

Section 2
IAIABC Claims Release 3 Standards
Header Record Layout

	<i>Data Element Name</i>				
	<i>HD1 Data Elements</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
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		

Florida Department of Financial Services
 Division of Workers' Compensation
Electronic Supplement to the First Report of Injury (DWC-1) Transaction Record Layout
 (Corresponds with IAIABC R3-R22 Format)

IAIABC R3-R22 DN	Data Element Name	Format	Length	Beg	End
0001	Transaction Set ID	A/N	3	1	3
n/a	Filler	A/N	2	4	5
n/a	Filler	A/N	8	6	13
0298	Date Claim Administrator Had Knowledge of Lost Time (a/k/a Knowledge of 8th Day of Disability)	DATE	8	14	21
n/a	Filler	A/N	2	22	23
0015	Claim Administrator Claim Number	A/N	25	24	48
n/a	Filler	A/N	9	49	57
n/a	Filler	A/N	40	58	97
n/a	Filler	A/N	40	98	137
n/a	Filler	A/N	15	138	152
n/a	Filler	A/N	80	153	232
n/a	Filler	A/N	10	233	242
0270	Employee ID Type Qualifier	A/N	1	243	243
*	Employee ID	A/N	15	244	258
0043	Employee Last Name	A/N	40	259	298
0044	Employee First Name	A/N	15	299	313
0045	Employee Middle Name/Initial	A/N	15	314	328
0255	Employee Last Name Suffix	A/N	4	329	332
n/a	Filler	A/N	8	333	340
n/a	Filler	A/N	1	341	341
n/a	Filler	A/N	2	342	343
n/a	Filler	A/N	2	344	345
n/a	Filler	A/N	2	346	347
n/a	Filler	A/N	1	348	348
n/a	Filler	A/N	1	349	349
n/a	Filler	A/N	9	350	358
n/a	Filler	A/N	9	359	367
n/a	Filler	A/N	9	368	376
n/a	Filler	A/N	9	377	385
n/a	Filler	A/N	1	386	386
n/a	Filler	A/N	8	387	394
n/a	Filler	A/N	1	395	395
n/a	Filler	A/N	1	396	396
n/a	Filler	A/N	8	397	404
n/a	Filler	A/N	8	405	412
n/a	Filler	A/N	8	413	420
n/a	Filler	A/N	1	421	421
n/a	Filler	A/N	1	422	422
n/a	Filler	A/N	8	423	430
n/a	Filler	A/N	8	431	438
n/a	Filler	A/N	8	439	446
n/a	Filler	A/N	1	447	447
n/a	Filler	A/N	11	448	458
n/a	Filler	A/N	8	459	466
n/a	Filler	A/N	11	467	477
n/a	Filler	A/N	2	478	479
n/a	Filler	A/N	2	480	481
n/a	Filler	A/N	1	482	482
n/a	Filler	A/N	8	483	490
n/a	Filler	A/N	1	491	491
n/a	Filler	A/N	2	492	493
n/a	Filler	A/N	1	494	494
n/a	Filler	A/N	11	495	505
0297	Initial Date of Lost Time (a/k/a Employee's 8th Day of Disability)	DATE	8	506	513
n/a	Filler	A/N	8	514	521
n/a	Filler	A/N	108	522	629
n/a	Filler	A/N	13	630	642
n/a	Filler	A/N	2	643	644
n/a	Filler	A/N	2	645	646
n/a	Filler	A/N	2	647	648
n/a	Filler	A/N	2	649	650
End Data Elements					
*	Employee ID				
0042	Employee SSN (Send Employee ID Type Qualifier as S)				
0154	Employee ID Assigned by Jurisdiction (Send Employee ID Type Qualifier as A)				

Section 2
IAIABC Claims Release 3 Standards:
Trailer Record Layout

	<i>Data Element Name</i>				
	<i>TR1 Data Elements</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
0001	Transaction Set ID	A/N	3	1	3
0106	Detail Record Count	N	9	4	12

IAIABC Release 1 Acknowledgement Record (AK1)					
DN	AK1 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	Filler	A/N	9	27	35
0014	Filler	A/N	9	36	44
0008	Filler	A/N	9	45	53
0110	Acknowledgment Transaction 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 Administrator Claim Number	A/N	25	84	108
0005	Agency Claim Number	A/N	25	109	133
0002	Filler	A/N	2	134	135
0003	Filler	DATE	8	136	143
0112	Request Code (Purpose)	A/N	3	144	146
0113	Free Form Text	A/N	60	147	206
0114	Number of Errors	N	2	207	208
Variable Segment Error Codes-Error Code Occurs Number of Error Times (max # of occurrences = 90)					
0115	Element Number	N	4	209	212
0116	Element Error Number	N	3	213	215
0117	Variable Segment Number	N	2	216	217