

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
NEW CLAIM: Lost Time Case <i>Where Disability is Immediate and Continuous</i>	Initial Payment of Indemnity Benefits will be made by the Claim Admin. and <ul style="list-style-type: none"> Electronic First Report of Injury or Illness is due Indemnity Benefits <i>other than TP or IB or settlement</i> will be paid <u>Note:</u> Also provide FORM DFS-F2-DWC-1 or IA-1 to employee and employer.	FROI 00 with SROI IP	21 Days after Claim Administrator's Knowledge of the Injury
	Salary in Lieu of Compensation 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 <ul style="list-style-type: none"> Electronic First Report of Injury or Illness is due <u>Note:</u> Send FORM DFS-F2-DWC-1 or IA-1 to employee and employer.	FROI 00 with SROI EP	21 Days after Claim Administrator's Knowledge of the Injury
	Compensable Death but there are no known or confirmed dependents to whom to pay death benefits and <ul style="list-style-type: none"> Electronic First Report of Injury or Illness is due <u>Note:</u> Send FORM DFS-F2-DWC-1 or IA-1 to employee's estate and employer.	FROI 00 with SROI CD	21 Days after Claim Administrator's Knowledge of the Injury
	Compensable Volunteer where Medical Benefits will be paid (but not indemnity benefits) and <ul style="list-style-type: none"> Initial reporting of Electronic First Report of Injury or Illness is due <u>Note:</u> Send FORM DFS-F2-DWC-1 or IA-1 to employee and employer.	FROI 00 with SROI VE	21 Days after Claim Administrator's Knowledge of the Injury

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

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

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		MTC	Due Date
<u>EXISTING CLAIM:</u> Full Denial after Payment	Entire Compensability of Claim is Denied following Initial Payment (or equivalent) and <ul style="list-style-type: none"> Electronic Notice of Denial is due <p><u>Note:</u> Report Full Denial Reason Code, Full Denial Effective Date, and Denial Reason Narrative. Also Provide FORM DFS-F2-DWC-12 to employee and employer.</p>	SROI 04	14 Days after the Date the Claim Administrator Decided to Deny
<u>EXISTING CLAIM:</u> Partial/Indemnity Only Denial after Payment	Indemnity Only Benefits are denied (in whole or part) following Initial Payment (or equivalent) and <ul style="list-style-type: none"> Electronic Notice of Denial is due <p><u>Note:</u> Report Partial Denial Code A, B, E, or G, and Denial Reason Narrative. Also Provide FORM DFS-F2-DWC-12 to employee and employer.</p>	SROI PD	14 Days after the Date the Claim Administrator Decided to Deny
<u>EXISTING CLAIM:</u> Payment After Total Denial (Rescission of Full Denial)	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 <ul style="list-style-type: none"> Electronic Notice of Rescinded Denial is due <p><u>Note:</u> Report the Denial Rescission Date. For <u>MTC AP, IP or PY filings</u>: Report the Benefit Payment Issue Date. For <u>MTC PY filings</u>: Report the Payment Issue Date. Also, provide FORM DFS-F2-DWC-12 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
<u>EXISTING CLAIM:</u> Payment After Partial/Indemnity Only Denial (Rescission of Partial Denial)	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 <ul style="list-style-type: none"> Electronic Notice of Rescinded Denial is due <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-DWC-12 to employee (or estate) and employer. MTC RB is sent to report resumption of indemnity after SROI 04 or PD with Partial Denial Code A or E.</p>	SROI IP, AP, PY, RB, CD, VE, or ER	14 Days after the Date the Denial was Rescinded

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EXISTING CLAIM: Electronic Claim Cost Report: SUB-ANNUAL	Claim is Open and <ul style="list-style-type: none"> First Electronic SUB-ANNUAL Claim Cost Report is due Note: 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).	SROI SA	DOI + 6 Months (+30 Days) Or, First 6 month interval after 8th day of disability if LT occurs > 6 Months from DOI (+30 Days) Or, First 6 month interval after Payment Issue Date if initial payment is BTC 030 (IB) Only Or, First 6 month interval after Award/Order Date if initial payment is BTC 5xx/settlement
	Claim is still Open/Re-opened to pay ongoing indemnity or medical benefits or indemnity and medical benefits paid prior to total denial, and <ul style="list-style-type: none"> Subsequent Electronic SUB-ANNUAL Claim Cost Report is due See "FL Claims EDI Event Table" for additional detail.		At 6 month intervals thereafter (+ 30 Days)
EXISTING CLAIM: Electronic Claim Cost Report: FINAL	Claim is Closed and <ul style="list-style-type: none"> Electronic FINAL Claim Cost Report is due Note: 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.	SROI FN	Due Date of Next "SA" (+ 30 Days) Or, Upon Closure of Claim by Claim Administrator, or final payment of indemnity and medical benefits)

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<u>EXISTING CLAIM:</u> Changes <u>EXISTING CLAIM:</u> Other Changes	One or more of the following data elements has changed and <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <ol style="list-style-type: none"> Insurer FEIN (not due to change in claims administration) (No DWC-4 required) Claim Admin. FEIN (not due to change in claims administration) (No DWC-4 req'd) Claim Admin. Postal Code (not due to change in claims admin.) Claim Admin. Claim Number Employee SSN or Division-Assigned Number Employee Name (First, Middle, Last, Suffix) Date of Injury Employee Date of Death Manual Classification Code (FROI 02 Only) Industry Code (FROI 02 Only) <p>Note: Send FORM DFS-F2-DWC-4 to employee and employer except as noted above.</p>	FROI 02 Or SROI 02	14 Days after the Claim Administrator's Knowledge of the New or Changed Information
	One or more of the following data elements has changed** and <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <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", "Y¹", "Y²", "Y³", "Y⁴", or "FY", for which MTC 02 is required to be filed if the data element changes.</p> <p>Note: Form DFS-F2-DWC-4 is not required, as these data elements are not contained on the current DWC-4 form.</p>	FROI 02 Or SROI 02	14 Days after the Claim Administrator's Knowledge of the New or Changed Information
<u>EXISTING CLAIM:</u> Change in Claims Administration	<p>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within five 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, Or, -----</p> <p>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within five years prior to the date of acquisition) was acquired from another claim administrator and the new claim administrator is concurrently reporting its initial payment of indemnity benefits (or equivalent),</p>	FROI AQ ----- FROI AU with	21 Days after the Effective Date of the New Claim Administrator's Acquisition of the Claim

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		MTC	Due Date
<p>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.</p> <p>Change in Claims Administration (Cont'd)</p>	<p>and</p> <ul style="list-style-type: none"> Electronic Notice of Change in Claims Administration is due <p>Note: 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>	SROI AP, EP, CD, VE, PY, PD, or 04	
	<p>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within five years prior to the date of acquisition) was acquired from another claim administrator and the First Report of Injury or Illness is NOT on file with the Division (because MTC AQ filed by new claim administrator to report change in claims administration rejected),</p> <p>and</p> <ul style="list-style-type: none"> Electronic Notice of Change in Claims Administration is due <p>Note: 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>	FROI 04 or FROI AU w/SROI AP, PY, EP, CD, VE, PD, or 04	14 Days after MTC AQ was Assigned "TR" (Rejected)
	<p>Claim (any open lost time claim and any closed lost time claim with a date of injury that is within five years prior to the date of acquisition) was acquired from another claim administrator, and</p> <ol style="list-style-type: none"> 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 New claim administrator is denying entire compensability of the claim, and <ul style="list-style-type: none"> Electronic Change in Claims Administration is due, along with Electronic First Report of Injury or Illness reflecting Full Denial <p>Note: Send FORM DFS-F2-DWC-12 to employee and employer.</p>	FROI 04	14 Days after MTC AQ was Assigned "TR" (Rejected)

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		MTC	Due Date
EXISTING CLAIM: Payment after Employer Paid Salary, or Compensable Death with no Dependents, or Comp. Volunteer	<p>Initial Payment of Indemnity Benefits 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"> Electronic Notice of Action or Change is due <p>Note: Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer.</p> <p>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).</p>	SROI IP Only	14 Days after the Date Payment was Mailed by the Claim Administrator
EXISTING CLAIM: Reporting of Lump Sum Payment/Settlement Not the Initial Payment (except after full denial)	<p>An award/order is signed (by JCC or mediated by parties) for a lump sum payment/settlement of indemnity benefits (i.e., award, advance > \$2000, stipulated agreement, or final settlement),</p> <p>and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: Send FORM DFS-F2-DWC-4 or explanatory letter to employee and employer.</p>	SROI PY Only	14 Days after the Date the Award/Order was Signed
EXISTING CLAIM: Reporting Lump Sum Payment of IB's or Advance ≤ \$2000	<p>A lump sum payment is made for Impairment Income Benefits or an Advance of indemnity benefits ≤ \$2000, and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: 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.</p>	SROI PY Only	14 Days after the Date Payment was Mailed by the Claim Administrator
Employer Payment After Payment by Claim Administrator	<p>The employer is paying indemnity benefits for the first time after prior payment of indemnity benefits by the claim administrator (either same or different indemnity benefit(s), e.g., when the employer elects to pay IB's)</p> <p>and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due 	SROI EP Only	14 Days after the Claim Administrator's Knowledge of Employer Payment

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Reporting Benefit Redistribution for Child Support	<p>A portion of the Net Weekly Amount is being directed to another party due to a court ordered lien for child support and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: MTC CA does not apply as Net is unchanged. Send DWC-4 to employee, employer.</p>	SROI 02	14 Days after Claim Administrator Received Notification of Court Ordered Lien
Reporting the Commencement of PT Supp	<p>PT Supplemental Benefits (BT 021) are commenced/reinstated after prior payment of ongoing Permanent Total Benefits (BT 020), and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: Send FORM DFS-F2-DWC-4 to employee and employer.</p>	SROI AB	14 Days after the Claim Administrator Had Knowledge of Entitlement to PT Supp
Reporting the addition of Indemnity benefits payable in conjunction with Full Salary, due to Concurrent Employment	<p>The claim administrator commences payment of indemnity benefits for an amount that is the difference between the combined Net Weekly Amount based on wages from concurrent employment and the amount received in salary in lieu of comp (subject to max CR for combined wages from all covered employments), and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: Send FORM DFS-F2-DWC-4 to employee and employer. Eff. 2/1/2011.</p>	SROI AB	14 Days after the Claim Administrator Had Knowledge of Concurrent Wages (receipt of Wage Statement)
Change in Weekly Rate of Indemnity Benefits Being Paid	<p>The Net Weekly Amount paid increased or decreased due to the recalculation of the Gross Weekly Amount, or due to the application of adjustments, or credits, and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: Send FORM DFS-F2-DWC-4 to employee and employer.</p>	SROI CA	14 Days after the Claim Administrator Had Knowledge of the Change in Net Weekly Amount
Change in Indemnity Benefit Type	<p>If Indemnity Benefits are continuing without interruption, but the Benefit Type being paid changes to a different Benefit Type, and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: Form DFS-F2-DWC-4 is not required.</p>	SROI CB	14 Days after the Date Payment was Mailed by the Claim Administrator

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Change in Indemnity Benefit Type	<p>If a different type of indemnity benefits are paid for the waiting week than already reported, and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: This CB is not required if the benefit being reported for the waiting week is Employer Paid (2xx). Form DFS-F2-DWC-4 is not required. Eff. 2/1/2011.</p>	SROI CB	14 Days after the Date Payment was Mailed by the Claim Administrator
EXISTING CLAIM: Suspending All Indemnity Benefit(s) (Full Suspension)	<p>If all Indemnity Benefits are suspended due to one of the following reasons and</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <p>Note: Send FORM DFS-F2-DWC-4 to employee and employer. (cont'd next page)</p>	SROI	14 Days after the Date the Claim Administrator Decided to Suspend All Indemnity Benefits
	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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<u>EXISTING CLAIM:</u> Suspension of PT Supp Benefits Only (Partial Suspension)	If PT Supplemental Benefits (BT 021) are being suspended, but PT Benefits (BT 020) are continuing to be paid, and <ul style="list-style-type: none"> Electronic Notice of Action or Change is due Note: Send FORM DFS-F2-DWC-4 using Remarks, or explanatory letter to the employee and employer.	SROI P7	14 days after the Date the Claim Administrator Suspended PT Supp
<u>EXISTING CLAIM:</u> Reinstatement of Indemnity Benefits	The claim administrator is reinstating Indemnity Benefits following a prior suspension and <ul style="list-style-type: none"> Electronic Notice of Action or Change is due Note: Send FORM DFS-F2-DWC-4 to employee and employer.	SROI RB	14 days after the Claim Administrator Had Knowledge of the Need to Reinstatement Indemnity Benefits
	Employer resumed payment of salary in lieu of compensation following the suspension of all prior employer paid indemnity. Note: FORM DFS-F2-DWC-4 is <u>not</u> required to be sent to the employee or employer.	SROI ER	14 days after the Claim Administrator was Notified of the Reinstatement of Indemnity Benefits by the Employer

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<u>EXISTING CLAIM:</u> Cancellation of Claim	<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"> 1. Claim was actually a Medical Only Claim (no lost time > 7 days; indemnity not actually payable and check may or may not be returned/voided/cancelled, Or, 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, 3. Claim was transferred to another jurisdiction's workers' comp act and no indemnity payments have been paid/reported, <p>and</p> <ul style="list-style-type: none"> • Electronic Notice of Cancellation is due <p>Note: There is no DWC Form equivalent required by Rule Chapter 69L-3.</p>	FROI 01	Immediately Upon Claim Administrator's Knowledge of the Need to Cancel

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

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<u>EXISTING CLAIM:</u> Payment after Lump Sum Payment/Settlement	<p>Initial Payment of Indemnity Benefits 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"> Electronic Notice of Action or Change is due <p>Note: No DWC Form required to be sent to employee and employer per Rule 69L-3.</p>	SROI IP Only	14 Days after the Date Payment was Mailed by the Claim Administrator
<u>EXISTING CLAIM:</u> Initial Payment by Acquiring Claim Administrator	<p>Initial Payment of Indemnity Benefits 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"> Electronic Notice of Action or Change is due <p>Note: No DWC Form required to be sent to employee and employer per Rule 69L-3.</p>	SROI AP	14 Days after the Date Payment was Mailed by the Claim Administrator

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		MTC	Due Date
<u>EXISTING CLAIM:</u> Rescission of Denial where no indemnity benefits are payable at time of denial rescission	<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"> Electronic Notice of Rescinded Denial is due <p>NOTE: Report Denial Rescission Date. First Report of Injury or Illness is already on file with the Division. Send FORM DFS-F2-DWC-12 to employee and employer.</p>	SROI 02	14 Days after the Date the Denial was Rescinded
<u>EXISTING CLAIM:</u> Employer Payment of Indemnity Benefits following Denial (Denial Rescission)	<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"> Electronic Notice of Rescinded Denial is due <p>NOTE: First Report of Injury or Illness is already on file with the Division. Send FORM DFS-F2-DWC-12 to employee and employer.</p>	SROI EP only	14 Days after the Date the Denial was Rescinded
<u>EXISTING CLAIM:</u> Employer Payment of Indemnity Benefits following Denial Rescission (SROI 02)	<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"> Electronic Notice of Action or Change is due <p>NOTE: First Report of Injury or Illness is already on file with the Division. Send DWC-4 or Letter from Claim Admin. advising that payments are being initiated.</p>	SROI EP only	14 days after the Claim Administrator was Notified of the Payment of Indemnity Benefits by the Employer

Florida Claims EDI Release 3

MTC Filing Instructions

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
<u>EXISTING CLAIM:</u> Initial Payment of Indemnity Benefits by Claim Admin. following Denial Rescission (SROI 02)	<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"> Electronic Notice of Action or Change is due <p>NOTE: First Report of Injury or Illness is already on file with the Division. Send DWC-4 or Letter from Claim Admin. To ee and er to advise payments are being initiated.</p>	SROI IP only	14 Days after the Date Payment was Mailed by the Claim Administrator
<u>EXISTING CLAIM:</u> Initial Payment of Indemnity Benefits via Lump Sum Payment or Settlement by Claim Admin. following Denial Rescission (SROI 02)	<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"> Electronic Notice of Action or Change is due <p>NOTE: First Report of Injury or Illness is already on file with the Division. Send DWC-4 or Letter from Claim Admin. advising that payments are being initiated.</p>	SROI PY only	14 Days after the Date Payment was Mailed by the Claim Administrator

Florida Claims EDI Release 3

MTC Filing Instructions

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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
Reporting Indemnity Settlement for DOI where Settlement Amount is reported on another DOI	<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"> Electronic First Report of Injury or Illness is due <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Electronic Notice of Action or Change is due <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>FROI 00 with SROI PY</p> <p style="text-align: center;">OR</p> <p>PY Only</p>	<p>14 Days after the Date Payment was Mailed by the Claim Administrator</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.