

State of Alaska Bill Walker, Governor	Alaska Workers' Compensation Division PO Box 115512 Juneau, Alaska 99811-5512		
Department of Labor and Workforce Development	BULLETIN	Number 15-05	Date January 22, 2016
Heidi Drygas, Commissioner	SUBJECT REFERENCE	Filing Requirements for the 2015 Annual Report; Paying SIF Contributions; Paying Workers' Safety and Compensation Fees AS 23.30.155 & 8 AAC 45.136; AS 23.40.040; AS 23.05.067	

The following are filing requirements for annual reports under AS 23.30.155 & 8 AAC 45.136; paying Second Injury Fund (SIF) contributions under AS 23.30.040; and paying Workers' Safety and Compensation Administration Account (WSCAA) fees under AS 23.05.067 for self-insured employers.

This bulletin supersedes and replaces all prior bulletins regarding filing of annual reports, and SIF & WSCAA contributions.

These requirements are effective for the calendar year 2015 annual report, which is **due on or before March 1, 2016.**

Please review the filing requirements carefully to ensure that your filing is in compliance, and to avoid penalties and interest for incorrect filings.

The Workers' Compensation Department is required to uphold Alaska Statute 45.48 – Personal Information Protection Act and the State of Alaska Protection of Information Policy, PP 14-003. All email transactions containing non-encrypted Personally Identifiable Information will be sent securely.

Approved process for sending sensitive information to external parties:

1. Information must be sent as a .pdf attachment to an encrypted email.
2. IronPort, the secured email solution. External User Guide and FAQs - <http://doa.alaska.gov/ets/SecureEmail/index.html>.

Annual Assessments and FeesPages 2 - 4
Annual Periodic Reports	
1. Frequently Asked QuestionsPage 4
2. Electronic Trading Partner Filers – Electronic Data Interchange (EDI) Submissions.Page 4 - 5
3. Paper Trading Partner Filers Submissions – for partners that send in paper reports to the division.Pages 5 - 17

Questions concerning the annual report filing or the SIF and WSCAA fees may be addressed to:

Division of Workers' Compensation
 Department of Labor & Workforce Development

Contact	Mailing Address	Physical Address
Ted Burkhart Phone: (907) 465-6055 Email: Ted.Burkhart@Alaska.gov	PO Box 115512 Juneau, AK 99811-5512	1111 W. 8 th Street, Ste. 305 Juneau, AK 99801

Annual Reports of Insurance Distributions

Alaska Statute 23.30.155(m) requires that each insurer or adjuster file a report providing all compensation activity for the previous year annually with the Alaska Workers' Compensation Board. **The report is due on or before March 1st.** Each insurer or adjuster **must also submit the following assessments and fees.**

Assessments and Fees

Together with the annual report, each insurer or the insurer's claims adjuster (Not Both), uninsured employer, or self insured employer must submit payment of their Second Injury Fund (SIF) contribution and their Workers' Safety and Compensation Administration Account (WSCAA) fees.

Second Injury Fund Contribution

1. The Second Injury Fund (SIF) contribution is due at the time of the annual report filing, **which is on or before March 1st** (AS 23.30.040). **Do not submit SIF contributions with termination reports during the year.**
2. SIF contributions are assessed against *each claim, based on the year of the injury and the SIF contribution rate in effect at that time* (see **Table 1**). The coming year's contribution rate is announced via bulletin each December, see <http://www.labor.state.ak.us/wc/bulletins.htm>.
3. SIF contributions are paid on **ALL** claims, irrespective of whether SIF reimbursement is currently being received on the claim. No SIF payment should be submitted for a claim where the SIF assessed amount due is less than \$20.00.

Workers' Safety and Compensation Administration Account Fee (WSCAA)

1. Insurance companies, self-insured employers, and uninsured employers are required to pay a service fee for state administration of workers' compensation (AS 23.05.067).
2. **Insurance companies:** service fee is included in the annual premium tax assessment under AS 21.09.210. There are no additional filing requirements with the Division of Workers' Compensation. The Alaska Division of Insurance will process the fee transfer.
3. **Self-Insured Employers** under AS 23.30.090: must submit a service fee with their annual report, **on or before March 1st**. The amount of the service fee is a percentage of the total payments reported on the annual report, excluding the amount of the SIF contribution. The contribution rate for calendar year 2015, due March 1, 2016 is 2.90% (see **Table 2**).
4. **Uninsured Employers:** must submit a service fee with their annual report, **on or before March 1st**. The amount of the service fee is a percentage of the total payments reported on the annual report, excluding the amount of the SIF contribution. The contribution rate for calendar year 2015, due March 1, 2016 is 2.90% (see **Table 2**).

Annual Penalty Assessment Reports

Upon completion of the annual report data review, the Workers' Compensation Division will return a preliminary annual report penalty assessment. **The insurer or adjuster, uninsured employer or self-insured employer has 30 days to submit corrections to the original annual report filing. After 30 days, all penalties are final.** Final penalty assessments may be appealed by petition to the Alaska Workers' Compensation Board.

The Penalty report will include:

1. An assessment for unpaid SIF contributions.
2. An assessment for unpaid Workers' Safety and Compensation fees.
3. SIF penalties for late compensation report filing, pursuant to AS 23.30.155(c).
4. Waiver of 155(c) penalties pursuant to AS 23.30.155(m). Waiver penalties are based on total late payments for reporting year / total all payments for reporting year (p. 82, Legislative Audit Report, No. 07-4601-00, October 31, 1999).
5. Civil penalties for late report filing pursuant to AS 23.30.155(m).
6. Error listing and civil penalty for incomplete and inaccurate report, pursuant to AS 23.30.155(m) and 8 AAC 45.136.
7. **Penalties will be assessed for late filed compensation reports filed after January 1, 2015, due March 1, 2016.**

RATES:

Table 1 - Second Injury Fund Rate		Table 2 - WSCAA				
YEAR	RATE	2001	2002	2003	2004 +	
1959-66	2% ppd					
1966-70	5% ppd					
1971-81	8% ppd					
1982-85	6% ttd, tpd, ppi & ptd					
1986	5% ttd, tpd, ppi & ptd					
1987-89	0%					
1990	3% ttd, tpd, ppi & ptd					
1991	5% ttd, tpd, ppi & ptd					
1992-94	6% ttd, tpd, ppi & ptd					
1995	5% ttd, tpd, ppi & ptd					
1996	6% ttd, tpd, ppi & ptd					
1997-98	5% ttd, tpd, ppi & ptd					
1999	6% ttd, tpd, ppi & ptd					
2000	5% ttd, tpd, ppi & ptd					
2001-08	6% ttd, tpd, ppi & ptd					
2009	5% ttd, tpd, ppi & ptd					
2010	4% ttd, tpd, ppi & ptd					
2011	5% ttd, tpd, ppi & ptd					
2012	6% ttd, tpd, ppi, & ptd					
2013	6% ttd, tpd, ppi, & ptd					
2014	6% ttd, tpd, ppi, & ptd					
2015	6% ttd, tpd, ppi, & ptd					
2016	6% ttd, tpd, ppi, & ptd					
		Insurance Companies **	2.31%	2.17%	2.03%	1.82%
		Self Insurers	0.90%	1.70%	2.40%	2.90%
		Uninsured Employers	3.6%	3.40%	3.20%	2.90%

** Insurance companies: service fee is included in the annual premium tax assessment under AS 21.09.210.

PAYMENTS:

Second Injury Fund and Workers Safety and Compensation Administration Account assessments are due by March 1.

Please make checks payable to the Second Injury Fund.

Send payments to the Department of Labor, Second Injury Fund

Mailing Address	Physical Address
PO Box 115512 Juneau, AK 99811-5512	1111 W. 8 th Street, Ste. 305 Juneau, AK 99801

A check payable to the Second Injury Fund **must be submitted on or before March 1st**. Interest and penalties will be applied to filings and/or payments received after March 1st. **A single aggregate check must be sent for each insurer's report, rather than a separate check for each claimant.** A separate spreadsheet must accompany payment (spreadsheet maybe emailed separately to Ted Burkhart) by March 1. The spreadsheet format layout will be JCN (AWCB#), SIF amount due, and/or WSCAA amount due (in this order), if applicable.

ANNUAL REPORT FILING REQUIREMENTS

An annual report must be submitted for each insurance company that incurred workers' compensation claims expenses in the reporting year. The report may be submitted by either the insurer or the insurer's claims adjuster, **but not both**.

Frequently Asked Questions (FAQ's)

Will ADOL accept SROI AN on legacy claims?

Answer: Yes, however the UR FROI must be filed prior to SROI AN submission, to report any on-going payments. A FROI UR can only be filed once and compensation reports are submitted to the division on paper (exceptions: SROI AN (annual), 04 (controversion), FN (final)).

Are benefit totals just for calendar year or are they cumulative?

Answer: To be compliant with IAIABC standards, "sweep" benefits segment rules apply – aggregate financial information is sent. This applies to EDI trading partners and Paper Filer trading partners. Benefit type amount paid = cumulative paid to date.

Who do I contact to confirm reports of injuries to the Division?

Answer: An extract of injury reports received by the Division during the 2015 calendar year is available upon request. Please email requests to Kelly Swearingin: kelly.swearingin@alaska.gov

Who files report, if trading partner status changed in 2014 from Paper to Electronic and vice-versa?

Answer: Paper filer trading partner that submitted claims to ADOL, follow Paper Filer Trading Partner requirements. For claims submitted by EDI trading partner follow EDI trading partner requirements. It is possible that a partner may have both types of submissions to the division.

What is required by the Trading Partners concerning reporting of the SIF contribution or WSCAA assessment due?

Answer: On March 1, 2016 and each March 1 going forward, until notified otherwise by ADOL, the Division requires annual report submissions through an EDI SROI AN report (EDI trading partner) or the annual report spreadsheet (paper filer trading partner). However, SIF payments cannot be reported through EDI to the Division at this time.

ADOL has a separate business process for reporting SIF and WSCAA payments for the EDI trading partner. As a workaround to calculating your SIF and/or WSCAA payment, you may use the Annual Report Record Layout excel spreadsheet (see page 6) for that calculation or at minimum, report SIF and/or WSCAA on an excel spreadsheet listing: AWCB/JCN, SIF amount, and/or WSCAA amount (in that order) and submit to the Division (via email) along with the SIF and/or WSCAA payment, by March 1.

Will the Division calculate the SIF contribution or WSCAA due?

Answer: Currently, ADOL will not send out a preliminary SIF and/or WSCAA invoice prior to March 1, however, this is a goal for 2016 reporting. A query will run on all open/closed claims with reported compensation payments for the reporting year that do not have a subsequent filed final (FN) or suspension (Sx) report.

Electronic Data Interchange (EDI) Trading Partner- Electronic Reporting

The SROI AN (Annual) is due annually, beginning January 1 through March 1, for all claims having compensation payments in the previous calendar year. Additional information on event table, data requirements tables, edit matrix, Benefit Type Codes (BTCs), and Maintenance Type Codes (MTCs) may be found at <http://www.adoledi.info/guide>.

ADOL expects that **only one** SROI AN (Transaction Set ID A49) be reported during this timeframe. ADOL is receiving multiple SROI AN's for various claims. ADOL has implemented an edit to notify the Trading Partner(s) that only one SROI AN is allowed, via a transaction rejected acknowledgment. In addition, ADOL will accept a SROI AN after March 1, however the SROI AN will be considered a **late** filing.

Please refer to ADOL's Element Requirement Table for data element requirements on the SROI AN. MTC AN expected on:

- Open claims, if the claim is open at the time of Report Trigger value and compensation payments were made in the previous calendar year.
- Closed claims, if the claim has closed since the last annual periodic report and compensation payments were made in the previous calendar year.

- The above expectations apply to legacy claims (claims where the date Claim Administrator had knowledge of injury prior to 7/22/13 and a JCN<20132000). An accepted FROI-UR must be filed prior to submission of SROI AN.
- ADOL expects AN filed on any SROI requiring a payment of benefits and/or a payment of other benefit (ex. AP, IP, PY, RB, etc. . .).
- If no further payments of any kind are anticipated, ADOL expects a MTC FN or Sx pursuant to AS 23.30.155.
- Report **ALL payments** made with payment dates during the 2015 calendar year, regardless of the ‘from and through dates’; whether made by the employer, the insurer, or the adjuster (including overpayments and employer wage continuations).
- EDI Trading Partners must submit documentation for their SIF/WSCAA payments separately in the following record layout: via excel sheet, listing AWCB number, SIF amount, and WSCAA amount (if applicable), in that order.

For more information, please visit www.adoledi.info or contact the ADOL EDI Support Team at dol.workerscomp.edi@alaska.gov.

Paper Filer Trading Partner

Paper filers filing requirements for 2015 annual reports, as follows:

The only acceptable reporting format for **paper filers** is the record layout format located at:

<http://www.labor.alaska.gov/wc/er-profit.html>.

Required fields: DN0006, DN0187, DN0188, DN0015, DN0005, DN0074, DN0073, DN0270, DN0042/0153/0152/0156, DN0043, DN0044, DN0031, and DN0314. If these fields are not completed or blank the annual report will be rejected and recorded as an incomplete filing. Please refer to page 6 for trading partners that file reports via Paper.

Reports must be submitted electronically on disk or via email using the Paper Filer Trading Partner Record layout format; hard-copy paper reports are not accepted. Single file submissions for an entire insurance group will not be accepted. Report submission format is described below, *reports received that are not in the described format will not be accepted and returned, and if applicable, late filing penalties may be applied to resubmission.*

- **Submit electronically only. Acceptable methods of transmissions are:**
 - Data on CD ROM disc, acceptable formats: excel spreadsheet (see record layout, only accept excel version 2007 and above).
 - Attached document in e-mail file. Acceptable formats: excel spreadsheet or a delimited text file
 - Multiple files maybe submitted in a single email or CD. Single file submission for an entire insurance group will not be accepted.
- **Submissions by hard-copy paper or by electronic means other than listed above will be returned.**
- A separate annual report file must be submitted for each insurance company. The remitter must identify each file submission by name of insurance company and the insurance company’s FEIN number.
- Each submission must clearly state:
 1. Person responsible for annual report filing.
 2. Remitter’s phone number, e-mail address and mailing address.
 3. This information must be on a label adhered to each floppy disk, CD ROM or set out in the body of the e-mail filing.
 4. DO NOT file by out of state TPA name or by business account.
- Report **ALL payments** made with payment dates during the 2015 calendar year, regardless of the ‘from and through dates’; whether made by the employer, the insurer, or the adjuster (including overpayments and employer wage continuations).
- **The file must be in the same data sequence as indicated in the enclosed record layout.**

- An extract of injury reports received by the Division during the 2015 calendar year is available upon request. Please email requests to Kelly Swearingin: kelly.swearingin@alaska.gov

- **Submit annual reports to:**

Ted Burkhart	
Labor and Workforce Development	
Workers' Compensation Division - Second Injury Fund	
Mailing Address PO Box 115512 Juneau, AK 99811-5512	Physical Address 1111 W. 8 th Street, Ste. 305 Juneau, AK 99801
Contact Information Phone: (907) 465-6055 Email: Ted.Burkhart@Alaska.gov	

PAPER FILER TRADING PARTNER ANNUAL REPORT – RECORD LAYOUT FORMAT

The Annual Report Record Layout spreadsheet may be downloaded from:

<http://www.labor.alaska.gov/wc/er-profit.html>, go to Forms, under Quick Links, select Form 07-6115.

Record Layout:

A1: Paper filer trading partner name

A2: Paper filer trading partner FEIN

Line 6 is the first claimant record, followed by line 7 (A7, B7, C7 etc...)

Data Format Overview:

The records contain data elements as presented on the Record Layout below; each data element has a defined data format and an assigned position in the record. Prior to population of the data element in the specific positions in the record, the position(s) where the data element will be placed is defined as spaces to indicate absence of data or no population of data in the field. The data format becomes applicable only when the data element is populated in the record.

Each field, if populated, should be populated based on the data element's data format. If a field is not populated, then it will be passed as spaces to retain data positioning for all data elements.

Spaces indicate absence of data for every field in a record.

- **Dates:** Type = DATE: mm/dd/yyyy
- **Monetary Amounts:** Type = 9.20 (without characters)
 - ◆ Monetary Amount fields should not be 'defaulted' to zeros; they should be populated with zero only if it is the actual value of the data element. Monetary amounts must be > 0.00. **Fields should be blank if nothing to report.**
 - ◆ Valid entries consist of ten numeric digits with the **dollar sign assumed and the decimal point included.** Negative amounts or default of zeros in a monetary amount field are not valid. Spaces indicate absence of data.
- **Numeric:** Type = N
 - ◆ Numeric fields should not be 'defaulted' to zeros; they should be populated with zero only if it is the actual value of the data element. **Claim weeks and days can be zero and should be reported as such, if applicable.**
 - ◆ Data elements that are assigned the format of N should be populated with only valid numeric characters. Valid values consist of 0 – 9 and are right justified zero filled to the left. Default of zeros in a numeric field is not valid. Spaces indicate absence of data.
 - ◆ Example: 3 numeric '123' in 6 byte field = 000123

- **Alphanumeric:** Type = A/N
 - ◆ Data elements that are assigned the format of A/N consist of a sequence of any characters from common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. When using an alphanumeric field, the significant characters are always left justified in the field with any remaining space in the field padded with spaces. Left justified implies that the data must start in the first position of the field. Spaces indicate absence of data. Alphanumeric character set includes those selected from the uppercase letters, lower case letters, numeric digits, space character, and special characters as follows: A...Z, a...z, 0...9, < . > / ? ; : ' " [{ } \ | ` ~ ! @ # \$ % ^ & * () - _ = + (space). Use of any special characters as record delimiters is subject to the trading partner agreement identifying delimiters. Use of any of the alphanumeric characters is permitted in data elements with the alphanumeric data type unless otherwise indicated in a Data Population Rule.

Field Column /Row	Data Element Title	DN #	Data Format	Definition
A1	PAPER FILER NAME		Alpha	Paper filer trading partner name
A2	PAPER FILER FEIN		Numeric	Paper filer trading partner FEIN
A6	INSURER FEIN	DN0006	9 Numeric	The Federal Employer Identification Number (FEIN) of the insurance company, self-insured, or guarantee fund assuming the employer's financial responsibility for this claim.
B6	Claim Administrator FEIN	DN0187	9 Numeric	The Federal Employer Identification Number of the entity licensed or allowed by a jurisdiction to adjust a claim.
C6	Claim Administrator Name	DN0188	40 Alpha Numeric	The legal name of the entity adjusting the claim.
D6	Claim Administrator Claim Number	DN0015	25 Alpha Numeric	A unique identifier for each specific claim within a claim administrator's claims processing system.
E6	AWCB NUMBER: (AKA Jurisdiction claim number)	DN0005	25 Alpha Numeric	The number assigned by the Alaska Workers' Compensation Division to identify a specific claim.
F6	Claim Type Code	DN0074	1 Alpha Numeric	A code representing the current classification of the claim as interpreted by the jurisdiction. M = Medical Only I = Lost Time/Indemnity N = Notification Only B = Became Medical Only L = Became Lost Time/Indemnity
G6	Claim Status Code	DN0073	1 Alpha Numeric	A code representing the claim administrator's current status. O = Open C = Closed R = Re-open X = Re-open/Closed
H6	Employee (Claimant) ID Type	DN0270	1 Alpha Numeric	Identifies the employee ID being transmitted. E = Employee Employment Visa (DN0152) G = Employee Green Card (DN0153) P = Employee Passport Number (DN0156) S = Employee Social Security Number (DN0042) There are four types of Employee ID numbers for AK: Only one type can be sent. If SSN is known, it is preferred.
I6	Employee (Claimant) ID Number	DN0042, DN0153, DN0152, DN0156	9 Alpha Numeric 15 Alpha Numeric 15 Alpha Numeric 15 Alpha Numeric	DN0042 = An identification number issued by the Social Security Administration used to record an individual's reported wages or self-employment income. DN0152 = The number assigned to an endorsement to a passport, by the proper authority, to note examination of the passport, and authorization of the bearer to proceed. DN0153 = The number assigned by the United States Government and issued on an official document to foreign nationals permitting them to work in the United States. (Alien identification number.) DN0156 = The number assigned to an officially recognized passport by a country's government to one of its citizens that authenticates the bearer's identity, citizenship, right to protection while abroad, and right to re-enter his or her native country.

Field Column /Row	Data Element Title	DN #	Data Format	Definition
J6	Employee (Claimant) Last Name	DN0043	40 Alpha Numeric	The employee's legally recognized last name. This field may only include a hyphen, apostrophe, or multiple words if contained in the person's legally recognized last name.
K6	Employee (Claimant) Last Name Suffix	DN0255	4 Alpha Numeric	The legally recognized last name suffix, which is used on legal documents (Jr., Sr., II, III etc.)
L6	Employee (Claimant) First Name	DN0044	15 Alpha Numeric	The employee's legally recognized first name. This field may only include a hyphen, apostrophe, or multiple words if contained in the person's legally recognized first name.
M6	Employee (Claimant) Middle Name/Initial	DN0045	15 Alpha Numeric	The employee's legally recognized middle name or initial.
N6	Date of Injury	DN0031	8 Date	The date of reported injury. For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.
O6	Insured FEIN	DN0314	9 Alpha Numeric	The Federal Employer Identification Number (FEIN) corresponding to and uniquely identifying the insured.
P6	Concurrent Employer (1) Name	DN0141	40 Alpha Numeric	The legal name of an additional employer who employed the employee, independently of the employer associated with the injury, during the period when the injury occurred.
Q6	Concurrent Employer (1) Contact Business Phone	DN0142	15 Alpha Numeric	The phone number associated with the Concurrent Employer Name. Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.
R6	Concurrent Employer (1) Wage	DN0143	9.20	The average wage the employee was earning at a concurrent employer at the time of the injury as calculated by the Claim Administrator or jurisdictional authority for the wage period. The wage period for the concurrent employer is always equivalent to the Wage Period Code (DN0063) for the primary employer.
S6	Concurrent Employer (2) Name	DN0141	40 Alpha Numeric	The legal name of an additional employer who employed the employee, independently of the employer associated with the injury, during the period when the injury occurred.
T6	Concurrent Employer (2) Contact Business Phone	DN0142	15 Alpha Numeric	The phone number associated with the Concurrent Employer Name.
U6	Concurrent Employer (2) Wage	DN0143	9.20	The average wage the employee was earning at a concurrent employer at the time of the injury as calculated by the Claim Administrator or jurisdictional authority for the wage period. The wage period for the concurrent employer is always equivalent to the Wage Period Code (DN0063) for the primary employer.
V6	Death Result of Injury Code	DN0146	1 Alpha Numeric	A code that indicates whether the worker's death was a result of the injury. Y = Yes N = No U = Unknown
W6 – AH6	Dependent/Payee Relationships	DN0097	2 Alpha Numeric (first position is relationship and second position is birth order). Both positions must be populated with values before being sent to the	The code identifying the relationship of the qualified dependent(s)/payee(s) to the deceased employee. R = Relationship 2 = Widow 3 = Widower 4 = Son or Daughter 5 = Brother or Sister 6 = Mother or Father 7 = Disabled Child 8 = Jurisdiction Fund(s)/Estate 9 = Other

Field Column /Row	Data Element Title	DN #	Data Format	Definition
			jurisdiction.	<p>N = Numerical Birth Order 0 – 9 Birth order for each Relationship classification (Use 0 when paying Jurisdiction Fund/Estate) Both positions must be populated with values before being sent to the jurisdiction.</p>
AI6 – AQ6	<p>Medical Benefits</p> <p>Medical Lump Sum Payment/Settlement (AI6 – AK6)</p> <p>Other Medical Benefits (AL6 – AQ6)</p>	<p>DN0086-501, DN0088-501, DN0089-501,</p> <p>DN0215-350, DN0215-360, DN0215-370,</p>	<p>9.20 Start Date (8 Date) Through Date (8 Date)</p> <p>9.20</p>	<p>Includes, physician’s fees, nurse’s charges, hospital charges, medicine, prosthetic devices, physical therapy, etc.</p> <p>DN0086= The cumulative paid to date amount for the Benefit Type Code(s) being reported. For acquired claims, the Benefit Type Amount Paid will be the cumulative paid to date amount by the acquiring claim administrator.</p> <p>DN0088= For all MTC’s that are initiating or reinstating a Benefit Type Code (AB, IP, RB, EP, ER, CB): The Benefit Period Start Date is the first date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code. For MTC AP and all subsequent MTC’s filed on acquired claims, the Benefit Period Start Date is the first date of the uninterrupted period of benefit payments made by the acquiring claim administrator that corresponds to the Benefit Type Code. This may be prior to the acquisition date if the acquiring claim administrator issued payment(s) for a period of time in which the file was handled by the previous claim administrator. For MTC’s (on non-acquired claims) that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, UR, and 04 if preceded by payment): The Benefit Period Start Date is the earliest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.</p> <p>DN0089= For all MTC’s that are initiating or reinstating a Benefit Type Code (AB, AP, IP, RB, EP, ER, CB): The Benefit Period Through Date is the latest date of the uninterrupted period of benefit payments that corresponds to the Benefit Type Code. For MTC’s that are not initiating or reinstating a Benefit Type Code (Sx, Px, PY, CA, RE, PD, CO, FN, AN, BM, BW, MN, QT, SA, and UR): The Benefit Period Through Date is the latest date for that Benefit Type Code regardless of whether multiple benefit periods have been paid for that Benefit Type Code.</p> <p>Other Benefit Type Amount = DN0215 The cumulative amount paid to date associated with an Other Benefit Type Code (DN0216). For acquired claims, the Other Benefit Type Amount will be the cumulative amount to date associated with an Other Benefit Type Code paid by the acquiring claim administrator.</p> <p>Other Benefit Type Code = DN0216 A code identifying miscellaneous benefits not otherwise specifically defined with a Benefit Type Code (DN0085). 350= Total Payments to Physicians – Sum of services paid to physicians for this claim. 360= Total Hospital Costs – Sum of services paid to hospitals for this claim. 370= Total Other Medical – Sum of medical services not otherwise reported for this claim. 440= Total Unallocated Prior Medical – Sum of prior medical paid to date by the previous Claim Administrator(s). 450= Total Pharmaceutical Costs – Sum of the prescribed</p>

Field Column /Row	Data Element Title	DN #	Data Format	Definition
		DN0215-440, DN0215-450, DN0215-455		pharmacy costs paid for this claim. 455= Total Dental Expenses – Sum of dental expenses paid for this claim.
AR6 – BD6	Temporary Total Benefits Paid Employer Paid TTD (AW6 – BA6) TTD Lump Sum/Settlement (BB6-BD6)	DN0086-050, DN0088-050, DN0089-050, DN0090-050, DN0091-050, DN0086-250, DN0088-250, DN0089-250, DN0090-250, DN0091-250, DN0086-550, DN0088-550, DN0089-550	9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N 9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N 9.20 Start Date (8 Date) Through Date (8 Date) N = Numeric	Total Temporary Total Disability Compensation payments. For acquired claims, the Benefit Type Amount Paid will be the cumulative paid to date amount by the acquiring claim administrator. DN0086, DN0088, DN0089, DN0090, DN0091: SEE AI-AQ Medical Benefit Definitions. 050= Temporary Total Disability compensation payments. Benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover, and which period precedes the date of maximum medical improvement. 250= Employer Paid Temporary Total Wages paid by the employer in lieu of Temporary Total compensation due. 550= Temporary Total Lump Sum Payment/Settlement Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for the period during which the claimant is unable to perform any work for pay as a result of disability from which that individual can be expected to fully recover and which period precedes the date of maximum medical improvement.
BD6 – BQ6	Temporary Partial Disability Paid Employer Paid TPD (BJ6 – BN6) TPD Lump Sum / Settlement Paid (BO6 – BQ6)	DN0086-070, DN0088-070, DN0089-070, DN0090-070, DN0091-070, DN0086-270, DN0088-270, DN0089-270, DN0090-270, DN0091-270, DN0086-570, DN0088-570, DN0089-570	9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N 9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N 9.20 Start Date (8 Date) Through Date (8 Date) N = Numeric	Temporary Partial Total Disability compensation payments. DN0086, DN0088, DN0089, DN0090, DN0091: SEE AI-AQ Medical Benefit Definitions. 070= Temporary Partial Benefits paid or payable for the period during which the claimant, as a result of disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving or is entitled to receive a reduced rate of pay, and which period precedes the date of maximum medical improvement. 270= Employer Paid Temporary Partial Wages paid by the employer in lieu of Temporary Partial compensation due. 570= Temporary Partial Lump Sum Payment/Settlement Lump Sum Payment/Settlement amount to end past, present, or future liability benefits paid or payable for the period during which the claimant, as a result of a disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving a reduced rate of pay and which period precedes the date of maximum medical improvement.
BQ6 – CI6	Permanent Partial Impairment Paid			Total Permanent Partial Impairment Permanent Partial Impairment compensation payments. For injuries prior to July 1, 1988, it is Permanent Partial Disability payments.

Field Column /Row	Data Element Title	DN #	Data Format	Definition
	Employer Paid PPI (BW6 – CA6)	DN0086-030, DN0088-030, DN0089-030, DN0090-030, DN0091-030, DN0086-230, DN0088-230, DN0089-230, DN0090-230, DN0091-230,	9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N	DN0086, DN0088, DN0089, DN0090, DN0091: SEE AI-AQ Medical Benefit Definitions. 030= Permanent Partial Scheduled Benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of body that was injured subject to limitations set forth in the statute. This includes: Wage loss without impairment – Benefits paid or payable for injuries not resulting in permanent disability, but with an impairment rating of at least 1% and post-injury wages of less than 80% of the pre-injury wage. Impairment income benefits – Paid scheduled Impairment Benefits on permanent partial claims. Supplemental earnings without permanent partial – Benefits paid or payable for injuries, which are not covered by permanent partial schedule that cause wage loss of at least 10%. Scheduled Disabilities – Benefits paid or payable for injuries that specifically appear on the schedule. Economic Recovery – Benefits paid or payable for permanent partial injuries not covered in the schedule.
	Employer Paid Unspecified (CB6 – CF6)	DN0086-240, DN0088-240, DN0089-240, DN0090-240, DN0091-240,	9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N	230= Employer Paid Permanent Partial Scheduled Wages paid by the employer in lieu of Permanent Partial Scheduled compensation due. 240= Employer Paid Unspecified Wages paid by the employer in lieu of compensation of an unspecified benefit type due.
	PPI Lump Sum / Settlement Paid (CG6 – CI6)	DN0086-530, DN0088-530, DN0089-530	9.20 Start Date (8 Date) Through Date (8 Date) N = Numeric	530= Permanent Partial Scheduled Lump Sum Payment/Settlement Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable as established by a statutory list (schedule) of payments for certain injuries. The benefit amount is determined by the part of the body that was injured subject to limitations set forth in the statute. Includes, as described above in Benefit Type Code 030 Permanent Partial Scheduled: — Wage Loss Without Impairment — Impairment Income Benefits — Supplemental Earnings Without Permanent Partial — Scheduled Disabilities Economic Recovery.
CJ6 – CQ6	Permanent Total Disability Paid	DN0086-020, DN0088-020, DN0089-020, DN0090-020, DN0091-020,	9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N	Permanent Total Disability compensation payments. 020= Permanent Total Benefits paid or payable for the loss of or the permanent loss of use of any body part or function, which renders the claimant unable to engage in any employment or occupation. DN0086, DN0088, DN0089, DN0090, DN0091: SEE AI-AQ Medical Benefit Definitions.
	Permanent Total Lump Sum / Settlement (CO6 –CQ6)	DN0086-520, DN0088-520, DN0089-520	9.20 Start Date (8 Date) Through Date (8 Date) N = Numeric	520= Permanent Total Lump Sum Payment/Settlement Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for the loss of or the permanent loss of use of any body part or function which renders the claimant unable to engage in any employment or occupation.
CR6	Total Penalties	DN0215-310	9.20	Total Penalties 310= Total Penalties – Sum of the penalties paid for this claim, including the penalty amount(s) paid to the employee/dependents (code 311).

Field Column /Row	Data Element Title	DN #	Data Format	Definition
CS6	Penalties Paid	DN0215-311	9.20	311= Total Employee Penalties - Sum of penalties paid to the employee/dependents for this claim. 25% Penalty – Penalty amount paid to claimant pursuant to 23.30.155(e) when an indemnity payment is not paid within seven days after it becomes due. (The penalty is 20% for injuries before July 1, 1998).
CT6 – DF6	Death Benefits Paid Employer Paid Death Benefits (CY6 – DC6) Death Lump Sum / Settlement Paid (DD6 – DF6)	DN0086-010, DN0088-010, DN0089-010, DN0090-010, DN0091-010, DN0086-210, DN0088-210, DN0089-210, DN0090-210, DN0091-210, DN0086-510, DN0088-510, DN0089-510	9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N 9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N 9.20 Start Date (8 Date) Through Date (8 Date) N = Numeric	Total amount paid to dependents in cases where injury results in death of an employee. This includes all funeral benefits. DN0086, DN0088, DN0089, DN0090, DN0091: SEE AI-AQ Medical Benefit Definitions. 010 = Fatal Benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease. 210 = Employer Paid Fatal Benefits Wages paid by the employer in lieu of Fatal/Death compensation due. 510 = Fatal Lump Sum Payment/Settlement Lump Sum Payment/Settlement amount to end past, present, or future liability for benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.
DG6	Rehab Evaluation Costs	DN0215-380	9.20	Rehab Evaluation Costs Fees paid to rehabilitation specialist to complete an eligibility evaluation. 380 Total Vocational Rehabilitation Evaluation – Sum of vocational rehabilitation evaluation services for this claim.
DH6	Total Other Voc Rehab / Rehab Specialist Plan Fees & Other Voc Rehab - Total	DN0215-400	9.20	Total Other Voc Rehab/ Rehab Specialist Plan/Monitor Fees Fees paid to rehabilitation specialist to formulate a rehabilitation plan. 400 Total Other Vocational Rehabilitation – Sum of vocational rehabilitation services not otherwise reported for this claim.
DI6	Voc Rehab Education / Rehab Plan Costs - Total	DN0215-390	9.20	Voc Rehab Education/ Rehab Plan Costs Costs incurred for rehabilitation, excluding .041(k) wages and rehabilitation specialist fees. Includes tuition books, tools, supplies, transportation, lodging, job modifications devices, etc. 390 Total Vocational Rehabilitation Education – Sum of vocational rehabilitation education payments for this claim.
DJ6 – DN6	Employer Paid Voc Rehab Maintenance / 041(k) Wages Paid	DN0086-242, DN0088-242, DN0089-242, DN0090-242, DN0091-242	9.20 Start Date (8 Date) Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N N = Numeric	041(k) Wages Paid Amount paid to employee who is receiving rehabilitation services, and whose PPI benefits are exhausted before the end of the plan. DN0086, DN0088, DN0089, DN0090, DN0091: SEE AI-AQ Medical Benefit Definitions. 242 = Employer Paid Vocational Rehabilitation Maintenance Wages paid by the employer in lieu of Vocational Rehabilitation Maintenance compensation due.
DO6- DS6	Vocational Rehabilitation Maintenance / 041(k) Wages Paid	DN0086-410, DN0088-410,	9.20 Start Date (8 Date)	041(k) Wages Paid Amount paid to employee who is receiving rehabilitation services, and whose PPI benefits are exhausted before the end of the plan. DN0086, DN0088, DN0089, DN0090, DN0091: SEE AI-AQ Medical Benefit Definitions. 410 = Vocational Rehabilitation Maintenance Weekly maintenance benefits paid while the claimant is

Field Column /Row	Data Element Title	DN #	Data Format	Definition
		DN0089-410, DN0090-410, DN0091-410	Through Date (8 Date) Claim Weeks – 4 N Claim Days – 1 N N = Numeric	participating in vocational rehabilitation program.
DT6 – DV6	VR Maintenance Lump Sum/Settlement 041(g) Benefits Paid	DN0086-541, DN0088-541, DN0089-541	9.20 Start Date (8 Date) Through Date (8 Date)	541= Vocational Rehabilitation Maintenance Lump Sum Payment/Settlement Total Lump Sum Payment/Settlement amount to end past, present, or future liability for weekly maintenance benefits paid while the claimant is participating in a vocational rehabilitation program. DN0086, DN0088, DN0089: SEE AI-AQ Medical Benefit Definitions.
DW6	Total Interest / Interest	DN0215-320	9.20	320= Total Interest – Sum of the interest paid for this claim, including the interest paid to the employee/dependents (code 321).
DX6	Total Employee Interest / Employee Interest	DN0215-321	9.20	321= Total Employee Interest – Sum of interest paid to the employee/dependents for this claim.
DY6	Attorney Fees Total Claimant’s Legal Expenses / Employee	DN0215-340	9.20	Employee attorney fees paid by employer or insurer. 340= Total Claimant’s Legal Expenses – Sum of the claimant’s legal expenses paid for this claim. Note: This excludes employee attorney fees that are determined to be the responsibility of the employee but are deducted from any lump sum payments/settlements. Those attorney fees should be coded as the same indemnity type as the lump sum payment/settlement. If part of a weekly indemnity check is redistributed to a claimant’s attorney, it should be sent as a weekly Benefit Redistribution Code “K” (Claimant Attorney Fees) rather than OBT Code 340.
DZ6	Attorney Fees Total Employer’s Legal Expenses / Employer	DN0215-330	9.20	Employer attorney fees paid by employer or insurer. 330= Total Employer’s Legal Expenses – Sum of the employer’s legal expenses paid for this claim.
EA6– EC6	Litigation Costs	DN0215-420, DN0215-421, DN0215-422	9.20	Fees paid for claim litigation, excluding attorney fees. 420= Total Expert Witness Fees – Sum of fees paid to expert witnesses for this claim. 421= Total Court Reporter Fees – Sum of fees paid to court reporters taking transcription at court hearings and depositions on this claim. 422= Total Private Investigator Fees – Sum of fees paid to private investigators monitoring and documenting activities of the claimant for this claim.
ED6 – EF6	Unspecified Lump Sum Payment/ Settlement	DN0086-500, DN0088-500, DN0089-500,	9.20 Start Date (8 Date) Through Date (8 Date)	500 Unspecified Lump Sum Payment/Settlement Lump sum payment/settlement amount that cannot be assigned to a specific benefit type. DN0086, DN0088, DN0089: SEE AI-AQ Medical Benefit Definitions.
EG6 – EI6	Employer Paid Lump Sum Payment/ Settlement	DN0086-524, DN0088-524, DN0089-524	9.20 Start Date (8 Date) Through Date (8 Date)	524 Employer Paid Lump Sum Payment/Settlement Lump Sum Payment/Settlement amount to end past, present, or future liability for wages paid by the employer in lieu of compensation of an unspecified benefit type due. DN0086, DN0088, DN0089: SEE AI-AQ Medical Benefit Definitions.
EJ6 – ER6	Other Costs - Total Unallocated Prior Indemnity Benefits	DN0215-430,	9.20	Agent fees, adjuster fees, or other expenditures not covered in any of the other payment categories (excludes adjuster case management/ administration fees).

Field Column /Row	Data Element Title	DN #	Data Format	Definition
	<p>Employee Medical-Legal</p> <p>Total Employer/Claim Administrator Medical-Legal Costs</p> <p>Total Agreed Upon /Directed Medical-Legal Costs</p> <p>Total Funeral Expense (not otherwise defined)</p> <p>Total Physical Therapy Costs</p> <p>Total Chiropractic Expenses</p> <p>Total Durable Medical Expenses</p> <p>Total Medical Travel Expenses</p>	<p>DN0215-480,</p> <p>DN0215-485,</p> <p>DN0215-490,</p> <p>DN0215-300,</p> <p>DN0215-460,</p> <p>DN0215-465,</p> <p>DN0215-470,</p> <p>DN0215-475</p>		<p>DN0215= The cumulative amount paid to date associated with an Other Benefit Type Code (DN0216). For acquired claims, the Other Benefit Type Amount will be the cumulative amount to date associated with an Other Benefit Type Code paid by the acquiring claim administrator.</p> <p>Other Benefit Type Codes – DN0216 430= Total Unallocated Prior Indemnity Benefits – Sum of prior indemnity benefits paid to date by the previous Claim Administrator(s). 480= Total Employee Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected by the employee and paid by the claim administrator for the purpose of adjudication or dispute resolution. 485= Total Employer/Claim Administrator Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected and paid by the employer/claim administrator for the purpose of adjudication or dispute resolution. 490= Total Agreed Upon/Directed Medical-Legal Costs – The cost for ordered evaluations, medical exams, and related non-treatment medical opinions selected by both parties or the jurisdiction and paid by the employer/claim administrator for the purpose of adjudication or dispute resolution. 300= Total Funeral Expense – Sum of the funeral expenses paid for this claim. Miscellaneous fees not otherwise specifically defined with a Benefit Type Code (DN0085). 460= Total Physical Therapy Costs – Sum of physical therapy expenses paid for this claim. Miscellaneous fees not otherwise specifically defined with a Benefit Type Code (DN0085). 465= Total Chiropractic Expenses – Sum of relevant chiropractic expenses paid for this claim. Miscellaneous fees not otherwise specifically defined with a Benefit Type Code (DN0085). 470= Total Durable Medical Costs – Sum of costs for durable medical goods paid for this claim. Miscellaneous fees not otherwise specifically defined with a Benefit Type Code (DN0085). 475= Total Medical Travel Expenses – Sum of relevant medical travel expenses paid for this claim. Examples are: mileage, room & board, childcare expenses etc. Miscellaneous fees not otherwise specifically defined with a Benefit Type Code (DN0085).</p>
ES6 – FD6	Recovery	<p>DN0225-800,</p> <p>DN0225-820,</p> <p>DN0225-830,</p> <p>DN0225-840,</p> <p>DN0225-845,</p> <p>DN0225-850,</p> <p>DN0225-860,</p> <p>DN0225-865,</p> <p>DN0225-866,</p> <p>DN0225-870,</p> <p>DN0225-880,</p> <p>DN0225-890</p>	9.20	<p>DN0225 = The sum of monies received by the insurer to date for the corresponding recovery code on a DN0226.</p> <p>DN0226 = Recovery Code = a code that identifies the type of recovery being made.</p> <p>800= Special Fund Recovery – Sum of monies recovered from special funds for this claim.</p> <p>820= Subrogation Recovery – Sum of monies recovered through subrogation for this claim.</p> <p>830= Overpayment Recovery – Sum of monies recovered due to overpayment of indemnity, medical or expenses for this claim.</p> <p>840= Unspecified Recovery – Sum of monies recovered through salvage and all others not defined for this claim.</p> <p>845= Apportionment/Contribution Recovery - Sum of monies recovered due to apportionment/contribution as a result of shared or partial liability(s) for this claim.</p> <p>850= Second Injury Fund – Monies reimbursed from a</p>

Field Column /Row	Data Element Title	DN #	Data Format	Definition
				<p>jurisdictional second injury fund.</p> <p>860= Future Credit Amount – The residual amount of monies available from a third party settlement after the insurer has recovered pre-paid benefits. Credit to be applied to future benefits.</p> <p>865= Vocational Rehabilitation - Monies reimbursed from a jurisdictional vocational rehabilitation fund.</p> <p>866= Uninsured Employer – Monies reimbursed from a jurisdictional uninsured employer fund.</p>
FE6 – SZ6	Benefit Adjustments / Credit / Redistribution (ACR) Benefit Adjustments	DN0092, DN0094, DN0125, DN0093	4 Alpha Numeric Start Date (8 Date) End Date (8 Date) 9.20	<p>Adjustments</p> <p>DN092= Benefit Adjustment Code A code identifying reductions or increases applied to the Gross Weekly Amount resulting in a new Net Weekly Amount for a specific benefit type.</p> <p>B = Benefit Adjustment Code (See values below)</p> <p>NNN = Benefit Type Codes (DN0085)</p> <p>Values: A = Apportionment/Contribution Weekly payment amount reduced for shared or partial liability(s).</p> <p>B = Subrogation (Third Party Offset) Weekly payment amount reduced for recovery from third party tortfeasor.</p> <p>E = Employer Provided Pension Weekly payment amount reduced for eligibility or payments under an employer provided pension program.</p> <p>G = Age 65 Reduction Weekly payment amount reduced after employee reaches age 65.</p> <p>I = Intoxication Weekly payment amount reduced due to employee's intoxication at the time of the injury.</p> <p>J = Appeal Adjustment Weekly payment amount reduced while case is on appeal.</p> <p>L = Disability Insurance/Income Weekly payment amount reduced for disability insurance/income eligibility or payment other than social security.</p> <p>N = Non-cooperation: Rehabilitation, Training, Education, and Medical Weekly payment amount reduced for non-cooperation/failure to comply with jurisdictional requirements.</p> <p>Q = Illegally Employed Minor Weekly payment amount increased for any minor less than 18 years of age whose employment has been shown to be illegal.</p> <p>R = Social Security Retirement Weekly payment amount reduced for eligibility for, or payments under, the Federal Old Age Survivors Act, 42 USC 402.</p> <p>S = Social Security Disability Weekly payment amount reduced for eligibility for, or payments under, the Federal Disability Act, 42 USC 423.</p> <p>T = Acceleration of Benefits Weekly payment amount increased over and above the compensation rate.</p> <p>U = Unemployment Compensation Weekly payment amount reduced for eligibility for, or payments under, unemployment compensation.</p> <p>V = Safety Violation Weekly payment amount reduced for safety violation(s).</p> <p>W = Partial Wage Continuation Weekly payment amount reduced for continuation of fringe</p>

Field Column /Row	Data Element Title	DN #	Data Format	Definition
	Benefit Credits	DN0126 DN0127, DN0128, DN0129	4 Alpha Numeric Start Date (8 Date) End Date (8 Date) 9.20	<p>benefits by the employer. (For example: room, board, health insurance, etc).</p> <p>X = Death Benefit Reduction Weekly payment amount reduced for eligibility for, or payment to survivors.</p> <p>Y = Partial Reimbursement of Claimant Attorney Fees Weekly payment amount increased to the employee for partial reimbursement of claimant attorney fees.</p> <p>Z = 2 Years Continuous Disability Weekly payment amount increased for employees who have been disabled for two continuous years and who are receiving a gross weekly amount, which is less than 50% of the jurisdiction average weekly wage for the year of injury.</p> <p>1 = Cost of Living Adjustment Weekly payment amount increased for cost of living adjustment.</p> <p>2 = Fraud/Misrepresentation Weekly payment amount reduced due to fraud/misrepresentation as defined by the jurisdiction.</p> <p>DN0094= Benefit Adjustment Start Date. The first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code. For acquired claims, the Benefit Adjustment Start Date will be the first date of the uninterrupted period in which the current Benefit Adjustment Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator. This may be prior to the acquisition date if the acquiring claim administrator issued an adjustment for a period of time in which the file was handled by the previous claim administrator.</p> <p>DN00125= Benefit Adjustment End Date. The last date through which the benefit adjustment was applied to the Benefit Type Code.</p> <p>DN0093= The weekly amount of benefit adjustment corresponding to the Benefit Adjustment Code.</p> <p>Benefit Credits DN0126=A code identifying a reduction that is applied to the Gross Weekly Amount to yield a new Net Weekly Amount to recoup monies previously paid. B = Benefit Credit Code (see values below) NNN = Benefit Type Code (DN0085) Values: C = Overpayment Recoupment of benefits paid, but not due. M = Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit Claim administrator's liability for payment of certain benefits is reduced or fully offset because the employer provided excess payments to the worker (in excess of the weekly benefit amount) by agreement, as provided by jurisdiction. P = Advance Reimbursement of pre-paid benefit/advance.</p> <p>DN0127= The first date of the uninterrupted period in which the current Benefit Credit Weekly Amount was applied to the Benefit Type Code. For acquired claims, the Benefit Credit Start Date will be the first date of the uninterrupted period in which the current</p>

Field Column /Row	Data Element Title	DN #	Data Format	Definition
	Benefit Redistribution	DN0130, DN0131, DN0132, DN0133,	4 Alpha Numeric Start Date (8 Date) End Date (8 Date) 9.20	<p>Benefit Credit Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator. This may be prior to the acquisition date if the acquiring claim administrator issued a credit for a period of time in which the file was handled by the previous claim administrator.</p> <p>DN0128= The last date through which the benefit credit was applied to the Benefit Type Code.</p> <p>DN0129= The weekly amount of benefit credit corresponding to the Benefit Credit Code (DN0126).</p> <p>Benefit Redistribution</p> <p>DN0130= A code identifying that a portion of the Net Weekly Amount is directed to another party on behalf of the employee or beneficiary, but which does not reduce the Gross Weekly Amount or affect the Net Weekly Amount. B = Benefit Redistribution Code (see values below) NNN = Benefit Type Code (DN0085) Values:</p> <p>H = Court Ordered Lien A portion of the Net Weekly Amount which is being sent to another party on behalf of the employee as a result of a court order (i.e. Child Support)</p> <p>K = Claimant Attorney Fees A portion of the Net Weekly Amount which is being sent to another party on behalf of the employee in order to pay attorney fees.</p> <p>DN0131= The first date of the uninterrupted period in which the current Benefit Redistribution Weekly Amount was applied to the Benefit Type Code. For acquired claims, the Benefit Redistribution Start Date will be the first date of the uninterrupted period in which the current Benefit Redistribution Weekly Amount was applied to the Benefit Type Code by the acquiring claim administrator. This may be prior to the acquisition date if the acquiring claim administrator issued a redistribution for a period of time in which the file was handled by the previous claim administrator.</p> <p>DN0132= The last date through which the benefit redistribution was applied to the Benefit Type Code.</p> <p>DN0133= The weekly amount of benefit redistribution corresponding to the Benefit Redistribution Code (DN0130).</p>