DEPARTMENT OF LABOR AND INDUSTRY

Release 3.1 electronic filing and implementation guide

IAIABC XML only mandate

June 24, 2022

Contents

1 Introduction

The Minnesota Department of Labor and Industry (DLI) mandates the electronic submission of first report of injury (FROI) and most subsequent reports of injury (SROI) data via electronic data interchange (EDI) in XML format; or via its revised eFROI/eSROI web portal. The XML companion guide explains the conversion of the standard flat file information found in this guide. The EDI mandate does not affect the method that insured employers use to file paper FROIs with their insurance company.

2 Minnesota EDI and eFROI/eSROI

Minnesota accepts EDI transactions from registered trading partners. DLI is a member organization of the International Association of Industrial Accident Boards and Commissions (IAIABC) that maintains the EDI standard.

2.1 IAIABC

Member organizations include state agencies, insurance carriers, self-insured employers, third party administrators, the National Council on Compensation Insurance (NCCI), the Workers' Compensation Insurance Organizations (WCIO) and other vendor organizations. Claim administrators participating in Minnesota's EDI program should reference the IAIABC website and acquire the IAIABC EDI R3.1 Implementation Guide.

> ***IAIABC contact information***
> Website: www.iaiabc.org

2.2 EDI and eFROI/eSROI communication environments

Minnesota processes EDI transmissions continuously throughout each business day. Any transmission accepted by 11:59 p.m. CT will be credited for that day.

Trading partners must elect which communication environment, or vendor, they plan to use:

Aerie EDI Group – www.aerieedigroup.com
Direct connect – Trading partners can connect to the DLI FTP server using a secure connection. Access to the server will be provided during the initial setup.
Ebix, Inc. (formerly Peak Performance, Claims Harbor, Bridium) – www.ebix.com
HealthTech – www.htedi.com

Verisk (formerly ISO, Inc.) – www.wcprism.com
Riskonnect (formerly Marsch Clearsight/CS Stars) – www.riskonnect.com
Mitchell (formerly Ingenix-ROES) – www.mitchell.com
Web portal – The DLI eFROI/eSROI web portal is an internet browser-based program.

2.3 EDI transmissions and acknowledgements

Transmissions

Minnesota uses the IAIABC Release 3.1 XML Claims product that reports FROI and SROI transactions. The FROI transmits new and updated claim information while the SROI transmits subsequent claim payment and denial information.

EDI data is either accepted or rejected entirely. Rejections occur when either the entire *transmission* (e.g., a missing header record data element) or an individual *transaction* (e.g., a missing value for a mandatory field) fail edits. If this occurs, no information is loaded to the claim database. If a transaction passes all edits, it is accepted considered filed.

EDI transactions submitted should follow the recommended naming convention specified below:

MN.ACCOUNTNAME.SENDERPOSTAL.{FROI/SROI}.{T/P}.yyyyMMddHHmm.{counter}.xml

    MN = State of MN
    ACCOUNTNAME = trading partner name provided by MN (without spaces)
    SENDERPOSTAL = 5-digit from header
    FROI/SROI = batch type – default to SROI if both
    T/P = test or production files
    yyyyMMddHHmm = Year, month, day, hour and minute the file was uploaded
    Counter = number of transactions in the file
    .xml = file type

Acknowledgments

Each trading partner is required to accept and process acknowledgments. If there are any data elements in a transaction that do not pass validation, the data element number and an error number indicating the failure are sent.

EDI acknowledgement codes (DN0111)	
Status code	**Comments**
HD	Transmission batch rejected in its entirety.
TA	Transaction accepted (default if no other validation issues).
TR	Transaction rejected (certain fields did not pass validation, which causes the rejection of the EDI transaction). **Note:** Rejected batches and transactions are not considered filed.

2.4 eFROI/eSROI transmissions and acknowledgements

Transmissions

As with EDI transactions submitted in the flat-file format, data fields in the eFROI/eSROI web portal are either accepted or rejected entirely.

Acknowledgments

The eFROI/eSROI acknowledgment record is emailed to the trading partner. The acknowledgment indicates the status and any validation problems.

eFROI/eSROI acknowledgement codes	
Status code	**Comments**
TA	Transaction accepted (default if no other validation issues).
TR	Transaction rejected (certain fields did not pass validation, which causes the rejection of the EDI transaction). **Note:** Rejected transactions are not considered filed.

2.5 XML Attachments

The new 3.1 XML formal allows for attachments to EDI transactions. Sending attachments via EDI will require the use of a special naming convention and Minnesota will be accepting attachments in limited situations. Attachments should be uploaded directly to the MN SFTP site or directly via the Campus Web Portal. Additional information surrounding XML attachments is available in Appendix E.

Form names for documents sent by claim administrators to MN		
Form ID	**Form Type**	**Description**
PP01	PPD Report	DLI form used to report specific information when paying PPD.
CL01	Claim Investigation Report	A claim-related investigative report (e.g. employer's investigative report of the incident).
CR01	Correspondence	Claim-related correspondence (e.g. letter to the jurisdiction or to a party to the claim).
DH01	Dependency/Heir Information	Documentation related to any dependents or heirs associated with a claim.
ME01	Medical Report	A claim-related medical report (e.g. independent medical examination report).
HCPR	Health Care Provider Report	DLI form used to report treating doctor.
OT01	Other	A claim-related document not captured by another type code (e.g. police report).
PT01	Photograph	A claim related picture or image (e.g. picture of injury location).
WT01	Witness Statement	A claim related statement (e.g. transcription of a witness statement).
WS01	Wage Statement	A claim-related wage statement (e.g. pay stub).

2.6 Webforms

Campus will utilize webforms to supplement a small number of transactions. The following webforms will be used:

- **Discontinuance Webform** – This webform will be used in situations where benefits are being discontinued/suspended for reasons other than the employee's return to work.
- **Dependency Webform** – This webform will be used in situations where fatal benefits are being paid to one or more dependents.
- **Benefit Addendum Webform** – This webform will be used when transactions are missed by submitters which impact benefit calculations. The benefit addendum webform allows submitters to break down individual benefit periods and will only be required upon request of the department.
- **PPD Follow Up Webform** – This webform will be used to supplement information for PPD payments. This form can also be submitted via EDI as an XML attachment.

2.7 Forms

The table below specifies which MTCs are returned to the claims administrator with a form that must be legally served on or sent to the employee. If an MTC is not returned as a form, the claim administrator must legally serve or send the information, as specified in the table, to the employee using a form prescribed by the commissioner. If the commissioner has not prescribed a form, the claim administrator must send the information in a written format that is understandable to the employee. A document sent to an employee must include the date it was sent. The claims administrator must retain proof of legal service as required by Minn. Stat. §§ 176.275, subd 2, and 176.285, subd. 3. An employee's attorney must be served if required by the workers' compensation law.

Additional information surrounding forms returned by Minnesota is available in Appendix D.

MTCs that are returned by DLI and required to be served or sent to the employee			
MTC	Form Returned by Minnesota	Legal Service Required	Copy to Employee Required
00	Yes	X	
FROI 02	No	X	
AQ	No		X
AU	Yes	X	
UI	Yes	X	
FROI UR	No		
SROI 02	No		X
04	Yes	X	
AB	No		X
AC	No		X

MTC	Form Returned by Minnesota	Legal Service Required	Copy to Employee Required
AP	No		X
CA	No		X
CB[1]	Yes	X	X
CD	No		
EP	Yes		X
ER	No		X
FN	No		X
IP	Yes		X
NT	No		
PD	Yes	X	
PX	Yes	X	
PY[2]	Yes	X	X
RB	No		X
SU	No		
SX	Yes	X	
SROI UR	No		

MTCs that are returned by DLI and required to be served or sent to the employee			
MTC	Form Returned by Minnesota	Legal Service Required	Copy to Employee Required
SA	No		X

[1] The CB discontinuance requires service (TTD to TPD, or TTD to PPD), while the other types of CB only require to be sent.

[2] Payments for final awards and orders must be served upon the employee. All other PYs are sent.

3 IAIABC claims release 3.1 format

Please refer to the IAIABC EDI Claims Release 3.1 XML Transactions Companion Guide for detailed information on transaction structure and format. The Companion Guide can be downloaded by IAIABC members from their website.

3.1 MTC types

Minnesota R3.1 FROI MTCs	
MTC	Description
00	Original Transaction (Reports the new First Report of Injury (FROI).)
02	Change Transaction
AQ*	Acquired Claim Transaction
AU*	Acquired Unallocated Claim Transaction (Used in place of the FROI 00 when an acquired claim has not been filed with the department.)
UI	Under Investigation. This MTC is only used when reporting previously unreported asbestosis claims.
UR	Update Report. Legacy report intended to match a claim previously reported to MN. The FROI UR is required for open claims previously reported in R3.0.

*Also see MTC special considerations table below.

MTC	Description
Minnesota R3.1 SROI MTCs	
02*	Change Transaction
04	Denial Transaction (Reports a denial after a First Report of Injury (FROI).)
AB	Add Concurrent Benefit Type
AC	Acquisition/Indemnity Ceased
AP	Acquired Payment
CA	Change in Benefit Amount
CB	Change in Benefit Type (See Discontinuance Requirements below.)
CD	Compensable Death
EP	Employer Paid
ER	Employer Reinstatement
FN*	Final
IP	Initial Payment
NT*	Narrative

Minnesota R3.1 SROI MTCs	
MTC	**Description**
PD	Partial Denial
PX	Partial Suspension (See Discontinuance Requirements below.)
PY	Payment Report
RB	Reinstatement of Benefits
SA*	Sub-Annual
SX	Full Suspension (See Discontinuance Requirements below.)
SU	Sync Up
UR*	Update Report

*Also see MTC Special Considerations table below.

3.2 MTC special considerations

MTC special considerations	
MTC	**Comments**
02	See Element Requirement Table.
AQ/AU	AQ transactions will be required for all claims, open or closed, which are being acquired from another claim administrator. If the AQ is accepted on a claim for which either 1) a FROI UR, or 2) a FROI and SROI UR are needed but not yet received, the UR(s) must be submitted before any other transaction is accepted. If the AQ transaction is submitted and rejects because the claim was never reported by a previous claim administrator, then an AU transaction should be filed and no URs will be required.

MTC special considerations	
MTC	**Comments**
FN	The MTC FN should be sent on all reported claims within six months of no longer having any indemnity benefits paid and when there is no ongoing litigation or vocational rehabilitation. The FN is used to indicate you believe your file is closed and that you do not anticipate further payments of any kind. A file with an accepted FN can always be reopened by a party filing appropriate MTCs or other documents to indicate the start or reinstatement of indemnity benefits, litigation, or vocational rehabilitation.
NT	See Element Requirement Table.
SA	The MTC SA should be sent on all reported claims within 30 days of every six month anniversary of the DOI when ongoing indemnity benefits are being paid. Within 30 days means it should be sent within the 30 days before or the 30 days after each six month anniversary of the DOI. A SA does not need to be filed if there are no ongoing indemnity benefits unless it is requested by the Department. There will be a grace period of 2 months when our new system rolls out, therefore SAs will begin to be required in October 2020.
UI	The MTC UI is intended to be filed on asbestosis files with ongoing activity or litigation. The UI transactions do not need to be filed on claims which concluded prior to 8/31/2020 unless they become active again. UIs filed on non-asbestosis claims will be rejected.

MTC special considerations	
MTC	**Comments**

UR	The MTC UR is required to be filed under the following circumstances:
	
	FROI UR:
	
	    • On all previously submitted claims that have ongoing indemnity, litigation, or vocational rehab.
	
	    • On all previously submitted claims for which a first action (first payment, denial, or partial denial) will need to be filed.
	
	    • All claims submitted to the Department within the last 30 days.
	
	    • Upon request from the Department.
	
	SROI UR:
	
	    • Note a FROI UR must be accepted before a SROI UR can be filed.
	
	    • On all claims with ongoing indemnity, litigation, or vocational rehab for which a first action (first payment, denial, or partial denial) had already been submitted.
	
	    • Upon request from the Department.
	
	Any claims filed with the department prior to 8/31/2020 will require a UR transaction before any other EDI transactions can be submitted.

3.3 Acknowledgement files (AKC)

Refer to the IAIABC EDI Claims Release 3.1 XML Transactions Companion Guide for Acknowledgement file format and structure.

The DN0206 - Employee Security ID's first two digits are "MN" while the remainder is the Minnesota worker identification (WID) number generated by DLI. DN0206 is sent to the trading partner in the acknowledgment record so that the trading partner can use it going forward. See Match data requirements in section 3.3 for further information.

4 Master edit requirements

The Minnesota DLI Claims Release 3.1 spreadsheets are incorporated into this implementation guide and must be used in conjunction with it. The three main spreadsheets are available at www.dli.mn.gov.

1. Element requirement table;
2. Edit matrix; and
3. Event table

The following requirement/edit codes are used to indicate the reporting requirements for each data element.

Code	Description	Explanation
F	Fatal Technical	Data element is essential for a transmission/transaction to be accepted. Invalid transmission/transaction data is rejected.
M	Mandatory	Data element must be present and must be a valid format or the transaction is rejected.
MC	Mandatory/Conditional	Data element is mandatory under certain conditions. If the condition exists, the data element is validated, which will cause the transaction to be rejected if validation fails.
AA	Applicable/Available	Data is sent if applicable and/or available to the claim. Data is edited for valid value and/or format. A TA Acknowledgement Code is sent.
AR	Applicable/Rejected	Data is sent if applicable and/or available to the claim. Data is edited for valid value and/or format. A TR Acknowledgement Code is sent if the data fails the edits.
NA	Not Applicable	Data element is not applicable to the MTC and does not need to be sent.
X	Exclude	Data element is not applicable and does not need to be sent.

Minnesota has FROI/SROI master edit tables located below that incorporate the values and edits also found in the R3.1 spreadsheet tables. The master edits can be used as a companion to quickly find Minnesota specific edits and explanations.

<table>
<tr><td colspan="5" align="center">**Minnesota FROI master edit requirements**

– For MTC 02, see the Element Requirement Table. –</td></tr>
<tr><td>**DN**</td><td>**Data elements**</td><td>**MTC**</td><td>**Req.**</td><td>**Minnesota validation requirements**</td></tr>
<tr><td>0001</td><td>Transaction Set ID</td><td>All</td><td>F</td><td>TR (Must be HD1, 148, R21, TR2)</td></tr>
<tr><td>0002</td><td>Maintenance Type Code</td><td>All</td><td>F</td><td>TR (Must be 00, 02, AQ, AU, UI, UR)

TR (Invalid sequencing)</td></tr>
<tr><td>0003</td><td>Maintenance Type Code Date</td><td>All</td><td>F</td><td>TR (Must be a valid date)

TR (Must be ≥ Maintenance Type Code Date (DN0003) for most recent previously accepted MTC)

TR (Must be ≤ today's date)

TR (Must be ≥ Date of Injury (DN0031))</td></tr>
<tr><td>0004</td><td>Jurisdiction Code</td><td>All</td><td>F</td><td>TR (Must be MN)</td></tr>
<tr><td>0005</td><td>Jurisdiction Claim Number</td><td>All</td><td>MC</td><td>TR (Must not exist when MTC is 00, AU, UI)

TR (Must exist if MTC is 02, UR)

TR (Must exist on MTC AQ if Employee SSN (DN0042), Employee ID Assigned by Jurisdiction (DN0154) and Employee Security ID (DN0206) are blank)

TR (Invalid match data)</td></tr>
<tr><td>0006</td><td>Insurer FEIN</td><td>All</td><td>MC</td><td>TR (Must exist if Insured Type Code (DN0184) = I or S)

TR (Must be valid numeric if exists)

TR (Must be valid IR FEIN if exists. FEIN will be validated against submitters Trading Partner Profile.)</td></tr>
</table>

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota FROI master edit requirements			
	– For MTC 02, see the Element Requirement Table. –			
0007	Insurer Name	All	NA	
0010	Claim Admin Mailing Primary Address	All	M	TR (Must exist)
0011	Claim Admin Mailing Secondary Address	00, AQ, AU, UI	AA	
		UR	NA	
0012	Claim Admin Mailing City	All	M	TR (Must exist)
0013	Claim Admin Mailing State Code	All	M	TR (Must exist)
0014	Claim Admin Mailing Postal Code	All	M	TR (Must be valid ZIP code) TR (Must be valid CA ZIP code)
0015	Claim Admin Claim Number	All	F	TR (Must exist)
0016	Employer FEIN	00, AQ, AU, UR	M	TR (Must be valid numeric)
		UI	AR	TR (Must be valid numeric if exists)
0017	Insured Name	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I or S)
		AQ, UI	AA	
		UR	NA	

				Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0018	Employer Name	All	M	TR (Must exist)
0019	Employer Physical Primary Address	00, AU	MC	TR (Must exist if different than Employer Mailing Primary Address (DN0168))
		AQ, UI	AA	
		UR	NA	
0020	Employer Physical Secondary Address	All	AA	
0021	Employer Physical City	00, AU	MC	TR (Must exist if different than Employer Mailing City (DN0165))
		AQ, UI	AA	
		UR	NA	
0022	Employer Physical State Code	00, AU	MC	TR (Must exist if different than Employer Mailing State Code (DN0170))
		AQ, UI	AA	
		UR	NA	
0023	Employer Physical Postal Code	00, AU	MC	TR (Must exist if different than Employer Mailing Postal Code (DN0167))

DN	Data elements	MTC	Req.	Minnesota validation requirements
				Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –
		AQ, UR	AR	TR (Must be valid ZIP code if exists)
		UI	AA	
0025	Industry Code	00, AU	M	TR (Must be valid six-digit NAICS code)
		AQ, UR	AR	TR (Must be valid six-digit NAICS code if exists)
		UI	AA	
0026	Insured Report Number	All	NA	
0027	Insured Location Identifier	All	AR	TR (Must exist for trading partner STATEOFMN, *NA* for all other trading partners) TR (Must be valid location code if exists)
0028	Policy Number Identifier	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I)
		AQ, UI	AA	
		UR	NA	
0029	Policy Effective Date	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I) TR (Must be valid date if exists)
		AQ, UR	AR	TR (Must be valid date if exists)
		UI	AA	

	Minnesota FROI master edit requirements			
	– For MTC 02, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0030	Policy Expiration Date	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I) TR (Must be valid date if exists)
		AQ, UR	AR	TR (Must be valid date if exists)
		UI	AA	
0031	Date of Injury	All	M	TR (Must be valid date) TR (Must be ≤ MTC Date (DN0003))
0032	Time of Injury	All	AR	TR (Must be valid format if exists)
0033	Accident Site Postal Code	00, AU	MC	TR (Must be valid ZIP code if Accident Site Location Narrative (DN0119) does not exist)
		AQ, UI, UR	AR	TR (Must be valid ZIP code if exists)
0035	Nature of Injury Code	00, AU, UI	M	TR (Must be valid code) TR (Must = 61 (Asbestosis) for MTC UI)
		AQ, UR	AR	TR (Must be valid code if exists)
0036	Part of Body Injured Code	00, AU	M	TR (Must be valid code)
		AQ, UI, UR	AR	TR (Must be valid code if exists)

| | | | | **Minnesota FROI master edit requirements** |
| | | | | – For MTC 02, see the Element Requirement Table. – |

DN	Data elements	MTC	Req.	Minnesota validation requirements
0037	Cause of Injury Code	00, AU	M	TR (Must be valid code)
		AQ, UI, UR	AR	TR (Must be valid code if exists)
0038	Accident/Injury Description Narrative	00, AU, UI	M	TR (Must exist) See special requirements
		AQ	AA	
		UR	NA	
0039	Initial Treatment Code	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I or S) TR (Must be valid values 0-5 if exists) XML Values: MinorByEmployer, MinorByHospitalClinic, EmergencyRoom, HospitalizedGreaterThanTwentyFourHours, FutureMajorMedicalLostTimeAnticipated
		AQ, UI, UR	AR	TR (Must be valid values 0-5 if exists) XML Values: MinorByEmployer, MinorByHospitalClinic, EmergencyRoom,

		Minnesota FROI master edit requirements			
		– For MTC 02, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**	
				HospitalizedGreaterThanTwentyFourHours, FutureMajorMedicalLostTimeAnticipated	
0040	Date Employer Had Knowledge of the Injury	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I or S) TR (Must be valid date if exists) TR (Must be ≤ MTC Date (DN0003) if exists) TR (Must be ≥ Date of Injury (DN0031) if exists)	
		AQ, UI, UR	AR	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003) if exists) TR (Must be ≥ date of injury (DN0031) if exists)	
0041	Date CA Had Knowledge of the Injury	00, AU	M	TR (Must be valid date) TR (Must be ≤ MTC Date (DN0003)) TR (Must be ≥ Date of Injury (DN0031))	
		AQ, UI, UR	AR	TR (Must be valid date if exists) TR (Must be ≤ MTC Date (DN0003) if exists) TR (Must be ≥ Date of Injury (DN0031) if exists)	
0042	Employee SSN	All	MC	TR (Must exist if Employee ID Type Qualifier (DN0270) is S) TR (Must exist if MTC is 00, AU if Employee ID Assigned by Jurisdiction (DN0154) is blank)	

DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must exist on MTC AQ if Jurisdiction Claim Number (DN0005), Employee ID Assigned by Jurisdiction (DN0154), and Employee Security ID (DN0206) are blank TR (Must be valid SSN if exists)
0043	Employee Last Name	All	M	TR (Must exist)
0044	Employee First Name	All	M	TR (Must exist)
0045	Employee Middle Name/Initial	00, AQ, AU, UI	AA	
		UR	NA	
0046	Employee Mailing Primary Address	00, AU	M	TR (Must exist)
		AQ, UI	AA	
		UR	NA	
0047	Employee Mailing Secondary Address	00, AQ, AU, UI	AA	
		UR	NA	
0048	Employee Mailing City	00, AU	M	TR (Must exist)
		AQ, UI	AA	
		UR	NA	

DN	Data elements	MTC	Req.	Minnesota validation requirements
		Minnesota FROI master edit requirements		
		– For MTC 02, see the Element Requirement Table. –		
0049	Employee Mailing State Code	00, AU	M	TR (Must exist)
		AQ, UI	AA	
		UR	NA	
0050	Employee Mailing Postal Code	00, AU	M	TR (Must be a valid ZIP code)
		AQ, UI, UR	AR	TR (Must be a valid ZIP code if exists)
0051	Employee Phone Number	All	AR	TR (Must be valid numeric if exists)
0052	Employee Date of Birth	00, AU, UI	M	TR (Must be valid date) TR (Must be < Date of Injury (DN0031))
		UR, AQ	AR	TR (Must be valid date if exists) TR (Must be < Date of Injury (DN0031) if exists)
0053	Employee Gender Code	00, AU	M	TR (Must be (M, F, U)) XML Values: Male, Female, Unknown
		AQ, UI, UR	AR	TR (Must be (M, F, U) if exists) XML Values: Male, Female, Unknown

	Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0054	Employee Marital Status Code	00, AU	M	TR (Must be (U, M, S, K)) XML Values: Unknown, Married, Separated, Single
		AQ, UI, UR	AR	TR (Must be (U, M, S, K) if exists) XML Values: Unknown, Married, Separated, Single
0055	Employee Number of Dependents	00, AQ, AU, UI	AA	
		UR	NA	
0056	Initial Date Disability Began	00, AU	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC Date (DN0003)) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≤ Employee Date of Death (DN0057) if exists) TR (Must be ≥ Initial Date Last Day Worked (DN0065) if exists) TR (Must exist if Date Employer Had Knowledge of Date of Disability (DN0281) exists) TR (Must exist if Claim Type Code (DN0074) is I, L, W) TR (Must not exist if Claim Type Code (DN0074) is M, N, B) TR (Must exist if Initial Return to Work Date (DN0068) exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		AQ, UI, UR	AR	TR (Must be valid date if exists) TR (Must be ≤ MTC Date (DN0003) if exists) TR (Must be ≥ Date of Injury (DN0031) if exists) TR (Must be ≤ Employee Date of Death (DN0057) if exists) TR (Must be ≥ Initial Date Last Day Worked (DN0065) if exists)
0057	Employee Date of Death	00, AU, UI	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC Date (DN0003)) TR (Must be ≥ Date of Injury (DN0031)) TR (Must exist if Death Result of Injury (DN0146) exists)
		AQ, UR	AR	TR (Must be valid date if exists)
0058	Employment Status Code	All	AR	TR (Must be (C, 9, 8, A, B, 1, 2) if exists) XML Values: PieceWork, Volunteer, Seasonal, ApprenticeFullTime, ApprenticePartTime, FullTime, PartTime
0059	Manual Classification Code	All	AA	
0060	Occupation Description	00, AU	M	TR (Must exist)
		AQ, UI	AA	
		UR	NA	

Minnesota FROI master edit requirements				
— For MTC 02, see the Element Requirement Table. —				
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0061	Employee Date of Hire	All	AR	TR (Must be valid date if exists)
				TR (Must be ≤ MTC Date (DN0003) if exists)
				TR (Must be ≤ Date of Injury (DN0031) if exists)
0062	Wage	00, AU	M	TR (Must exist)
				TR (Must be valid numeric)
		AQ, UI, UR	AR	TR (Must be valid numeric if exists)
0063	Wage Period Code	00, AU	M	TR (Must exist)
				TR (Must be valid code)
		AQ, UI, UR	AR	TR (Must be valid code if exists)
0064	Number of Days Worked Per Week	All	AR	TR (Must be 5 if exists and Work Week Type Code (DN0204) is S)
				TR (Must be 1-7 if exists and Work Week Type Code (DN0204) is F)
0065	Initial Date Last Day Worked	00, AU	MC	TR (Must be valid date if exists)
				TR (Must be ≤ MTC date (DN0003))
				TR (Must exist if Initial Date Disability Began (DN0056) exists)
				TR (Must be ≤ Initial Date Disability Began (DN0056) if exists)
				TR (Must be ≥ Date of Injury (DN0031))

DN	Data elements	MTC	Req.	Minnesota validation requirements
				Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –
				TR (Must exist if Initial Return to Work with Same Employer Indicator (DN0405) exists)
		AQ, UI, UR	AR	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003) if exists) TR (Must be ≤ Initial Date Disability Began (DN0056) if exists) TR (Must be ≥ date of injury (DN0031) if exists)
0066	Full Wages Paid for DOI Indicator	00, AU	MC	TR (Must be (Y, N) if exists) TR (Must be (Y, N) if Initial Date Disability Began (DN0056) exists and = the Date of Injury (DN0031)) TR (Must be blank if Initial Date Disability Began (DN0056) exists and > the Date of Injury (DN0031)) XML Values: True, False
		AQ, UI, UR	AR	TR (Must be (Y, N) if exists) XML Values: True, False
0068	Initial Return to Work Date	00, AU	MC	TR (Must be valid date if exists) TR (Cannot exist if initial date disability began (DN0056) does not exist) TR (Must be ≤ MTC date (DN0003)) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≥ Initial Date Disability Began (DN0056))

Minnesota FROI master edit requirements				
— For MTC 02, see the Element Requirement Table. —				
DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must be ≤ Employee Date of Death (DN0057) if exists) TR (Must exist if Current Date Disability Began (DN0144) exists) TR (Must exist if Initial Return to Work with Same Employer Indicator (DN0405) exists)
		AQ, UI, UR	AR	TR (Must be valid date if exists) TR (Must be ≤ MTC Date (DN0003) if exists) TR (Must be ≥ Date of Injury (DN0031) if exists) TR (Must be ≥ Initial Date Disability began (DN0056) if exists) TR (Must be ≤ Employee Date of Death (DN0057) if exists)
0072	Latest RTW Status Date	00, AQ, AU, UR	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003)) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≥ Current Date Disability Began (DN0144) if exists) TR (Must be ≥ Current Date Last Day Worked (DN0145) if exists)
		UI	AR	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003) if exists) TR (Must be ≥ Date of Injury (DN0031) if exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota FROI master edit requirements — For MTC 02, see the Element Requirement Table. –			
0073	Claims Status Code	00, AU	M	TR (Must be (O, C, R, X)) XML Values: Open, Closed, Reopened, ReopenedReClosed
		AQ, UI, UR	AR	TR (Must (O, C, R, X) if exists) XML Values: Open, Closed, Reopened, ReopenedReClosed
0074	Claim Type Code	00, AU	M	TR (Must be (M, I, N, B, L, W, P)) TR (Must be (I, L, W, P) if initial date disability began (DN0056) exists) XML Values: MedicalOnly, LostTimeIndemnity, Notification, BecameMedicalOnly, BecameLostTimeIndemnity, LostTimeNoPaidIndemnity, IndemityNoLostTimeBeyondWaitingPeriod
		AQ, UI, UR	AR	TR (Must be (M, I, N, B, L, W, P) if exists) XML Values: MedicalOnly, LostTimeIndemnity, Notification, BecameMedicalOnly, BecameLostTimeIndemnity, LostTimeNoPaidIndemnity, IndemityNoLostTimeBeyondWaitingPeriod
0075	Agreement to Compensate Code	All	NA	

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota FROI master edit requirements — For MTC 02, see the Element Requirement Table. —			
0077	Late Reason Code	All	AR	TR (Must be L1, L2, L3, L4, L5, L6, L7, L8, L9, LA, LB, LC, C1, D1, D2, D3, D4, D5, D6, E1, E2, E3, E4, E5, E6 if exists)
0098	Sender ID	All	F	
0099	Receiver ID	All	F	
0100	Date Transmission Sent (Need to add HD1 and TR2 Elements)	All	F	HD1 (Must be valid date – reject batch) HD1 (Must be ≤ today's date – reject batch)
0101	Time Transmission Sent	All	F	HD1 (Must be valid time – reject batch)
0102	Original Transmission Date	All	AA	
0103	Original Transmission Time	All	AA	
0104	Test/Production Code	All	F	HD (Must be P, T – reject batch)
0105	Interchange Version ID	All	F	HD (Must be 14831 – reject batch)
0106	Detail Record Count	All	F	HD (Must exist – valid numeric – reject batch) HD (Must match batch – reject batch)
0118	Accident Site County/Parish	00, AQ, AU, UR	AA	
		UI	NA	

		Minnesota FROI master edit requirements		
		– For MTC 02, see the Element Requirement Table. –		
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0119	Accident Site Location Narrative	00, AU	MC	TR (Must exist if Accident Site Postal Code (DN0033) does not exist)
		AQ, UI	AA	
		UR	NA	
0120	Accident Site Organization Name	00, AU	MC	TR (Must exist if Accident Premises Code (DN0249) is E or L)
		AQ, UI	AA	
		UR	NA	
0121	Accident Site City	00, AU	MC	TR (Must exist if Accident Site Location Narrative (DN0119) does not exist)
		AQ, UI	AA	
		UR	NA	
0122	Accident Site Street	00, AU	MC	TR (Must exist if Accident Site Location Narrative (DN0119) does not exist)
		AQ, UI	AA	
		UR	NA	
0123	Accident Site State Code	00, AU	MC	TR (Must exist if Accident Site Location Narrative (DN0119) does not exist)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		AQ, UI	AA	
		UR	NA	
0135	Claim Admin Mail Info/Attn Line	00, AQ, AU, UI	AA	
		UR	NA	
0136	Claim Admin Mailing Country Code	All	NA	
0137	Claim Admin Claim Rep Business Phone Number	00, AQ, AU, UI	AA	
		UR	NA	
0138	Claim Admin Claim Rep Email Address	00, AQ, AU, UI	AA	
		UR	NA	
0140	Claim Admin Claim Rep Name	00, AQ, AU, UI	AA	
		UR	NA	
0144	Current Date Disability Began (Expected for cases with any claimed lost time from work after the Initial Return to Work Date)	00, AQ, AU, UR	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003)) TR (Must be ≥ Date of Injury (DN0031))

DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must be ≤ Employee Date of Death (DN0057) if exists)
				TR (Must be ≥ Current Date Last Day Worked (DN0145))
				TR (Must be ≥ Initial Return to Work Date (DN0068) if exists)
				TR (Must exist if Current Date Employer Had Knowledge of Current Date of Disability (DN0416) exists)
		UI	AR	TR (Must be valid date if exists)
				TR (Must be ≤ MTC date (DN0003) if exists)
				TR (Must be ≥ Date of Injury (DN0031) if exists)
0145	Current Date Last Day Worked	00, AQ, AU, UR	MC	TR (Must be valid date if exists)
				TR (Must be ≤ MTC date (DN0003))
				TR (Must be ≥ Date of Injury (DN0031))
				TR (Must be ≤ the Current Date Disability Began (DN0144))
				TR (Must be ≥ Initial RTW Date (DN0068) if exists)
		UI	AR	TR (Must be valid date if exists)
				TR (Must be ≤ MTC date (DN0003) if exists)
				TR (Must be ≥ Date of Injury (DN0031) if exists)
0146	Death Result of Injury Code	00, AU, UI	MC	TR (Must be (Y, N, U) if exists)
				TR (Must exist if Date of Death (DN0057) exists)
				XML Values: Yes, No, Unknown

DN	Data elements	MTC	Req.	Minnesota validation requirements
		AQ, UR	AR	TR (Must be (Y, N, U) if exists) XML Values: Yes, No, Unknown
0150	EE Auth to Release Med Records Ind	All	NA	
0152	Employee Employment Visa	All	NA	TR (Not accepted as employee ID)
0153	Employee Green Card	All	NA	TR (Not accepted as employee ID)
0154	Employee ID Assigned by Jurisdiction (PIN)	All	MC	TR (Must exist if Employee ID Type Qualifier (DN0270) is A) TR (Must exist if MTC is 00, AU and Employee SSN (DN0042) is blank) TR (Must exist on MTC AQ, UR if Jurisdiction Claim Number (DN0005), Employee SSN (DN0042), and Employee Security ID (DN0206) are blank) TR (Must be valid number, if exists)
0155	Employee Mailing Country Code	00, AQ, AU, UI	AA	
		UR	NA	
0156	Employee Passport Number	All	NA	
0157	EE Social Security Number Release Ind	All	NA	
0159	Employer Contact Business Phone	All	AR	TR (Must be valid numeric if exists)

	Minnesota FROI master edit requirements			
	– For MTC 02, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0160	Employer Contact Name	00, AQ, AU, UI	AA	
		UR	NA	
0163	Employer Mailing Info/Attn Line	All	NA	
0164	Employer Physical Country Code	00, AQ, AU, UI	AA	
		UR	NA	
0165	Employer Mailing City	00, AU	M	TR (Must exist)
		AQ, UI	AA	
		UR	NA	
0166	Employer Mailing Country Code	00, AQ, AU, UI	AA	
		UR	NA	
0167	Employer Mailing Postal Code	00, AU	M	TR (Must exist) TR (Must be a valid ZIP code)
		AQ, UR	AR	TR (Must be a valid ZIP code if exists)
		UI	AA	

		Minnesota FROI master edit requirements		
		– For MTC 02, see the Element Requirement Table. –		
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0168	Employer Mailing Primary Address	00, AU	M	TR (Must exist)
		AQ, UI	AA	
		UR	NA	
0169	Employer Mailing Secondary Address	00, AQ, AU, UI	AA	
		UR	NA	
0170	Employer Mailing State Code	00, AU	M	TR (Must exist)
		AQ, UI	AA	
		UR	NA	
0184	Insured Type Code	00, AU	M	TR (Must exist) TR (Must be I, S, U)
		AQ, UR	AR	TR (Must be I, S U if exists)
		UI	AA	
0185	Insurer Type Code	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I or S) TR (Must be I, S, G if exists)
		AQ, UI, UR	AR	TR (Must be I, S, G if exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota FROI master edit requirements			
	– For MTC 02, see the Element Requirement Table. –			
0186	Jurisdiction Branch Office Code	All	NA	
0187	Claim Administrator FEIN	All	M	TR (Must exist) valid numeric) TR (Must be valid CA FEIN from Trading Partner Profile)
0188	Claim Administrator Name	All	M	TR (Must exist)
0191	Transaction Count	All	F	HD (Must exist – valid numeric – reject batch) HD (Must match batch – reject batch)
0197	Denial Reason Narrative	00, AQ, AU	X	
		UR	NA	
0198	Full Denial Reason Code	00, AQ, AU	X	
		UR	NA	
0199	Full Denial Effective Date	00, AQ, AU	X	
		UR	NA	
0200	Claim Admin Alternate Postal Code	All	NA	

	Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0204	Work Week Type Code	All	AR	TR (Must be S, F, V if exists and date of injury (DN0031) ≥ 01/01/2014)
0205	Work Days Scheduled Code	All	AR	TR (Must be valid code if exists) TR (Must be valid code if exists and work week type code (DN0204) is F) TR (Must not exist if work week type code (DN0204) is V) TR (Must be NSSSSSN if exists and work week type code (DN0204) is S)
0206	Employee Security ID (WID)	AQ, UR	MC	TR (Must exist if MTC is UR) TR (Must exist on MTC AQ if Jurisdiction Claim Number (DN0005), Employee SSN (DN0042), and Employee ID Assigned by Jurisdiction (DN0154) are blank) TR (Must be valid if exists)
		00, AU, UI	AR	TR (Must be valid if exists for MTC 00, AU)
0207	Managed Care Organization Code	All	AR	TR (Must be 00, 01 if exists)
0208	Managed Care Organization ID Number	All	AR	TR (Must be 1, 2, 3 if exists)
0209	Managed Care Organization Name	All	NA	
0229	Injury Severity Type Code	All	NA	

DN	Data elements	MTC	Req.	Minnesota validation requirements
**Minnesota FROI master edit requirements** – For MTC 02, see the Element Requirement Table. –
0230	Employer ID Assigned by Jurisdiction	All	NA	
0231	Manual Classification Sub-Code	All	NA	
0237	Witness Business Phone Number	All	AR	TR (Must be valid numeric if exists)
0238	Witness Name	00, AQ, AU, UI	AA	
		UR	NA	
0249	Accident Premises Code	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I or S) TR (Must be E, L, X if exists)
		AQ, UI, UR	AR	TR (Must be E, L, X if exists)
0255	Employee Last Name Suffix	00, AQ, AU, UI	AA	
		UR	NA	
0270	Employee ID Type Qualifier	00, AU, UI	M	TR (Must be (S, A) if MTC code is 00, AU) TR (Must be (S) if MTC code is 02 and match data rules apply) XML Values: SocialSecurityNumberId, JurisdictionEmployeeId
		AQ, UR	MC	TR (Must be (S) if Employee SSN (DN0042) exists)

	Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
				TR (Must be (A) if Employee ID Assigned by Jurisdiction (DN0154) exists) TR (Must be blank if Employee SSN (DN0042) and Employee ID Assigned by Jurisdiction (DN0154) do not exist)
0273	Employer Paid Salary in Lieu of Comp Ind	All	AR	TR (Must be True, False (Y, N) if exists)
0274	Number of Accident/Injury Desc Narratives	All	F	TR (Must be valid numeric 00-10)
0276	Number of Denial Reason Narratives	All	F	TR (Must be 00 for all MTCs)
0277	Number of Full Denial Reason Codes	All	F	TR (Must be 00 for all MTCs)
0278	Number of Managed Care Organizations	All	F	TR (Must be valid numeric 00-01), see special conditions below
0279	Number of Witnesses	All	F	TR (Must be valid numeric 00-05)
0280	Accident Site Country Code	00, AQ, AU, UI	AA	
		UR	NA	
0281	Initial Date Employer Had Knowledge of Date of Disability	00, AU	MC	TR (Must be valid date if exists) TR (Must exist if initial date disability began (DN0056) exists) TR (Must be ≤ MTC date (DN0003) if exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		AQ, UI, UR	AR	TR (Must be valid date if exists)
0290	Type of Loss Code	00, AU, UI	M	TR (Must be 01, 02, 03 MTC 00, AU) TR (Must be 02 for MTC UI)
		AQ, UR	AR	TR (Must be 01, 02, 03 if exists)
0292	Insolvent Insurer FEIN	All	AR	TR (Must be valid numeric if exists) TR (Must exist if Insurer Type (DN0185) is G)
0295	Maintenance Type Correction Code	All	X	
0296	Maintenance Type Correction Code Date	All	X	
0297	First Day of Disability After the Waiting Period	00, AQ, AU, UR	MC	TR (Must be valid date if exists) TR (Must exist if claim type code (DN0074) is I, L) TR (Must be > Initial Date Disability Began (DN0056) plus 2 calendar days, if exists) TR (Must exist if Initial Date Disability Began (DN0056) exists and Initial RTW Date (DN0068) does not exist) TR (Must exist if Current Date Disability Began (DN0144) exists and Latest RTW Status Date (DN0072) does not exist) *See Waiting Period section on page 44
		UI	AR	TR (Must be valid date if exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must be ≥ Date of Injury (DN0031) if exists)
0314	Insured FEIN	00, AU	MC	TR (Must exist if Insured Type Code (DN0184) = I or S) TR (Must be valid numeric if exists)
		AQ, UI, UR	AR	TR (Must be valid numeric if exists)
0329	Employer UI Number	All	AR	TR (Must be valid numeric if exists)
0400	Cancel Reason Code	All	X	
0401	Jurisdiction Claim Number - Related	All	X	
0402	Cancel Reason Narrative	All	X	
0403	Initial RTW Type Code	00, AU	MC	TR (Must be A if exists) TR (Must exist if Initial Return to Work Date (DN0068) exists)
		AQ, UI, UR	AR	TR (Must be A, R if exists)
0404	Initial RTW Physical Restrictions Indicator	00, AU	MC	TR (Must exist if Initial Return to Work Date (DN0068) exists) TR (Must be Y, N if exists)
		AQ, UI, UR	AR	TR (Must be Y, N if exists)
0405		00, AU	MC	TR (Must exist if Initial Return to Work Date (DN0068) exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –		
	Initial RTW With Same Employer Indicator			TR (Must be Y, N if exists)
		AQ, UI, UR	AR	TR (Must be Y, N if exists)
0406	Latest RTW Type Code	00, AU	MC	TR (Must be A if exists) TR (Must exist if Latest Return to Work Status Date (DN0072) exists)
		AQ, UI, UR	AR	TR (Must be A, R if exists)
0407	Latest RTW Physical Restrictions Indicator	00, AU	MC	TR (Must exist if Latest Return to Work Status Date (DN0072) exists) TR (Must be Y, N if exists)
		AQ, UI, UR	AR	TR (Must be Y, N if exists)
0408	Latest RTW With Same Employer Indicator	00, AU	MC	TR (Must be Y, N if exists) TR (Must exist if Latest Return to Work Status Date (DN0072) exists)
		AQ, UI, UR	AR	TR (Must be Y, N if exists)
0411	Number of Change Data Elements	All	F	TR (Must be valid numeric 00) TR (Must be valid numeric 01-99 for MTC 02)

				Minnesota FROI master edit requirements – For MTC 02, see the Element Requirement Table. –
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0412	Change Data Element/Segment Number	00, AQ, AU, UI, UR	X	
		02	M	TR (Must exist) *See ERT for reportable change requirements
0413	Change Reason Code	00, AQ, AU, UI, UR	X	
		02	M	TR (Must exist) TR (Must be A, U, R, D) *See ERT for reportable change requirements
0416	Current Date Employer Had Knowledge of Current Date of Disability	00, AQ, AU, UR	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003) if exists) TR (Must be ≥ Date of Injury (DN0031) if exists) TR (Must exist if Date Current Disability Began (DN0144) exists) TR (Must be ≥ Date Current Disability Began (DN0144) if exists)
		UI	AR	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003) if exists) TR (Must be ≥ Date of Injury (DN0031) if exists)

	Minnesota FROI master edit requirements			
	– For MTC 02, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	00, AQ, AU, UR	MC	TR (Must be valid date if exists) TR (Must be < MTC Date (DN0003) if exists) TR (Must be > Date of Injury (DN0031) if exists) TR (Must exist if Current Date Disability Began (DN0144) exists) TR (Must be ≥ Date Current Disability Began (DN0144) if exists))
		UI	AR	TR (Must be valid date if exists) TR (Must be < MTC Date (DN0003) if exists) TR (Must be > Date of Injury (DN0031) if exists)
0420	Number of Part of Body Injured	All	F	TR (Must be valid numeric 00-10)
0421	Part of Body Injured Location Code	All	AR	TR (Must be valid if exists) TR (Must be B, L, R)
0422	Part of Body Injured Fingers/Toes Location Code	All	AR	TR (Must be valid if exists) TR (Must be 1, 2, 3, 4)
0434	Number of Cancel Elements	All	F	TR (Must be 00)
0438	Collective Bargaining Agreement Code	All	AR	TR (Must be valid if exists)

	Minnesota FROI master edit requirements — For MTC 02, see the Element Requirement Table. —			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0441	Date Claim Administrator Knew Claim Met Reporting Requirements	All	NA	

	Minnesota SROI master edit requirements — For MTCs 02 and NT, see the Element Requirement Table. —			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0001	Transaction Set ID	All	F	TR (Must be HD1, A49, R22 or TR2) TR (Duplicate batch) TR (Duplicate batch)
0002	Maintenance Type Code	All	F	TR (Must be 02, 04, AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, NT, PD, PX, PY, RB, SU, SX, UR, SA) TR (Invalid sequencing)
0003	Maintenance Type Code Date	All	F	TR (Must be a valid date) TR (Must be ≥ Maintenance Type Code Date (DN0003) for most recent previously accepted MTC) TR (Must be ≤ today's date) TR (Must be ≥ Date of Injury (DN0031))

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota SROI master edit requirements – For MTCs 02 and NT, see the Element Requirement Table. –			
0004	Jurisdiction Code	All	F	TR (Must be MN)
0005	Jurisdiction Claim Number	All	M	TR (Must exist) TR (Invalid match data)
0006	Insurer FEIN	All	M	TR (Must be valid numeric) TR (Must be valid IR FEIN) TR (Must match previously submitted and will be validated against submitters Trading Partner Profile)
0014	Claim Admin Mailing Postal Code	All	M	TR (Must be valid ZIP code) TR (Must be valid CA ZIP code)
0015	Claim Admin Claim Number	All	F	TR (Must exist)
0016	Employer FEIN	All	NA	
0023	Employer Physical Postal Code	All	NA	
0026	Insured Report Number	All	NA	
0031	Date of Injury	All	M	TR (Must be valid date)

DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must be ≤ MTC Date (DN0003))
				TR (Invalid match data for all but 02. See Jurisdiction Match Data table for 02)
0042	Employee SSN	All	NA	
0043	Employee Last Name	All	M	TR (Must exist)
0044	Employee First Name	All	M	TR (Must exist)
0045	Employee Middle Name/Initial	All	AA	
0052	Employee Date of Birth	All	M	TR (Must be valid date)
				TR (Must be < Date of Injury (DN0031))
0054	Employee Marital Status Code	04, AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	M	TR (Must be U, M, S, K)
		AC, AP, SU, UR	AR	TR (Must be U, M, S, K if exists)
0055	Employee Number of Dependents	All	MC	TR (Must be numeric if exists)

Minnesota SROI master edit requirements

– For MTCs 02 and NT, see the Element Requirement Table. –

DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must exist if Benefit Type Code (DN0085) is 010)
0056	Initial Date Disability Began	04, AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	MC	TR (Must be valid date if exists)
				TR (Must be ≤ MTC Date (DN0003))
				TR (Must be ≥ Date of Injury (DN0031))
				TR (Must be ≤ Employee Death of Date (DN0057) if exists)
				TR (Must be ≥ Initial Date Last Day Worked (DN0065) if exists)
				TR (Must exist if Employer Knowledge of Disability (DN0281) exists)
				TR (Must exist if Claim Type Code (DN0074) is I, L, W)
				TR (Must not exist if Claim Type Code (DN0074) is M, N, B)
				TR (Must exist if Current Date Disability Began (DN0144) exists)
		AC, AP, SU, UR	AR	TR (Must be valid date if exists)
				TR (Must be ≤ MTC Date (DN0003) if exists)
				TR (Must be ≥ Date of Injury (DN0031) if exists)
				TR (Must be ≤ Employee Death of Date (DN0057) if exists)

Minnesota SROI master edit requirements

– For MTCs 02 and NT, see the Element Requirement Table. –

Minnesota SROI master edit requirements				
— For MTCs 02 and NT, see the Element Requirement Table. —				
DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must be ≥ Initial Date Last Day Worked (DN0065) if exists)
0057	Employee Date of Death	All	MC	TR (Must be valid date if exists)
				TR (Must be ≤ MTC date (DN0003) if exists)
				TR (Must be ≥ Date of Injury (DN0031) if exists)
				TR (Must exist if Death Result of Injury Code (DN0146) exists)
				TR (Must exist if Benefit Type Code (DN0085) is 010)
				TR (Must exist if MTC is CD)
0058	Employment Status Code	04, AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	M	TR (Must be C, 9, 8, A, B, 1, 2)
		AC, AP, SU, UR	AR	TR (Must be C, 9, 8, A, B, 1, 2 if exists)
0063	Wage Period Code	All	NA	
0064	Number of Days Worked Per Week	All	MC	TR (Must be 5 if Work Week Type Code (DN0204) is S)
				TR (Must be 1-7 if Work Week Type Code (DN0204) is F)

DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must be 1-7 if exists and Work Week Type Code (DN0204) is V)
0065	Initial Date Last Day Worked	All	MC	TR (Must be valid date if exists)
				TR (Must be ≤ MTC date)
				TR (Must exist if Initial Date Disability Began (DN0056) exists)
				TR (Must be ≤ Initial Date Disability Began (DN0056) if exists)
				TR (Must be ≥ Date of Injury (DN0031))
0066	Full Wages Paid for DOI Indicator	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be (Y, N) if exists)
				TR (Must be (Y, N) if Initial Date Disability Began (DN0056) exists and = the Date of Injury (DN0031))
				TR (Must be blank if Initial Date Disability Began (DN0056) exists and > the Date of Injury (DN0031))
				XML Values: True, False
		CD	X	

Minnesota SROI master edit requirements

– For MTCs 02 and NT, see the Element Requirement Table. –

Minnesota SROI master edit requirements				
– For MTCs 02 and NT, see the Element Requirement Table. –				
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0068	Initial Return to Work Date	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid date if exists) TR (Cannot exist if Initial Date Disability Began (DN0056) does not exist) TR (Must be ≤ MTC Date (DN0003)) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≥ Initial Date Disability Began (DN0056)) TR (Must be ≤ Employee Date of Death (DN0057) if exists) TR (Must exist if Current Date Disability Began (DN0144) exists) TR (Must exist if Initial Return to Work with Same Employer Indicator (DN0405) exists)
		CD	X	
0069	Pre-existing Disability Code	04, AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	M	TR (Must be Y, N, U)
		AC, AP, SU, UR	AR	TR (Must be Y, N, U if exists)
0070	Date of Maximum Medical Improvement	AB, AC, AP, CA, CB, CD, EP, ER, FN,	AR	TR (Must be valid date if exists) TR (Must be ≥ Date of Injury (DN0031) if exists)

Minnesota SROI master edit requirements				
— For MTCs 02 and NT, see the Element Requirement Table. —				
DN	Data elements	MTC	Req.	Minnesota validation requirements
		IP, PD, PX, PY, RB, SU, SX, UR, SA		
		04	X	
0072	Latest Return to Work Status Date	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003)) TR Must be ≥ Date of Injury (DN0031)) TR (Must be ≥ Current Date Disability Began (DN0144) if exists) TR (Must be ≥ Current Date Last Day Worked (DN0145) if exists)
		CD	X	
0073	Claims Status Code	04, AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	M	TR (Must be (O, C, R, X)) XML Values: Open, Closed, Reopened, ReopenedReClosed
		AC, AP, SU, UR	AR	TR (Must be (O, C, R, X) if exists) XML Values: Open, Closed, Reopened, ReopenedReClosed
0074	Claim Type Code	04, AB, CA, CB, CD, EP, ER, FN, IP,	M	TR (Must be M, I, N, B, L, W, P)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		PD, PX, PY, RB, SX, SA		TR (Must be I, L, W, P if Initial Date Disability Began (DN0056) exists) TR (Must be P if Maintenance Type Code (DN0002) = IP and only Payment Reason Code (DN0222) = 030 Permanent Partial Scheduled)
		AC, AP, SU, UR	AR	TR (Must be M, I, N, B, L, W, P if exists) TR (Must be I, L, W, P if exists and if Initial Date Disability Began (DN0056) exists) TR (Must be P if exists and if Maintenance Type Code (DN0002) = IP and Payment Reason Code (DN0222) = 030 Permanent Partial Scheduled)
0075	Agreement to Compensate Code	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	NA	
		04	X	
0076	Date Claim Administrator Notified of EE Representation	All	AR	TR (Must be valid date if exists)
0077	Late Reason Code	All	AR	TR (Must be L1, L2, L3, L4, L5, L6, L7, L8, L9, LA, LB, LC, C1, D1, D2, D3, D4, D5, D6, E1, E2, E3, E4, E5, E6 if exists)

Minnesota SROI master edit requirements

– For MTCs 02 and NT, see the Element Requirement Table. –

	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
DN	Data elements	MTC	Req.	Minnesota validation requirements
0078	Number of Permanent Impairments	All	F	TR (Must be valid numeric 00-06)
0083	Permanent Impairment Body Part Code	AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid if exists) TR (Must exist if Permanent Impairment Percentage (DN0084) exists)
		04, CD	X	
0084	Permanent Impairment Percentage	AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid numeric 00000-10000 if exists) TR (Must exist if Permanent Impairment Body Part Code (DN0083) exists)
		04, CD	X	
0085	Benefit Type Code	AB, AP, CA, CB, EP, ER, IP, PX, PY, RB, SU, SX, SA	MC	TR (must be valid numeric) TR (See Event Benefit Segment Requirements Table) TR (See Valid Values Table) TR (Must be 250 if Employer Paid Salary in Lieu of Compensation Indicator (DN0273) is (Y)) XML Values: True

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota SROI master edit requirements – For MTCs 02 and NT, see the Element Requirement Table. –			
		04, AC, CD, FN, PD, UR,	AR	TR (Must be valid numeric if exists) TR (See Event Benefit Segment Requirements Table if exists) TR (See Valid Values Table if exists)
0086	Benefit Type Amount Paid	AB, AP, CA, CB, EP, ER, IP, PX, PY, RB, SU, SX, SA	MC	TR (must be valid numeric) TR (See Event Benefit Segment Requirements Table)
		04, AC, CD, FN, PD, UR,	AR	TR (Must be valid numeric if exists) TR (See Event Benefit Segment Requirements Table if exists)
0087	Net Weekly Amount	AB, AP, CA, CB, EP, ER, IP, PX, PY, RB, SU, SX, SA	MC	TR (must be valid numeric) TR (See Event Benefit Segment Requirements Table) TR (Must equal Gross Weekly Amount (DN0174) unless Benefit Credit Code (DN0126), Benefit Adjustment Code (DN0092), or Benefit Redistribution Code (DN0130) exist)
		04, AC, CD, FN, PD, UR,	AR	TR (Must be valid numeric if exists) TR (See Event Benefit Segment Requirements Table if exists)

Minnesota SROI master edit requirements				
— For MTCs 02 and NT, see the Element Requirement Table. —				
DN	Data elements	MTC	Req.	Minnesota validation requirements
0088	Benefit Period Start Date	AB, AP, CA, CB, EP, ER, IP, PX, PY, RB, SU, SX, SA	MC	TR (Must be valid date) TR (See Event Benefit Segment Requirements Table) TR (Must be ≥ Initial Date Disability Began (DN0056) when Benefit Type Code (DN0085) ≠ 030 or 5xx)
		04, AC, CD, FN, PD, UR,	AR	TR (Must be valid date if exists) TR (See Event Benefit Segment Requirements Table if exists)
0089	Benefit Period Through Date	AB, AP, CA, CB, EP, ER, IP, PX, PY, RB, SU, SX, SA	MC	TR (Must be valid date) TR (See Event Benefit Segment Requirements Table) TR (Must be ≥ Benefit Period Start Date (DN0088))
		04, AC, CD, FN, PD, UR,	AR	TR (Must be valid date if exists) TR (See Event Benefit Segment Requirements Table if exists)
0090	Benefit Type Claim Weeks	AB, AP, CA, CB, EP, ER, IP, PX, PY, RB, SU, SX, SA	MC	TR (Must be valid numeric if exists) TR (Must exist unless the Benefit Type Code (DN0085) is 5XX) TR (See Event Benefit Segment Requirements Table)

| | | Minnesota SROI master edit requirements | | |
| | | – For MTCs 02 and NT, see the Element Requirement Table. – | | |

DN	Data elements	MTC	Req.	Minnesota validation requirements
		04, AC, CD, FN, PD, UR,	AR	TR (Must be valid numeric if exists) TR (See Event Benefit Segment Requirements Table if exists)
0091	Benefit Type Claim Days	AB, AP, CA, CB, EP, ER, IP, PX, PY, RB, SU, SX, SA	MC	TR (Must be valid numeric if exists) TR (Must exist unless the Benefit Type Code (DN0085) is 5XX) TR (See Event Benefit Segment Requirements Table)
		04, AC, CD, FN, PD, UR,	AR	TR (Must be valid numeric if exists) TR (See Event Benefit Segment Requirements Table if exists)
0092	Benefit Adjustment Code	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (First character must be E, L, R, S, X, Y, 1, 4 if exists) TR (Cannot exist without a corresponding benefit segment)
		04	X	
0093	Benefit Adjustment Weekly Amount	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be > 0 if exists) TR (Must exist if Benefit Adjustment Code (DN0092) is E, L, R, S)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		04	X	
0094	Benefit Adjustment Start Date	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid date if Benefit Adjustment Code (DN0092) exists) TR (Must be ≥ Benefit Period Start Date (DN0088)) TR (Must equal Net Weekly Amount Effective Date (DN0211) at time of submission if exists)
		04	X	
0097	Dependent/Payee Relationship Code	04, AB, AC AP, CA, CB, EP, ER, FN, IP, PD, PY, RB, SU, UR, SA	MC	TR (Must be valid code when number of Death Dependent/Payee Relationships (DN0082) > 0) TR (each Dependent/Payee Relationship code can be used only once) See Valid Values Table.
		CD, PX, SX	X	
0098	Sender ID	All	F	HD1 (Must match database)
0099	Receiver ID	All	F	HD1 (Must match database)
0100	Date Transmission Sent	All	F	HD1 (Must be valid date – reject batch) HD1 (Must be < today – reject batch)

Minnesota SROI master edit requirements

– For MTCs 02 and NT, see the Element Requirement Table. –

	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
DN	Data elements	MTC	Req.	Minnesota validation requirements
0101	Time Transmission Sent	All	F	HD1 (Must be valid time – reject batch)
0104	Test/Production Code	All	F	HD1 (Must match database)
0105	Interchange Version ID	All	F	HD1 (Must be A4930)
0106	Detail Record Count	All	F	TR2 (Must exist – valid numeric – reject batch) TR2 (Count must match batch – reject batch) TR2 (Must be twice transaction count (DN0191) – reject batch)
0124	Actual Reduced Earnings	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	NA	
		04, CD, EP, ER, FN, PD, PY	X	
0125	Benefit Adjustment End Date	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must exist if Benefit Adjustment is ending) TR (Must be ≥ Benefit Adjustment Start Date (DN0094) if exists)
		04	X	

	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0126	Benefit Credit Code	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	AR	TR (First character must be C, P if exists) TR (Must not exist if Number of Benefits (DN0288) is 0) TR (Must have corresponding benefit segment)
		04	X	
0127	Benefit Credit Start Date	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid date if Benefit Credit Code (DN0126) exists) TR (Must be ≥ Benefit Period Start Date (DN0088)) TR (Must equal Net Weekly Amount Effective Date (DN0211) at time of submission if exists)
		04	X	
0128	Benefit Credit End Date	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must exist if Benefit Credit is ending) TR (Must be ≥ Benefit Credit Start Date (DN0127) if exists)
		04	X	
0129	Benefit Credit Weekly Amount	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX,	MC	TR (Must be > 0 if Benefit Credit Code (DN0126) exists) TR (Must exist if Benefit Credit Code (DN0092) is C)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		PY, RB, SU, SX, UR, SA		
		04	X	
0130	Benefit Redistribution Code	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (First character must be H, K if exists) TR (Cannot exist without a corresponding benefit segment)
		04	X	
0131	Benefit Redistribution Start Date	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid date if Benefit Redistribution Code (DN0130) exists) TR (Must be ≥ Benefit Period Start Date (DN0088)) TR (Must equal Net Weekly Amount Effective Date (DN0211) at time of submission if exists)
		04	X	
0132	Benefit Redistribution End Date	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must exist if Benefit Redistribution is ending) TR (Must be ≥ Benefit Redistribution Start Date (DN0131) if exists)
		04	X	

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota SROI master edit requirements **– For MTCs 02 and NT, see the Element Requirement Table. –**			
0133	Benefit Redistribution Weekly Amount	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be > 0 if Benefit Redistribution Code (DN0130) exists)
		04	X	
0134	Calculated Weekly Compensation Amount	04, AB, AC, AP, CA, CB, EP ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	M	TR (Must be > 0)
		CD	X	
0137	Claim Admin Claim Rep Business Phone Number	All	M	TR (Must exist) TR (Must be valid numeric)
0138	Claim Admin Claim Rep Email Address	All	M	TR (Must exist)
0140	Claim Admin Claim Rep Name	All	M	TR (Must exist)
0141	Concurrent Employer Name	All	MC	TR (Must exist if Number of Concurrent Employers (DN275) > 0)

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
0142	Concurrent Employer Contact Business Phone	All	MC	TR (Must exist if Number of Concurrent Employers (DN275) > 0)
0143	Concurrent Employer Wage	All	MC	TR (Must exist if Number of Concurrent Employers (DN275) > 0)
0144	Current Date Disability Began (Expected for cases with any claimed lost time from work after the Initial Return to Work Date)	04, AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003)) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≤ Employee Date of Death (DN0057) if exists) TR (Must be ≥ Current Date Last Day Worked (DN0145)) TR (Must be ≥ Initial Return to Work Date (DN0068) if exists) TR (Must exist if Current Date Employer Had Knowledge of Current Date of Disability (DN0416) exists)
		SA	X	TR (Must match last reported if exists)
0145	Current Date Last Day Worked	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be valid date if exists) TR (Must be ≤ MTC date (DN0003)) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≤ the Current Date Disability Began (DN0144))

DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must be ≥ Initial RTW Date (DN0068) if exists)
		04	X	
0146	Death Result of Injury Code	All	MC	TR (Must be (Y, N, U) if exists) TR (Must exist if Date of Death (DN0057) exists) TR (Must exist when benefit type code (DN0085) is 010) XML Values: Yes, No, Unknown
0147	Deemed Reduced Earnings	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	NA	
		04, CD, EP, ER, FN, PD, PY	X	
0149	Discontinued Fringe Benefits (Used when benefit type code is 050, 070, 250, and fringe benefits have been discontinued.)	AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	AR	TR (Must be numeric if exists)
		04, CD	X	
0151	EE Education Level	All	AA	

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
0152	Employee Employment Visa	All	NA	TR (Not accepted as employee ID)
0153	Employee Green Card	All	NA	TR (Not accepted as employee ID)
0154	Employee ID Assigned by Jurisdiction (PIN)	All	NA	
0156	Employee Passport Number	All	NA	TR (Not accepted as employee ID)
0158	EE Tax Filing Status	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PY, RB, SU, UR, SA	NA	
		04, PX, PD, SX	X	
0172	Estimated Gross Weekly Amount Indicator	AB, CA, CB, FN, IP, PD, PX, PY, RB, SX, SA,	M	TR (Must be (Y, N)) XML Values: True, False
		AC, AP, SU, UR	AR	NA TR (Must be (Y, N) if exists) XML Values: True, False
		04, CD, EP, ER	X	

	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
DN	Data elements	MTC	Req.	Minnesota validation requirements
0174	Gross Weekly Amount	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	MC	TR (must be valid numeric) TR (See Event Benefit Segment Requirements Table)
		04, CD, EP, ER, FN, PD, PY	AR	TR (must be valid numeric if exists) TR (See Event Benefit Segment Requirements Table)
0175	Gross Weekly Amount Effective Date	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	MC	TR (must be valid date) TR (must be ≥ Date of Injury (DN0031)) TR (See Event Benefit Segment Requirements Table)
		04, CD, EP, ER, FN, PD, PY	AR	TR (must be valid date if exists) TR (must be ≥ Date of Injury (DN0031) if exists) TR (See Event Benefit Segment Requirements Table)
0186	Jurisdiction Branch Office Code	All	NA	
0187	Claim Administrator FEIN	All	F	TR (Must be valid numeric) TR (Must be valid CA FEIN)
0188	Claim Administrator Name	All	M	TR (Must exist)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		Minnesota SROI master edit requirements		
		– For MTCs 02 and NT, see the Element Requirement Table. –		
0191	Transaction Count	All	F	TR2 (Must exist – valid numeric – reject batch)
				TR2 (Count must match batch – reject batch)
0192	Benefit Payment Issue Date	IP, AP, PY, RB, SX	M	TR (Must be valid date)
				TR (See Event Benefit Segment Requirements Table)
				TR (Must be ≥ Date of Injury (DN0031))
				TR (Must be ≤ MTC Date (DN0003))
				TR (Must be ≥ Initial Date Disability Began (DN0056) for benefit type 010, 020, 050, 070)
		04, AB, AC, CA, CB, CD, EP, ER, FN, PD, PX, SU, UR, SA	NA	
0193	Suspension Effective Date	PX, SX	M	TR (Must be valid date)
				TR (Must be ≥ Date of Injury (DN0031))
				TR (Must be ≤ MTC Date (DN0003))
				TR (Must be ≥ Initial Date Disability Began (DN0056) for benefit type 010, 020, 050, 070)
		04, AB, AP, CA, CB, CD, EP, ER, FN, IP, PD, PY,	X	

DN	Data elements	MTC	Req.	Minnesota validation requirements
		Minnesota SROI master edit requirements — For MTCs 02 and NT, see the Element Requirement Table. –			
		RB, SU, UR, SA		
		AC	AA	
0195	Payment Issue Date	AP, IP, PY, RB	MC	TR (Must be a valid date) TR (Must be ≥ Initial Date Disability Began (DN0056) for benefit type 010, 020, 050, 070) TR (Must be ≤ MTC Date) TR (Must exist if Number of Payments (DN0283) is > 0) TR (must match Benefit Payment Issue Date (DN0192) date for the same benefit type if exists)
		04, AB, AC, CA, CB, CD, EP, ER, FN PD, PX, SX, UR, SA	X	
		SU	NA	
0196	Denial Rescission Date	AC, AP, CD, EP, ER, FN, IP, PD, PY, RB, SU, UR, SA	AR	TR (Must be valid date if exists) TR (Must be ≥ MTC Date (DN0003) of most recently submitted 04 or PD transaction)

Minnesota SROI master edit requirements				
– For MTCs 02 and NT, see the Element Requirement Table. –				
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
		04, AB, CA, CB, PX, SX	X	
0197	Denial Reason Narrative	04, PD	M	TR (Must exist)
		AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PX, PY, RB, SU, SX, UR, SA	X	
0198	Full Denial Reason Code	04	M	TR (Must be 1A, 1C, 1E, 1F, 1G, 1H, 1I, 2A, 2B, 2C, 2D, 2E, 2F, 3A, 3B, 3C, 3D, 3E, 3F, 3G, 4A, 5A, 5C)
		AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	X	
0199	Full Denial Effective Date	04	M	TR (Must be valid date) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≤ MTC Date (DN0003))
		AB, AP, CA, CB, CD, EP, ER, FN, IP, NT, PD, PX,	X	

DN	Data elements	MTC	Req.	Minnesota validation requirements
		PY, RB, SU, SX, UR, SA		
		AC	AA	
0200	Claim Admin Alternate Postal Code	All	NA	
0201	Anticipated Wage Loss Indicator	PD, SX	MC	TR (Must be (Y, N) if exists) TR (Must be blank if number of Full Denial Reason Code (DN0198) > 0) TR (Must exist if Initial RTW Physical Restrictions Indicator (DN0404) or Latest RTW Physical Restrictions Indicator (DN0407) is Y) XML Values: True, False
		04, AB, AP, CA, CB CD, EP, ER FN, IP, PX PY, RB, SU, UR, SA	X	
		AC	NA	
0202	Reduced Benefit Amount Code	All	AR	TR (Must be R, S, N, D if exists)
0203	Employer Paid Salary Prior to Acquisition Code	AC, AP, EP, SU, SX, UR	AR	TR (Must be E if exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		04, AB CA, CB, CD, ER, FN, IP, PD, PX, PY, RB, UR, SA	X	
0204	Work Week Type Code	AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	MC	TR (Must be S, F, V if date of injury (DN0031) ≥ 01/01/2014)
		04, AC, AP, SU, UR	AR	TR (Must be S, F, V if exists)
0205	Work Days Scheduled Code	AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	MC	TR (Must be valid code if work week type code (DN0204) is F) TR (Must not exist if work week type code (DN0204) is V) TR (Must be NSSSSSN if work week type code (DN0204) is S)
		04, AC, AP, SU, UR	AR	TR (Must be valid code if exists)
0206	Employee Security ID (WID)	All	M	TR (Must exist) TR (Invalid match data)
0211		AB, AP, CA, CB, EP, ER,	M	TR (Must be valid date)

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota SROI master edit requirements **– For MTCs 02 and NT, see the Element Requirement Table. –**			
	Net Weekly Amount Effective Date	IP, PX, RB, SX		TR (Must be ≥ date of injury)
		PY	AR	TR (Must be valid date if exists)
		04, PD, SA	NA	
0212	Non-Consecutive Period Code	AB, AC, CA, CB, EP, ER, IP, PX, PD, PY, RB, SX, SU, UR	NA	
		04, AP, CD, FN, SA	X	
0213	Employee Number of Entitled Exemptions	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PY, RB, SU, UR, SA	NA	
		04, PX, PD, SX	X	
0215	Other Benefit Type Amount	All	MC	TR (Must be > 0 if Number of Other Benefits (DN0282) > 0)
0216	Other Benefit Type Code	All	MC	TR (Must be 300, 310, 311, 321, 340, 380, 390, 400, 430 if Number of Other Benefits (DN0082) is > 0)

		Minnesota SROI master edit requirements		
		– For MTCs 02 and NT, see the Element Requirement Table. –		
DN	Data elements	MTC	Req.	Minnesota validation requirements
0217	Payee	AP, IP, PY, RB	MC	TR (Must exist if Number of Payments (DN0283) is > 0)
		04, AB, AC, CA, CB, CD, EP, ER, FN, PD, PX, SX, UR, SA	X	
		SU	NA	
0218	Payment Amount	AP, IP, PY, RB	MC	TR (Must be > 0) TR (Must exist if Payment Reason Code (DN0222) exists)
		04, AB, AC, CA, CB, CD, EP, ER, FN, PD, PX, SX, UR, SA	X	
		SU	NA	
0219	Payment Covers Period Start Date	AP, IP, PY, RB	MC	TR (Must exist if Number of Payments (DN0283) is > 0) TR (Must be valid date) TR (Must be ≥ Date of Injury (DN0031)) TR (Must equal Benefit Period Start Date (DN0088) for MTCs AP, IP, RB)

	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
DN	Data elements	MTC	Req.	Minnesota validation requirements
		04, AB, AC, CA, CB, CD, EP, ER, FN, PD, PX, SX, UR, SA	X	
		SU	NA	
0220	Payment Covers Period Through Date	AP, IP, PY, RB	MC	TR (Must exist if Number of Payments (DN0283) is > 0) TR (Must be valid date) TR (Must be ≥ Payment Covers Period Start Date (DN0219)) TR (Must equal Benefit Period Through Date (DN0089) for MTCs AP, IP, RB)
		04, AB, AC, CA, CB, CD, EP, ER, FN, PD, PX, SX, UR, SA	X	
		SU	NA	
0222	Payment Reason Code	AP, IP, PY, RB	MC	TR (Must exist if Number of Payments (DN0283) is > 0) TR (Must be 010, 020, 021, 030, 050, 070, 410, 500, 501, 510, 520, 524, 530, 541, 550, 570, 300, 310, 311, 321 if exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		04, AB, AC, CA, CB, CD, EP, ER, FN, PD, PX, SX, UR, SA	X	
		SU	NA	
0223	Permanent Impairment Minimum Payment Indicator	AB, CB, EP, ER, IP, PY, RB	MC	TR (Must be Y, N if exists) TR (Must exist if Payment Reason Code (DN0222) is 030)
		AP	AR	TR (Must be Y, N if exists)
		04, AC, CA, CD, FN, PD, PX, SU, SX, UR, SA	NA	
0225	Recovery Amount	04, AB, CA, CB, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be > 0 if number of recoveries (DN0284) > 0) TR (Must exist if Recovery Code (DN0226) exists)
		AC, AP, CD, EP, ER, FN, IP	NA	
0226	Recovery Code	04, AB, CA, CB, PD, PX,	MC	TR (Must be 800, 830, 880 if exists) TR (Must exist if Recovery Amount (DN0225) exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		PY, RB, SU, SX, UR, SA		
		AC, AP, CD, EP, ER, FN, IP	NA	
0229	Injury Severity Code	All	NA	
0233	Suspension Narrative	PX, SX	M	TR (Must exist)
		04, AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PY, RB, SU, UR, SA	X	
0242	Reduced Earnings Week Number	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	NA	
		04, CD, EP, ER, FN, PD, PY	X	
0255	Employee Last Name Suffix (Legally recognized last name suffix, which is used on legal documents)	All	AA	

Minnesota SROI master edit requirements **– For MTCs 02 and NT, see the Element Requirement Table. –**				
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0256	Wage Effective Date	04, AB, CA, CB, CD, EP, ER, FN, IP, PX, PD, PY, RB, SX, SA	M	TR (Must exist and = Date of Injury (DN0031)
		AC, AP, SU, UR	MC	TR (Must = Date of Injury (DN0031) if exists)
0270	Employee ID Type Qualifier	All	M	TR (Must not exist)
0273	Employer Paid Salary in Lieu of Compensation Indicator	AB, CA, CB, EP, ER, IP, PX, PD, PY, RB, SX, SA	M	TR (Must be (Y, N)) TR (Must be (Y) if Benefit Type Code (DN0085) 250 exists) TR (Must be (N) if Benefit Type Code (DN0085) 250 does not exist) XML Values: True, False
		04, AC, AP, SU, UR	AR	TR (Must be (Y, N) if exists) XML Values: True, False
		CD	X	
		FN	NA	
0275	Number of Concurrent Employers	All	F	TR (Must be valid numeric 00-02)

DN	Data elements	MTC	Req.	Minnesota validation requirements
0276	Number of Denial Reason Narratives	All	F	TR (Must be 01-10 for MTC 04, PD) TR (Must be 00 for all other MTCs)
0277	Number of Full Denial Reason Codes	All	F	TR (Must be 01-05 for MTC 04) TR (Must be 00 for all other MTCs)
0281	Initial Date Employer Had Knowledge of Date of Disability	04, AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	MC	TR (Must be valid date if exists) TR (Must exist if initial date disability began (DN0056) exists) TR (Must be ≤ MTC date (DN0003) if exists)
		AC, AP, SU, UR	AR	TR (Must be valid date if exists)
0282	Number of Other Benefits	All	F	TR (Must be valid numeric 00-25)
0283	Number of Payments	All	F	TR (Must be valid numeric 00-05)
0284	Number of Recoveries	All	F	TR (Must be valid numeric 00-10)
0285	Number of Reduced Earnings	All	F	TR (Must be valid numeric 00)
0286	Average Wage (This should be the Average Weekly Wage for the Employee)	All	M	TR (Must be valid numeric)

Table header: Minnesota SROI master edit requirements — For MTCs 02 and NT, see the Element Requirement Table. —

DN	Data elements	MTC	Req.	Minnesota validation requirements
	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
0287	Number of Suspension Narratives	All	F	TR (Must be 01-10 for MTC PX, SX) TR (Must be valid numeric 00)
0288	Number of Benefits	All	F	TR (Must be valid numeric 00-10) TR (Must be 01-10 if MTC AB, AC, AP, CA, CB, EP, ER, FN, IP, PX, RB, SU, SX, UR, SA)
0289	Number of Benefit ACR	All	F	TR (Must be valid numeric 00-90)
0290	Type of Loss Code	04, AB, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SX, SA	M	TR (Must be 01, 02, 03)
		AC, AP, SU, UR	AR	TR (Must be 01, 02, 03 if exists)
0292	Insolvent Insurer FEIN	All	MC	TR (Must be valid numeric if exists) TR (Must exist if Insurer Type (DN0185) is G)
0293	Lump Sum Payment/Settlement Code	PY	MC	TR (Must be AD, AS, AW, SF, SP, NS if exists) TR (Must exist if Benefit Type Code = 5XX)
		04, AB, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX,	X	

DN	Data elements	MTC	Req.	Minnesota validation requirements
		RB, SU, SX, SA, UR		
		AC	NA	
0294	Partial Denial Code	PD	M	TR (Must be A, E)
		04, AB, AP, CA, CB, CD, EP, ER, FN, IP, PX, PY, RB, SU, SX, UR, SA	X	
		AC	NA	
0295	Maintenance Type Correction Code	All	X	
0296	Maintenance Type Correction Code Date	All	X	
0297	First Day of Disability After the Waiting Period	All	MC	TR (Must be valid date if exists) TR (Must be ≥ Date of Injury (DN0031) if exists) TR (Must exist if claim type code (DN0074) is I, L) TR (Must be > Initial Date Disability Began (DN0056) plus 2 calendar days, if exists)

Minnesota SROI master edit requirements				
– For MTCs 02 and NT, see the Element Requirement Table. –				
DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must exist if Initial Date Disability Began (DN0056) exists and Initial RTW Date (DN0068) does not exist)
				TR (Must exist if Current Date Disability Began (DN0144) exists and Latest RTW Status Date (DN0072) does not exist)
				*See Waiting Period section on page 44
0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	All	MC	TR (Must be valid date)
				TR (Must be > initial date disability began (DN0056))
				TR (Must be ≤ MTC date)
				TR (Must be ≤ benefit payment issue date (DN0192))
0299	Award/Order Date	AB, CA, CB, EP, ER, FN, IP, PX, PD, PY, RB, SA, SX	MC	TR (Must be valid date) TR (Must be ≥ Date of Injury (DN0031) if exists) TR (Must exist if Lump Sum Payment/Settlement Code (DN0293) is AS, AW, SF, SP)
		AC, AP, SU, UR	AR	TR (Must be valid date if exists)
		04, CD	X	
0314	Insured FEIN	04	AR	TR (Must be valid numeric if exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		Minnesota SROI master edit requirements — For MTCs 02 and NT, see the Element Requirement Table. –			
		AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	M	TR (Must be valid numeric)
0401	Jurisdiction Claim Number - Related	PY	MC	TR (Must exist if Reduced Benefit Amount Code (DN0202) = S) TR (Must match another JCN (DN0005) associated with Employee Security ID (WID) (DN0206)) TR (Must not exist if Number of Payments (DN0283) is > 00) *See Multiple DOI Settlement section below
		04, AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, RB, SU, SX, UR, SA	X	
0403	Initial RTW Type Code	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be A, R if exists) TR (Must exist if Initial Return to Work Date (DN0068) exists)
		CD	X	

				Minnesota SROI master edit requirements
				– For MTCs 02 and NT, see the Element Requirement Table. –
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0404	Initial RTW Physical Restrictions Indicator	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be Y, N if exists) TR (Must exist if Initial Return to Work Date (DN0068) exists)
		CD	X	
0405	Initial RTW With Same Employer Indicator	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be Y, N if exists) TR (Must exist if Initial Return to Work Date (DN0068) exists)
		CD	X	
0406	Latest RTW Type Code	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be A, R if exists) TR (Must exist if Latest Return to Work Status Date (DN0072) exists)
		CD	X	
0407	Latest RTW Physical Restrictions Indicator	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX,	MC	TR (Must be Y, N if exists) TR (Must exist if Latest Return to Work Status Date (DN0072) exists)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		Minnesota SROI master edit requirements – For MTCs 02 and NT, see the Element Requirement Table. –			
		PY, RB, SU, SX, UR, SA		
		CD	X	
0408	Latest RTW With Same Employer Indicator	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	MC	TR (Must be Y, N if exists) TR (Must exist if Latest Return to Work Status Date (DN0072) exists)
		CD	X	
0409	Weekly Income Amount for Offset	AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PX, PY, RB, SU, SX, UR, SA	NA	
		04	X	
0411	Number of Change Data Elements	All	F	TR (Must be valid numeric 00) TR (Must be valid numeric 01-99 for MTC 02)
0412	Change Data Element/Segment Number	All	X	
		02	M	TR (Must exist) *See ERT for reportable change requirements

	Minnesota SROI master edit requirements			
	– For MTCs 02 and NT, see the Element Requirement Table. –			
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
0413	Change Reason Code	All	X	
		02	M	TR (Must exist) TR (Must be A, U, R, D) *See ERT for reportable change requirements
0414	Reduced Earnings Week Start Date	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	NA	
		04, CD, EP, ER, FN, PD, PY	X	
0415	Reduced Earnings Week End Date	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	NA	
		04, CD, EP, ER, FN, PD, PY	X	
0416	Current Date Employer Had Knowledge of Current Date of Disability	04, AB, CA, CB, EP, ER, FN, IP, PX, PD, PY, RB, SX, UR, SA	MC	TR (Must be valid date if exists) TR (Must be $\leq$ MTC Date (DN0003) if exists) TR (Must be $\geq$ Date of Injury (DN0031) if exists)

Minnesota SROI master edit requirements				
– For MTCs 02 and NT, see the Element Requirement Table. –				
DN	Data elements	MTC	Req.	Minnesota validation requirements
				TR (Must exist if Current Date Disability Began (DN0144) exists)
				TR (Must be ≥ Date Current Disability Began (DN0144) if exists)
		AC, AP, SU	AR	TR (Must be valid date if exists)
		CD	X	
0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	04, AB, CA, CB, EP, ER, FN, IP, PX, PD, PY, RB, SX, UR, SA	MC	TR (Must be valid date if exists)

TR (Must be ≤ MTC Date (DN0003) if exists)

TR (Must be ≥ Date of Injury (DN0031) if exists)

TR (Must exist if Current Date Disability Began (DN0144) exists)

TR (Must be ≥ Date Current Disability Began (DN0144) if exists) |
		AC, AP, SU	AR	TR (Must be valid date if exists)
		CD	X	
0418	Suspension Reason Code – Full	04, AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PX, PD, PY, RB, SU, UR, SA	X	

Minnesota SROI master edit requirements				
– For MTCs 02 and NT, see the Element Requirement Table. –				
DN	**Data elements**	**MTC**	**Req.**	**Minnesota validation requirements**
		SX	M	TR (Must be S1, S2, S3, S4, S5, S6, S7, S8, S9, SD, SJ)
0419	Suspension Reason Code – Partial	04, AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, PD, PY, RB, SU, SX, UR, SA	X	
		PX	M	TR (Must be P1, P2, P3, P4, P5, P7, P9, PJ)
0423	Acquired Claim Last Known Indemnity Through Date	AC	MC	TR (Must be valid date) TR (Must be > Date of Injury (DN0031) if exists)
		04, AB, AP, CA, CB, CD, EP, ER, FN, IP, PX, PD, PY, RB, SU, SX, UR, SA	X	
0424	Number of Dependent/Payee Relationships	All	F	TR (Must be valid numeric 00-20)
0425	Dependent First Name	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PY, RB, SU, UR, SA	MC	TR (Must exist if Number of Dependent/Payee Relationships (DN0424) is > 00 unless Dependent/Payee Relationship Code (DN0097) is 80)

DN	Data elements	MTC	Req.	Minnesota validation requirements
		CD, PX, SX	X	
0426	Dependent Last Name	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PY, RB, SU, UR, SA	MC	TR (Must exist if Number of Dependent/Payee Relationships (DN0424) is > 00 unless Dependent/Payee Relationship Code (DN0097) is 80)
		CD, PX, SX	X	
0427	Dependent Date of Birth	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PY, RB, SU, UR, SA	MC	TR (Must be valid date if exists) TR (Must exist if Number of Dependent/Payee Relationships (DN0424) is > 00 unless Dependent/Payee Relationship Code (DN0097) is 80)
		CD, PX, SX	X	
0428	Dependent Gender Code	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PY, RB, SU, UR, SA	MC	TR (Must be M, F, U if exists) TR (Must exist if Number of Dependent/Payee Relationships (DN0424) is > 00 unless Dependent/Payee Relationship Code (DN0097) is 80)
		CD, PX, SX	X	
0429	Dependent Extent of Dependency	04, AB, AC, AP, CA, CB, EP, ER, FN,	NA	

Minnesota SROI master edit requirements

– For MTCs 02 and NT, see the Element Requirement Table. –

DN	Data elements	MTC	Req.	Minnesota validation requirements
		IP, PD, PY, RB, SU, UR, SA		
		CD, PX, SX	X	
0430	Number of Narrative for Claim	All	F	TR (Must be valid numeric 00) TR (Must be valid numeric 01-10 for MTC NT)
0431	Narrative for Claim	All	X	
		NT	M	TR (Must exist) *See ERT for Narrative requirements
0432	Permanent Impairment Body Part Location Code	04, CD	X	
		AB, AC, AP, CA, CB, EP, ER, FN, IP, PX, PD, PY, RB, SX, SU, UR, SA	AR	TR (Must be B, L, R if exists)
0433	Overpayment Amount - Current	All	MC	TR (Must exist if Benefit Credit Code (DN0126) = C)
0435	Reduced Earnings Net Weekly Amount Due by Claim Administrator	AB, AC, AP, CA, CB, IP, PX, RB, SX, SU, UR, SA	NA	

DN	Data elements	MTC	Req.	Minnesota validation requirements
		04, CD, EP, ER, FN, PD, PY	X	
0436	Partial Denial Effective Date	AC	AR	TR (Must be valid date if exists) TR (Must be ≥ Date of Injury (DN0031) if exists) TR (Must be ≤ MTC Date (DN0003) if exists)
		PD	M	TR (Must be valid date) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≤ MTC Date (DN0003))
		04, AB, AP, CA, CB, CD, EP, ER, FN, IP, PX, PY, RB, SX, SU, UR, SA	X	
0440	a Attorney Fees – Current	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SX, SU, UR, SA	MC	TR (Must exist if Benefit Adjustment Code (DN0092) = 4)
		CD	X	
0442	Net to Zero Code	All	NA	

DN	Data elements	MTC	Req.	Minnesota validation requirements
		04, CD, EP, ER, FN, PD, PY	X	
0436	Partial Denial Effective Date	AC	AR	TR (Must be valid date if exists) TR (Must be ≥ Date of Injury (DN0031) if exists) TR (Must be ≤ MTC Date (DN0003) if exists)
		PD	M	TR (Must be valid date) TR (Must be ≥ Date of Injury (DN0031)) TR (Must be ≤ MTC Date (DN0003))
		04, AB, AP, CA, CB, CD, EP, ER, FN, IP, PX, PY, RB, SX, SU, UR, SA	X	
0440	a Attorney Fees – Current	04, AB, AC, AP, CA, CB, EP, ER, FN, IP, PD, PX, PY, RB, SX, SU, UR, SA	MC	TR (Must exist if Benefit Adjustment Code (DN0092) = 4)
		CD	X	
0442	Net to Zero Code	All	NA	

Minnesota SROI master edit requirements

– For MTCs 02 and NT, see the Element Requirement Table. –

Minnesota edit requirements descriptions

The R3.1 spreadsheets are used for the relationships between data elements. The following tables are used to describe in greater detail the edits applied to specific DNs requiring additional explanation.

		Minnesota FROI edit requirements descriptions	
Rec.	DN	Data element	Special descriptions/edits
148	0004	Jurisdiction Code	The transaction will be rejected for any jurisdiction code other than MN.
148	0006	Insurer FEIN	TR if not a valid FEIN on file with the Minnesota Department of Labor and Industry as reported in the trading partner agreement.
R21	0018	Employer Name	Must be the name of the employer for the location where the employee actually works (the DBA).
R21	0019	Employer Physical Primary Address	Must be sent if it is different than the employer mailing primary address.
148	0021	Employer Physical City	Must be sent if it is different than the employer mailing city.
148	0022	Employer Physical State Code	Must be sent if it is different than the employer mailing state code.
148	0023	Employer Physical Postal Code	Must be sent if it is different than the employer mailing postal code.
148	0027	Insured Location Identifier	The Minnesota Department of Administration is required to send the agency identifier. DN0027 is not sent for all other trading partners.

		Minnesota FROI edit requirements descriptions	
Rec.	DN	Data element	Special descriptions/edits
148	0038	Accident/Injury Description Narrative	Each accident/injury description *must* contain detail sufficient to comprehend the claimed injury and how it happened (Minnesota Statutes 176.251). Required items include: 1. Part of body (arm, leg, wrist, back, etc.) including right, left, both, upper, lower, etc. 2. Nature of injury (burn, fracture, sprain, strain, cut, etc.) 3. Source of injury (the item that was directly involved in the injury, such as tools, office machines, boxes, the ground, etc.) 4. Type of accident (struck by, fall, overexertion, etc.) 5. Associated objects (if another item was involved such as falling off a ladder, etc.) Accident/injury description narratives with less descriptive explanations (i.e. fragmentary sentences) will be required to amend, and may be subject to penalty.
148	0042	Employee SSN	Either the nine-digit Employee SSN (DN0042) or the Employee ID Assigned by Jurisdiction (DN0154) must be sent if MTC code is 00, AQ or AU. Employee ID Assigned by Jurisdiction (DN0154) can only be obtained by contacting DLI. Invalid SSNs are not accepted.
148	0056	Initial Date Disability Began	Required for claims with **any claimed** lost time from work, regardless of whether or not it was authorized by a medical professional. • Includes partial days of lost time or any lost wages (including time missed for medical treatment), even if the employer pays for the lost time;

Minnesota FROI edit requirements descriptions			
Rec.	DN	Data element	Special descriptions/edits
			• Regardless of whether the claim is denied. Required if Employee Date of Death (DN0057) is populated and > the Date of Injury (DN0031). If Employee Date of Death (DN0057) = the Date of Injury (DN0031), the edits below do not apply. Required if the Date Employer Had Knowledge of Date of Disability (DN0281) is populated. Required if the Full Wages Paid for DOI Indicator (DN0066) is Y or N. Required if Claim Type Code (DN0074) is I, L or W. Required if Initial Return to Work Date (DN0068) is populated.
148	0066	Full Wages Paid for DOI Indicator	Expected values are Y or N only if there was any claimed lost time on the date of injury. Must be blank if there was not any claimed lost time on the date of injury. Expected values are Y or N if Initial Date Disability Began (DN0056) is populated and = the Date of Injury (DN0031). Must be blank if Initial Date Disability Began (DN0056) is populated and > the Date of Injury (DN0031).
R21	0154	Employee ID Assigned by Jurisdiction (PIN)	The PIN is assigned by Minnesota and is an expected value that must match.
R21	0165	Employer Mailing City	Must be the employer mailing city for the location where the employee actually works (the DBA location).
R21	0167	Employer Mailing Postal Code	Must be the employer mailing postal code for the location where the employee actually works (the DBA location).
R21	0168	Employer Mailing Primary Address	Must be the employer mailing primary address for the location where the employee actually works (the DBA location).

Minnesota FROI edit requirements descriptions			
Rec.	DN	Data element	Special descriptions/edits
R21	0170	Employer Mailing State Code	Must be the employer mailing state code for the location where the employee actually works (the DBA location).
R21	0208	Managed Care Organization ID Number	Expected if a "certified" Managed Care Organization is involved. Values are 1 for Corvel, 2 for GENEX Services d.b.a. Intracorp, and 3 for HealthPartners. Not expected if Managed Care Organization Code is 0.
R21	0255	Employee Last Name Suffix	Values are JR, SR, II, III, IV, etc.; not to be used are DR, MR, MS, MRS, MD, DDS, etc.

Minnesota SROI edit requirements descriptions				
Rec	DN	Data element	MTC code	Special descriptions/edits
A49	0006	Insurer FEIN	All	TR if not a valid FEIN on file with the Minnesota Department of Labor and Industry.
A49	0056	Initial Date Disability Began	All	Required for claims with **any claimed** lost time from work, regardless of whether or not it was authorized by a medical professional. • Includes partial days of lost time or any lost wages (including time missed for medical treatment), even if the employer pays for the lost time; • Regardless of whether the claim is denied. Required if Employee Date of Death (DN0057) is populated and > the Date of Injury (DN0031). If Employee Date of Death (DN0057) = the Date of Injury (DN0031), the edits below do not apply.

Rec	DN	Data element	MTC code	Special descriptions/edits
				Required if the Date Employer Had Knowledge of Date of Disability (DN0281) is populated. Required if the Full Wages Paid for DOI Indicator (DN0066) is Y or N. Required if Claim Type Code (DN0074) is I, L or W. Required if Initial Return to Work Date (DN0068) is populated.
R22	0144	Current Date Disability Began	All	Mandatory for cases with any lost time from work after the Initial Return to Work Date (DN0068).
R22	0205	Work Days Scheduled Code	All	Expected if work week type code (DN0204) is F. Expected values are S or N for all 7 bytes. Not expected if Work Week Type Code (DN0204) is V. Example: If an employee works every Monday, Wednesday and Friday, the Work Week Type Code would be F (Fixed) and the Work Days Scheduled Code would be NSNSNSN. If an employee works three days each week, but the days worked change from week to week, the Work Week Type Code would be V (Varied) and Work Days Scheduled Code would not be populated.

Waiting period

In Minnesota, the Initial Date Disability Began is *always* the first date of any claimed lost time or wages due to the injury, whether or not it was a full day or authorized by a health care professional. This date is also *always* the first day of the Waiting Period, regardless of whether the employee returns to work on that day. The Waiting Period is *always* three consecutive calendar days, regardless of whether the employee returns to work and/or was scheduled to work on any of those days. It is important to note that counting the Waiting Period and owing benefits for the Waiting Period are two separate issues.

Multiple DOI settlement (DN0401)

If a settlement is reached that encompasses multiple dates of injury, a PY must be filed on each date of injury for which a FROI transaction has been accepted. The payment and benefit information will only be included on the file from which the claim is being paid. For other included dates of injury, the PY should be filed with the Reduced Benefit Amount Code (DN0202) populated with S (Claim Settled Under Another DOI) and the Jurisdiction Claim

Number – Related (DN0401) field should be populated with the JCN of the file which from which payment is being made.

Match data requirements

The following tables describe in detail the expectations for match data.

FROI match data descriptive requirements	
MTC	**Requirements**
00	When the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) match an existing claim, the Claim Administrator Claim Number (DN0015) is used to determine if the new claim is a duplicate or not. The 00 is rejected if there is an exact match.
AQ	When the Jurisdiction Claim Number (DN0005), Employee Security ID (DN0206) and Date of Injury (DN0031) do not match a claim that already exists, the AQ is rejected.
AU	When the Employee ID (DN0042 or DN0154) and Date of Injury (DN0031) match an existing claim, the AU is rejected.
02	• When the Jurisdiction Claim Number (DN0005) does not match a claim that already exists, the 02 is rejected. • If Jurisdiction Claim Number (DN0005), Employee Security ID (DN0206) and Date of Injury (DN0031) matches an existing claim but the Employee ID (DN0042 or DN0154) does not match that claim, it is assumed the 02 is being sent to change the Employee ID (DN0042 or DN0154). • If Jurisdiction Claim Number (DN0005) and Employee Security ID (DN0206) matches an existing claim but the Date of Injury (DN0031) does not match that claim, the Claim Administrator Claim Number (DN0015) is used to determine if the 02 is being sent to change the Date of Injury (DN0031). If the Claim Administrator Claim Number (DN0015) does not match that claim, the 02 is rejected. • If Jurisdiction Claim Number (DN0005) matches an existing claim but both the Employee Security ID (DN0206) and Date of Injury (DN0031) do not match that claim, the 02 is rejected.

SROI match data descriptive requirements	
MTC	**Requirements**
02	When the Jurisdiction Claim Number (DN0005), Employee Security ID (DN0206) and the Claim Administrator Claim Number (DN0015) match an existing claim, but the Date of Injury (DN0031) does not, then it is assumed the Date of Injury (DN0031) is being changed.
04, AB, AC, AP, CA, CB, CD, EP, ER, FN, IP, NT, PD, PX, PY, RB, SU, SX, UR, SA	If the Jurisdiction Claim Number (DN0005), Employee Security ID (WID) (DN0206), and the Date of Injury, (DN0031) do not match, the SROI is rejected.

5 Frequently asked questions (FAQs)

1. **Can multiple batches be sent in a single EDI transmission file?**

   Yes, the acknowledgments for each batch will also be returned to the trading partner in a single acknowledgment transmission file.

2. **Does Minnesota require the use of the jurisdiction (agency) claim number (DN0005)?**

   Yes, the jurisdiction (agency) claim number is returned in the first successful acknowledgment file. The trading partner will receive a TR if DN0005 is missing on subsequent reports.

3. **What if I need to change the SSN or date of injury on a claim?**

   The SSN and date of injury can be updated by using the MTC 02 transaction. eFROI trading partners may use the web portal.

4. **Is the Minnesota worker identification (WID) number available?**

   Yes, the WID number is the DN0206 – Employee Security ID. The digits following the "MN" in DN0206 will be the WID number, e.g., MN99999999. DN0206 is sent to the trading partner in the acknowledgment record starting in position 230. DN0206 is used for all subsequent reports.

5. **I'm having difficulty figuring out the Initial Date Disability Began and counting the Waiting Period. How is this done in Minnesota?**

   In Minnesota, the Initial Date Disability Began is *always* the first date of any claimed lost time or wages due to the injury, whether or not it was a full day or authorized by a health care professional. This date is also

always the first day of the Waiting Period, regardless of whether the employee returns to work on that day. The Waiting Period is *always* three consecutive calendar days, regardless of whether the employee returns to work and/or was scheduled to work on any of those days. It is important to note that counting the Waiting Period and owing benefits for the Waiting Period are two separate issues.

6. **Does Minnesota have managed care organizations involved on claims and, if so, how is that information reported to DLI on the FROI?**

   There are three Minnesota "certified" managed care organizations. They are Corvel, GENEX Services and HealthPartners. The trading partner must report a CMCO by sending the value 01 in DN0207 and the appropriate code 1, 2 or 3 in DN0208.

7. **Are there special requirements for sending first reports of injury for death or serious injury claims?**

   The employer must report a death or serious injury to DLI and the insurer within 48 hours after the occurrence. The initial report may be made by telephone or personal notice and must be followed up by a written report of the injury filed with DLI by the employer within seven calendar days from the occurrence. The insurer may file the report on behalf of the employer via EDI or eFROI within the seven-day time period.

The following Appendices are incorporated by reference into this R3.1 Minnesota Implementation Guide

Appendix A. R3.1 MN Element Requirement Table

Appendix B. R3.1 MN Edit Matrix

Appendix C. R3.1 Event Table

Appendix D. EDI-Claims-Containing-Forms-Returned-by-Minnesota-Guidelines

Appendix E. MN-Documents-Sent-by-the-ClaimAdministrator-Guidelines

The MN R3.1 IG appendices can be found at:

http://www.dli.mn.gov/business/workers-compensation/work-comp-electronic-data-interchange-edi-and-efroi-web-portal