

FLORIDA DIVISION OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the DWC-12
“NOTICE OF DENIAL”
To the IAIABC EDI First Report of Injury (FROI)

Note: This document is for reference purposes only and is not intended to replace Florida’s Element Requirement Table (ERT). Please refer to the ERT for all requirements.

	DWC-12 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONAR Y (1-1-09) PAGE #
1	Sent to Division Date	Transmission Receipt Date for Acknowledged Transaction			
2	Social Security Number	Employee ID Type Qualifier	0270	R21; R22	6-24
		Employee SSN	0042	R21; R22	6-27
	Division Assigned #	Employee ID Assigned by Jurisdiction	0154	R21; R22	6-24
3	Name (First)	Employee First Name	0044	148; R22	6-24
	Name (Middle)	Employee Middle Name/Initial	0045	R21; R22	6-26
	Name (Last)	Employee Last Name	0043	R21; R22	6-24
		Employee Last Name Suffix	0255	R21; R22	6-25
4	Date of Accident	Date of Injury	0031	148; A49	6-20
5	Employee Address	Employee Mailing Primary Address	0046	R21	6-25
		Employee Mailing Secondary Address	0047	R21	6-25
		Employee Mailing City	0048	148	6-25
		Employee Mailing State Code	0049	148	6-25
		Employee Mailing Postal Code	0050	148	6-25
		Employee Mailing Country Code	0155	R21	6-25
6	Employer Name	Employer Name	0018	R21	6-29
	<i>TYPE OF REPORT</i>				
7	Denied Benefits	MTC 04 or PD	0002	148, A49	6-42 & 6-45
		Partial Denial Code	0294	R22	6-58
8	Reason for Denial of Benefits	Full Denial Reason Code (for Full Denial) and	0198	R21; R22	6-33
		Denial Reason Narrative	0197	R21; R22	6-21

	DWC-12 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONAR Y (1-1-09) PAGE #
9	Date Denial Rescinded and description of benefits reinstated or started	Denial Rescission Date and	0196	R22	6-21
		Benefit Type Code	0085	R22	6-11
10	cc: (Name and Address)	N/A			
11	Adjuster Name	Claim Administrator Claim Representative Name	0140	R22	6-16
12	Adjuster Telephone	Claim Administrator Claim Representative Business Phone Number	0137	R22	6-15
13	Insurer Code	Use Insurer FEIN	0006	148; A49	6-38
14	Date Prepared	Maintenance Type Code Date	0003	148; A49	6-49
15	Service Co./TPA Code	Use Claim Administrator FEIN	0187	R21; R22	6-16
16	Claim Handling Entity File #	Claim Administrator Claim Number	0015	A49; R21 R22; 148	6-15
17	Insurer Name	Insurer Name	0007	R21	6-38
18	Claim Handling Entity Name	Claim Administrator Name	0188	R21; R22	6-17
19	Claim Handling Entity Address	Claim Administrator Primary Address	0010	R21	6-17
		Claim Administrator Secondary Address	0011	R21	6-17
		Claim Administrator City	0012	148	6-15
		Claim Administrator State Code	0013	148	6-17
		Claim Administrator Postal Code	0014	148; A49	6-17
		Claim Administrator Country Code	0136	R21	6-16

Disclaimer: This Crosswalk is not a complete listing of all required data elements for filing an Electronic Notice of Denial. Please refer to Rule Chapter 69L-56 of the Florida Administrative Code for more complete information.