

FL Claims EDI R3 Quick Code Reference List

MAINTENANCE TYPE CODE (MTC's) (DN0002)			
FIRST REPORT:			
00	Original	AQ	Acquired Claim
01	Cancel	CO	Correction
02	Change	UI	Under Investigation
04	Denial	UR	Upon Request
AU	Acquired/Unallocated		
SUBSEQUENT REPORT:			
02	Change	PD	Partial Denial
04	Denial	PY	Payment Report
AB	Add Concurrent Benefit Type	RB	Reinstatement of Benefit
AP	Acquired/Payment	RE	Reduced Earnings
CA	Change in Benefit Amount	S1	Suspension, RTW or Medically Determined/Qualified to RTW
CB	Change in Benefit Type		
CD	Compensable Death - No Known Dependents/Payees	S2	Suspension, Medical Non-Compliance
CO	Correction	S3	Suspension, Administrative Non-Compliance
EP	Employer Paid	S4	Suspension, Claimant Death
ER	Employer Reinstatement	S5	Suspension, Incarceration
FN	Final	S6	Suspension, Claimant's Whereabouts Unknown
IP	Initial Payment		
P1	Partial Suspension, RTW or Med Determined/Qualified to RTW	S7	Suspension, Benefits Exhausted
P2	Partial Suspension, Medical Non-Compliance	S8	Suspension, Jurisdiction Change
P3	Partial Suspension, Administrative Non-Compliance	S9	Suspended Pending Settlement Approval
P4	Partial Suspension, Employee Death	SD	Suspension, Directed By Jurisdiction
P5	Partial Suspension, Incarceration	SJ	Suspended Pending Appeal or Judicial Review
P7	Partial Suspension, Benefits Exhausted	UI	Under Investigation
P9	Partially Suspended Pending Settlement Approval	UR	Upon Request
PJ	Partially Suspended Pending Appeal or Judicial Review	VE	Volunteer
		AN	Annual
		BM	Bi-Monthly
		BW	Bi-Weekly
		MN	Monthly
		QT	Quarterly
		SA	Sub-Annual
BENEFIT TYPE CODE (DN0085) & PAYMENT REASON CODE (DN0222)			
REGULAR BENEFIT TYPES:		LUMP SUM PAYMENTS/SETTLEMENTS:	
010	Fatal	270	EP Temporary Partial
020	Permanent Total	410	Voc Rehab Maintenance
021	Permanent Total Supplemental	500	Unspecified Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	501	Medical Lump Sum Pmt/Settlement
040	Permanent Partial/Unscheduled	510	Fatal Lump Sum Pmt/Settlement
050	Temporary Total	520	Permanent Total Lump Sum Pmt/Settlement
051	Temporary Total Catastrophic	521	Perm Total Supp Lump Sum Pmt/Settlement
070	Temporary Partial	524	Employer Paid Lump Sum Pmt/Settlement
080	Employer's Liability	530	Perm Partial Sch Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	540	Perm Partial Unsch Lump Sum Pmt/Settlement
210	EP Death Benefits	541	Voc Rehab Maint Lump Sum Pmt/Settlement
230	EP Permanent Partial/Scheduled	550	Temporary Total Lump Sum Pmt/Settlement
240	Employer Paid (EP) Unspecified	551	Temp Total Cat Lump Sum Pmt/Settlement
242	EP Voc Rehab Maintenance	570	Temporary Partial Lump Sum Pmt/Settlement
250	EP Temporary Total	580	Emprs Liability Lump Sum Pmt/Settlement
251	EP Temp Total Catastrophic	590	Perm Partl Disfigure Lump Sum Pmt/Settlement

CLAIM TYPE CODE (DN0074)	
M	Medical Only
I	Indemnity
N	Notification Only
B	Became Medical Only
L	Became Lost Time

TYPE OF LOSS CODE (DN0290)	
01	Traumatic Injury
02	Occupational Disease
03	Cumulative Injury (other than disease)

WAGE PERIOD CODE (DN0063)			
FROI:		SROI:	
01	Weekly	01	Weekly
02	Bi-Weekly	04	Monthly
04	Monthly		
06	Daily		
07	Hourly		

EMP PD SALARY IN LIEU OF COMP PRIOR TO AQ	
E	Only BTC 240 prior to AQ

INSURED TYPE CODE (DN0184)	
I	Insured
S	Self-Insured
U	Uninsured

INSURER TYPE CODE (DN0185)	
I	Insurer
S	Self-Insurer
G	Guarantee Fund

LUMP SUM PAYMENT/SETTLEMENT CODE (DN0293)	
SF	Settlement Full
SP	Settlement Partial
AS	Agreement Stipulated
AW	Award
AD	Advance
NS	Non-Specified Lump Sum Payment

NON-CONSECUTIVE PERIOD CODE (DN0212)	
W	Waiting Period
B	Benefit Period
A	Adjustment/Credit/Redistribution

OTHER BENEFIT TYPE CODE (OBT's) (DN0216)	
300	Total Funeral Expenses
310	Total Penalties
311	Total Employee Penalties
320	Total Interest
321	Total Employee Interest
330	Total Employer's Legal Expenses
340	Total Claimant's Legal Expenses
350	Total Payments to Physicians
360	Total Hospital Costs
370	Total Other Medical
380	Total Vocational Rehabilitation Evaluation
390	Total Vocational Rehabilitation Education
400	Total Other Vocational Rehabilitation
420	Total Expert Witness Fees
421	Total Court Reporter Fees
422	Total Private Investigator Fees
430	Total Unallocated Prior Indemnity Benefits
440	Total Unallocated Prior Medical
450	Total Pharmaceutical Costs
455	Total Dental Expenses
460	Total Physical Therapy Costs
465	Total Chiropractic Expenses
470	Total Durable Medical Costs
475	Total Medical Travel Expenses
480	Total Employee Medical-Legal Costs
485	Total Emplr/Clim Admin Med-Legal Costs
490	Total Agreed Upon/Directed Med-Legal Costs

BENEFIT ADJUSTMENT CODE (DN0092)	
A	Apportionment/Contribution
B	Subrogation
E	Employer Provided Pension (Grice)
G	Age 65 Reduction
I	Intoxication/Drugs
J	Appeal Adjustment
L	Disability Insurance/Income
N	Non-Cooperation: Rehab, Training, etc
Q	Illegally Employed Minor
R	Social Security Retirement
S	Social Security Disability
T	Acceleration of benefits
U	Unemployment Compensation
V	Safety Violation (see Dictionary)
W	Partial Wage Continuation
X	Death Benefit Reduction
Y	Partial Reimburse Clmt Atty Fees
Z	2 Yrs Continuous Disability
4	Cost of Living Adjustment
2	Fraud/Misrepresentation

BENEFIT CREDIT CODE (DN0126)	
C	Overpayment Credit
M	Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit
P	Advance

BENEFIT REDISTRIBUTION CODE (DN0130)	
H	Court-Ordered Lien against WC
K	Clmt Attorney Fees

INITIAL TREATMENT CODE (DN0039)	
0	No Medical Treatment
1	Minor On-Site Remedies by Employer
2	Minor Clinic/Hosp Remedies/Diagnostics
3	Emergency Evaluation, Diagnostic Testing, and Medical Procedures
4	Hospitalization > 24 hours
5	Future Major Med/Lost Time Anticipated

PARTIAL DENIAL CODE (DN0294)	
A	Denying Indemnity in Whole, not Medical
B	Denying Indemnity in Part, not Medical
C	Denying Medical in Whole, Not Indemnity
D	Denying Medical in Part, Not Indemnity
E	Denying Indemnity in Whole, Medical in Part
F	Denying Medical in Whole, Indemnity in Part
G	Denying Both Indemnity & Medical in Part

REDUCED BENEFIT AMOUNT CODE (DN0202)	
R	Reclassification of Benefit
S	Claim Settled Under Another DOI
N	No Money Settlement
D	Decrease in Indemnity

Key

Accepted but not Required
 Strikethrough Restricted - Rejected If Sent

FULL DENIAL REASON CODE (DN0198)	
1	No Compensable Accident
A	Coming and Going
B	Horseplay
C	Willful Intent To Injure Oneself
D	Not Statutory Definition of Accident
E	Deviation From Employment
F	Recreational/Social Activity
G	Traveling Employee
H	Subsequent Intervening Accident
2	No Causal Relationship
A	Idiopathic Condition
B	Pre-existing Condition
C	Stress non-work related
D	No Medical Evidence of Injury
E	No Injury Per Statutory Definition
F	Accident not major contributing cause of injury
3	No Coverage
A	No Employee/Employer Relationship
B	Independent Contractor
C	Not Statutory Definition of Employee
D	No Jurisdiction
E	No Policy in Effect On Date of Accident
F	Statute of Limitation Expired
G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc)
H	Elected Other Coverage (24 hr, Collective Bargaining, Opted Out)
I	Employee not reported to PEO
4	Substance Use/Abuse
A	Injury Primarily Occasioned by Intoxication or Use of Any Drug
B	Substance Use/Abuse, Violation of Drug-Free Work Place Policy in effect
5	Other (Not Elsewhere Classified)
A	Failure To Report Accident Timely
B	Right To Reserve
C	Misrepresentation

EMPLOYMENT STATUS CODE (DN0058) (In Hierarchical Order)	
C	Piece Worker
9	Volunteer Worker
8	Seasonal Worker
A	Apprenticeship Full-time
B	Apprenticeship Part-time
1	Regular/Full-time Employee
2	Part-time Employee
3	Unemployed/Not Employed
6	Retired
4	On Strike
5	Disabled
7	Other

RETURN TO WORK TYPE CODE (DN0189)	
A	Actual
R	Released

EMPLOYEE ID TYPE QUALIFIER (DN0270)	
A	Employee ID Assigned by Jurisdiction
E	Employee Employment Visa
G	Employee Green Card
P	Employee Passport Number
S	Employee Social Security Number

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
TE	Transaction Accepted with Error
TN	Transaction Rejected by Service Provider
TR	Transaction Rejected

TRANSACTION SET ID (DN0001)	
148	First Report
R21	First Report Companion Record
A49	Subsequent Report
R22	Subsequent Report Companion Record
AKC	Claims Acknowledgment Detail Record
ARC	Claims Re-Acknowledgment Detail Record
HD1	Transmission Header Record
TR2	Transmission Trailer Record

TEST/PRODUCTION CODE (DN0104)	
P	Production
T	Test (Pilot Parallel or Test)

LATE REASON CODE (DN0077)		
Delays		
L1	No Excuse	
L2	Late Notification, Employer	
L3	Late Notification, Employee	
L4	Late Notification, Jurisdiction Transfer	
L5	Late Notification, Health Care Provider	
L6	Late Notification, Assigned Risk	
L7	Late Investigation	
L8	Tech Processing Delay, Computer Failure	
L9	Manual Processing Delay	
LA	Intermittent Lost Time Prior To 1st Pymnt	
LB	Late notification/payment due to a Natural Disaster	
LC	Late notification/payment due to an act of Terrorism	
Coverage		
C1	Coverage Lack Of Information	
Errors		
E1	Wrongful Determination of No Coverage	
E2	Errors From Employer	
E3	Errors From Employee	
E4	Errors From Jurisdiction	
E5	Errors From Health Care Provider	
E6	Errors From Other Claim Admin/IA/TPA	
Disputes		
D1	Dispute Concerning Coverage	
D2	Dispute Concern, Compensability in Whole	
D3	Dispute Concern, Compensability in Part	
D4	Dispute Concerning Disability in Whole	
D5	Dispute Concerning Disability in Part	
D6	Dispute Concerning Impairment	

ACCIDENT PREMISES CODE (DN0249)	
E	Employer
L	Lessee
X	Other

EMPLOYEE GENDER CODE (DN0053)	
M	Male
F	Female
U	Unknown

EMPLOYEE MARITAL STATUS CODE (DN0054)	
U	Unmarried, Widowed, Divorced, Single
M	Married
S	Separated
K	Unknown

PRE-EXISTING DISABILITY CODE (DN0069)	
Y	Yes
N	No
U	Unknown

RECOVERY CODE (DN0226)	
800	Special Fund Recovery
810	Deductibles Recovery
820	Subrogation Recovery
830	Overpayment Recovery
840	Unspecified Recovery
845	Apportionment/Contribution Recovery
850	Second Injury Fund
860	Future Credit Amount
865	Vocational Rehabilitation
866	Uninsured Employer
867	Silicosis, Dust & Logging Industry Fund
868	Vocationally Handicapped Fund
870	Other Funds
880	Voided Indemnity Benefit Check Recovery
890	Voided Other Benefit Check Recovery

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)	
00	Claim had no med services thru a MCO
01	Claim had med loss services thru jurisdiction approved MCO not listed in codes below
02	Claim had med loss services thru jurisdiction approved Health Maintenance Organization
03	Claim had med loss services thru jurisdiction approved Preferred Provider Organization
04	Claim had med loss services thru jurisdiction approved Exclusive Provider Organization
05	Claim had med loss services thru jurisdiction approved Independent Practice Association

ACKNOWLEDGMENT TRANSACTION SET ID (DN0110)	
148	First Report
A49	Subsequent Report

INTERCHANGE VERSION ID (DN0105)	
14830	First Report of Injury; Release 3, Version 0
A4930	Subsequent Report of Injury; Release 3, Version 0
AKC30	Claims Acknowledgment Detail Record; Release 3, Version 0
ARC30	Claims Re-Acknowledgment Detail Record; Release 3, Version 0

AGREEMENT TO COMPENSATE CODE (DN0075)	
W	Without Liability
L	With Liability

CLAIM STATUS CODE (DN0073)	
O	Open
C	Closed
R	Re-Open
X	Re-Open/Closed

DEATH RESULT OF INJURY CODE (DN0146)	
Y	Yes
N	No
U	Unknown

EMPLOYEE TAX FILING STATUS CODE (DN0158)	
A	Single
B	Single/Head of Household
C	Married/Filing Joint
D	Married/Filing Separate

DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)	
R	Relationship
2	Widow
3	Widower
4	Son/Daughter
5	Brother/Sister
6	Mother/Father
7	Disabled Child
8	Jurisdiction Fund/Estate
9	Other
N	Numerical Birth Order (0-9)
0	Jurisdiction Fund

NOTE: Country Code, State Codes, Industry Codes, Nature, Cause & Part of Body Codes, PI Body Code Part & Employee Leasing Codes can be found at www.iaibc.org