2025

EDI External Training Aids

The EDI Training Aid #4 – Employee ID, EDI Training Aid #7 – Benefit Segment and EDI Training Aid #8 – Payment Segment were updated April 2025 and published to the Virginia Workers' Compensation Commission website.

EDI QA
April 2025

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Electronic Data Interchange (EDI) Training Aid

FROI Key Event Matrix

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Event	3.1 FROI							When to Report *(Calendar Days from Notification)*
	UR	00	01	02	04	AQ	AU	
One time catch-up transaction to transition claim from R3.0 to R3.1	●							Immediate
Employee accident results in Lost Time > 7 Days		●						10
Employee accident results in medical expense > $1,000		●						10
Employee accident involving Employee Death		●						10
Employee suffers a Permanent Disability		●						10
Employee suffers a Minor Injury		●						30
Employee reports an injury which is disputed by employer		●						10
CA discovers that claim was filed in error			●					*See note below*
CA determines a change in one or more data elements is required				●				Immediate
CA denies the entire compensability of the claim (no prior FROI 00)					●			10
CA acquires an open/active claim (both Major and Minor)						●		10
An error occurred submitting an AQ (AQ rejected by the VWC).							●	30

Note:
"**Major injury**" is an injury which meets any of the following criteria:
1. Lost time or partial disability exceeding seven days.
2. Medical expenses exceeding $1,000.
3. Any denial of compensability.
4. Any disputed issues.
5. An accident that results in death.
6. Any permanent disability or disfigurement.
7. Any specific request made by the commission.

"**Minor injury**" is an injury that meets none of the above criteria.

"FROI 01" is a transaction that will cancel the entire JCN, not the last transaction filed.
If you believe a FROI 01 Cancel Transaction is due, please contact the Commission's EDI Quality Assurance Department before submitting. Refer to the "FROI 01 Cancel Transaction" Training Aid for additional information

Possible Subsequent transactions (FROI/SROI)*						
02	02	No other transactions can be filed on this JCN.	Determined by Previous non-02	00	02	02
01	01			02	01	01
AQ	AQ			01	AQ	AQ
S-04	S-04			AQ	S-04	S-04
S-UR	S-UR				AC	S-UR
AP	IP				AP	AC
EP	EP				EP	AP
IP	PY				PY	EP
NT	NT				NT	PY
PY						NT

*This is not to be used as the final guideline for sequencing requirements. All prior transactions must be taken into consideration when determining sequencing. Refer to the Commission's Implementation Guide (Event Table and Sequencing Table) for the full requirements on sequencing.

SROI Key Event Matrix

Email: EDI.Support@workcomp.virginia.gov | **Toll Free**: 1-877-664-2566

Event	3.1 SROI																	When to Report *(Calendar Days From Notification)*
	02	04	AB	AC	AP	CA	CB	EP	ER	IP	NT	PX	PY	QT	RB	SX	UR	
CA determines a change in one or more data elements is required	●																	Immediate
CA denies claim after Major Injury Claim Established		●																10
CA is adding TP or PP of concurrent benefits			●															10
Acquisition Status Code B is returned on AU/AQ acknowledgement				●	●													10
First payment processed for Acquired Claim					●													10
Gross Weekly Amount changes while paying TP benefits						●												10
Reported Benefit Type Code changes without a gap in time							●											10
Lost time injury occurs, employer pays benefits								●										10
Employer is reinstating indemnity following suspension									●									10
CA pays first indemnity payment on a claim after submitting 00										●								10
CA wishes to provide details supporting an action											●							Immediate
Partial Suspension of Benefits												●						10
Cumulative Medical > $1,000 has been paid (No previous IP, EP, or AP). This would be for Medical Only Claims													●					10
Order or opinion for a lump sum payment is issued													●					10
Payment made during the current quarter and SROI on file *(quarterly period is based on the date of injury)*														●				45 days from end of quarter
CA Reinstating benefits which were previously suspended															●			10
Employer's request for hearing rejected															●			10
Full Suspension of Benefits																●		10
One time catchup transaction to transition claim from R3.0 to R3.1																	●	Immediate

Note:

Paper forms (Award Agreement, Termination of Wage Loss, Employers Application for Hearing, etc,) are required in addition to some SROI filings.

*This is not to be used as the final guideline for sequencing requirements. All prior transactions must be taken into consideration when determining sequencing. Refer to the Commission's Implementation Guide (Event Table and Sequencing Table) for the full requirements on sequencing.

Possible Subsequent transactions *																	
F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	F-02	
01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	01	
AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	AQ	
Determined by Previous SROI	S-02	S-02	S-02	S-02	S-02	S-02	S-02	S-02	S-02	Determined by Previous SROI	S-02	Determined by Previous SROI	Determined by Previous SROI	S-02	S-02	Determined by Previous SROI	
	AC	S-04	S-04	S-04	S-04	S-04	S-04	S-04	S-04		S-04			S-04	S-04		
	AP	AP	AP	AB	AB	AB	AB	AB	AB		AB			AB	AC		
	EP	CA	EP	CA	CA	AP	AP	AC	AP		AC			AC	AP		
	ER	CB	NT	CB	CB	CA	CA	AP	CA		AP			AP	EP		
	IP	NT	PY	EP	EP	CB	CB	CA	CB		CA			CA	ER		
	NT	PX		NT	IP	EP	IP	CB	NT		CB			CB	IP		
	PY	PY		PX	NT	ER	NT	IP	PX		ER			EP	NT		
	RB	SX		PY	PX	IP	PX	NT	PY		NT			NT	PY		
	SX	QT		SX	PY	NT	PY	PX	SX		PY			PX	RB		
	QT			QT	SX	PX	SX	PY	QT		SX			PY	QT		
					QT	PY	QT	SX	EP		QT			SX			
						SX		QT						QT			
						QT											

Claims R3.1 Quick Code Reference List

MAINTENANCE TYPE CODE (MTC's) (DN0002)			
FIRST REPORT:			
00	Original	AQ	Acquired Claim
01	Cancel Entire Claim	UR	Update Report
02	Change		
04	Denial		
AU	Acquired/Unallocated		
SUBSEQUENT REPORT:			
02	Change	QT	Quarterly
04	Denial		
AB	Add Concurrent Benefit Type		
AC	Acquisition/Indemnity Ceased		
AP	Acquired/Payment		
CA	Change in Benefit Amount		
CB	Change in Benefit Type		
EP	Employer Paid		
ER	Employer Reinstatement		
IP	Initial Payment		
NT	Narrative		
PY	Payment Report		
PX	Partial Suspension		
RB	Reinstatement of Benefit		
SX	Full Suspension		
UR	Update Report		

BENEFIT TYPE CODE (BTC's) (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
030	Permanent Partial/Scheduled	510	Fatal Lump Sum Pmt/Settlement
050	Temporary Total	520	Permanent Total Lump Sum Pmt/Settlement
070	Temporary Partial	524	Employer Paid Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	530	Perm Partial Sch Lump Sum Pmt/Settlement
210	Employer Paid Fatal Benefits	550	Temporary Total Lump Sum Pmt/Settlement
220	Employer Paid Permanent Total Benefits	570	Temporary Partial Lump Sum Pmt/Settlement
230	Employer Paid Permanent Partial Scheduled	590	Perm Partl Disfigure Lump Sum Pmt/Settlement
240	Employer Paid (EP) Unspecified		
250	Employer Paid Temporary Total		
270	Employer Paid Temporary Partial		

Collective Bargaining Agreement Code (DN0438)

CLAIM TYPE CODE (DN0074)

TYPE OF LOSS CODE (DN0290)

WAGE PERIOD CODE (DN0063)			
FROI:		**SROI:**	
		01	Weekly

DEPENDENT EXTENT OF DEPENDENCY (DN0429)

DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)		
R	**Relationship**	
	2	Widow
	3	Widower
	4	Son/Daughter
	5	Brother/Sister
	6	Mother/Father
	7	Disabled Child
	9	Other
N	**Numerical Birth Order**	
1-9	1-9	
A	10	
B	11	
C	12	
D	13	
E	14	
F	15	
G	16	
H	17	
I	18	
J	19	
K	20	

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

Benefit Change Reason Code (DN0439)

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

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
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
P5	Partial Suspension, Incarceration
P7	Partial Suspension, Benefits Exhausted
PJ	Partial Suspension Pending Appeal or Judicial Review

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

OTHER BENEFIT TYPE CODE (OBT's) (DN0216)	
340	Total Claimant's Legal Expenses
350	Total Payments to Physicians
360	Total Hospital Costs
370	Total Other Medical
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

BENEFIT ADJUSTMENT CODE (DN0092)	
B	Subrogation
1	Cost of Living Adjustment

BENEFIT CREDIT CODE (DN0126)

BENEFIT REDISTRIBUTION CODE (DN0130)
K Clmt Attorney Fees

INITIAL TREATMENT CODE (DN0039)

PARTIAL DENIAL CODE (DN0294)

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

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

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

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

Claims R3.1 Quick Code Reference List

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
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 i
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)

AGREEMENT TO COMPENSATE CODE (DN0075)

EMPLOYMENT STATUS CODE (DN0058) (In Hierarchical Order)

EMPLOYEE GENDER CODE (DN0053)	
M	Male
F	Female
U	Unknown
T	Self-reported Transgender
X	Nonbinary

CLAIM STATUS CODE (DN0073)

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)

EMPLOYEE TAX FILING STATUS CODE (DN0158)

RECOVERY CODE (DN0226)

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)

WORK WEEK TYPE CODE (DN0204)

WORK DAYS SCHEDULED CODE (DN0205)

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

DEPENDENT GENDER CODE (DN0428)

Payment Reason Code (DN0222)	
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
524	Employer Paid Lump Sum Pmt/Settlement
530	Perm Partial Sch Lump Sum Pmt/Settlement
550	Temporary Total Lump Sum Pmt/Settlement
570	Temporary Partial Lump Sum Pmt/Settlement
590	Perm Partl Disfigure Lump Sum Pmt/Settlement

Technical Data Elements:

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
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

ACKNOWLEDGMENT TRANSACTION SET ID (DN0110)	
148	First Report
A49	Subsequent Report

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

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

Employee ID

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Social Security Number
(DN0042)
Preferred Identification Number

If the Social Security Number is unknown, the following will be accepted: order of preference.

Employee Employment Visa
(DN0152)

Employee Passport Number
(DN0156)

Employee Green Card
(DN0153)

Employee Individual Taxpayer Identification Number (DN0437)

Assigned by Jurisdiction ID
(DN0154)
If none of the above valid IDs are known, the "Assigned by Jurisdiction ID" should be composed as follows:

Format

VA/Date of Injury (mmddyy)/Last Name/First Name/Padded with zeros (0)
** Include any hyphen or apostrophe; do not include spaces*

Examples

For Claimant Name Sean Winterhalter with a Date of Injury of 01/01/08:
VA010108Winterh

For Claimant Name Dan Kim with a Date of Injury of 05/05/10:
VA050510KimDan0

For Claimant Name Maria Flores – Lopez with a Date of Injury of 01/05/2025:
VA010525Flores-

Reporting of Attorney Fees

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

When trying to determine how to report the attorney fees awarded to the Claimant's attorney, ask yourself the following question:

Who is responsible for the payment of the attorney fees, the claimant (deducted from compensation or paid directly by the claimant) or the Insurance Carrier (Claim Administrator)?

Claimant's Responsibility – reporting Attorney fees when they are awarded to be deducted from compensation

If the Commission awarded attorney fees to be deducted from the Claimant's compensation (indemnity and/or settlement payments) or they are to be paid directly by the claimant, the segments in your transactions should be completed as follows (this only addresses the amount paid and payee that are required):

Benefit Segment

Benefit Type Amount Paid should include the amount paid to the claimant and the amount deducted for claimant's legal expenses. This is also true when reporting the payment of a settlement. The amount paid to the attorney should be included in the Benefit Type Amount Paid.

Payment Segment

For lump sum/settlements, two payment segments are required. One would list the claimant as the payee with his/her portion of the settlement as the payment amount and the other would list the attorney as the payee with the attorney fee/cost as the payment amount.

ACR Segment

The weekly amount you are deducting from the claimant's compensation and paying to his/her attorney should be listed as the Benefit Redistribution Weekly Amount. If the total amount due to the attorney was paid at one time, the entire amount should be listed. For lump sum/settlements, this segment should not be completed.

Other Benefit Segment

This segment should only be completed to show medical payments. The use of code 340 should not be used for this scenario; see Responsibility of the Insurance Carrier (Claim Administrator) below.

Examples:

Scenario 1: Claimant is due $5,000.00 in TT. $500.00 was to be deducted and paid to the attorney.
Attorney fee is responsibility of the claimant but is deducted from ongoing compensation.

- Benefit Segment – Report $5,000.00 as the Benefit Type Amount Paid for 050
- ACR Segment – Report $500.00 using the Redistribution Code K – Claimant Attorney Fees.

✸ The Other Benefit Segment should only be completed for this scenario if medical payments have been made.

Scenario 2: Settlement issued, and Claimant is due $10,000. $1,500.00 was to be deducted and paid to the attorney.
Attorney fee is responsibility of the claimant but is deducted from the settlement.

- Benefit Segment – Report $10,000.00 as the Benefit Type Amount Paid for 5xx
- ACR Segment – This segment should not be completed for this scenario
- Payment Segment – two payment segments are required:
  1. Report $8,500 as the Payment Amount for 5xx with payee as the claimant
  2. Report $1,500 as the Payment Amount for 5xx with the payee as the attorney

✸ The Other Benefit Segment should only be completed for this scenario if medical payments have been made.

Reporting of Attorney Fees

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Insurance Carrier's Responsibility – reporting Attorney fees when they are awarded to be payable by the Insurance Carrier (Claim Administrator)

If the Commission awarded claimant attorney fees to be payable by the carrier (claim administrator) and not deducted from the claimant's compensation, the segments in your transactions should be completed as follows *(this only addresses the amount paid and payee that are required)*:

Benefit Segment	The Benefit Type Amount Paid should be the amount paid to the Claimant. Attorney fee amount should not be included.
Payment Segment	For settlements, the payment amount should be the amount paid to the claimant. Attorney fee amount should not be included.
Other Benefit Segment	Code 340 should be used and the amount of the attorney fee should be listed. Any medical payments made should also be reported.

- The ACR Segment should not be completed for this scenario.

Examples:

Scenario 1: Claimant is due $5,000.00 in TT. $500.00 was awarded to Claimant's attorney but assessed against the Carrier and not deducted from the claimant's compensation.

- Benefit Segment – Report $5,000.00 as the Benefit Type Amount Paid for 050
- Other Benefit Segment – Report $500.00 as the Other Benefit Type Amount paid for 340

- The ACR Segment should not be completed for this scenario.

Scenario 2: Settlement is issued, and Claimant is due $10,000. $1,500.00 was awarded to Claimant's attorney but assessed against the Carrier and not deducted from the claimant's compensation.

- Benefit Segment – Report $10,000.00 as the Benefit Type Amount Paid for 5xx
- Payment Segment – Report $10,000 as the Payment Amount for 5xx with payee as the claimant
- Other Benefit Segment – Report $1,500.00 as the Other Benefit Type Amount paid for 340

- The ACR Segment should not be completed for this scenario.

Helpful Guidelines for PY Transactions

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Many Trading Partners have questions surrounding the PY transaction, when it should be submitted, and what information should be in each of the reported segments. The following guidelines should help in determining if and when to file a PY transaction.

When to file a PY transaction

PY transactions should only be used for two reasons:

1. To report the initial payment of medical benefits on a Medical Only Claim

2. To report the payment of a Commission awarded lump sum
   a. Compromise Settlement
   b. Permanent Partial Disability awarded by the Commission to be paid in a lump sum.

Medical Only Claims

A medical only claim is when the only payments made are for medical expenses and the total paid over the lifetime of the claim exceeds the $1,000 threshold. When the claims you are processing meet this scenario, a PY transaction is required to reflect the initial medical payment. The segments in your PY transaction should be completed as follows:

Other Benefit Segment

This segment should include:
- Other Benefit Type Code(s) that would properly reflect the type of payment made.
- Other Benefit Type Amount Paid
  - Must be the cumulative amount paid for each of the Other Benefit Type Codes reported.

✸ The Benefit, Payment and ACR Segments should not be completed for this scenario.

Helpful Guidelines for PY Transactions

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Awarded Lump Sum Payments - Compromise Settlements

If a Compromise Settlement (Petition and Order) was approved and entered by the Commission, a PY transaction is required to reflect the payments made. The segments in your PY transaction should be completed as follows:

Benefit Segment

Lump Sum Payment

This segment should include:

- Benefit Type Code (BTC)
  - Must be one of the 5xx benefits accepted by Virginia.
    - It will almost always be 500 but could be any of the others.
- Benefit Period Start Date
  - Should be the date of the award.
- Benefit Period Through Date
  - Should be the date of the award.
- Benefit Type Amount Paid
  - Must be the cumulative amount paid.
- Benefit Payment Issue Date

Any other Indemnity

This segment should include:

- Benefit Type Code (BTC)
- Benefit Period Start Date
  - The first day this BTC was ever paid.
- Benefit Period Through Date
  - The last day this BTC was ever paid.
- Benefit Type Claim Weeks
  - Must be cumulative total for this BTC.
- Benefit Type Claim Days
  - Must be cumulative total for this BTC.
- Benefit Type Amount Paid
  - Must be the cumulative amount paid.

✸ *The above should be repeated for each BTC paid to date.*

Payment Segment

Payment to the Claimant

This segment should include:

- Payment Reason Code
  - Must be one of the 5xx benefits accepted by Virginia.
    - It will almost always be 500 but could be any of the others.
  - Must match the BTC reported for the lump sum payment.
- Payment Covers Period Start Date
  - Should be the date of the award.
- Payment Covers Period Through Date
  - Should be the date of the award.
- Payment Amount
  - Amount of settlement paid to Claimant.
- Payee - Claimant
- Payment Issue Date

Payment to the Attorney

This segment should include:

- Payment Reason Code
  - Must be one of the 5xx benefits accepted by Virginia.
    - It will almost always be 500 but could be any of the others.
  - Must match the BTC reported for the lump sum payment.
- Payment Covers Period Start Date
  - Should be the date of the award.
- Payment Covers Period Through Date
  - Should be the date of the award.
- Payment Amount
  - Amount of Settlement paid to the Attorney.
- Payee - Attorney
- Payment Issue Date

Helpful Guidelines for PY Transactions

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Other Benefit Segment

This segment should include:
- All Other Benefit Type Code(s) paid to date.
- Other Benefit Type Amount Paid
  - Must be the cumulative amount paid for each of the Other Benefit Type Codes reported.

✸ The ACR Segments should not be completed for this scenario.

For additional information on completing the payment segment, please refer to the "Payment Segment" Training Aid.

Awarded Lump Sum Payments – Permanent Partial Disability awarded by the Commission to be paid in a lump sum

If the Commission awarded the Claimant Permanent Partial Disability (PPD) to be paid in a lump sum, a PY transaction is required to reflect the payments made. The segments in your PY transaction should be completed as follows:

Benefit Segment

Lump Sum Payment

This segment should include:
- Benefit Type Code (BTC)
  - Must be one of the 5xx benefits accepted by Virginia.
    - It will be either 530 or 590.
- Benefit Period Start Date
  - Should be the beginning date of the PPD award.
- Benefit Period Through Date
  - Should be the end date of the PPD award.
- Benefit Type Amount Paid
  - Must be the cumulative amount paid.
- Benefit Payment Issue Date

Any other Indemnity

This segment should include:
- Benefit Type Code (BTC)
- Benefit Period Start Date
  - The first day this BTC was ever paid.
- Benefit Period Through Date
  - The last day this BTC was ever paid.
- Benefit Type Claim Weeks
  - Must be cumulative total for this BTC.
- Benefit Type Claim Days
  - Must be cumulative total for this BTC.
- Benefit Type Amount Paid
  - Must be the cumulative amount paid.

✸ *The above should be repeated for each BTC paid to date.*

Helpful Guidelines for PY Transactions

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Payment Segment

Payment to the Claimant

This segment should include:

- Payment Reason Code
  - It will be either 530 or 590.
  - Must match the BTC reported for the lump sum payment.
- Payment Covers Period Start Date
  - Should be the beginning date of the PPD award.
- Payment Covers Period Through Date
  - Should be the end date of the PPD award.
- Payment Amount
  - Amount of PPD paid to Claimant.
- Payee - Claimant
- Payment Issue Date

Payment to the Attorney

This segment should include:

- Payment Reason Code
  - It will be either 530 or 590.
  - Must match the BTC reported for the lump sum payment.
- Payment Covers Period Start Date
  - Should be the beginning date of the PPD award.
- Payment Covers Period Through Date
  - Should be the end date of the PPD award.
- Payment Amount
  - Amount of PPD paid to the Attorney.
- Payee - Attorney
- Payment Issue Date

Other Benefit Segment

This segment should include:

- All Other Benefit Type Code(s) paid to date.
- Other Benefit Type Amount Paid
  - Must be the cumulative amount paid for each of the Other Benefit Type Codes reported.

✸ The ACR Segments should not be completed for this scenario

For additional information on completing the payment segment, please refer to the "Payment Segment" Training Aid.

Electronic Data Interchange (EDI) Training Aid

Benefit Segment

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The Benefit Segment is the section of a SROI transaction where indemnity payments are reported. If indemnity benefits have been paid, this segment should be populated on each SROI transaction submitted.

Benefit Segment(s) must include the following:

Data Element	What to Report	Conditions
Benefit Type Code	One of the BTCs accepted by VA	Must include all benefit types ever paid on the claim.
MTC *(see challenges)*	The current MTC you are filing	The MTC should be omitted on a SROI QT, UR or PY. There should be two MTCs on a CB transaction.
Gross Weekly Amount	The weekly benefit amount due	
Gross Weekly Amount Effective Date	The date the gross weekly amount became effective	
Benefit Period Start Date	The first day this BTC was ever paid	The only exception is an RB, ER, or CB. For these MTCs, the date is the reinstatement date.
Benefit Period Thru Date	The last day this BTC was ever paid	
Benefit Type Claim Weeks & Days	Total weeks & days the BTC was paid	This is always a cumulative figure.
Benefit Type Amount Paid	Total amount paid for this BTC	This is always a cumulative figure.
Benefit Payment Issue Date	The date the check was issued	This date is only required on the IP, AP, AB, CA, RB, SX or corresponding 02.

Challenges

- **A specific Benefit Type Code is reported multiple times within the Benefit Segment.**
  - A Benefit Type Code can only be reported once within the Benefit Segment. If multiple periods of a specific benefit type have been paid, then the Benefit Type Code should only be reported once reflecting cumulative information.
- **The MTC in the Benefit Segment**
  - The MTC is sent alongside more than one Benefit Type Code
    - The MTC is only sent alongside the Benefit Type Code that is initiating, reinstating, suspending or changing within a transaction.
      - Exception: For the CB MTC, the MTC should be populated twice in the benefit segment. One occurrence next to the benefit that is ending and then a second occurrence next to the benefit that is beginning.
  - The MTC populated in the Benefit Segment does not match the SROI MTC transaction being filed which will cause a rejection.

"Event" Transaction vs. "Sweep" Transaction - The difference between an "event" transaction and a "sweep" transaction is whether or not the Maintenance Type Code should be populated in the Benefit Segment of the transaction.

"Event" Transaction	"Sweep" Transaction
MTC should be populated in the Benefit Segment	MTC should not be populated in the Benefit Segment
Specific Event MTC's: IP, EP, RB, ER, CB, SX, PX, AP, AB, CA	*Specific Sweep MTC's: 04, PY, QT, UR*
02 if change is being made to the Benefit Segment	*02 if change is being made to SROI data on claim level*

- **The Benefit Period Start Date**
  - The Benefit Period Start Date should always be the very first day the benefit type was ever paid.

- The only exception is when filing a SROI ER, RB, or CB. For these transactions, the Benefit Period Start Date is the date in which the benefit is being instated or reinstated for the new period.

- **Previously reported benefit types are missing from current SROI transaction**
  - All SROI transactions must report all benefit types ever paid on the JCN.

How to complete the Benefit Segment (Scenarios)

Scenario 1: SROI IP

- First Award
  - TT - $500 a week beginning 2/1/2024
- First Payment
  - TT - $500 a week from 2/1/2014 through 2/15/2024
  - Issued on 2/16/2024
- First SROI
  - IP to show the first payment

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050	IP	$500.00	2/1/2024	2/1/2024	2/15/2024	2	1	$1,071.43	2/16/2024

Scenario 2: SROI CB

- Prior Info – *see scenario 1*
- Second Award
  - TP - $250 a week beginning 5/2/2024
    - TT benefits were paid through the day before TP began
- Second Payment
  - TP - $250 a week beginning 5/2/2024 through 5/12/2024
  - Issued on 5/13/2024
- Second SROI
  - CB to show the Change in Benefit Type

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050	CB	$500.00	2/1/2024	2/1/2024	5/1/2024	12	6	$6,428.57	
070	CB	$250.00	5/2/2024	5/2/2024	5/12/2024	1	4	$392.86	5/13/2024

Scenario 3: SROI SX

- Prior Info – *see scenarios 1 through 2*
- Benefits are suspended
  - TP - $250 a week from 5/2/2024 through 5/20/2024
- Third SROI was a SX on 5/21/2024

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050		$500.00	2/1/2024	2/1/2024	5/1/2024	12	6	$6,428.57	
070	SX	$250.00	5/2/2024	5/2/2024	5/20/2024	2	5	$678.57	5/21/2024

Scenario 4: SROI RB

- Prior Info – *see scenarios 1 through 3*
- Third Award
  - TP - $250 a week beginning 6/7/2024
  - Issued on 7/1/2024
- Next SROI
  - RB to reinstate payment of TP - $250 a week beginning 6/7/2024 through 6/30/2024

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050		$500.00	2/1/2024	2/1/2024	5/1/2024	12	6	$6,428.57	
070	RB	$250.00	5/2/2024	6/7/2024	6/30/2024	5	7	$1,285.71	7/1/2024

Scenario 5: SROI QT

- Prior Info – *see scenarios 1 through 4*
- Benefits have continued passed 90-day mark
- QT issued 7/31/2024

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050		$500.00	2/1/2024	2/1/2024	5/1/2024	12	6	$6,428.57	
070		$250.00	5/2/2024	5/2/2024	7/31/2024	10	0	$2,500.00	

Benefit Segment

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Scenario 6: SROI CA

- Prior Info – *see scenarios 1 through 5*
  - TP Gross Weekly Amount decreases by $50 effective 8/10/2024
  - Issued 8/15/2024
- Next SROI
  - CA to show change in gross weekly amount of TP benefits from $250 to $200 a week beginning 8/10/2024

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050		$500.00	2/1/2024	2/1/2024	7/31/2024	21	6	$10,928.57	
070	CA	$200.00	8/10/2024	5/2/2024	8/14/2024	12	0	$2,899.99	8/15/2024

Scenario 7: SROI AB

- Prior Info – *see scenarios 1 through 6*
- Fourth Award
  - PP - $350 a week for a period of 20 weeks beginning 8/20/2024 for a loss of use
  - Benefits to end 1/7/2025
  - First payment is issued 8/30/2024
- Next SROI Due
  - AB to show concurrent benefits being paid for TP and PP

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
050		$500.00	2/1/2024	2/1/2024	7/31/2024	21	6	$10,928.57	
070		$200.00	8/10/2024	5/2/2024	8/29/2024	14	5	$3,442.84	8/30/2024
030	AB	$350.00	8/20/2024	8/20/2024	8/29/2024	1	3	$500.00	8/30/2024

Payment Segment

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The Payment Segment is the section of a SROI transaction where a lump sum/settlement payment is reported. This segment shows the amount paid to each payee, the period the payment covers and the date the payment was issued. The Payment Segment should only be populated on a SROI PY and will only include a 5xx Payment Reason Code that is acceptable in Virginia. When reporting the 5xx Payment Reason Code, there must also be a corresponding Benefit Segment showing the 5xx Benefit Type Code and the total amount of the lump sum/settlement payment.

Payment Segment(s) must include the following:

Data Element	What to Report
Payment Reason Code	5xx code representing the Lump Sum/Settlement Payment
Payee	Name of the individual receiving the payment
Payment Amount	Amount paid for this payment reason code
Payment Covers Period Start Date	The start date for this payment reason code *(date the lump sum/settlement was approved)*
Payment Covers Period Thru Date	The end date for this payment reason code *(date the lump sum/settlement was approved)*
Payment Issue Date	The date the check was issued

**For additional information on completing the payment segment, please refer to the "Helpful Guidelines for PY Transactions" Training Aid.*

Corresponding Benefit Segment must include the following:

Data Element	What to Report
Benefit Type Code	5xx code representing the Lump Sum/Settlement Payment
Benefit Period Start Date	The start date for this benefit type code *(date the lump sum/settlement was approved)*
Benefit Period Thru Date	The end date for this benefit type code *(date the lump sum/settlement was approved)*
Benefit Type Amount Paid	Total amount paid for this BTC

The Benefit Segment must include all benefit types ever paid on the claim.

**Refer to the "Benefit Segment" Training Aid for information and scenarios on completing the Benefit Segment.*

Payment Segment

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Challenges

- **Sending a Payment Segment on a PY transaction with no corresponding Benefit Segment**
  - When reporting a 5xx Payment Reason Code in the Payment Segment to show the payment of a lump sum/settlement, it must have a corresponding 5xx Benefit Type Code in the Benefit Segment.
  - This also applies to when the reporting a 5xx Benefit Type Code in the Benefit Segment to show payment of a lump sum/settlement, it must have a corresponding 5xx Payment Segment in the Payment Segment.

- **Lump Sum/Settlement not reported accurately in the Payment Segment**
  - When reporting a lump sum/settlement, the Payment Segment must show each payee that was awarded money in the lump sum/settlement.
    - *Example*: If a claim is settled and the total amount is apportioned out to the Claimant and to his/her Attorney, there should be two Payment Segments; one segment to show the Claimant as the payee with the amount awarded to him/her, and another segment to show the Attorney as the payee with the amount awarded to him/her. *The corresponding Benefit Segment should reflect the total amount of the settlement.*

- **The Payment Segment reporting an invalid Payment Reason Code**
  - The Payment Segment is only used to report the lump sum/settlement payment(s) and must be represented by a 5xx Payment Reason Code on a SROI PY Transaction.
  - In most cases, it will almost always be 500, 501, 530 or 590, but could be any of the others.

- **Payment Segment does not reflect cumulative**
  - When more than one lump sum/settlement is awarded and paid throughout the life of the claim, the Payment Segment must reflect all payments ever made on the claim. If the same Payment Reason Code applies to both lump sum/settlement payments, the Start Date, End Date, and Payment Amount must reflect a cumulative figure.

- **No SX filed before PY to report the payment of a Compromise settlement**
  - If the last SROI submitted initiated, reinstated or changed benefits *(SROI IP, EP, RB,ER, CA, CB, AB or AP)*, a SROI Suspension (SX) must be filed prior to the PY to terminate the open benefits. Once the SX accepts, the PY can be submitted.

- **Lump Sum/Settlement being reported for voluntary made payments**
  - 5xx Benefit Type Codes should only be used for Commission awarded lump sum/settlement payments of benefits or a Commission awarded Compromise Settlement
  - Benefits paid in a lump sum but not awarded as a lump sum should be reported using Regular BTCs (0xx/2xx) and should not be reported on SROI PY transactions.

Electronic Data Interchange (EDI) Training Aid

Payment Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

How to complete the Payment Segment

Scenario 1: Claim settled, no previous indemnity paid

- Award = Compromise Settlement (Full and Final dated March 25, 2024)
  - $25,000 awarded with $5,000 to be deducted and paid to the Claimant's attorney
  - Paid March 27, 2024

Payment Segment on PY

Payment Reason Code	Payment Covers Period Start Date	Payment Covers Period Through Date	Payment Amount	Payee	Payment Issue Date
500	3/25/2024	3/25/2024	$20,000.00	Claimant's Name	3/27/2024
500	3/25/2024	3/25/2024	$5,000.00	Attorney's Name	3/27/2024

Must have corresponding Benefit Segment

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
500				3/25/2024	3/25/2024			$25,000.00	

Scenario 2: Claim settled, previous indemnity paid

- Prior Info = Multiple SROIs filed through the life of the claim
  - Cumulative information:
    - TT from 02/01/2024 through 08/21/2024 for 24 weeks, 6 days and $12,428.57
    - TP from 05/02/2024 through 05/20/2024 for 2 weeks, 5 days and $678.57
- Award = Compromise Settlement (Full and Final dated September 25, 2024)
  - $25,000 awarded with $5,000 to be deducted and paid to the Claimant's attorney
  - Paid September 27, 2024

Payment Segment on PY

Payment Reason Code	Payment Covers Period Start Date	Payment Covers Period Through Date	Payment Amount	Payee	Payment Issue Date
500	9/25/2024	9/25/2024	$20,000.00	Claimant's Name	9/27/2024
500	9/25/2024	9/25/2024	$5,000.00	Attorney's Name	9/27/2024

Must have corresponding Benefit Segment

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
500				9/25/2024	9/25/2024			$25,000.00	
050		$505.23	2/1/2024	2/1/2024	8/21/2024	24	6	$12,428.57	
070		$271.43	5/2/2024	5/2/2024	5/20/2024	2	5	$678.57	

Payment Segment

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Scenario 3: Claim settled, partial and later settled full and final

- Prior Info = Compromise Settlement (Partial dated March 25, 2024)
  - $25,000 awarded with $5,000 to be deducted and paid to the Claimant's attorney
  - Paid March 27, 2024
- Award = Compromise Settlement (Full and Final dated September 25, 2024)
  - $25,000 awarded with $5,000 to be deducted and paid to the Claimant's attorney
  - Paid September 27, 2024

Payment Segment on PY

Payment Reason Code	Payment Covers Period Start Date	Payment Covers Period Through Date	Payment Amount	Payee	Payment Issue Date
500	9/25/2024	9/25/2024	$20,000.00	Claimant's Name	9/27/2024
500	9/25/2024	9/25/2024	$5,000.00	Attorney's Name	9/27/2024

Must have corresponding Benefit Segment

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date	Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
500				3/25/2024	9/25/2024			$50,000.00	

Electronic Data Interchange (EDI) Training Aid

Duplicate JCNs and Consolidation

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Duplicate JCNs

Many duplicate Jurisdiction Claim Numbers (JCNs) are created when the Commission receives a paper submission from the claimant or claimant's attorney before we receive the EDI transaction from the Claim Administrator. This results in the Commission creating a JCN for the paper submission and potentially creating another JCN for the EDI transaction.

How to prevent the creation of duplicate JCNs

File FROI submissions timely

If more than 30 days have passed since the injury occurred, contact the Commission so we can verify whether or not a claim has been set up and a JCN has been assigned.

Capture existing JCN in your system and use it when filing your initial FROI

The Commission is required to create a claim when a paper submission is received from the claimant or claimant's attorney. When the Commission creates the claim, the Notification of Injury – Request for FROI, is generated and sent to all known parties.

When you receive this notice, make note of the JCN that is listed and capture it in your system. File the required initial FROI using the assigned JCN.

Duplicate Check Process

The Commission has a "Duplicate Check" process in place to assist in eliminating a large volume of duplicate JCNs.

Duplicate Check	• Checks for SSN • Looks for Claimant's First and Last Name and Date of Injury Combo • The information must be a 100% match

The "Duplicate Check" will return a "Duplicate Batch/Transaction" error if a JCN already exists for the claim that is being filed. The three key pieces of information must be a 100% match to the information in the Commission's system for the Duplicate Check to locate duplicate claims. It is important to verify that all information being submitted is accurate.

How to help eliminate additional work when duplicate JCN's exist.

- Make note of the Jurisdiction Claim Number on all correspondences you receive from the Commission.
- Advise the Commission as soon as you are aware that a duplicate JCN may exist so that we can review promptly.
  - A letter can be mailed or faxed to the Commission
  - Email the Commission's EDI Support Team
  - Call the Commission's Customer Contact Center
- The Commission should be notified of a duplicate claim promptly in order to significantly reduce potential additional work for both the Commission and the Claim Administrator.
  - Decreased amount of duplicate transactions the Claim Administrator is responsible for filing.
  - Decreased amount of unnecessary or duplicate notifications mailed by the Commission.
  - Decreased amount of confusion between parties when the consolidation is performed and only one JCN exists for the injury.

Electronic Data Interchange (EDI) Training Aid

Duplicate JCNs and Consolidation

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Consolidations

A process performed by the Commission's EDI Quality Assurance Department when two JCN's are created for the same injury and need to be merged into one.

The Commission's Consolidation Process:	

Step 1:
Determine which JCN to keep
	• We look at:
	  ○ Creation Date
	  ▪ Was the FROI filed timely?
	  ▪ How many days are between our creation date and the FROI submission?
	  ○ Activity that has occurred on each JCN
	  ▪ Is the JCN currently on the hearing docket?
	  ▪ Are there currently any Awards entered?

Step 2:
Process Consolidation
	• If needed, an Order is issued moving or vacating any awards.
	• Issue the Consolidation Letter
	  ○ Advise which JCN the files were consolidated into
	  ○ Request EDI transactions, if needed

Step 3: Merge the claims together	• All documents from both files are moved into the one active JCN *EDI transactions cannot merge into a different JCN as EDI transactions are JCN specific*

Once the Consolidation Letter is received:

- **All parties should note the JCN that remains active**
  - The active JCN should be used on all correspondences and EDI transactions going forward.
- **Claim Administrators should file any requested EDI transactions within the timeframe specified**
  - Consolidation letters typically ask for the FROI 01 Cancel transaction on the JCN that was not kept and an initial FROI on the JCN that is kept.
    - If the FROI 01 Cancel transaction is requested, it should be filed as requested in order to prevent issues with future EDI filings. If the FROI 01 Cancel transaction is filed on the JCN not requested, it causes more work on both ends. *(See "FROI 01 Cancel Transaction" Training Aid.)*
    - When requested to file an initial FROI, a FROI 02 is not an acceptable FROI to file. The transaction will reject, as there is no initial FROI on file. The JCN cannot be changed by filing a FROI 02.
  - If the Consolidation Letter does not request any EDI FROI transactions to be filed, then no EDI FROI transactions are required at that time.
- **Claim Administrators should note which file they submitted payments under, if any**
  - EDI transactions are JCN specific.
    - EDI transactions filed under the old JCN do not move to the active JCN.
  - Any SROI payment transactions filed under the inactive JCN must be re-filed under the active JCN.

**A consolidation will not be performed when multiple JCNs exist and parties want the JCNs combined only for hearing purposes. Those JCNs will be related in our Claims Processing System to alert VWC employees to review each JCN when performing any future action.*

Duplicate JCNs and Consolidation

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Common Pitfalls with Consolidations

Discrepancy in the Date of Injury for the same injury	• When notifying the Commission of duplicate claims and there is a discrepancy in the date of injury, you should clarify which date of injury is correct based on your records. • Occupational Disease Claims – the Date of Injury should be the Date of Communication, not the Date of Last Exposure (which is used to determine coverage.) *See "Occupational Disease Claims" Training Aid*
Different Employers	• This is seen in cases of: ○ "Trade Name" or "Doing Business As Name" versus Primary Insured/Parent Corporation ○ Subcontractor versus Statutory Employer ○ Independent Contractor versus an Employee ○ Professional Employer Organization (PEO) versus the Client Company • When notifying the Commission of duplicate claims and there is a discrepancy in the Employer, you should clarify the correct Employer.
Different Insurance Carriers	• This is seen when the EDI data is not correct, or the Commission did not have the correct information at the time the claim was created. • EDI will reflect the Claim Administrator as both the Claim Administrator and an Insurance Carrier or it will reflect the Employer as a self-insured when they are not. • Discrepancy with Employer Information • Make sure you are using the correct Insurance Carrier for the Employer and Date of Injury on your EDI transaction.
Different Claim Administrators	• This happens when a Claim Administrator acquires a claim and does not file the FROI AQ on the assigned JCN. ○ A call/email is made to verify who is actually handling the claim, if we do not have documentation in the file. ○ If this happens on a claim where you are notifying the Commission of a duplicate JCN, please clarify who the correct Claim Administrator handling the claim is. • This is also seen when different Insurance Carriers are listed in the JCNs, and each have different Claim Administrators.
FROI 01 Cancel transaction is submitted incorrectly on a JCN	• When the Commission issues a Consolidation Letter and a FROI 01 Cancel transaction is needed, the Consolidation Letter will specifically request the transaction to be filed on a particular JCN. • Not all Consolidation Letters request the FROI 01 Cancel transaction to be filed. It is important to read the Consolidation Letter and only file the FROI 01 Cancel transaction if it is requested. **For more information surrounding the* FROI 01 Cancel transaction*, refer to the "FROI 01 Cancel Transaction" Training Aid*

Electronic Data Interchange (EDI) Training Aid

FROI 01 Cancel Transaction

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

A FROI 01 Cancel Entire Claim Transaction is submitted by the Claim Administrator and used when the original first report was sent in error. Many Claim Administrators believe that the FROI 01 cancels the last transaction submitted. **THIS IS NOT CORRECT**, it cancels the entire claim**.** In Virginia, when a FROI 01 is filed, it cancels the JCN in its entirety and renders it invalid. The JCN can no longer be used for EDI filing purposes.

When should a FROI 01 transaction be filed to cancel a JCN?

FROI 01 transaction should only be used for two reasons:

1. When a claim was reported to the wrong jurisdiction. *
2. When requested by the Commission.

What to do if….

You believe a FROI 01 Cancel should be filed on a JCN	1. Contact the EDI Quality Assurance Department of the Commission so we can verify if it is appropriate to file the FROI 01. 2. Once approved, file the FROI 01 transaction providing the appropriate Cancel Reason Code of D for Duplicate/Combined Claim or J for Jurisdiction Wrong/Changed. 3. Please note that a FROI 01 should not be filed if the claimant has filed a Claim Form with Virginia, as it is the claimant's right to file and the claim must stay active. If a claim was filed in error or in the wrong jurisdiction, a denial transaction should be submitted instead of the FROI 01. If the FROI 01 is filed, we are required to create a new claim with a newly assigned JCN and request the Claim Administrator file a new FROI on the new JCN.
A FROI 01 was filed in error and accepted	1. Contact the EDI Quality Assurance Department of the Commission *The sooner the Commission is advised of the error, the sooner we can get a new claim created and assign a new JCN. It is important to inform the EDI department of the error as soon as possible. Submission of new FROI without a newly assigned JCN could result in rejection.*
You believe a duplicate claim exists	1. Send a letter to the Commission requesting review for possible consolidation. 2. File no further EDI transactions until you receive a Claim Consolidation Letter or Consolidation Request Review Letter. • The Claim Consolidation Letter will advise you which JCN to use going forward and if any additional EDI transactions are required. If a FROI 01 Cancel transaction is requested, it must be filed on the requested JCN in order to prevent issues with future EDI filings. • The Consolidation Request Review Letter will advise that the Commission reviewed the JCNs for consolidation and determined that they will not be consolidated; providing the reason.

What is a Notification of Cancellation?

- An automated letter triggered by the submission and acceptance of the FROI 01.
- Sent to all parties listed on the JCN

*Please contact the EDI Quality Assurance Department to verify it is appropriate to file the FROI 01 transaction, prior to doing so. This will assist in preventing confusion and unnecessary additional work for all parties.

Reporting of Compromise Settlements

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Compromise Settlements are agreements approved by the Commission by way of Petition and Order that: (1) settles one or more dates of injury, (2) settles one injury where more than one Insurance Carrier/Claim Administrator is responsible, or (3) is a settlement based on a third party award. Settlements are typically the only lump sum benefits to be reported in Virginia using a 5xx Benefit Type and Payment Reason Code, aside from Permanent Partial benefits awarded to be paid in a lump sum, with a 4% discount.

A SROI PY is required for each JCN included in the settlement. The terms of the settlement will determine if the payment information should be populated in the Benefit and Payment Segment or if Reduced Benefit Type Code of S (Claim Settled Under Another DOI) or N (No Money Settlement) should be reported.

One JCN has been settled

Scenario 1: When the one JCN has settled and receives the total amount of the settlement.

Example: Total Settlement Amount = $75,000
JCN: VA00000123456, DOI: 5/10/2023
This is the only JCN settled.

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number - Related
VA00000123456	$75,000		

Two JCNs have been settled

Scenario 1: When the total amount of the settlement is not allocated to a specific JCN.

Example: Total Settlement Amount = $75,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
In cases where the total amount covers two claims and is not allocated, half the total amount should be reported on both claims.

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456	$37,500		
(2) VA00000156456	$37,500		

Scenario 2: When the total amount of the settlement is allocated to a specific JCN.

Example: Total Settlement Amount = $75,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
$75,000 towards JCN 1

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456	$75,000		
(2) VA00000156456		S	VA00000123456

Reporting of Compromise Settlements

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Scenario 3: When the total amount of the settlement is allocated to both JCNs.

Example: Total Settlement Amount = $75,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
$15,000 towards JCN 1 and $60,000 towards JCN 2

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456	$15,000		
(2) VA00000156456	$60,000		

Three or more JCNs have been settled

Scenario 1: When the total amount of the settlement is not allocated to a specific JCN.

Example: Total Settlement Amount = $100,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
JCN 3: VA00000123420, DOI: 11/29/2023
In cases where the total amount covers three or more claims and is not allocated, the total amount should be reported on the claim with the most recent date of injury.

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456		S	VA00000123420
(2) VA00000156456		S	VA00000123420
(3) VA00000123420	100,000		

Scenario 2: When the total amount of the settlement is allocated to a specific JCN.

Example: Total Settlement Amount = $100,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
JCN 3: VA00000123420, DOI: 11/29/2023
$100,000 towards JCN 2

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456		S	VA00000156456
(2) VA00000156456	$100,000		
(3) VA00000123420		S	VA00000156456

Reporting of Compromise Settlements

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Scenario 3: When the total amount of the settlement is split into two separate amounts to cover three JCNs.

Example: Total Settlement Amount = $100,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
JCN 3: VA00000123420, DOI: 11/29/2023
JCN 4: VA00000123786, DOI: 5/20/2022
$60,000 towards JCN 1 and $40,000 towards JCN 2 thru 4

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456	$60,000		
(2) VA00000156456		S	VA00000123420
(3) VA00000123420	$40,000		
(4) VA00000123786		S	VA00000123420

Scenario 4: When the total amount of the settlement is split into two separate amounts to cover more than three JCNs.

Scenario 4a: One amount towards one JCN and the second amount covers the rest of the JCNs.

Example: Total Settlement Amount = $100,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
JCN 3: VA00000123420, DOI: 11/29/2023
JCN 4: VA00000123786, DOI: 5/20/2022
JCN 5: VA00000263786, DOI: 6/19/2021
$60,000 towards JCN 1 and $40,000 to cover JCNs 2 thru 5

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456	$60,000		
(2) VA00000156456		S	VA00000123420
(3) VA00000123420	$40,000		
(4) VA00000123786		S	VA00000123420
(5) VA00000263786		S	VA00000123420

Scenario 4b: One amount covers two JCNs and the second amount covers the other JCNs.

Example: Total Settlement Amount = $100,000
JCN 1: VA00000123456, DOI: 5/10/2023
JCN 2: VA00000156456, DOI: 1/01/2023
JCN 3: VA00000123420, DOI: 11/29/2023
JCN 4: VA00000123786, DOI: 5/20/2022
JCN 5: VA00000263786, DOI: 6/19/2021
$60,000 towards JCN 1 & 3 and $40,000 to cover JCNs 2, 4 & 5

JCN	Benefit and Payment Segment	Reduced Benefit Type Code	Jurisdiction Claim Number – Related
(1) VA00000123456	$30,000		
(2) VA00000156456	$40,000		
(3) VA00000123420	$30,000		
(4) VA00000123786		S	VA00000156456
(5) VA00000263786		S	VA00000156456

One Injury settles against more than one Insurance Carrier/Claim Administrator

When a date of injury is settled where more than one Insurance Carrier/Claim Administrator is ordered to pay an allocated amount, each Insurance Carrier/Claim Administrator is required to submit their payments via EDI on the JCN in which they are the main party. If more than one JCN does not exist for the injury at the time of the settlement, the Commission will create an additional JCN for each additional party responsible for making a payment.

Scenario 1:

When the Employer/Insurance Carrier A is to pay X amount of the total settlement and Employer/Insurance Carrier B is to pay Y amount of the total settlement, a JCN exist listing Employer/Insurance Carrier A and a second JCN exist listing Employer/Insurance Carrier B in order for each to submit their payment.

Example: Total Settlement Amount = $75,000
JCN 1: VA00000123456, DOI: 5/10/2023 against Employer/Insurance Carrier A
JCN 2: VA00000156456, DOI: 5/10/2023 against Employer/Insurance Carrier B
$30,000 to be paid by Employer/Insurance Carrier A and $45,000 to be paid by Employer/Insurance Carrier B. Each Insurance Carrier is to report their allocated amount of the settlement on their respective JCN.

JCN	Benefit and Payment Segment
(1) VA00000123456, Insurance Carrier A	$30,000
(2) VA00000156456, Insurance Carrier B	$45,000

Scenario 2:

When the Employer/Insurance Carrier A is to pay X amount of the total settlement and the uninsured Employer is to pay Y amount of the total settlement, a JCN exist listing Employer/Insurance Carrier A and the uninsured Employer. As the Employer is to pay their allocated amount of the settlement and is uninsured, a second JCN is not created as they do not submit EDI.

Example: Total Settlement Amount = $75,000
JCN 1: VA00000123456, DOI: 5/10/2023 against Employer/Insurance Carrier A and uninsured Employer as an additional party.
$45,000 to be paid by Employer/Insurance Carrier A and $30,000 to be paid by uninsured Employer.
Insurance Carrier A is to report their allocated amount of the settlement on their respective JCN.

JCN	Benefit and Payment Segment
(1) VA00000123456, Insurance Carrier A	$45,000

Scenario 3:

When the Employer/Insurance Carrier A is to pay X amount of the total settlement and UEF is to pay Y amount of the total settlement on behalf of the uninsured Employer, a JCN exist listing Employer/Insurance Carrier A and a second JCN exist listing the uninsured Employer and the UEF in order for each to submit their payment.

Example: Total Settlement Amount = $75,000
JCN 1: VA00000123456, DOI: 5/10/2023 against Employer/Insurance Carrier A
JCN 2: VA00000156456, DOI: 5/10/2023 against uninsured Employer/UEF
$30,000 to be paid by Employer/Insurance Carrier A and $45,000 to be paid by the uninsured Employer/UEF. Each Insurance Carrier is to report their allocated amount of the settlement on their respective JCN.

JCN	Benefit and Payment Segment
(1) VA00000123456, Insurance Carrier A	$30,000
(2) VA00000156456, UEF	$45,000

Additional Notes

- A FROI must be filed on each JCN reflected in the Compromise Settlement before the SROI PY is submitted.
- When a Compromise Settlement indicates a separate amount for each JCN (Date of Injury) listed, a SROI PY reflecting the specific amount should be filed in the respective JCN(s).
- When a Compromise Settlement indicates more than one JCN is being settled, a SROI PY is required on each respective JCN, to report the settlement payment or the appropriate Reduced Benefit Type Code.
- If indemnity was paid on the claim prior to the settlement, the SROI Suspension is required, per sequencing guidelines, prior to the filing of the SROI PY reporting the settlement.
- Refer to the to the “Payment Segment” Training Aid for populating the SROI PY transaction.
- If you have an approved Compromise Settlement that does not fit into one of the below scenarios, contact the Commission’s EDI Support Team for assistance.

Transaction Rejection

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

An EDI transaction is rejected when it does not pass the edits applied by Virginia to the data elements. The reason for rejection can be found on the Acknowledgement Record. It is the responsibility of the Trading Partner to review the reason for rejection, make the necessary correction(s), and resubmit the transaction, if necessary, or submit the appropriate transaction.

Common Rejection Reasons

- Error found on a mandatory or mandatory conditional data element
- Submitted code value not accepted by Virginia
- Invalid Event Sequence
- Duplicate Batch/Transaction
- Match Data Discrepancies

Understanding the Rejection Received

The Commission follows the IAIABC standard but only implemented what was necessary to do business in Virginia. The Standard provides guidelines for the applied edits and the error messages received. The Edit Matrix spreadsheet will assist in understanding the rejections.

EDIT MATRIX Outlines the edits applied by Virginia to each accepted data element	
DN-Error Message	• Provides standard error messages to use in association with the edits applied to the data elements and elaborates on data elements that have specific population restrictions and/or code values. • The table lists the Data Element Numbers and Names down the left column and the Error Message Numbers and Descriptions across the top.
Value Table	• Provides a list of code values and indicates which are and are not accepted in Virginia • Value Table is broken out into two details tabs to provide clear details on all value codes accepted in Virginia
Match Data Table	• Identifies which data elements are used as primary or secondary “match” data elements to determine if a new JCN should be created or if the transaction should be matched to an existing JCN.
Population Restrictions	• Elaborates on the data population or the code value limitations applied to the data elements and provides specifics on the standard error messages received for those data elements.
Legacy Claim Definition	• Provides the definition of what a Legacy Claim is in R3.1
Sequencing	• Elaborates on the standard error messages received in relation to the sequence of transactions and should be used in correlation with the Event Tables to determine the proper sequencing requirements.

Electronic Data Interchange (EDI) Training Aid

Transaction Rejection

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How to Interpret the Acknowledgement Record for the Rejected Transaction

The Acknowledgement Record will return an Application Acknowledgement Code of TA *(Transaction Accepted)* or TR *(Transaction Rejected)*. If the transaction is returned as "rejected," review the reason for rejection. The Acknowledgement Record provides the rejection information in the following number sequence: Data Element Number, Element Error Message Number and Variable Segment Number. The Element Error Text may be provided at the end of the acknowledgment record.

By using the Data Element Number and Element Error Message Number received in the rejection along with the Edit Matrix: DN-Error Message Table, you will be able to determine the reason for the rejection.

Step 1

Use the number sequence provided in the Acknowledgment Record to locate the exact error on the DN-Error Message table of the Edit Matrix.

Example:

Reason for Rejection: 0088064

0088 – This is the Data Element Number

064 – This is the Element Error Message Number

Error Received:

Benefit Period Start Date

Invalid Data Relationship

Column D indicates if the data element is part of match data.

	A	B	C	D	E	F	G	H	I	AJ	AK	AL	AM	AN	AO
2		Sorted by Error Message & DN	Please refer to the Instructions Tab at the front of this document for more details regarding Codes and Columns on this tab and other tabs in this document.	Match Data?	Jurisdiction will apply edits?	Population Restrictions Indicator	Group	001 Mandatory field not present	018 Number of Days Worked must be 0-7	062 Required segment not present	063 Invalid event sequence	064 Invalid data relationship	065 Corresponding report/data not found	066 Invalid record/transaction count	067 Must be >= Policy Effective Date
3	On FROI, SROI, Both, Header Trailer	DN	IAIABC Data Element Name												
79	SROI	0085	Benefit Type Code		Y	P		L					L		
80	SROI	0086	Benefit Type Amount Paid		Y			L							
81	SROI	0087	Net Weekly Amount		N										
82	SROI	0088	Benefit Period Start Date		Y	P		L				L			
83	SROI	0089	Benefit Period Through Date		Y			L							
84	SROI	0090	Benefit Type Claim Weeks		Y	P		L				L			

Column E indicates if the edit is applied to the data element by Virginia.

For this example, the edit is applied as it is marked with "Y"

Column F indicates if there is a population restriction for the data element.

For this example, "P" is populated indicating the Data Element: *Benefit Period Start Date* has a population restriction.

Column G indicates if the data element is within a group with other data elements that may need to be taken into consideration when updating.

The "L" located at the intersection, indicates the edit applies to that data element.

If there is a "P" in column "F" go to the Population Restriction Table of the Edit Matrix to find more information on the error. (*See Step 2 for details on the Population Restriction Table)*

Transaction Rejection

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Step 2

Using the Population Restrictions table of the Edit Matrix you will be able to determine the Element Error Text and understand the restrictions applied to the Data Element.

- Locate the Data Element Number/Name lined up with the Error Message Number/Text
  - *Utilize the filters option to easily locate what you are looking for, if using the electronic version.*
- The Population Restriction column will advise which edit is applied.
- The Element Error Text will show the exact error you will receive.

	A	B	C	D	E	F	G	H
1	DN	Report or MTC	Data Element Name	Population Restriction	Exception	Error Message Numbe	Error Message Text	Element Error Text (DN0291)
88	0088	SROI	Benefit Period Start Date	Must be greater than or equal to DN0056 Initial Date Disability Began when DN0085 Benefit Type Code is NOT = 030 (Permanent Partial Scheduled) or 230 (Employer Paid Permanent Partial Scheduled) or 530 (Perm Partial Sch Lump Sum Pmt/Settlement) or 040 (Permanent Partial/Unscheduled) or 540 (Perm Partial Unsch Lump Sum Pmt/Settlement) 090 (Permanent Partial Disfigurement) or 590 (Permanent Partial Disfigurement Lump Sum Pmt/Settlement) NOTE: NOT ALL BTC's APPLY TO ALL STATES		064	Invalid data relationship	Must be >= Int Dis Began if BTC not = Perm Partial
91	0088	SROI	Benefit Period Start Date	If DN0288 Number of Benefits >= 02 and SROI MTC = CB and Benefit Segment contains MTC = CB at the Benefit level: Find the DN0085 Benefit Type Code with the earliest DN0088 Benefit Period Start Date. For the earliest DN0088 Benefit Period Start date found, DN0089 Benefit Period Through Date must be = DN0088 Benefit Period Start Date - (minus) one day for the newest DN0085 Benefit Type Code with the latest DN0088 Benefit Period Start Date. **MTC at the BEN Level must be = CB.** **Example of Invalid Reporting:** **Earliest Benefit reported:** Benefit Type Code, BEN MTC = CB, 050 Benefit Period Start Date = 3/25/2015 / Benefit Period Through Date = **5/13/2015** **Latest Benefit reported:** Benefit Type Code 070, BEN MTC = CB, Benefit Period Start Date = **5/19/2015**/ Benefit Period Through Date = 6/15/2015 **Example of Valid Reporting:** **Earliest Benefit reported:** Benefit Type Code 050, BEN MTC = CB, Benefit Period Start Date = 3/25/2015 / Benefit Period Through Date = **5/13/2015** **Latest Benefit reported:** Benefit Type Code 070, BEN MTC = CB, Benefit Period Start Date = **5/14/2015**/ Benefit Period Through Date = 6/15/2015		064	Invalid Data Relationship	MTC at the BEN Level must be = CB.

The Element Error Text, located in column H, tells us there are two possible reasons: 1) the Benefit Period Start Date must be greater than or equal to Initial Date Disability Began if BTC is not a Permanent Partial benefit or 2) That the expected MTC was not received for the benefit information being reported.

Based on the information collected in Step 1 and Step 2, we now know the transaction rejected based on the *Benefit Period Start Date* due to *Invalid Data Relationship* because (1) the Benefit Period Start Date is not greater than or equal to the Initial Date Disability began for the benefit type reported or (2) there is a gap in the dates between Benefit Period Through Date for the earliest benefit type reported and the Benefit Period Start Date of the latest benefit type reported and/or the expected MTC is not received for the benefit information being reported.

Transaction Rejection

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How to Resolve

Step 1: Review the Benefit Period Dates of the rejected transaction.

Example:		
	***Earliest Benefit reported*:**	***Latest Benefit reported*:**
Benefit Type Code	*050*	*070*
Benefit MTC	*CB*	*CB*
Benefit Period Start Date	*3/25/2024*	*5/19/2024*
Benefit Period Through Date	*5/13/2024*	*6/15/2024*

Step 2: Determine if the gap in time between the earliest benefit period through date and the latest benefit period start date should truly exist or not.

Step 3:

- If no gap between the dates should exist – Correct the benefit period start date and resubmit the transaction.
- If a gap between the dates should exist – Submit the proper SROI Suspension to show the earliest benefit period reported has ended. Once accepted, the proper Reinstatement transaction should follow to show the reinstatement of benefits.

Common Error Messages

063 - Invalid event sequence	
Failure to follow proper event sequencing	
Resources:	**Examples**:
• Edit Matrix – Sequencing • FROI/SROI Event Matrix (*Refer to Training Aid #1 & #2)*	• FROI 00 must be on file prior to filing a SROI reporting payments • FROI 04 cannot be filed after an initiating FROI has been accepted • SROI QT cannot be filed prior to an initiating SROI reporting payments being accepted • SROI Suspension must have a preceding initial SROI or SROI Reinstatement

117 - Match Data value not consistent with value previously reported	
Change made to a match data value on a transaction other than a FROI 02	
Resources:	**Examples**:
• Edit Matrix – Match Data Table • EDI FROI 02 Change Transaction ○ *Only one Match Data field can be updated per FROI 02 unless otherwise noted in the Category legend.*	• Change made to Employee First Name or Date of Injury does not match previously accepted transaction. • A FROI 02 must be filed and accepted with the change(s) made prior to additional transaction(s) being submitted with the changed data.

Transaction Rejection

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001 - Mandatory field not present	
A data element that is mandatory for the transaction/data being submitted is not populated or contains an invalid space	
Resource:	**Examples**:
• Element Requirement Table	• Latest RTW/Status Date – Mandatory Conditional field ○ Is mandatory when the employee returns to work after a subsequent disability period. • Industry Code – Mandatory field ○ *Exception*: Claim is being denied for no coverage

042 - Not statutorily valid	
Reported code value is not valid for Virginia	
Resources:	**Examples**:
• Edit Matrix – Value Table • Edit Matrix – Population Restrictions • EDI Quick Code Sheet	• Industry Code – NAICS Codes ○ Date of Injury prior to 10/20/2014 – use 2007 NAICS Codes ○ Date of Injury on or after 10/20/2014 – use 2012 NAICS Codes ○ Date of Injury on or after 5/1/2017 – use 2017 NAICS Codes ○ Etc. • SROI transaction reports Other Benefit Type Code 400 *(Total Other Vocational Rehabilitation)* – the Value Table has the code greyed, therefore not a code accepted by Virginia

037 - Must be <= Maintenance Type Code Date	
Reported data element date is after the date the transaction is being submitted	
Resources:	**Examples**:
• Verify all fields reporting a date, that it does not fall after the date the EDI transaction is being submitted.	• Benefit Period Start Date • Date Claim Administrator Had Knowledge of Injury • Initial Date Disability Began

057 - Duplicate Batch/Transaction	
Key information submitted matches to a transaction or claim file previously accepted	
Resources:	**Examples**:
• Edit Matrix – Match Data Table • Duplicate Check Process (*Refer to Training Aid #9)*	• Claim created from paper submission and JCN assigned by VWC – Initial FROI filed without the assigned JCN populated. • SROI IP rejects - SROI IP previously filed and accepted • Multiple Injuries on the same day – *Contact EDI Support Team for assistance with acceptance of the second injury*

Electronic Data Interchange (EDI) Training Aid

Occupational Disease Claims

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

What is an Occupational Disease?

An occupational disease is a disease arising out of and in the course of employment, but not an ordinary disease of life to which the general public is exposed outside of the employment.

The most common Occupational Disease is Pneumoconiosis, which includes, but is not limited to, Coal Worker's Pneumoconiosis also known as Black Lung, Silicosis, Byssinosis, and Asbestosis.

Occupational Disease or Ordinary Disease of Life?

The Commission must determine whether a condition or disease is an occupational disease as defined by § 65.2-400, *Code of Virginia* or an ordinary disease of life. This is essentially a medical issue that the Commission must decide on a case-by-case basis. The specific characteristics of each employment, the type of work in which the employee performs and the effect it has on the employee are factors that the Commission considers when determining whether a claimant has an occupational disease or an ordinary disease of life. In certain cases, § 65.2-401, *Code of Virginia* will treat ordinary diseases of life as compensable if the evidence satisfies the specific statutory requirements.

Examples of ordinary diseases of life that may be found to be compensable are Heart Disease, Carpel Tunnel Syndrome, Hearing Loss and Hepatitis.

Common Terms

Date of Injury	The Date of Injury is the date in which the diagnosis of an occupational disease is communicated to the employee, per § 65.2-403, *Code of Virginia*. Therefore, the date of communication of diagnosis is the date of injury.
Date of Last Injurious Exposure	Per § 65.2-404, *Code of Virginia*, injurious exposure is the exposure to the causative hazard of the disease which is reasonably calculated to bring on the disease in question. For coal workers' pneumoconiosis cases, 90 work shifts of exposure to the causative hazard is conclusively presumed to be injurious. Date of last injurious exposure is not necessarily the same as the date the claimant last worked for the employer.
Coverage	The employer's insurance carrier at the time of last injurious exposure is responsible for compensation and medical expenses, per § 65.2-404, *Code of Virginia*. In coal workers' pneumoconiosis cases, if more than one insurance carrier covers the claimant's last 90 shifts of exposure, liability will be divided between the insurance carriers based on the number shifts that each insurance carrier covered.

Occupational Disease Claims

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EDI Reporting of Occupational Disease Claims

Date of Injury

When filing your EDI FROI transaction, the date of injury field must reflect the date of communication of the occupational disease. This may pose as an issue in your EDI system with coverage being based on the date of last injurious exposure. If this poses as an issue in your EDI system when submitting the EDI FROI transaction, a manual work-around will have to be done on your end prior to submitting the EDI FROI transaction.

Two Insurance Carriers responsible

When there is a question as to which insurance carrier is responsible for payment of the Occupational Disease, no EDI should be filed by any party until the Commission makes a decision as to the responsible parties. If two insurance carriers are determined to be responsible for an injury and EDI is required from both parties, another Jurisdiction Claim Number will be created in order for each insurance carrier to file EDI to be in compliance with § 65.2-902, *Code of Virginia*.

Reporting Pneumoconiosis Permanency Impairment Rating

§ 65.2-503 & § 65.2-504, *Code of Virginia*, provides the breakdown of how many weeks are awarded for each stage of the disease.

The following table provides the percentage breakdown for each stage to use when reporting the permanency rating via EDI.

Stage 1	50 Weeks	16.67%
Stage 2	100 Weeks	33.33%
Stage 3	300 Weeks	100%

Electronic Data Interchange (EDI) Training Aid

Interpreting EDI Reporting Requirements

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

The EDI Implementation Guide's main reporting requirements are outlined into three individual spreadsheets provided by the IAIABC: the Event Table, the Element Requirement Table, and the Edit Matrix. Virginia has taken these documents and made them specific to State reporting rules and requirements.

Event Table

The Event Table provides the criteria and timeframes for filing each MTC along with VWC's Mandate Dates.

The Event Table Contains:

- FROI Reports
- SROI Reports
- Periodic Reports

Using the Event Table

The three different report types are set-up and interpreted the same way.

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Release	Report Type	Maintenance Type		Event Rule			Report Trigger		When is the Report Due?			Statute	Paper Form(s)	Receiver
		Cod	Description	Criter	From	Thru	Criteria	Trigger Value	Valu	Due Ty	From			
3.1	FROI	00	Original	2 = EDI Mandate Date	01/16/2025		A = New Claim C = Lost Time Lost Time > 7 days has occurred	Lost Time > 7 days has occurred, and the claim is not denied (Classified as a Major Injury as defined by 16 VAC 30-91-10). Injury Severity Type Code = J Major	10	C	D = Administrator Notification	REG. 16 VAC 30-91-20; § 65.2-900 § 65.2-902	NA	NA
3.1	FROI	00	Original	2 = EDI Mandate Date	01/16/2025		A = New Claim B = Cumulative Medical $ > $1000	Cumulative Medical $ > $1000 and the claim is not denied (Classified as a Major Injury as defined by 16 VAC 30-91-10). Injury Severity Type Code = J Major	10	C	D = Administrator Notification	REG. 16 VAC 30-91-20; § 65.2-900 § 65.2-902	NA	NA

Columns A – D provide the release number, the report type, and the Maintenance Type Code and Name.

Columns E – I provide the event rule, the Criteria that must be met in order to file that MTC and any trigger value that occurs in order to file the MTC.

Columns J – L provide the timeframe in which the transaction should be filed.

Column M advises what statute shows that is a required transaction

Column N advises if any paper forms are required in addition to the EDI transaction.

Example: FROI 00

- If the claim meets EDI Mandate Date 1/16/2025 and is a new claim where lost time greater than 7 days has occurred, the FROI 00 should be filed with Injury Severity Type Code 'J' for Major.
- The report is due within 10 calendar days from the date of the Claim Administrator's knowledge.
- No paper form is required to be submitted in addition to the EDI transaction.

Interpreting EDI Reporting Requirements

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Element Requirement Table

The Element Requirement Table outlines the data element requirements for both FROI and SROI transactions along with the business rules that may be applied.

The Element Requirement Table Contains:

- FROI Element Requirements
- FROI 02 Exceptions
- FROI Conditional Requirements
- Legacy Claim Definition
- SROI Element Requirements
- SROI 02 Exceptions
- SROI Conditional Requirements
- Event Benefits Segment Requirements
- Event Benefits Segment Conditional Requirements

Interpreting the Legend

These codes are located at the top of each of the Element and Event Benefits Requirements.

Data Requirement Codes	
M *(Mandatory)*	• Data Element must be present and in valid format •
MC *(Mandatory Conditional)*	• Data Element becomes mandatory under the condition(s) established in the respective Conditional Table
AR *(If Applicable/Available Transaction Rejected)*	• Data Element should be sent if known • Data Element will be edited on for accuracy
NA *(Not Applicable)*	• Data Element is not relevant to Virginia's requirements for the MTC • Data Element information may be sent but is ignored and not captured in Virginia's system
F *(Fatal Technical)*	• Data Element is essential to the transaction and must be present
f (Fatal Technical Variable Segment	• Data Element is essential to the Variable Segment and must be present
X *(Exclude)*	• Data Element is not relevant to Virginia's requirements for the MTC • Data Element information should not be sent as it will cause the transaction to reject

*This is not all the Data Requirement Codes provided by the IAIABC. The above only contains those codes Virginia uses throughout the Element Requirement Table.

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02 Reportable Change Codes	
B *(Restricted)*	• IAIABC Defined, No Change Allowed

N
(No Change Allowed)
	• Data Element in a Variable Segment:
	  • Will reject if it is the only Data Element being changed within the variable segment.
	• Data Element not in a Variable Segment:
	  • Will reject if present in the Change Variable Segment.
	• Exception: Will not reject transaction when the Requirement Code for all MTC's for a given DN have 'NA' Requirement Code.

K *(Required Change on FROI)*	• Data Element is present on both the FROI and SROI • Change is only allowed on the FROI
Y *(Required Change on FROI or on SROI)*	• Data Element is present only on the FROI or only on the SROI
H *(No Change Required)*	• Data Element does not require MTC 02 Change to be sent in Virginia • MTC 02 Change is sent for Data Element, it must be present in the Change Segment

J
(Required Change by Transaction Type)
	• Data Element is on both the FROI or SROI
	• MTC 02 change should only be generated on a SROI if a SROI has been previously accepted.
	  • Exception: SROI NT is the only accepted SROI then a SROI 02 is not allowed.
	  •

YG *(Required Change on FROI or on SROI with Exception)*	• Data Element is only on the FROI or only on the SROI • MTC 02 should only be submitted if the exception is met as noted under the respective Exceptions Table

JG
(Required Change by Transaction Type with Exception)
	• Data Element is on both the FROI or SROI
	• MTC 02 change should only be generated on a SROI if a SROI has been previously accepted.
	  • Exception: SROI NT is the only accepted SROI then a SROI 02 is not allowed.
	• MTC 02 should only be submitted if the exception is met as noted under the respective Exceptions Table
	  •

*This is not all the 02 Reportable Change Codes provided by the IAIABC. The above only contains those codes Virginia uses throughout the Element Requirement Table.

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Using the Element Requirement Table

The Element Requirements Table provides the requirements for each data element as it pertains to the MTC being submitted.

*FROI and SROI Element Requirements are used the same way.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	U
11	*On FROI, SROI, Both*	REC	DN#	◉ Mailing or ○ Physical DATA ELEMENT NAME	FORMAT			00	01	02						04	AQ	AU	U
12												Reportable Change							
13						Capture?	Match Data			02 Requirement Code	Group	A (Add)	U (Update)	D (Delete)	R (Remove)				
14																			
15	Both	148	0001	Transaction Set ID	3 A/N	Y	N	F	F	F		B	B	B	B	F	F	F	F
16	Both	148	0002	Maintenance Type Code	2 A/N	Y	Y	F	F	F		B	B	B	B	F	F	F	F
17	Both	148	0003	Maintenance Type Code Date	DATE	Y	Y	F	F	F		B	B	B	B	F	F	F	F
18	Both	148	0004	Jurisdiction Code	2 A/N	Y	N	F	F	F		B	B	B	B	F	F	F	F
19	Both	148	0005	Jurisdiction Claim Number	25 A/N	Y	Y	MC	m	NA		B	N	B	B	MC	m	AR	m
10	Both	148	0006	Insurer FEIN	9 A/N	Y	N	M	M	m		N	K	B	N	M	M	M	M
11	FROI	148	0012	Claim Administrator City	15 A/N	N	N	NA	NA	NA		NA	NA	NA	NA	NA	NA	NA	N
12	FROI	148	0013	Claim Administrator State Code	2 A/N	N	N	NA	NA	NA		NA	NA	NA	NA	NA	NA	NA	N

Column A indicates if the data element is on the FROI SROI or both.

Column B indicates which record layout the data is located.

Column C indicates the Data Element Number.

Column D indicates the Data Element Name.

Columns H – U/AN indicates the Data Element Requirement Code for each acceptable MTC in Virginia.

Example:
DN0005 - Jurisdiction Claim Number
Located in the FROI 148 table
FROI 00 = MC *(Mandatory Conditional)*

Jurisdiction Claim Number is Mandatory Conditional for a FROI 00. Go to the Conditional Requirements Table to determine if the data element is mandatory based on the listed condition.

Interpreting EDI Reporting Requirements

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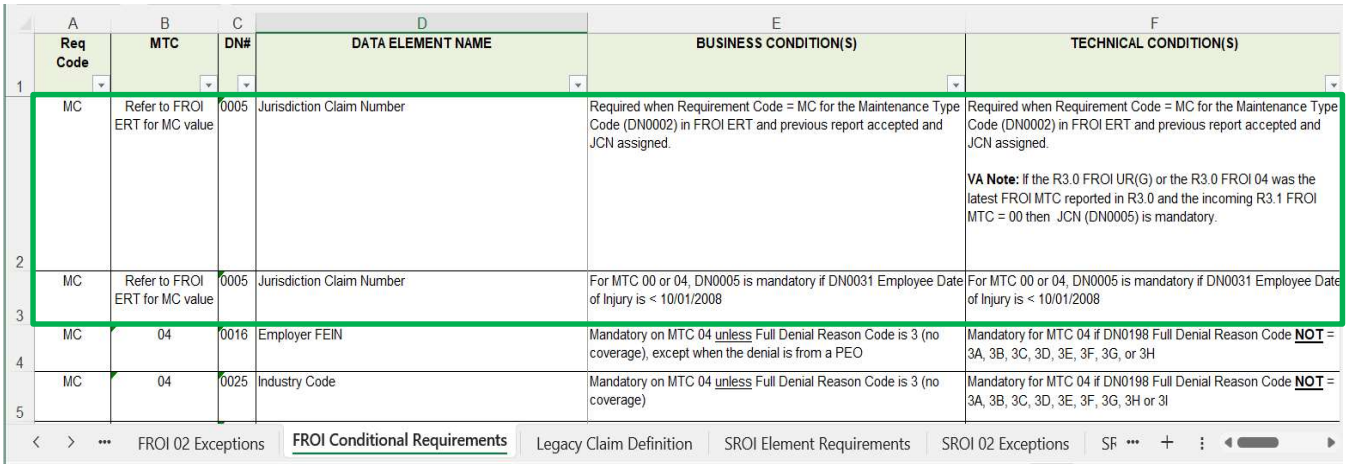
The Conditional Requirements Table provides the Business Condition(s) and the Technical Condition(s) for those data elements that are Mandatory Conditional.

*FROI and SROI Conditional Requirements are used the same way.



Req Code	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC	Refer to FROI ERT for MC value	0005	Jurisdiction Claim Number	Required when Requirement Code = MC for the Maintenance Type Code (DN0002) in FROI ERT and previous report accepted and JCN assigned.	Required when Requirement Code = MC for the Maintenance Type Code (DN0002) in FROI ERT and previous report accepted and JCN assigned. **VA Note:** If the R3.0 FROI UR(G) or the R3.0 FROI 04 was the latest FROI MTC reported in R3.0 and the incoming R3.1 FROI MTC = 00 then JCN (DN0005) is mandatory.
MC	Refer to FROI ERT for MC value	0005	Jurisdiction Claim Number	For MTC 00 or 04, DN0005 is mandatory if DN0031 Employee Date of Injury is < 10/01/2008	For MTC 00 or 04, DN0005 is mandatory if DN0031 Employee Date of Injury is < 10/01/2008
MC	04	0016	Employer FEIN	Mandatory on MTC 04 unless Full Denial Reason Code is 3 (no coverage), except when the denial is from a PEO	Mandatory for MTC 04 if DN0198 Full Denial Reason Code **NOT** = 3A, 3B, 3C, 3D, 3E, 3F, 3G, or 3H
MC	04	0025	Industry Code	Mandatory on MTC 04 unless Full Denial Reason Code is 3 (no coverage)	Mandatory for MTC 04 if DN0198 Full Denial Reason Code **NOT** = 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H or 3I

FROI 02 Exceptions | **FROI Conditional Requirements** | Legacy Claim Definition | SROI Element Requirements | SROI 02 Exceptions | SF

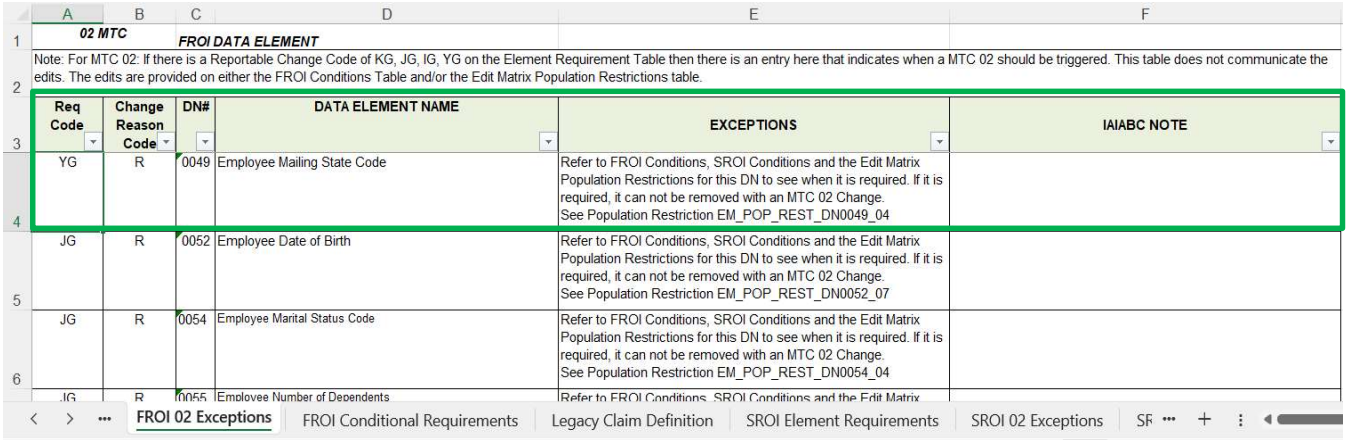
DN0005, Jurisdiction Claim Number, has two conditions that would make the data element mandatory.

1. Mandatory if previous report accepted and JCN assigned.
2. Mandatory on an 00 or 04 if the date of injury occurred before October 1, 2008.

If either of these two conditions are met, this data element is now mandatory.

The 02 Exceptions Table provides the exception(s) for those data elements that are noted as JG *(Required Change by Transaction Type with Exception)* or YG *(Required Change on FROI or on SROI with Exception)* for Reportable Change.

*FROI and SROI 02 Exceptions are used the same way.



02 MTC	FROI DATA ELEMENT				
Note: For MTC 02: If there is a Reportable Change Code of KG, JG, IG, YG on the Element Requirement Table then there is an entry here that indicates when a MTC 02 should be triggered. This table does not communicate the edits. The edits are provided on either the FROI Conditions Table and/or the Edit Matrix Population Restrictions table.					
Req Code	**Change Reason Code**	**DN#**	**DATA ELEMENT NAME**	**EXCEPTIONS**	**IAIABC NOTE**
YG	R	0049	Employee Mailing State Code	Refer to FROI Conditions, SROI Conditions and the Edit Matrix Population Restrictions for this DN to see when it is required. If it is required, it can not be removed with an MTC 02 Change. See Population Restriction EM_POP_REST_DN0049_04	
JG	R	0052	Employee Date of Birth	Refer to FROI Conditions, SROI Conditions and the Edit Matrix Population Restrictions for this DN to see when it is required. If it is required, it can not be removed with an MTC 02 Change. See Population Restriction EM_POP_REST_DN0052_07	
JG	R	0054	Employee Marital Status Code	Refer to FROI Conditions, SROI Conditions and the Edit Matrix Population Restrictions for this DN to see when it is required. If it is required, it can not be removed with an MTC 02 Change. See Population Restriction EM_POP_REST_DN0054_04	
JG	R	0055	Employee Number of Dependents	Refer to FROI Conditions, SROI Conditions and the Edit Matrix	

FROI 02 Exceptions | FROI Conditional Requirements | Legacy Claim Definition | SROI Element Requirements | SROI 02 Exceptions | SF

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Example:

DN0049 - Employee Mailing State Code

Request Reason Code is 'YG' with Change Reason Code 'Remove'

Exceptions: Refer to FROI Conditions, SROI Conditions and the Edit Matrix Population Restrictions to see when it is required. If it is required, it can not be removed with an MTC 02 Change.

FROI Condition: Required if Employee Mailing Country Code is blank, or = US, MX or CA.

Population Restrictions: Employee Mailing State Code cannot be removed if:
FROI MTC (DN0002) = 02 and
Change Data Element/Segment Number (DN0412) = 0049 and
Change Reason Code (DN0413) = R and
Employee Mailing Country Code (DN0155) is blank, or = US, MX or CA.

The Element Requirement Table also includes the Requirements and Conditions for the Event Benefit Segment.

The Event Benefits tab is different from the FROI & SROI tab as the Data Elements are listed across the top and not the MTC being reported.

Follow the benefit type, being reported over to locate the requirement code for each field in the benefit segment.

Event: For MTC's: AB, AP, CB, EP, ER, IP, PY (Benefit Type Codes other than 5XX), RB, CA, 02, PX, SX Legend: E = Expected EC = Expected/Conditional F = Fatal Technical M = Mandatory MC = Mandatory/Conditional NA = Not applicable R = Restricted RC = Restricted/Conditional X = Exclude	Benefit Type	0085 Benefit Type Code	0002 MTC	0174 Gross Weekly Amount	0175 Gross Wkly Amt Eff Date	0087 Net Weekly Amount	0211 Net Wkly Amt Eff Date	0088 Ben Period Start Date	0089 Ben Period Thru Date	0090 Ben Type Claim Weeks	0091 Ben Type Claim Days	0086 Ben Type Amount Paid	0192 Benefit Payment Issue Date
Migration Considerations		NI	NI	V1	V1	NI	V1	NI	NI	NI	NI	NI	NI
Fatal	010	MC	F	MC	MC	NA	NA	MC	MC	MC	MC	MC	MC
Permanent Total	020	MC	F	MC	MC	NA	NA	MC	MC	MC	MC	MC	MC
Permanent Total Supplemental	021	R	F	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA
Permanent Partial Scheduled	030	MC	F	MC	MC	NA	NA	MC	MC	MC	MC	MC	MC
Permanent Partial Unscheduled	040	R	F	NA	MC	NA	NA	NA	NA	NA	NA	NA	NA

SROI Element Requirements | SROI 02 Exceptions | SROI Conditional Requirements | Event Benefits Segment Req

Then use the Event Benefit Conditional Requirements if the field is 'MC' to determine if it is mandatory.

Req Cod	MTC	DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
MC	Refer to Event Benefit Segment Req Table legend	0085	Benefit Type Code	Required if Benefits (Benefit Type Codes required per Valid Value Table) have been paid on the claim. (Benefit Type has ever been paid on the claim.)	Required if Number of Benefits (DN0288) is >0.
MC	Refer to Event Benefit Segment Req Table legend	0086	Benefit Type Amount Paid	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.
MC	Refer to Event Benefit Segment Req Table legend	0088	Benefit Period Start Date	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.
MC	Refer to Event Benefit Segment Req Table legend	0089	Benefit Period Through Date	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.
MC	Refer to Event Benefit Segment Req Table legend	0090	Benefit Type Claim Weeks	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.
MC	Refer to Event Benefit Segment Req Table legend	0091	Benefit Type Claim Days	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
MC	Refer to Event Benefit Segment Req Table legend	0174	Gross Weekly Amount	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.	Required if Number of Benefits (DN0288) is >0 and Benefit Type Code (DN0085) is present and valid per Valid Value Table.

SROI 02 Exceptions | SROI Conditional Requirements | Event Benefits Segment Req | Event Benefits Conditional

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Edit Matrix

The Edit Matrix consists of five components that outline the edits applied by Virginia to each accepted data element.

The Edit Matrix Contains:

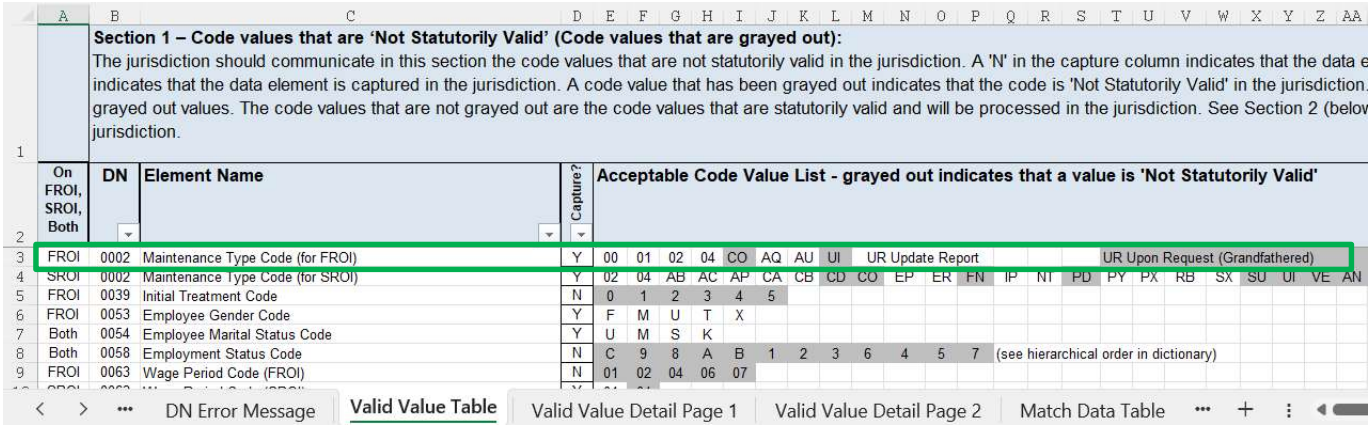
- DN-Error Message
- Value Table
- Value Table Detail Tabs also included for quick reference
- Match Data Table
- Legacy Claim Definition
- Population Restrictions
- Sequencing

Using the Edit Matrix Table

The **DN-Error Message** tab provides standard error messages to use in association with the edits applied to the data elements and indicates if a data element has a population restriction to consider when entering the data. **Instructions on how to use/interpret the DN Error Message table can be found in the "Transaction Rejection" Training Aid.*

The **Population Restrictions** tab provides the data population, or the code value limitations applied to the data elements and provides the element error text received, for those data elements, on rejected transactions. **Instructions on how to use/interpret the Population Restrictions table can be found in the "Transaction Rejection" Training Aid.*

The **Value Table** tab provides a list of acceptable code values for specific data elements.



Section 1 – Code values that are 'Not Statutorily Valid' (Code values that are grayed out):
The jurisdiction should communicate in this section the code values that are not statutorily valid in the jurisdiction. A 'N' in the capture column indicates that the data e
indicates that the data element is captured in the jurisdiction. A code value that has been grayed out indicates that the code is 'Not Statutorily Valid' in the jurisdiction.
grayed out values. The code values that are not grayed out are the code values that are statutorily valid and will be processed in the jurisdiction. See Section 2 (belov
jurisdiction.

On FROI, SROI, Both	DN	Element Name	Capture?	Acceptable Code Value List - grayed out indicates that a value is 'Not Statutorily Valid'
FROI	0002	Maintenance Type Code (for FROI)	Y	00 01 02 04 CO AQ AU UI UR Update Report UR Upon Request (Grandfathered)
SROI	0002	Maintenance Type Code (for SROI)	Y	02 04 AB AC AP CA CB CD CO EP ER FN IP NT PD PY PX RB SX SU UI VE AN
FROI	0039	Initial Treatment Code	N	0 1 2 3 4 5
FROI	0053	Employee Gender Code	Y	F M U T X
Both	0054	Employee Marital Status Code	Y	U M S K
Both	0058	Employment Status Code	N	C 9 8 A B 1 2 3 6 4 5 7 (see hierarchical order in dictionary)
FROI	0063	Wage Period Code (FROI)	N	01 02 04 06 07

DN Error Message | Valid Value Table | Valid Value Detail Page 1 | Valid Value Detail Page 2 | Match Data Table

Column B indicates the Data Element Number.

Column C indicates the Data Element Name.

Column D indicates if the Data Element is captured in Virginia.

Columns E - AR list the codes acceptable for each data element. The codes that are grayed out are "Not Statutorily Valid" in Virginia.

Example:
0002 - Maintenance Type Code (for FROI)
The Data Element is captured in Virginia

The table indicates a FROI 00, 01, 02, 04, AQ, AU and UR (Update Report) are accepted in Virginia but a FROI CO, UI and UR (Upon Request) is not.

Interpreting EDI Reporting Requirements

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The **Valid Value Detail Page 1** and **Valid Value Detail Page 2** tabs, provide detailed acceptable code values for specific data elements.

The **Match Data Table** tab identifies which data elements are used as primary or secondary "match" data elements to determine if a new JCN should be created or if the transaction should be matched to an existing JCN.

	A	B	C	D	E	F	G
4	**GROUPING**	**DN**	**DATA ELEMENT NAME**	**New Claims** (Note: When JCN is not sent then use this column for all MTC's excluding AQ and UR)	**Existing Claims** (Note: When JCN is sent then use this column for all MTC's excluding AQ and UR)	**Incoming Acquired Claims** MTC AQ sent with JCN	**Incoming Update Report for Existing Claims** (Internal Legacy MTC JH exists) MTC UR sent with JCN
5							
6	Claim	0004	Jurisdiction Code				
7		0005	Jurisdiction Claim Number		P	P	P
8		0015	Claim Administrator Claim Number				
9	Claimant		Employee ID Type Qualifier (DN0270)	P	S	S	S
10			▪ Employee SSN (DN0042)	P	S	S	S
11			▪ Employee Green Card (DN0153)	P	S	S	S
12			▪ Employee Employment Visa (DN0152)	P	S	S	S
13			▪ Employee ID Assigned by Jurisdiction (DN0154)	P	S	S	S
14			▪ Employee Passport Number (DN0156)	P	S	S	S
15			▪ Employee Individual Taxpayer Identification Number (DN0437)	P	S	S	S
16		0206	Employee Security ID				
17		0031	Date of Injury	P	S	P	S
18		0043	Employee Last Name	P	S	S	S
19		0044	Employee First Name	P	S	S	S
20		0052	Employee Date of Birth				
21	Claim	0187	Claim Administrator FEIN (1)		S		
22	Administrator	0014	Claim Administrator Postal Code				
23	Employer	0016	Employer FEIN	P	S		
24		0329	Employer UI Number				
25		0230	Employer ID Assigned by Jurisdiction				
26	Insurer	0006	Insurer FEIN				
27	Transaction	0295	Maintenance Type Correction Code				
28		0296	Maintenance Type Correction Code Date				
29		0002	Maintenance Type Code	S	P	P	P
30		0003	Maintenance Type Code Date		P	P	P

Column A indicates which group the Data Element falls in.

Column B indicates the Data Element Number.

Column C indicates the Data Element Name.

Columns D - G indicate if the data element is considered Match Data for new or existing claims and if it is considered to be a primary or a secondary match.

When a Data Element is considered 'match data', only one data element can be updated at a time. This means that if more than one match data field needs to be updated, a FROI 02 must be submitted for each update needed after waiting for one transaction to accept prior to filing the next transaction.

Exception:

1. Employee First Name and Employee Last Name needs to be updated
2. Employer FEIN and Claim Administrator FEIN needs to be updated

In the following scenarios, one FROI 02 can be submitted to make updates to more than one data element at the same time.

41	***Multiple element changes Category legend:***		***Applicable? (Y/N)***
42	**Category**	**Conditions**	
43	1	Employee First Name (DN0043) and Employee Last Name (DN0044)	Y
44	2	Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187)	N
45	3	Claim Administrator postal code (DN0014) and Claim Administrator FEIN (DN0187)	N
46	4	Employer FEIN (DN0016), Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187)	Y
47	5	Employer FEIN (DN0016), Insurer FEIN (DN0006)	N
48	7	7 or greater - jurisdiction must define custom allowable combinations	N

Valid Value Detail Page 2 | **Match Data Table** | Legacy Claim Definition | Population Restrictions

Interpreting EDI Reporting Requirements

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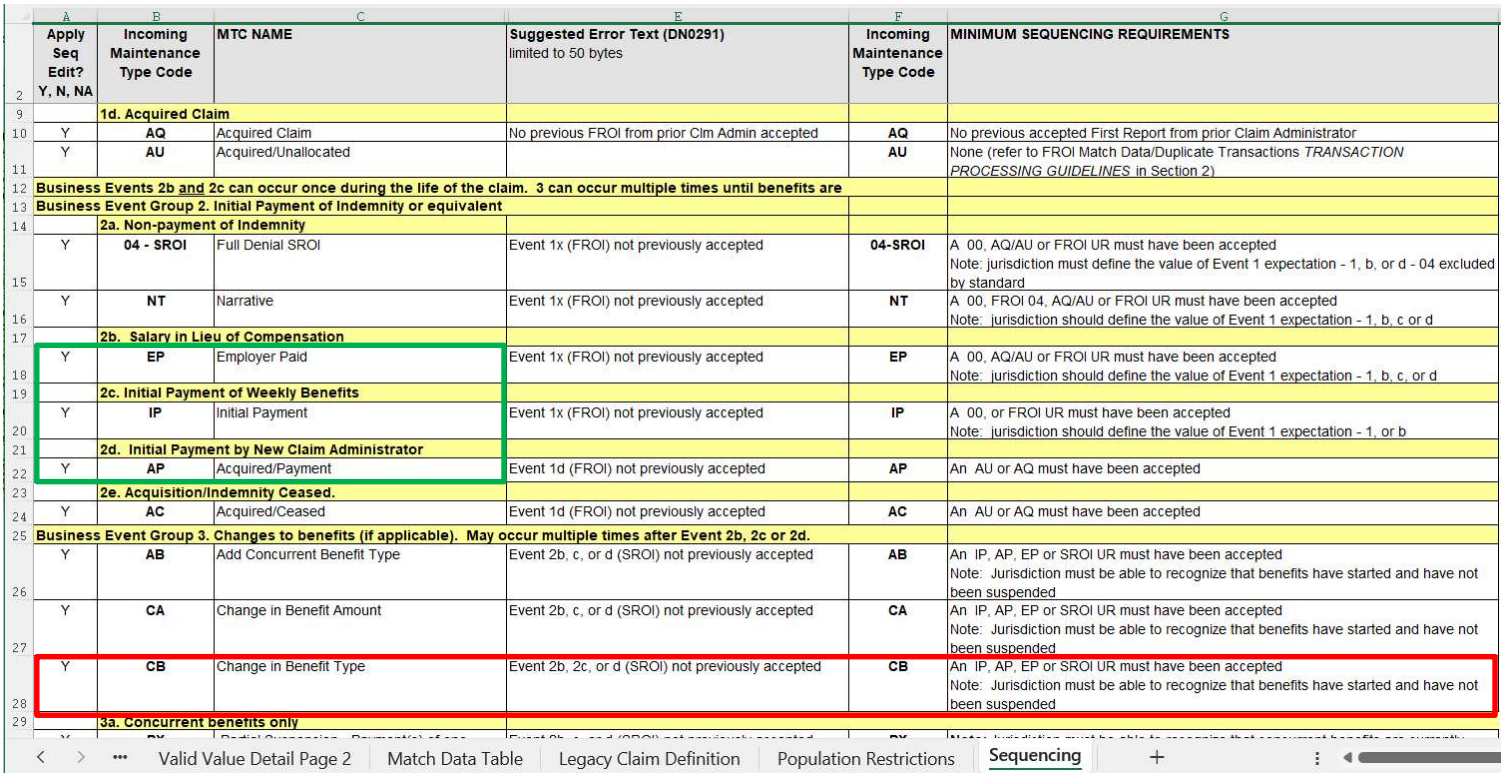
The **Legacy Claim Definition** tab provides the definition of a Legacy Claim for R3.1.

The **Sequencing** tab provides the standard error messages received in relation to the sequencing of transactions and should be used in correlation with the Event Table to determine the proper sequencing requirements. Merged columns, like 3A through 3G or 12A through 12G, are important to reference while determining sequencing because they can provide critical information to prevent rejections.



	A	B	C	E	F	G
2	Apply Seq Edit? Y, N, NA	Incoming Maintenance Type Code	MTC NAME	Suggested Error Text (DN0291) limited to 50 bytes	Incoming Maintenance Type Code	MINIMUM SEQUENCING REQUIREMENTS
9		1d. Acquired Claim				
10	Y	AQ	Acquired Claim	No previous FROI from prior Clm Admin accepted	AQ	No previous accepted First Report from prior Claim Administrator
11	Y	AU	Acquired/Unallocated		AU	None (refer to FROI Match Data/Duplicate Transactions *TRANSACTION PROCESSING GUIDELINES* in Section 2)
12	Business Events 2b and 2c can occur once during the life of the claim. 3 can occur multiple times until benefits are					
13	Business Event Group 2. Initial Payment of Indemnity or equivalent					
14		2a. Non-payment of Indemnity				
15	Y	04 - SROI	Full Denial SROI	Event 1x (FROI) not previously accepted	04-SROI	A 00, AQ/AU or FROI UR must have been accepted Note: jurisdiction must define the value of Event 1 expectation - 1, b, or d - 04 excluded by standard
16	Y	NT	Narrative	Event 1x (FROI) not previously accepted	NT	A 00, FROI 04, AQ/AU or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1, b, c or d
17		2b. Salary in Lieu of Compensation				
18	Y	EP	Employer Paid	Event 1x (FROI) not previously accepted	EP	A 00, AQ/AU or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1, b, c, or d
19		2c. Initial Payment of Weekly Benefits				
20	Y	IP	Initial Payment	Event 1x (FROI) not previously accepted	IP	A 00, or FROI UR must have been accepted Note: jurisdiction should define the value of Event 1 expectation - 1, or b
21		2d. Initial Payment by New Claim Administrator				
22	Y	AP	Acquired/Payment	Event 1d (FROI) not previously accepted	AP	An AU or AQ must have been accepted
23		2e. Acquisition/Indemnity Ceased.				
24	Y	AC	Acquired/Ceased	Event 1d (FROI) not previously accepted	AC	An AU or AQ must have been accepted
25	Business Event Group 3. Changes to benefits (if applicable). May occur multiple times after Event 2b, 2c or 2d.					
26	Y	AB	Add Concurrent Benefit Type	Event 2b, c, or d (SROI) not previously accepted	AB	An IP, AP, EP or SROI UR must have been accepted Note: Jurisdiction must be able to recognize that benefits have started and have not been suspended
27	Y	CA	Change in Benefit Amount	Event 2b, c, or d (SROI) not previously accepted	CA	An IP, AP, EP or SROI UR must have been accepted Note: Jurisdiction must be able to recognize that benefits have started and have not been suspended
28	Y	CB	Change in Benefit Type	Event 2b, 2c, or d (SROI) not previously accepted	CB	An IP, AP, EP or SROI UR must have been accepted Note: Jurisdiction must be able to recognize that benefits have started and have not been suspended
29		3a. Concurrent benefits only				

Valid Value Detail Page 2 | Match Data Table | Legacy Claim Definition | Population Restrictions | Sequencing

Example:

SROI CB submitted

Rejection: Event 2b, 2c, or 2d (SROI) not previously accepted

Go up to Event 2b, 2c, or 2d – A SROI EP, IP, or AP must be accepted prior to submitting the SROI CB.

Note: If the claim had a SROI previously filed in R3.0 and the SROI UR has not been filed in R3.1, the SROI UR is required prior to submitting the SROI CB.

Acquired Claims

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

A claim is considered to be acquired when a new Claim Administrator has taken over claims from a prior Claim Administrator. The new Claim Administrator may receive these claims in an open or closed status and may be required to file the proper acquiring FROI transaction.

Codes To Know

FROI AQ (Acquired Claim): Transaction submitted by the new Claim Administrator to show acquisition of a claim that was previously established via EDI by the prior Claim Administrator. Requires minimal data to be sent.

FROI AU (Acquired Claim/Unallocated): Transaction submitted by the new Claim Administrator to show acquisition of a claim not previously established via EDI by a prior Claim Administrator OR a transaction submitted by the new Claim Administrator when their FROI AQ transaction rejected for no claim match on database. This is the equivalent to a FROI 00.

FROI 02 (Change): Transaction can be submitted by the new Claim Administrator in lieu of a FROI AQ/AU when the claim stays in the original claims system or when the prior Claim Administrator FEIN is listed on the electronic Trading Partner Profile of the new Trading Partner due to a takeover. These two Claim Administrators will be grouped together for EDI purposes.

SROI AP (Acquired Payment): Transaction sent by the acquiring Claim Administrator to report their first indemnity payment.

SROI PY (Payment Report): Transaction sent when the acquiring Claim Administrator has paid only medical expenses and the total now exceeds $1,000 over the lifetime of the claim.

SROI AC (Acquisition/Indemnity Ceased): Transaction sent by the acquiring Claim Administrator, when Acquisition Status Code B is sent on the accepted AQ or AU acknowledgment, to substitute for transaction(s) not accepted from a prior Claim Administrator and used to indicate a claim suspension and to indicate indemnity benefits have ended.

> **DN0423 Acquired Claim Last Known Indemnity Through Date**: Required on the AC transaction to provide the last known date through for which indemnity benefits were paid by the prior claim administrator

OBTC 430 (Total Unallocated Prior Indemnity Benefits): The Other Benefit Type Code used when reporting the sum of indemnity benefits paid to date by the prior Claim Administrator.

OBTC 440 (Total Unallocated Prior Medical Benefits): The Other Benefit Type Code used when reporting the sum of medical benefits paid to date by the prior Claim Administrator.

When To File

FROI AQ	10 calendar days from the effective date of acquisition
FROI AU	30 calendar days from the effective date of acquisition or 10 calendar days from the date of FROI AQ rejection
FROI 02	10 calendar days from the effective date of acquisition
SROI AP	10 calendar days upon payment
SROI PY	10 calendar days upon payment
SROI AC	10 calendar days from AQ/AU acknowledgment with returned Acquisition Status Code B

Acquired Claims

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Note: If the claim is received "closed" where no activity has occurred in the 5 years prior to acquiring the claim, an acquisition transaction is not required unless the claim becomes active again.

- An active claim is defined as:
  - There is an open award
  - Payments are currently being made for any benefit
  - There is a current denial/dispute
  - Claim for Benefits filed by the Claimant pending action
  - Outstanding request for EDI submission
  - Any inactive claim where any of the above occur

*If there was a full and final settlement issued and an accepted PY was filed by the prior claim admin reporting the payments for that full and final settlement, then that JCN would not require an AQ at the time of the acquisition, even if it was active within the last 5 years. Should it later become active, the AQ would be required.

Challenges

- **The new Claim Administrator is not provided with the assigned Jurisdiction Claim Number.**
  - Email the Commission's EDI Support Team or call the Commission's Customer Contact Center to obtain the assigned JCN.

- **Acquiring a claim at the same time Match Data details need to be updated.**
  - A claim must first be acquired reflecting Match Data details as submitted by the prior Claim Administrator before the current Claim Administrator can update any additional information. When the acquisition transaction has been accepted, the FROI 02 transaction(s) can be submitted to update the Match Data field(s).

- **Reporting benefits**
  - The new Claim Administrator is not required to report:
    - Any benefits paid until they have either paid indemnity or medical expenses, unless it is a medical only claim and the total paid over the lifetime of the claim has not reached the $1,000 threshold.
      - The AP/EP or PY should be filed at this time depending on benefits paid.
    - Benefits paid by the prior Claim Administrator until the new Claim Administrator has made payments and filed an initial SROI.
      - If known, the benefits paid by the prior Claim Administrator should be reported under the Other Benefits Segment as code 430 and 440.
  - Exception: Acquisition Status Code B is returned on the AQ/AU acknowledgement and the AC is required to show no ongoing payments

Trading Partner Registration

Email: editpinfo@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

The Virginia Workers' Compensation Commission currently uses the IAIABC Release 3.1 Format for the electronic submission of workers' compensation data. When an entity (Sender/Trading Partner) plans to exchange workers' compensation claims data electronically with the Commission, an electronic Trading Partner Profile must be submitted.

A Sender/Trading Partner who wishes to administer workers' compensation claims in Virginia is required to register at https://wcs.iso.com/tp-register/login and this must be completed prior to the Commission approving the entity for production in Virginia.

When information for a current Sender needs to be updated, the information must immediately be updated and submitted in order for the Commission to update our records and our vendor's system. This can be any of the Sender's information, including their contact information, or when a Claim Administrator is added or removed from under the Sender.

The information in this profile is not only essential to the Commission's claims processing system and to ensure transactions are acknowledged correctly but also for the issuance of quarterly Report Cards. Report Card grades are based on the acceptance, rejection, and timeliness of transactions and are comprised of the submitting Claim Administrators listed under each Sender. If the Commission does not have the correct Claim Administrators under each Sender, the grades calculated may be incorrect. In addition, these forms tell the Commission who to send the Report Card to each quarter and who approves requests to add additional people to receive a copy of the quarterly Report Card.

Terms to Know

Trading Partner: An entity that has entered into an agreement with another entity to exchange data electronically. For EDI purposes, this is the Claim Administrator.

Sender: The Sender is the master Trading Partner that is authorized to send electronic data via EDI on behalf of a Claim Administrator.

Claim Administrator: The legal name of the entity adjusting the claim. A Claim Administrator can either be a self-administered insurance carrier, self-administered self-insured employer, or a third-party administrator hired by an insurance company or self-insured employer to handle their workers' compensation claims.

Insurance Carrier: An Insurance Carrier is the insurance company, self-insured employer, or guarantee fund assuming the employer's financial responsibility for the claim.

Business Contact: The individual most familiar with the transmission and business processes, as well as data quality issues, within the business entity.

Technical Contact: The individual to be contacted if issues regarding the actual transmission process arise.

Electronic Data Interchange (EDI) Training Aid

Trading Partner Registration

Email: editpinfo@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Important Information to Know

- The information provided in this profile is used to populate the Commission's claims processing system and our vendor's system in order to identify valid submitters in Virginia.
- The listed Business Contact will receive all EDI business related emails. The email address must be to the person listed as the contact and not a group mailbox.
- In the Claim Administrator Section of the profile,
  - Each Claim Administrator FEIN can only be linked to one Sender.
  - Only Claim Administrators should be listed; not insurance carriers.
  - Insurance Carriers are tracked through NCCI and the Commission's Self-Insured Database.
  - The Mailing Address listed for each Claim Administrator listed will advise us where we should mail all claim correspondence. Please make note, Virginia only uses one mailing address per Claim Administrator Name/FEIN combo and does not capture an alternative address.
- The Comments section of the profile allows you to add, update, and remove any additional contacts you wish to receive a copy of the quarterly Report Cards alongside the list Business Contact. This will allow you to notify the Commission of these changes through the profile instead of reaching out individually.

Questions

My company no longer wishes to be listed as a Trading Partner with the Commission for the purpose of submitting workers' compensation claims data electronically. How can our entity become inactive in Virginia?
Email EDI at editpinfo@workcomp.virginia.gov advising the Commissions EDI QA team that you will no longer be submitting in Virginia and wish to become an inactive submitter. Please also provide information regarding who is taking over the handling of your currently active claims or any claims that may become active in the future. Providing this information will help us assist the Claim Administrator when they begin the process of taking over your active claims and also who to reach out to when one of the currently inactive claims becomes active in the future.

What do I do if my company chooses to become active again after being marked inactive?
Follow the new Sender process and submit a Trading Partner Profile to alert the Commission's EDI QA Team that your company wishes to become an active sender/submitter again.

Can a group email be used for any of the required contacts on the Trading Partner Profile?
Preparer Contact is preferred to be a direct email of the person listed as preparing the Partner Profile, but a group email address may be listed with the understanding that, at submission of the profile, should any issues arise with the information submitted or with getting any required updates, the responsibility of this information will fall back on the listed Business Contact.

Business Contact must be a direct email address. For EDI compliance purposes, we need verification that the Business Contact is the one who receives our courtesy follow-up for failure to respond to letters prior to a fine/penalty being issued or any issues with an EDI submission in order to streamline our processes; especially in those cases that may need to go to a hearing. If you are needing another team member to receive these emails in the Business Contacts absence, we suggest a rule being set-up or assistance received from your internal technical team to have those emails forwarded during that time.

Technical Contact can be a group email address.

Denials

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Virginia only accepts full denials. To deny a claim in its entirety, a FROI 04 or SROI 04 should be filed based on sequencing guidelines. When a claim is denied, it is classified as a major injury and therefore, the Injury Severity Type Code should reflect as such. A FROI or SROI Denial is due within 10 calendar days from the claim administrator's decision to fully deny the claim.

FROI or SROI 04:

FROI 04: Used when the insurer is denying that the incident is work related, no lost time has occurred, no medical treatment has occurred, and no indemnity benefits have been paid on the claim. Serves as a dual purpose of concurrently reporting a new claim and denying it in its entirety.

SROI 04: Used if the entire claim is being denied after any FROI or SROI has been filed. Can be used to suspend ongoing indemnity benefits if it is now being denied.

Acceptable Denial Fields:

Full Denial Effective Date (DN0199): The date the claim administrator is denying all benefits for the claim.

Date Claim Administrator Decision to Fully Deny (DN0444): The date the claim administrator made the final decision to fully deny the claim.

Full Denial Reason Code (DN0198): A code used to identify the reason(s) for denying a claim in its entirety.

Denial Reason Narrative (DN0197): A description identifying reasons for denying a claim in full. The narrative may be used to provide denial reasons not identified by the code(s) or to provide supporting information for the denial reason(s) identified by code(s).

Additional Information:

- Claim is acquired and denied with no prior EDI.
  - File a FROI AU followed by a SROI 04. This will show that the claim was acquired and then denied. If the denial is later rescinded, this will allow a SROI AP to be filed to show the first acquiring payment.
  - If the FROI 04 is filed instead of the FROI AU and the denial is later rescinded, a SROI IP will be required to show the first initial payment; a SROI AP cannot be sent due to no prior knowledge of the acquisition.
- Indemnity benefits have been paid and the claim is later denied, a SROI 04 can be filed to suspend benefits. This will allow you to show benefits have stopped and the claim is being denied. No additional SROI transactions for payments made will be required since benefits have stopped.
- When a FROI 04 has been filed and the claim is later accepted and/or payments made, a FROI 00 must be filed prior to any SROI payment transaction.
- When a SROI 04 is filed to show the claim denied and the claim is now accepted or additional payments are made, SROI payment reporting can resume per sequencing.
- If a Claim Form is on file and it is determined the claim was filed in error or in the wrong jurisdiction, the claim cannot be canceled and a FROI 01 should not be filed. Instead, a denial should be submitted to deny the claim. If a FROI 01 is filed, a new JCN will need to be created for the claim. **For more information surrounding the FROI 01 Cancel transaction, refer to Training Aid # 10 FROI 01 Cancel Transaction*

Employer Paid Benefits

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Employer Paid Benefits are benefits paid by the Employer in lieu of compensation caused by a work-related injury.

Employer Paid Maintenance Type Codes:

SROI EP (Employer Paid): The first report of payment of an indemnity benefit, that is not a lump sum payment/settlement, that has been paid by the employer in lieu of compensation where the claim administrator is not paying any indemnity benefits at this time. A previous subsequent report may or may not have been filed. Due within 10 calendar days of the claim administrator being notified.

SROI ER (Employer Reinstatement): The employer has resumed paying salary in lieu of compensation after a suspension of benefits where the claim administrator is not paying any indemnity benefits at this time. A previous SROI EP must have been accepted. Due within 10 calendar days of the claim administrator being notified.

Acceptable Employer Paid Benefit Type Codes:

210 (Employer Paid Fatal Benefits): Wages paid by the employer when Fatal/Death compensation is due.

220 (Employer Paid Permanent Total Benefits): Wages paid by the employer when Permanent Total compensation is due.

230 (Employer Paid Permanent Partial Scheduled): Wages paid by the employer when Permanent Partial Scheduled compensation is due.

240 (Employer Paid Unspecified): Wages paid by the employer when compensation of an unspecified benefit type is due.

250 (Employer Paid Temporary Total): Wages paid by the employer when Temporary Total compensation is due.

270 (Employer Paid Temporary Partial): Wages paid by the employer when Temporary Partial compensation is due.

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 when compensation of an unspecified benefit type is due.

Additional Information:

- **Benefit Type Code 240**
  - Benefit Type Code 240 should only be used to report payments when the specific benefit type is not known.
    - If the Commission has an award on file for the period reported, you may be asked to review your records and report the correct Employer Paid Benefit Type Code.
  - Benefit Period Start Date is unknown, use the Initial Date Disability Began.
  - Benefit Period End Date is unknown, use the Initial Return to Work Date. If Return to Work date is unknown, use the MTC Date.
- **Change in Benefits**
  - A SROI CB should be used when switching from one employer paid benefit to another, the same as when claim administrator paid benefits change when there is no gap in time.
  - When switching from employer paid to claim administrator paid, with no gap in time, a SROI IP can follow the SROI EP without a suspension.
  - When switching from claim administrator paid to employer paid, with no gap in time, a SROI EP can follow the SROI IP without a suspension.

Employer Paid Benefits

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

- **Gross Weekly Amount Effective Date**
  - When reporting a specific Employer Paid Benefit Type Code, the date the employer began paying salary in lieu of compensation should be used.
- **Employer Paid Salary Prior to Acquisition Code:** Code used to indicate Employer Paid benefits were the only indemnity benefits paid prior to an acquisition. It is used to explain why Other Benefit Type Code 430 (Unallocated Prior Indemnity Benefits) is not present on the SROI transaction after acquisition.
  - Code E should be used when only Unspecified Employer Paid Benefits (code 240) have been paid on the claim prior to acquisition. This is because it cannot be reported under code 430 in the Other Benefits Segment due to an unknown amount paid.
  - Code E should not be used when Employer Paid Benefits are specified as the amount paid is known and should be reported as code 430 in the Other Benefits Segment.
  - If the code is reported, it should only be sent on a SROI AC, AP, EP, SX or UR following a FROI AQ or AU and should be present on all SROI transactions moving forward.

Change in Benefit Type (SROI CB)

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Change in Benefit Type (SROI CB) is filed when the Benefit Type Code changes from the previously reported Benefit Type Code with no gap in time. It is due within 10 calendar days from the Benefit Payment Issue Date of the Benefit Type that triggered the filing.

**For a scenario example of using the SROI CB, see Training Aid #7 Benefit Segment.*

When to use a SROI CB and Reporting Requirements:

A SROI CB should be used when two benefit types are paid consecutively with no gap or overlap in time; when one benefit type stops and the next benefit type starts.

Example:

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date
050	CB	2/1/2023	5/1/2023
070	CB	5/2/2023	5/12/2023

The MTC of CB should be reported twice in the Benefit Segment as shown in the above table. Once for the current benefit type being paid and again for the benefit type that stopped. This is the only SROI transaction that requires, and will allow, the Benefit Type Code to be reported twice in the Benefit Segment.
Benefit Period Start Date for the new Benefit Type should be the date in which the benefit type was instated or reinstated.
If the Current Date Disability Began is present, it must match the Benefit Period Start Date of the new Benefit Type.

When a SROI CB cannot be used:

Concurrent Benefits:

When a benefit type is being added or reinstated due to being paid concurrently, a SROI AB should be used. The only two benefits that can be paid together in Virginia are Permanent Partial and Temporary Partial benefits.

Gap or overlap in Benefits:

When one benefit type stops and the next benefit type starts, a SROI Suspension and Reinstatement transaction must be used. If a SROI CB is filed with a gap or overlap of the benefit dates, an error message of “Benefit Period Start Date; Invalid Data Relationship” will be received.

Example:

BTC	MTC	Benefit Period Start Date	Benefit Period Thru Date
050	CB	8/21/2023	8/31/2023
070	CB	9/3/2023	9/30/2023

Benefit ACR Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

The Benefit ACR Segment is the section of the SROI transaction where Benefit Adjustments, Benefit Credits and Benefit Redistributions are reported to show any adjustments, credits or redistribution applied to the benefits currently being paid. The ACR Segment should be populated when there is an adjustment or redistribution of any part of the claimant's compensation. In Virginia, we only accept two Benefit Adjustment Codes and one Benefit Redistribution Code.

Benefit Adjustments

Identifies reductions or increases applied to the Gross Weekly Amount for a specific benefit type.

Acceptable Code(s):

B = Subrogation (Third Party Offset):
Weekly payment amount is reduced for recovery from third party.

1 = Cost of Living Adjustment:
Weekly payment amount is increased for cost-of-living adjustment.

Benefit Redistributions

Identifies when a portion of the amount owed to the claimant is directed to another party on behalf of the claimant or beneficiary.

Acceptable Code(s):

K = Claimant Attorney Fees:
A portion of the claimant's compensation is being sent to another party on behalf of the claimant in order to pay attorney fees. Should not be used when the claimant attorney fees are not deducted from the claimant's compensation and is the responsibility of the Insurance Carrier/Claim Administrator.

Reporting of the ACR Segment

The ACR segment should always be included in each SROI transaction when:

- There is an onset of an Adjustment, Credit or Redistribution which has not yet ceased,
- The ACR ends (with the inclusion of the Benefit ACR End Date) or all benefits have stopped. Once the end date has been reported, the ACR segment need not be reported again.

The Redistribution code K should be listed as the Benefit Redistribution Weekly Amount. If the total amount due to the attorney was paid at one time, the entire amount should be listed. For lump sum/settlements, this segment should not be completed.

Benefit ACR Segment

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Benefit ACR Segment(s) must include the following:

Data Element	What to Report
Code	One of the ACR Codes accepted by Virginia
Start Date	The first date of the uninterrupted period in which the current Benefit Adjustment, or Redistribution Weekly Amount was applied to the Benefit Type Code For acquired claims: The first date of the uninterrupted period in which the current Benefit Adjustment or 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 an adjustment or redistribution for a period of time in which the file was handled by the previous claim administrator.
End Date	Last date through which the benefit adjustment or redistribution was applied to the Benefit Type Code
Weekly Amount	Weekly amount of benefit adjustment or redistribution corresponding to reported Benefit Adjustment or Redistribution.

How to complete the ACR Segment

Scenario 1: Subrogation (Third Party Offset)

- Third Party settlement was issued for $100,000
- Claim Administrator has a lien on the Third Party settlement for $50,000
- Reimbursement was received in the amount of $50,000 and the remaining $50,000 shall be credited towards future indemnity
- Subsequent Award issued for TT from 12/1/2024 and continuing for $500 per week.
- Claim Admin will receive full credit of $500 per week pursuant to the approved Subrogation/Third Party Award

ACR Segment

Benefit Adjustment Code	Benefit Adjustment Start Date	Benefit Adjustment End Date	Benefit Adjustment Weekly Amount
B050	12/01/2024		$500.00

Benefit Segment

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date
050	RB	$500	12/01/2024	12/1/2024	12/7/2024

Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
10	3	$500.00	12/7/2024

Benefit ACR Segment

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Scenario 2: Cost of Living Adjustment

- Prior Info = Multiple SROIs filed
  - Cumulative information:
    - TT from 8/7/2022 through 5/1/2024 for 90 weeks, 3 days and $65,566.56
- TT benefits were increased for cost of living by $100 weekly, starting 10/1/2022
- SROI QT is due

ACR Segment

Benefit Adjustment Code	Benefit Adjustment Start Date	Benefit Adjustment End Date	Benefit Adjustment Weekly Amount
1050	10/01/2022	8/30/2023	$100.00

Benefit Segment

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date
050		$684.73	8/7/2022	8/7/2022	5/1/2024

Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
90	3	$65,566.56	

Scenario 3: Claimant Attorney Fees

- Prior Info = Multiple SROIs filed
  - Cumulative information:
    - TT from 5/3/2022 through 7/6/2022 for 4 weeks, 2 days and $7,546.03
      - $350.00 was redistributed for Claimant Attorney Fees as the amount was deducted from the claimant's compensation.
- PP benefits were awarded from 8/12/2022 through 12/15/2022 for 17 weeks, 6 days and $14,627.70
  - $2,195.00 is to be redistributed for Claimant Attorney Fees as the amount was deducted from the claimant's compensation.
- SROI RB is due

ACR Segment

Benefit Redistribution Code	Benefit Redistribution Start Date	Benefit Redistribution End Date	Benefit Redistribution Weekly Amount
K030	11/14/2022	11/14/2022	$2,195.00

Benefit Segment

BTC	MTC	Gross Weekly Amount	Gross Weekly Amount Effective Date	Benefit Period Start Date	Benefit Period Thru Date
030	RB	$684.73	8/12/2022	8/12/2022	11/14/2022
050		$1,218.97	5/3/2022	5/3/2022	7/6/2022

Benefit Type Claim Weeks	Benefit Type Claim Days	Benefit Type Amount Paid	Benefit Payment Issue Date
13	3	$14,627.70	11/15/2022
4	2	$7,546.03	

02 Change Transaction

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

An 02 Change transaction is used when the Claim Administrator identifies a change to a data element or variable segment designated on the Element Requirement Table. An 02 Change transaction should not be used to report a change where other acceptable MTC's are specifically intended for that purpose.

Virginia will only accept the change of data that is identified in the Change Variable Segment. Data that has been changed and not indicated in the Change Variable Segment will not be considered accepted, nor shall be loaded or edited, and may cause rejections on future transactions.

Understanding 02 Change Codes:

Change Reason Codes

Code indicating the type of change applied to the Change Data Element/Segment Number

Add (A):
A data element was previously not reported and is now being reported.

Update (U):
A data element was previously reported, and the value changed to another value.

Delete (D):
The variable segment occurrence has been removed in its entirety. Please note that the data elements within that segment are not required to be identified in the change variable segment as Remove.

Remove (R):
A data element was previously reported and has been changed to blank.

02 Change Transaction

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

Reportable Change Codes

B *(Restricted)*	• IAIABC Defined, No Change Allowed

N
(No Change Allowed)
	• Data Element in a Variable Segment:
	  • Will reject if it is the only Data Element being changed within the variable segment.
	• Data Element not in a Variable Segment:
	  • Will reject if present in the Change Variable Segment.
	• Exception: Will not reject transaction when the Requirement Code for all MTC's for a given DN have 'NA' Requirement Code.

K *(Required Change on FROI)*	• Data Element is present on both the FROI and SROI • Change is only allowed on the FROI
Y *(Required Change on FROI or on SROI)*	• Data Element is present only on the FROI or only on the SROI
H *(No Change Required)*	• Data Element does not require MTC 02 Change to be sent in Virginia • MTC 02 Change is sent for Data Element, it must be present in the Change Segment
J *(Required Change by Transaction Type)*	• Data Element is on both the FROI or SROI • MTC 02 change should only be generated on a SROI if a SROI has been previously accepted. • Exception: SROI NT is the only accepted SROI then a SROI 02 is not allowed.
YG *(Required Change on FROI or on SROI with Exception)*	• Data Element is only on the FROI or only on the SROI • MTC 02 should only be submitted if the exception is met as noted under the respective Exceptions Table
JG *(Required Change by Transaction Type with Exception)*	• Data Element is on both the FROI or SROI • MTC 02 change should only be generated on a SROI if a SROI has been previously accepted. • Exception: SROI NT is the only accepted SROI then a SROI 02 is not allowed. • MTC 02 should only be submitted if the exception is met as noted under the respective Exceptions Table

**This is not all the 02 Reportable Change Codes provided by the IAIABC. The above only contains those codes Virginia uses throughout the Element Requirement Table.*

02 Change Transaction

Email: EDI.Support@workcomp.virginia.gov | **Toll-Free**: 877-664-2566

What to know about the 02:

Match Data:

- Match Data fields can only be updated on a FROI 02
  - See Edit Matrix for Match Data fields
- Only one Match Data field can be updated per FROI 02
  - Exception:
    - Employee First Name and Last Name
    - Employer FEIN and Claim Administrator FEIN

Groupings:

- The IAIABC recognized some organized groups of related data elements that may be applied when editing an MTC 02 transaction. The Group column provides reference to the 02 Group Number as defined in R3.1 and the Grouped DNs column provides reference to those DNs acceptable in Virginia.

Group	Grouped DNs
1	Initial RTW Date and Initial RTW Type Code
2	Latest RTW/Status Date and Latest RTW Type Code
3	Employee Date of Death and Death Result of Injury Code
4	Average Wage and Wage Period Code
6	Employee Mailing Primary Address, Employee Mailing City, Employee Mailing State Code, and Employee Mailing Postal Code
7	Employer Mailing City, Employer Mailing Postal Code, Employer Mailing Primary Address, and Employer Mailing State Code
8	Policy Number Identifier, Policy Number Effective Date, and Policy Number Expiration Date

- Applying the Groups:
  - Change Reason Code *Add* – All DNs in the group must be present in the Change Variable Segment and the transaction.
  - Change Reason Code *Remove* – All DNs in the group must be present in the Change Variable Segment and not the transaction.
  - Change Reason Code *Update* – Any DNs in the group that have changed, must be present in the Change Variable Segment and all DNs in the group must be present in the transaction.

- Multiple Changes:
  - Multiple Changes can be made on one 02.
    - Exception: Match Data (see above)
  - Each change should be listed in the Change Variable Segment with the appropriate Change Reason Code.
  - More than one 02 should not be filed within the same day. Acknowledgments should be received prior to filing any additional 02.

02 Change Transaction

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When an 02 can and cannot be filed:

Can be filed:

- In place of a FROI AQ when the acquiring Claim Administrator is within the same group.
  - If the acquiring Claim Administrator is not within the same group but the claim is staying within the same system in which an 02 is preferred versus the AQ, please reach out to editpinfo@workcomp.virginia.gov for additional assistance.
- A SROI 02 can be filed if the incorrect Benefit Type Code was reported but everything else for that benefit remains the same.
  - Example: 070 was reported but it was actually supposed to be 050. A SROI 02 could be filed in this instance or updated on your next transaction.
- To update the Gross Weekly Amount Effective Date
- To report the waiting period for a different Benefit Type from the Benefit Type previously reported on the initiating SROI.
- To update the Benefit Period Start Date when erroneous data was previously reported.
- To report a past period or a previous period that was due but not yet reported or mistakenly dropped from the transaction. A past period is defined as the Benefit Period Through Date of the past benefit being added is less than the greatest Benefit Period Through Date previously reported.
- To update the Benefit Type Amount Paid, Benefit Type Claim Weeks, Benefit Type Claim Days if a Suspension was previously accepted.
- When the Benefit Redistribution Segment needs to be added, updated, or deleted. A delete should only occur when the segment never applied and not because it has ended.
- To add the Benefit Redistribution End Date when no other MTC applies.

Cannot be filed:

- To update or add benefit information when another MTC applies. This includes but is not limited to new payments and benefits made after the initial event; those should be reported on the next reportable event.
  - Gross Weekly Amount should only change on a SROI CA when the claimant's earnings while on Temporary Total benefits; or another event MTC, including but not limited to AB, CB or RB.
  - Benefit Period Start Date when another event MTC applies or to revert it back to the earliest Benefit Period Start Date or resetting to the first day of the waiting period for the same benefit type.

How to report the 02 if….

- Previously reported 5xx code needs to be corrected.
  - Change Reason Code should reflect Update to the Change Data Element/Segment Number for Number of Benefits and Number of Payments. Both the Benefit Segment and Payment Segment should be populated with the correct 5xx code.
- Benefit Redistribution End Date needs to be added when no other MTC applies.
  - Change Reason Code should reflect Update to the Change Data Element/Segment Number for Number of Benefit ACR.