

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

MTC 00		
Data Element	Data Element Name	Definition
0121	Accident Site City	If accident site organization name is sent, then this is also sent
0119	Accident Site Location Narrative	If text type qualifier is accident site location narrative (AS), then this is present
0120	Accident Site Organization Name	If text type qualifier is accident organization, then this is present
0033	Accident Site Postal Code	If text type qualifier is accident organization, then this is present
0123	Accident Site State Code	If text type qualifier is accident organization, then this is present
0122	Accident Site Street	If text type qualifier is accident organization, then this is present
0269	Address Type Qualifier	Conditional upon whether there is an address
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0146	Death Result of Injury Code	Conditional upon death
0149	Discontinued Fringe Benefits	Conditional upon fringe benefits being paid
0057	Employee Date of Death	Conditional upon death
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0255	Employee Last Name Suffix	Conditional upon whether the employee's name contains a last name suffix
0047	Employee Mailing Secondary Address	Conditional upon whether the primary address is too long to fit in the primary address field
0045	Employee Middle Name/Initial	Conditional upon whether the employee has a middle name/initial
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security number is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0005	Jurisdiction Claim Number	Required if MTC 00 has been previously sent or opened by the jurisdiction
0077	Late Reason Code	Conditional upon whether the report is late or not
0189	Return to Work Type Code	Conditional upon the employee returning to work
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon the carrier's desire to indicate whether the salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC 01		
Data Element	Data Element Name	Definition
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC 02		
Data Element	Data Element Name	Definition
0249	Accident Premises Code	Conditional upon whether this data element has changed or not
0121	Accident Site City	Conditional upon whether this data element has changed or not
0118	Accident Site County/Parish	Conditional upon whether this data element has changed or not
0119	Accident Site Location Narrative	Conditional upon whether this data element has changed or not
0120	Accident Site Organization Name	Conditional upon whether this data element has changed or not
0033	Accident Site Postal Code	Conditional upon whether this data element has changed or not
0123	Accident Site State Code	Conditional upon whether this data element has changed or not
0122	Accident Site Street	Conditional upon whether this data element has changed or not
0038	Accident/Injury Description Narrative	Conditional upon whether this data element has changed or not
0124	Actual Reduced Earnings	Conditional upon whether this data element has changed or not
0269	Address Type Qualifier	Conditional upon whether this data element has changed or not
0062	Average Wage	Conditional upon whether this data element has changed or not
0268	Benefit ACR Qualifier	Conditional upon whether this data element has changed or not
0092	Benefit Adjustment Code	Conditional upon whether this data element has changed or not
0125	Benefit Adjustment End Date	Conditional upon whether this data element has changed or not
0094	Benefit Adjustment Start Date	Conditional upon whether this data element has changed or not
0093	Benefit Adjustment Weekly Amount	Conditional upon whether this data element has changed or not
0126	Benefit Credit Code	Conditional upon whether this data element has changed or not
0128	Benefit Credit End Date	Conditional upon whether this data element has changed or not
0127	Benefit Credit Start Date	Conditional upon whether this data element has changed or not
0129	Benefit Credit Weekly Amount	Conditional upon whether this data element has changed or not
0088	Benefit Period Start Date	Conditional upon whether this data element has changed or not
0089	Benefit Period Through Date	Conditional upon whether this data element has changed or not
0130	Benefit Redistribution Code	Conditional upon whether this data element has changed or not
0132	Benefit Redistribution End Date	Conditional upon whether this data element has changed or not
0131	Benefit Redistribution Start Date	Conditional upon whether this data element has changed or not
0133	Benefit Redistribution Weekly Amount	Conditional upon whether this data element has changed or not
0086	Benefit Type Amount Paid	Conditional upon whether this data element has changed or not
0091	Benefit Type Claim Days	Conditional upon whether this data element has changed or not
0090	Benefit Type Claim Weeks	Conditional upon whether this data element has changed or not
0085	Benefit Type Code	Conditional upon whether this data element has changed or not

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0134	Calculated Weekly Compensation Amount	Conditional upon whether this data element has changed or not
0037	Cause of Injury Code	Conditional upon whether this data element has changed or not
0137	Claim Administrator Claim Representative Business Phone Number	Conditional upon whether this data element has changed or not
0138	Claim Administrator Claim Representative E-Mail Address	Conditional upon whether this data element has changed or not
0140	Claim Administrator Claim Representative Name	Conditional upon whether this data element has changed or not
0012	Claim Administrator Mailing City	Conditional upon whether this data element has changed or not
0135	Claim Administrator Mailing Information/Attention Line	Conditional upon whether this data element has changed or not
0010	Claim Administrator Mailing Primary Address	Conditional upon whether this data element has changed or not
0011	Claim Administrator Mailing Secondary Address	Conditional upon whether this data element has changed or not
0013	Claim Administrator Mailing State Code	Conditional upon whether this data element has changed or not
0073	Claim Status Code	Conditional upon whether this data element has changed or not
0074	Claim Type Code	Conditional upon whether this data element has changed or not
0143	Concurrent Employer Wage	Conditional upon whether this data element has changed or not
0029	Coverage Effective Date	Conditional upon whether this data element has changed or not
0030	Coverage Expiration Date	Conditional upon whether this data element has changed or not
0144	Current Date Disability Began	Conditional upon whether this data element has changed or not
0145	Current Date Last Day Worked	Conditional upon whether this data element has changed or not
0072	Current Return to Work Date	Conditional upon whether this data element has changed or not
0041	Date Claim Administrator Had Knowledge of the Injury	Conditional upon whether this data element has changed or not
0040	Date Employer Had Knowledge of the Injury	Conditional upon whether this data element has changed or not
0070	Date of Maximum Medical Improvement	Conditional upon whether this data element has changed or not
0146	Death Result of Injury Code	Conditional upon whether this data element has changed or not
0240	Denial Effective Date	Conditional upon whether this data element has changed or not
0173	Denial Reason Code	Conditional upon whether this data element has changed or not
0148	Denial Reason Narrative	Conditional upon whether this data element has changed or not
0190	Denial Rescission Date	Conditional upon whether this data element has changed or not
0097	Dependent/Payee Relationship Code	Conditional upon whether this data element has changed or not
0149	Discontinued Fringe Benefits	Conditional upon whether this data element has changed or not
0052	Employee Date of Birth	Conditional upon whether this data element has changed or not
0057	Employee Date of Death	Conditional upon whether this data element has changed or not
0061	Employee Date of Hire	Conditional upon whether this data element has changed or not
0151	Employee Education Level	Conditional upon whether this data element has changed or not
0152	Employee Employment Visa	Conditional upon whether this data element has changed or not
0044	Employee First Name	Conditional upon whether this data element has changed or not
0053	Employee Gender Code	Conditional upon whether this data element has changed or not
0153	Employee Green Card	Conditional upon whether this data element has changed or not
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether this data element has changed or not
0255	Employee Last Name Suffix	Conditional upon whether this data element has changed or not
0048	Employee Mailing City	Conditional upon whether this data element has changed or not
0050	Employee Mailing Postal Code	Conditional upon whether this data element has changed or not
0046	Employee Mailing Primary Address	Conditional upon whether this data element has changed or not
0047	Employee Mailing Secondary Address	Conditional upon whether this data element has changed or not
0049	Employee Mailing State Code	Conditional upon whether this data element has changed or not
0054	Employee Marital Status Code	Conditional upon whether this data element has changed or not
0045	Employee Middle Name/Initial	Conditional upon whether this data element has changed or not
0213	Employee Number of Entitled Exemptions	Conditional upon whether this data element has changed or not
0156	Employee Passport Number	Conditional upon whether this data element has changed or not
0051	Employee Phone Number	Conditional upon whether this data element has changed or not
0042	Employee SSN	Conditional upon whether this data element has changed or not
0159	Employer Contact Business Phone Number	Conditional upon whether this data element has changed or not
0161	Employer Contact E-Mail Address	Conditional upon whether this data element has changed or not
0162	Employer Contact FAX Number	Conditional upon whether this data element has changed or not
0160	Employer Contact Name	Conditional upon whether this data element has changed or not
0165	Employer Mailing City	Conditional upon whether this data element has changed or not
0163	Employer Mailing Information/Attention Line	Conditional upon whether this data element has changed or not
0167	Employer Mailing Postal Code	Conditional upon whether this data element has changed or not
0168	Employer Mailing Primary Address	Conditional upon whether this data element has changed or not
0169	Employer Mailing Secondary Address	Conditional upon whether this data element has changed or not
0170	Employer Mailing State Code	Conditional upon whether this data element has changed or not
0210	Employer Nature of Business	Conditional upon whether this data element has changed or not
0021	Employer Physical City	Conditional upon whether this data element has changed or not
0023	Employer Physical Postal Code	Conditional upon whether this data element has changed or not
0019	Employer Physical Primary Address	Conditional upon whether this data element has changed or not
0020	Employer Physical Secondary Address	Conditional upon whether this data element has changed or not
0022	Employer Physical State Code	Conditional upon whether this data element has changed or not
0025	Employer SIC Code	Conditional upon whether this data element has changed or not
0329	Employer UI Number	Conditional upon whether this data element has changed or not
0058	Employment Status Code	Conditional upon whether this data element has changed or not
0066	Full Wages Paid for Date of Injury Indicator	Conditional upon whether this data element has changed or not
0174	Gross Weekly Amount	Conditional upon whether this data element has changed or not
0175	Gross Weekly Amount Effective Date	Conditional upon whether this data element has changed or not
0056	Initial Date Disability Began	Conditional upon whether this data element has changed or not
0065	Initial Date Last Day Worked	Conditional upon whether this data element has changed or not
0176	Initial Medical Provider Name	Conditional upon whether this data element has changed or not
0177	Initial Medical Provider Physical City	Conditional upon whether this data element has changed or not
0179	Initial Medical Provider Physical Postal Code	Conditional upon whether this data element has changed or not
0180	Initial Medical Provider Physical Primary Address	Conditional upon whether this data element has changed or not
0181	Initial Medical Provider Physical Secondary Address	Conditional upon whether this data element has changed or not
0182	Initial Medical Provider Physical State Code	Conditional upon whether this data element has changed or not
0068	Initial Return to Work Date	Conditional upon whether this data element has changed or not
0039	Initial Treatment Code	Conditional upon whether this data element has changed or not

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0027	Insured Location Number	Conditional upon whether this data element has changed or not
0026	Insured Report Number	Conditional upon whether this data element has changed or not
0005	Jurisdiction Claim Number	Required if MTC 00 has been previously sent or opened by the jurisdiction
0077	Late Reason Code	Conditional upon whether this data element has changed or not
0059	Manual Classification Code	Conditional upon whether this data element has changed or not
0035	Nature of Injury Code	Conditional upon whether this data element has changed or not
0087	Net Weekly Amount	Conditional upon whether this data element has changed or not
0211	Net Weekly Amount Effective Date	Conditional upon whether this data element has changed or not
0212	Non-Consecutive Period Code	Conditional upon whether this data element has changed or not
0060	Occupation Description	Conditional upon whether this data element has changed or not
0215	Other Benefit Type Amount	Conditional upon whether this data element has changed or not
0216	Other Benefit Type Code	Conditional upon whether this data element has changed or not
0036	Part of Body Injured Code	Conditional upon whether this data element has changed or not
0217	Payee	Conditional upon whether this data element has changed or not
0218	Payment Amount	Conditional upon whether this data element has changed or not
0219	Payment Covers Period Start Date	Conditional upon whether this data element has changed or not
0220	Payment Covers Period Through Date	Conditional upon whether this data element has changed or not
0195	Payment Issue Date	Conditional upon whether this data element has changed or not
0222	Payment Reason Code	Conditional upon whether this data element has changed or not
0083	Permanent Impairment Body Part Code	Conditional upon whether this data element has changed or not
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon whether this data element has changed or not
0084	Permanent Impairment Percentage	Conditional upon whether this data element has changed or not
0028	Policy/Contract Number	Conditional upon whether this data element has changed or not
0069	Pre-Existing Disability Code	Conditional upon whether this data element has changed or not
0242	Reduced Earnings Week Number	Conditional upon whether this data element has changed or not
0227	Reporting Period Code	Conditional upon whether this data element has changed or not
0189	Return to Work Type Code	Conditional upon whether this data element has changed or not
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon whether this data element has changed or not
0250	Self-Insurer Authorization Type Code	Conditional upon whether this data element has changed or not
0232	Self-Insurer Organization Type Code	Conditional upon whether this data element has changed or not
0241	Settlement Type Code	Conditional upon whether this data element has changed or not
0193	Suspension Effective Date	Conditional upon whether this data element has changed or not
0233	Suspension Narrative	Conditional upon whether this data element has changed or not
0272	Text Type Qualifier	Conditional upon whether this data element has changed or not
0032	Time of Injury	Conditional upon whether this data element has changed or not
0256	Wage Effective Date	Conditional upon whether this data element has changed or not
0063	Wage Period Code	Conditional upon whether this data element has changed or not
0237	Witness Business Phone Number	Conditional upon whether this data element has changed or not
0238	Witness Name	Conditional upon whether this data element has changed or not

MTC 04

Data Element	Data Element Name	Definition
0249	Accident Premises Code	Required if MTC 00 not previously sent
0121	Accident Site City	If accident site organization name is sent, then this is also sent
0118	Accident Site County/Parish	If accident site organization name is sent, then this is also sent
0119	Accident Site Location Narrative	If text type qualifier is accident site location narrative (AS), then this is present
0120	Accident Site Organization Name	If accident site organization name is sent, then this is also sent
0033	Accident Site Postal Code	If accident site organization name is sent, then this is also sent
0123	Accident Site State Code	If accident site organization name is sent, then this is also sent
0122	Accident Site Street	If accident site organization name is sent, then this is also sent
0038	Accident/Injury Description Narrative	Required if MTC 00 not previously sent
0269	Address Type Qualifier	Required if MTC 00 not previously sent
0037	Cause of Injury Code	Required if MTC 00 not previously sent
0012	Claim Administrator Mailing City	Required if MTC 00 not previously sent
0010	Claim Administrator Mailing Primary Address	Required if MTC 00 not previously sent
0013	Claim Administrator Mailing State Code	Required if MTC 00 not previously sent
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0040	Date Employer Had Knowledge of the Injury	Required if MTC 00 not previously sent
0146	Death Result of Injury Code	Required if MTC 00 not previously sent
0173	Denial Reason Code	Required if there is an applicable code
0148	Denial Reason Narrative	Required if there is no applicable code; may be optionally sent in addition to denial code for support
0149	Discontinued Fringe Benefits	Required if MTC 00 not previously sent
0052	Employee Date of Birth	Required if MTC 00 not previously sent
0057	Employee Date of Death	Required if MTC 00 not previously sent
0061	Employee Date of Hire	Required if MTC 00 not previously sent
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0053	Employee Gender Code	Required if MTC 00 not previously sent
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0255	Employee Last Name Suffix	Required if MTC 00 not previously sent
0048	Employee Mailing City	Required if MTC 00 not previously sent
0050	Employee Mailing Postal Code	Required if MTC 00 not previously sent
0046	Employee Mailing Primary Address	Required if MTC 00 not previously sent
0047	Employee Mailing Secondary Address	Required if MTC 00 not previously sent
0049	Employee Mailing State Code	Required if MTC 00 not previously sent
0054	Employee Marital Status Code	Required if MTC 00 not previously sent
0045	Employee Middle Name/Initial	Required if MTC 00 not previously sent
0213	Employee Number of Entitled Exemptions	Required if MTC 00 not previously sent
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0165	Employer Mailing City	Required if MTC 00 not previously sent
0167	Employer Mailing Postal Code	Required if MTC 00 not previously sent
0168	Employer Mailing Primary Address	Required if MTC 00 not previously sent
0170	Employer Mailing State Code	Required if MTC 00 not previously sent
0025	Employer SIC Code	Required if MTC 00 not previously sent
0058	Employment Status Code	Required if MTC 00 not previously sent
0066	Full Wages Paid for Date of Injury Indicator	Required if MTC 00 not previously sent
0056	Initial Date Disability Began	Required if MTC 00 not previously sent
0065	Initial Date Last Day Worked	Required if MTC 00 not previously sent
0068	Initial Return to Work Date	Required if MTC 00 not previously sent
0005	Jurisdiction Claim Number	Required if MTC 00 has been previously sent or opened by the jurisdiction
0077	Late Reason Code	Conditional upon whether the report is late or not
0035	Nature of Injury Code	Required if MTC 00 not previously sent
0060	Occupation Description	Required if MTC 00 not previously sent
0036	Part of Body Injured Code	Required if MTC 00 not previously sent
0188	Return to Work Type Code	Required if MTC 00 not previously sent
0067	Salary Continued in Lieu of Compensation Indicator	Required if MTC 00 not previously sent
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent
0032	Time of Injury	Required if MTC 00 not previously sent
0063	Wage Period Code	Required if MTC 00 not previously sent

MTC PD

0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0173	Denial Reason Code	Required if there is an applicable code
0148	Denial Reason Narrative	Required if there is no applicable code; may be optionally sent in addition to denial code for support
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0068	Initial Return to Work Date	Conditional upon whether a disability has occurred
0056	Initial Date Disability Began	Conditional upon whether the employee has stopped working
0065	Initial Date Last Day Worked	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC AP

0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0124	Actual Reduced Earnings	Conditional upon RTW with restrictions or reduced earnings
0268	Benefit ACR Qualifier	Conditional upon whether an adjustment, credit, or redistribution exist
0092	Benefit Adjustment Code	Conditional upon having a reduction or increase applied to Gross Weekly Amount
0125	Benefit Adjustment End Date	Conditional upon changed information
0094	Benefit Adjustment Start Date	Conditional upon changed information
0093	Benefit Adjustment Weekly Amount	Conditional upon changed information
0126	Benefit Credit Code	Conditional upon providing information on a benefit credit
0128	Benefit Credit End Date	Conditional upon changed information
0127	Benefit Credit Start Date	Conditional upon changed information
0129	Benefit Credit Weekly Amount	Conditional upon changed information
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0130	Benefit Redistribution Code	Conditional upon providing information on a benefit redistribution
0132	Benefit Redistribution End Date	Conditional upon changed information
0131	Benefit Redistribution Start Date	Conditional upon changed information
0133	Benefit Redistribution Weekly Amount	Conditional upon changed information
0143	Concurrent Employer Wage	If there is qualifying concurrent employment
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0146	Death Result of Injury Code	Conditional upon death
0190	Denial Rescission Date	If denial is rescinded
0097	Dependent/Payee Relationship Code	Conditional upon having qualified dependents of a deceased employee
0057	Employee Date of Death	If employee dies
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0087	Net Weekly Amount	If a Benefit Adjustment Code is present
0211	Net Weekly Amount Effective Date	If a Benefit Adjustment Code is present
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon indicating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon carrier's desire to indicate whether salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC AQ

Data Element	Data Element Name	Definition
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC AU

Data Element	Data Element Name	Definition
0121	Accident Site City	If text type qualifier is accident organization, then this is present
0119	Accident Site Location Narrative	If text type qualifier is accident site location narrative (AS), then this is present
0120	Accident Site Organization Name	If text type qualifier is accident organization, then this is present
0033	Accident Site Postal Code	If text type qualifier is accident organization, then this is present
0123	Accident Site State Code	If text type qualifier is accident organization, then this is present
0122	Accident Site Street	If text type qualifier is accident organization, then this is present
0269	Address Type Qualifier	Conditional upon whether there is an address
0029	Coverage Effective Date	Conditional upon another carrier taking over a claim
0030	Coverage Expiration Date	Conditional upon another carrier taking over a claim
0144	Current Date Disability Began	Conditional upon whether a disability has occurred
0145	Current Date Last Day Worked	Conditional upon whether the employee has stopped working
0072	Current Return to Work Date	Conditional upon the employee returning to work
0146	Death Result of Injury Code	Conditional upon death
0149	Discontinued Fringe Benefits	Conditional upon fringe benefits being paid
0057	Employee Date of Death	Conditional upon death
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0255	Employee Last Name Suffix	Conditional upon whether the employee's name contains a last name suffix
0047	Employee Mailing Secondary Address	Conditional upon whether the primary address is too long to fit in the primary address field
0045	Employee Middle Name/Initial	Conditional upon whether the employee has a middle name/initial
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0005	Jurisdiction Claim Number	Required if MTC 00 has been previously sent or opened by the jurisdiction
0077	Late Reason Code	Conditional upon whether the report is late or not
0189	Return to Work Type Code	Conditional upon the employee returning to work
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon the carrier's desire to indicate whether the salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC CA

Data Element	Data Element Name	Definition
0268	Benefit ACR Qualifier	Conditional upon whether an adjustment, credit, or redistribution exist
0092	Benefit Adjustment Code	Conditional upon having a reduction or increase applied to Gross Weekly Amount
0125	Benefit Adjustment End Date	Conditional upon changed information
0094	Benefit Adjustment Start Date	Conditional upon changed information
0093	Benefit Adjustment Weekly Amount	Conditional upon changed information

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0126	Benefit Credit Code	Conditional upon providing information on a benefit credit
0128	Benefit Credit End Date	Conditional upon changed information
0127	Benefit Credit Start Date	Conditional upon changed information
0129	Benefit Credit Weekly Amount	Conditional upon changed information
0088	Benefit Period Start Date	Conditional upon changed information
0089	Benefit Period Through Date	Conditional upon changed information
0130	Benefit Redistribution Code	Conditional upon providing information on a benefit redistribution
0132	Benefit Redistribution End Date	Conditional upon changed information
0131	Benefit Redistribution Start Date	Conditional upon changed information
0133	Benefit Redistribution Weekly Amount	Conditional upon changed information
0091	Benefit Type Claim Days	Conditional upon a benefit being paid for a benefit type code
0090	Benefit Type Claim Weeks	Conditional upon a benefit being paid for a benefit type code
0085	Benefit Type Code	Conditional upon a payment or adjustment being made
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0134	Calculated Weekly Compensation Amount	Conditional upon changing the amount
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0174	Gross Weekly Amount	Conditional upon changing the amount
0175	Gross Weekly Amount Effective Date	Conditional upon changing the date
0077	Late Reason Code	Conditional upon whether the report is late or not
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC CB

Data Element	Data Element Name	Definition
0124	Actual Reduced earnings	If subsequent benefit is to reduced earnings
0268	Benefit ACR Qualifier	Conditional upon whether an adjustment, credit, or redistribution exist
0092	Benefit Adjustment Code	Conditional upon having a reduction or increase applied to Gross Weekly Amount
0125	Benefit Adjustment End Date	Conditional upon changed information
0094	Benefit Adjustment Start Date	Conditional upon changed information
0093	Benefit Adjustment Weekly Amount	Conditional upon changed information
0126	Benefit Credit Code	Conditional upon providing information on a benefit credit
0128	Benefit Credit End Date	Conditional upon changed information
0127	Benefit Credit Start Date	Conditional upon changed information
0129	Benefit Credit Weekly Amount	Conditional upon changed information
0088	Benefit Period Start Date	Conditional upon changed information
0089	Benefit Period Through Date	Conditional upon changed information
0130	Benefit Redistribution Code	Conditional upon providing information on a benefit redistribution
0132	Benefit Redistribution End Date	Conditional upon changed information
0131	Benefit Redistribution Start Date	Conditional upon changed information
0133	Benefit Redistribution Weekly Amount	Conditional upon changed information
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) Subsequent disability period and 2) change from previously reported current rtw date
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0146	Death Result of Injury Code	Conditional upon death
0190	Denial Rescission Date	If denial is rescinded
0097	Dependent/Payee Relationship Code	Conditional upon having qualified dependents of a deceased employee
0149	Discontinued Fringe Benefits	Conditional upon fringe benefits being paid
0057	Employee Date of Death	If the change in benefits is due to the employee's death
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0077	Late Reason Code	Conditional upon whether the report is late or not
0087	Net Weekly Amount	Conditional upon changing the amount
0211	Net Weekly Amount Effective Date	Conditional upon changing the date
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon initiating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon the carrier's desire to indicate whether the salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

MTC 00		
MTC CD		
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0190	Denial Rescission Date	If prior denial has been rescinded
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0215	Other Benefit Type Amount	If other benefit is paid
216	Other Benefit Type Code	If other benefit is paid
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC CO		
0249	Accident Premises Code	Conditional upon data element being corrected
0121	Accident Site City	Conditional upon data element being corrected
0118	Accident Site County/Parish	Conditional upon data element being corrected
0119	Accident Site Location Narrative	Conditional upon data element being corrected
0120	Accident Site Organization Name	Conditional upon data element being corrected
0033	Accident Site Postal Code	Conditional upon data element being corrected
0123	Accident Site State Code	Conditional upon data element being corrected
0122	Accident Site Street	Conditional upon data element being corrected
0038	Accident/Injury Description Narrative	Conditional upon data element being corrected
0124	Actual Reduced Earnings	Conditional upon data element being corrected
0269	Address Type Qualifier	Conditional upon data element being corrected
0062	Average Wage	Conditional upon data element being corrected
0268	Benefit ACR Qualifier	Conditional upon data element being corrected
0092	Benefit Adjustment Code	Conditional upon data element being corrected
0125	Benefit Adjustment End Date	Conditional upon data element being corrected
0094	Benefit Adjustment Start Date	Conditional upon data element being corrected
0093	Benefit Adjustment Weekly Amount	Conditional upon data element being corrected
0126	Benefit Credit Code	Conditional upon data element being corrected
0128	Benefit Credit End Date	Conditional upon data element being corrected
0127	Benefit Credit Start Date	Conditional upon data element being corrected
0129	Benefit Credit Weekly Amount	Conditional upon data element being corrected
0088	Benefit Period Start Date	Conditional upon data element being corrected
0089	Benefit Period Through Date	Conditional upon data element being corrected
0130	Benefit Redistribution Code	Conditional upon data element being corrected
0132	Benefit Redistribution End Date	Conditional upon data element being corrected
0131	Benefit Redistribution Start Date	Conditional upon data element being corrected
0133	Benefit Redistribution Weekly Amount	Conditional upon data element being corrected
0086	Benefit Type Amount Paid	Conditional upon data element being corrected
0091	Benefit Type Claim Days	Conditional upon data element being corrected
0090	Benefit Type Claim Weeks	Conditional upon data element being corrected
0085	Benefit Type Code	Conditional upon data element being corrected
0134	Calculated Weekly Compensation Amount	Conditional upon data element being corrected
0037	Cause of Injury Code	Conditional upon data element being corrected
0137	Claim Administrator Claim Representative Business Phone Number	Conditional upon data element being corrected
0138	Claim Administrator Claim Representative E-Mail Address	Conditional upon data element being corrected
0140	Claim Administrator Claim Representative Name	Conditional upon data element being corrected
0012	Claim Administrator Mailing City	Conditional upon data element being corrected
0135	Claim Administrator Mailing Information/Attention Line	Conditional upon data element being corrected
0010	Claim Administrator Mailing Primary Address	Conditional upon data element being corrected
0011	Claim Administrator Mailing Secondary Address	Conditional upon data element being corrected
0013	Claim Administrator Mailing State Code	Conditional upon data element being corrected
0073	Claim Status Code	Conditional upon data element being corrected
0074	Claim Type Code	Conditional upon data element being corrected
0143	Concurrent Employer Wage	Conditional upon data element being corrected
0029	Coverage Effective Date	Conditional upon data element being corrected
0030	Coverage Expiration Date	Conditional upon data element being corrected
0144	Current Date Disability Began	Conditional upon data element being corrected
0145	Current Date Last Day Worked	Conditional upon data element being corrected
0072	Current Return to Work Date	Conditional upon data element being corrected
0041	Date Claim Administrator Had Knowledge of the Injury	Conditional upon data element being corrected
0040	Date Employer Had Knowledge of the Injury	Conditional upon data element being corrected
0070	Date of Maximum Medical Improvement	Conditional upon data element being corrected
0146	Death Result of Injury Code	Conditional upon data element being corrected
0240	Denial Effective Date	Conditional upon data element being corrected
0173	Denial Reason Code	Conditional upon data element being corrected
0148	Denial Reason Narrative	Conditional upon data element being corrected
0190	Denial Rescission Date	Conditional upon data element being corrected
0097	Dependent/Payee Relationship Code	Conditional upon data element being corrected
0149	Discontinued Fringe Benefits	Conditional upon data element being corrected
0052	Employee Date of Birth	Conditional upon data element being corrected
0057	Employee Date of Death	Conditional upon data element being corrected

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0061	Employee Date of Hire	Conditional upon data element being corrected
0151	Employee Education Level	Conditional upon data element being corrected
0152	Employee Employment Visa	Conditional upon data element being corrected
0044	Employee First Name	Conditional upon data element being corrected
0053	Employee Gender Code	Conditional upon data element being corrected
0153	Employee Green Card	Conditional upon data element being corrected
0154	Employee ID Assigned by Jurisdiction	Conditional upon data element being corrected
0255	Employee Last Name Suffix	Conditional upon data element being corrected
0048	Employee Mailing City	Conditional upon data element being corrected
0050	Employee Mailing Postal Code	Conditional upon data element being corrected
0046	Employee Mailing Primary Address	Conditional upon data element being corrected
0047	Employee Mailing Secondary Address	Conditional upon data element being corrected
0049	Employee Mailing State Code	Conditional upon data element being corrected
0054	Employee Marital Status Code	Conditional upon data element being corrected
0045	Employee Middle Name/Initial	Conditional upon data element being corrected
0213	Employee Number of Entitled Exemptions	Conditional upon data element being corrected
0156	Employee Passport Number	Conditional upon data element being corrected
0051	Employee Phone Number	Conditional upon data element being corrected
0042	Employee SSN	Conditional upon data element being corrected
0159	Employer Contact Business Phone Number	Conditional upon data element being corrected
0161	Employer Contact E-Mail Address	Conditional upon data element being corrected
0162	Employer Contact FAX Number	Conditional upon data element being corrected
0160	Employer Contact Name	Conditional upon data element being corrected
0165	Employer Mailing City	Conditional upon data element being corrected
0163	Employer Mailing Information/Attention Line	Conditional upon data element being corrected
0167	Employer Mailing Postal Code	Conditional upon data element being corrected
0168	Employer Mailing Primary Address	Conditional upon data element being corrected
0169	Employer Mailing Secondary Address	Conditional upon data element being corrected
0170	Employer Mailing State Code	Conditional upon data element being corrected
0210	Employer Nature of Business	Conditional upon data element being corrected
0021	Employer Physical City	Conditional upon data element being corrected
0023	Employer Physical Postal Code	Conditional upon data element being corrected
0019	Employer Physical Primary Address	Conditional upon data element being corrected
0020	Employer Physical Secondary Address	Conditional upon data element being corrected
0022	Employer Physical State Code	Conditional upon data element being corrected
0025	Employer SIC Code	Conditional upon data element being corrected
0329	Employer UI Number	Conditional upon data element being corrected
0058	Employment Status Code	Conditional upon data element being corrected
0066	Full Wages Paid for Date of Injury Indicator	Conditional upon data element being corrected
0174	Gross Weekly Amount	Conditional upon data element being corrected
0175	Gross Weekly Amount Effective Date	Conditional upon data element being corrected
0056	Initial Date Disability Began	Conditional upon data element being corrected
0065	Initial Date Last Day Worked	Conditional upon data element being corrected
0176	Initial Medical Provider Name	Conditional upon data element being corrected
0177	Initial Medical Provider Physical City	Conditional upon data element being corrected
0179	Initial Medical Provider Physical Postal Code	Conditional upon data element being corrected
0180	Initial Medical Provider Physical Primary Address	Conditional upon data element being corrected
0181	Initial Medical Provider Physical Secondary Address	Conditional upon data element being corrected
0182	Initial Medical Provider Physical State Code	Conditional upon data element being corrected
0068	Initial Return to Work Date	Conditional upon data element being corrected
0039	Initial Treatment Code	Conditional upon data element being corrected
0027	Insured Location Number	Conditional upon data element being corrected
0026	Insured Report Number	Conditional upon data element being corrected
0077	Late Reason Code	Conditional upon data element being corrected
0059	Manual Classification Code	Conditional upon data element being corrected
0035	Nature of Injury Code	Conditional upon data element being corrected
0087	Net Weekly Amount	Conditional upon data element being corrected
0211	Net Weekly Amount Effective Date	Conditional upon data element being corrected
0212	Non-Consecutive Period Code	Conditional upon data element being corrected
0060	Occupation Description	Conditional upon data element being corrected
0215	Other Benefit Type Amount	Conditional upon data element being corrected
0216	Other Benefit Type Code	Conditional upon data element being corrected
0036	Part of Body Injured Code	Conditional upon data element being corrected
0217	Payee	Conditional upon data element being corrected
0218	Payment Amount	Conditional upon data element being corrected
0219	Payment Covers Period Start Date	Conditional upon data element being corrected
0220	Payment Covers Period Through Date	Conditional upon data element being corrected
0195	Payment Issue Date	Conditional upon data element being corrected
0222	Payment Reason Code	Conditional upon data element being corrected
0083	Permanent Impairment Body Part Code	Conditional upon data element being corrected
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon data element being corrected
0084	Permanent Impairment Percentage	Conditional upon data element being corrected
0028	Policy/Contract Number	Conditional upon data element being corrected
0069	Pre-Existing Disability Code	Conditional upon data element being corrected
0242	Reduced Earnings Week Number	Conditional upon data element being corrected
0227	Reporting Period Code	Conditional upon data element being corrected
0189	Return to Work Type Code	Conditional upon data element being corrected
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon data element being corrected
0250	Self-Insurer Authorization Type Code	Conditional upon data element being corrected
0232	Self-Insurer Organization Type Code	Conditional upon data element being corrected
0098	Sender ID	Conditional upon data element being corrected

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0241	Settlement Type Code	Conditional upon data element being corrected
0193	Suspension Effective Date	Conditional upon data element being corrected
0233	Suspension Narrative	Conditional upon data element being corrected
0272	Text Type Qualifier	Conditional upon data element being corrected
0032	Time of Injury	Conditional upon data element being corrected
0256	Wage Effective Date	Conditional upon data element being corrected
0063	Wage Period Code	Conditional upon data element being corrected
0237	Witness Business Phone Number	Conditional upon data element being corrected
0238	Witness Name	Conditional upon data element being corrected

MTC EP

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Conditional upon RTW with restrictions or reduced earnings
0268	Benefit ACR Qualifier	Conditional upon whether an adjustment, credit, or redistribution exist
0092	Benefit Adjustment Code	Conditional upon having a reduction or increase applied to Gross Weekly Amount
0125	Benefit Adjustment End Date	Conditional upon changed information
0094	Benefit Adjustment Start Date	Conditional upon changed information
0093	Benefit Adjustment Weekly Amount	Conditional upon changed information
0126	Benefit Credit Code	Conditional upon providing information on a benefit credit
0128	Benefit Credit End Date	Conditional upon changed information
0127	Benefit Credit Start Date	Conditional upon changed information
0129	Benefit Credit Weekly Amount	Conditional upon changed information
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0130	Benefit Redistribution Code	Conditional upon providing information on a benefit redistribution
0132	Benefit Redistribution End Date	Conditional upon changed information
0131	Benefit Redistribution Start Date	Conditional upon changed information
0133	Benefit Redistribution Weekly Amount	Conditional upon changed information
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0143	Concurrent Employer Wage	If there is qualifying concurrent employment
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0146	Death Result of Injury Code	Conditional upon death
0190	Denial Rescission Date	If denial is rescinded
0097	Dependent/Payee Relationship Code	Conditional upon having qualified dependents of a deceased employee
0057	Employee Date of Death	If employee dies
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0216	Other Benefit Type Code	Conditional upon whether an "other benefit type" has been paid
0195	Payment Issue Date	Mandatory when the report covers the first payment of salary in lieu of compensation
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon reporting permanent impairment
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC ER

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Conditional upon RTW with restrictions or reduced earnings
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0074	Claim Type Code	If the reinstated benefit type has change from a previously filed type
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0146	Death Result of Injury Code	Conditional upon death
0190	Denial Rescission Date	If denial is rescinded
0097	Dependent/Payee Relationship Code	Conditional upon having qualified dependents of a deceased employee
0057	Employee Date of Death	If employee dies
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0087	Net Weekly Amount	Conditional upon changing the amount
0211	Net Weekly Amount Effective Date	Conditional upon changing the date
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0216	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon initiating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC FN

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Sent when FN is sent as a periodic and reduced earnings are being reported
0268	Benefit ACR Qualifier	Conditional upon whether an adjustment, credit, or redistribution exist
0092	Benefit Adjustment Code	Conditional upon having a reduction or increase applied to Gross Weekly Amount
0125	Benefit Adjustment End Date	Conditional upon changed information
0094	Benefit Adjustment Start Date	Conditional upon changed information
0093	Benefit Adjustment Weekly Amount	Conditional upon changed information
0126	Benefit Credit Code	Conditional upon reducing Gross Weekly Amount in order to recoup previously paid money
0128	Benefit Credit End Date	Conditional upon changed information
0127	Benefit Credit Start Date	Conditional upon changed information
0129	Benefit Credit Weekly Amount	Conditional upon changed information
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0130	Benefit Redistribution Code	Conditional upon paying a portion or the money to another party on behalf of the employee
0132	Benefit Redistribution End Date	Conditional upon changed information
0131	Benefit Redistribution Start Date	Conditional upon changed information
0133	Benefit Redistribution Weekly Amount	Conditional upon changed information
0086	Benefit Type Amount Paid	Conditional upon benefit being paid for a benefit type code
0091	Benefit Type Claim Days	Conditional upon benefit being paid for a benefit type code
0090	Benefit Type Claim Weeks	Conditional upon benefit being paid for a benefit type code
0085	Benefit Type Code	Conditional upon a payment or adjustment being made
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0134	Calculated Weekly Compensation Amount	Conditional upon changing the amount
0143	Concurrent Employer Wage	Conditional upon whether employee has other employment and the employment status
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) Subsequent disability period and 2) change from previously reported current rtw date
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0152	Employee Employment Visa	Conditional upon fringe benefits being paid
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee employment visa is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee green card is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee passport number is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0195	Payment Issue Date	Required when reporting the date of the last payment of indemnity benefits [IA Code 85.26]
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon upon indicating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon whether reporting permanent impairment or not
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon carrier's desire to indicate whether salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC IP

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Conditional upon RTW with restrictions or reduced earnings
0268	Benefit ACR Qualifier	Conditional upon whether an adjustment, credit, or redistribution exist
0092	Benefit Adjustment Code	Conditional upon having a reduction or increase applied to Gross Weekly Amount
0125	Benefit Adjustment End Date	Conditional upon changed information
0094	Benefit Adjustment Start Date	Conditional upon changed information
0093	Benefit Adjustment Weekly Amount	Conditional upon changed information
0126	Benefit Credit Code	Conditional upon providing information on a benefit credit
0128	Benefit Credit End Date	Conditional upon changed information
0127	Benefit Credit Start Date	Conditional upon changed information
0129	Benefit Credit Weekly Amount	Conditional upon changed information
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0130	Benefit Redistribution Code	Conditional upon providing information on a benefit redistribution
0132	Benefit Redistribution End Date	Conditional upon changed information
0131	Benefit Redistribution Start Date	Conditional upon changed information

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

0133	Benefit Redistribution Weekly Amount	Conditional upon changed information
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0143	Concurrent Employer Wage	If there is qualifying concurrent employment
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0146	Death Result of Injury Code	Conditional upon death
0190	Denial Rescission Date	If denial is rescinded
0097	Dependent/Payee Relationship Code	Conditional upon having qualified dependents of a deceased employee
0057	Employee Date of Death	If employee dies
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0087	Net Weekly Amount	If a Benefit Adjustment Code is present
0211	Net Weekly Amount Effective Date	If a Benefit Adjustment Code is present
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon indicating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon carrier's desire to indicate whether salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC PY

0124	Actual Reduced Earnings	Conditional upon RTW with restrictions or reduced earnings
0062	Average Wage	If not filed on previous transmission
0268	Benefit ACR Qualifier	Conditional upon whether an adjustment, credit, or redistribution exist
0092	Benefit Adjustment Code	Conditional upon having a reduction or increase applied to Gross Weekly Amount
0125	Benefit Adjustment End Date	Conditional upon changed information
0094	Benefit Adjustment Start Date	Conditional upon changed information
0093	Benefit Adjustment Weekly Amount	Conditional upon changed information
0126	Benefit Credit Code	Conditional upon providing information on a benefit credit
0128	Benefit Credit End Date	Conditional upon changed information
0127	Benefit Credit Start Date	Conditional upon changed information
0129	Benefit Credit Weekly Amount	Conditional upon changed information
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0130	Benefit Redistribution Code	Conditional upon providing information on a benefit redistribution
0132	Benefit Redistribution End Date	Conditional upon changed information
0131	Benefit Redistribution Start Date	Conditional upon changed information
0133	Benefit Redistribution Weekly Amount	Conditional upon changed information
0086	Benefit Type Amount Paid	Conditional upon benefit being paid for a benefit type code
0091	Benefit Type Claim Days	Conditional upon benefit being paid for a benefit type code
0090	Benefit Type Claim Weeks	Conditional upon benefit being paid for a benefit type code
0085	Benefit Type Code	Conditional upon a payment or adjustment being made
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0134	Calculated Weekly Compensation Amount	If not filed on previous transmission
0143	Concurrent Employer Wage	If there is qualifying concurrent employment
0144	Current Date Disability Began	If disability is intermittent, including the waiting period
0145	Current Date Last Day Worked	If disability is intermittent, including the waiting period
0072	Current Return to Work Date	If disability is intermittent, including the waiting period
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0146	Death Result of Injury Code	Conditional upon death
0190	Denial Rescission Date	If denial is rescinded
0097	Dependent/Payee Relationship Code	Conditional upon having qualified dependents of a deceased employee
0057	Employee Date of Death	If employee dies
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0213	Employee Number of Entitled Exemptions	If not filed on previous transmission
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0174	Gross Weekly Amount	If not filed on previous transmission

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0175	Gross Weekly Amount Effective Date	If not filed on previous transmission
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0087	Net Weekly Amount	If a Benefit Adjustment Code is present
0211	Net Weekly Amount Effective Date	If a Benefit Adjustment Code is present
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0217	Payee	Conditional upon a check being issued
0218	Payment Amount	Conditional upon a check being issued
0219	Payment Covers Period Start Date	Conditional upon a check being issued
0220	Payment Covers Period Through Date	Conditional upon a check being issued
0195	Payment Issue Date	Conditional upon a check being issued
0222	Payment Reason Code	Conditional upon a check being issued
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon indicating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon carrier's desire to indicate whether salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0241	Settlement Type Code	Conditional upon reporting settlement
0272	Text Type Qualifier	Conditional upon one or more text types being sent
0063	Wage Period Code	Required if not previously sent

MTC RB

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Conditional upon RTW with restrictions or reduced earnings
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0074	Claim Type Code	If the reinstated benefit type has change from a previously filed type
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) Subsequent disability period and 2) change from previously reported current rtw date
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0146	Death Result of Injury Code	Conditional upon death
0190	Denial Rescission Date	If denial is rescinded
0097	Dependent/Payee Relationship Code	Conditional upon having qualified dependents of a deceased employee
0057	Employee Date of Death	If employee dies
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0087	Net Weekly Amount	If a Benefit Adjustment Code is present
0211	Net Weekly Amount Effective Date	If a Benefit Adjustment Code is present
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon indicating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC RE

Data Element	Data Element Name	Definition
0134	Calculated Weekly Compensation Amount	Conditional upon changing the amount
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) subsequent disability period and 2) change from previously reported current return to work date
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon late report
0087	Net Weekly Amount	Conditional upon changing the amount
0211	Net Weekly Amount Effective Date	Conditional upon changing the date

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0212	Non-Consecutive Period Code	Conditional upon having no consecutive days of disability
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC S1

0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) subsequent disability period and 2) change from previously reported current return to work date
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0189	Return to Work Type Code	Conditional upon employee returning to work
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC S2

0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC S4

0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC S6

0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC S7

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) subsequent disability period and 2) change from previously reported current return to work date
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0189	Return to Work Type Code	If the employee actually returned to work
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC S9

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) subsequent disability period and 2) change from previously reported current return to work date
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC SD

Data Element	Data Element Name	Definition
0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) subsequent disability period and 2) change from previously reported current return to work date
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC SJ

0124	Actual Reduced Earnings	Conditional upon paying reduced earnings
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) subsequent disability period and 2) change from previously reported current return to work date
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0056	Initial Date Disability Began	Conditional upon whether a disability has occurred
0065	Initial Date Last Day Worked	Conditional upon whether the employee has stopped working
0068	Initial Return to Work Date	Conditional upon the employee returning to work
0077	Late Reason Code	Conditional upon whether the report is late or not
0195	Payment Issue Date	If payment date is required and not sent as a Maintenance Code Date (DN3)
0242	Reduced Earnings Week Number	Conditional upon paying reduced earnings
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC UI

0249	Accident Premises Code	Required if MTC 00 not previously sent
0121	Accident Site City	If accident site organization name is sent, then this is also sent
0118	Accident Site County/Parish	Required if MTC 00 not previously sent
119	Accident Site Location Narrative	If text type qualifier is accident site location narrative (AS), then this is present
0120	Accident Site Organization Name	If text type qualifier is accident organization, then this is present
0033	Accident Site Postal Code	If text type qualifier is accident organization, then this is present
0123	Accident Site State Code	If text type qualifier is accident organization, then this is present
0122	Accident Site Street	If text type qualifier is accident organization, then this is present
0038	Accident/Injury Description Narrative	Required if MTC 00 not previously sent
0269	Address Type Qualifier	Conditional upon whether there is an address
0037	Cause of Injury Code	Required if MTC 00 not previously sent
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0012	Claim Administrator Mailing City	Required if MTC 00 not previously sent
0010	Claim Administrator Mailing Primary Address	Required if MTC 00 not previously sent
0013	Claim Administrator Mailing State Code	Required if MTC 00 not previously sent
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) subsequent disability period and 2) change from previously reported current return to work date
0040	Date Employer Had Knowledge of the Injury	Required if MTC 00 not previously sent
0146	Death Result of Injury Code	Required if MTC 00 not previously sent
0149	Discontinued Fringe Benefits	Required if MTC 00 not previously sent
0052	Employee Date of Birth	Required if MTC 00 not previously sent
0057	Employee Date of Death	Required if MTC 00 not previously sent
0061	Employee Date of Hire	Required if MTC 00 not previously sent
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0053	Employee Gender Code	Required if MTC 00 not previously sent
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0255	Employee Last Name Suffix	Required if MTC 00 not previously sent
0048	Employee Mailing City	Required if MTC 00 not previously sent
0050	Employee Mailing Postal Code	Required if MTC 00 not previously sent
0046	Employee Mailing Primary Address	Required if MTC 00 not previously sent
0047	Employee Mailing Secondary Address	Required if MTC 00 not previously sent
0049	Employee Mailing State Code	Required if MTC 00 not previously sent
0054	Employee Marital Status Code	Required if MTC 00 not previously sent
0045	Employee Middle Name/Initial	Required if MTC 00 not previously sent
0213	Employee Number of Entitled Exemptions	Required if MTC 00 not previously sent
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0165	Employer Mailing City	Required if MTC 00 not previously sent
0167	Employer Mailing Postal Code	Required if MTC 00 not previously sent
0168	Employer Mailing Primary Address	Required if MTC 00 not previously sent
0170	Employer Mailing State Code	Required if MTC 00 not previously sent
0025	Employer SIC Code	Required if MTC 00 not previously sent

Iowa Conditional Table

Revised 01/29/2002 and effective 3/01/2002

Data Element

Data Element Name

Definition

Data Element	Data Element Name	Definition
0058	Employment Status Code	Required if MTC 00 not previously sent
0066	Full Wages Paid for Date of Injury Indicator	Required if MTC 00 not previously sent
0056	Initial Date Disability Began	Required if MTC 00 not previously sent
0065	Initial Date Last Day Worked	Required if MTC 00 not previously sent
0068	Initial Return to Work Date	Required if MTC 00 not previously sent
0005	Jurisdiction Claim Number	Required if MTC 00 has been previously sent or opened by the jurisdiction
0077	Late Reason Code	Conditional upon whether the report is late or not
0035	Nature of Injury Code	Required if MTC 00 not previously sent
0060	Occupation Description	Required if MTC 00 not previously sent
0036	Part of Body Injured Code	Required if MTC 00 not previously sent
0189	Return to Work Type Code	Conditional upon employee returning to work
0067	Salary Continued in Lieu of Compensation Indicator	Required if MTC 00 not previously sent
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent
0032	Time of Injury	Required if MTC 00 not previously sent
0063	Wage Period Code	Required if MTC 00 not previously sent

MTC UR

0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

MTC AN

0124	Actual Reduced Earnings	Sent when reduced earnings are being reported
0088	Benefit Period Start Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0089	Benefit Period Through Date	Optional if Benefit Type Code is a 030 (PPD); element is mandatory when reporting other BTC's
0086	Benefit Type Amount Paid	Conditional upon benefit being paid for a benefit type code
0091	Benefit Type Claim Days	Conditional upon benefit being paid for a benefit type code
0090	Benefit Type Claim Weeks	Conditional upon benefit being paid for a benefit type code
0085	Benefit Type Code	Conditional upon a payment or adjustment being made
0140	Claim Administrator Claim Representative Name	Conditional upon if not previously reported or claim representative changes
0137	CA Claim Representative Business Phone Number	Conditional upon if not previously reported or claim representative changes
0138	CA Claim Representative E-Mail Address	Conditional upon if not previously reported or claim representative changes
0143	Concurrent Employer Wage	Conditional upon whether employee has other employment and the employment status
0144	Current Date Disability Began	Conditional upon 1) Subsequent disability period and 2) change from previously reported date disability began
0145	Current Date Last Day Worked	Conditional upon 1) Subsequent disability period and 2) change from previously reported date last day worked
0072	Current Return to Work Date	Conditional upon 1) Subsequent disability period and 2) change from previously reported current rtw date
0070	Date of Maximum Medical Improvement	Conditional upon reaching MMI
0152	Employee Employment Visa	Conditional upon whether the employee employment visa is the qualifier ID
0044	Employee First Name	Conditional upon whether there is a first name (vs. initials, etc.)
0153	Employee Green Card	Conditional upon whether the employee green card is the qualifier ID
0154	Employee ID Assigned by Jurisdiction	Conditional upon whether the employee ID assigned by jurisdiction is the qualifier ID
0156	Employee Passport Number	Conditional upon whether the employee passport number is the qualifier ID
0042	Employee SSN	Conditional upon whether the employee social security # is the qualifier ID
0077	Late Reason Code	Conditional upon whether the report is late or not
0212	Non-Consecutive Period Code	Conditional upon having nonconsecutive days of disability
0215	Other Benefit Type Amount	Conditional upon whether an "other benefit type" has been paid
0216	Other Benefit Type Code	Conditional upon having paid other benefits not otherwise specifically defined as a benefit type code
0083	Permanent Impairment Body Part Code	Conditional upon reporting permanency
0223	Permanent Impairment Minimum Payment Indicator	Conditional upon initiating payments prior to rating
0084	Permanent Impairment Percentage	Conditional upon reporting permanent impairment
0067	Salary Continued in Lieu of Compensation Indicator	Conditional upon carrier's desire to indicate whether salary was continued
0250	Self-Insurer Authorization Type Code	Conditional upon the carrier being self-insured
0232	Self-Insurer Organization Type Code	Conditional upon the carrier being self-insured
0272	Text Type Qualifier	Conditional upon one or more text types being sent

Revisions effective for March 1, 2002

All occurrences of "Request Code - DN0112" were removed from this version of the table.
"Reporting Period Code - DN0227" was removed from the MTC FN definitions.