

IAIABC Claims Release 3.1 Edit Matrix Change Log

| Worksheet Changed | Change Description | Change Reason/Purpose | IAIABC Release | Publication Date | Change Number | Revision Date | Earliest Implementation Date |
|-------------------|--------------------|-----------------------|----------------|------------------|---------------|---------------|------------------------------|
|-------------------|--------------------|-----------------------|----------------|------------------|---------------|---------------|------------------------------|

**IAIABC Claims Release 3.1
Quick Code Reference**

| MAINTENANCE TYPE CODE (MTC's) (DN0002) | | | |
|---|--|----|------------------------------|
| FIRST REPORT: | | | |
| 00 | Original | AQ | Acquired Claim |
| 01 | Cancel Entire Claim | CO | Correction |
| 02 | Change | UI | Under Investigation |
| 04 | Denial | UR | Upon Request (Grandfathered) |
| AU | Acquired/Unallocated | UR | Update Report |
| SUBSEQUENT REPORT: | | | |
| 02 | Change | PX | Partial Suspension |
| 04 | Denial | RB | Reinstatement of Benefit |
| AB | Add Concurrent Benefit Type | SU | Sync Up |
| AC | Acquisition/Indemnity Ceased | SX | Full Suspension |
| AP | Acquired/Payment | UI | Under Investigation |
| CA | Change in Benefit Amount | UR | Upon Request (Grandfathered) |
| CB | Change in Benefit Type | UR | Update Report |
| CD | Compensable Death - No Known Dependents/Payees | VE | Volunteer |
| CO | Correction | AN | Annual |
| EP | Employer Paid | BM | Bi-Monthly |
| ER | Employer Reinstatement | BW | Bi-Weekly |
| FN | Final | MN | Monthly |
| IP | Initial Payment | QT | Quarterly |
| NT | Narrative | SA | Sub-Annual |
| PD | Partial Denial | | |
| PY | Payment Report | | |

| 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 |

| 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/Clm Admin Med-Legal Costs |
| 490 | Total Agreed Upon/Directed Med-Legal Costs |

| BENEFIT ADJUSTMENT CODE (DN0092) | |
|---|---------------------------------------|
| A | Apportionment/Contribution |
| B | Subrogation |
| E | Employer Provided Pension |
| 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 |
| 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 |

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| CLAIM TYPE CODE (DN0074) | |
|--------------------------|--|
| 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 | | |

| DEPENDENT EXTENT OF DEPENDENCY (DN0429) | |
|---|--------------------|
| F | Full dependency |
| P | Partial dependency |

| 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 | Jurisdiction Fund | | |
| 1-9 | 1-9 | F | 15 |
| A | 10 | G | 16 |
| B | 11 | H | 17 |
| C | 12 | I | 18 |
| D | 13 | J | 19 |
| E | 14 | K | 20 |

| 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 |

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

| Suspension Reason Code – Full (DN0418) | |
|--|--|
| S1 | Suspension, RTW or Medically Determined/Qualified to RTW |
| S2 | Suspension, Medical Non-Compliance |
| S3 | Suspension, Administrative Non-Compliance |
| S4 | Suspension, Claimant Death |
| S5 | Suspension, Incarceration |
| S6 | Suspension, Claimant's Whereabouts Unknown |
| S7 | Suspension, Benefits Exhausted |
| S8 | Suspension, Jurisdiction Change |
| S9 | Suspended Pending Settlement Approval |
| SD | Suspension, Directed By Jurisdiction |
| SJ | Suspended Pending Appeal or Judicial Review |

| Suspension Reason Code - Partial (DN0419) | |
|---|--|
| P1 | Partial Suspension, RTW or Med Determined/Qualified to RTW |
| P2 | Partial Suspension, Medical Non-Compliance |
| P3 | Partial Suspension, Administrative Non-Compliance |
| P4 | Partial Suspension, Employee Death |
| P5 | Partial Suspension, Incarceration |
| P7 | Partial Suspension, Benefits Exhausted |
| P9 | Partial Suspension Pending Settlement Approval |
| PJ | Partial Suspension Pending Appeal or Judicial Review |

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

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

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

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

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

| Part of Body Injured Location Code (DN0421) | |
|---|-----------|
| B | Bilateral |
| L | Left |
| R | Right |

| Permanent Impairment Body Part Location Code (DN0432) | |
|---|-----------|
| B | Bilateral |
| L | Left |
| R | Right |

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| INITIAL RTW TYPE CODE (DN0403) | |
|--------------------------------|----------------------------------|
| A | Actual |
| R | Release |
| LATEST RTW TYPE CODE (DN0406) | |
| A | Actual |
| R | Release |
| CANCEL REASON CODE - (DN0400) | |
| D | Duplicate/Combined Claim |
| J | Jurisdiction Wrong/Changed |
| N | Not Required By Jurisdiction |
| R | Disputed Request By Jurisdiction |

| CHANGE REASON CODE (DN0413) | |
|---|--------|
| A | Add |
| U | Update |
| R | Remove |
| D | Delete |
| CAUSE OF INJURY CODE (DN0037) | |
| http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx | |
| NATURE OF INJURY CODE (DN0035) | |
| http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx | |

| Part of Body Injured Fingers/Toes Location Code (DN0422) | |
|---|-----------------------------------|
| 1 | Index Finger or 1st Toe |
| 2 | Middle Finger or 2nd Toe |
| 3 | Ring Finger or 3rd Toe |
| 4 | Little Finger or 4th (little) Toe |
| Permanent Impairment Body Part Code (DN0083) | |
| https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx | |
| X | |
| PART OF BODY INJURED CODE (DN0036) | |
| https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx | |
| X | |

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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 ef |
| 5 | Other (Not Elsewhere Classified) |
| A | Failure To Report Accident Timely |
| B | Right To Reserve |
| C | Misrepresentation |

| 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 |
| R | Employee Residence |
| X | Other |

| AGREEMENT TO COMPENSATE CODE (DN0075) | |
|--|---------------------------------|
| W | Without Liability |
| L | With Liability |
| S | Accepting Liability for Medical |
| T | Without Liability for Medical |
| U | Without Liability for Indemnity |

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| 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 |

| 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 |

| Payment Reason Code (DN0222) | |
|------------------------------|---------------------------------|
| 010 | Fatal |
| 020 | Permanent Total |
| 021 | Permanent Total Supplemental |
| 030 | Permanent Partial/Scheduled |
| 040 | Permanent Partial/Unscheduled |
| 050 | Temporary Total |
| 051 | Temporary Total Catastrophic |
| 070 | Temporary Partial |
| 080 | Employer's Liability |
| 090 | Permanent Partial Disfigurement |
| 300 | Total Funeral Expenses |
| 310 | Total Penalties |
| 311 | Total Employee Penalties |

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

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

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

| MANAGED CARE ORGANIZATION (MCO) CODE (DN0207) | |
|---|---|
| 00 | The claim is not administered by an approved/certified |
| 01 | The claim's medical losses are administered by an |
| 02 | The claim's medical losses are administered by a Health |
| 03 | The claim's medical losses are administered by a Preferred |
| 04 | The claim's medical losses are administered by an |
| 05 | The claim's medical losses are administered by an |
| 06 | The claim is totally or partially covered by a Managed Care |
| 07 | The claim's medical losses are administered by a Certified |

| 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 |
| T | Employee Individual Taxpayer Identification Number |

| Payment Reason Code (DN0222) | |
|------------------------------|---------------------------------------|
| 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 |
| 410 | Vocational Rehabilitation Maintenance |
| 450 | Total Pharmaceutical Costs |
| 455 | Total Dental Expenses |
| 460 | Total Physical Therapy Costs |
| 465 | Total Chiropractic Expenses |
| 470 | Total Durable Medical Costs |

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

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

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

| 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 |

| DEPENDENT GENDER CODE (DN0428) | |
|--------------------------------|---------|
| M | Male |
| F | Female |
| U | Unknown |

| | |
|-----|--|
| 500 | Unspecified Lump Sum Pmt/Settlement |
| 501 | Medical Lump Sum Pmt/Settlement |
| 510 | Fatal Lump Sum Pmt/Settlement |
| 520 | Permanent Total Lump Sum Pmt/Settlement |
| 521 | Perm Total Supp Lump Sum Pmt/Settlement |
| 524 | Employer Paid Lump Sum Pmt/Settlement |
| 530 | Perm Partial Sch Lump Sum Pmt/Settlement |
| 540 | Perm Partial Unsch Lump Sum Pmt/Settlement |
| 541 | Voc Rehab Maint Lump Sum Pmt/Settlement |
| 550 | Temporary Total Lump Sum Pmt/Settlement |
| 551 | Temp Total Cat Lump Sum Pmt/Settlement |
| 570 | Temporary Partial Lump Sum Pmt/Settlement |
| 580 | Emprs Liability Lump Sum Pmt/Settlement |
| 590 | Perm Partl Disfigure Lump Sum Pmt/Settlement |

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| Technical Data Elements: | |
|---|--|
| APPLICATION ACKNOWLEDGMENT CODE (DN0111) | |
| HD | Batch Rejected |
| TA | Transaction Accepted |
| TE | Transaction Accepted with Error |
| TN | Transaction Rejected by Service Provider |
| TR | Transaction Rejected |
| TEST/PRODUCTION CODE (DN0104) | |
| P | Production |
| T | Test (Pilot Parallel or Test) |

| 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 |

| ACKNOWLEDGMENT TRANSACTION SET ID (DN0110) | |
|---|---|
| 148 | First Report |
| A49 | Subsequent Report |
| INTERCHANGE VERSION ID (DN0105) | |
| 14831 | First Report of Injury; Rel 3.1 |
| A4931 | Subsequent Report of Injury; Rel 3.1 |
| AKC31 | Claims Acknowledgment Detail Record; Rel 3.1 |
| ARC31 | Claims Re-Acknowledgment Detail Record; Rel 3.1 |