FLORIDA DIVISION OF WORKERS' COMPENSATION

CLAIMS EDI RELEASE 3

Crosswalk of Form DFS-F2-DWC-13, Claim Cost Report

to the IAIABC EDI Subsequent Report of Injury (SROI)

Note: This document is for reference purposes only and is not intended to replace the Florida Claims EDI R3 Element Requirement Table (ERT). Please refer to the ERT for all filing requirements.

	DWC-13 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
1	Sent to Division	Transmission Receipt Date for Acknowledged Transaction			
2	Social Security #	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
	TYPE OF REPORT				
5	Initial Report Summarizing First Six Months	Maintenance Type Code "SA" Sub-Annual	0002	A49	6-50
6	Annual Report On Open Case	No longer required for EDI			
7	Final Report – Case Closed; No Activity in Past Year or Case Settled	Maintenance Type Code "FN" Final	0002	A49	6-45
8	Average Weekly Wage	Average Wage with Wage Period Code	0286 0063	R22 148; A49	6-04 6-69
9	Compensation Rate	Calculated Weekly Compensation Amount	0134	R22	6-15
10	Full Salary Continued in Lieu of Compensation for Any Period of Time?	Employer Paid Salary In Lieu of Compensation Indicator	0273	R21, R22	6-29
11	Full Salary End Date	Benefit Period Through Date for Benefit Type Code 240, 242, 250, 251, or 270	0089	R22	6-09
	TYPE OF PAYMENT				
12	**Temporary Partial**	Benefit Type Code **070**	0085	R22	6-12
13	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
14	Days	Benefit Type Claim Days	0091	R22	6-10
15	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
16	**Temporary Total**	Benefit Type Code **050**	0085	R22	6-12
17	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
18	Days	Benefit Type Claim Days	0091	R22	6-10
19	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10

	DWC-13 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
20	**Temporary Total – 80%**	Benefit Type Code **051**	0085	R22	6-12
21	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
22	Days	Benefit Type Claim Days	0091	R22	6-10
23	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
24	**Temporary Total – Training & Education**	Benefit Type Code **410**	0085	R22	6-13
25	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
26	Days	Benefit Type Claim Days	0091	R22	6-10
27	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
28	**Impairment Income Benefits** (DOI 1/1/94 and after)	Benefit Type Code **030**	0085	R22	6-11
29	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
30	Days	Benefit Type Claim Days	0091	R22	6-10
31	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
32	**Statutory Permanent Impairment** (DOI prior to 01/01/94)	Benefit Type Code **090**	0085	R22	6-12
33	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
34	Days	Benefit Type Claim Days	0091	R22	6-10
35	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
36	**Wage Loss** (DOI prior to 01/01/94)	Benefit Type Code **030**	0085	R22	6-11
37	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
38	Days	Benefit Type Claim Days	0091	R22	6-10
39	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
40	**Supplemental Income Benefits** (DOI 1/1/94 thru 9/30/03)	Benefit Type Code **040**	0085	R22	6-12
41	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
42	Days	Benefit Type Claim Days	0091	R22	6-10
43	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
44	**Permanent Total Date accepted/adjudicated**	Benefit Type Code **020** Benefit Period Start Date	0085 0088	R22 R22	6-11 6-09
45	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
46	Days	Benefit Type Claim Days	0091	R22	6-10
47	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
48	**Permanent Total Supplemental**	Benefit Type Code **021**	0085	R22	6-11
49	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
50	Days	Benefit Type Claim Days	0091	R22	6-10
51	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
52	**Death**	Benefit Type Code **010**	0085	R22	6-11
53	Weeks	Benefit Type Claim Weeks	0090	R22	6-11
54	Days	Benefit Type Claim Days	0091	R22	6-10
55	Paid To Date	Benefit Type Amount Paid	0086	R22	6-10
56	**Funeral**	Other Benefit Type Code **300**	0216	R22	6-56
57	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
58	**Compensation Settlement Amount - Date Payment Mailed**	No longer required on MTC SA or FN (DWC-13). Will now be captured via Payment Issue Date for MTC PY with Benefit Type Code 5xx (with Lump Sum Payment Settlement Code SF).	0195	R22	6-60

	DWC-13 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
59	Paid To Date	Benefit Type Amount Paid – **500 (or 5xx)**	0086	R22	6-10
60	**Penalties** (Paid to Claimant)	Other Benefit Type Code **311** **(310** allowed if Claim Admin.'s knowledge of the DOI precedes its R3 production implementation date)	0216	R22	6-57
61	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
62	**Interest** (Paid to Claimant)	Other Benefit Type Code **321** **(320** allowed if Claim Admin.'s knowledge of the DOI precedes its R3 production implementation date)	0216	R22	6-57
63	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
64	**Medical** (All DWC-9 & 11)	No longer required for EDI			
65	Paid To Date	No longer required for EDI			
66	**Hospital** (All DWC-90)	No longer required for EDI			
67	Paid To Date	No longer required for EDI			
68	**Transportation/Medical Appts.**	Other Benefit Type Code **475**	0216	R22	6-58
69	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
70	**Drug/Supplies** (All DWC-10)	No longer required for EDI			
71	Paid To Date	No longer required for EDI			
72	**Home Attendant Care**	Other Benefit Type Code **370**	0216	R22	6-57
73	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
74	**Skilled Nursing Care**	Other Benefit Type Code **370**	0216	R22	6-57
75	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
76	**Miscellaneous Medical**	Other Benefit Type Code **370**	0216	R22	6-57
77	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
78	**Rehabilitation** (All DWC-21)	Other Benefit Type Code **380, 390, 400**	0216	R22	6-57
79	Paid To Date	Other Benefit Type Amount	0215	R22	6-56
80	**Medical Settlement Amt. Date Payment Mailed**	No longer required on MTC SA or FN (DWC-13). Will now be captured via Payment Issue Date for MTC PY with Benefit Type Code 501 (with Lump Sum Payment Settlement Code SF or SP).	0195	R22	6-60
81	Paid To Date	Benefit Type Amount Paid - **501**	0086	R22	6-10
82	**Total (Paid-To-Date)**	N/A			
83	**Third Party Recovery Amount**	Recovery Amount for Recovery Code **820**	0225 0226	R22 R22	6-63 6-63
84	**Special Disability Trust Fund Recovery Amount**	Recovery Amount for Recovery Code **850** **(800** allowed if Claim Admin.'s knowledge of the DOI precedes its R3 production implementation date)	0225 0226	R22 R22	6-63 6-63
85	**All Other Recoveries Except Overpayments**	Recovery Amount for Recovery Code **810, 830 (EDI requires Overpayment Recoveries), 840, & 845**	0225 0226	R22 R22	6-63 6-63 & 6-63
86	Insurer Code #	Use Insurer FEIN	0006	148; A49	6-38
87	Date Prepared	Maintenance Type Code Date	0003	148; A49	6-50
88	Service Co./TPA Code	Use Claim Administrator FEIN	0187	R21; R22	6-16
89	Claim Handling Entity File #	Claim Administrator Claim Number	0015	A49; R21, R22; 148	6-15

	DWC-13 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
90	Insurer Name	Not on SROI			
91	Claim Handling Entity Name	Claim Administrator Name	0188	R22; R21	6-17
92	Claim Handling Entity Address	Claim Administrator Postal Code (only address field on SROI)	0014	A49; 148	6-17
93	Claim Handling Entity Telephone	Claim Administrator Claim Representative Business Phone Number	0137	R22	6-15

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