

Minnesota Department of Labor and Industry
Electronic Filing of First Report of Injury Implementation Guide

3 IAIABC Claims Release 3.0

The IAIABC Claims Release 3.0 (R3) standards define several transaction types that can be used to transmit EDI transactions between trading partners. There are two transaction types that are defined to transmit specific information related to workers' compensation claims: the First Report of Injury (FROI – 148/R21) and the Subsequent Report of Injury (SROI – A49/R22). The other transaction types defined in the R3 standards are primarily for administrative purposes and are used in union with the FROI and SROI transactions. The Minnesota Department of Labor and Industry currently only accepts EDI transmissions with batches of FROI transactions. DLI uses the same R3 standards for the eFROI Web portal transactions. A future phase of the EDI project is planned to accept some types of SROI information.

3.1 Transaction types

The following record types are defined for transactions in the R3 standards.

| Transaction | Comments |
|-------------|--|
| HD1 | The HD1 header transaction is used to precede a batch of individual transactions (i.e., 148). There are fields within the HD1 transaction that identify the sender and inform the recipient about the transactions that follow. The use of an HD1 transaction in each batch is mandatory. |
| TR2 | The TR2 trailer transaction is used as the final record in a batch of EDI transactions. It is used to indicate there are no more records to process and to verify the number of records and transactions that were sent with the batch. The use of a TR2 transaction in each batch is mandatory. |
| 148 | The 148 FROI record is a fixed-length record that is used to transmit new and updated FROI information. There are department-specific requirements for the data elements included in the 148 record. |
| R21 | The R21 FROI record is a variable-length record that is a companion record to the 148 FROI record. Each FROI transaction comprises a pair of 148 and R21 records. There are department-specific requirements for the data elements included in the R21 record. |
| A49 | The A49 SROI record is used to transmit payment, denial and other subsequent reporting information related to a previously submitted claim. The department does not currently accept SROI transactions. |
| R22 | The R22 SROI record is a variable-length record that is a companion record to the A49 SROI record. Each SROI transaction comprises a pair of A49 and R22 records. The department does not currently accept SROI transactions. |
| AKC | The AKC acknowledgment record is used to inform the trading partner of the status of the submitted transaction. There is a corresponding AKC transaction generated and returned to the trading partner for each FROI or SROI transaction that is sent and processed. |

The R3 FROI transaction is made up of a pair of 148 and R21 records that must follow one another in the transmitted EDI batch. The FROI transaction has a defined set of maintenance type codes (MTC) (DN0002) that determine what the trading partner is attempting to do with the transmitted data. Each MTC requires slightly different processing and validation requirements. Refer to section 3.3 of this implementation guide for the 148 transaction layout that denotes the

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mandatory, expected, conditional and optional data elements that are dependent upon which MTC is specified in the 148 transaction.

The following MTCs are defined for the FROI transaction in the R3 standards.

| MTC | Comments |
|-----------|---|
| 00 | Original transaction, for a new First Report of Injury (FROI). The 00 MTC is accepted in the DLI EDI environment. |
| 01 | Cancel transaction. The 01 MTC is not accepted in the DLI EDI environment. |
| 02 | Change transaction. The 02 MTC is accepted in the DLI EDI environment. There must be a claim on file, based upon the SSN, DOI and jurisdiction claim number (JCN) that is specified, for the transaction. Update transactions that are intended to update the value of the SSN and/or DOI must also include and match the claim administrator claim number. |
| 04 | Denial transaction. The 04 MTC is accepted in the DLI EDI environment but is processed as a 00 MTC transaction, not a denial. A paper NL01 (NOPLD) form must still be filed to deny the claim at this time. |
| CO | Correction transaction. The CO MTC is accepted in the DLI EDI environment. This transaction is only due in response to an AKC that indicated there were errors. The CO MTC is treated in a manner similar to the 02 MTC transaction. |
| UR | Upon request transaction. The UR MTC is not accepted in the DLI EDI environment. |
| UI | Under investigation transaction. The UI MTC is not accepted in the DLI EDI environment. |
| AQ | Acquired claim transaction. The AQ MTC is not accepted in the DLI EDI environment. |
| AU | Acquired unallocated claim transaction. The AU MTC is accepted in the DLI EDI environment. A claim must not be on file with the department (similar to a new transaction – 00 MTC). |

3.2 Record formats

There are several different records that are required in a batch of EDI transactions that are included in the EDI transmission file. The records must be formatted with appropriate data in the necessary fields and the records must be in the correct order in the transmission file.

A Claims Release 3.0 transmission file can include one or more batches of individual FROI transactions; however, it is more common to have one batch per EDI transmission file. Each batch must have a header record (HD1) as the first record in the file. Each FROI transaction comprises a pair of records, the first being the 148 FROI record and the second being the R21 FROI companion record.

There can be any number of FROI transactions (pairs of 148/R21 records) included in a batch. The last record in the batch must be the trailer record (TR2), which contains the counts for the entire batch and transaction/record set.

HD1
148

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R21

148

R21

TR2

3.2.1 Header record (HD1)

The header record (HD1) must be the first record in the batch. There are certain fields that must be populated with specific information so that it is known to be a Claims Release 3.0 transmission file. The “Interchange Version ID” field (DN0105) in the header record comprises the “Batch Type Code,” “Release Number” and “Version Number.” The “Release Number” and “Version Number” must specify “30” to designate the transaction file is a Claims Release 3.0 formatted transmission file. The expected “Interchange Version ID” is “14830.”

There are other validation requirements for a number of fields in the header record. If there are problems with the validation of any of the fields in the header record, it will cause the entire batch to be rejected. Therefore, it is important to populate all of the fields in the header record with valid information. One of the more important fields is the “Test/Production Code” field (DN0104). This field must be populated with a “T” when sending test transactions and a “P” when sending production transactions.

| DN | HD1 data elements | Format | Length | Beg. | End |
|------|-------------------------------|--------|--------|------|-----|
| 0001 | Transaction Set ID | A/N | 3 | 1 | 3 |
| 0098 | Sender ID | A/N | 25 | 4 | 28 |
| | Sender FEIN | A/N | 9 | | |
| | Filler – Future Defined Usage | A/N | 7 | | |
| | Sender Postal Code | A/N | 9 | | |
| 0099 | Receiver ID | A/N | 25 | 29 | 53 |
| | Receiver FEIN | A/N | 9 | | |
| | Filler – Future Defined Usage | A/N | 7 | | |
| | Receiver Postal Code | A/N | 9 | | |
| 0100 | Date Transmission Sent | DATE | 8 | 54 | 61 |
| 0101 | Time Transmission Sent | TIME | 6 | 62 | 67 |
| 0102 | Original Transmission Date | DATE | 8 | 68 | 75 |
| 0103 | Original Transmission Time | TIME | 6 | 76 | 81 |
| 0104 | Test/Production Code | A/N | 1 | 82 | 82 |
| 0105 | Interchange Version ID | A/N | 5 | 83 | 87 |
| | Batch Type Code | A/N | 3 | | |
| | Release Number | A/N | 1 | | |
| | Version Number | A/N | 1 | | |

3.2.2 Trailer record (TR2)

The last record in a batch is the trailer record (TR2). The Claims Release 3.0 TR2 record will specify the counts for the number of records contained within the batch (the total number of 148 and R21 records) in the Detail Record Count (DN0106) and the number of transactions contained

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within the batch (the total number of 148 and R21 pairs that make up FROI transactions) in the Transaction Count (DN0191). The Detail Record Count must always be twice (double) the number contained in the Transaction Count for correctly assembled batches.

| DN | TR2 data elements | Format | Length | Beg. | End |
|------|---------------------|--------|--------|------|-----|
| 0001 | Transaction Set ID | A/N | 3 | 1 | 3 |
| 0106 | Detail Record Count | N | 9 | 4 | 12 |
| 0191 | Transaction Count | N | 9 | 13 | 21 |

3.2.3 FROI records (148/R21)

A Claims Release 3.0 FROI transaction comprises two records that exist in the transaction file, one directly after the other. The first record in a transaction must be the 148 record. The 148 record is a fixed length record.

| DN | 148 data elements | Format | Length | Beg. | End |
|------|---------------------------------|--------|--------|------|-----|
| 0001 | Transaction Set ID | A/N | 3 | 1 | 3 |
| 0002 | Maintenance Type Code | A/N | 2 | 4 | 5 |
| 0003 | Maintenance Type Code Date | DATE | 8 | 6 | 13 |
| 0004 | Jurisdiction Code | A/N | 2 | 14 | 15 |
| 0005 | Jurisdiction Claim Number | A/N | 25 | 16 | 40 |
| 0006 | Insurer FEIN | A/N | 9 | 41 | 49 |
| | Filler (Not for Use) | A/N | 129 | 50 | 178 |
| 0012 | Claim Admin Mailing City | A/N | 15 | 179 | 193 |
| 0013 | Claim Admin Mailing State Code | A/N | 2 | 194 | 195 |
| 0014 | Claim Admin Mailing Postal Code | A/N | 9 | 196 | 204 |
| 0015 | Claim Admin Claim Number | A/N | 25 | 205 | 229 |
| 0016 | Employer FEIN | A/N | 9 | 230 | 238 |
| | Filler (Not for Use) | A/N | 120 | 239 | 358 |
| 0021 | Employer Physical City | A/N | 15 | 359 | 373 |
| 0022 | Employer Physical State Code | A/N | 2 | 374 | 375 |
| 0023 | Employer Physical Postal Code | A/N | 9 | 376 | 384 |
| | Filler (Not for Use) | A/N | 1 | 385 | 385 |
| 0025 | Industry Code | A/N | 6 | 386 | 391 |
| | Filler (Not for Use) | A/N | 10 | 392 | 401 |
| 0027 | Insured Location Identifier | A/N | 15 | 402 | 416 |
| 0028 | Policy Number | A/N | 18 | 417 | 434 |
| | Filler (Not for Use) | A/N | 12 | 435 | 446 |
| 0029 | Policy Effective Date | DATE | 8 | 447 | 454 |
| 0030 | Policy Expiration Date | DATE | 8 | 455 | 462 |
| 0031 | Date of Injury | DATE | 8 | 463 | 470 |
| 0032 | Time of Injury | HHMM | 4 | 471 | 474 |
| 0033 | Accident Site Postal Code | A/N | 9 | 475 | 483 |
| | Filler (Not for Use) | A/N | 1 | 484 | 484 |
| 0035 | Nature of Injury Code | A/N | 2 | 485 | 486 |

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| DN | 148 data elements | Format | Length | Beg. | End |
|------|-----------------------------------|--------|--------|------|-----|
| 0036 | Part of Body Injured Code | A/N | 2 | 487 | 488 |
| 0037 | Cause of Injury Code | A/N | 2 | 489 | 490 |
| | Filler (Not for Use) | A/N | 150 | 491 | 640 |
| 0039 | Initial Treatment Code | A/N | 2 | 641 | 642 |
| 0040 | Date Employer Knew of Injury | DATE | 8 | 643 | 650 |
| 0041 | Date Claim Admin Knew of Injury | DATE | 8 | 651 | 658 |
| | Filler (Not for Use) | A/N | 39 | 659 | 697 |
| 0044 | Employee First Name | A/N | 15 | 698 | 712 |
| | Filler (Not for Use) | A/N | 61 | 713 | 773 |
| 0048 | Employee Mailing City | A/N | 15 | 774 | 788 |
| 0049 | Employee Mailing State Code | A/N | 2 | 789 | 790 |
| 0050 | Employee Mailing Postal Code | A/N | 9 | 791 | 799 |
| | Filler (Not for Use) | A/N | 10 | 800 | 809 |
| 0052 | Employee Date of Birth | DATE | 8 | 810 | 817 |
| 0053 | Employee Gender Code | A/N | 1 | 818 | 818 |
| 0054 | Employee Marital Status Code | A/N | 1 | 819 | 819 |
| 0055 | Employee Number of Dependents | N | 2 | 820 | 821 |
| 0056 | Initial Date Disability Began | DATE | 8 | 822 | 829 |
| 0057 | Employee Date of Death | DATE | 8 | 830 | 837 |
| 0058 | Employment Status Code | A/N | 2 | 838 | 839 |
| 0059 | Manual Classification Code | A/N | 4 | 840 | 843 |
| | Filler (Not for Use) | A/N | 30 | 844 | 873 |
| 0061 | Employee Date of Hire | DATE | 8 | 874 | 881 |
| 0062 | Wage | \$9.2 | 11 | 882 | 892 |
| 0063 | Wage Period Code | A/N | 2 | 893 | 894 |
| 0064 | Number of Days Worked Per Week | N | 1 | 895 | 895 |
| 0065 | Initial Date Last Day Worked | DATE | 8 | 896 | 903 |
| 0066 | Full Wages Paid for DOI Indicator | A/N | 1 | 904 | 904 |
| | Filler (Not for Use) | A/N | 1 | 905 | 905 |
| 0068 | Initial Return to Work Date | DATE | 8 | 906 | 913 |

The second record in a FROI transaction set is the R21 record. The R21 record is the FROI companion record that must be immediately preceded by a 148 record for the same transaction. The 148/R21 pair must be for the same claim (SSN/DOI) as indicated by the “Claim Admin Claim Number,” which is data element DN0015 that exists in both the 148 and R21 record. This is necessary to ensure the 148 record and the corresponding R21 record is for the same transaction.

The R21 record is a variable length record, meaning there are several expandable segments. The first 1,600 bytes of the R21 record are fixed length. There are counters in the R21 record that indicate the number of variable segments that are contained within the record. The data elements that are indicated in the variable segments are expected for the number of times that are specified by the associated counter.

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| DN | R21 data elements | Format | Length | Beg. | End |
|------|---|--------|--------|------|-----|
| 0001 | Transaction Set ID | A/N | 3 | 1 | 3 |
| 0295 | MTC Correction Code | A/N | 2 | 4 | 5 |
| 0296 | MTC Correction Code Date | DATE | 8 | 6 | 13 |
| | Filler – Future Defined Usage | A/N | 8 | 14 | 21 |
| 0186 | Jurisdiction Branch Office Code | A/N | 2 | 22 | 23 |
| 0015 | Claim Admin Claim Number | A/N | 25 | 24 | 48 |
| 0187 | Claim Admin FEIN | A/N | 9 | 49 | 57 |
| 0188 | Claim Admin Name | A/N | 40 | 58 | 97 |
| 0135 | Claim Admin Mail Info/Attn Line | A/N | 50 | 98 | 147 |
| 0010 | Claim Admin Mail Primary Address | A/N | 40 | 148 | 187 |
| 0011 | Claim Admin Mail Second Address | A/N | 40 | 188 | 227 |
| 0136 | Claim Admin Mail Country Code | A/N | 3 | 228 | 230 |
| 0270 | Employee ID Type Qualifier | A/N | 1 | 231 | 231 |
| * | Employee ID (DN0042/DN0154) | A/N | 15 | 232 | 246 |
| 0255 | Employee Last Name Suffix | A/N | 4 | 247 | 250 |
| 0150 | Employee Auth Release Med Recs | A/N | 1 | 251 | 251 |
| 0157 | Employee SSN Release Indicator | A/N | 1 | 252 | 252 |
| 0043 | Employee Last Name | A/N | 40 | 253 | 292 |
| 0045 | Employee Middle Name – Initial | A/N | 15 | 293 | 307 |
| 0046 | Employee Mailing Primary Address | A/N | 40 | 308 | 347 |
| 0047 | Employee Mailing Second Address | A/N | 40 | 348 | 387 |
| 0155 | Employee Mailing Country Code | A/N | 3 | 388 | 390 |
| 0051 | Employee Phone Number | A/N | 15 | 391 | 405 |
| 0146 | Death Result of Injury Code | A/N | 1 | 406 | 406 |
| 0290 | Type of Loss Code | A/N | 2 | 407 | 408 |
| 0228 | Return To Work With Same Employer Ind | A/N | 1 | 409 | 409 |
| 0189 | Return To Work Type Code | A/N | 1 | 410 | 410 |
| 0224 | Physical Restrictions Indicator | A/N | 1 | 411 | 411 |
| 0314 | Insured FEIN | A/N | 9 | 412 | 420 |
| 0017 | Insured Name | A/N | 40 | 421 | 460 |
| 0184 | Insured Type Code | A/N | 1 | 461 | 461 |
| 0026 | Insured Report Number | A/N | 25 | 462 | 486 |
| 0204 | Work Week Type Code | A/N | 1 | 487 | 487 |
| 0205 | Work Days Scheduled Code | A/N | 7 | 488 | 494 |
| | Filler – Future Defined Usage | A/N | 1 | 495 | 495 |
| 0007 | Insurer Name | A/N | 40 | 496 | 535 |
| 0185 | Insurer Type Code | A/N | 1 | 536 | 536 |
| 0292 | Insolvent Insurer FEIN | A/N | 9 | 537 | 545 |
| 0200 | Claim Administrator Alternate Postal Code | A/N | 9 | 546 | 554 |
| 0206 | Employee Security ID | A/N | 15 | 555 | 569 |
| | Filler – Future Defined Usage | A/N | 8 | 570 | 577 |
| 0249 | Accident Premises Code | A/N | 1 | 578 | 578 |
| 0118 | Accident Site County – Parish | A/N | 20 | 579 | 598 |

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| DN | R21 data elements | Format | Length | Beg. | End |
|---|---|--------|--------|------|------|
| 0119 | Accident Site Location Narrative | A/N | 50 | 599 | 648 |
| 0120 | Accident Site Organization Name | A/N | 50 | 649 | 698 |
| 0121 | Accident Site City | A/N | 15 | 699 | 713 |
| 0122 | Accident Site Street | A/N | 40 | 714 | 753 |
| 0123 | Accident Site State Code | A/N | 2 | 754 | 755 |
| 0280 | Accident Site Country Code | A/N | 3 | 756 | 758 |
| 0281 | Date Employer Had Knowledge of Date of Disability | DATE | 8 | 759 | 766 |
| | Filler – Future Defined Usage | A/N | 1 | 767 | 767 |
| 0018 | Employer Name | A/N | 40 | 768 | 807 |
| 0329 | Employer UI Number | A/N | 15 | 808 | 822 |
| 0019 | Employer Physical Primary Address | A/N | 40 | 823 | 862 |
| 0020 | Employer Physical Second Address | A/N | 40 | 863 | 902 |
| 0164 | Employer Physical Country Code | A/N | 3 | 903 | 905 |
| 0159 | Employer Contact Business Phone | A/N | 15 | 906 | 920 |
| 0160 | Employer Contact Name | A/N | 40 | 921 | 960 |
| | Filler – Future Defined Usage | A/N | 90 | 961 | 1050 |
| 0163 | Employer Mailing Info/Attention Line | A/N | 50 | 1051 | 1100 |
| 0165 | Employer Mailing City | A/N | 15 | 1101 | 1115 |
| 0166 | Employer Mailing Country Code | A/N | 3 | 1116 | 1118 |
| 0167 | Employer Mailing Postal Code | A/N | 9 | 1119 | 1127 |
| 0168 | Employer Mailing Primary Address | A/N | 40 | 1128 | 1167 |
| 0169 | Employer Mailing Second Address | A/N | 40 | 1168 | 1207 |
| 0170 | Employer Mailing State Code | A/N | 2 | 1208 | 1209 |
| | Filler – Future Defined Usage | A/N | 50 | 1210 | 1259 |
| 0060 | Occupation Description | A/N | 50 | 1260 | 1309 |
| 0199 | Full Denial Effective Date | DATE | 8 | 1310 | 1317 |
| | Filler – Future Defined Usage | A/N | 163 | 1318 | 1480 |
| 0073 | Claim Status Code | A/N | 1 | 1481 | 1481 |
| 0074 | Claim Type Code | A/N | 1 | 1482 | 1482 |
| 0077 | Late Reason Code | A/N | 2 | 1483 | 1484 |
| 0273 | Employer Paid Salary in Lieu of Comp Ind | A/N | 1 | 1485 | 1485 |
| | Filler – Future Defined Usage | A/N | 105 | 1486 | 1590 |
| Variable segment counters | | | | | |
| 0274 | Number of Accident/Injury Desc Narratives | N | 2 | 1591 | 1592 |
| 0277 | Number of Full Denial Reason Codes | N | 2 | 1593 | 1594 |
| 0276 | Number of Denial Reason Narratives | N | 2 | 1595 | 1596 |
| 0278 | Number of Managed Care Organizations | N | 2 | 1597 | 1598 |
| 0279 | Number of Witnesses | N | 2 | 1599 | 1600 |
| Variable segments | | | | | |
| Accident/injury description narrative occurs up to 10 times (DN0274) | | | | | |
| 0038 | Accident/Injury Description Narrative | A/N | 50 | 1 | 50 |
| Full denial reason code occurs up to five times (DN0277) | | | | | |

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| DN | R21 data elements | Format | Length | Beg. | End |
|---|-------------------------------------|--------|--------|------|-----|
| 0198 | Full Denial Reason Code | A/N | 2 | 1 | 2 |
| Denial reason narrative occurs up to three times (DN0276) | | | | | |
| 0197 | Denial Reason Narrative | A/N | 50 | 1 | 50 |
| Managed care organizations occurs up to two times (DN0278) | | | | | |
| 0207 | Managed Care Organization Code | A/N | 2 | 1 | 2 |
| 0209 | Managed Care Organization Name | A/N | 40 | 3 | 42 |
| 0208 | Managed Care Organization ID Number | A/N | 9 | 43 | 51 |
| | Filler – Future Defined Usage | A/N | 20 | 52 | 71 |
| Witness information occurs up to five times (DN0279) | | | | | |
| 0238 | Witness Name | A/N | 40 | 1 | 40 |
| 0237 | Witness Business Phone Number | A/N | 15 | 41 | 55 |
| | Filler – Future Defined Usage | A/N | 20 | 56 | 75 |

The value of the “Employee ID Type Qualifier” data element (DN0270) is used to specify the type of “Employee ID” data element that is being provided in the transaction. The department will only accept a nine-digit SSN or the equivalent employee ID (department generated identification number) for the “Employee ID” data element. Therefore, data element DN0270 must be either an “S” or an “A” and the corresponding data element for the employee ID must be provided (DN0042 or DN0154). All other employee ID type qualifiers contained in DN0270 or other employee ID data elements (DN0156, DN0152 or DN0153) will cause the transaction to be rejected.

| DN0270 value | DN (*) | Employee ID |
|--------------|--------|--------------------------------------|
| S | 0042 | Employee SSN |
| P | 0156 | Employee Passport Number (TR) |
| E | 0152 | Employee Employment Visa (TR) |
| G | 0153 | Employee Green Card (TR) |
| A | 0154 | Employee ID Assigned by Jurisdiction |

3.2.4 Acknowledgment files (AKC)

A Claims Release 3.0 acknowledgment transaction is defined as the AKC record. The AKC record is a variable-length record, which contains fixed-length information and a variable number of error segments depending upon the number of errors in the FROI (148/R21) transaction that is being acknowledged. An acknowledgment batch consists of a header record as the first record, an AKC record that corresponds to each FROI (148/R21) transaction and a trailer record as the last record, all in an acknowledgment transmission file that is returned to the original sender. The name of the AKC file that DLI returns to the trading partner is ACCOUNTNAME.ACCOUNTNAME.[COUNTER].AKC. For example: COMPANYXYZ.COMPANYXYZ.002.AKC.

The first 248 bytes of the AKC record are fixed length. There is a counter in the AKC record (Number of Errors (DN0114)) that indicates the number of variable error segments that are contained within the record. The data elements that exist in each variable segment will be specified the number of times that are indicated by the DN0114 error counter.

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| DN | AKC data elements | Format | Length | Beg. | End |
|---|-----------------------------------|--------|--------|------|-----|
| 0001 | Transaction Set ID | A/N | 3 | 1 | 3 |
| 0107 | Record Sequence Number | N | 9 | 4 | 12 |
| 0108 | Date Processed | DATE | 8 | 13 | 20 |
| 0109 | Time Processed | TIME | 6 | 21 | 26 |
| 0006 | Insurer FEIN | A/N | 9 | 27 | 35 |
| 0014 | Claim Admin Mailing Postal Code | A/N | 9 | 36 | 44 |
| 0187 | Claim Admin FEIN | A/N | 9 | 45 | 53 |
| 0110 | Acknowledgment Trans Set ID | A/N | 3 | 54 | 56 |
| 0111 | Application Acknowledgment Code | A/N | 2 | 57 | 58 |
| 0026 | Insured Report Number | A/N | 25 | 59 | 83 |
| 0015 | Claim Admin Claim Number | A/N | 25 | 84 | 108 |
| 0005 | Jurisdiction Claim Number | A/N | 25 | 109 | 133 |
| 0002 | MTC (From Original Trans) | A/N | 2 | 134 | 135 |
| 0003 | MTC Date (From Original Trans) | DATE | 8 | 136 | 143 |
| 0112 | Request Code | A/N | 3 | 144 | 146 |
| 0113 | Free Form Text | A/N | 60 | 147 | 206 |
| 0114 | Number of Errors | N | 2 | 207 | 208 |
| 0295 | MTC Correction Code | A/N | 2 | 209 | 210 |
| 0296 | MTC Correction Code Date | DATE | 8 | 211 | 218 |
| 0186 | Jurisdiction Branch Office Code | A/N | 2 | 219 | 220 |
| 0200 | Claim Admin Alternate Postal Code | A/N | 9 | 221 | 229 |
| 0206 | Employee Security ID | A/N | 15 | 230 | 244 |
| NA | Filler – Future Defined Usage | A/N | 4 | 245 | 248 |
| Variable segments error information occurs up to 99 times (DN0114) | | | | | |
| 0115 | Element Number | A/N | 4 | 1 | 4 |
| 0116 | Element Error Number | A/N | 3 | 5 | 7 |
| 0117 | Variable Segment Number | N | 2 | 8 | 9 |
| 0291 | Element Error Text | A/N | 50 | 10 | 59 |

The IAIABC standards recently added DN0206 Employee Security ID. This is a 15-digit A/N field with the first two digits being the assigning jurisdiction’s two-digit jurisdiction state code. In Minnesota, the digits following the “MN” in DN0206 will be the worker identification (WID) number, which is a number DLI generates internally to uniquely identify each different employee who has a claim in DLI’s database, e.g., MN99999999. The Employee Security ID data element containing the WID number will be sent to the trading partner in the acknowledgment record so that the trading partner can use it on any of its correspondence to parties on the claim. In the FROI R21 record layout, DLI will process DN0206 as part of the match data processing for MTCs 02 and CO but will cause the transaction to be receive a TE error for MTCs 00, 04 or AU if it is sent in the FROI record layout. See Match data requirements in section 3.3 for further information. For further information about the WID number, visit the DLI website at www.dli.mn.gov/WC/FaqWid.asp.

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3.3 Validation requirements

The data elements included in the various Claims Release 3.0 transactions are validated for appropriate values. The IAIABC has published spreadsheets for Claims Release 3.0 that can be used by the trading partners to understand the reporting requirements of the jurisdiction. Several of these spreadsheets are pertinent to the validation of the data elements that are specified in the transactions of a Claims Release 3.0 transmission file.

The Minnesota DLI Claims Release 3.0 spreadsheets are incorporated into this implementation guide and must be used in conjunction with all other requirements in this implementation guide. The spreadsheets are available on the department’s website at www.dli.mn.gov/WC/Edi.asp:

- FROI element requirement table;
- FROI conditional requirements;
- Edit matrix;
- Jurisdiction data element valid values;
- Event table; and
- Match data table.

Some data elements are considered “mandatory” or “fatal” and will cause the FROI (148/R21) transaction to be rejected (TR) if they are not specified or are invalid. Other data elements are “expected” in each transaction and will cause the transaction to be accepted with errors (TE) if they are invalid. Still other elements are considered “mandatory/conditional,” “expected/conditional” or optional (“if available”) and will only be validated under certain conditions. Elements designated as NA or X do not need to be sent.

The following requirement/edit codes are used to indicate the reporting requirements for each data element.

| Code | Explanation |
|------|---|
| F | Fatal Technical. Data element is essential for a transmission/transaction to be accepted. Invalid data will cause the transmission/transaction to be rejected. |
| M | Mandatory. Data element must be present and must be a valid format or the transaction will be rejected. |
| MC | Mandatory/Conditional. Data element becomes mandatory under certain conditions. If the defined condition exists, the data element is validated, which will cause the transaction to be rejected if validation fails. |
| E | Expected. Data element is expected on the MTC, but the transaction will be accepted with errors if validation fails. |
| EC | Expected/Conditional. Data element becomes expected under certain conditions. If the defined condition exists, the data element is validated, which will cause the transaction to be accepted with errors if validation fails. |
| AA | Data should be sent if applicable and/or available. The field may or may not be populated. If the data is applicable to the claim, data must be sent. If data is present, the jurisdiction may edit it for valid value and/or format but may only return a Transaction Accepted (TA) Application Acknowledgement Code even if data fails the edits. |
| AE | Data should be sent if applicable and/or available. The field may or may not be populated. If the data is applicable to the claim, data must be sent. If data is present, the |

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| Code | Explanation |
|------|---|
| | Jurisdiction will edit it for valid value and/or format. The Jurisdiction must return a Transaction Accepted with Errors (TE) Application Acknowledgement Code if the data fails the edits. |
| AR | Data should be sent if applicable and/or available. The field may or may not be populated. If the data is applicable to the claim, data must be sent. If data is present, the Jurisdiction will edit it for valid value and/or format. The Jurisdiction must return a Transaction Rejected (TR) Application Acknowledgement Code if the data fails the edits. |
| NA | Not Applicable. Data element is not applicable to the jurisdiction's requirements for the MTC and does not need to be sent. |
| X | Exclude. Data element is not applicable to the jurisdiction and does not need to be sent. |

| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|------------|------|---------------------------------------|------|--|
| ALL | 0001 | Transaction Set ID | F | TR (Must be HD1, 148, R21, TR2) |
| 148 | 0002 | Maintenance Type Code | F | TR (Must be 00, 02, 04, CO, AU) |
| 148 | 0003 | Maintenance Type Code Date | F | TR (Must be a valid date) TR (Must be ≤ today's date) TR (Must be ≥ date of injury (DN0031)) |
| 148 | 0004 | Jurisdiction Code | F | TR (Must be MN) |
| 148 | 0005 | Jurisdiction Claim Number | MC | TR (Must exist for MTC 02, CO) |
| 148 | 0006 | Insurer FEIN | M | TR (Must exist – valid numeric) TE (Must be valid IR FEIN) |
| R21 | 0007 | Insurer Name | M | TR (Must exist) |
| R21 | 0010 | Claim Admin Mailing Primary Address | E | TE (Must exist) |
| R21 | 0011 | Claim Admin Mailing Secondary Address | AA | |
| 148 | 0012 | Claim Admin Mailing City | E | TE (Must exist) |
| 148 | 0013 | Claim Admin Mailing State Code | E | TE (Must exist) |
| 148 | 0014 | Claim Admin Mailing Postal Code | M | TR (Must be valid ZIP code) TE (Must be valid CA ZIP code) |
| 148 R21 | 0015 | Claim Admin Claim Number | F | TR (Must exist) TR (Key match between 148 and R21) |
| 148 | 0016 | Employer FEIN | E | TE (Must exist) |
| R21 | 0017 | Insured Name | E | TE (Must exist) |
| R21 | 0018 | Employer Name | M | TR (Must exist) |
| R21 | 0019 | Employer Physical Primary Address | EC | TE (Must exist if different than mailing) |
| R21 | 0020 | Employer Physical Secondary Address | AA | |
| 148 | 0021 | Employer Physical City | EC | TE (Must exist if different than mailing) |
| 148 | 0022 | Employer Physical State Code | EC | TE (Must exist if different than mailing) |
| 148 | 0023 | Employer Physical Postal Code | EC | TE (Must exist if different than mailing) |

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| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|-----|------|---|------|--|
| | | | | TE (Must be valid ZIP code if exists) |
| 148 | 0025 | Industry Code | E | TE (Must be valid NAICS code) |
| R21 | 0026 | Insured Report Number | NA | |
| 148 | 0027 | Insured Location Identifier | MC | TR (Must exist for trading partner STATEOFMN – AA for all other trading partners) TE (Must be valid ID for trading partner STATEOFMN – AA for all other trading partners) |
| 148 | 0028 | Policy Number | AA | |
| 148 | 0029 | Policy Effective Date | AE | TE (Must be valid date if exists) |
| 148 | 0030 | Policy Expiration Date | AE | TE (Must be valid date if exists) |
| 148 | 0031 | Date of Injury | M | TR (Must be valid date) TR (Must be ≤ today's date) TR (Must be ≤ MTC date (DN0003)) |
| 148 | 0032 | Time of Injury | E | TE (Must be valid time 0000-2359 if type of loss code (DN0290) is not 02, 03) |
| 148 | 0033 | Accident Site Postal Code | EC | TE (Must be valid ZIP code if accident site location narrative (DN0119) does not exist) |
| 148 | 0035 | Nature of Injury Code | E | TE (Must exist) |
| 148 | 0036 | Part of Body Injured Code | E | TE (Must exist) |
| 148 | 0037 | Cause of Injury Code | E | TE (Must exist) |
| R21 | 0038 | Accident/Injury Description Narrative | E | TE (Must exist) |
| 148 | 0039 | Initial Treatment Code | E | TE (Must be valid value 0-5) |
| 148 | 0040 | Date Employer Had Knowledge of the Injury | E | TE (Must be valid date) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031)) |
| 148 | 0041 | Date CA Had Knowledge of the Injury | M | TR (Must be valid date) TR (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031)) |
| R21 | 0042 | Employee SSN | MC | TR (Must exist – valid numeric if MTC code is 00, 04, AU and employee ID assigned by jurisdiction (DN0154) is blank) TR (Must exist – valid numeric if MTC code is 02, CO, employee ID assigned by jurisdiction (DN0154) is blank and employee security ID (DN0206) is blank) |

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| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|-----|------|------------------------------------|------|---|
| R21 | 0043 | Employee Last Name | M | TR (Must exist) |
| 148 | 0044 | Employee First Name | M | TR (Must exist) |
| R21 | 0045 | Employee Middle Name/Initial | AA | |
| R21 | 0046 | Employee Mailing Primary Address | M | TR (Must exist – Unknown is invalid) |
| R21 | 0047 | Employee Mailing Secondary Address | AA | |
| 148 | 0048 | Employee Mailing City | E | TE (Must exist) |
| 148 | 0049 | Employee Mailing State Code | E | TE (Must exist) |
| 148 | 0050 | Employee Mailing Postal Code | M | TR (Must exist) TE (Must be a valid ZIP code) |
| R21 | 0051 | Employee Phone Number | E | TE (Must exist – valid numeric) |
| 148 | 0052 | Employee Date of Birth | E | TE (Must be valid date) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≤ date of injury (DN0031)) TE (Must be ≤ initial date disability began (DN0056) if exists) TE (Must be ≤ employee date of hire (DN0061) if exists) |
| 148 | 0053 | Employee Gender Code | E | TE (Must be M or F) |
| 148 | 0054 | Employee Marital Status Code | E | TE (Must be U, M or S) |
| 148 | 0055 | Employee Number of Dependents | EC | TE (Must be numeric if exists) TE (Must exist if death result of injury (DN0146) is Y) |
| 148 | 0056 | Initial Date Disability Began | EC | TE (Must be valid date if exists) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031)) TE (Must be ≤ employee date of death (DN0057) if exists) TE (Must be ≥ initial date last day worked (DN0065) if exists) TE (Must exist if employee date of death (DN0057) exists and > the date of injury (DN0031)) (If employee date of death (DN0057) exists and = the date of injury (DN0031) the edits below do not apply) TE (Must exist if date employer had knowledge of date of disability (DN0281) exists) TE (Must exist if full wages paid for DOI (DN0066) is Y, N) TE (Must exist if claim type code |

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| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|-----|------|-----------------------------------|------|--|
| | | | | (DN0074) is I, L, W) TE (Must exist if initial return to work date (DN0068) exists) |
| 148 | 0057 | Employee Date of Death | EC | TE (Must be valid date if exists) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031)) TE (Must exist if death result of injury (DN0146) exists) |
| 148 | 0058 | Employment Status Code | E | TE (Must be C, 9, 8, A, B, 1, 2) |
| 148 | 0059 | Manual Classification Code | NA | |
| R21 | 0060 | Occupation Description | E | TE (Must exist) |
| 148 | 0061 | Employee Date of Hire | E | TE (Must be valid date) TE (Must be ≤ today's date) TE (Must be ≤ date of injury (DN0031)) |
| 148 | 0062 | Wage | EC | TE (Must exist – AWW > \$10 unless employment status (DN0058) is volunteer) TE (Must exist – valid numeric) |
| 148 | 0063 | Wage Period Code | EC | TE (Must be 01, 02, 04, 06 unless employment status (DN0058) is volunteer) |
| 148 | 0064 | Number of Days Worked Per Week | EC | TE (Must exist if wage period code (DN0063) is 06) TE (Must be 5 if exists and work week type code (DN0204) is S) |
| 148 | 0065 | Initial Date Last Day Worked | AE | TE (Must be valid date if exists) TE (Must be ≤ today's date) TE (Must be ≤ MTC date (DN0003)) TE (Must be ≥ date of injury (DN0031)) |
| 148 | 0066 | Full Wages Paid for DOI Indicator | EC | TE (Must be Y, N if exists) TE (Must be Y or N if initial date disability began (DN0056) exists and = the date of injury (DN0031)) TE (Must be blank if initial date disability began (DN0056) exists and > the date of injury (DN0031)) |
| 148 | 0068 | Initial Return to Work Date | EC | TE (Must exist if RTW type code (DN0189) is A) TE (Must be valid date if exists) TE (Must be ≤ today's date) TE (Must be ≥ date of injury (DN0031)) |

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| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|-----|------|----------------------------------|------|---|
| | | | | TE (Must be \geq initial date disability began (DN0056)) TE (Must be \leq employee date of death (DN0057) if exists) |
| R21 | 0073 | Claims Status Code | NA | |
| R21 | 0074 | Claim Type Code | E | TE (Must be M, I, N, B, L, W, P) TE (Must be I, L, W, P if initial date disability began (DN0056) exists) |
| R21 | 0075 | Agreement to Compensate Code | NA | |
| R21 | 0077 | Late Reason Code | AE | TE (Must be L1, L2, L3, L4, L5, L6, L7, L8, L9, LA, LB, LC, C1, D1, D2, D3, D4, D5, D6, E1, E2, E3, E4, E5, E6 if exists) |
| HD1 | 0098 | Sender ID | F | HD (Must exist – reject batch) |
| HD1 | 0099 | Receiver ID | F | HD (Must exist – reject batch) |
| HD1 | 0100 | Date Transmission Sent | F | HD (Must be valid date – reject batch) HD (Must be \leq today's date – reject batch) |
| HD1 | 0101 | Time Transmission Sent | F | HD (Must be valid time 000000 through 235959 – reject batch) |
| HD1 | 0102 | Original Transmission Date | AA | |
| HD1 | 0103 | Original Transmission Time | AA | |
| HD1 | 0104 | Test/Production Code | F | HD (Must be P, T – reject batch) |
| HD1 | 0105 | Interchange Version ID | F | HD (Must be 14830 – reject batch) |
| TR2 | 0106 | Detail Record Count | F | HD (Must exist – valid numeric – reject batch) HD (Must match batch – reject batch) |
| R21 | 0118 | Accident Site County/Parish | NA | |
| R21 | 0119 | Accident Site Location Narrative | EC | TE (Must exist if accident site postal code (DN0033) does not exist) TE (Must exist if accident site organization name (DN0120) does not exist and accident premises code (DN0249) is X) |
| R21 | 0120 | Accident Site Organization Name | EC | TE (Must exist if accident premises code (DN0249) is E or L) |
| R21 | 0121 | Accident Site City | EC | TE (Must exist if accident site location narrative (DN0119) does not exist) |
| R21 | 0122 | Accident Site Street | EC | TE (Must exist if accident site location narrative (DN0119) does not exist) |
| R21 | 0123 | Accident Site State Code | EC | TE (Must exist if accident site location narrative (DN0119) does not exist) |
| R21 | 0135 | Claim Admin Mail Info/Attn Line | NA | |
| R21 | 0136 | Claim Admin Mailing Country Code | NA | |
| R21 | 0146 | Death Result of Injury Code | EC | TE (Must be Y, N, U if exists) |

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| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|-----|------|---------------------------------------|------|--|
| | | | | TE (Must exist if date of death (DN0057) exists) |
| R21 | 0150 | EE Auth to Release Med Records Ind | NA | |
| R21 | 0152 | Employee Employment Visa | X | TR (Not accepted as employee ID) |
| R21 | 0153 | Employee Green Card | X | TR (Not accepted as employee ID) |
| R21 | 0154 | Employee ID Assigned by Jurisdiction | MC | TR (Must exist – valid numeric if MTC code is 00, 04, AU and employee SSN (DN0042) is blank) TR (Must exist – valid numeric if MTC code is 02, CO, employee SSN (DN0042) is blank and employee security ID (DN0206) is blank) |
| R21 | 0155 | Employee Mailing Country Code | AA | |
| R21 | 0156 | Employee Passport Number | X | TR (Not accepted as employee ID) |
| R21 | 0157 | EE Social Security Number Release Ind | NA | |
| R21 | 0159 | Employer Contact Business Phone | AE | TE (Must be valid numeric if exists) |
| R21 | 0160 | Employer Contact Name | AA | |
| R21 | 0163 | Employer Mailing Info/Attn Line | NA | |
| R21 | 0164 | Employer Physical Country Code | AA | |
| R21 | 0165 | Employer Mailing City | E | TE (Must exist) |
| R21 | 0166 | Employer Mailing Country Code | AA | |
| R21 | 0167 | Employer Mailing Postal Code | M | TR (Must exist) TE (Must be a valid ZIP code) |
| R21 | 0168 | Employer Mailing Primary Address | M | TR (Must exist – Unknown is invalid) |
| R21 | 0169 | Employer Mailing Secondary Address | AA | |
| R21 | 0170 | Employer Mailing State Code | E | TE (Must exist) |
| R21 | 0184 | Insured Type Code | EC | TE (Must be I, S for all trading partners except Special Compensation Fund Uninsured Claims unit) TE (Must be U for trading partner Special Compensation Fund Uninsured Claims unit) |
| R21 | 0185 | Insurer Type Code | EC | TE (Must be I, S, G) |
| R21 | 0186 | Jurisdiction Branch Office Code | NA | |
| R21 | 0187 | Claim Administrator FEIN | M | TR (Must exist – valid numeric) TE (Must be valid CA FEIN) |
| R21 | 0188 | Claim Administrator Name | M | TR (Must exist) |
| R21 | 0189 | Return to Work Type Code | EC | TE (Must be A if exists) TE (Must exist if initial return to work date (DN0068) exists) |
| TR2 | 0191 | Transaction Count | F | HD (Must exist – valid numeric – reject batch) HD (Must match batch – reject batch) |
| R21 | 0197 | Denial Reason Narrative | X | |

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| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|-----|------|---|------|---|
| R21 | 0198 | Full Denial Reason Code | X | |
| R21 | 0199 | Full Denial Effective Date | X | |
| R21 | 0200 | Claim Admin Alternate Postal Code | NA | |
| R21 | 0204 | Work Week Type Code | EC | TE (Must be S, F, V if date of injury (DN0031) \geq 01/01/2014) |
| R21 | 0205 | Work Days Scheduled Code | EC | TE (Must be valid code if work week type code (DN0204) is F) TE (Must not exist if work week type code (DN0204) is V) |
| R21 | 0206 | Employee Security ID (WID) | AE | Allowed for MTC 02, CO. TE (should not exist for MTC 00, 04, AU) |
| R21 | 0207 | Managed Care Organization Code | EC | TE (Must be 00,01 if exists) TE (Must exist if Number of Managed Care Organizations (DN0278) > 0) |
| R21 | 0208 | Managed Care Organization ID Number | EC | TE (Must be 1, 2, 3 if MCO code (DN0207) is 01) TE (Must not exist if MCO code (DN0207) is 00) |
| R21 | 0209 | Managed Care Organization Name | NA | |
| R21 | 0224 | Physical Restrictions Indicator | AE | TE (Must be Y, N if exists) |
| R21 | 0228 | Return to Work With Same Employer Ind | AE | TE (Must be Y, N if exists) |
| R21 | 0237 | Witness Business Phone Number | AE | TE (Must be valid numeric if exists) |
| R21 | 0238 | Witness Name | AE | TE (Must not be blank if Number of Witnesses (DN0279) > 00) |
| R21 | 0249 | Accident Premises Code | E | TE (Must be E, L, X) |
| R21 | 0255 | Employee Last Name Suffix | AA | |
| R21 | 0270 | Employee ID Type Qualifier | MC | TR (Must be S, A if MTC code is 00, 04, AU) TR (Must be S, A if MTC code is 02, CO and employee security ID (DN0206) is blank) |
| R21 | 0273 | Employer Paid Salary in Lieu of Comp Ind | AE | TE (Must be Y,N if exists) |
| R21 | 0274 | Number of Accident/Injury Desc Narratives | F | TR (Must be valid numeric 00-10) |
| R21 | 0276 | Number of Denial Reason Narratives | F | TR (Must be valid numeric 00-03) |
| R21 | 0277 | Number of Full Denial Reason Codes | F | TR (Must be valid numeric 00-05) |
| R21 | 0278 | Number of Managed Care Organizations | F | TR (Must be valid numeric 00-02), see special conditions below |
| R21 | 0279 | Number of Witnesses | F | TR (Must be valid numeric 00-05) |
| R21 | 0280 | Accident Site Country Code | AA | |
| R21 | 0281 | Date Employer Had Knowledge of Date of Disability | EC | TE (Must be valid date if initial date disability began (DN0056) exists) |

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| Rec | DN | Data elements | Req. | Minnesota validation requirements |
|-----|------|---------------------------------------|------|---|
| | | | | TE (Must be ≤ today's date) TE (Must be ≥ date of injury (DN0031)) |
| R21 | 0290 | Type of Loss Code | AE | TE (Must be 01, 02, 03 if exists) |
| R21 | 0292 | Insolvent Insurer FEIN | EC | TE (Must be valid numeric if exists) TE (Must exist if insurer type (DN0185) is G) |
| R21 | 0295 | Maintenance Type Correction Code | X | |
| R21 | 0296 | Maintenance Type Correction Code Date | X | |
| R21 | 0314 | Insured FEIN | AE | TE (Must be valid numeric if exists) |
| R21 | 0329 | Employer UI Number | AE | TE (Must be valid numeric if exists) |

Conditional requirements

Certain data elements are either “mandatory/conditional” or “expected/conditional” depending upon certain conditions in the transaction or the contents of other data elements. Some data elements in the table that are indicated by the “F,” “MC” or “EC” requirement/edit codes have additional special conditions or conditional edits applied.

The Minnesota DLI Claims Release 3.0 spreadsheets are incorporated into this implementation guide and must be used in conjunction with all other requirements in this implementation guide. The spreadsheets are available on the department’s website at www.dli.mn.gov/WC/Edi.asp:

The Minnesota DLI Claims Release 3.0 spreadsheets, including the FROI Element Requirement Table and FROI Conditional Requirements, must be used for information about the conditional relationships between certain data elements. The Jurisdiction DE Valid Values must be used to determine the set of valid values for a particular data element. **Note:** Some valid values proposed by the IAIABC are not accepted on transactions in Minnesota. The Edit Matrix contains information about the possible error message numbers that are generated if a transaction is rejected (TR) or accepted with errors (TE) on a specific data element.

| Rec | DN | Data elements | Special conditions/conditional edits |
|-----|------|---------------------------|--|
| ALL | 0001 | Transaction Set ID | The transaction will be rejected for any transaction set ID indicated other than HD1, 148, R21, TR2. The SROI transactions (A49, R22) are not currently accepted. |
| 148 | 0002 | Maintenance Type Code | The transaction will be rejected for any MTC other than 00, 02, 04, AU, CO. MTC 01, AQ, UI, UR are not accepted. <ul style="list-style-type: none"> • 04 processed as 00 not as denial • 02 and CO require an already existing FROI (resend as 00/AU as necessary) |
| 148 | 0004 | Jurisdiction Code | The transaction will be rejected for any jurisdiction code other than MN. |
| 148 | 0005 | Jurisdiction Claim Number | The jurisdiction claim number must be sent for |

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| Rec | DN | Data elements | Special conditions/conditional edits |
|------------|------|---------------------------------------|---|
| | | | MTC 02 and CO. |
| 148 | 0006 | Insurer FEIN | TR if not valid number. TE if not a valid FEIN on file with the Minnesota Department of Labor and Industry. |
| 148 R21 | 0015 | Claim Admin Claim Number | Key match to claim administrator claim number between the 148 and R21 records. |
| R21 | 0018 | Employer Name | Must be the name of the employer for the location where the employee actually works (the DBA). |
| R21 | 0019 | Employer Physical Primary Address | Must be sent if it is different than the employer mailing primary address. Must be the physical address for the location where the employee actually works (the DBA location). |
| 148 | 0021 | Employer Physical City | Must be sent if it is different than the employer mailing city. Must be the physical city for the location where the employee actually works (the DBA location). |
| 148 | 0022 | Employer Physical State Code | Must be sent if it is different than the employer mailing state code. Must be the physical state code for the location where the employee actually works (the DBA location). |
| 148 | 0023 | Employer Physical Postal Code | Must be sent if it is different than the employer mailing postal code. Must be the physical postal code for the location where the employee actually works (the DBA location). |
| 148 | 0027 | Insured Location Identifier | The Minnesota Department of Administration is required to send the agency identifier. DN0027 does not need to be sent for all other trading partners. |
| 148 | 0033 | Accident Site Postal Code | Expected if the Accident Site Location Narrative (DN0119) is not populated. |
| R21 | 0038 | Accident/Injury Description Narrative | Must include how injury occurred and what the claimed injury is. See below for more information. |
| 148 | 0042 | Employee SSN | Either the nine-digit Employee SSN (DN0042) or the Employee ID Assigned by Jurisdiction (DN0154) must be sent if MTC code is 00, 04 or AU. One of the two must exist if MTC code is 02 or CO and Employee Security ID (DN0206) is blank. Values for the Employee Employment Visa (DN0152), Employee Green Card (DN0153) and Employee Passport Number (DN0156) are not accepted as an employee ID. |
| R21 | 0046 | Employee Mailing Primary Address | Unknown is invalid. |
| 148 | 0054 | Employee Marital Status Code | The value S is treated the same as M. |

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| Rec | DN | Data elements | Special conditions/conditional edits |
|-----|------|-----------------------------------|--|
| 148 | 0055 | Employee Number of Dependents | Expected for fatalities and where the Death Result of Injury Code (DN0146) is Y. |
| 148 | 0056 | Initial Date Disability Began | <p>Expected for claims with any lost time from work at all.</p> <ul style="list-style-type: none"> • Includes partial days of lost time or any lost wages (including time missed for medical treatment), even if the employer pays for the lost time; • Regardless of whether the claim or claimed lost time are denied. <p>Known as the “First Day of Lost Time” on the Minnesota paper FROI.</p> <p>Expected if Employee Date of Death (DN0057) is populated and > the Date of Injury (DN0031). If Employee Date of Death (DN0057) is populated and = the Date of Injury (DN0031) the edits below do not apply.</p> <p>Expected if the Date Employer Had Knowledge of Date of Disability (DN0281) is populated.</p> <p>Expected if the Full Wages Paid for DOI Indicator (DN0066) is Y or N. Expected if Claim Type Code (DN0074) is I, L or W.</p> <p>Expected if Initial Return to Work Date (DN0068) is populated.</p> |
| 148 | 0057 | Employee Date of Death | Expected for fatalities and where the Death Result of Injury Code (DN0146) is populated. |
| 148 | 0062 | Wage | Expected value greater than \$10 a week unless Employment Status Code (DN0058) is volunteer (9). |
| 148 | 0063 | Wage Period Code | Expected unless Employment Status Code (DN0058) is volunteer (9). |
| 148 | 0064 | Number of Days Worked Per Week | Expected if Wage Period Code (DN0063) is daily (06). Expected value is 5 if populated and Work Week Type Code (DN0204) is standard (S). |
| 148 | 0066 | Full Wages Paid for DOI Indicator | Expected values are Y or N only if there was any lost time on the date of injury. Must be blank if there was not any lost time on the date of injury. Expected values are Y or N if Initial Date Disability Began (DN0056) is populated and = the Date of Injury (DN0031). Must be blank if Initial Date Disability Began (DN0056) is populated and > the Date of Injury (DN0031). |
| 148 | 0068 | Initial Return to Work Date | Expected if the Return to Work Type Code (DN0189) is actual (A). |
| R21 | 0074 | Claim Type Code | Expected values are M, I, N, B, L, W or P. |

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| Rec | DN | Data elements | Special conditions/conditional edits |
|-----|------|--------------------------------------|---|
| | | | Expected values are I, L, W or P if Initial Date Disability Began (DN0056) is populated. |
| R21 | 0119 | Accident Site Location Narrative | Expected if the Accident Site Postal Code (DN0033) is not populated. Expected if Accident Site Organization Name (DN0120) is not populated and Accident Premises Code (DN0249) is X. |
| R21 | 0120 | Accident Site Organization Name | Expected if the Accident Premises Code (DN0249) is E or L. |
| R21 | 0121 | Accident Site City | Expected if the Accident Site Location Narrative (DN0119) is not populated. |
| R21 | 0122 | Accident Site Street | Expected if the Accident Site Location Narrative (DN0119) is not populated. |
| R21 | 0123 | Accident Site State Code | Expected if the Accident Site Location Narrative (DN0119) is not populated. |
| R21 | 0146 | Death Result of Injury Code | Expected for fatalities and where date of death (DN0057) is populated. |
| R21 | 0154 | Employee ID Assigned by Jurisdiction | Either the nine-digit Employee SSN (DN0042) or the Employee ID Assigned by Jurisdiction (DN0154) must be sent if MTC code is 00, 04 or AU. One of the two must exist if MTC code is 02 or CO and Employee Security ID (DN0206) is blank. Values for the Employee Employment Visa (DN0152), Employee Green Card (DN0153) and Employee Passport Number (DN0156) are not accepted as an employee ID. |
| R21 | 0165 | Employer Mailing City | Must be the employer mailing city for the location where the employee actually works (the DBA location). |
| R21 | 0167 | Employer Mailing Postal Code | Must be the employer mailing postal code for the location where the employee actually works (the DBA location). |
| R21 | 0168 | Employer Mailing Primary Address | Must be the employer mailing primary address for the location where the employee actually works (the DBA location). Unknown is invalid. |
| R21 | 0170 | Employer Mailing State Code | Must be the employer mailing state code for the location where the employee actually works (the DBA location). |
| R21 | 0184 | Insured Type Code | Must be I or S for all trading partners except Special Compensation Fund Uninsured Claims Unit. Must be U for trading partner Special Compensation Fund Uninsured Claims Unit. |
| R21 | 0185 | Insurer Type Code | Expected to indicate guarantee fund (G) if the Insolvent Insurer FEIN (DN0292) is populated. Also used to indicate self-insured (S). |

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| Rec | DN | Data elements | Special conditions/conditional edits |
|-----|------|---|--|
| R21 | 0189 | Return to Work Type Code | Expected value A if the Initial Return to Work Date (DN0068) is populated. |
| R21 | 0204 | Work Week Type Code | Expected value S, F or V if date of injury ≥ 01/01/2014. |
| R21 | 0205 | Work Days Scheduled Code | Expected if work week type code (DN0204) is F. Expected values are S or N for all 7 bytes. Not expected if Work Week Type Code (DN0204) is V. |
| R21 | 0206 | Employee Security ID | Allowed for MTC 02 or CO. Should not exist for MTC 00, 04 or AU. |
| R21 | 0207 | Managed Care Organization Code | Expected if a “certified” Managed Care Organization is involved in the claim. Expected if Number of Managed Care Organizations (DN0278) > 0. |
| R21 | 0208 | Managed Care Organization ID Number | Expected if a “certified” Managed Care Organization is involved in the claim. Expected values are 1, 2 or 3 if Managed Care Organization Code is 1: 1 for Corvel, 2 for GENEX Services d.b.a. Intracorp and 3 for HealthPartners. Not expected if Managed Care Organization Code is 0. |
| R21 | 0255 | Employee Last Name Suffix | Expected values are JR, SR, II, III, IV, etc.; not to be used are DR, MR, MS, MRS, MD, DDS, etc. |
| R21 | 0270 | Employee ID Type Qualifier | Expected values are S or A. Values E, G and P are not accepted. Must exist if MTC code is 00, 04 or AU. Must exist if MTC code is 02 or CO and Employee Security ID (DN0206) is blank. |
| R21 | 0278 | Number of Managed Care Organizations | Expected values are 00 or 01. If value is 02 (two MCO segments) only the first one will be processed. |
| R21 | 0281 | Date Employer Had Knowledge of Date of Disability | Expected if Initial Date Disability Began (DN0056) is populated. |
| R21 | 0292 | Insolvent Insurer FEIN | Expected if the Insurer Type Code (DN0185) is guarantee fund (G). |

Accident/injury description narrative (DN0038)

Each accident/injury description must contain enough detail for the department to code the claim using each category below and comprehend what the claimed injury is and how it happened, to enforce compliance with the workers’ compensation statutes and rules as required by Minnesota Statutes 176.251.

- Part of body (arm, leg, wrist, back, etc.) – This must include descriptors such as right, left, both, upper, lower, etc.
- Nature of injury (burn, fracture, sprain, strain, cut, etc.)

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- Source of injury (the item that was directly involved in the injury, such as tools, office machines, boxes, the ground, etc.)
- Type of accident (struck by, fall, overexertion, etc.)
- Associated objects (if another item was involved in the injury, such as falling off of a ladder onto the ground)

Examples for coding purposes

- Left knee strain. Employee reports he was climbing in and out of the truck when his left knee made a popping sound and has hurt since.
- Taking plugs off of fire hydrants using a wrench. Strained right hand and lump formed in the palm. (The type of accident is overexertion.)
- Fell in a manhole. Pain in the right knee and strain in the lower back.

Match data requirements

| MTC | Requirements |
|-------------------|--|
| 00/04 | When the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) on an incoming FROI matches a claim that already exists in the DLI system, the Claim Administrator Claim Number (DN0015) is used to determine if the new claim is a duplicate or a separate claim. The FROI will be rejected if there is an exact match. |
| AU | When the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) on an incoming FROI match a claim that already exists in the DLI system, the FROI will be rejected. |
| 02 | <ul style="list-style-type: none"> • When the Jurisdiction Claim Number (DN0005) on an incoming FROI does not match a claim that already exists in the DLI system, the incoming FROI will be rejected. • If Jurisdiction Claim Number (DN0005) on an incoming FROI matches an existing claim in the DLI system but the Employee ID (DN0042 or DN0154) or Date of Injury (DN0031) on the incoming FROI do not match that claim, the Claim Administrator Claim Number (DN0015) is used to determine if the FROI is being sent to change the Employee ID (DN0042 or DN0154) or Date of Injury (DN0031). If the Claim Administrator Claim Number (DN0015) does not match that claim, the FROI will be rejected. • If Jurisdiction Claim Number (DN0005) on an incoming FROI matches an existing claim in the DLI system but both the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) do not match that claim, the FROI will be rejected. |
| CO | When the Jurisdiction Claim Number (DN0005), Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) on an incoming FROI do not match a claim that already exists in the DLI system, the FROI will be rejected. |
| 02 (using DN0206) | <ul style="list-style-type: none"> • When the Jurisdiction Claim Number (DN0005) on an incoming FROI does not match a claim that already exists in the DLI system, the incoming FROI will be rejected. • If Jurisdiction Claim Number (DN0005), Employee Security ID (DN0206) and Date of Injury (DN0031) on an incoming FROI matches an existing claim in the DLI system but the Employee ID (DN0042 or DN0154) on the incoming FROI does not match that claim, it is assumed the FROI is being sent to change the Employee ID (DN0042 or DN0154). |

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| | |
|-------------------|--|
| | <ul style="list-style-type: none"> • If Jurisdiction Claim Number (DN0005) and Employee Security ID (DN0206) on an incoming FROI matches an existing claim in the DLI system but the Date of Injury (DN0031) on the incoming FROI does not match that claim, the Claim Administrator Claim Number (DN0015) is used to determine if the FROI is being sent to change the Date of Injury (DN0031). If the Claim Administrator Claim Number (DN0015) does not match that claim, the FROI will be rejected. • If Jurisdiction Claim Number (DN0005) on an incoming FROI matches an existing claim in the DLI system but both the Employee Security ID (DN0206) and Date of Injury (DN0031) do not match that claim, the FROI will be rejected. |
| CO (using DN0206) | When the Jurisdiction Claim Number (DN0005), Employee Security ID (DN0206) and Date of Injury (DN0031) on an incoming FROI do not match a claim that already exists in the DLI system, the FROI will be rejected. |