

Florida Claims EDI Release 3  
**MTC Filing Instructions**

I **NOTE: Text shaded yellow indicates revisions since last publication.**

This document summarizes the MTC's required to report a specific claim event on or before the filing due dates expressed in the "FL Claims EDI Event Table" contained in the Florida Claims EDI R3 Implementation Manual.			
If this occurs:	And this specific situation applies:	MTC(s) Must Be Rec'd by the Division and Assigned Ack Code "TA" On or Before Below Due Date	
		MTC	Due Date
<p><b>NEW CLAIM:</b></p> <p><b>Lost Time Case</b></p> <p><i>Where Disability is Immediate and Continuous</i></p>	<p><b>Initial Payment</b> of Indemnity Benefits will be made by the Claim Admin. and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> <li>• Indemnity Benefits <i>other than TP or IB or settlement</i> will be paid</li> </ul> <p><u>Note:</u> Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer.</p>	<p>FROI 00 with SROI IP</p>	<p><b>21 Days</b> after Claim Administrator's Knowledge of the Injury</p>
	<p><b>Salary in Lieu of Compensation</b> will be continued by the Employer for 8 or more days (where the Claim Administrator has not paid any indemnity benefits as of the time of reporting the injury to the Division), and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><u>Note:</u> Send FORM DFS-F2-DWC-1 or IA-1 to employee and employer.</p>	<p>FROI 00 with SROI EP</p>	<p><b>21 Days</b> after Claim Administrator's Knowledge of the Injury</p>
	<p><b>Compensable Death</b> but there are no known or confirmed dependents to whom to pay death benefits and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><u>Note:</u> Send FORM DFS-F2-DWC-1 or IA-1 to employee's estate and employer.</p>	<p>FROI 00 with SROI CD</p>	<p><b>21 Days</b> after Claim Administrator's Knowledge of the Injury</p>
	<p><b>Compensable Volunteer</b> where Medical Benefits will be paid (but not indemnity benefits) and</p> <ul style="list-style-type: none"> <li>• Initial reporting of <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><u>Note:</u> Send FORM DFS-F2-DWC-1 or IA-1 to employee and employer.</p>	<p>FROI 00 with SROI VE</p>	<p><b>21 Days</b> after Claim Administrator's Knowledge of the Injury</p>

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<p><b><u>NEW CLAIM:</u></b></p> <p><b>MEDICAL ONLY to LOST TIME CASE</b></p> <p><b>Where Disability is <u>NOT</u> Immediate and Continuous</b></p>	<p><b>Indemnity Benefits will be initiated by the Claim Administrator and</b></p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> <li>• Indemnity Benefits <i>other than TP, IB, or settlement</i> will be paid</li> </ul> <p><b>Note:</b> Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b> to employee and employer.</p>	<p><b>FROI 00 with SROI IP</b></p>	<p><b>13 Days</b> after Claim Administrator's Knowledge of the 8<sup>th</sup> Day of Disability</p>
	<p><b>Salary in Lieu of Compensation will be continued by the Employer for 8 or more days</b> (where the Claim Administrator has not paid any indemnity benefits as of the time of reporting the injury to the Division), and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><b>Note:</b> Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b> to employee and employer.</p>	<p><b>FROI 00 with SROI EP</b></p>	<p><b>13 Days</b> after Claim Administrator's Knowledge of the 8<sup>th</sup> Day of Disability</p>
	<p><b>Compensable Death but there are no known or confirmed dependents to whom to pay death benefits</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><b>Note:</b> Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b> to employee's estate and employer.</p>	<p><b>FROI 00 with SROI CD</b></p>	<p><b>13 Days</b> after Claim Administrator's Knowledge of the 8<sup>th</sup> Day of Disability</p>
	<p><b>Compensable Volunteer where Medical Benefits will be paid (but not indemnity benefits)</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><b>Note:</b> Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b> to employee and employer.</p>	<p><b>FROI 00 with SROI VE</b></p>	<p><b>13 Days</b> after Claim Administrator's Knowledge of the 8<sup>th</sup> Day of Disability</p>

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		MTC	Due Date
<p><b><u>NEW CLAIM:</u></b></p> <p><b>LT Case or MO to LT Case</b></p>	<p><b>Initial Payment is for Temporary Partial Benefits</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><b>Note:</b> Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b> to employee and employer.</p>	<p><b>FROI 00</b> with <b>SROI IP</b> (w/ BT 070)</p>	<p><b>14 Days</b> after the Date the Initial Payment was Mailed</p>
	<p><b>Initial Payment is for Impairment Income Benefits</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><b>Note:</b> Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b> to employee and employer.</p>	<p><b>FROI 00</b> with <b>SROI IP</b> (w/BT 030)</p>	<p><b>14 Days</b> after the Date the Initial Payment was Mailed</p>
	<p><b>Initial Payment is for Lump Sum Payment/Settlement</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><b>Note:</b> Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b> to employee and employer.</p>	<p><b>FROI 00</b> with <b>SROI PY</b> (w/BT 5xx)</p>	<p><b>14 Days</b> after the Date the Initial Payment was Mailed</p>
<p><b><u>NEW CLAIM:</u></b></p> <p><b>Denied Case</b></p>	<p><b>Total Denial of Indemnity and Medical benefits</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> <li>• <b>Electronic Notice of Denial</b> is due</li> </ul> <p><b>Note:</b> Report "Full Denial Reason Code", "Full Denial Effective Date", and "Denial Reason Narrative" on same FROI 04 to report Electronic Notice of Denial. Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b>, and FORM DFS-F2-<b>DWC-12</b> to employee and employer.</p>	<p><b>FROI 04</b> Only</p>	<p><b>21 Days</b> after Claim Administrator's Knowledge of the Injury</p>
	<p><b>Partial (Indemnity Only) Denial</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> <li>• <b>Electronic Notice of Denial</b> is due</li> </ul> <p><b>Note:</b> Report Partial Denial Code "A", and Denial Reason Narrative on same SROI PD to report the Electronic Notice of Denial. Also provide FORM DFS-F2-<b>DWC-1</b> or <b>IA-1</b>, and FORM DFS-F2-<b>DWC-12</b> to employee and employer.</p>	<p><b>FROI 00</b> with <b>SROI PD</b></p>	<p><b>14 Days</b> after the Date the Claim Administrator Decided to Deny Indemnity Benefits</p>



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		MTC	Due Date
<b><u>EXISTING CLAIM:</u></b>  Full Denial after Payment	<p>Entire Compensability of Claim is Denied following Initial Payment (or equivalent) and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Denial</b> is due</li> </ul> <p><u>Note:</u> Report Full Denial Reason Code, Full Denial Effective Date, and Denial Reason Narrative. Also Provide FORM DFS-F2-<b>DWC-12</b> to employee and employer.</p>	SROI 04	14 Days after the Date the Claim Administrator Decided to Deny
<b><u>EXISTING CLAIM:</u></b>  Partial/Indemnity Only Denial after Payment	<p>Indemnity Only Benefits are denied (in whole or part) following Initial Payment (or equivalent) and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Denial</b> is due</li> </ul> <p><u>Note:</u> Report Partial Denial Code A, B, E, or G, and Denial Reason Narrative. Also Provide FORM DFS-F2-<b>DWC-12</b> to employee and employer.</p>	SROI PD	14 Days after the Date the Claim Administrator Decided to Deny
<b><u>EXISTING CLAIM:</u></b>  Payment After Total Denial  (Rescission of Full Denial)	<p>Full Denial is rescinded (entire compensability of claim is accepted after claim was initially denied in its entirety), where a First Report of Injury or Illness is already on file, and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Rescinded Denial</b> is due</li> </ul> <p><u>Note:</u> Report the Denial Rescission Date. For MTC AP, IP or PY filings: Report the Benefit Payment Issue Date. For MTC PY filings: Report the Payment Issue Date. Also, provide FORM DFS-F2-<b>DWC-12</b> to employee (or estate) and employer.</p>	SROI IP, AP, PY, RB, CD, VE, or ER	14 Days after the Date the Denial was Rescinded
<b><u>EXISTING CLAIM:</u></b>  Payment After Partial/Indemnity Only Denial  (Rescission of Partial Denial)	<p>Partial Denial is rescinded (some or all indemnity benefits previously denied by will now be paid), where a First Report of Injury or Illness is already on file, and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Rescinded Denial</b> is due</li> </ul> <p><u>Note:</u> Report the Denial Rescission Date. For SROI MTC AP, IP or PY filings: Report the Benefit Payment Issue Date. For MTC PY filings: Report the Payment Issue Date. Also, provide FORM DFS-F2-<b>DWC-12</b> to employee (or estate) and employer. <b>MTC RB is sent to report resumption of indemnity after SROI 04 or PD with Partial Denial Code A or E.</b></p>	SROI IP, AP, PY, RB, CD, VE, or ER	14 Days after the Date the Denial was Rescinded

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<b>EXISTING CLAIM:</b>  <b>Electronic Claim Cost Report:</b>  <b>SUB-ANNUAL</b>	<b>Claim is Open</b> and <ul style="list-style-type: none"> <li><b>First Electronic SUB-ANNUAL Claim Cost Report</b> is due</li> </ul> <b>Note:</b> The first Electronic Sub-Annual Claim Cost Report must not be sent earlier than 6 months after the Date of Injury, unless being reported as a Final (SROI MTC FN).	<b>SROI SA</b>	<b>DOI + 6 Months</b> (+30 Days)  Or, <b>DOI + 12 months</b> if LT occurs > 6 Months from DOI (+30 Days)
	<b>Claim is still Open/Re-opened to pay ongoing indemnity or medical benefits</b> or indemnity and medical benefits paid prior to total denial, and <ul style="list-style-type: none"> <li><b>Subsequent Electronic SUB-ANNUAL Claim Cost Report</b> is due</li> </ul> See "FL Claims EDI Event Table" for additional detail.		<b>At 6 month intervals thereafter</b>  (+ 30 Days)
<b>EXISTING CLAIM:</b>  <b>Electronic Claim Cost Report:</b> <b>FINAL</b>	<b>Claim is Closed</b> and <ul style="list-style-type: none"> <li><b>Electronic FINAL Claim Cost Report</b> is due</li> </ul> <b>Note:</b> Electronic Final Claim Cost Report may be sent prior to the due date of the next Sub-Annual if the case is closed and no further indemnity or medical benefits will be paid.  See "FL Claims EDI Event Table" for additional detail.	<b>SROI FN</b>	<b>Due Date of Next "SA"</b> (+ 30 Days) Or, <b>Upon Closure of Claim by Claim Administrator, or final payment of indemnity and medical benefits)</b>
<b>EXISTING CLAIM:</b>  <b>Changes</b>  (Required by <a href="#">Primary Implementation Schedule</a> )	<b>One or more of the following data elements has changed</b> and <ul style="list-style-type: none"> <li><b>Electronic Notice of Action or Change</b> is due               <ol style="list-style-type: none"> <li>1. Insurer FEIN (not due to change in claims administration) (No DWC-4 required)</li> <li>2. Claim Admin. FEIN (not due to change in claims administration) (No DWC-4 req'd)</li> <li>3. Claim Admin. Postal Code (not due to change in claims admin.)</li> <li>4. Claim Admin. Claim Number</li> <li>5. Employee SSN or Division-Assigned Number</li> <li>6. Employee Name (First, Middle, Last, Suffix)</li> <li>7. Date of Injury</li> <li>8. Employee Date of Death</li> <li>9. Manual Classification Code (FROI 02 Only)</li> <li>10. Industry Code (FROI 02 Only)</li> </ol> </li> </ul> <b>Note:</b> Send FORM DFS-F2-DWC-4 to employee and employer except as noted above.	<b>FROI 02</b>  Or  <b>SROI 02</b>	<b>14 Days</b> after the Claim Administrator's Knowledge of the New or Changed Information

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	<p><b>One or more of the following data elements has changed**</b> and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p>** See FROI 02 and SROI 02 columns in the Element Requirement Table for a complete listing of data elements other than those above, designated with a "Y", "Y<sup>1</sup>", "Y<sup>2</sup>", "Y<sup>3</sup>", "Y<sup>4</sup>", or "FY", for which MTC 02 is required to be filed if the data element changes.</p> <p><b>Note:</b> Form DFS-F2-DWC-4 is not required, as these data elements are not contained on the current DWC-4 form.</p>	<p>FROI 02</p> <p style="text-align: center;">Or</p> <p>SROI 02</p>	<p><b>14 Days</b> after the Claim Administrator's Knowledge of the New or Changed Information</p>
<p><b><u>EXISTING CLAIM:</u></b></p> <p><b>Change in Claims Administration</b></p> <p>(Required by <a href="#">Primary Implementation Schedule</a>)</p> <p><b>NOTE: See Last Page of this document for requirement to file AP after AQ to report the acquiring CA's initial payment of indemnity benefits.</b></p>	<p>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within seven years prior to the date of acquisition) was acquired from another claim admin. and the First Report of Injury or Illness is already on file with the Division,</p> <p>Or, -----</p> <p>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within seven years prior to the date of acquisition) was acquired from another claim administrator and the new claim administrator is <b>concurrently reporting its initial payment</b> of indemnity benefits (or equivalent),</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Change in Claims Administration</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-4 or explanatory letter to employee (or estate) unless claim has been closed more than 2 years, and employer (not required for self insured employer).</p>	<p>FROI AQ</p> <p>-----</p> <p>FROI AU</p> <p style="text-align: center;">with</p> <p>SROI AP, EP, CD, VE, PY, PD, or 04</p>	<p><b>21 Days</b> after the Effective Date of the New Claim Administrator's Acquisition of the Claim</p>
	<p>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within seven years prior to the date of acquisition) was acquired from another claim administrator and the <u>First Report of Injury or Illness is NOT on file</u> with the Division (because MTC AQ filed by new claim administrator to report change in claims administration rejected),</p> <p>and</p>	<p>FROI 04 or</p> <p>FROI AU</p> <p>w/SROI AP, PY, EP, CD, VE, PD, or 04</p>	<p><b>14 Days</b> after MTC AQ was Assigned "TR" (Rejected)</p>

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	<ul style="list-style-type: none"> <li>• <b>Electronic Notice of Change in Claims Administration</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-4 to employee (or estate) unless claim has been closed more than 2 years, and employer (not self-insurer).</p> <p><b>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within seven years prior to the date of acquisition) was acquired from another claim administrator, and</b></p> <ol style="list-style-type: none"> <li>1. MTC AQ filed by the new claim administrator to report a change in claims administration rejected because a <u>First Report of Injury was not on file</u> w/ Division, and</li> <li>2. New claim administrator is denying entire compensability of the claim, and</li> </ol> <ul style="list-style-type: none"> <li>• <b>Electronic Change in Claims Administration</b> is due, along with <b>Electronic First Report of Injury or Illness</b> reflecting Full Denial</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-12 to employee and employer.</p>	<b>FROI 04</b>	<b>14 Days</b> after MTC AQ was Assigned "TR" (Rejected)
<p><b>EXISTING CLAIM:</b></p> <p><b>Payment after Employer Paid Salary, or Compensable Death with no Dependents, or Comp. Volunteer</b></p> <p>(Primary)</p>	<p><b>Initial Payment of Indemnity Benefits</b> is being made following prior salary in lieu of compensation by the employer, or Compensable Death with No Dependents, or Compensable Volunteer where no indemnity benefits were initiated by the claim administrator,</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer.</p> <p><b>See Last Page of this document for requirement to file IP after PY if indemnity benefits are ongoing after a lump sum payment/settlement (non-final).</b></p>	<b>SROI IP Only</b>	<b>14 Days</b> after the Date Payment was Mailed by the Claim Administrator
<p><b>EXISTING CLAIM:</b></p> <p><b>Reporting of Lump Sum Payment/Settlement (not the Initial Payment)</b></p> <p>(Primary)</p>	<p><b>An award/order is signed (by JCC or mediated by parties) for a lump sum payment/settlement</b> of indemnity benefits (i.e., award, advance &gt; \$2000, stipulated agreement, or final settlement),</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer.</p>	<b>SROI PY Only</b>	<b>14 Days</b> after the Date the Award/Order was Signed

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<b><u>EXISTING CLAIM:</u></b>  <b>Reporting Lump Sum Payment of IB's or Advance ≤ \$2000</b>	<b>A lump sum payment is made for Impairment Income Benefits or an Advance of indemnity benefits ≤ \$2000, and</b> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <b>Note:</b> Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer. Lump Sum Payment/ Settlement Code "AD" is not required when reporting advance of IB's.	<b>SROI PY Only</b>	<b>14 Days</b> after the Date Payment was Mailed by the Claim Administrator
<b>Employer Payment After Payment by Claim Administrator</b>  (Required by <a href="#">Primary Implementation Schedule</a> )	<b>The employer is paying indemnity benefits for the first time after prior payment of indemnity benefits by the claim administrator</b> (either same or different indemnity benefit(s), e.g., when the employer elects to pay IB's) and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul>	<b>SROI EP Only</b>	<b>14 Days</b> after the Claim Administrator's Knowledge of Employer Payment
<b><u>EXISTING CLAIM:</u></b>  <b>Changes</b>  (Required by <a href="#">Secondary Implementation Schedule</a> )	<b>One of more of the following data elements has changed</b> and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <ol style="list-style-type: none"> <li>1. MMI</li> <li>2. PI</li> <li>3. Initial RTW (and RTW Type Code, Physical Restrictions Indicator)</li> <li>4. Current RTW (and RTW Type Code, Physical Restrictions Indicator)</li> <li>5. PI Minimum Payment Indicator (no DWC-4)</li> <li>6. RTW with Same Employer Indicator (no DWC-4)</li> <li>7. Suspension Effective Date</li> <li>8. Suspension Narrative (no DWC-4)</li> </ol> <b>Note:</b> Send FORM DFS-F2-DWC-4 to employee and employer.	<b>SROI 02</b>	<b>14 Days</b> after the Claim Administrator's Knowledge of the New or Changed Information
<b><u>EXISTING CLAIM:</u></b>  <b>Changes</b>  <b>That do not affect the Net Weekly Rate</b>	<b>One or more of the following data element has changed, but there is no change to the Net Weekly Rate</b> (i.e., the weekly amount paid for a specific indemnity benefit) because the indemnity benefit being paid will continue to be paid at the same statutory maximum weekly rate, or a code, date, or amount previously reported is being corrected and the Net Weekly Amount is unchanged and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul>	<b>SROI 02</b>	<b>14 Days</b> after the Claim Administrator's Knowledge of the New or Changed Information

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		MTC	Due Date
(Required by <a href="#">Secondary Implementation Schedule</a> )	<ol style="list-style-type: none"> <li>1. Average Wage</li> <li>2. Wage Effective Date</li> <li>3. Calculated Weekly Compensation Amount</li> <li>4. Gross Weekly Amount (no DWC-4)</li> <li>5. Gross Weekly Amount Effective Date (no DWC-4)</li> <li>6. Net Weekly Amount Effective Date (no DWC-4)</li> <li>7. Benefit Adjustment Code</li> <li>8. Benefit Adjustment Start Date</li> <li>9. Benefit Adjustment End Date</li> <li>10. Benefit Credit Code</li> <li>11. Benefit Credit Start Date</li> <li>12. Benefit Credit End Date</li> <li>13. Benefit Redistribution Code</li> <li>14. Benefit Redistribution Amount</li> <li>15. Benefit Redistribution Start Date</li> <li>16. Benefit Redistribution End Date</li> </ol> <p><b>Note:</b> SROI MTC CA is not applicable unless the weekly rate at which Indemnity Benefits are being paid is changed. Send FORM DFS-F2-<b>DWC-4</b> to the employee and employer.</p>	(see prior page)	(see prior page)
<b>Reporting Benefit Redistribution for Child Support</b> (Secondary)	A portion of the Net Weekly Amount is being directed to another party due to a court ordered lien for child support and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> MTC CA does not apply as Net is unchanged. Send <b>DWC-4</b> to employee, employer.</p>	<b>SROI 02</b>	<b>14 Days</b> <b>after Claim Administrator Received Notification of Court Ordered Lien</b>
<b>Reporting the Commencement of PT Supp</b> (Secondary)	<b>PT Supplemental Benefits (BT 021) are commenced</b> after prior payment of ongoing Permanent Total Benefits (BT 020), and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-<b>DWC-4</b> to employee and employer.</p>	<b>SROI AB</b>	<b>14 Days</b> <b>after the Claim Administrator Had Knowledge of Entitlement to PT Supp</b>

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		MTC	Due Date
<b>Change in Weekly Rate of Indemnity Benefits Being Paid</b>  (Secondary)	The <b>Net Weekly Amount paid increased or decreased</b> due to the recalculation of the Gross Weekly Amount, or due to the application of adjustments, or credits, and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <b>Note:</b> Send FORM DFS-F2-DWC-4 to employee and employer.	SROI CA	<b>14 Days</b> after the Claim Administrator Had Knowledge of the Change in Net Weekly Amount
<b>Change in Indemnity Benefit Type</b>  (Secondary)	If Indemnity Benefits are continuing without interruption, but the Benefit Type being paid <b>changes to a different Benefit Type</b> , and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <b>Note:</b> Form DFS-F2-DWC-4 is not required.	SROI CB	<b>14 Days</b> after the Date Payment was Mailed by the Claim Administrator
<b><u>EXISTING CLAIM:</u></b>  <b>Suspending All Indemnity Benefit(s)</b>  (Full Suspension)	If all Indemnity Benefits are suspended due to one of the following reasons and <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <b>Note:</b> Send FORM DFS-F2-DWC-4 to employee and employer.	SROI	<b>14 Days</b> after the Date the Claim Administrator Decided to Suspend All Indemnity Benefits
(Secondary Implementation Schedule)	Employee returns or medically determined/qualified to return to work	S1	
	Employee fails to comply with medical requirements	S2	
	Employee fails to comply with administrative requirements	S3	
	Employee has died	S4	
	Employee is incarcerated	S5	
	Employee's whereabouts are unknown	S6	
	Employee's benefits have been exhausted	S7	
	Claim with payments has transferred to another jurisdiction	S8	

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<p><b><u>EXISTING CLAIM:</u></b></p> <p><b>Suspension of PT Supp Benefits Only</b></p> <p>(Partial Suspension)</p> <p>(Secondary)</p>	<p>If PT Supplemental Benefits (BT 021) are being suspended, but PT Benefits (BT 020) are continuing to be paid,</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-4 using Remarks, or explanatory letter to the employee and employer.</p>	<p>SROI P7</p>	<p><b>14 days</b> after the Date the Claim Administrator Suspended PT Supp</p>
<p><b><u>EXISTING CLAIM:</u></b></p> <p><b>Reinstatement of Indemnity Benefits</b></p> <p>(Secondary Implementation Schedule)</p>	<p>The claim administrator is reinstating Indemnity Benefits following a prior suspension</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-4 to employee and employer.</p>	<p>SROI RB</p>	<p><b>14 days</b> after the Claim Administrator Had Knowledge of the Need to Reinstatement Indemnity Benefits</p>
	<p>The employer resumed payment of salary in lieu of compensation following the suspension of all prior employer paid indemnity benefits.</p> <p><b>Note:</b> FORM DFS-F2-DWC-4 is <u>not</u> required to be sent to the employee or employer.</p>	<p>SROI ER</p>	<p><b>14 days</b> after the Claim Administrator was Notified of the Reinstatement of Indemnity Benefits by the Employer</p>

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		MTC	Due Date
<p><b><u>EXISTING CLAIM:</u></b></p> <p><b>Cancellation of Claim</b></p> <p>(Primary Implementation Schedule)</p>	<p>A First Report of Injury or Illness was filed with the Division, but the claim was subsequently determined to be "non-reportable" because:</p> <ol style="list-style-type: none"> <li>1. Claim was actually a Medical Only Claim (no lost time &gt; 7 days; indemnity not actually payable and check may or may not be returned/voided/cancelled, Or,</li> <li>2. Claim was reported multiple times under different SSN's/DOI's, and one of the duplicate submissions needs to be cancelled with the DWC (Note: DWC recommends maintaining the earliest Div Recvd Date; therefore, the original filing should be kept and changed via MTC 02, and the subsequent filing should be cancelled), Or,</li> <li>3. Claim was transferred to another jurisdiction's workers' comp act and no indemnity payments have been paid/reported,</li> </ol> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Cancellation</b> is due</li> </ul> <p><b>Note:</b> There is no DWC Form equivalent required by Rule Chapter 69L-3.</p>	<p><b>FROI 01</b></p>	<p><b>Immediately Upon Claim Administrator's Knowledge of the Need to Cancel</b></p>

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		MTC	Due Date
<p><b><u>TO RE-ESTABLISH CLAIM:</u></b></p> <p><b>Payment after Cancellation</b></p> <p>-----</p> <p><b>Denial after Cancellation</b></p>	<p><b>Payment of Indemnity Benefits by claim administrator following prior cancellation (via MTC 01) of the entire claim (i.e., claim is being re-opened and re-reported to the Division)</b> and</p> <ul style="list-style-type: none"> <li><b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p><b>Note:</b> No DWC Form required to be sent to employee and employer per Rule 69L-3.</p> <p>-----</p> <p><b>Denial of Indemnity Benefits by claim administrator following prior cancellation (via MTC 01) of the entire claim,</b> and</p> <ul style="list-style-type: none"> <li><b>Electronic Notice of Denial</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-12 to employee and employer.</p> <p>-----</p> <p><b>Partial/Indemnity Only Denial by claim administrator following prior cancellation (via MTC 01) of the entire claim,</b> and</p> <ul style="list-style-type: none"> <li><b>Electronic Notice of Denial</b> is due</li> </ul> <p><b>Note:</b> Send FORM DFS-F2-DWC-12 to employee and employer.</p>	<p><b>FROI 00 with SROI IP, PY, CD, VE, or EP</b></p> <p>-----</p> <p><b>FROI MTC 04</b></p> <p>-----</p> <p><b>FROI 00 with SROI PD</b></p>	<p><b>Same Due Dates Apply as for filing the applicable Electronic First Report of Injury</b></p>

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		MTC	Due Date
<p><b><u>EXISTING CLAIM:</u></b></p> <p><b>Payment after Lump Sum Payment/Settlement</b></p> <p>(Primary Implementation Schedule)</p>	<p><b>Initial Payment of Indemnity Benefits</b> is being made following prior lump sum payment/non-final settlement (via MTC PY) where indemnity benefits are on-going, and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> No DWC Form required to be sent to employee and employer per Rule 69L-3.</p>	<p><b>SROI IP Only</b></p>	<p><b>14 Days</b> after the Date Payment was Mailed by the Claim Administrator</p>
<p><b><u>EXISTING CLAIM:</u></b></p> <p><b>Initial Payment by Acquiring Claim Administrator</b></p> <p>(Primary Implementation Schedule)</p>	<p><b>Initial Payment of Indemnity Benefits</b> is being made by the acquiring claim administrator following the reporting of a change in claims administration (via MTC AQ), where indemnity benefits are on-going, and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>Note:</b> No DWC Form required to be sent to employee and employer per Rule 69L-3.</p>	<p><b>SROI AP</b></p>	<p><b>14 Days</b> after the Date Payment was Mailed by the Claim Administrator</p>

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		MTC	Due Date
<p><b><u>EXISTING CLAIM:</u></b></p> <p style="color: #008000;">Rescission of Denial where no indemnity benefits are payable at time of denial rescission</p> <p style="color: #0000FF;">(Primary Implementation Schedule)</p>	<p>The claim administrator is rescinding a Total denial (FROI 04, SROI 04) or Indemnity Only Denial (00/PD), but no indemnity benefits are due and owing at the time of the rescission,</p> <p>and</p> <ul style="list-style-type: none"> <li>• <span style="color: #008000;">Electronic Notice of Rescinded Denial</span> is due</li> </ul> <p><b>NOTE:</b> Report Denial Rescission Date. First Report of Injury or Illness is already on file with the Division. Send FORM DFS-F2-<span style="color: #008000;">DWC-12</span> to employee and employer.</p>	<p>SROI 02</p>	<p style="color: #0000FF;"><b>14 Days</b> after the Date the Denial was Rescinded</p>
<p><b><u>EXISTING CLAIM:</u></b></p> <p style="color: #0000FF;">Employer Payment of Indemnity Benefits following Denial</p> <p style="color: #008000;">(Denial Rescission)</p> <p style="color: #0000FF;">(Primary Implementation Schedule)</p>	<p>Indemnity benefits are being paid by the Employer as Salary in lieu of compensation (BTC 2xx) after the claim administrator had previously filed a Total Denial (FROI 04, SROI 04) or Indemnity Only Denial (00/PD),</p> <p>and</p> <ul style="list-style-type: none"> <li>• <span style="color: #008000;">Electronic Notice of Rescinded Denial</span> is due</li> </ul> <p><b>NOTE:</b> First Report of Injury or Illness is already on file with the Division. Send FORM DFS-F2-<span style="color: #008000;">DWC-12</span> to employee and employer.</p>	<p>SROI EP only</p>	<p style="color: #0000FF;"><b>14 Days</b> after the Date the Denial was Rescinded</p>
<p><b><u>EXISTING CLAIM:</u></b></p> <p style="color: #0000FF;">Employer Payment of Indemnity Benefits following Denial Rescission (SROI 02)</p> <p style="color: #0000FF;">(Primary Implementation Schedule)</p>	<p>Indemnity benefits are being paid by the Employer after the claim administrator had previously filed a SROI 02 to report the rescission of a Total Denial (FROI 04) or indemnity Only Denial (00/PD), where no indemnity benefits were initially payable at the time of rescission,</p> <p>and</p> <ul style="list-style-type: none"> <li>• <span style="color: #FF8C00;">Electronic Notice of Action or Change</span> is due</li> </ul> <p><b>NOTE:</b> First Report of Injury or Illness is already on file with the Division. Send <span style="color: #FF8C00;">DWC-4</span> or Letter from Claim Admin. advising that payments are being initiated.</p>	<p>SROI EP only</p>	<p style="color: #0000FF;"><b>14 days</b> after the Claim Administrator was Notified of the Payment of Indemnity Benefits by the Employer</p>

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		MTC	Due Date
<p><b><u>EXISTING CLAIM:</u></b></p> <p>Initial Payment of Indemnity Benefits by Claim Admin. following Denial Rescission (SROI 02)</p> <p>(Primary Implementation Schedule)</p>	<p>Initial payment of indemnity benefits is being made by the Claim Administrator after the claim administrator had previously filed a SROI 02 filed to report the rescission of a Total Denial (FROI 04) or indemnity Only Denial ( 00/PD), where no indemnity benefits were initially payable at the time of rescission,</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>NOTE:</b> First Report of Injury or Illness is already on file with the Division. Send <b>DWC-4</b> or Letter from Claim Admin. To ee and er to advise payments are being initiated.</p>	<p><b>SROI IP only</b></p>	<p><b>14 Days</b> after the Date Payment was Mailed by the Claim Administrator</p>
<p><b><u>EXISTING CLAIM:</u></b></p> <p>Initial Payment of Indemnity Benefits via Lump Sum Payment or Settlement by Claim Admin. following Denial Rescission (SROI 02)</p> <p>(Primary Implementation Schedule)</p>	<p>Initial Lump Sum Payment or Settlement of indemnity benefits is being made by the Claim Administrator after the claim administrator had previously filed a SROI 02 filed to report the rescission of a Total Denial (FROI 04) or indemnity Only Denial ( 00/PD), where no indemnity benefits were initially payable at the time of rescission,</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p><b>NOTE:</b> First Report of Injury or Illness is already on file with the Division. Send <b>DWC-4</b> or Letter from Claim Admin. advising that payments are being initiated.</p>	<p><b>SROI PY only</b></p>	<p><b>14 Days</b> after the Date Payment was Mailed by the Claim Administrator</p>

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		MTC	Due Date
<b>Reporting Indemnity Settlement for DOI where Settlement Amount is reported on another DOI</b>	<p>When the Claim Administrator is reporting a settlement of indemnity benefits that covers multiple dates of injury, including this DOI, and the settlement amount was reported on a different DOI,</p> <p>and</p> <ul style="list-style-type: none"> <li>• <b>Electronic First Report of Injury or Illness</b> is due</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• <b>Electronic Notice of Action or Change</b> is due</li> </ul> <p>NOTE: Send with FROI MTC 00 for any DOI not previously reported.</p> <p>For those very old DOI's where the statute of limitations has expired but still referenced in the settlement order, a PY (with FROI 00 to file the claim with the DWC) will not be required for any DOI's more than 5 years prior to the Award/Order Date.</p>	<p><b>FROI 00 with SROI PY</b></p> <p style="text-align: center;"><b>OR</b></p> <p><b>PY Only</b></p>	<p style="text-align: center;"><b>14 Days</b> after the Date <b>Payment was Mailed</b> by the <b>Claim Administrator</b></p>

*Disclaimer: This MTC Filing Instructions document is not intended to replace the Florida Division of Workers' Compensation Requirements for Claims EDI filings referenced in Rule Chapter 69L-56 of the Florida Administrative Code.*