

**Alaska Department of Labor and Workforce Development (ADOL)
FROI SROI Release 3.0 Valid Value Table**

ADOL Claims EDI V2.5 Valid Values Table. Gray Highlights are an indication that the specific code is invalid in Alaska.

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	RB	Reinstatement of Benefit
04	Denial	RE	Reduced Earnings
AB	Add Concurrent Benefit Type	S1	Suspension, RTW or Medically Determined/Qualified to RTW
AP	Acquired/Payment	S2	Suspension, Medical Non-Compliance
CA	Change in Benefit Amount	S3	Suspension, Administrative Non-Compliance
CB	Change in Benefit Type	S4	Suspension, Claimant Death
CD	Compensable Death - No Known Dependents/Payees	S5	Suspension, Incarceration
CO	Correction	S6	Suspension, Claimant's Whereabouts Unknown
EP	Employer Paid	S7	Suspension, Benefits Exhausted
ER	Employer Reinstatement	S8	Suspension, Jurisdiction Change
FN	Final	S9	Suspended Pending Settlement Approval
IP	Initial Payment	SD	Suspension, Directed By Jurisdiction
P1	Partial Suspension, RTW or Med Determined/Qualified to RTW	SJ	Suspended Pending Appeal or Judicial Review
P2	Partial Suspension, Medical Non-Compliance	UI	Under Investigation
P3	Partial Suspension, Administrative Non-Compliance	UR	Upon Request
P4	Partial Suspension, Employee Death	VE	Volunteer
P5	Partial Suspension, Incarceration	AN	Annual
P7	Partial Suspension, Benefits Exhausted	BM	Bi-Monthly
P9	Partial Suspension Pending Settlement Approval	BW	Bi-Weekly
PJ	Partial Suspension Pending Appeal or Judicial Review	MN	Monthly
PD	Partial Denial	QT	Quarterly
PY	Payment Report	SA	Sub-Annual

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 TYPE CODE (DN0085)			
REGULAR BENEFIT TYPES:		LUMP SUM PAYMENTS/SETTLEMENTS:	
010	Fatal	500	Unspecified Lump Sum Pmt/Settlement
020	Permanent Total	501	Medical Lump Sum Pmt/Settlement
021	Permanent Total Supplemental	510	Fatal Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	520	Permanent Total Lump Sum Pmt/Settlement
040	Permanent Partial/Unscheduled	521	Perm Total Supp Lump Sum Pmt/Settlement
050	Temporary Total	524	Employer Paid Lump Sum Pmt/Settlement
051	Temporary Total Catastrophic	530	Perm Partial Sch Lump Sum Pmt/Settlement
070	Temporary Partial	540	Perm Partial Unsch Lump Sum Pmt/Settlement
080	Employer's Liability	541	Voc Rehab Maint Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	550	Temporary Total Lump Sum Pmt/Settlement
210	Employer Paid Fatal Benefits	551	Temp Total Cat Lump Sum Pmt/Settlement
220	Employer Paid Permanent Total Benefits	570	Temporary Partial Lump Sum Pmt/Settlement
221	Employer Paid Permanent Total Supplemental Benefits	580	Emprs Liability Lump Sum Pmt/Settlement
230	Employer Paid Permanent Partial Scheduled	590	Perm Partl Disfigure Lump Sum Pmt/Settlement
240	Employer Paid (EP) Unspecified		
242	EP Voc Rehab Maintenance		
250	EP Temporary Total		
251	EP Temp Total Catastrophic		
270	EP Temporary Partial		
410	Voc Rehab Maintenance		

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

PART OF BODY INJURED CODE (DN0036)	
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

INJURY SEVERITY TYPE CODE (DN0229)	
J	Major/Medical Threshold
M	Minor

BENEFIT ADJUSTMENT CODE (DN0092)	
A	Apportionment/Contribution
B	Subrogation
E	Employer Provided Pension
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
1	Cost of Living Adjustment
2	Fraud/Misrepresentation
3	Post Injury Wage Earning Capacity

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 Par

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

CLAIM TYPE CODE (DN0074) in hierarchical order	
N	Notification of an Incident Only
M	Medical Only
W	Lost Time with No Paid Indemnity
P	Indemnity with No Lost Tme Beyond Waiting Period
I	Indemnity for Lost Time
L	Became Lost Time/Indemnity for Lost Time
B	Became Medical Only

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		

NATURE OF INJURY CODE (DN0035)	
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

CAUSE OF INJURY CODE (DN0037)	
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

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FULL DENIAL REASON CODE (DN0198)	
1	No Compensable Accident/Not in Course and Scope of Employment
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
I	Presumption of compensability, as defined by juris., does not apply
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

WORK WEEK TYPE CODE (DN0204)	
S	Standard Work Week
F	Fixed Work Week
V	Varied Work Week

WORK DAYS SCHEDULED CODE (DN0205)	
S	Scheduled
N	Not Scheduled

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

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

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

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

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

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

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

PRE-EXISTING DISABILITY CODE (DN0069)	
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

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

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

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)	
http://www.wcio.org/Document%20Library/DataSpecificationsManualPage.aspx	

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

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