

EDI CLAIMS R3.1 WORKSHOP

September 2025



INDUSTRIAL COMMISSION

Facilitator

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Discussion Objectives

- **Updated Tables – Version 1.9** *(not yet released)*
- **Proper Reporting of:**
 - Reduced Earnings
 - Benefit Adjustment Code – (B) Subrogation
 - Dependents
 - Impairment ratings
- **Proper filing of:**
 - SROI PY
 - SROI AN
 - SROI FN

Updates



IAIABC SUPPLEMENT 2025

IRR CLM950 Approved for implementation on 12/25/25

- Allows missed RE segments to be reported on FN

IRR CLM951 Approved for fall publication

- Removed reference to “second” finger and added “middle” finger
- Removed reference to “third” finger and left “ring” finger

IRR CLM955 PENDING

Edit to definition of DN0193 Suspension Effective Date and Variable Segment Population Rules for Reduced Earnings

VERSION 1.9 IDAHO TABLES

Event Table

FROI UI

SROI CA, CB, IP, SX

Periodic AN

Element Requirement Table

Added DN0442 Net to Zero [Benefit Adjustment ONLY]

Removed DN0444 Date CA Decision to Deny

Edit Matrix

Added DN0058 Employment Status Code 6 - Retired

FROI Event Table Changes V1.9

Report Type	Maintenance Type		Report Trigger		When is the Report Due?		
	Code	Description	Criteria	Trigger Value	Value	Due Type	From
FROI	UI	Under Investigation	J = Jurisdiction Defined	<p>Medical treatment sought OR Medical treatment deemed necessary by physician whether or not medical treatment was sought OR Lost time from work \geq 1 day OR Alleged work related death not previously reported and not denied</p> <p>Note: A FROI UI may be the first FROI filed but must be followed with a FROI 00 or a FROI 04; the claim may not remain in UI status beyond 30 days from the date claims administrator had knowledge of the claim. The subsequent filing requirement acknowledges a compensability determination has been made and the FROI 00 reflects the claim has not been denied and the FROI 04 reflects the claim has been fully denied.</p>	10	C = Calendar Days	D = From Claim Administrator Knowledge of the Injury

The FROI UI should not be filed as the initiating report as a standard practice. The UI filing does not provide any extension beyond the 30 days from claim administrator knowledge of the claim to make a compensability determination.

SROI Event Table Changes V1.9

V1.8 "has identified"

Report Type	Maintenance Type		Report Trigger		When is the Report Due?		
	Code	Description	Criteria	Trigger Value	Value	Due Type	From
SROI	CB	Change in Benefit Type	M = MTC Defined	<p>Claim Administrator has issued payment to a Benefit Type Code (DN0085) that is different from the previously reported Benefit Type Code and there has been no "terminating transaction" accepted.</p> <p>OR</p> <p>The Employer is resuming (Benefit Type Code 2xx), salary in lieu of compensation, after 0xx indemnity benefits have been paid and there has been no "terminating transaction" accepted; for example (EP, IP, CB,-2xx) or (EP, IP, SX, RB-0xx, CB-2xx). A terminating transaction is an SX or 04.</p>	15	C = Calendar Days	J = From Report Trigger
SROI	IP	Initial Payment	M = MTC Defined	<p>Claim administrator has issued the initial payment of an indemnity benefit other than a lump sum payment/settlement for Lost time in excess of 5 days or employee is admitted inpatient to a hospital.</p> <p>When a worker is on light duty, they may not be immediately paid by the Claims Administrator because they are earning more than their Average Weekly Wage. Once the Claims Administrator issues their first payment, all prior earnings are reported on the IP. If the Claims Administrator never issues a TPD payment, no reduced earnings segments will be reported.</p>	1	C = Calendar Days	G = From Initial Payment (IP) (Payment Issue Date of IP)
SROI	SX	SX - Full Suspension	M = MTC Defined	<p>Full Suspension – All payment(s) of indemnity benefits have stopped.</p> <p>Note: The Suspension Effective Date is the latest through date benefits are due OR for BTC070 it is the date liability for TPD benefits has ended.</p> <p>TPD Example:</p> <p>The employee may have continued to work with restrictions after that date, but the claim administrator did not pay TPD beyond that date because the employee exceeded his AWW. In this scenario, the Benefit Period Through Date in the benefit segment may be earlier than the SX Effective Date, because it represents the last date TPD benefit were paid.</p>	15	C = Calendar Days	J = From Report Trigger

SROI Event Table Changes V1.9

Report Type	Maintenance Type		Report Trigger		When is the Report Due?		
	Code	Description	Criteria	Trigger Value	Value	Due Type	From
SROI	CA	Change in Benefit Amount	M = MTC Defined	<p>(1) Claim Administrator has issued payment and the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and the Benefit Type Code has not changed, and benefits are not currently being reinstated.</p> <p>OR</p> <p>(2) Claim Administrator has issued payment and the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and Reduced Earnings are being reported.</p> <p>OR</p> <p>(3) Claim Administrator has issued payment and the Net Weekly Amount (DN0087) for this benefit type has changed from the previously reported Net Weekly Amount, and Benefit Credits (if by Commission order) or Benefit Adjustments (subro) are being reported.</p> <p>Note: The CA should be filed on every claim paying Benefit Type Code 010 (Fatal) or 020 (Permanent Total) or 050 (Temporary Total) benefits reporting the rate change January 1st of each year, consistent with the effective date for schedule changes relating to the change in the Average State Wage (ASW) AND TTD rate changes after 52 weeks. The CA should be filed with every change in Net Weekly Amount due to changes in dependents being paid for BTC 010 and the Dependent Segment must accurately identify dependents to support that Net Weekly Amount.</p> <p>Any claim paying indemnity benefits using a Calculated Weekly Compensation Amount [DN0134] tied to the ASW should have a CA filed annually.</p> <p>All CA filings paying Benefit Type Codes other than 070 (TPD) should also update DN0134 so it reflects the most current CWCA figure.</p>	15	C = Calendar Days	J = From Report Trigger

Calculated Weekly Compensation Amount [DN0134]

Definition: The result of multiplying the employee's Average Wage (DN0286) by the statutory percentage and applying the minim and maximum compensation amounts.

This amount may change throughout the life of the claim (excludes TPD)

- Actual wages obtained after reporting estimated wages
- 52-week rate change
- Annual rate changes tied to ASW (average state wage)
- Dependent changes

DN0134 should be updated to reflect the claimant's current compensation amount contemporaneously with the SROI CA filing except when paying 070.

Periodic Event Table Changes V1.9

Report Type	Maintenance Type		Report Trigger		Statute	Periodic Qualifiers		Periodic Report Due		
	Code	Description	Criteria	Trigger Value		Status	Activity	Value	Due Type	From
SROI	AN	Annual	M=MTC Defined	<p>SROI AN is filed within the first quarter of the current calendar year for any claim deemed a fatality or with any liability for payment of Benefit Type Code 010 (Fatal) or a permanent total disability claim paying 020 (Permanent Total).</p> <p>The AN is filed for every fatality claim without an un-rescinded total denial, where DN0057 [Employee Date of Death] is populated and DN0146 [Death Result of Injury] = Y, regardless of whether funeral, medical or indemnity benefits have been paid or whether a SROI CD has been filed. The AN should represent only the Dependents currently being paid.</p> <p>The AN should not be filed until payment for the period ending 12/31 has been issued.</p> <p>The AN should include all payments made from the date indemnity payments commenced through December 31st of the prior calendar year; the AN should NOT include payments from the current calendar year or exclude payments prior to the 31st unless benefits were terminated.</p> <p>Note: The AN provides an annual summary of benefits paid while the claim remains open, and an FN must be filed when the claim is closed. If a claim is closed in the prior calendar year with the filing of an FN, an AN filing is no longer required.</p>	17.01.01.602 IDAPA	1= Open	J= Jurisdiction defined	<p>An AN should be triggered on the first day of the calendar year; however, the AN must report benefits paid through the period ending December 31st, so the AN should not be triggered until payment through December 31st has been issued. The AN must be accepted no later than 90 days from the first day of the calendar year and must only include the cumulative benefit totals paid through December 31st of the prior year. If an FN reporting claim closure has already been accepted, the AN is not required.</p>	C = Calendar days	J=Report Trigger (within first quarter of each calendar year)

Reduced Earnings & Temporary Partial Disability



INDUSTRIAL COMMISSION

Work Restrictions and Payment of TPD

Idaho's Requirement:

When a worker has been paid TPD benefits by the claim administrator, EDI filings are required and must report the reduced earnings for each week of the TPD period regardless of whether a payment was issued each week.

IAIABC standard accommodates this reporting without DN0442.

DN0442 Net to Zero Code Definition:

Indemnity benefits are owed to the injured worker, but because of a full offset due to an adjustment, credit, or **reduced earnings**, the Net Weekly Amount has been reduced to zero.

Idaho does not accept Net to Zero Code for reduced earnings.

Why Not Accept Net to Zero Code?

IDAPA 17.01.01.305.08

Idaho Administrative Procedure Act

Copies of checks and/or electronically reproducible copies of the information contained on the checks must be maintained in the in-state files for Industrial Commission audit purposes. Notice of the first income benefit check shall be sent to the Industrial Commission electronically on the same day of issuance.

Net to Zero would allow an IP to be triggered though no payment was issued to the worker which is inconsistent with the rule requirement and would impact our ability to measure performance.

IAIABC Guide Section 4:

Variable Segment Population Rules *excerpts*

2. SROI Benefits Segment:

h. Reduced Earnings Population Rules in the Benefits Segment:

Whenever the MTC is required in the Benefits segment for an 070 Benefit Type Code (“Event” Benefit Segment) and multiple weeks of Temporary Partial benefits are being reported, the Gross Weekly Amount (DN0174), Gross Weekly Amount Effective Date (DN0175), Net Weekly Amount (DN0087), and Net Weekly Amount Effective Date (DN0211) in the Benefits segment will represent the most current TPD rate and date reported for which benefits were paid.

IAIABC Guide Section 4:

Variable Segment Population Rules *excerpts*

13. Reduced Earnings (RE) Segment:

- a. Number of occurrences cannot exceed 52...
- b. ...must be one RE segment per unique **RE Week Start Date** (DN0414) and **RE Week End Date** (DN0415).
- d. The RE variable segment is populated with an **RE Start/End Date** and **Actual RE Amount** and an **RE Net Weekly Amount Due by Claim Administrator** for all weeks since the **Benefit Period Through Date** on the previous accepted transaction until TPD (BTC070) benefits are terminated (CB, 04, PX or SX) and the liability for TPD has ended.

IAIABC Guide Section 4:

Variable Segment Population Rules *excerpts*

- The first transaction reporting 070 and reduced earnings should include all reduced earnings weeks since the liability for TPD benefits was established.
- REs may not be present on a Suspension if all REs were reported on a prior MTC.
- When the 070 benefit is being suspended, the Suspension Effective Date may be greater than the Benefit Period Through Date in the Benefit Segment when present on the Suspension MTC. **[IRR Pending]**
- e. Once a Reduced Earnings segment for a specific time period has been accepted for a particular period, it will never be reported again on any future MTCs.

IAIABC Guide Section 4:

Variable Segment Population Rules *excerpts*

- Reduced Earnings may be present on MTC Final (FN) **if they were not previously reported**. If more than 52 weeks of REs were not reported previously, only the most recent 52 weeks will be present on the FN.

[IRR CLM950 Approved with 12/25/25 Implementation Date]

- g. Temporary Partial benefits should be reported/paid in consecutive order so that the jurisdiction will be able to link the reduced weekly earnings to specific weeks.
- i. If the RE period is less than seven days, DN0435 Reduced Earnings Net Weekly Amount Due by Claim Administrator may represent the actual amount of the earnings for that period.

Data Dictionary

SUSPENSION EFFECTIVE DATE – DN0193

Definition: The last date through which the concurrent indemnity benefit being partially suspended are due *or the last date through which all indemnity benefits are due.*

DP Rule: This is only applicable on MTC PX and SX (or its corresponding CO), 02, or UR. Suspension Effective Date may be a future date if Permanent Partial Benefits (030, 230, 530, 040, 240, or 540) or Fatality Benefits (010, 210, or 510) are paid in a lump sum and benefits are subsequently suspended. **The Suspension Effective Date may be greater than the through date of the latest benefit and instead may be the latest DN0415 Reduced Earnings Week End Date or the DN0125 Benefit Adjustment End Date or the DN0128 Benefit Credit End Date, whichever applies, regardless of whether DN0442 Net to Zero Code Z is present. [IRR Pending]**

IRR CLM955

SUSPENSION EFFECTIVE DATE – DN0193

Definition: The last date through which the concurrent indemnity benefit being partially suspended are due or the last date through which all indemnity benefits are due.

Orig/Rev: 07/01/97, 03/01/05, 02/08/06, 12/07/11, 01/01/22

Record: R22

Format: 8 DATE

DP Rule:

This is only applicable on MTC PX and SX (or its corresponding CO), 02, or UR. Suspension Effective Date may be a future date if Permanent Partial Benefits (030, 230, 530, 040, 240, or 540) or Fatality Benefits (010, 210, or 510) are paid in a lump sum and benefits are subsequently suspended. ~~When DN0442 Net to Zero Code -Z is present, the~~ Suspension Effective Date ~~will~~ may be greater than the through date of the latest benefit ~~which net to zero or and instead~~ may be the latest DN0415 Reduced Earnings Week End Date or the DN0125 Benefit Adjustment End Date or the DN0128 Benefit Credit End Date, whichever applies, **regardless of whether DN0442 Net to Zero Code Z is present.**

Section 4:

Business/Technical Process Rules

VARIABLE SEGMENT POPULATION RULES

13. REDUCED EARNINGS SEGMENT:

- d. The Reduced Earnings variable segment is populated with a Reduced Earnings Start and End date or Reduced Earnings Week Number, and an Actual or Deemed Reduced Earnings Amount and a Reduced Earnings Net Weekly Amount Due By Claim Administrator for all weeks since the Benefit Period Through Date on the previous accepted transaction until Temporary Partial (070) benefits are terminated (CB, 04, PX or SX) and the liability for Temporary Partial Benefits has ended.
- The first transaction reporting 070 and reduced earnings should include all reduced earnings weeks since the liability for Temporary Partial Benefits was established.
 - When reporting an MTC Sync-Up (SU), if Temporary Partial Benefits have been paid and Reduced Earnings were not previously reported and accepted they should be included on the SU. If the claim is out of sync for more than 52 weeks, the most recent 52 weeks should be reported.
 - Reduced Earnings may not be present on a Suspension if all Reduced Earnings were reported on a prior MTC.
 - When the **Net to Zero** 070 benefit is being suspended, **then** the Suspension Effective Date ~~will~~ may be greater than the Benefit Period Through Date **inf the Benefit Segment is when present** on the Suspension MTC. Refer to the Suspension Effective Date DP Rule in the Data Dictionary in Section 6.

IP – Initial Payment [TPD]

Represents the start of the period benefits were first paid by claim administrator

AVERAGE WAGE
\$1,200.00
CALCULATED WEEKLY COMP
\$ 804.00

BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
070	IP	08/03/25	08/09/25	1	0	147.40	08/12/25	08/03/25	147.40	08/03/25	147.40

Represents the start of the light duty period

Report earnings paid by employer

Report benefit amount owed by CA

RED EARNINGS WEEK NBR	RED EARNINGS WEEK START DATE	RED EARNINGS WEEK END DATE	ACTUAL RED EARNINGS	DEEMED RED EARNINGS	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
01	07/06/25	07/12/25	1200.00		0.00
02	07/13/25	07/19/25	1200.00		0.00
03	07/20/25	07/26/25	1200.00		0.00
04	07/27/25	08/02/25	1200.00		0.00
05	08/03/25	08/09/25	980.00		147.40

1

Claim administrator did not owe the worker TPD benefits until the fifth week. Once a payment is issued, the IP is triggered and carries all prior weeks of earnings [Reduced Earnings Segments]. If the worker earns more than their average weekly wage throughout the light duty period and no payment is made by the Claim Administrator, no SROI is filed.

CA – Change in Benefit Amount

								AVERAGE WAGE			
								\$1,200.00			
								NON-CONSECUTIVE PERIOD CODE			
								B - Benefit Period			
								CALCULATED WEEKLY COMP			
								\$ 804.00			
BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
070	CA	08/03/25	08/30/25	3	0	703.50	09/02/25	08/24/25	301.50	08/24/25	301.50

RED EARNINGS WEEK NBR	RED EARNINGS WEEK START DATE	RED EARNINGS WEEK END DATE	ACTUAL RED EARNINGS	DEEMED RED EARNINGS	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
01	08/10/25	08/16/25	1200.00		0.00
02	08/17/25	08/23/25	820.00		254.60
03	08/24/25	08/30/25	750.00		301.50

If you are a Claim Administrator not required to issue weekly payments, the CA may be filed when the payment amount by the Claim Administrator has changed from the last reported payment amount. The Gross and Net Weekly Amounts and Gross and Net Weekly Effective Dates in the Benefit Segment are populated with the information from the latest payment issued by Claim Administrator. Non-Consecutive Period Code B – Benefit Period applies.

CA – Change in Benefit Amount

NON-CONSECUTIVE PERIOD CODE	AVERAGE WAGE
B - Benefit Period	\$1,200.00
	CALCULATED WEEKLY COMP
	\$ 804.00

BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
070	CA	08/03/25	09/06/25	4	0	1,011.70	09/15/25	08/31/25	308.20	08/31/25	308.20

RED EARNINGS WEEK NBR	RED EARNINGS WEEK START DATE	RED EARNINGS WEEK END DATE	ACTUAL RED EARNINGS	DEEMED RED EARNINGS	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
01	08/31/25	09/06/25	740.00		308.20
02	09/07/25	09/13/25	1,200.00		0.00

Claim Administrator evaluated two weeks of earnings and determined there was a payment due for the first week, but not the second week and payment is issued.

SX – Full Suspension[TPD]

BENEFIT SEGMENT

REPRESENTS THROUGH DATE OF PERIOD WHERE LAST PAYMENT ISSUED FOR \$308.20

BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
070	SX	08/03/25	09/06/25	4	0	1,011.70	09/15/25	08/31/25	308.20	08/31/25	308.20

REDUCED EARNINGS SEGMENT

RED EARNINGS WEEK NBR	RED EARNINGS WEEK START DATE	RED EARNINGS WEEK END DATE	ACTUAL RED EARNINGS	DEEMED RED EARNINGS	NET WEEKLY AMOUNT DUE BY CLAIM ADMIN
01	09/14/25	09/20/25	1,200.00		0.00
02	09/21/25	09/27/25	1,200.00		0.00

DISABILITY

LATEST RTW STATUS DATE	LATEST RTW TYPE CODE	LATEST RTW PHYS RESTRICTIONS IND	LATEST RTW WITH SAME EMPLOYER IND
09/27/25	A - ACTUAL	N - NO	Y - YES

SUSPENSION

SUSPENSION REASON CODE - FULL	S1
SUSPENSION REASON CODE - PARTIAL	
SUSPENSION EFFECTIVE DATE	09/27/25
NUMBER OF SUSPENSION NARRATIVES	01
SUSPENSION NARRATIVE	BENEFITS SUSPENDED

DN0193 DP Rule Excerpt: The Suspension Effective Date may be greater than the through date of the latest benefit and instead may be the latest DN0415 Reduced Earnings Week End Date...regardless of whether DN0442 Net to Zero Code Z is present. **[IRR Pending]**

NON-CONSECUTIVE PERIOD CODE	AVERAGE WAGE
B - Benefit Period	\$1,200.00
	CALCULATED WEEKLY COMP
	\$ 804.00

Dependents



Reporting Dependents

Eligible dependents must be reported on all fatal claims paying benefits

On FROI, SROI, Both	REC	DN#	DATA ELEMENT NAME	FORMAT		02				04	AB	AP	CA	CB	CD	EP	ER	FN	IP	NT	PX	PD	PY	RB	SX	UI	UR	VE	AN		
							Reportable Change																								
					Capture?	02 Requirement Code	Group	A (Add)	U (Update)	D (Delete)	R (Remove)																				
Dependent/Payee Relationships																															
SROI	R22	0097	Dependent/Payee Relationship Code	2 A/N	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0425	Dependent First Name	15 A/N	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0426	Dependent Last Name	40 A/N	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0427	Dependent Date of Birth	DATE	Y	MC		Y	Y	Y	B	MC	MC	MC	MC	MC	X	MC	MC	MC	MC	X	X	MC	MC	MC	X	AR	MC	MC	MC
SROI	R22	0428	Dependent Gender Code	1 A/N	N	NA		N	N	N	B	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	X	X	NA	NA	NA	X	NA	NA	NA	NA
SROI	R22	0429	Dependent Extent of Dependency	1 A/N	N	NA		N	N	N	B	NA	NA	NA	NA	NA	X	NA	NA	NA	NA	X	X	NA	NA	NA	X	NA	NA	NA	NA

DN0097 mandatory unless CD filed with no subsequent IP/EP

DNs 0425 0426 0427 mandatory on non-legacy claims

Legacy claim – Claim administrator had knowledge of the claim prior to 9/14/23

Dependent Segment

EMPLOYEE NUMBER OF DEPENDENTS		03			
NUMBER OF DEPENDENT/PAYEE RELATIONSHIPS		03			
SEQ NBR	DEPENDENT/PAYEE RELATIONSHIP CODE	BIRTH ORDER	DEPENDENT FIRST NAME	DEPENDENT LAST NAME	DEPENDENT DATE OF BIRTH
1	3 - Widower	1 - FIRST	FIRST	LAST	06/15/1986
2	4 - Son/Daughter	1 - FIRST	FIRST	LAST	05/18/2004
3	4 - Son/Daughter	2 - SECOND	FIRST	LAST	12/01/2014

Relationship Codes

2 = Widow
3 = Widower
4 = Son or Daughter
5 = Brother or Sister
6 = Mother or Father
7 = Disabled Child
8 = Jurisdiction Fund

Numerical Birth Order

0 Jurisdiction Fund
1 – 9
additional dependents A - K

Birth Order is reset for each Relationship Code

Widow/Widower (2 or 3) birth order 1
Son/Daughter (4) birth order 1
Next Son/Daughter (4) birth order 2
Mother (6) birth order 1
Father (6) birth order 2

Dependent Segment – child turns 18 and not in school

IP reports widower plus two children with gross/net weekly amount of \$499.40 based on 55% ASW 2022

SEQ NBR	DEPENDENT/PAYEE RELATIONSHIP CODE	BIRTH ORDER	DEPENDENT FIRST NAME	DEPENDENT LAST NAME	DEPENDENT DATE OF BIRTH	
1	3 - Widower	1 - FIRST	FIRST	LAST	06/15/1986	← 45% ASW
2	4 - Son/Daughter	1 - FIRST	FIRST	LAST	05/18/2004	← 5% ASW
3	4 - Son/Daughter	2 - SECOND	FIRST	LAST	12/01/2014	← 5% ASW

CA filed to remove first child and report new gross/net weekly amount of \$454.00 based on 50% ASW 2022
DN0134 Calculated Weekly Compensation Amount is also updated

SEQ NBR	DEPENDENT/PAYEE RELATIONSHIP CODE	BIRTH ORDER	DEPENDENT FIRST NAME	DEPENDENT LAST NAME	DEPENDENT DATE OF BIRTH	
1	3 - Widower	1 - FIRST	FIRST	LAST	06/15/1986	← 45% ASW
2	4 - Son/Daughter	1 - FIRST	FIRST	LAST	12/01/2014	← 5% ASW

AN filed January 1, 2023, reports only the two remaining paid dependents

Benefit Adjustment Code



Gross/Net Weekly Amounts Defined

Gross Weekly Amount [DN0174]

The weekly benefit amount due for a benefit type which is based on criteria such as pre-injury wages, statutory percentage, maximum and minimum limits, number of dependents, temporary partial earnings, etc. Gross Weekly Amount always *excludes the application of any adjustments*, credits, or redistributions.

Net Weekly Amount [DN0087]

The weekly amount which is due by the current claim administrator for that benefit type, *after applying adjustments* and credits to the Gross Weekly Amount.

Gross/Net Weekly Amounts (and Adjustments)

Gross Weekly Amount

The gross amount (compensation rate) continues to be reported in the benefit segment while there is an active adjustment.

Net Weekly Amount

The net amount reported in the benefit segment is the weekly benefit remaining payable to the worker after reducing [the gross] by the amount of the weekly adjustment.

Net Weekly Amount Effective Date [DN0211]

This date should be updated to align with the date the adjustment began and should be reset once the adjustment has ended.

NO CHANGES ARE MADE TO DN0134 CALCULATED WEEKLY COMP RATE FOR ADJUSTMENTS

Benefit Adjustment Code [DN0092]

B – Subrogation (Third Party Offset)

AVERAGE WAGE
\$607.81
CALCULATED WEEKLY COMP
\$482.85

Weekly payment amount reduced for recovery from third-party tortfeasor

SEQ NBR	BENEFIT TYPE CODE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		03/09/2022	03/07/2023	0052	0	\$21,497.48		03/09/2022	\$408.60	03/09/2022	\$408.60
2	020 - Permanent Total	CA - Change in Benefit Amount	03/08/2023	06/30/2025	120	6	\$55,000.81	07/06/2025	01/01/2025	\$482.85	06/03/2025	\$382.85

NUMBER OF BENEFIT ACR	01
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SEQ NBR	ACR TYPE	ACR CODE	BENEFIT TYPE CODE	ACR START DATE	ACR END DATE	ACR WEEKLY AMT.	WEEKLY INCOME AMT FOR OFFSET
Adjustment Code B - Subrogation	B		020	06/03/2025		\$100.00	Does not apply to Adjustment Code B

Benefit Type Code 020 being paid and offset by Adjustment

The worker is eligible for \$482.85 weekly for Perm Total Disability payments. Benefits are being reduced by \$100 each week for insurer’s subrogation recovery beginning 6/03/25.

Benefit Adjustment Code [DN0092]

B – Subrogation (Third Party Offset)

NET TO ZERO CODE

Z

AVERAGE WAGE

\$607.81

CALCULATED WEEKLY COMP

\$482.85

Weekly payment amount reduced for recovery from third-party tortfeasor

SEQ NBR	BENEFIT TYPE CODE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		03/09/2022	03/07/2023	0052	0	\$21,497.48		03/09/2022	\$408.60	03/09/2022	\$408.60
2	020 - Permanent Total	CA - Change in Benefit Amount	03/08/2023	06/30/2025	120	6	\$53,469.41		01/01/2025	\$482.85	06/03/2025	\$0.00

NUMBER OF BENEFIT ACR

01

SEQ NBR	ACR TYPE	ACR CODE	BENEFIT TYPE CODE	ACR START DATE	ACR END DATE	ACR WEEKLY AMT.	WEEKLY INCOME AMT FOR OFFSET
		B	020	06/03/2025		\$482.85	<i>Does not apply to Adjustment Code B</i>

The worker is eligible for \$482.85 weekly for Perm Total Disability payments. Benefits are being fully reduced for insurer’s subrogation recovery beginning 6/03/25.

Permanent Partial Impairment



Reporting the correct Permanent Impairment Body Part Code (rated body part)

The EDI Standard References page of the IAIABC website www.iaiaabc.org contains a link to the **WCIO Part of Body/Nature of Injury/Cause of Injury Tables**.

[WCIO_InjuryDescriptionTableandHistory-4dadd33c.xls \(live.com\)](#)

The Part of Body Codes worksheet contains all reportable body parts that may be listed as the Part of Body Injured Code [DN0036] *or* the Permanent Impairment Body Part Code [DN0083]. One exception is that Code 99 – Whole Body may not be used to report the Injured Body Part.

Typically, the Permanent Impairment Body Part Code will not be the same as the Part of Body Injured Code due to the way impairments are calculated.

Common Permanent Impairment Body Part Codes in Idaho (rated body part)

Physicians evaluating claimant's impairment generally rate **Upper Extremity** (arm), **Lower Extremity** (leg), **Hand, Finger, Eye** or **Whole Person**.

All ratings may also be converted to a whole person rating – the percentage of disability to the entire body. When doing so, the conversion must be exact.

What to Report for EDI...

The *payable* rating should be reported in the Permanent Impairment Segment in the SROI record and the body part rated closest to the injured body part should be paid.

EXAMPLE: Claimant injured his knee, and physician issued a 12% lower extremity rating then calculated the rating to the whole person at 3%.

While the EDI reporting indicated the Body Part Code Injured as *knee*, the physician did not rate the knee; instead, they rated the **lower extremity** and whole person. The lower extremity is the rated body part closest to the injured body part, so the lower extremity rating is paid and reported.

Impairment Ratings

Apportionment – only report the rating attributed to the subject injury

10% Upper Extremity with 2% apportioned to pre-existing injuries

Report 8% UE

Averaging – report the average of the two ratings

10% Upper Extremity and 17% Upper Extremity

Report 13.5% UE

Combined Ratings – report the final whole person rating

10% Lower Extremity combined with 16% Upper Extremity

Report 14% WP

How the Impairment Rated Body Part Codes for Reporting are Determined...

The WCIO Impairment Rated Body Part Codes have been applied to Idaho's permanent impairment scheduled loss statute.

The following schedule has been matched to the WCIO table codes and corresponds with the scheduled number of weeks as a basis for determining what to report.

99 – Whole Body – Value 500 Weeks

WCIO

Part of Body Codes

DIP Distal Interphalangeal Joint – the joint between the second (intermediate) and third (distal) phalanges of the finger

PIP Proximal Interphalangeal Joint – the joint between the first (proximal) and second (intermediate) phalanges of the finger

We will accept either WCIO Code – proximal or second – to reference this joint

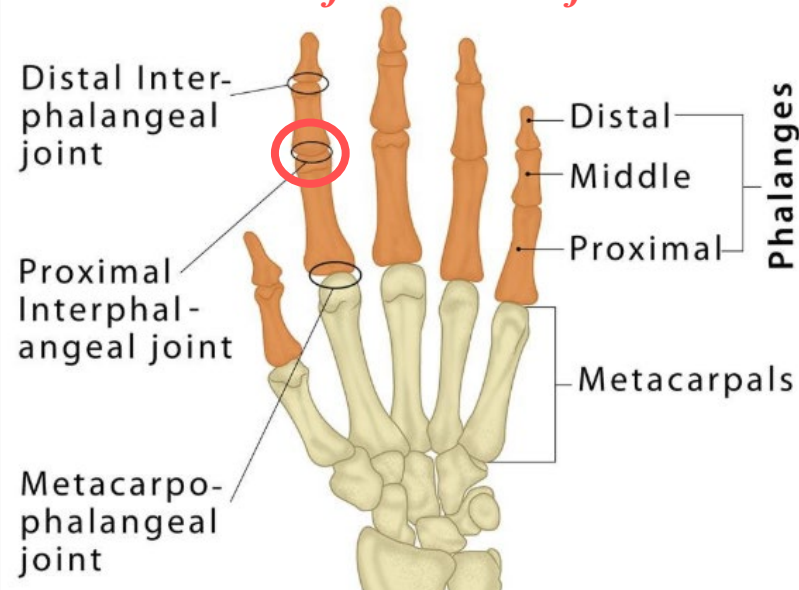


Table	Section	Code	Narrative Description
Part Of Body	IAIABC	36A	The loss of an index finger and metacarpal bone thereof
Part Of Body	IAIABC	36B	The loss of an index finger at the proximal joint
Part Of Body	IAIABC	36C	The loss of an index finger at the second joint
Part Of Body	IAIABC	36D	The loss of an index finger at the distal joint
Part Of Body	IAIABC	36E	The loss of a second middle finger and the metacarpal bone thereof
Part Of Body	IAIABC	36F	The loss of a middle finger at the proximal joint
Part Of Body	IAIABC	36G	The loss of a middle finger at the second joint
Part Of Body	IAIABC	36H	The loss of a middle finger at the distal joint
Part Of Body	IAIABC	36I	The loss of a third or ring finger and the metacarpal thereof
Part Of Body	IAIABC	36J	The loss of a ring finger at the proximal joint
Part Of Body	IAIABC	36K	The loss of a ring finger at the second joint
Part Of Body	IAIABC	36L	The loss of a ring finger at the distal joint
Part Of Body	IAIABC	36M	The loss of a little finger and the metacarpal bone thereof
Part Of Body	IAIABC	36N	The loss of a little finger at the proximal joint
Part Of Body	IAIABC	36O	The loss of a little finger at the second joint
Part Of Body	IAIABC	36P	The loss of a little finger at the distal joint
Part Of Body	IAIABC	37A	The loss of a thumb and metacarpal bone thereof
Part Of Body	IAIABC	37B	The loss of a thumb at the proximal joint
Part Of Body	IAIABC	37C	The loss of a thumb at the interphalangeal second or distal joint

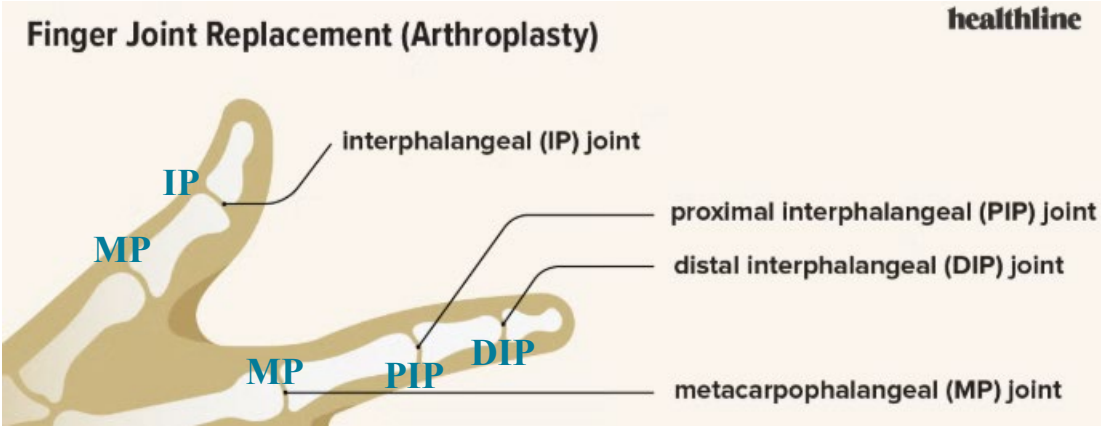
Title 72 Chapter 4

72-428. Scheduled income benefits for loss or losses of use of bodily members. An employee who suffers a permanent disability less than total and permanent shall, in addition to the income benefits payable during the period of recovery, be paid income benefits for such permanent disability in an amount equal to fifty-five percent (55%) of the average weekly state wage stated against the following scheduled permanent impairments respectively:

(1)Amputations of Upper Extremities	Weeks	
Forequarter amputation	350	
Disarticulation at shoulder joint	300	WCIO Code 38-Shoulder
Amputation of arm above deltoid insertion	300	
Amputation of arm between deltoid insertion and elbow joint	285	
Disarticulation at elbow joint	285	
Amputation of forearm below elbow joint proximal to insertion of biceps tendon	285	
Amputation of forearm below elbow joint distal to insertion of biceps tendon	270	
Disarticulation at wrist joint	270	WCIO Code 34-Wrist (if rated)
Midcarpal or mid-metacarpal amputation of hand	270	

Title 72 Chapter 4

Amputation of all fingers except thumb at metacarpophalangeal joints	Weeks 160	
Amputation of thumb At metacarpophalangeal joint or with resection of carpometacarpal bone	110	WCIO Codes 37A
At interphalangeal joint IP	80	37B/C
Amputation of index finger At metacarpophalangeal joint MP or with resection of metacarpal bone	70	36A
At proximal interphalangeal joint PIP	55	36B/C
At distal interphalangeal joint DIP	30	36D
Amputation of middle finger At metacarpophalangeal joint or with resection of metacarpal bone	55	36E
At proximal interphalangeal joint	45	36F/G
At distal interphalangeal joint	25	36H
Amputation of ring finger At metacarpophalangeal joint or with resection of metacarpal bone	25	36I
At proximal interphalangeal joint	20	36J/K
At distal interphalangeal joint	12	36L
Amputation of little finger At metacarpophalangeal joint or with resection of metacarpal bone	15	36M
At proximal interphalangeal joint	10	36N/O
At distal interphalangeal joint	5	36P



descriptions do not fully align with those used by WCIO

Title 72 Chapter 4

(2) Amputations of Lower Extremities	Weeks	
Hemipelvectomy	250	
Disarticulation at hip joint	200	WCIO Code 51-Hip
Amputation above knee joint with short thigh stump (3" or less below tuberosity of ischium)	200	
Amputation above knee joint with functional stump	180	
Disarticulation at knee joint	180	WCIO Code 53-Knee (if rated)
Gritti-Stokes amputation	180	
Amputation below knee joint with short stump (3" or less below intercondylar notch)	180	
Amputation below knee joint with functional stump	140	
Amputation at ankle (Syme)	140	WCIO Code 56-Foot (if rated)
Partial amputation of foot (Chopart's)	105	
Mid-metatarsal amputation	70	
Amputation of all toes		
At metatarsophalangeal joints	42	
Amputation of great toe		
With resection of metatarsal bone	42	
At metatarsophalangeal joint	25	
At interphalangeal joint	25	
Amputation of lesser toe (2nd-5th)		
With resection of metatarsal bone	7	
At metatarsophalangeal joint	4	
At proximal interphalangeal joint	3	
At distal interphalangeal joint	1	

PPI WP Conversion Example – 2025 Injury

Physician assigned rating:

2% Lower Extremity (LE)

LE value 200 weeks

$200 \times 2\% = 4 \text{ weeks}$

$4 \text{ weeks} \times \$590.15 = \$2,360.60$

PERM IMPAIRMENT BODY PART	PERMANENT IMPAIRMENT PERCENT
51 – Hip	2.00

Do not report: *Upper Leg, Knee, Lower Leg, or Ankle*

Whole Person (WP) conversion:

WP value 500 weeks

$4 \text{ weeks} / 500 \text{ weeks} = .80\%$

$500 \times .80\% = 4 \text{ weeks}$

$4 \text{ weeks} \times \$590.15 = \$2,360.60$

PERM IMPAIRMENT BODY PART	PERMANENT IMPAIRMENT PERCENT
99 – Whole Body	.80

Finger Impairments – 18% Little Finger

A **percentage of impairment of the digit** is reported as the **full digit**
Example: 18% of the little finger

PERM IMPAIRMENT BODY PART	PERMANENT IMPAIRMENT PERCENT
36M	18.00

72-428 Idaho Code

Amputation of little finger

At metacarpophalangeal joint or with resection of metacarpal bone	15
At proximal interphalangeal joint	10
At distal interphalangeal joint	5

Table	Section	Code	Narrative Description	
Part Of Body	IAIABC	36M	The loss of a little finger and the metacarpal bone thereof	15
Part Of Body	IAIABC	36N	The loss of a little finger at the proximal joint	10
Part Of Body	IAIABC	36O	The loss of a little finger at the second joint	10
Part Of Body	IAIABC	36P	The loss of a little finger at the distal joint	5

Insurer pays 18% of 15 weeks

Finger Impairments – Amputation Ring at DIP

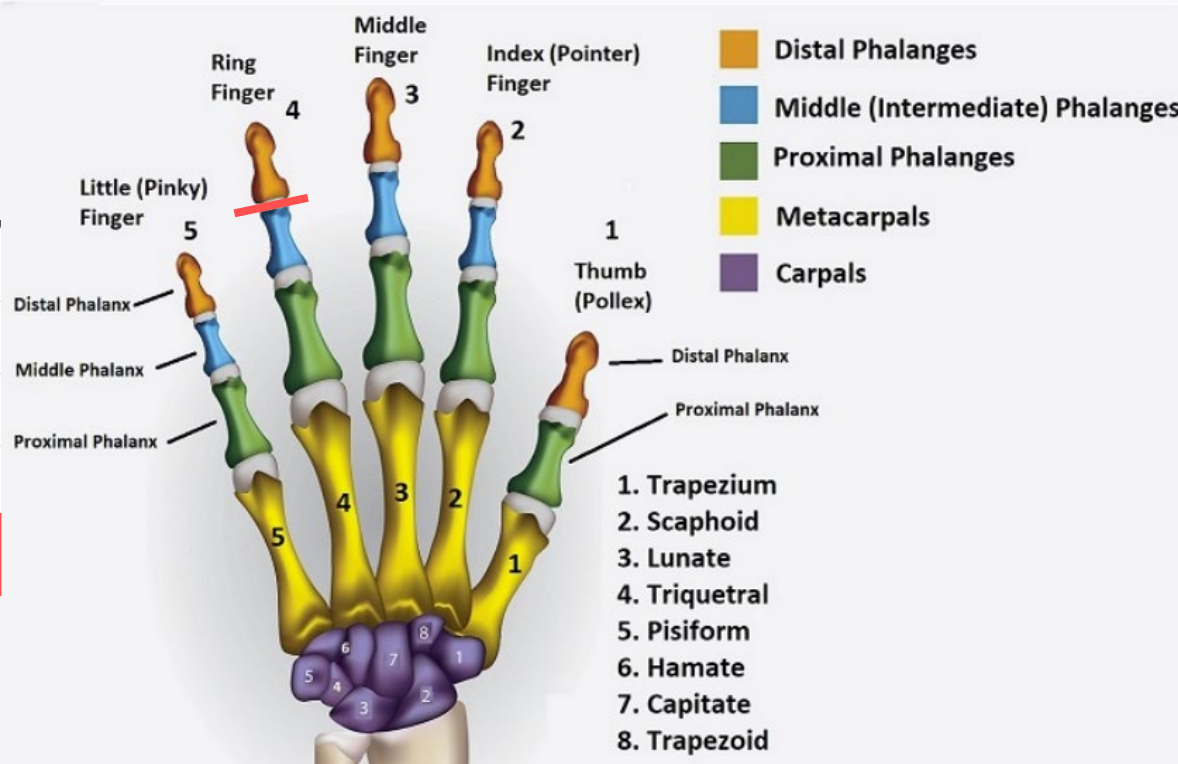
A **partial amputation of the digit** is reported at the **amputation point**

Example: Loss of the ring finger at the distal joint is reported as 100%

Code 36L

PERM IMPAIRMENT BODY PART		PERMANENT IMPAIRMENT PERCENT	
36L		100.00	

Table	Section	Code	Narrative Description	
Part Of Body	IAIABC	36I	The loss of a third or ring finger and the metacarpal thereof	25
Part Of Body	IAIABC	36J	The loss of a ring finger at the proximal joint	20
Part Of Body	IAIABC	36K	The loss of a ring finger at the second joint	20
Part Of Body	IAIABC	36L	The loss of a ring finger at the distal joint	12



Insurer pays 100% of 12 weeks

Finger Impairments – Complete Amputation

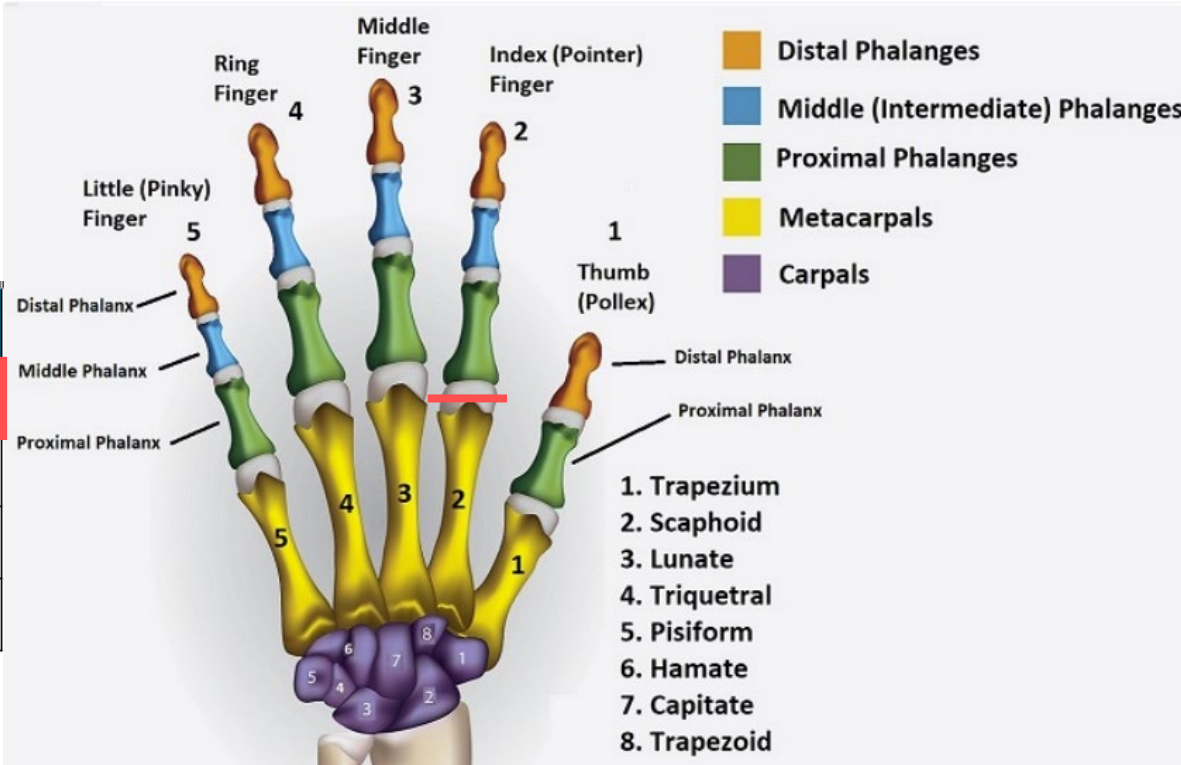
An **amputation of the digit** is reported at the **amputation point**

Example: Complete loss of the index finger is reported as 100%

Code 36A

PERM IMPAIRMENT BODY PART		PERMANENT IMPAIRMENT PERCENT	
36A		100.00	

Table	Section	Code	Narrative Description	
Part Of Body	IAIABC	36A	The loss of an index finger and metacarpal bone there-of	70
Part Of Body	IAIABC	36B	The loss of an index finger at the proximal joint	55
Part Of Body	IAIABC	36C	The loss of an index finger at the second joint	55
Part Of Body	IAIABC	36D	The loss of an index finger at the distal joint	30



Insurer pays 100% of 70 weeks

IDAPA Chapter 17.01.01.403

RULE GOVERNING COMPENSATION FOR DISABILITY DUE TO LOSS OF TEETH.

01. Compensation for Disability. A Claimant under the Worker's Compensation Law shall be entitled to compensation for permanent disability for the loss of each tooth other than wisdom teeth at the rate of one tenth of one percent (.1%) of the whole man. The loss of wisdom teeth shall not constitute any permanent disability. Compensation hereunder shall be in addition to payments for medical services including dental appliances and bridgework necessitated by the injury and any income benefits during the period of Claimant's recovery to which the Claimant be entitled.

Report each compensable tooth in its own segment:

WCIO Code 16-Teeth – 100%

Impairment Ratings

Multiple Ratings – may report up to ten (10) occurrences

NUMBER OF PERMANENT IMPAIRMENTS	02		
SEQ NBR	PERM IMPAIRMENT BODY PART	PERM IMPAIRMENT PERCENT	PERM IMPAIRMENT BODY PART LOCATION
1	38 – SHOULDER(S)	5.00	L – LEFT
2	51 – HIP	2.00	L – LEFT

Multiple Teeth – report one (1) occurrence for each affected tooth

NUMBER OF PERMANENT IMPAIRMENTS	02		
SEQ NBR	PERM IMPAIRMENT BODY PART	PERM IMPAIRMENT PERCENT	PERM IMPAIRMENT BODY PART LOCATION
1	16 – TEETH	100.00	
2	16 – TEETH	100.00	

Report **rated** body part code – not *injured* body part code

Impairment Ratings

Body Part Location Code [DN0432] is now required when reporting Impairment where the location may be:

B = Bilateral
L = Left
R = Right

}

Example: *eye, ear, arm, leg*

Drill down on Fingers, Toes, Eyes and Ears for complete Body Part Code

36. Finger(s)	Other than thumb and corresponding muscles
IAIABC Subsequent Report of Injury (SROI) Codes:	*
36A.	The loss of an index finger and metacarpal bone there of
36B.	The loss of an index finger at the proximal joint
36C.	The loss of an index finger at the second joint
36D	The loss of an index finger at the distal joint

Impairment v Disability – Benefit Type Codes

BTC 030 - PPI not paid by settlement

BTC 530 - PPI paid by settlement

BTC 040 - PPD not paid by settlement

BTC 540 - PPD paid by settlement

530 not used when PPI advanced or paid in a single lump payment

BTC X30 *Statutory rating or physician rated impairment*

BTC X40 *Disability based on loss of wage-earning capacity*

SROI PY



SROI PY Filings – Impairment Ratings

Single lump payment may be submitted with SROI PY

NUMBER OF BENEFITS			01									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	030 – Permanent Partial Scheduled	PY - Payment Report	03/05/2024	05/13/24	10	0	\$5,318.50	03/22/2024	03/05/2024	\$531.85	03/05/2024	\$531.85

LUMP LUMP PAYMENT/SETTLEMENT CODE

NS – Non-Specified

MAX MEDICAL IMPROV. DATE

03/05/2024

Report actual number of weeks and days

DO NOT REPORT ONE DAY

File RB after PY if payments continue after the lump payment of benefits
File SX after PY if paid in full

only use NS – Settlement Code [DN0293] in this scenario

SROI PY Filings – Settled Claims

A PY must be *correctly* filed for every claim settled by lump sum

SROI MTC PY is due one day after payment issue date

- Benefit Type Code 5XX (typically 500 – Unspecified)
- All benefits paid are reported on PY (sweeps all prior benefits paid)
- Lump Sum Settlement Code must be present (typically SF or SP)
- Payment segment should identify all payees (claimant/attorney/child support)
- Reduced Benefit Amount Code [DN0202] may apply

Commission will continue to make requests for the PY until filing is complete and accurate

Lump Sum Settlement

Lump Sum Payment/Settlement Code:

SF – Settlement Full (full/final)

SP – Settlement Partial (medicals open)

AS – Agreement Stipulated (settle single issue)

AW – Award (adjudicated LSS – not typical)

NS – Non Specified (any lump payment)

 **AD** **Advance** (not applicable for a settlement)

Reduced Benefit Amount Code

No Money Settlement = N

Scenario: A waiver of subrogation agreement is filed for the claim, but no money is being paid as part of the settlement.

A benefit segment will only be present if indemnity benefits were paid *prior to* settlement.

a payment segment will not be present on the PY

Reduced Benefit Amount Code

Claim Settled Under Another Date of Injury = S

Scenario: A settlement is filed for multiple claims, but no money is attributed to this claim.

A benefit segment will only be present if indemnity benefits were paid *prior to* settlement.

a payment segment will not be present on the PY

No prior benefits paid
No benefits paid by settlement

REDUCED BENEFIT AMOUNT CODE			NON-CONSECUTIVE PERIOD CODE			BENEFIT CHANGE REASON CODE			ANTICIPATED WAGE LOSS INDICATOR		NET TO ZERO CODE	
S - Claim Settled Under Another DOI			S (or N) explains absence of <i>benefit</i> segment and absence of <i>payment</i> segment on PY									
NUMBER OF BENEFITS			00									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT

Prior benefits paid
No benefits paid by settlement

REDUCED BENEFIT AMOUNT CODE			NON-CONSECUTIVE PERIOD CODE			ANTICIPATED WAGE LOSS INDICATOR						
S - Claim Settled Under Another DOI			S (or N) explains absence of BTC 5XX in <i>benefit</i> segment and absence of <i>payment</i> segment on PY									
NUMBER OF BENEFITS			02									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		12/19/2022	01/17/2023	0004	2	\$1,815.62	04/11/2023	01/01/2023	\$435.15	01/01/2023	\$435.15
2	070 - Temporary Partial		12/12/2022	12/18/2022	0001	0	\$93.97	04/11/2023	12/12/2022	\$93.97	12/12/2022	\$93.97

Benefit Segment on SROI PY

NUMBER OF BENEFITS		06										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	030 - Permanent Partial/Scheduled	A	03/13/2023	05/26/2024	0063	0	\$34,958.00	04/21/2023	03/13/2023	\$499.40	03/13/2023	\$499.40
2	050 - Temporary Total		11/16/2022	01/24/2023	0010	0	\$7,047.40	01/24/2023	01/01/2023	\$704.74	01/01/2023	\$704.74
3	070 - Temporary Partial		01/25/2023	01/29/2023	0000	5	\$134.21	02/23/2023	01/25/2023	\$187.90	01/25/2023	\$187.90
4	500 - Unspecified Lump Sum Pmt/Settlement		01/19/2024	01/19/2024	D		\$2,545.00					
5	501 - Medical Lump Sum Pmt/Settlement		01/19/2024	01/19/2024			\$10,000.00					
6	540 - Perm Partial Unsch Lump Sum Pmt/Settlement		01/19/2024	01/19/2024			\$37,455.00					

A – MTC is not present in the benefit segment

B – Benefits paid prior to settlement sweep in

C – All benefits paid by settlement reflect benefit type codes **5XX**

D – Benefit type weeks and days not present on **5XX** segments

E – Gross/Net Weekly Amounts not present on **5XX** segments

Payment Segment on SROI PY

Payment segment captures only the 5XX benefits with the latest Benefit Payment Issue Date of 3/20/24

LUMP SUM PAYMENT/SETTLEMENT CODE		AWARD/ORDER DATE		JURISDICTION CLAIM NBR-REL		
SF		03/13/2024				
NUMBER OF PAYMENTS		02				
SEQ NBR	PAYMENT REASON CODE	PAYMENT COVER PERIOD START DATE	PAYMENT COVER PERIOD THROUGH DATE	PAYEE	PAYMENT ISSUE DATE	PAYMENT AMT
1	501 - Medical Lump Sum Pmt/Settlement	03/13/2024	03/13/2024	LAW GROUP, P.L.L.C. A	03/20/2024	\$10,000.00
2	530 - Perm Partial Sch Lump Sum Pmt/Settlement	03/13/2024	03/13/2024	LAW GROUP, P.L.L.C. A	03/20/2024	\$15,000.00

Benefit segment reflects all benefits paid but only the 5XX benefit payments are being issued with this payment

NUMBER OF BENEFITS		04										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	050 - Temporary Total		04/14/2022	11/06/2022	0020	4	\$8,405.48	11/08/2022				
2	070 - Temporary Partial		06/15/2022	12/16/2022	0001	4	\$3,350.82	12/16/2022				
3	501 - Medical Lump Sum Pmt/Settlement		03/13/2024	03/13/2024			\$10,000.00	03/20/2024				
4	530 - Perm Partial Sch Lump Sum Pmt/Settlement		03/13/2024	03/13/2024			\$15,000.00	03/20/2024				

Cost
Certain
Benefits

Report the purchase price of an annuity on the
PY rather than the benefit claimant is guaranteed

MSA Seed

\$36,798 immediate cash payment for seed money \$36,798.00 \$36,798.00

MSA Annual Payment

\$17,173 annually; guaranteed 15 years \$183,177.01 \$257,595.00

TOTAL \$219,975.01 \$294,393.00

BENEFIT TYPE
AMT PAID

LUMP SUM SETTLEMENT

Balance of Permanent Partial Impairment \$ 743.25

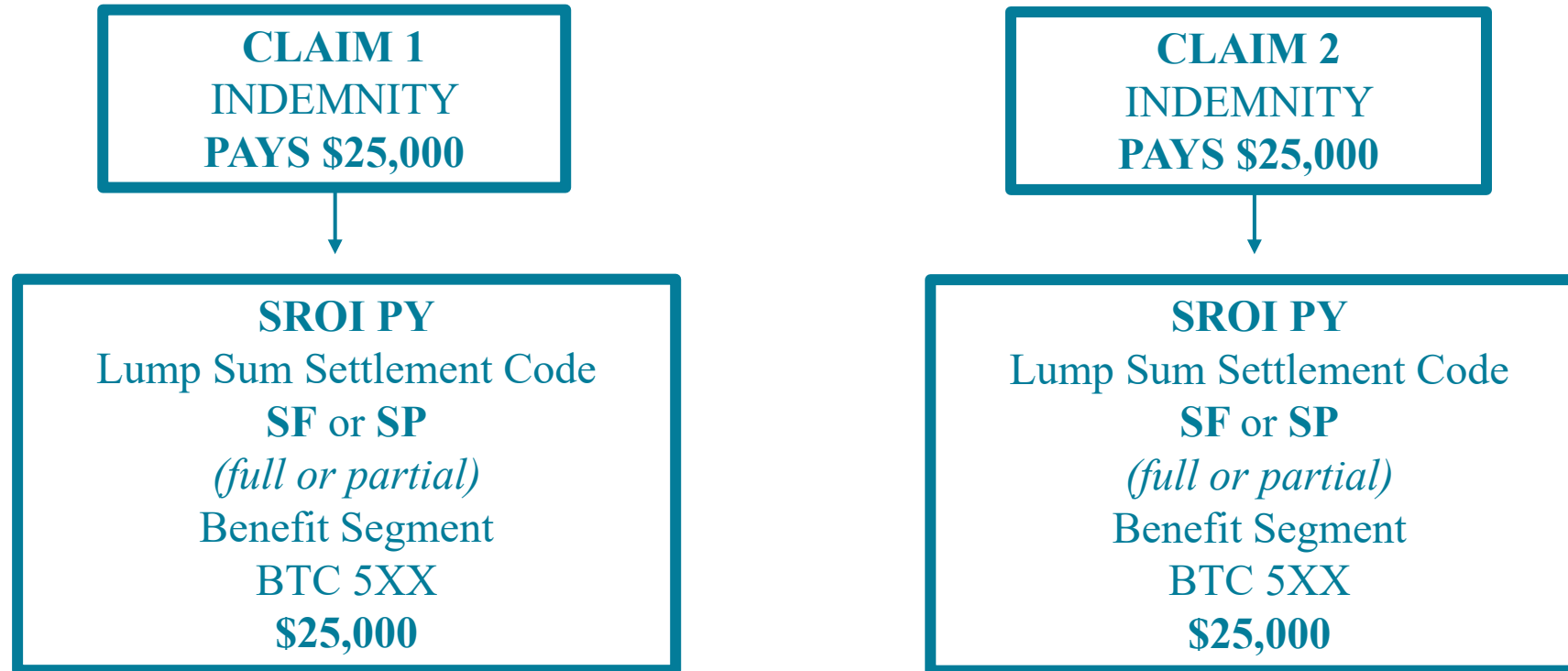
Future Medical Benefits Funded Over
Time with a Medicare Set Aside Account
as Set Forth Above: \$ 294,393.00

Unapportioned Disputed Impairment
and Additional Disability Benefits at
39% whole person at 195 weeks at a rate of
\$531.85 per week \$ 103,710.75

3	530 - Unspecified Lump Sum Pmt/Settlement		09/04/2025	09/04/2025			\$743.25
4	501 - Medical Lump Sum Pmt/Settlement		09/04/2025	09/04/2025			\$219,975.01
5	540 - Perm Partial Unsch Lump Sum Pmt/Settlement		09/04/2025	09/04/2025			\$103,710.75

SEQ NBR	PAYMENT REASON CODE	PAYMENT COVER PERIOD START DATE	PAYMENT COVER PERIOD THROUGH DATE	PAYEE	PAYMENT ISSUE DATE	PAYMENT AMOUNT
1	530 - Unspecified Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	WORKER'S COUNSEL	09/04/2025	\$743.25
2	501 - Medical Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	MSA FINANCIAL COMPANY	09/04/2025	\$36,798.00
3	501 - Medical Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	ANNUITY COMPANY	09/04/2025	\$183,177.01
4	540 - Perm Partial Unsch Lump Sum Pmt/Settlement	09/04/2025	09/04/2025	WORKER'S COUNSEL	09/04/2025	\$103,710.75

SETTLEMENT AGREEMENT - A
TWO CLAIMS
PAYS \$50,000



Combined payments \$50,000
matches agreement

SETTLEMENT AGREEMENT - B

THREE CLAIMS

PAYS \$30,000

CLAIM 1
INDEMNITY
PAYS \$30,000



SROI PY

Lump Sum Settlement Code

SF or SP

(full or partial)

Benefit Segment

BTC 5XX

\$30,000

CLAIM 2
MEDICAL ONLY
PAYS \$0



SROI PY

Lump Sum Settlement Code

SF or SP

(full or partial)

Reduced Benefit Amount

Code = S

Settled on Another DOI

CLAIM 3
INDEMNITY
WAIVES SUBRO



SROI PY

Lump Sum Settlement Code

SF or SP

(full or partial)

Reduced Benefit Amount

Code = N

No Money Settlement

Combined payments \$30,000

matches agreement

SROI AN



AN Filings – Event Table

Release	Report Type	Maintenance Type		Event Rule			Criteria	Report Trigger	Statute	Periodic Qualifiers		Periodic Report Due		
		Code	Description	Criteria	From	Thru				Status	Activity	Value	Due Type	From
3.1	SROI	AN	Annual	2=EDI Mandate Date	9/14/2023		M=MTC Defined	<p>SROI AN is filed within the first quarter of the current calendar year for any claim deemed a fatality or with any liability for payment of Benefit Type Code 010 (Fatal) or a permanent total disability claim paying 020 (Permanent Total).</p> <p>The AN is filed for every fatality claim without an un-rescinded total denial, where DN0057 [Employee Date of Death] is populated and DN0146 [Death Result of Injury] = Y, regardless of whether funeral, medical or indemnity benefits have been paid or whether a SROI CD has been filed. The AN should represent only the Dependents currently being paid.</p> <p>The AN should not be filed until payment for the period ending 12/31 has been issued.</p> <p>The AN should include all payments made from the date indemnity payments commenced through December 31st of the prior calendar year; the AN should NOT include payments from the current calendar year or exclude payments prior to the 31st unless benefits were terminated.</p> <p>Note: The AN provides an annual summary of benefits paid while the claim remains open, and an FN must be filed when the claim is closed. If a claim is closed in the prior calendar year with the filing of an FN, an AN filing is no longer required.</p>	17.01.01.602 IDAPA	1= Open	J= Jurisdiction defined	<p>An AN should be triggered on the first day of the calendar year; however, the AN must report benefits paid through the period ending December 31st, so the AN should not be triggered until payment through December 31st has been issued. The AN must be accepted no later than 90 days from the first day of the calendar year and must only include the cumulative benefit totals paid through December 31st of the prior year. If an FN reporting claim closure has already been accepted, the AN is not required.</p>	C = Calendar days	J=Report Trigger (within first quarter of each calendar year)

- Due within first quarter of the year for claims paying fatal benefits or total permanent disability benefits
- Cannot be triggered until payment through 12/31 of previous year has been issued
- Cannot include any benefits paid after 12/31 of previous year
- Must include all cumulative total benefits paid from date of commencement through end of previous year

AN Filings

NUMBER OF BENEFITS			02										SROI AN Benefit Segment									
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT										
1	020 - Permanent Total		05/08/2014	12/31/2023	0503	4	\$240,433.39															
2	050 - Temporary Total		04/30/2013	05/07/2014	0053	2	\$21,198.74															

NUMBER OF BENEFITS			02									
SROI CA Benefit Segment												
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	020 - Permanent Total	CA - Change in Benefit Amount	05/08/2014	04/30/2024	0520	6	\$251,567.99	04/23/2024	01/01/2024	\$638.87	01/01/2024	\$638.87
2	050 - Temporary Total		04/30/2013	05/07/2014	0053	2	\$21,198.74	05/07/2014	04/29/2014	\$404.37	04/29/2014	\$404.37

SROI FN



FN Filings

- captures all indemnity benefits paid
- provides **true** number of benefit weeks/days paid per BTC
- captures all medical benefits paid
- reports benefits paid by a prior claim administrator
- reports RE segments previously not captured

SROI 02 or SROI CA may be filed after the FN to correct misreported information **but must be followed by another FN**

Due within 30 days of administrator's claim closure

QUESTIONS...

Additional Resources:

EDI Inquiries

iicedi@verisk.com

EDI Tables/Training

<https://iicedi.info>

