

SECTION 3

IAIABC RELEASE I ELEMENT REQUIREMENT TABLE (Part II)

ELEMENT CRITERIA CODES:

C = CONDITIONAL
M = MANDATORY
O = OPTIONAL
R = RESTRICTED

IAIABC DN	IAIABC DATA ELEMENT NAME	ELEMENT LOCATED ON	A49 MTC's (continued):																		
			S1	S2	S3	S4	S5	S6	S7	S8	S9	SJ	P1	P2	P3	P4	P5	P7	P9	PJ	PY
0001	Transaction Set ID	148/ A49/ HD1/AK1/TR1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0002	Maintenance Type Code	148/A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0003	Maintenance Type Code Date	148/A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0004	Jurisdiction	148/A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0005	Agency Claim Number	148/A49																			
0006	Insurer FEIN	148/A49																			
0008	Third Party Administrator FEIN	148/A49																			
0014	Claim Administrator Postal Code	148/A49																			
0015	Claim Administrator Claim Number	148/A49																			
0026	Insured Report Number	148/A49																			
0031	Date of Injury	148/A49																			
0042	Social Security Number	148/A49																			
0055	Number of Dependents	148/A49																			
0056	Date Disability Began	148/A49																			
0057	Employee Date of Death	148/A49																			
0062	Wage	148/A49																			
0063	Wage Period	148/A49																			
0064	Number of Days Worked	148/A49																			
0067	Salary Continued Indicator	148/A49																			
0069	Pre-Existing Disability	A49																			
0070	Dt of Maximum Medical Improvement	A49																			
0071	Return to Work Qualifier	A49																			
0072	Date of Return/Release to Work	A49																			
0073	Claim Status	A49																			
0074	Claim Type	A49																			
0075	Agreement to Compensate Code	A49																			
0076	Date of Representation	A49																			
0077	Late Reason Code	A49																			
0078	Number of Permanent Impairments	A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M

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0079	Number of Payments/Adjustments	A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0080	Number of Benefit Adjustments	A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0081	Number of Paid to Dates/Red.Earnings/Rec.	A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0082	Number of Death Dep./Payee Relationships	A49	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
0083	Permanent Impairment Body Part Code	A49																			
0084	Permanent Impairment Percent	A49																			
0085	Payment/Adjustment Code	A49	SEE P/A ELEMENT REQUIREMENT TABLE																		
0086	Payment/Adjustment Paid to Date	A49																			
0087	Payment/Adjustment Weekly Amount	A49																			
0088	Payment/Adjustment Start Date	A49																			
0089	Payment/Adjustment End Date	A49																			
0090	Payment/Adjustment Weeks Paid	A49																			
0091	Payment/Adjustment Days Paid	A49																			
0092	Benefit Adjustment Code	A49																			
0093	Benefit Adjustment Weekly Amount	A49																			
0094	Benefit Adjustment Start Date	A49																			
0095	Paid to Date/Red.Earnings/Rec.Code	A49																			
0096	Paid to Date/Red. Earnings/Rec. Amt	A49																			
0097	Dependent/Payee Relationship	A49																			
0098	Sender ID	HD1																			
0099	Receiver ID	HD1																			
0100	Date Transmission Sent	HD1																			
0101	Time Transmission Sent	HD1																			
0102	Original Transmission Date	HD1																			
0103	Original Transmission Time	HD1																			
0104	Test/Production Indicator	HD1																			
0105	Interchange Version ID	HD1																			
0106	Detail Record Count	TR1																			
0107	Record Sequence Number	AK1																			

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0108	Date Processed	AK1																			
0109	Time Processed	AK1																			
0110	Acknowledgment Transaction Set ID	AK1																			
0111	Application Acknowledgement Code	AK1																			
0112	Request Code (Purpose)	AK1																			
0113	Free Form Text	AK1																			
0114	Number of Errors	AK1																			
0115	Element Number	AK1																			
0116	Element Error Number	AK1																			
0117	Variable Segment Number	AK1																			

SECTION 3

IAIABC RELEASE 1 - PAYMENT/ADJUSTMENT ELEMENT REQUIREMENT TABLE

ELEMENT CRITERIA CODES:
M = MANDATORY
C = CONDITIONAL-Trading Prtnr must specify applicable
P/A Codes and required segment Conditions
O = OPTIONAL
R = RESTRICTED
*** If Value Changed, Send It**

CRITERIA - Begin or End Dates	P/A DESCRIPTION	P/A Code	P/A PTD	P/A AMNT	P/A START DATE	P/A END DATE	P/A WEEKS PAID	P/A DAYS PAID
	Fatal	010	C	C	C	C	C	C
	PermTotal	020						
	PermTotal Supplemental	021						
	Perm Partial/Scheduled	030						
	Perm Partial/Unscheduled	040						
	Temporary Total	050						
	Temp Total Catastrophic	051						
	Temporary Partial	070						
Example: For Dates of Acc < 1-1-94	Perm Partial Disfigurement	090						
	Employer Paid	240						
	Vocational Rehab	410						
	Compromised Unspecified (lump sum)	500						
	Compromised Medical	501						
	Compromised Fatal	510						
	Compromised Permanent Total	520						
	Compromised Permanent Total Supplemental	521						
	Compromised Employer Paid	524						
	Compromised Permanent Partial Scheduled	530						
	Compromised Permanent Partial Unscheduled	540						
	Compromised Vocational Rehab	541						
	Compromised Temporary Total	550						
	Compromised Temporary Total Catastrophic	551						
	Compromised Temporary Partial	570						
	Compromised Permanent Partial Disfigurement	590						