim.

350 Total Payments to Physicians - Sum of services paid to physicians for this claim.

360 Total Hospital Costs - Sum of services paid to hospitals for this claim.

370 Total Other Medical - Sum of medical services not otherwise reported for this claim.

380 Total Vocational Rehabilitation Evaluation - Sum of vocational rehabilitation evaluation services for this claim.

390 Total Vocational Rehabilitation Education - Sum of vocational rehabilitation education payments for this claim.

400 Total Other Vocational Rehabilitation - Sum of vocational rehabilitation services not otherwise reported for this claim.

420 Total Expert Witness Fees - Sum of fees paid to expert witnesses for this claim.

430 Total Unallocated Prior Indemnity Benefits - Sum of prior indemnity benefits paid to date that cannot be classified by a specific Benefit Type Code for this claim.

440 Total Unallocated Prior Medical - Sum of prior medical paid to date that cannot be classified by a specific Other Benefit Type Code for this claim.

465 Total Chiropractic Expenses - Sum of relevant chiropractic expenses paid for this claim.

455 Total Dental Expenses - Sum of dental expenses paid for this claim.

460 Total Physical Therapy Costs - Sum of physical therapy expenses paid for this claim.

450 Total Pharmaceutical Costs - Sum of the prescribed pharmacy costs paid for this claim.

470 Total Durable Medical Costs - Sum of costs for durable medical goods paid for this claim.

475 Total Medical Travel Expenses - Sum of relevant medical travel expenses paid for



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this claim. Examples; mileage, room & board, child care expenses, etc.

480 Total Employee Medical-Legal Costs - The cost for ordered evaluations, medical exams, and related non-treatment medical opinions for the purpose of adjudication or dispute resolution selected by the employee, paid by the claim administrator.

485 Total Employer/Claim Administrator Medical-Legal Costs - The cost for ordered evaluations, medical exams, and related non-treatment medical opinions for the purpose of adjudication or dispute resolution selected and paid by the employer/ claim administrator.

490 Total Agreed Upon/Directed Medical Legal Costs - The cost for ordered evaluations, medical exams, and related non-treatment medical opinions for the purpose of adjudication or dispute resolution selected by both parties or the jurisdiction and paid by the employer/claim administrator.

### **PART OF BODY INJURED CODE - DN36**

The code that corresponds to the part(s) of the body injured.

*Values:*

See Appendix, Table 7: Part of Body Codes, page 90

### **PAYEE - DN217**

The name of the individual, organization, or court assignment to whom the check is being issued.

### **PAYMENT AMOUNT - DN218**

The net amount of the check.

### **PAYMENT COVERS PERIOD START DATE - DN219**

The beginning date of the period covered by a payment.

### **PAYMENT COVERS PERIOD THROUGH DATE - DN220**

The last date of the period covered by a payment.

### **PAYMENT ISSUE DATE - DN195**

The date that the check is officially surrendered during business hours to a letter delivery organization; or available per agreement with the employee for pickup.

### **PAYMENT REASON CODE - DN222**

A code, equating to a Benefit Type Code or an Other Benefit Type Code, used in specific circumstances when a jurisdiction requires reporting payments other than indemnity benefits.

*Values:*

See Benefit Type Code and Other Benefit Type Code lists.

### **PERMANENT IMPAIRMENT BODY PART CODE - DN83**

A code referencing the anatomic classification of the injury.

*Values:*

See Appendix, Table 7: Part of Body Codes in the IAIABC Release 2 Implementation Guide

### **PERMANENT IMPAIRMENT MINIMUM PAYMENT INDICATOR - DN223**

An indicator that the payment is being made for a minimum amount when a final rating is not yet available.

### **PERMANENT IMPAIRMENT PERCENTAGE - DN84**

The amount of anatomic or functional abnormality or loss which results from the injury and exists after the date of maximum medical improvement.

### **PHYSICAL RESTRICTIONS INDICATOR - DN224**

An indicator that identifies the presence of physical restrictions upon the employee's release and/or return to work.

*Values:*

N = Without Physical Restrictions

Y = With Physical Restrictions



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### **POLICY/CONTRACT NUMBER - DN28**

The number identifying the coverage policy in effect for the claim.

### **PRE-EXISTING DISABILITY CODE - DN69**

An indicator which identifies the existence of a disability that existed prior to the injury.

*Values:*

Y - Yes

N - No

U - Unknown

### **REDUCED EARNINGS WEEK NUMBER - DN242**

A sequential value that indicates the week(s) for which reduced earning amounts are being reported on this transaction.

### **REPORTING PERIOD CODE - DN227**

A code that identifies a standard industry reporting period used in transmitting claim data.

*Values:*

CY - Calendar Year

PL - Policy Period

UN- Unit Period

CL - Claim





**RETURN TO WORK TYPE CODE - DN189**

An indicator that identifies a Return To Work date as an estimated, released, or actual RTW date.

*Values:*

E-Estimated

R-Released

A-Actual

**SALARY CONTINUED IN LIEU OF COMPENSATION INDICATOR - DN67**

The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work-related injury

*Values:*

Y/N

**SELF-INSURER AUTHORIZATION TYPE CODE - DN250**

A code that indicates if an entity is self insured by license or statute.

*Values:*

L = Licensed Self-Insured

S = Statutory Self-Insured

**SELF-INSURER ORGANIZATION TYPE CODE - DN232**

A code that identifies the type of organization of the self-insured.

*Values:*

I = Individual

G = Group

**SETTLEMENT TYPE CODE - DN241**

A code to describe the type of lump sum settlement paid, and if future benefits may be due.

*Values:*

F Full - A lump sum payment, agreed upon by all parties to end past, present and future liability of all benefits. No future indemnity or medical benefits are due.

P Partial - A lump sum payment agreed upon by all parties to end past, present and future liability of more than one benefit type, excluding medical. No future indemnity benefits are due; however, medical benefits may be due.

D Disputed - A lump sum payment of multiple benefit types for a disputed period of disability which does not limit future liability. Future indemnity and medical benefits may be due.

**SUSPENSION EFFECTIVE DATE - DN193**

The last date through which indemnity benefits are due.

**SUSPENSION NARRATIVE - DN233**

A factual basis for suspending indemnity benefits.

**TIME OF INJURY - DN32**

The time of the accident/injury.

**WAGE EFFECTIVE DATE - DN256**

The date the Average Wage became effective.



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### **WAGE PERIOD CODE - DN63**

A code to designate the time period upon which the reported Average Wage was based.

*Values:*

- 01 = Weekly
- 02 = Bi-Weekly
- 04 = Monthly
- 06 = Daily
- 07 = Hourly

### **WITNESS BUSINESS PHONE NUMBER - DN237**

The business phone number of the witness to the incident/accident.

### **WITNESS NAME - DN238**

The legal name of the person who observed the incident/accident.



## APPENDIX

### 285 PART OF BODY CODE

Simple data element/code references: 1270/PB 1460/  
SOURCE: ASWG (Advisory Statistical Work Group)

Available from:

National Council on Compensation Insurance  
Products and Services

750 Park of Commerce Drive

Boca Raton, FL 33487

#### ABSTRACT

The publication describes part of body. The part of body affected classification identifies the part of the injured person's body directly affected by the nature of injury or illness.

### TABLE 7: PART OF BODY CODES

#### I. HEAD

- 10 MULTIPLE HEAD INJURY
- 11 SKULL
- 12 BRAIN
- 13 EAR(S)
- 14 EYE(S)
- 15 NOSE
- 16 TEETH
- 17 MOUTH
- 18 SOFT TISSUE
- 19 FACIAL BONES

#### II. NECK

- 20 MULTIPLE INJURY
- 21 VERTEBRAE
- 22 DISC
- 23 SPINAL CORD
- 24 LARYNX
- 25 SOFT TISSUE
- 26 TRACHEA

#### III. UPPER EXTREMITIES

- 30 MULTIPLE UPPER EXTREMITIES
- 31 UPPER ARM (inc.: CLAVICLE & SCAPULA)
- 32 ELBOW
- 33 LOWER ARM
- 34 WRIST
- 35 HAND
- 36 FINGER(S)
- 37 THUMB
- 38 SHOULDER(S)
- 39 WRIST(S) AND HAND(S)



IV. TRUNK

- 40 MULTIPLE TRUNK
- 41 UPPER BACK AREA (THORACIC AREA)
- 42 LOW BACK AREA (INC. LUMBAR AND LUMBO-SACRAL)
- 43 DISC
- 44 CHEST (INC. RIBS, STERNUM & SOFT TISSUE)
- 45 SACRUM AND COCCYX
- 46 PELVIS
- 47 SPINAL CORD
- 48 INTERNAL ORGANS
- 49 HEART
- 60 LUNGS
- 61 ABDOMEN INCLUDING GROIN
- 62 BUTTOCKS
- 63 LUMBAR AND/OR SACRAL VERTEBRAE (VERTEBRAE NOC TRUNK)

V. LOWER EXTREMITIES

- 50 MULTIPLE LOWER EXTREMITIES
- 51 HIP
- 52 UPPER LEG
- 53 KNEE
- 54 LOWER LEG
- 55 ANKLE
- 56 FOOT
- 57 TOE(S)
- 58 GREAT TOE

VI. MULTIPLE BODY PARTS

- 64 ARTIFICIAL APPLIANCE
- 65 INSUFFICIENT INFO TO PROPERLY IDENTIFY-UNCLASSIFIED
- 66 NO PHYSICAL INJURY
- 90 MULTIPLE BODY PARTS
- 91 BODY SYSTEMS AND MULTIPLE BODY SYSTEMS



284 NATURE OF INJURY CODE

Simple Data Element/Code References: 1270/NI 1463/

SOURCE: ASWG (Advisory Statistical Work Group)

Available from:

National Council on Compensation Insurance  
Products and Services  
750 Park of Commerce Drive  
Boca Raton, FL 33487

ABSTRACT: The publication describes part of body. The part of body affected classification identifies the part of the injured person's body directly affected by the nature of injury or illness.

**TABLE 8: NATURE OF INJURY CODES**

I. SPECIFIC INJURY

- 01 NO PHYSICAL INJURY
- 02 AMPUTATION
- 03 ANGINA PECTORIS
- 54 ASPHYXIATION
- 04 BURN
- 07 CONCUSSION
- 10 CONTUSION
- 13 CRUSHING
- 16 DISLOCATION
- 19 ELECTRIC SHOCK
- 22 ENUCLEATION (TO REMOVE, EX: TUMOR, EYE, etc.)
- 25 FOREIGN BODY
- 28 FRACTURE
- 30 FREEZING
- 31 HEARING LOSS OR IMPAIRMENT
- 32 HEAT PROSTRATION
- 34 HERNIA
- 36 INFECTION
- 37 INFLAMMATION
- 40 LACERATION
- 41 MYOCARDIAL INFARCTION (HEART ATTACK)
- 42 POISONING-GENERAL (NOT OD OR CUMULATIVE INJURY)
- 43 PUNCTURE
- 46 RUPTURE
- 47 SEVERANCE
- 49 SPRAIN
- 52 STRAIN
- 53 SYNCOPE
- 55 VASCULAR
- 58 VISION LOSS
- 59 ALL OTHER SPECIFIC INJURIES, NOC



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### II. OCCUPATIONAL DISEASE OR CUMULATIVE INJURY

60 DUST DISEASE, NOC (ALL OTHER PNEUMOCONIOSIS)

61 ASBESTOSIS

62 BLACK LUNG

63 BYSSINOSIS

64 SILICOSIS

65 RESPIRATORY DISORDERS (GASSES, FUMES, CHEMICALS, ETC.)

66 POISONING-CHEMICAL (OTHER THAN METALS)

67 POISONING-METAL

68 DERMATITIS

69 MENTAL DISORDER

70 RADIATION

71 ALL OTHER OCCUPATIONAL DISEASE INJURY, NOC

72 LOSS OF HEARING

73 CONTAGIOUS DISEASE

74 CANCER

75 AIDS

76 VDT-RELATED DISEASE

77 MENTAL STRESS

78 CARPEL TUNNEL SYNDROME

80 ALL OTHER CUMULATIVE INJURIES, NOC

### III. MULTIPLE INJURIES

90 MULTIPLE PHYSICAL INJURIES ONLY

91 MULTIPLE INJURIES INCLUDING BOTH PHYSICAL AND PSYCHOLOGICAL



## 281 CAUSE OF INJURY CODE

Simple data element/code references: 1270/CN 1461/  
SOURCE: ASWG (Advisory Statistical Work Group)  
Available from:

National Council on Compensation Insurance  
Products and Services  
750 Park of Commerce Drive  
Boca Raton, FL 33487

ABSTRACT: The publication describes part of body. The part of body affected classification identifies the part of the injured person's body directly affected by the nature of injury or illness.

### TABLE 9: CAUSE OF INJURY CODES

- I. BURN OR SCALD-HEAT OR COLD EXPOSURE
  - 01 CHEMICALS
  - 02 HOT OBJECTS OR SUBSTANCES
  - 11 COLD OBJECTS OR SUBSTANCES
  - 03 TEMPERATURE EXTREMES
  - 04 FIRE OR FLAME
  - 05 STEAM OR HOT FLUIDS
  - 06 DUST, GASES, FUMES OR VAPORS
  - 07 WELDING OPERATIONS
  - 08 RADIATION
  - 14 ABNORMAL AIR PRESSURE
  - 84 ELECTRICAL CURRENT
  - 09 CONTACT WITH, NOC
- II. CAUGHT IN OR BETWEEN
  - 10 MACHINE OR MACHINERY
  - 12 OBJECT HANDLED
  - 20 COLLAPSING MATERIALS (SLIDES OF EARTH)
  - 13 CAUGHT IN, UNDER OR BETWEEN, NOC
- III. CUT, PUNCTURE, SCRAPE INJURED BY
  - 15 BROKEN GLASS
  - 16 HAND TOOL, UTENSIL; NOT POWERED
  - 17 OBJECT BEING LIFTED OR HANDLED
  - 18 POWERED HAND TOOL, APPLIANCE
  - 19 CUT, PUNCTURE, SCRAPE, NOC
- IV. FALL OR SLIP INJURY
  - 25 FROM DIFFERENT LEVEL (ELEVATION)
  - 26 FROM LADDER OR SCAFFOLDING
  - 27 FROM LIQUID OR GREASE SPILLS
  - 28 INTO OPENINGS
  - 29 ON SAME LEVEL
  - 30 SLIPPED, DID NOT FALL
  - 32 ON ICE OR SNOW
  - 33 ON STAIRS
  - 31 FALL, SLIP, TRIP, NOC



V. MOTOR VEHICLE

- 40 CRASH OF WATER VEHICLE
- 41 CRASH OF RAIL VEHICLE
- 45 COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE
- 46 COLLISION WITH A FIXED OBJECT
- 47 CRASH OF AIRPLANE
- 48 VEHICLE UPSET
- 50 MOTOR VEHICLE, NOC

VI. STRAIN OR INJURY BY

- 52 CONTINUAL NOISE
- 53 TWISTING
- 54 JUMPING
- 55 HOLDING OR CARRYING
- 56 LIFTING
- 57 PUSHING OR PULLING
- 58 REACHING
- 59 USING TOOL OR MACHINERY
- 61 WELDING OR THROWING
- 97 REPETITIVE MOTION
- 60 STRAIN OR INJURY BY, NOC

VII. STRIKING AGAINST OR STEPPING ON

- 65 MOVING PARTS OF MACHINE
- 66 OBJECT BEING LIFTED OR HANDLED
- 67 SANDING, SCRAPING, CLEANING OPERATIONS
- 68 STATIONARY OBJECT
- 69 STEPPING ON SHARP OBJECT
- 70 STRIKING AGAINST OR STEPPING ON, NOC

VIII. STRUCK OR INJURED BY

- 74 FELLOW WORKER, PATIENT
- 75 FALLING OR FLYING OBJECT
- 76 HAND TOOL OR MACHINE IN USE
- 77 MOTOR VEHICLE
- 78 MOVING PARTS OF MACHINE
- 79 OBJECT BEING LIFTED OR HANDLED
- 80 OBJECT HANDLED BY OTHERS
- 85 ANIMAL OR INSECT
- 86 EXPLOSION OR FLARE BACK
- 81 STRUCK OR INJURED, NOC

IX. RUBBED OR ABRADED BY

- 94 REPETITIVE MOTION
- 95 RUBBED OR ABRADED, NOC

X. MISCELLANEOUS CAUSES

- 82 ABSORPTION, INGESTION OR INHALATION, NOC
- 87 FOREIGN MATTER(BODY) IN EYE(S)
- 89 PERSON IN ACT OF A CRIME
- 90 OTHER THAN PHYSICAL CAUSE OF INJURY
- 98 CUMULATIVE, NOC
- 99 OTHER-MISCELLANEOUS, NOC.





Iowa Division of Workers' Compensation  
EDI Release 2 Handbook

**Iowa Implementation Guide Order Form**

**Order Form  
Iowa EDI  
Release 2  
Implementation Guide**

The Iowa EDI Implementation Guide will provide the information needed to transmit workers' compensation data to the State of Iowa. It is an educational tool to understanding EDI at a local level, as well as at a national level. The Iowa Guide is intended to be a jurisdiction specific supplement to the IAABC National Guide. It will be necessary to possess and utilize both Guides to successfully transmit in Iowa.

This Guide is published by the Iowa Workers' Compensation Advisory Committee, Inc.

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P.O. Box 7032  
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