



# **New Mexico Workers' Compensation Administration (NMWCA) EDI Claims Release 3.1 Information Session**

**For Claim Administrators, Insurance  
Companies, Third Party Administrators,  
Self Insured Employers & EDI Service  
Providers**



# Introduction of Presenters

## Verisk

Jennifer Reno, Business Analyst II  
Natalie Benavides, Product Specialist  
Alysa Brown, Business Analyst II  
Cristin Wiggins, Business Analyst II



# Information about the NMWCA EDI Claims Release

## 3.1 Information Session



After reviewing this video, questions should be sent in an email to [NMWCAEDI@VERISK.COM](mailto:NMWCAEDI@VERISK.COM) with “Info Session Question” in the subject line.



Questions sent to the New Mexico Email address and responses will be published in an updated Q & A document. It will be made available online at <https://nmwcaedi.info/> . An announcement will be sent when it is available for download.





# Electronic Data Interchange (EDI) for Claims



# What is EDI?



- Electronic Data Interchange (EDI) is the electronic exchange of data between business trading partners in a standardized format




# Implementation Considerations and Coordination



Access IAIABC Claims Release 3.1 Implementation schedule at:  
<https://www.iaiaabc.org/edi-claims>

Select **EDI Claims**  
from the EDI  
Standards menu

Claims Release 3.1  
Implementation  
schedule



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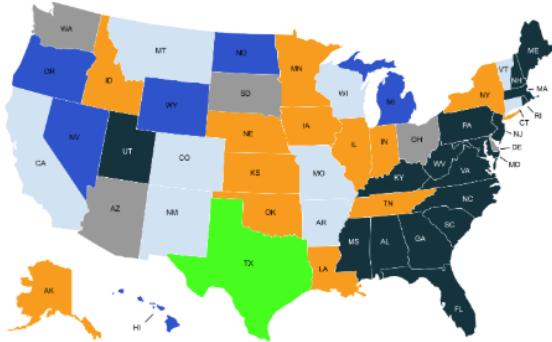
## EDI Claims Standards

IAIABC EDI Claims Standards are used by claims administrators to report workers' compensation first report of injury and subsequent report of injury claims data to U.S. jurisdictions. EDI Claims Release 3.1 is the most current release and is maintained on an ongoing basis. Revised documentation for EDI Claims Release 3.1 is published on January 1 of each year.

### Claims State Implementation

Download the [EDI Jurisdictional Profiles \(Members\)](#) and [EDI Jurisdictional Summary \(Public\)](#) for implementation insights on all IAIABC EDI Standards.

#### EDI Claims Implementation



R1R3R3.1.4R3.1.7PaperN/A

[View the Claims Release 3.1 Implementation Schedule and Jurisdictional Notice to Adopt forms.](#)



# NMWCA Release 3.1 Implementation Timeline



## New Mexico Release 3.1 Implementation Timeline

- NMWCA will be transitioning from Release 1.0 (R1.0) to Release 3.1 (R3.1) for the electronic reporting of First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI)
- Effective November 7, 2025, use of the R3.1 standard will be mandatory for all NMWCA trading partners



# New Mexico Release 3.1 Implementation Timeline

The last day that R1.0 data will be accepted by NMWCA.

Thurs. Nov 6,  
2025

Thurs. Nov 6,  
2025

Effective Friday, November 7, 2025, electronic reporting via Release 3.1 will begin for all Trading Partners.

Fri. Nov 7, 2025

All R1.0 reports not received by NMWCA on November 6, 2025, by 5:00 PM **MST** (7:00 PM EST) and accepted must be submitted to Verisk electronically per the Event Table effective on the mandate date November 7, 2025.



# New Mexico Release 3.1 Implementation Timeline

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**Trading Partner Registration:** Available starting on 2/7/2025

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**Trading Partner/EDI Vendor Testing:** Available 4/11/2025 through 10/31/2025

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**FROI Testing** is to be completed by: 7/18/2025

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**SROI Testing** is to be completed by: 10/31/2025

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**Last Submission of Release 1.0:** must be received by New Mexico no later than 11/6/2025 at 5:00 PM MST (7:00 pm EST).

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**Release 3.1 FROI SROI Reporting** Begins: 11/7/2025

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**Release 3.1 Acknowledgements** are returned beginning: 11/17/2025



# Trading Partner Registration



## Who is a Trading Partner?

A Trading Partner is an entity that exchanges data electronically with the New Mexico Workers' Compensation Administration.





## Who should complete a trading partner profile?

- Third Party Administrators (TPA) if you are the transmitter and you will be reporting New Mexico claims on behalf of Insurers and/or self-insurers.
- Insurance carriers if you are the transmitter and you have written a policy and are licensed to write workers' compensation insurance in New Mexico.
- Self-Insured Employers if you approved to be Self-Insured in New Mexico and you are also self administered and will be the transmitter.



# Completing a Trading Partner Profile

- The trading partner profile should list every Insurer/Self Insurer and corresponding Claim Administrator that will be submitting data under that Sender ID.
- If an Insurer will also be the Claim Administrator because they are handling their own claims, they should be listed as both an Insurer and a Claim Administrator on the registration.
- Insurers must be licensed to write workers' compensation insurance in NM and have written a policy in NM. Self-Insured Employers and Self-Insured groups must have been approved by New Mexico.
- NMWCA will be validating these registrations prior to approving any Trading Partner Profile registrations.



# Registration Timeline

## R3.1 Trading Partner Profile Registration

- February 7th 2025
- NMWCA EDI website
- Updates to Trading Partner Profile\*
- All R1.0 trading partners must re-register for R3.1
- Profiles must be reviewed and approved
- Must be completed before your testing can begin

### \*Note:

If there is an existing Trading Partner Profile and there is a new insurer, self insurer, or claims administrator that will begin submitting data under the existing Sender ID or if the information on the Trading Partner Profile changes, you will need to update your Trading Partner Profile. If the Sender ID submitted on a Trading Partner Profile needs to be changed, there is an option to 'Change the Sender ID' which will allow the Sender to change the Sender ID that was previously submitted on the Trading Partner Profile and this change will create a new profile and inactivate the old profile.



# Mandatory Transition from R1.0 to R3.1



# Mandatory Transition R1.0 to R3.1

**Report New Claims:** Claims that are new and have never been reported in Release 1 to New Mexico

## **What EDI reports should be sent for New Claims?**

**FROI:** For each new claim, review the FROI Event Table to determine which event would cause you to report the claim to New Mexico.

**SROI:** Following the FROI report, review the SROI Event Table to determine what SROI reports can follow the FROI and should be reported to New Mexico.



# Mandatory Transition R1.0 to R3.1

## How does the transition work? Reporting Legacy :

**Legacy Claims properly filed:** A Legacy claim that is required and properly filed is any claim previously reported in Release 1 for which a Jurisdiction Claim Number (JCN) has been assigned.

**Legacy Claims not properly filed:** A Legacy claim where the Date Claim Administrator Had Knowledge of the Injury (DN0041) is prior to 11/7/2025, that is required and not previously reported in Release 1, and no Jurisdiction Claim Number (JCN) has been assigned.



# Mandatory Transition R1.0 to R3.1

## What EDI reports should be sent for Legacy Claims?

**Legacy Claims properly filed:** A FROI UR (Update Report) is required prior to submitting any FROI or SROI in R3.1. The FROI UR is intended to match a claim previously reported in R1 and to “set the picture” for R3.1 reporting.

Following the FROI UR, a SROI UR or any applicable SROI per sequencing is allowed to be reported.

Please review the Event Table for details.



# Mandatory Transition R1.0 to 3.1

## What EDI reports should be sent for Legacy Claims?

**Legacy Claims not properly filed:** If a FROI R1 MTC was required and was not properly filed with **New Mexico**, a Legacy Claim would not have been created for which to match to a FROI UR, so the applicable FROI 00 (Original), 04 (Denial) or AU (Acquired/Unallocated) should be sent instead of a FROI UR.

Following the FROI 00, 04 or AU, a SROI UR is allowed if SROI Events have occurred and have not been reported to New Mexico, **IF** the Date Claim Administrator Had Knowledge of the Injury (DN0041) is prior to November 7<sup>th</sup>, 2025.

If the SROI UR is not reported, then an applicable SROI per the Event Table and Sequencing edits is allowed to be reported. Please review the Event Table for details.

**New Mexico** expects the FROI and SROI UR report submissions to be completed by 02/01/26. If a claim re-opens after 02/01/26, then the same Report Trigger should be followed.



# Trading Partner and EDI Vendor Testing



## Trading Partner and EDI Vendor Testing

Trading Partner testing began 4/11/2025 and will continue through 10/31/2025.

Trading Partner Profile registrations must be submitted and approved prior to testing.



# Trading Partner and EDI Vendor Testing

Testing for New Mexico will be handled by New Mexico's EDI Claims vendor, Verisk.

All Trading Partners will be required to complete the published New Mexico Test Plan to verify their ability to file electronically with New Mexico prior to the EDI Claims Release 3.1 implementation date.

For Trading Partners who are currently or are planning to file EDI Claims Release 3.1 FROI/SROI reports through an EDI vendor, the vendor will be required to complete the test plan on behalf of all their clients. Once the vendor is approved for production, the Trading Partner will also be approved for production.



## Trading Partner and EDI Vendor Testing

For Trading Partners who are planning to file EDI Claims Release 3.1 FROI/SROI reports without using an EDI Vendor, they will be required to complete the test plan on their own behalf.

New Mexico - Verisk Jurisdiction Web Entry users are not required to test.



# Trading Partner and EDI Vendor Testing

## The 5 Test Stages of Testing

**Stage 1:** EDI Trading Partner Profile Electronic  
Registration

**Stage 2:** Pretest and Technical Capability Test

**Stage 3:** Business Content Test (FROI)

**Stage 4:** Business Content Test (SROI)

**Stage 5:** New Mexico Test Completion (FROI and SROI)



# Trading Partner and EDI Vendor Testing

## The 5 Stages of Testing

### **Stage 1:** EDI Trading Partner Profile Electronic Registration

Complete the EDI Trading Partner Profile Electronic Registration. Please note that the information on the registration is used for both testing and production reporting.

### **Stage 2:** Pretest and Technical Capability Test

Complete the technical capability test to ensure that the file structure is valid per the IAIABC EDI Claims Release 3.1 standards. This portion ensures that the Header Record is populated with the correct Sender ID, the Receiver ID and other data validations. The file structure/format for the test files must be correct.



# Trading Partner and EDI Vendor Testing

## Stage 3: Business Content Test (FROI)

The business content test for FROI requires at a minimum the FROI MTCs, **(00, 01, 02, 04, UR)** to be tested in accordance with New Mexico's R3.1 Test Plan.

When considering the FROI reports that will be tested, it is recommended that a review of Stage 4 SROI testing be performed at the same time to determine if additional FROI test reports are needed to establish claims in order to successfully complete the SROI testing.



# Trading Partner and EDI Vendor Testing

## Stage 3: Business Content Test (FROI)

Upon completion of Test FROI Batches 1 and 2, the Trading Partner and/or their EDI Vendor should request testing approval by completing and submitting the **New Mexico EDI Testing Feedback Request List R3.1**. The Feedback Request form will list all the completed FROI test claims required by New Mexico's Test Plan and should be sent to New Mexico's EDI email.

New Mexico will then notify the Trading Partner by email if the Trading Partner has passed the FROI testing and is approved to proceed with SROI testing.

FROI Testing should be completed by July 18, 2025



# Trading Partner and EDI Vendor Testing

## **Stage 4: Business Content Test (SROI)**

The business content test for SROI requires at a minimum the SROI MTCs (**02 04 CA CB EP ER FN IP NT PY RB SX UR AN UR**)

to be tested in accordance with the New Mexico R3.1 Test Plan. Because the SROI testing builds on the accepted FROIs, ensure that there is an adequate number of FROIs reported in Stage 3 to meet the SROI testing needs in Stage 4. For SROI reporting, special attention should be made for sequencing.

SROI Testing should be completed by October 31, 2025

Upon completion of SROI minimum test transactions, the Trading Partner and/or their EDI Vendor must request testing review and approval from New Mexico/Verisk by submitting the **New Mexico EDI Testing Feedback Request List R3.1** to New Mexico's EDI email.



# Trading Partner and EDI Vendor Testing

## **Stage 5: Test Completion (FROI and SROI) and Test/Production Indicator:**

After completing Stages 1 through 4, Stage 5 is requesting and being approved for Production, for FROI and SROI reporting, effective November 7, 2025.

## **Test/Production Indicator:**

The Test/Production Indicator on the Header Record will change from T (Test) to P (Production) to indicate that the records contained in the file are production data.

Trading Partner Profiles must be kept up-to-date.



# NMWCA EDI CLAIMS WEBSITE OVERVIEW



New Mexico Workers' Compensation Administration EDI Services



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Registration Instructions

Welcome to the New Mexico Workers' Compensation Administration (NM WCA) EDI Website

The NM WCA initially required the use of EDI Release 1 standards for reporting First Report of Injury (FROI) and Subsequent Report of Injury (SROI) starting January 1, 2017. The NM WCA will continue to receive FROI and SROI EDI claims in Release 1 format until the transition to EDI Release 3.1 standards which is scheduled for November 7, 2025.

Questions about EDI Claims Release 3.1 reporting in New Mexico should be sent to [nmwcaedi@verisk.com](mailto:nmwcaedi@verisk.com)

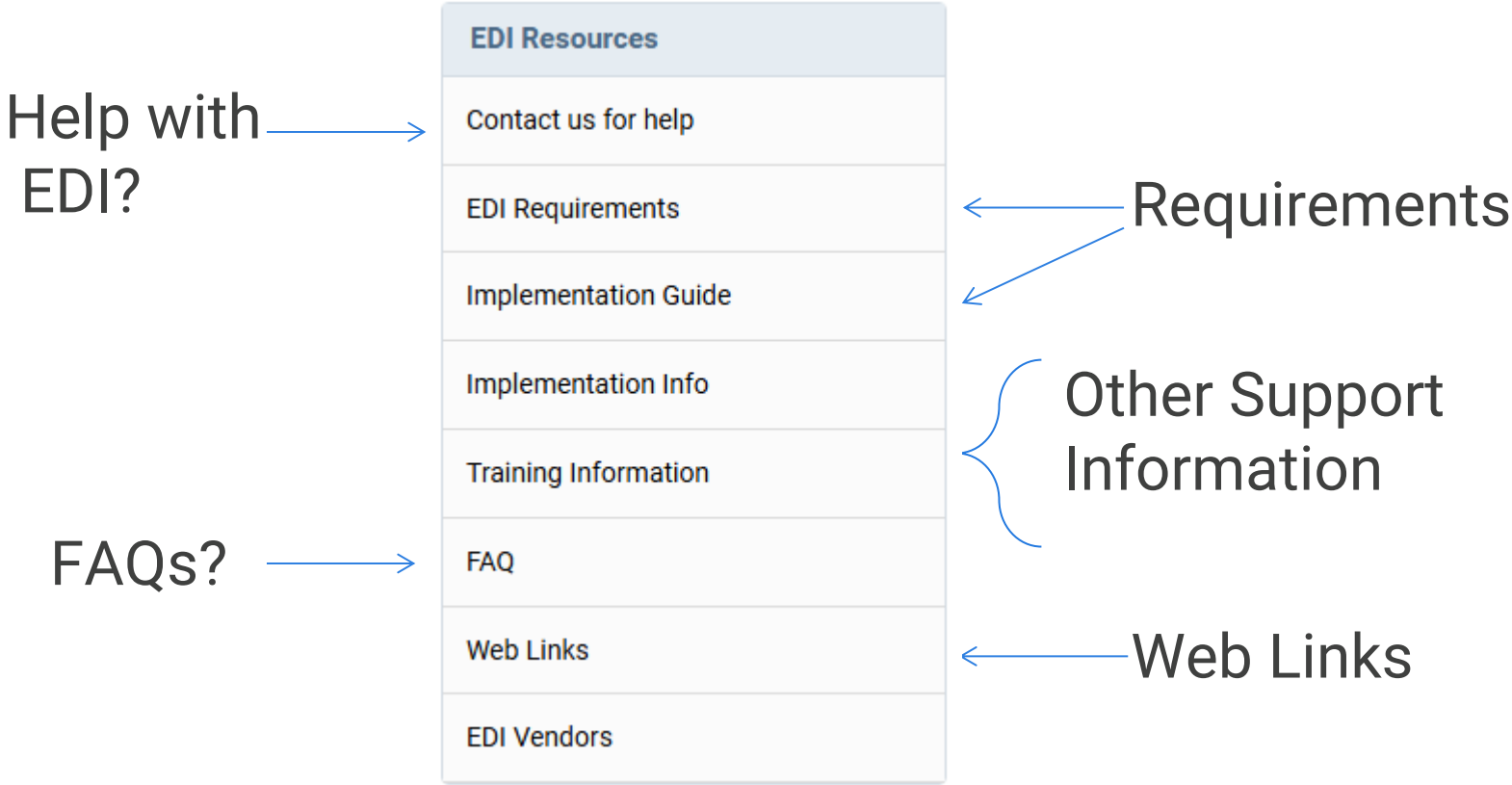
1. To report electronically for EDI Claims R3.1 with the NM WCA, complete a Trading Partner Profile Registration by clicking the link in the navigation bar on the left.
2. To receive important EDI announcements via email, join the NM WCA's EDI mailing list by sending an email to [nmwcaedi@verisk.com](mailto:nmwcaedi@verisk.com) Note: Contacts indicated on the Trading Partner Registration are automatically added.
3. Please check the "What's New" section of this website, located in the top navigation bar, for updates related to EDI filing with the NM WCA.

For more information about EDI standards nationally:

International Association of Industrial Accident Boards and Commissions (IAIABC)  
[www.iaiaabc.org](http://www.iaiaabc.org)



Where can I find the information that I need to assist with the EDI reporting to New Mexico?







# EDI Requirements

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## EDI Requirements

Version 1.0 - Revision Date: 02/10/2025, Effective Date: 11/07/2025

Download the Requirements by clicking on the links below.

The Requirements are housed in three tables:

### [Event Table](#)

This table relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information.

### [Element Requirements](#)

This table lists the individual data element requirements

### [Edit Matrix](#)

This table provides information on the edits that will apply to each data element and the edits that will be applied based on the population of the data element.

### [FROI SROI Sequencing Table](#)

This table provides information on the Jurisdiction's MTC sequencing. It is meant to convey to the Trading Partner the sequencing rules that clarify how the Jurisdiction will apply Edit 063 - Invalid Event Sequence. This information does not supersede or replace the sequencing stipulated in the Edit Matrix. The purpose of the FROI SROI Sequencing Table is to present the MTC sequencing in an easy-to-follow manner.





# Implementation Guide

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| Registration Instructions    |

## EDI Implementation Guide

Version 1.0 - Revision Date: 02/10/2025, Effective Date: 11/07/2025

Download the Guide by clicking on the link below.

-  [NM WCA Implementation Guide EDI Claims Release 3.1](#)





State of New Mexico  
**Workers'  
 Compensation  
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## Implementation Information

### Master Sender ID - FROI/SROI

Please click on the following link for information on the Master Sender ID.

- [New Mexico Master Sender ID EDI Claims Reporting.pdf](#)

### Implementation Schedule

Please click on the following link for the NMWCA transition from IAIABC Claims Release 1 to IAIABC Claims Release 3.1 Timeline Summary.

- [NMWCA - Verisk Transition Timelines R1.0 to R3.1 \(Rev. 03-19-2025\).pdf](#)

### NMWCA IAIABC Claims Release 3.1 Test Plan - Testing Requirements and Test Feedback Request List

Please click on the following link for the NMWCA IAIABC Claims Release 3.1 Test Plan.

- [NMWCA Claims Release 3.1 Test Plan Requirements](#)

Please click on the following link for the NMWCA Claims Release 3.1 Test Feedback Request List

- [NMWCA Claims Release 3.1 Test Feedback Request List](#)



# NM Master Sender/Receiver ID



State of New Mexico  
**Workers'  
Compensation  
Administration**

## Master FEIN and Postal Code for EDI Reporting

**Master FEIN: 856000565**

**Master Postal Code: 871257198**

### For the FROI (148) and SROI (A49) Header (HD1) Record:

- Trading Partners should populate the Sender ID-DN0098 with the Trading Partner's FEIN and Postal Code established per the Trading Partner Registration.
- Trading Partners should populate the Receiver ID-DN0099 with New Mexico's Master FEIN: 856000565 and Master Postal Code: 871257198.

### For the Acknowledgment (AKC) Header (HD1) Record:

- Trading Partners should populate the Sender ID-DN0098 with the Trading Partner's FEIN and Postal Code established per the Trading Partner Registration.
- Trading Partners should populate the Receiver ID-DN0099 with New Mexico's Master FEIN: 856000565 and Master Postal Code: 871257198.



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## News and Updates

| DESCRIPTION   | DATE POSTED |
|---|-------------|
|  <a href="#">EDI Requirements V1.0 and Implementation Guide are Now Available</a>            | 02/10/2025  |
|  <a href="#">EDI Claims Release 3.1 Website and Trading Partner Profile is Now Available</a> | 02/10/2025  |
|  <a href="#">NMWCA EDI Claims Release 3.1 Announcement</a>                                   | 12/16/2024  |





# State of New Mexico Workers' Compensation Administration

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## About Verisk

New Mexico Workers' Compensation Administration (NM WCA) has selected Verisk's Workers Compensation Standards division to help implement our FROI and SROI EDI Reporting. In addition to managing the technical aspects of data submittal, Verisk will be your main contact for implementation, technical requirements, and any questions you may have.

Since 1971, Verisk has been a leading source of information about property/casualty insurance risk. For a broad spectrum of commercial and personal lines of insurance, Verisk provides: statistical, actuarial, underwriting, and claims information and analytics; compliance and fraud identification tools; policy language; information about specific locations; and technical services. Verisk serves insurers, reinsurers, agents and brokers, insurance regulators, risk managers, and other participants in the property/casualty insurance marketplace.



# NMWCA EDI R3.1 REQUIREMENTS OVERVIEW



# EDI Claim Requirements Overview

## Trading Partners should understand:

- What data format should be used?
- What EDI reports should be filed and when?
- What data is needed on the EDI reports?
- What edits will be applied to the EDI data?
- How New Mexico communicates the status of EDI reports?
- What are the options for EDI submissions?



## What data format should be used?

New Mexico currently requires First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI) in the IAIABC EDI Claims Release 1.0 standard.

They will transition EDI reporting for FROIs and SROIs, to using the IAIABC EDI Claims Release 3.1 standard.



## EDI Filing Timelines and New Mexico Rules/Statutes

- Per New Mexico- If EDI filing timelines are different than New Mexico Rules or Statutes, the stricter timeline must be followed. Timely EDI filing does not prevent any legal consequences for missing statutory timelines.
- For more information and examples please see the additional information located at the top of the FROI, SROI, and Periodic Tabs on the Event Table



# What EDI reports should be filed and when?

## New Mexico Event Table:

Comprised of:

- Instructions
  - IAIABC Change Log
  - NM Event Table Change Log
  - Legacy Claim Definition
  - MTC to Forms Crosswalk
  - FROI Event Table
  - SROI Event Table
  - SROI Periodic Event Table
- 
- Defines the circumstances under which the claim information must be sent
  - Sets the timeframes for sending the information
  - Based on legislative mandates



# Form to MTC Crosswalk

## New Mexico sample of Form to MTC Crosswalk illustrates

- The MTC EDI equivalent of previously filed forms
- If the MTC will be accepted electronically

| First Report of Injury (FROI - 148 & R21) and Subsequent Report of Injury (SROI A49 & R22) |                          |          |     |                       |  |   |
|--|--------------------------|----------|-----|-----------------------|--|---|
| Report Type  | Paper Equivalent Form(s) | Comments | MTC | MTC Description       | MTC Definition   | Will this report be accepted electronically? (Yes/No) |
| FROI   | NA*                      |          | 00  | Original              | The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.   | Yes   |
| FROI   | NA*                      |          | 01  | Cancel Entire Claim   | The original first report was sent in error.   | Yes   |
| FROI   | NA*                      |          | 02  | Change                | The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.<br>Example FROI 02 Change Report Trigger-Trigger Value: J = Jurisdiction Defined. When the Claim Administrator has knowledge that the information associated with one or more of the data elements marked with a Y or FY in the FROI MTC 02 column of the Element Requirement Table has changed.<br><br>For Report Trigger Criteria: J = Jurisdiction Defined: A Jurisdiction should communicate when a 02 Change is not required if X amount of time has passed since the latest SX, 04, or FN. | Yes   |
| FROI   | NA*                      |          | 04  | Denial                | The entire claim is being denied.<br>E.g: Concurrently reporting a new claim while denying it in its entirety.   | Yes   |
| FROI   | NA*                      |          | 04  | Denial                | The entire claim is being denied.<br>E.g: Denying a previously reported claim in its entirety if a previous FROI has been filed, but no SROI reported.   | Yes   |
| FROI   | NA*                      |          | AQ  | Acquired Claim        | Minimal data sent to report that a new claim administrator has acquired the claim.   | Yes   |
| FROI   | NA*                      |          | AU  | Acquired/ Unallocated | The equivalent of an initial first report (MTC 00) filed by a new claim administrator in response to an AQ transaction that has been rejected because of no claim match on database or when an AU is sent in lieu of an AQ based on the Jurisdiction's Event Table.  | Yes   |
| FROI   | NA*                      |          | CO  | Correction            | Corrected data element values are transmitted in response to an acknowledgment containing non-critical errors.   | No  |



# What EDI reports should be filed and when?

## Event Table: FROI Tab

The following slide shows some examples of First Report of Injury Reporting Requirements for Maintenance Type Code (MTC) 00 – Original



# What EDI reports should be filed and when?

## FROI Event Table: Maintenance Type and Event Rule

New Mexico requires the submission of a

*FROI 00 Original*

Effective 11/7/2025

| Release | Report Type | Maintenance Type |             | Event Rule         |           |      | Report Trigger                   |   | When is the Report Due? |          |  |
|---------|-------------|------------------|-------------|--------------------|-----------|------|----------------------------------|---|-------------------------|----------|--|
|         |             | Code             | Description | Criteria           | From      | Thru | Criteria                         | Trigger Value   | Value                   | Due Type | From   |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | CM = Lost Time - cumulative days | All injuries or occupational diseases with 7 cumulative days of lost time or death pursuant to the New Mexico "Workers' Compensation Act" (Chapter 1)   | 10 days                 | C        | J=Date Claim Administrator Knew Disability Exceeded the Waiting Period (DN0298)                      |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | A = New Claim                    | Within 10 days of any claim for disablement filed pursuant to the "New Mexico Occupational Disease Disablement Law" (Chapter 3), regardless of lost time  | 10 days                 | C        | J = From Employee Notice to Employer of an Occupational Disease Disablement pursuant to NMSA 52-3-19 |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | A = New Claim                    | FROI 00 must be filed to enable filing of SROI PY and <b>there is no pre-existing FROI.</b> This would include the following:<br>A. A Lump Sum Payment/Settlement has been made.<br>B. Medical payments have exceeded \$300<br>C. Initial payment of attorney fees<br>D. Payment of funeral expenses.<br>See SROI PY on Event Table | N/A                     | N/A      | H = Immediate  |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | M = MTC Defined                  | Claim Administrator has rescinded a prior FROI 04 Denial and no prior FROI 00 was previously reported.  | N/A                     | N/A      | H = Immediate  |



# What EDI reports should be filed and when?

## FROI Event Table: Criteria

| Release | Report Type | Maintenance Type |             | Event Rule         |           |      | Report Trigger                   |   | When is the Report Due? |          |  |
|---------|-------------|------------------|-------------|--------------------|-----------|------|----------------------------------|---|-------------------------|----------|--|
|         |             | Code             | Description | Criteria           | From      | Thru | Criteria                         | Trigger Value   | Value                   | Due Type | From   |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | CM = Lost Time - cumulative days | All injuries or occupational diseases with 7 cumulative days of lost time or death pursuant to the New Mexico Workers' Compensation Act" (Chapter 1)  | 10 days                 | C        | J=Date Claim Administrator Knew Disability Exceeded the Waiting Period (DN0298)                      |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | A = New Claim                    | Within 10 days of any claim for disablement filed pursuant to the "New Mexico Occupational Disease Disablement Law" (Chapter 3), regardless of lost time  | 10 days                 | C        | J = From Employee Notice to Employer of an Occupational Disease Disablement pursuant to NMSA 52-3-19 |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | A = New Claim                    | FROI 00 must be filed to enable filing of SROI PY and <b>there is no pre-existing FROI.</b> This would include the following:<br>A. A Lump Sum Payment/Settlement has been made.<br>B. Medical payments have exceeded \$300<br>C. Initial payment of attorney fees<br>D. Payment of funeral expenses.<br>See SROI PY on Event Table | N/A                     | N/A      | H = Immediate  |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | M = MTC Defined                  | Claim Administrator has rescinded a prior FROI 04 Denial and no prior FROI 00 was previously reported.  | N/A                     | N/A      | H = Immediate  |



# What EDI reports should be filed and when?

## FROI Event Table: Trigger Value and When Is Report Due

All injuries or occupational diseases with 7 cumulative days of lost time or death pursuant to the New Mexico "Workers' Compensation Act" (Chapter 1). The FROI is due no later than 10 calendar days after Date Claim Administrator Knew Disability Exceeded the Waiting Period (DN0298).

| Release | Report Type | Maintenance Type |             | Event Rule         |           |      | Report Trigger                   | Trigger Value   | When is the Report Due? |          |  |
|---------|-------------|------------------|-------------|--------------------|-----------|------|----------------------------------|---|-------------------------|----------|--|
|         |             | Code             | Description | Criteria           | From      | Thru |                                  |   | Value                   | Due Type | From   |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | CM = Lost Time - cumulative days | All injuries or occupational diseases with 7 cumulative days of lost time or death pursuant to the New Mexico "Workers' Compensation Act" (Chapter 1)   | 10 days                 | C        | J=Date Claim Administrator Knew Disability Exceeded the Waiting Period (DN0298)                      |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | A = New Claim                    | Within 10 days of any claim for disablement filed pursuant to the "New Mexico Occupational Disease Disablement Law" (Chapter 3), regardless of lost time  | 10 days                 | C        | J = From Employee Notice to Employer of an Occupational Disease Disablement pursuant to NMSA 52-3-19 |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | A = New Claim                    | FROI 00 must be filed to enable filing of SROI PY and <b>there is no pre-existing FROI.</b> This would include the following:<br>A. A Lump Sum Payment/Settlement has been made.<br>B. Medical payments have exceeded \$300<br>C. Initial payment of attorney fees<br>D. Payment of funeral expenses.<br>See SROI PY on Event Table | N/A                     | N/A      | H = Immediate  |
| 3.1     | FROI        | 00               | Original    | 2=EDI Mandate Date | 11/7/2025 |      | M = MTC Defined                  | Claim Administrator has rescinded a prior FROI 04 Denial and no prior FROI 00 was previously reported.  | N/A                     | N/A      | H = Immediate  |



## SROI 02 Events

Criteria is described for 02 Change timeline: SROI 02 is allowed when a reportable change\* occurs on the Claim Administrator’s database until Report Trigger Value is reached.

02 change is due when data described on their Element Requirement table changes. NM needs to continue to receive FROI 02 Changes as long as the Claim Status Code = O (Open) or R (Reopen) or there is a pending legal matter with no disposition.

NM will accept 02 Changes on closed claims if sent by Claim Administrator

| Release | Report Type | Maintenance Type |             | Suspension | Event Rule               |           |      | Report Trigger   |  | When is the Report Due? |          |                        |
|---------|-------------|------------------|-------------|------------|--------------------------|-----------|------|--|--|-------------------------|----------|------------------------|
|         |             | Cod              | Description | Reason Coc | Criteria                 | From      | Thru | Criteria   | Trigger Value  | Value                   | Due Type | From                   |
| 3.1     | SROI        | 02               | Change      | NA         | 2=EDI<br>Mandate<br>Date | 11/7/2025 |      | R = 02 Change timeline: SROI 02 is allowed when a reportable change* occurs on the Claim Administrator’s database until Report Trigger Value is reached. | NM needs to continue to receive SROI 02 Changes as long as the Claim Status Code = O (Open) or R (Reopen) or there is a pending legal matter with no disposition.<br><br>NM will accept 02 Changes on closed claims if sent by Claim Administrator | Immediate               | N/A      | H = Immediate          |
| 3.1     | SROI        | 02               | Change      | NA         | 2=EDI<br>Mandate<br>Date | 11/7/2025 |      | R = 02 Change timeline: SROI 02 is allowed when a reportable change* occurs on the Claim Administrator’s database until Report Trigger Value is reached. | A death has occurred, compensable or otherwise, that has not otherwise been reported to the NMWCA, and a previous SROI (other than NT) has been filed  | 10 days                 | C        | I = From Date of Death |



**New Mexico** requires a FROI 04 to be reported when

- a new claim is denied in its entirety (W1). No Medical or Indemnity Payments have been made. OR
- when the entire claim is denied after a previously accepted FROI (no SROI) (W2)

| Release | Report Type | Maintenance Type |             | Event Rule         |           |      | Report Trigger  |  | When is the Report Due? |          |  |
|---------|-------------|------------------|-------------|--------------------|-----------|------|---|--|-------------------------|----------|--|
|         |             | Code             | Description | Criteria           | From      | Thru | Criteria  | Trigger Value  | Value                   | Due Type | From   |
| 3.1     | FROI        | 04               | Denial      | 2=EDI Mandate Date | 11/7/2025 |      | W1 = new claim is denied in its entirety                        | New Claim is being denied, no medical or indemnity payments have been made (No FROI) | 10 Days                 | C        | J=Date Claim Administrator Decision to Fully Deny (DN0444) |
| 3.1     | FROI        | 04               | Denial      | 2=EDI Mandate Date | 11/7/2025 |      | W2 = deny entire claim after previously accepted FROI (no SROI) | Denial of a claim for which no payments have been made (no SROI)                     | 10 Days                 | C        | J=Date Claim Administrator Decision to Fully Deny (DN0444) |



# SROI 04 Event

**New Mexico** requires a SROI 04 to be reported when

- Entire claim has been denied after any SROI (excluding MTC NT) has been accepted (W4)

| Release | Report Type | Maintenance Type |             | Suspension | Event Rule         |           |      | Report Trigger   |   | When is the Report Due? |          |  |
|---------|-------------|------------------|-------------|------------|--------------------|-----------|------|--|---|-------------------------|----------|--|
|         |             | Cod              | Description | Reason Cod | Criteria           | From      | Thru | Criteria   | Trigger Value   | Value                   | Due Type | From   |
| 3.1     | SROI        | 04               | Denial      | NA         | 2=EDI Mandate Date | 11/7/2025 |      | W4 = deny entire claim after any SROI (excluding MTC NT) has been accepted | Entire claim has been denied after any SROI has been accepted | 10 days                 | C        | J=Date Claim Administrator Decision to Fully Deny (DN0444) |



# FROI UR Event for Legacy Claims

We previously covered what New Mexico considers a legacy claim, and the reporting of a FROI or SROI UR. The details we covered can be found here in the Event Table.

| Release | Report Type | Maintenance Type |               | Event Rule             |           |      | Report Trigger           |  | When is the Report Due? |          |               |
|---------|-------------|------------------|---------------|------------------------|-----------|------|--------------------------|--|-------------------------|----------|---------------|
|         |             | Code             | Description   | Criteria               | From      | Thru | Criteria                 | Trigger Value  | Value                   | Due Type | From          |
| 3.1     | FROI        | UR               | Update Report | 3=Jurisdiction defined | 11/7/2025 |      | J = Jurisdiction Defined | <p>For a FROI UR, a Legacy claim is any claim that was previously reported in R1 for which the Date Claim Admin Had Knowledge of Injury is &lt;11/07/2025</p> <p>The FROI UR is required prior to submitting any SROI in R3.1 for Open or Re-opened Legacy claims. The FROI UR is intended to match a claim previously reported and to set the picture for R3.1 reporting.</p> <p>If a FROI R1 MTC was required and was not properly filed with NMWCA, a Legacy Claim would not have been created for which to match to a FROI UR.</p> <p>If a FROI R1 MTC was required and was not properly filed with NMWCA, then the applicable FROI 00, 04 or AU should be sent instead of a FROI UR.</p> <p>Note: NMWCA expects the FROI UR report submissions to be completed by 02/01/2026 for these claims. If a claim re-opens after 02/01/2026, then the same Report Trigger shown above should be followed.</p> | N/A                     | N/A      | H - Immediate |



# What EDI reports should be filed and when?

## Event Table – SROI Tab

The following slide shows some examples of Subsequent Report of Injury (SROI)

Reporting Requirements

Let's begin with:

*MTC IP – Initial Payment*



# What EDI reports should be filed and when?

## SROI Event Table:

New Mexico requires the submission of a  
*SROI IP - Initial Payment*

Effective 11-07-2025

| Release | Report Type | Maintenance Type |                 | Suspension | Event Rule               |           |      |
|---------|-------------|------------------|-----------------|------------|--------------------------|-----------|------|
|         |             | Cod              | Description     | Reason Cod | Criteria                 | From      | Thru |
| 3.1     | SROI        | IP               | Initial Payment | NA         | 2=EDI<br>Mandate<br>Date | 11/7/2025 |      |



## SROI Event Table:

SROI IP Initial Payment Report Trigger Value indicates that a report should be sent when the Claim Administrator has issued the initial payment of an indemnity benefit other than a lump sum payment/settlement.

The report is due within **10** calendar days following the initial payment of benefits.

| Report Trigger                   |   | When is the Report Due? |          |                               |
|----------------------------------|---|-------------------------|----------|-------------------------------|
| Criteria                         | Trigger Value   | Value                   | Due Type | From                          |
| N = Cumulative Indemnity \$ Paid | Claim administrator has issued the first payment (>\$0.00) of indemnity benefits, other than a lump sum payment/settlement. | 10 days                 | C        | G = From Initial Payment (IP) |



# What EDI reports should be filed and when?

## SROI FN Final

SROI FN Final - Report Trigger Value indicates that an FN report should be sent when the claim is closed, for a claim which indemnity OR medical benefits have been paid, and no further indemnity or medical payments are anticipated.

The FN is due 30 calendar days after claim closure if any Indemnity or Other Benefits (OBTs) have been paid.

| Release | Report Type | Maintenance Type |             | Suspension | Event Rule         |           |      | Report Trigger  |  | When is the Report Due? |          |   |
|---------|-------------|------------------|-------------|------------|--------------------|-----------|------|-----------------|--|-------------------------|----------|---|
|         |             | Cod              | Description |            | Criteria           | From      | Thru | Criteria        | Trigger Value  | Value                   | Due Type | From  |
| 3.1     | SROI        | FN               | Final       | NA         | 2=EDI Mandate Date | 11/7/2025 |      | M = MTC Defined | <p>Claim closed, no further indemnity or medical payments anticipated<br/>Claim Status Code must reflect C (Closed) or X (Reopen/closed)</p> <p>NMWCA will not require an FN on the following claims: FROI with Claim Type N: Notification Only (with no SROI filed indicating payments have been made) or FROI 04 (with no SROI filed indicating payments have been made) or SROI SX with DN0418 - Suspension Reason Code Full - S8 (Jurisdiction Change) has been accepted.</p> <p>NMWCA will require another FN after an FN if additional medical or Other Benefit Type Code has been paid. This also applies to a previously closed claim from R1, whether or not the claim was Re-opened to make the payment.</p> <p>If additional indemnity is paid after an FN is filed, and the Benefit Period Through Date will advance, the appropriate MTC should be filed to report the indemnity.</p> <p>If additional indemnity is paid after an FN is filed due to a change in the AWW or Compensation Rate, and the Benefit Period Through Date will not advance, a CA should be filed, followed by another FN.</p> <p>If any indemnity or medical payments are made after a Claim Type N or FROI 04, the appropriated MTC will be required and a subsequent FN will be due.</p> | 30 days                 | C        | J = From Report Trigger<br><br>Within 30 calendar days of the Claim Administrators decision to close their claim (Claim Status Code = C or X) |



# What EDI reports should be filed and when?

## After a SROI FN transaction

New Mexico wants to continue to receive a SROI FN only if additional medical or Other Benefit Type Code has been paid. This also applies to a previously closed claim from R1, whether or not the claim was Re-opened to make the payment.

| Report Trigger  |  | When is the Report Due? |          |  |
|-----------------|--|-------------------------|----------|--|
| Criteria        | Trigger Value  | Value                   | Due Type | From   |
| M = MTC Defined | <p>Claim closed, no further indemnity or medical payments anticipated<br/>Claim Status Code must reflect C (Closed) or X (Reopen/closed)</p> <p>NMWCA will not require an FN on the following claims: FROI with Claim Type N: Notification Only (with no SROI filed indicating payments have been made) or FROI 04 (with no SROI filed indicating payments have been made) or SROI SX with DN0418 - Suspension Reason Code - Full - S8 (Jurisdiction Change) has been accepted.</p> <p>NMWCA will require another FN after an FN if additional medical or Other Benefit Type Code has been paid. This also applies to a previously closed claim from R1, whether or not the claim was Re-opened to make the payment.</p> | 30 days                 | C        | <p>J = From Report Trigger</p> <p>Within 30 calendar days of the Claim Administrators decision to close their claim (Claim Status Code = C or X)</p> |



# What EDI reports should be filed and when?

## SR01 Periodic Event Table

Example of a Subsequent Report of Injury  
MTC AN – Annual report requirement.



# What EDI reports should be filed and when?

## SROI Periodic Event Table:

New Mexico requires the submission of a *SROI AN – Annual Report*

Effective 11-07-2025

| Release | Report Type | Maintenance Type |             | Event Rule         |           |      |
|---------|-------------|------------------|-------------|--------------------|-----------|------|
|         |             | Code             | Description | Criteria           | From      | Thru |
| 3.1     | SROI        | AN               | Annual      | 2=EDI Mandate Date | 11/7/2025 |      |



# What EDI reports should be filed and when?

## SROI Periodic Event Table:

New Mexico’s Report Trigger value requires the submission of a *SROI AN – Annual Report* for ongoing, open claims (claims that are open as of the time of the report trigger) where indemnity **and/or** medical benefits have been paid.

| Report Trigger           |  | Statute | Periodic Qualifiers                                   |                              |
|--------------------------|--|---------|---|------------------------------|
| Criteria                 | Trigger Value  |         | Status  | Activity                     |
| J = Jurisdiction defined | <p>For Open Claims, Claim Status Code (DN0073) = Open or Reopen</p> <p>Report is due 365 days following the Date of Injury (DN0031) and every year after until the claim closes and an FN is filed.</p> <p>Note: The initial AN must be sent no earlier than 30 calendar days prior to the end of the 365 days from the Date of Injury.</p> <p>If an FN has been filed and the claim is being reopened to pay ongoing benefits, an MTC AN is due no later than the next year interval based on the DOI.</p> <p>If any indemnity, medical, or Other Benefit Type Code payments are made after a Claim Type N or FROI 04, the appropriate MTC will be required and a subsequent AN or FN will be due (as applicable).</p> <p>Note: At least one valid accepted AN per anniversary year of the Date of Injury must be filed with the NMWCA after the first year until the claim closes.</p> <p>Note: NMWCA will not require an AN on the following claims:<br/> FROI with Claim Type N: Notification Only (with no SROI filed indicating payments have been made) or<br/> FROI 04 (with no SROI filed indicating payments have been made) or<br/> SROI SX with DN0418 - Suspension Reason Code - Full - S8 (Jurisdiction Change) has been accepted.</p> |         | 1 = Open (If claim is open at time of Report Trigger) | E = Either (either IL or MB) |



# What EDI reports should be filed and when?

## SROI Periodic Event Table:

A SROI AN is due every year within 30 days after every year anniversary from the Date of Injury, until the case is closed.

| Periodic Report Due                     |                  |   |
|---|------------------|---|
| Value                                   | Due Type         | From  |
| Every year from Date of Injury (DN0031) | C =Calendar Days | J = Within 30 days after every year anniversary from Date of Injury, until the case is closed |



# What data is needed on the EDI reports?

## New Mexico Element Requirement Table:

The Element Requirement Table indicates the data that is needed on the EDI reports.

It defines each Data Element requirement for each transaction (FROI or SROI) at the Maintenance Type Code (MTC) level.



# What data is needed on the EDI reports?

Changing from R1 to R3.1 brings with it new requirements.

All requirements are noted in the Element Requirement Table; however, we would like to draw your attention to some of them:

## Employee ID Type Qualifier (DN0270)

In R1 there was only Employee SSN as an Employee ID. This field was also used when NM assigned a number if no SSN was available.

In R3.1 there is an Employee ID Type Qualifier (DN0270) that identifies the type of Employee ID that is being sent.

NM will only be accepting the following Employee ID options on the FROI and SROI in R3.1:

Employee SSN (DN0042) and

Employee ID Assigned By Jurisdiction (DN0154)

In R3.1 Employee SSN (DN0042) can not begin with 9, unless it is a legacy claim.

If DN0042 Employee SSN is not available, NM will allow Employee ID Assigned By Jurisdiction (DN0154).

It is to be formatted as noted in the Population Restrictions Tab of the Edit Matrix for DN0154 for non-legacy claims.



# What data is needed on the EDI reports?

This is an excerpt from the Populations Restrictions table of the Edit Matrix, which we will discuss further when we explore the Edit Matrix.

This slide is to show you where to find how to create and format the Employee ID Assigned By Jurisdiction (DN0154) if Employee SSN is unavailable.

| DN   | Report or MTC | Data Element Name                    | Population Restriction   | Exception  |
|------|---------------|--------------------------------------|--|--|
| 0154 | FROI          | Employee ID Assigned by Jurisdiction | <p>DN0154 Employee ID Assigned by Jurisdiction</p> <p>If DN0042 is not available then NM will accept the following:</p> <p>When establishing a claim must be:</p> <p>Option 1: First Character of DN0044 Employee First Name followed by First Character of DN0043 Employee Last Name followed by DN0052-Employee Date of Birth (MMDDYY), followed by a sequential number starting at 1 and no greater than 9. e.g. XX0515901 (where Date of Birth is May 15, 1990 and a sequential number = 1 for the first claim established)</p> <p>OR</p> <p>Option 2: If Date of Birth is not available, use First Character of DN0044 Employee First Name followed by First Character of DN0043 Employee Last Name followed by DN0031-Date of Injury (MMDDYY), followed by a sequential number starting at 1 and no greater than 9. e.g. XX0301241 (where Date of Injury is March 01, 2024 and a sequential number = 1 for the first claim established)"</p> <p><b>Note:</b> The Claim Administrator should not submit an MTC 02 to change DN0154- Employee ID Assigned by Jurisdiction when any of the following fields are changed: DN0044 Employee First Name, and/or DN0043 Employee Last Name, and/or DN0052 Employee Date of Birth, and/or DN0031 Date of Injury</p> | <p>Do Not apply on Legacy Claims.</p> <p>If DN0154 is the same as the value reported on the latest FROI Report, then do not apply this edit.</p> |



# What data is needed on the EDI reports?

## Employee Last Name (DN0043)

Please remember that in R3.1, the Employee Last Name Suffix (DN0255) must be sent in a separate field with no special characters (such as . period) and can not be sent as part of the Employee Last Name, as it was in R1.

Please be sure you have handled this data migration for legacy claims after the last R1 file has been sent to NM, as they will be moving the Suffix to a separate field on the History data sent to Verisk which will be matched against the incoming FROI UR.

Please also review other Employee First and Last Names to ensure that if they contain any special characters, they only contain the special characters: Hyphen or Apostrophe.

All name edits can be found in the Edit Matrix.



# What data is needed on the EDI reports?

## File Format

NM will accept both the IAIABC R3.1 Flat File or the IAIABC R3.1 XML format



# What data is needed on the EDI reports?

The Element Requirement Table contains 12 worksheets:

- Instructions
- IAIABC Change Log
- New Mexico Change Log
- Legacy Claim Definition
- FROI Element Requirements
- FROI 02 Exceptions
- FROI Conditions
- SROI Element Requirements
- SROI 02 Exceptions
- SROI Conditions
- Event Benefit Segment Requirements
- Event Benefit Conditions



# What data is needed on the EDI reports?

Each MTC and Data Element has a Requirement Code assigned. Requirement Codes express New Mexico's requirement severity by data element and report type (FROI or SROI MTCs).

| Legend for Requirement Code (Description) = resulting Application Acknowledgment Code |   |
|---|---|
| Requirement Code  | Result of Failed Element Requirement Edit |
| F (Fatal)   | TR (Transaction Rejected)                 |
| M (Mandatory)   | TR (Transaction Rejected)                 |
| MC (Mandatory/Conditional)  | TR (Transaction Rejected)                 |
| E (Expected)  | TE (Transaction Accepted with Errors)     |
| EC (Expected/Conditional)   | TE (Transaction Accepted with Errors)     |
| AA (If Applicable/Available Transaction Accepted)                                     | TA (Transaction Accepted)                 |
| AE (If Applicable/Available Transaction Accepted with Errors)                         | TE (Transaction Accepted with Errors)     |
| AR (If Applicable/Available Transaction Rejected)                                     | TR (Transaction Rejected)                 |
| NA (Not Applicable)   | TA (No error messages may be applied)     |
| X (Exclude)   | TA (No error messages may be applied)     |
| For Benefit Segment Data Element Requirement Table                                    |   |
| R (Restricted)  | TR (Transaction Rejected)                 |
| RC (Restricted/Conditional)   | TR (Transaction Rejected)                 |



# What data is needed on the EDI reports?

## FROI Element Requirement Table (ERT):

Each MTC and Data Element has a Requirement Code assigned. This example shows F: Fatal and M: Mandatory on specific MTCs. Both will cause the transactions to be rejected if the data elements are missing or invalid.

| On<br>FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME                                    | FORMAT |                            |            | 00 | 01 | 02                     |         |            |            | 04         | AQ | AU | UR -<br>Update<br>Report |
|------------------------------|-----|------|--|--------|----------------------------|------------|----|----|------------------------|---------|------------|------------|------------|----|----|--------------------------|
|                              |     |      |  |        |                            |            |    |    | Reportable Change      |         |            |            |            |    |    |                          |
|                              |     |      |  |        | Migration<br>Consideration | Match Data |    |    | 02 Requirement<br>Code | A (Add) | U (Update) | D (Delete) | R (Remove) |    |    |                          |
|                              |     |      |  |        |                            |            |    |    |                        |         |            |            |            |    |    |                          |
| Both                         | 148 | 0001 | Transaction Set ID                                   | 3 A/N  | NI                         |            | F  | F  | F                      | B       | B          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0002 | Maintenance Type Code                                | 2 A/N  | NI                         |            | F  | F  | F                      | B       | B          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0003 | Maintenance Type Code Date                           | DATE   | NI                         |            | F  | F  | F                      | B       | B          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0004 | Jurisdiction Code                                    | 2 A/N  | NI                         |            | F  | F  | F                      | B       | B          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0005 | Jurisdiction Claim Number                            | 25 A/N | NI                         | Y          | mc | m  | NA                     | B       | N          | B          | B          | mc | AR | AR                       |
| Both                         | 148 | 0006 | Insurer FEIN   | 9 A/N  | NI                         | Y          | m  | m  | m                      | N       | K          | B          | N          | m  | m  | m                        |
| FROI                         | 148 | 0012 | Claim Administrator City                             | 15 A/N | NI                         |            | M  | NA | MC                     | N       | Y          | B          | N          | M  | M  | M                        |
| FROI                         | 148 | 0013 | Claim Administrator State Code                       | 2 A/N  | NI                         |            | MC | NA | MC                     | N       | Y          | B          | N          | MC | MC | MC                       |
| Both                         | 148 | 0014 | Claim Administrator Postal Code (TNBWC uses Mailing) | 9 A/N  | NI                         |            | M  | NA | MC                     | N       | K          | B          | N          | M  | M  | M                        |
| Both                         | 148 | 0015 | Claim Administrator Claim Number (Key Match)         | 25 A/N | NI                         |            | F  | F  | F                      | B       | K          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0016 | Employer FEIN  | 9 A/N  | NI                         |            | M  | NA | MC                     | N       | K          | B          | N          | MC | M  | M                        |



# What data is needed on the EDI reports?

## FROI ERT:

This example shows Requirement Code 'AR' (If Applicable/Available Transaction Rejected) for several data elements for MTC AQ (Acquired Unallocated) and UR (Update Report).

If data is sent for a DN defined as 'AR' and it fails edits, the acknowledgment will include an error and the report will be rejected.

| On<br>FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME   | FORMAT |                            |            | 00 | 01 | 02                     |         |            |            | 04         | AQ | AU | UR -<br>Update<br>Report |
|------------------------------|-----|------|---|--------|----------------------------|------------|----|----|------------------------|---------|------------|------------|------------|----|----|--------------------------|
|                              |     |      |   |        |                            |            |    |    | Reportable Change      |         |            |            |            |    |    |                          |
|                              |     |      |   |        | Migration<br>Consideration | Match Data |    |    | 02 Requirement<br>Code | A (Add) | U (Update) | D (Delete) | R (Remove) |    |    |                          |
| ▼                            | ▼   | ▼    | ▼   | ▼      | ▼                          | ▼          | ▼  | ▼  | ▼                      | ▼       | ▼          | ▼          | ▼          | ▼  | ▼  | ▼                        |
| Both                         | 148 | 0015 | Claim Administrator Claim Number (Key Match)  | 25 A/N | NI                         |            | F  | F  | F                      | B       | K          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0016 | Employer FEIN   | 9 A/N  | NI                         |            | M  | NA | MC                     | N       | K          | B          | N          | MC | M  | M                        |
| FROI                         | 148 | 0021 | Employer Physical City  | 15 A/N | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0022 | Employer Physical State Code  | 2 A/N  | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| Both                         | 148 | 0023 | Employer Physical Postal Code   | 9 A/N  | NI                         |            | M  | NA | MC                     | K       | K          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0025 | Industry Code (TNBWC will accept NAICS at 5 or 6 digit level but would prefer 6) 2017 or 2012 codes are accepted. | 6 A/N  | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0027 | Insured Location Identifier   | 15 A/N | NI                         |            | NA | NA | NA                     | N       | N          | B          | N          | NA | NA | NA                       |
| FROI                         | 148 | 0028 | Policy Number Identifier  | 18 A/N | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0029 | Policy Effective Date   | DATE   | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0030 | Policy Expiration Date  | DATE   | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| Both                         | 148 | 0031 | Date of Injury  | DATE   | NI                         | Y          | m  | m  | m                      | B       | K          | B          | B          | m  | m  | m                        |



# What data is needed on the EDI reports?

## Element Requirement Table:

This example shows several DN's with a Requirement Code NA (Not Applicable) for MTC 01 'Cancel Entire Claim'. If the data is sent for a DN defined as NA, no error will be returned if the data is invalid.

| On<br>FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME   | FORMAT |                            |            | 00 | 01 | 02                     |         |            |            | 04         | AQ | AU | UR -<br>Update<br>Report |
|------------------------------|-----|------|---|--------|----------------------------|------------|----|----|------------------------|---------|------------|------------|------------|----|----|--------------------------|
|                              |     |      |   |        |                            |            |    |    | Reportable Change      |         |            |            |            |    |    |                          |
|                              |     |      |   |        | Migration<br>Consideration | Match Data |    |    | 02 Requirement<br>Code | A (Add) | U (Update) | D (Delete) | R (Remove) |    |    |                          |
|                              |     |      |   |        |                            |            |    |    |                        |         |            |            |            |    |    |                          |
| Both                         | 148 | 0015 | Claim Administrator Claim Number (Key Match)  | 25 A/N | NI                         |            | F  | F  | F                      | B       | K          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0016 | Employer FEIN   | 9 A/N  | NI                         |            | M  | NA | MC                     | N       | K          | B          | N          | MC | M  | M                        |
| FROI                         | 148 | 0021 | Employer Physical City  | 15 A/N | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0022 | Employer Physical State Code  | 2 A/N  | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| Both                         | 148 | 0023 | Employer Physical Postal Code   | 9 A/N  | NI                         |            | M  | NA | MC                     | K       | K          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0025 | Industry Code (TNBWC will accept NAICS at 5 or 6 digit level but would prefer 6) 2017 or 2012 codes are accepted. | 6 A/N  | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0027 | Insured Location Identifier   | 15 A/N | NI                         |            | NA | NA | NA                     | N       | N          | B          | N          | NA | NA | NA                       |
| FROI                         | 148 | 0028 | Policy Number Identifier  | 18 A/N | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0029 | Policy Effective Date   | DATE   | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0030 | Policy Expiration Date  | DATE   | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| Both                         | 148 | 0031 | Date of Injury  | DATE   | NI                         | Y          | m  | m  | m                      | B       | K          | B          | B          | m  | m  | m                        |



# What data is needed on the EDI reports?

## Element Requirement – Conditions:

Certain data elements have *Conditions* that make them mandatory if the condition exists. These are indicated with the *MC* requirement code such as DN0016 Employer FEIN for MTC 04 Denial.

| On<br>FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME   | FORMAT |                            |               | 00 | 01 | 02                     |         |            |            | 04         | AQ | AU | UR -<br>Update<br>Report |
|------------------------------|-----|------|---|--------|----------------------------|---------------|----|----|------------------------|---------|------------|------------|------------|----|----|--------------------------|
|                              |     |      |   |        |                            |               |    |    | Reportable Change      |         |            |            |            |    |    |                          |
|                              |     |      |   |        | Migration<br>Consideration | Match<br>Data |    |    | 02 Requirement<br>Code | A (Add) | U (Update) | D (Delete) | R (Remove) |    |    |                          |
|                              |     |      |   |        |                            |               |    |    |                        |         |            |            |            |    |    |                          |
| Both                         | 148 | 0015 | Claim Administrator Claim Number (Key Match)  | 25 A/N | NI                         |               | F  | F  | F                      | B       | K          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0016 | Employer FEIN   | 9 A/N  | NI                         |               | M  | NA | MC                     | N       | K          | B          | N          | MC | M  | M                        |
| FROI                         | 148 | 0021 | Employer Physical City  | 15 A/N | NI                         |               | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0022 | Employer Physical State Code  | 2 A/N  | NI                         |               | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| Both                         | 148 | 0023 | Employer Physical Postal Code   | 9 A/N  | NI                         |               | M  | NA | MC                     | K       | K          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0025 | Industry Code (TNBWC will accept NAICS at 5 or 6 digit level but would prefer 6) 2017 or 2012 codes are accepted. | 6 A/N  | NI                         |               | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0027 | Insured Location Identifier   | 15 A/N | NI                         |               | NA | NA | NA                     | N       | N          | B          | N          | NA | NA | NA                       |
| FROI                         | 148 | 0028 | Policy Number Identifier  | 18 A/N | NI                         |               | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0029 | Policy Effective Date   | DATE   | NI                         |               | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0030 | Policy Expiration Date  | DATE   | NI                         |               | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| Both                         | 148 | 0031 | Date of Injury  | DATE   | NI                         | Y             | m  | m  | m                      | B       | K          | B          | B          | m  | m  | m                        |



# What data is needed on the EDI reports?

*Conditions* are defined on a separate table:

- Conditional Requirement Code
- Data Element
- Business Condition(s)
- Technical Condition(s)

| Req Cod | MTC | DN#  | DATA ELEMENT NAME | BUSINESS CONDITION(S)  | TECHNICAL CONDITION(S)   |
|---------|-----|------|-------------------|--|--|
| MC      | 04  | 0016 | Employer FEIN     | Required for FROI MTC 04 Denial, unless Full Denial Reason Code (DN0198) = 3E (No Coverage - No policy in effect on the date of accident) or 3D (No Coverage - No jurisdiction). | Required for FROI MTC 04 Denial, unless Full Denial Reason Code (DN0198) = 3E or 3D. |

NM doesn't require Employer FEIN if the claim administrator is denying the claim in some instances, because they may not know the employer's FEIN.



Claim Administrators must identify the applicable Change Reason Code (Add, Update, Delete or Remove), in the Change variable segment, and they must identify the Change Data Element/Segment Number of the data that is changing.

If the data that is changing is NOT in a variable segment, you will send the DN data number for the data element that is changing.

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# What data is needed on the EDI reports?

## Element Requirement – 02 Changes:

Here is an example of a completed SROI Change Data variable segment from the IAIABC, with 6 changes noted. Five (5) of the data elements are being added and one (1) is being Updated. The Update is to the “Benefits” segment, so the DN number sent in the Change segment is for the Number of Benefits (DN0288).

|      | <i>Change Data Elements</i>        |      | 6 occurrences                               |
|------|------------------------------------|------|---|
| 0412 | Change Data Element/Segment Number | 0201 | Anticipated Wage Loss Indicator             |
| 0413 | Change Reason Code                 | A    | Add   |
| 0412 | Change Data Element/Segment Number | 0068 | Initial Return to Work Date                 |
| 0413 | Change Reason Code                 | A    | Add   |
| 0412 | Change Data Element/Segment Number | 0403 | Initial RTW Type Code                       |
| 0413 | Change Reason Code                 | A    | Add   |
| 0412 | Change Data Element/Segment Number | 0404 | Initial RTW Physical Restrictions Indicator |
| 0413 | Change Reason Code                 | A    | Add   |
| 0412 | Change Data Element/Segment Number | 0405 | Initial RTW With Same Employer              |
| 0413 | Change Reason Code                 | A    | Add   |
| 0412 | Change Data Element/Segment Number | 0288 | Number of Benefits                          |
| 0413 | Change Reason Code                 | U    | Update                                      |



# What data is needed on the EDI reports?

## Element Requirement – 02 Changes:

A jurisdiction must identify if they want, or do not want, an 02 Change sent for each applicable Change Reason Code - Add, Update, Delete or Remove, for every data element on both the FROI and SROI. The way they express those requirements is by using Reportable Change Codes, to identify when to send an MTC 02 Change, and on what transaction, FROI or SROI.

| On<br>FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME   | FORMAT |                            |            | 00 | 01 | 02                     |         |            |            | 04         | AQ | AU | UR -<br>Update<br>Report |
|------------------------------|-----|------|---|--------|----------------------------|------------|----|----|------------------------|---------|------------|------------|------------|----|----|--------------------------|
|                              |     |      |   |        |                            |            |    |    | Reportable Change      |         |            |            |            |    |    |                          |
|                              |     |      |   |        | Migration<br>Consideration | Match Data |    |    | 02 Requirement<br>Code | A (Add) | U (Update) | D (Delete) | R (Remove) |    |    |                          |
|                              |     |      |   |        |                            |            |    |    |                        |         |            |            |            |    |    |                          |
|                              |     |      |   |        |                            |            |    |    |                        |         |            |            |            |    |    |                          |
| Both                         | 148 | 0015 | Claim Administrator Claim Number (Key Match)  | 25 A/N | NI                         |            | F  | F  | F                      | B       | K          | B          | B          | F  | F  | F                        |
| Both                         | 148 | 0016 | Employer FEIN   | 9 A/N  | NI                         |            | M  | NA | MC                     | N       | K          | B          | N          | MC | M  | M                        |
| FROI                         | 148 | 0021 | Employer Physical City  | 15 A/N | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0022 | Employer Physical State Code  | 2 A/N  | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| Both                         | 148 | 0023 | Employer Physical Postal Code   | 9 A/N  | NI                         |            | M  | NA | MC                     | K       | K          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0025 | Industry Code (TNBWC will accept NAICS at 5 or 6 digit level but would prefer 6) 2017 or 2012 codes are accepted. | 6 A/N  | NI                         |            | M  | NA | MC                     | Y       | Y          | B          | N          | M  | AR | AR                       |
| FROI                         | 148 | 0027 | Insured Location Identifier   | 15 A/N | NI                         |            | NA | NA | NA                     | N       | N          | B          | N          | NA | NA | NA                       |
| FROI                         | 148 | 0028 | Policy Number Identifier  | 18 A/N | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0029 | Policy Effective Date   | DATE   | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| FROI                         | 148 | 0030 | Policy Expiration Date  | DATE   | NI                         |            | MC | NA | MC                     | Y       | Y          | B          | Y          | MC | NA | MC                       |
| Both                         | 148 | 0031 | Date of Injury  | DATE   | NI                         | Y          | m  | m  | m                      | B       | K          | B          | B          | m  | m  | m                        |



# What data is needed on the EDI reports?

**REPORTABLE CHANGE CODES** are as follows, some of which may not be utilized on the New Mexico tables:

|  |  |
|--|--|
| Reportable Change Codes: Used in MTC 02 Reportable Change columns labeled A (Add) , U, (Update), R (Remove) and D (Delete)<br>Note: See IAIABC Release 3.1 Guide 02 Change Processing Rules in Section 4 for the full definitions.   |  |
| B: Restricted - IAIABC Defined No Change Allowed   |  |
| N: No Change Allowed - Will Reject if Present  |  |
| H: No Change Required - Will Not Reject if Present   |  |
| K: Required Change on FROI   |  |
| KG: Required Change on FROI with Exception   |  |
| Y: Required Change on FROI or on SROI not both   |  |
| YG: Required Change on FROI or on SROI not both with Exception   |  |
| I: Required Change on Either FROI or SROI not both – Claim Administrator Determines  |  |
| IG: Required Change on Either FROI or SROI not both with Exception – Claim Administrator Determines  |  |
| J: Required Change by Transaction Type - Change on SROI if Accepted otherwise Change on FROI   |  |
| JG: Required Change by Transaction Type with Exception - Change on SROI if Accepted otherwise Change on FROI   |  |
|  |  |
| Note: For Y, YG, J, JG, K and KG: Refer to the first column 'On FROI, SROI or Both' of the FROI Element Requirements and SROI Element Requirement Table for the indication of location of DN's. If value is not = Both then there is an indication of FROI (only on FROI) and SROI (only on SROI). |  |



# What data is needed on the EDI reports?



## 02 Exceptions

Exceptions are described in the *FROI* or *SROI 02 Exceptions* tab for all reportable change codes ending with “G”.

An example from New Mexico’s completed SROI 02 Exceptions Tab is below:

| Req Code | Change Reason Code | DN#  | DATA ELEMENT NAME  | EXCEPTIONS  |
|----------|--------------------|--|--|---|
| YG       | A                  | 0085,0086,<br>0087,0088,<br>0089,0090,<br>0091,0174,<br>0175,0192,<br>0211 | DN0085 Benefit Type Code<br>DN0086 Benefit Type Amount Paid<br>DN0087 Net Weekly Amount<br>DN0088 Benefit Period Start Date<br>DN0089 Benefit Period Through Date<br>DN0174 Gross Weekly Amount<br>DN0175 Gross Weekly Amount Effective Date<br>DN0192 Benefit Payment Issue Date<br>DN0211 Net Weekly Amount Effective Date | <p>SROI 02 Change may be sent to report a waiting period paid for a different Benefit Type from the Benefit Type previously reported on the IP (Initial Payment), EP (Employer Paid), or AP (Acquired Payment). This will be indicated as an A (Add) in the Change Variable Segment for the Benefit Segment because a new Benefit Segment occurrence was added. A new DN0085 Benefit Type Code was added and the DN0089 Benefit Period Through Date of the new DN0085 Benefit Type Code was prior to the DN0088 Benefit Period Start Date of the Initial Payment (IP, EP or AP).</p> <p>Refer to Code Usage Limitations in 02 Change Processing Rules in Section 4 of Claims Release 3.1 implementation guide, see 7.b, vii - Benefit processing rules vii.</p> |



# What data is needed on the EDI reports?

## Element Requirement – 02 Change Conditions:

The 02 Requirement Code column will indicate if a DN is F (Fatal) or M (Mandatory) and also reflects a highlighted MC to indicate that a condition applies.

| On FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME   | FORMAT |          |            | 00 | 01 | 02                     |                   |         |            |            |            |
|---------------------------|-----|------|---|--------|----------|------------|----|----|------------------------|-------------------|---------|------------|------------|------------|
|                           |     |      |   |        |          |            |    |    |                        | Reportable Change |         |            |            |            |
|                           |     |      |   |        | Capture? | Match Data |    |    | 02 Requirement<br>Code | Group             | A (Add) | U (Update) | D (Delete) | R (Remove) |
|                           |     |      |   |        |          |            |    |    |                        |                   |         |            |            |            |
| FROI                      | 148 | 0021 | Employer Physical City  | 15 A/N | Y        |            | M  | NA | MC                     |                   | Y       | Y          | B          | N          |
| FROI                      | 148 | 0022 | Employer Physical State Code  | 2 A/N  | Y        |            | MC | NA | MC                     |                   | Y       | Y          | B          | N          |
| Both                      | 148 | 0023 | Employer Physical Postal Code   | 9 A/N  | Y        |            | M  | NA | MC                     |                   | J       | J          | B          | N          |
| FROI                      | 148 | 0025 | Industry Code (must be 5 or 6 character valid 2022 NAICS Code or other future versions when applicable) | 6 A/N  | Y        |            | M  | NA | MC                     |                   | Y       | Y          | B          | Y          |
| FROI                      | 148 | 0027 | Insured Location Identifier   | 15 A/N | Y        |            | AR | NA | MC                     |                   | Y       | Y          | B          | Y          |
| FROI                      | 148 | 0028 | Policy Number Identifier  | 18 A/N | Y        |            | MC | NA | MC                     | 8                 | Y       | Y          | B          | N          |
| FROI                      | 148 | 0029 | Policy Effective Date   | DATE   | Y        |            | MC | NA | MC                     | 8                 | Y       | Y          | B          | N          |
| FROI                      | 148 | 0030 | Policy Expiration Date  | DATE   | Y        |            | MC | NA | MC                     | 8                 | Y       | Y          | B          | N          |



# What data is needed on the EDI reports?

## 02 Conditions



A light blue MC (Mandatory Conditional) requirement code is pre-populated in the 02 Requirement Code column to support the 02 Change Process.

It means, when a (any) data element number is indicated in the *Change Data Element/Segment Number* (DN0412), it becomes mandatory unless it is being removed with *Change Reason Code* (DN0413) is R – Remove.

| On FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME   | FORMAT |          |            | 00 | 01 | 02                     |       |         |            |            |            |
|---------------------------|-----|------|---|--------|----------|------------|----|----|------------------------|-------|---------|------------|------------|------------|
|                           |     |      |   |        |          |            |    |    | Reportable Change      |       |         |            |            |            |
|                           |     |      |   |        | Capture? | Match Data |    |    | 02 Requirement<br>Code | Group | A (Add) | U (Update) | D (Delete) | R (Remove) |
|                           |     |      |   |        |          |            |    |    |                        |       |         |            |            |            |
| FROI                      | 148 | 0021 | Employer Physical City  | 15 A/N | Y        |            | M  | NA | MC                     |       | Y       | Y          | B          | N          |
| FROI                      | 148 | 0022 | Employer Physical State Code  | 2 A/N  | Y        |            | MC | NA | MC                     |       | Y       | Y          | B          | N          |
| Both                      | 148 | 0023 | Employer Physical Postal Code   | 9 A/N  | Y        |            | M  | NA | MC                     |       | J       | J          | B          | N          |
| FROI                      | 148 | 0025 | Industry Code (must be 5 or 6 character valid 2022 NAICS Code or other future versions when applicable) | 6 A/N  | Y        |            | M  | NA | MC                     |       | Y       | Y          | B          | Y          |
| FROI                      | 148 | 0027 | Insured Location Identifier   | 15 A/N | Y        |            | AR | NA | MC                     |       | Y       | Y          | B          | Y          |
| FROI                      | 148 | 0028 | Policy Number Identifier  | 18 A/N | Y        |            | MC | NA | MC                     | 8     | Y       | Y          | B          | N          |
| FROI                      | 148 | 0029 | Policy Effective Date   | DATE   | Y        |            | MC | NA | MC                     | 8     | Y       | Y          | B          | N          |
| FROI                      | 148 | 0030 | Policy Expiration Date  | DATE   | Y        |            | MC | NA | MC                     | 8     | Y       | Y          | B          | N          |



# What data is needed on the EDI reports?



## 02 Conditions

In addition to this IAIABC pre-defined MTC 02 condition that is always applied, the jurisdiction may apply a conditional edit to the DN and add a condition to the FROI or SROI Conditions worksheet. When a condition is added to the Conditions worksheet then the jurisdiction is allowed to leave the MC with the blue shading or may optionally change the blue shading of the MC to yellow shading to further make the indication that a condition exists on the Conditional worksheet.

| On FROI,<br>SROI,<br>Both | REC | DN#  | DATA ELEMENT NAME   | FORMAT |          |            | 00 | 01 | 02                     |                   |         |            |            |            |
|---------------------------|-----|------|---|--------|----------|------------|----|----|------------------------|-------------------|---------|------------|------------|------------|
|                           |     |      |   |        |          |            |    |    |                        | Reportable Change |         |            |            |            |
|                           |     |      |   |        | Capture? | Match Data |    |    | 02 Requirement<br>Code | Group             | A (Add) | U (Update) | D (Delete) | R (Remove) |
|                           |     |      |   |        |          |            |    |    |                        |                   |         |            |            |            |
| FROI                      | 148 | 0021 | Employer Physical City  | 15 A/N | Y        |            | M  | NA | MC                     |                   | Y       | Y          | B          | N          |
| FROI                      | 148 | 0022 | Employer Physical State Code  | 2 A/N  | Y        |            | MC | NA | MC                     |                   | Y       | Y          | B          | N          |
| Both                      | 148 | 0023 | Employer Physical Postal Code   | 9 A/N  | Y        |            | M  | NA | MC                     |                   | J       | J          | B          | N          |
| FROI                      | 148 | 0025 | Industry Code (must be 5 or 6 character valid 2022 NAICS Code or other future versions when applicable) | 6 A/N  | Y        |            | M  | NA | MC                     |                   | Y       | Y          | B          | Y          |
| FROI                      | 148 | 0027 | Insured Location Identifier   | 15 A/N | Y        |            | AR | NA | MC                     |                   | Y       | Y          | B          | Y          |
| FROI                      | 148 | 0028 | Policy Number Identifier  | 18 A/N | Y        |            | MC | NA | MC                     | 8                 | Y       | Y          | B          | N          |
| FROI                      | 148 | 0029 | Policy Effective Date   | DATE   | Y        |            | MC | NA | MC                     | 8                 | Y       | Y          | B          | N          |
| FROI                      | 148 | 0030 | Policy Expiration Date  | DATE   | Y        |            | MC | NA | MC                     | 8                 | Y       | Y          | B          | N          |



# What data is needed on the EDI reports?

## 02 Conditions

As previously mentioned, when the MC is shaded in a light yellow, this is an indication that New Mexico has changed the shading from blue to yellow for the MC and has added a condition to the Conditions tab for MTC 02.

New Mexico has grouped several DN's together for the purposes of editing the 02 Changes. These grouped data elements are expected to all be present on the 02 transaction if one of them is being changed.

The MTC column distinguishes this condition is for the 02 MTC only, and where applicable, also indicates the Group number.

| Req Code | MTC                  | DN#  | DATA ELEMENT NAME     | BUSINESS CONDITION(S)  | TECHNICAL CONDITION(S)  |
|----------|----------------------|------|-----------------------|--|---|
| MC       | SROI 02<br>(Group 1) | 0068 | Initial RTW Date      | Data grouping MTC 02 Change relationship edits needed: All DNs must be present on the MTC 02 transaction for Add or Update or Remove to 0068 (Initial RTW Date), 0403 (Initial RTW Type Code), 0404 (Initial RTW Physical Restrictions Indicator).<br><br>Note: This edit is only applicable if the claim is a Non-Legacy Claim per the Legacy Claim Definition Tab. | If SROI MTC (DN0002) = 02 and Change Reason Code (DN0413) = A (Add) or = U (Update) and it is a Non-Legacy Claim per the Legacy Claim Definition Tab, then 0068 (Initial RTW Date) is required to be present on the MTC 02 transaction whenever Change Data Element/Segment Number (DN0412) = 0403 (Initial RTW Type Code) or = 0404 (Initial RTW Physical Restrictions Indicator).   |
| MC       | SROI 02<br>(Group 1) | 0403 | Initial RTW Type Code | Data grouping MTC 02 Change relationship edits needed: All DNs must be present on the MTC 02 transaction for Add or Update or Remove to 0068 (Initial RTW Date), 0403 (Initial RTW Type Code), 0404 (Initial RTW Physical Restrictions Indicator).<br><br>Note: This edit is only applicable if the claim is a Non-Legacy Claim per the Legacy Claim Definition Tab. | If SROI MTC (DN0002) = 02 and Change Reason Code (DN0413) = A (Add) or = U (Update) and it is a Non-Legacy Claim per the Legacy Claim Definition Tab, then DN0403 (Initial RTW Type Code) is required to be present on the MTC 02 transaction whenever Change Data Element/Segment Number (DN0412) = 0068 (Initial RTW Date) or = 0404 (Initial RTW Physical Restrictions Indicator). |



# What data is needed on the EDI reports?

## 02 Conditions

The example illustrates “SROI 02 Group 1” for the Initial RTW Date and the other 2 related data elements, Initial RTW Type Code, Initial RTW Physical Restrictions Indicator.

| Req Code | MTC                  | DN#  | DATA ELEMENT NAME                           | BUSINESS CONDITION(S)  | TECHNICAL CONDITION(S)  |
|----------|----------------------|------|---|--|---|
| MC       | SROI 02<br>(Group 1) | 0068 | Initial RTW Date                            | Data grouping MTC 02 Change relationship edits needed: All DNs must be present on the MTC 02 transaction for Add or Update or Remove to 0068 (Initial RTW Date), 0403 (Initial RTW Type Code), 0404 (Initial RTW Physical Restrictions Indicator).<br><br>Note: This edit is only applicable if the claim is a Non-Legacy Claim per the Legacy Claim Definition Tab. | If SROI MTC (DN0002) = 02 and Change Reason Code (DN0413) = A (Add) or = U (Update) and it is a Non-Legacy Claim per the Legacy Claim Definition Tab, then 0068 (Initial RTW Date) is required to be present on the MTC 02 transaction whenever Change Data Element/Segment Number (DN0412) = 0403 (Initial RTW Type Code) or = 0404 (Initial RTW Physical Restrictions Indicator).   |
| MC       | SROI 02<br>(Group 1) | 0403 | Initial RTW Type Code                       | Data grouping MTC 02 Change relationship edits needed: All DNs must be present on the MTC 02 transaction for Add or Update or Remove to 0068 (Initial RTW Date), 0403 (Initial RTW Type Code), 0404 (Initial RTW Physical Restrictions Indicator).<br><br>Note: This edit is only applicable if the claim is a Non-Legacy Claim per the Legacy Claim Definition Tab. | If SROI MTC (DN0002) = 02 and Change Reason Code (DN0413) = A (Add) or = U (Update) and it is a Non-Legacy Claim per the Legacy Claim Definition Tab, then DN0403 (Initial RTW Type Code) is required to be present on the MTC 02 transaction whenever Change Data Element/Segment Number (DN0412) = 0068 (Initial RTW Date) or = 0404 (Initial RTW Physical Restrictions Indicator). |
| MC       | SROI 02<br>(Group 1) | 0404 | Initial RTW Physical Restrictions Indicator | Data grouping MTC 02 Change relationship edits needed: All DNs must be present on the MTC 02 transaction for Add or Update or Remove to 0068 (Initial RTW Date), 0403 (Initial RTW Type Code), 0404 (Initial RTW Physical Restrictions Indicator).<br><br>Note: This edit is only applicable if the claim is a Non-Legacy Claim per the Legacy Claim Definition Tab. | If SROI MTC (DN0002) = 02 and Change Reason Code (DN0413) = A (Add) or = U (Update) and it is a Non-Legacy Claim per the Legacy Claim Definition Tab, then 0404 (Initial RTW Physical Restrictions Indicator) is required to be present on the MTC 02 transaction whenever Change Data Element/Segment Number (DN0412) = 0403 (Initial RTW Type Code) or = 0068 (Initial RTW Date).   |



# What edits will be applied to the EDI data?

## **New Mexico Edit Matrix:**

The New Mexico Edit Matrix defines the edits that will be applied to the EDI data. It conveys each specific edit that will be applied to each data element and provides the standard error messages associated with these edits.



# Tables Located in the Edit Matrix

- **Instructions**
- **IAIABC Change Log**
- **New Mexico Edit Matrix Change Log:** summary of all changes to Edit Matrix from one version to another
- **DN-Error Message:** “standard” editing developed for Release 3.1 data elements and New Mexico specific edits
- **Value Table:** expresses acceptable code values
- **Valid Value Detail Page 1 and 2:** two tables showing another version of the value table containing the code values, definitions what New Mexico accepts
- **Match Data:** describes the data elements used to determine if the report will create a new claim or find an existing claim
- **Population Restrictions:** contains any restrictions applied to the data element(s)
- **Legacy Claim Definition:** Defines a Legacy and Non-Legacy Claim as it applies to the editing.
- **New Mexico Accident Site County List:** provides New Mexico’s Accident Site County Names used for edit on DN0118 Accident Site County/Parish for error 111 (Must be valid content)
- **Sequencing Table:** contains MTC types with the order/sequence that they can be sent



# DN Error Message Table

Data Element Numbers and Names are listed down the left columns.

| On FROI, SROI, Both, Header, Trailer | DN   | IAIABC Data Element Name   | Match Data? | Jurisdiction will apply edits? | Population Restrictions Indicator | Group | Mandatory field not present | Number of Days Worked must be 0-7 | Days must be 0-6 | All digits must be 0-9 | Must be a valid date (CCYYMMDD) | Must be A-Z, 0-9, or spaces | Must be a valid time | Must be <= Date of Injury | Must be >= Date of Injury |
|--------------------------------------|------|----------------------------|-------------|--------------------------------|-----------------------------------|-------|-----------------------------|-----------------------------------|------------------|------------------------|---------------------------------|-----------------------------|----------------------|---------------------------|---------------------------|
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0000 | Entire Batch               |             | Y                              |                                   |       | L                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0001 | Transaction Set ID         |             | F                              |                                   |       | F                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0002 | Maintenance Type Code      |             | F                              | P                                 |       | F                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0003 | Maintenance Type Code Date |             | F                              | P                                 |       | F                           |                                   |                  |                        | L                               |                             |                      |                           | L                         |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0004 | Jurisdiction Code          |             | F                              | P                                 |       | F                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0005 | Jurisdiction Claim Number  |             | Y                              | Y                                 | P     | L                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0006 | Insurer FEIN               |             | Y                              | F                                 | P     | F                           |                                   |                  | L                      |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| FROI                                 | 0007 | Insurer Name               |             | Y                              |                                   |       | L                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
|                                      |      |                            |             |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |



# DN Error Message Table

Error Message Numbers and associated descriptions are listed across the top of the table.

| On FROI, SROI, Both, Header, Trailer | Sorted by Error Message & DN | IAIABC Data Element Name   | 001                         | 018                               | 019                               | 028                    | 029                             | 030                               | 031                  | 033                         | 034                             |
|--------------------------------------|------------------------------|----------------------------|-----------------------------|-----------------------------------|-----------------------------------|------------------------|---------------------------------|-----------------------------------|----------------------|-----------------------------|---------------------------------|
|                                      |                              |                            | Mandatory field not present | Number of Days Worked must be 0-7 | Days must be 0-6                  | All digits must be 0-9 | Must be a valid date (CCYYMMDD) | Must be A-Z, 0-9, or spaces       | Must be a valid time | Must be <= Date of Injury   | Must be >= Date of Injury       |
|                                      |                              |                            | Match Data?                 | Jurisdiction will apply edits?    | Population Restrictions Indicator | Group                  | Mandatory field not present     | Number of Days Worked must be 0-7 | Days must be 0-6     | All digits must be 0-9      | Must be a valid date (CCYYMMDD) |
|                                      |                              |                            |                             |                                   |                                   |                        |                                 |                                   |                      | Must be A-Z, 0-9, or spaces | Must be a valid time            |
|                                      |                              |                            |                             |                                   |                                   |                        |                                 |                                   |                      | Must be <= Date of Injury   | Must be >= Date of Injury       |
|                                      |                              |                            |                             |                                   |                                   |                        |                                 |                                   |                      |                             |                                 |
|                                      |                              |                            |                             |                                   |                                   |                        |                                 |                                   |                      |                             |                                 |
|                                      |                              |                            |                             |                                   |                                   |                        |                                 |                                   |                      |                             |                                 |
|                                      |                              |                            |                             |                                   |                                   |                        |                                 |                                   |                      |                             |                                 |
|                                      |                              |                            |                             |                                   |                                   |                        |                                 |                                   |                      |                             |                                 |
| Both                                 | 0000                         | Entire Batch               |                             | Y                                 |                                   |                        | L                               |                                   |                      |                             |                                 |
| Both                                 | 0001                         | Transaction Set ID         |                             | F                                 |                                   |                        | F                               |                                   |                      |                             |                                 |
| Both                                 | 0002                         | Maintenance Type Code      |                             | F                                 | P                                 |                        | F                               |                                   |                      |                             |                                 |
| Both                                 | 0003                         | Maintenance Type Code Date |                             | F                                 | P                                 |                        | F                               |                                   | L                    |                             | L                               |
| Both                                 | 0004                         | Jurisdiction Code          |                             | F                                 | P                                 |                        | F                               |                                   |                      |                             |                                 |
| Both                                 | 0005                         | Jurisdiction Claim Number  | Y                           | Y                                 | P                                 |                        | L                               |                                   |                      |                             |                                 |
| Both                                 | 0006                         | Insurer FEIN               | Y                           | F                                 | P                                 |                        | F                               |                                   | L                    |                             |                                 |
| FROI                                 | 0007                         | Insurer Name               |                             | Y                                 |                                   |                        | L                               |                                   |                      |                             |                                 |



# DN Error Message Table

When there is a Y in the “Jurisdiction will apply edits?” column, this indicates that the specific edits will be applied to the data element.

| Sorted by Error Message & DN         |      |                            | Match | Jurisdiction will apply edits? | Population Restrictions Indicator | Group | Mandatory field not present | Number of Days Worked must be 0-7 | Days must be 0-6 | All digits must be 0-9 | Must be a valid date (CCYYMMDD) | Must be A-Z, 0-9, or spaces | Must be a valid time | Must be <= Date of Injury | Must be >= Date of Injury |
|--------------------------------------|------|----------------------------|-------|--------------------------------|-----------------------------------|-------|-----------------------------|-----------------------------------|------------------|------------------------|---------------------------------|-----------------------------|----------------------|---------------------------|---------------------------|
| On FROI, SROI, Both, Header, Trailer | DN   | IAIABC Data Element Name   |       |                                |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0000 | Entire Batch               |       | Y                              |                                   |       | L                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0001 | Transaction Set ID         |       |                                |                                   |       | F                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0002 | Maintenance Type Code      |       | F                              | P                                 |       | F                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0003 | Maintenance Type Code Date |       | F                              | P                                 |       | F                           |                                   |                  | L                      |                                 |                             |                      |                           | L                         |
| Both                                 | 0004 | Jurisdiction Code          |       | F                              | P                                 |       | F                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0005 | Jurisdiction Claim Number  | Y     | Y                              | P                                 |       | L                           |                                   |                  |                        |                                 |                             |                      |                           |                           |
| Both                                 | 0006 | Insurer FEIN               | Y     | F                              | P                                 |       | F                           |                                   |                  | L                      |                                 |                             |                      |                           |                           |
| FROI                                 | 0007 | Insurer Name               |       | Y                              |                                   |       | L                           |                                   |                  |                        |                                 |                             |                      |                           |                           |



# DN Error Message Table

N in the “Jurisdiction will apply edits?” column: This indicates that the edits will not be applied to the data element at all.

An L for a data element means the corresponding “Logical” edit will be applied.

If an L is grayed out, this means the edit will not be applied to the specific data element.

All other non-grayed L’s for that data element will be applied

|                                      | Sorted by Error Message & DN |   | Match Data | Jurisdiction will apply edits? | Population Restrictions Indicator | Group | Mandatory field not present | Number of Days Worked must be 0-7 | Days must be 0-6 | All digits must be 0-9 | Must be a valid date (CCYYMMDD) | Must be A-Z, 0-9, or spaces | Must be a valid time | Must be <= Date of Injury | Must be >= Date of Injury | Must be >= Initial Date Disability Began |
|--------------------------------------|------------------------------|---|------------|--------------------------------|-----------------------------------|-------|-----------------------------|-----------------------------------|------------------|------------------------|---------------------------------|-----------------------------|----------------------|---------------------------|---------------------------|--|
| On FROI, SROI, Both, Header, Trailer | DN                           | IAIABC Data Element Name                          |            |                                |                                   |       | 001                         | 018                               | 019              | 028                    | 029                             | 030                         | 031                  | 033                       | 034                       | 035                                      |
| Both                                 | 0144                         | Current Date Disability Began                     |            | Y                              |                                   |       | L                           |                                   |                  |                        | L                               |                             |                      |                           | L                         | L  |
| Both                                 | 0145                         | Current Date Last Day Worked                      |            | Y                              | P                                 |       | L                           |                                   |                  |                        | L                               |                             |                      |                           | L                         | L  |
| Both                                 | 0146                         | Death Result of Injury Code                       |            | Y                              | P                                 | 3     | L                           |                                   |                  |                        |                                 |                             |                      |                           |                           |  |
| SROI                                 | 0147                         | Deemed Reduced Earnings                           |            | N                              |                                   |       |                             |                                   |                  | L                      |                                 |                             |                      |                           |                           |  |
| SROI                                 | 0149                         | Discontinued Fringe Benefits                      |            | N                              |                                   |       |                             |                                   |                  | L                      |                                 |                             |                      |                           |                           |  |
| FROI                                 | 0150                         | Employee Authorization to Release Medical Records |            | N                              |                                   |       |                             |                                   |                  |                        |                                 |                             |                      |                           |                           |  |







# Valid Value Detail Page 1 & 2

Summary of all codes and descriptions. Greyed codes are not accepted by New Mexico.

| MAINTENANCE TYPE CODE (MTC's) (DN0002) |  |                                |  |
|--|--|--------------------------------|--|
| FIRST REPORT:                          |  |                                |  |
| 00                                     | Original                                       | AQ                             | Acquired Claim                             |
| 01                                     | Cancel Entire Claim                            | CO                             | Correction                                 |
| 02                                     | Change   | UI                             | Under Investigation                        |
| 04                                     | Denial   | UR                             | Upon Request (Grandfathered)               |
| AU                                     | Acquired/Unallocated                           | UR                             | Update Report                              |
| SUBSEQUENT REPORT:                     |  |                                |  |
| 02                                     | Change   | PX                             | Partial Suspension                         |
| 04                                     | Denial   | RB                             | Reinstatement of Benefit                   |
| AB                                     | Add Concurrent Benefit Type                    | SU                             | Sync Up                                    |
| AC                                     | Acquisition/Indemnity Ceased                   | SX                             | Full Suspension                            |
| AP                                     | Acquired/Payment                               | UI                             | Under Investigation                        |
| CA                                     | Change in Benefit Amount                       | UR                             | Upon Request (Grandfathered)               |
| CB                                     | Change in Benefit Type                         | UR                             | Update Report                              |
| CD                                     | Compensable Death - No Known Dependents/Payees | VE                             | Volunteer                                  |
| CO                                     | Correction                                     | AN                             | Annual                                     |
| EP                                     | Employer Paid                                  | BM                             | Bi-Monthly                                 |
| ER                                     | Employer Reinstatement                         | BW                             | Bi-Weekly                                  |
| FN                                     | Final  | MN                             | Monthly                                    |
| IP                                     | Initial Payment                                | QT                             | Quarterly                                  |
| NT                                     | Narrative                                      | SA                             | Sub-Annual                                 |
| PD                                     | Partial Denial                                 |                                |  |
| PY                                     | Payment Report                                 |                                |  |
| BENEFIT TYPE CODE (DN0085)             |  |                                |  |
| REGULAR BENEFIT TYPES:                 |  | LUMP SUM PAYMENTS/SETTLEMENTS: |  |
| 010                                    | Fatal  | 500                            | Unspecified Lump Sum Pmt/Settlement        |
| 020                                    | Permanent Total                                | 501                            | Medical Lump Sum Pmt/Settlement            |
| 021                                    | Permanent Total Supplemental                   | 510                            | Fatal Lump Sum Pmt/Settlement              |
| 030                                    | Permanent Partial/Scheduled                    | 520                            | Permanent Total Lump Sum Pmt/Settlement    |
| 040                                    | Permanent Partial/Unscheduled                  | 521                            | Perm Total Supp Lump Sum Pmt/Settlement    |
| 050                                    | Temporary Total                                | 524                            | Employer Paid Lump Sum Pmt/Settlement      |
| 051                                    | Catastrophic Benefits                          | 530                            | Perm Partial Sch Lump Sum Pmt/Settlement   |
| 070                                    | Temporary Partial                              | 540                            | Perm Partial Unsch Lump Sum Pmt/Settlement |
| 080                                    | Employer's Liability                           | 541                            | Voc Rehab Maint Lump Sum Pmt/Settlement    |



# Match Data

To match incoming reports to reports in New Mexico's database for processing, New Mexico identifies their primary "match" data element values indicated by 'P' for Primary.

| GROUPING            | DN   | DATA ELEMENT NAME                               | New Claims<br>(Note: When JCN is not sent then use this column for all MTC's except AQ/AU) | Existing Claims<br>(Note: When JCN is sent then use this column for all MTC's including AQ and AU, excluding UR and JE) | Acquired Claims<br>(MTC AU Only)<br>(Note: When JCN is not sent then use this column)<br>(4) |
|---------------------|------|---|--|---|--|
| Claim               | 0004 | Jurisdiction Code                               |  |   |  |
|                     | 0005 | Jurisdiction Claim Number                       |  | P   |  |
|                     | 0015 | Claim Administrator Claim Number                |  |   |  |
| Claimant            |      | Employee ID                                     |  |   |  |
|                     |      | § Employee SSN – Preferred (DN0042)             | P  | S   | P  |
|                     |      | § Employee Green Card (DN0153)                  |  |   |  |
|                     |      | § Employee Employment Visa (DN0152)             |  |   |  |
|                     |      | § Employee ID Assigned by Jurisdiction (DN0154) | P  | S   | P  |
|                     |      | § Employee Passport Number (DN0156)             |  |   |  |
|                     |      | § Employee ITIN Number (DN0437)                 |  |   |  |
|                     | 0206 | Employee Security ID                            |  |   |  |
|                     | 0031 | Date of Injury                                  | P  | S   | P  |
|                     | 0043 | Employee Last Name                              | P  | S   | P  |
|                     | 0044 | Employee First Name                             | P  | S   | P  |
|                     | 0052 | Employee Date of Birth                          |  |   |  |
| Claim Administrator | 0187 | Claim Administrator FEIN (1)                    | P  | S   |  |
|                     | 0014 | Claim Administrator Postal Code                 |  |   |  |
| Employer            | 0016 | Employer FEIN                                   |  |   |  |
|                     | 0329 | Employer UI Number                              |  |   |  |
|                     | 0230 | Employer ID Assigned by Jurisdiction            |  |   |  |
| Insurer             | 0006 | Insurer FEIN (1)                                | P  | S   |  |
| Transaction         | 0295 | Maintenance Type Correction Code (2)            |  |   |  |
|                     | 0296 | Maintenance Type Correction Code Date (2)       |  |   |  |
|                     | 0002 | Maintenance Type Code                           |  | P   | P  |
|                     | 0003 | Maintenance Type Code Date                      |  | P   | P  |



# Match Data

New Mexico's Secondary Match Data Elements are indicated by 'S' Secondary as shown. In the case of 'Existing Claims' JCN, MTC and MTC Date are used as Primary and the other DN's indicated with 'S' are used as Secondary.

| GROUPING            | DN   | DATA ELEMENT NAME                               | New Claims<br>(Note: When JCN is not sent then use this column for all MTC's except AQ/AU) | Existing Claims<br>(Note: When JCN is sent then use this column for all MTC's including AQ and AU, excluding UR and JE) | Acquired Claims<br>(MTC AU Only)<br>(Note: When JCN is not sent then use this column)<br>(4) |
|---------------------|------|---|--|---|--|
| Claim               | 0004 | Jurisdiction Code                               |  |   |  |
|                     | 0005 | Jurisdiction Claim Number                       |  | P   |  |
|                     | 0015 | Claim Administrator Claim Number                |  |   |  |
| Claimant            |      | Employee ID                                     |  |   |  |
|                     |      | § Employee SSN – Preferred (DN0042)             | P  | S   | P  |
|                     |      | § Employee Green Card (DN0153)                  |  |   |  |
|                     |      | § Employee Employment Visa (DN0152)             |  |   |  |
|                     |      | § Employee ID Assigned by Jurisdiction (DN0154) | P  | S   | P  |
|                     |      | § Employee Passport Number (DN0156)             |  |   |  |
|                     |      | § Employee ITIN Number (DN0437)                 |  |   |  |
|                     | 0206 | Employee Security ID                            |  |   |  |
|                     | 0031 | Date of Injury                                  | P  | S   | P  |
|                     | 0043 | Employee Last Name                              | P  | S   | P  |
|                     | 0044 | Employee First Name                             | P  | S   | P  |
| Claim Administrator | 0052 | Employee Date of Birth                          |  |   |  |
|                     | 0187 | Claim Administrator FEIN (1)                    | P  | S   |  |
| Employer            | 0014 | Claim Administrator Postal Code                 |  |   |  |
|                     | 0016 | Employer FEIN                                   |  |   |  |
|                     | 0329 | Employer UI Number                              |  |   |  |
| Insurer             | 0230 | Employer ID Assigned by Jurisdiction            |  |   |  |
|                     | 0006 | Insurer FEIN (1)                                | P  | S   |  |
| Transaction         | 0295 | Maintenance Type Correction Code (2)            |  |   |  |
|                     | 0296 | Maintenance Type Correction Code Date (2)       |  |   |  |
|                     | 0002 | Maintenance Type Code                           |  | P   | P  |
|                     | 0003 | Maintenance Type Code Date                      |  | P   | P  |



# Match Data

New Mexico also has a column on their Match Data Table to communicate the Primary and Secondary Match data that is used to match to Acquired Claims (for MTC AU when the JCN is not sent).

| GROUPING            | DN   | DATA ELEMENT NAME                               | New Claims<br>(Note: When JCN is not sent then use this column for all MTC's except AQ/AU) | Existing Claims<br>(Note: When JCN is sent then use this column for all MTC's including AQ and AU, excluding UR and JE) | Acquired Claims<br>(MTC AU Only)<br>(Note: When JCN is not sent then use this column)<br>(4) |
|---------------------|------|---|--|---|--|
| Claim               | 0004 | Jurisdiction Code                               |  |   |  |
|                     | 0005 | Jurisdiction Claim Number                       |  | P   |  |
|                     | 0015 | Claim Administrator Claim Number                |  |   |  |
| Claimant            |      | Employee ID                                     |  |   |  |
|                     |      | § Employee SSN – Preferred (DN0042)             | P  | S   | P  |
|                     |      | § Employee Green Card (DN0153)                  |  |   |  |
|                     |      | § Employee Employment Visa (DN0152)             |  |   |  |
|                     |      | § Employee ID Assigned by Jurisdiction (DN0154) | P  | S   | P  |
|                     |      | § Employee Passport Number (DN0156)             |  |   |  |
|                     |      | § Employee ITIN Number (DN0437)                 |  |   |  |
|                     | 0206 | Employee Security ID                            |  |   |  |
|                     | 0031 | Date of Injury                                  | P  | S   | P  |
|                     | 0043 | Employee Last Name                              | P  | S   | P  |
| Claim Administrator | 0044 | Employee First Name                             | P  | S   | P  |
|                     | 0052 | Employee Date of Birth                          |  |   |  |
|                     | 0187 | Claim Administrator FEIN (1)                    | P  | S   |  |
| Employer            | 0014 | Claim Administrator Postal Code                 |  |   |  |
|                     | 0016 | Employer FEIN                                   |  |   |  |
|                     | 0329 | Employer UI Number                              |  |   |  |
| Insurer             | 0230 | Employer ID Assigned by Jurisdiction            |  |   |  |
|                     | 0006 | Insurer FEIN (1)                                | P  | S   |  |
| Transaction         | 0295 | Maintenance Type Correction Code (2)            |  |   |  |
|                     | 0296 | Maintenance Type Correction Code Date (2)       |  |   |  |
|                     | 0002 | Maintenance Type Code                           |  | P   | P  |
|                     | 0003 | Maintenance Type Code Date                      |  | P   | P  |



# Match Data

Please note that New Mexico will not be utilizing the “Additional Match Data Confirmation” section to confirm if the claim is a duplicate, for the rare situations where there may be multiple accidents for the same Employee on the same Date of Injury.

|        |      |                  | New Claims | Existing Claims | Acquired Claims<br>(MTC AU Only) |
|--------|------|------------------|------------|-----------------|----------------------------------|
| Injury | 0035 | Nature of Injury | NA         | NA              | NA                               |
|        | 0037 | Cause of Injury  | NA         | NA              | NA                               |
|        |      |                  |            |                 |                                  |



# Match Data

For existing claims, only one Match Data Element can be changed on the same MTC 02 Change transaction, unless noted otherwise on the Category Legend. Error message *117- Match data value not consistent with value previously reported* will be returned resulting in a TR-Transaction Rejected acknowledgment.

| GROUPING            | DN   | DATA ELEMENT NAME                               | New Claims<br>(Note: When JCN is not sent then use this column for all MTC's except AQ/AU) | Existing Claims<br>(Note: When JCN is sent then use this column for all MTC's including AQ and AU, excluding UR and JE) | Acquired Claims<br>(MTC AU Only)<br>(Note: When JCN is not sent then use this column)<br>(4) |
|---------------------|------|---|--|---|--|
| Claim               | 0004 | Jurisdiction Code                               |  |   |  |
|                     | 0005 | Jurisdiction Claim Number                       |  | P   |  |
|                     | 0015 | Claim Administrator Claim Number                |  |   |  |
| Claimant            |      | Employee ID                                     |  |   |  |
|                     |      | § Employee SSN – Preferred (DN0042)             | P  | S   | P  |
|                     |      | § Employee Green Card (DN0153)                  |  |   |  |
|                     |      | § Employee Employment Visa (DN0152)             |  |   |  |
|                     |      | § Employee ID Assigned by Jurisdiction (DN0154) | P  | S   | P  |
|                     |      | § Employee Passport Number (DN0156)             |  |   |  |
|                     |      | § Employee ITIN Number (DN0437)                 |  |   |  |
|                     | 0206 | Employee Security ID                            |  |   |  |
|                     | 0031 | Date of Injury                                  | P  | S   | P  |
|                     | 0043 | Employee Last Name                              | P  | S   | P  |
|                     | 0044 | Employee First Name                             | P  | S   | P  |
| Claim Administrator | 0052 | Employee Date of Birth                          |  |   |  |
|                     | 0187 | Claim Administrator FEIN (1)                    | P  | S   |  |
| Employer            | 0014 | Claim Administrator Postal Code                 |  |   |  |
|                     | 0016 | Employer FEIN                                   |  |   |  |
|                     | 0329 | Employer UI Number                              |  |   |  |
|                     | 0230 | Employer ID Assigned by Jurisdiction            |  |   |  |
| Insurer             | 0006 | Insurer FEIN (1)                                | P  | S   |  |
| Transaction         | 0295 | Maintenance Type Correction Code (2)            |  |   |  |
|                     | 0296 | Maintenance Type Correction Code Date (2)       |  |   |  |
|                     | 0002 | Maintenance Type Code                           |  | P   | P  |
|                     | 0003 | Maintenance Type Code Date                      |  | P   | P  |

Note: Transaction Grouping' is not applicable to the MTC 02 Change transaction.



The limitation of changing one match data element does not apply to or consider the ‘Additional’ match data elements.

Category Legend as indicated by ‘Applicable = Y’ allows: Employee First Name (DN0043) and Employee Last Name (DN0044) to both change on the FROI 02 Change.

| <i>Multiple element changes Category legend:</i> |  | <i>Applicable?<br/>(Y/N)</i> |
|--|--|------------------------------|
| Category   | Conditions   |                              |
| 1  | Employee First Name (DN0043) and Employee Last Name (DN0044)                         | Y                            |
| 2  | Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187)                          | Y                            |
| 3  | Claim Administrator postal code (DN0014) and Claim Administrator FEIN (DN0187)       | N                            |
| 4  | Employer FEIN (DN0016), Insurer FEIN (DN0006), and Claim Administrator FEIN (DN0187) | N                            |
| 5  | Employer FEIN (DN0016), Insurer FEIN (DN0006)  | N                            |
| 7  | 7 or greater - jurisdiction must define custom allowable combinations                | N                            |



# Population Restrictions

Where “P” exists in the Population Restrictions Indicator column of the *DN-Error Message* table, there will be a corresponding entry in the Populations Restrictions table.

| Sorted by Error Message & DN         |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|--------------------------------------|----|--------------------------|-------------|--------------------------------|-----------------------------------|--|--|----|--|--|--|--|--|--|--|
| On FROI, SROI, Both, Header, Trailer | DN | IAIABC Data Element Name | Match Data? | Jurisdiction will apply edits? | Population Restrictions Indicator |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
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|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
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|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
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|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  |    |  |  |  |  |  |  |  |
|                                      |    |                          |             |                                |                                   |  |  | </ |  |  |  |  |  |  |  |



# Population Restrictions

Each *Population Restriction* contains: ➤ The DN # and Name

| DN   | Report or MTC | Data Element Name                            | Population Restriction  | Exception  | Error Message Number | Error Message Text    | Element Error Text (DN0291)                    |
|------|---------------|--|---|--|----------------------|-----------------------|--|
| 0002 | FROI          | Maintenance Type Code (for FROI)             | Valid values are limited to the values shown on Valid Value table.  |  | 042                  | Not statutorily valid | Refer to Value Table for valid values          |
| 0002 | SROI          | Maintenance Type Code (for SROI)             | Valid values are limited to the values shown on Valid Value table.  |  | 042                  | Not statutorily valid | Refer to Value Table for valid values          |
| 0002 | SROI          | Maintenance Type Code (For Benefits Segment) | <p>When the MTC applies to the claim as a whole, the MTC is sent at the Claim Level (A49) only and is not at the Benefit Level.</p> <p>Below are the SROI MTC's for this edit that apply to Claim as a whole. See Valid Value for the SROI MTC's accepted by jurisdiction.</p> <p>SROI MTC: AN, BM, BW, MN, QT, SA or (CO where DN0295 MTCC Code = AN, BM, BW, MN, QT or SA if CO accepted by jurisdiction)</p> <p>SROI MTC: 04, CD, FN, PD, (PY with BTC 5xx), UR, VE or (CO where MTCC Code = 04, CD, FN, PD or UR if CO accepted by jurisdiction).</p>   |  | 111                  | Must be valid content | MTC at benefit level not valid                 |
| 0002 | SROI          | Maintenance Type Code (For Benefits Segment) | <p>SROI DN0002 Maintenance Type Code (For Benefits Segment)</p> <p>MTC at the Benefit Level must be the same as the MTC at the Claim Level of the transaction for at least one Benefit Segment when the Subsequent Report affects a Benefit Type.</p> <p>Below are the SROI MTC's for this edit that apply to the Benefit Level that affects a particular Benefit Type. All other Benefit segments present on the same transaction do not require an MTC at the Benefit Level.</p> <p>Event: For MTC's if the SROI MTC is accepted by Jurisdiction: AB, AP, CB, EP, ER, IP PY (Benefit Type Codes other than 5XX) RB, CA, 02, CO, PX, SX, SU.</p> | Do Not apply to SROI SX if latest or only BTC reported is 5xx. | 111                  | Must be valid content | MTC at claim and benefit level do not match    |
| 0002 | SROI PY       | Maintenance Type Code (For Benefits Segment) | <p>Apply to SROI PY Only: The MTC PY must be at the Benefit Level IF the Benefit segment with the most recent Benefit Period Through Date is for DN0085 Benefit Type Code = 0XX AND a Payment segment exists with the same corresponding DN0222 Payment Reason Code = 0XX.</p> <p>Note: If the Benefit segment with the most recent Benefit Period Through Date is for DN0085 Benefit Type Code = 5xx, AND a Payment segment exists with the same corresponding DN0222 Payment Reason Code = 5xx, then the MTC PY is NOT required at the Benefit Level.</p>   |  | 111                  | Must be valid content | MTC PY at claim and benefit level do not match |



# Population Restrictions

## Each *Population Restriction* contains:

Population Restriction, Exception (if applicable), Element Error Number, Error Message Text and the Element Error Text

| DN   | Report or MTC | Data Element Name          | Population Restriction   | Exception | Error Message Number | Error Message Text   | Element Error Text (DN0291)                    |
|------|---------------|----------------------------|--|-----------|----------------------|--|--|
| 0003 | SROI          | Maintenance Type Code Date | If incoming SROI: Check to see if there is a SROI in TA acknowledgment status:<br>If <b>NO SROI</b> in TA ack status: Must be greater than or equal to MTC Date (DN0003) of last FROI MTC Report that is in TA acknowledgment status.  |           | 064                  | Invalid data relationship                                      | Must be >= last FROI MTCDate for Rpt in TA ack |
| 0003 | SROI          | Maintenance Type Code Date | If incoming SROI: Check to see if there is a SROI in TA acknowledgment status:<br>If <b>YES SROI</b> in TA ack status: Must be greater than or equal to MTC Date (DN0003) of last SROI MTC Report that is in TA acknowledgment status. |           | 064                  | Invalid data relationship                                      | Must be >= last SROI MTCDate for Rpt in TA ack |
| 0003 | FROI          | Maintenance Type Code Date | If incoming FROI: Must be greater than or equal to MTC Date (DN0003) of last FROI MTC Report that is in TA acknowledgment status.  |           | 064                  | Invalid data relationship                                      | Must be >= last MTCDate for FROI in TA ack     |
| 0004 | FROI & SROI   | Jurisdiction Code          | Value must be equal to NM  |           | 111                  | Must be valid content  | Value must be equal to NM                      |
| 0005 | FROI & SROI   | Jurisdiction Claim Number  | Must be the same number assigned by Jurisdiction when the claim was established. See Match Data Processing Note for additional information.  |           | 117                  | Match data value not consistent with value previously reported | Match Data - JCN must be same as assigned JCN  |
| 0006 | FROI 02       | Insurer FEIN               | Insurer FEIN (DN0006) and Claim Administrator FEIN (DN0187) can be changed in one transaction. See Match Data Table under 'Category 2'.  |           | 117                  | Match data value not consistent with value previously reported | Only 2 match DN's can change; per Category 2   |
| 0006 | FROI & SROI   | Insurer FEIN               | Insurer FEIN must be identified as a valid Insurer for the Sender per TP Profile based on Sender ID (FEIN and Postal Code) and Insurer FEIN validation.  |           | 064                  | Invalid data relationship                                      | Insurer FEIN must be valid for Sender          |



# Population Restrictions

Let's look at an example for DN0154  
Employee ID Assigned by Jurisdiction

| DN   | Report or MTC | Data Element Name                    | Population Restriction   | Exception  | Error Message Number | Error Message Text    | Element Error Text (DN0291)                 |
|------|---------------|--------------------------------------|--|--|----------------------|-----------------------|---|
| 0154 | FROI          | Employee ID Assigned by Jurisdiction | <p>DN0154 Employee ID Assigned by Jurisdiction</p> <p>If DN0042 is not available then NM will accept the following:</p> <p>When establishing a claim must be:</p> <p>Option 1: First Character of DN0044 Employee First Name followed by First Character of DN0043 Employee Last Name followed by DN0052-Employee Date of Birth (MMDDYY), followed by a sequential number starting at 1 and no greater than 9. e.g. XX0515901 (where Date of Birth is May 15, 1990 and a sequential number = 1 for the first claim established)</p> <p><b>OR</b></p> <p>Option 2: If Date of Birth is not available, use First Character of DN0044 Employee First Name followed by First Character of DN0043 Employee Last Name followed by DN0031-Date of Injury (MMDDYY), followed by a sequential number starting at 1 and no greater than 9. e.g. XX0301241 (where Date of Injury is March 01, 2024 and a sequential number = 1 for the first claim established)"</p> <p><b>Note:</b> The Claim Administrator should not submit an MTC 02 to change DN0154-Employee ID Assigned by Jurisdiction when any of the following fields are changed: DN0044 Employee First Name, and/or DN0043 Employee Last Name, and/or DN0052 Employee Date of Birth, and/or DN0031 Date of Injury</p> | <p>Do Not apply on Legacy Claims.</p> <p>If DN0154 is the same as the value reported on the latest FROI Report, then do not apply this edit.</p> | 111                  | Must be valid content | See Population Restriction Table for DN0154 |



# Population Restrictions

Let's look at another edit example for FROI and SROI 02 Group 1

| DN   | Report or MTC               | Data Element Name                  | Population Restriction  | Exception   | Error Message Number | Error Message Text        | Element Error Text (DN0291)                        |
|------|-----------------------------|------------------------------------|---|---|----------------------|---------------------------|--|
| 0412 | FROI 02 & SROI 02 (Group 1) | Change Data Element/Segment Number | If FROI MTC (DN0002) = 02 or SROI MTC (DN0002) = 02 and Change Reason Code (DN0413) = A (Add) or R (Remove) and any of the following DN's are present in Change Data Element/Segment Number (DN0412) then all DN's must be present in Change Data Element/Segment Number (DN0412): 0068 (Initial RTW Date) and 0403 (Initial RTW Type Code) and 0404 (Initial RTW Physical Restrictions Indicator) must be present and each Change Reason Code (DN0413) must have the same value of either = A (Add) or = R (Remove). | Do not apply edit if it is a Legacy Claim as defined by Legacy Claim Definition Tab | 064                  | Invalid data relationship | If02&AorR<br>IfanyIRTDNsPresentAllMustBePresent(1) |



# New Mexico Accident Site County Name

| DN   | Report or MTC | Data Element Name           | Population Restriction  | Exception  | Error Message Number | Error Message Text    | Element Error Text (DN0291)             |
|------|---------------|-----------------------------|---|--|----------------------|-----------------------|---|
| 0118 | FROI          | Accident Site County/Parish | If ACCIDENT SITE STATE CODE – DN0123 is present and = Implementation State (NM), then Must be valid per the Implementation State's Accident Site County List. | Bypass this edit if ACCIDENT SITE STATE CODE – DN0123 is not present or ACCIDENT SITE STATE CODE – DN0123 is present and not = Implementation State. | 111                  | Must be valid content | Not Found in List of counties for state |

| New Mexico Accident Site County Name<br>See Population Restriction Edit:<br>DN0118 Accident Site County/Parish Error: 111 Must be valid content |                                      |
|---|--------------------------------------|
| FIPS County Code for reference only   | County Name                          |
| 001   | Bernalillo                           |
| 003   | Catron                               |
| 005   | Chaves                               |
| 006   | Cibola                               |
| 007   | Colfax                               |
| 009   | Curry                                |
| 011   | De Baca or DeBaca                    |
| 013   | Dona Ana, DonaAna, Doña Ana, DoñaAna |
| 015   | Eddy                                 |
| 017   | Grant                                |
| 019   | Guadalupe                            |
| 021   | Harding                              |
| 023   | Hidalgo                              |
| 025   | Lea                                  |
| 027   | Lincoln                              |
| 028   | Los Alamos or LosAlamos              |
| 029   | Luna                                 |
| 031   | McKinley                             |
| 033   | Morra                                |
| 035   | Otero                                |
| 037   | Quay                                 |
| 039   | Rio Arriba or RioArriba              |
| 041   | Roosevelt                            |
| 043   | Sandoval                             |
| 045   | San Juan or SanJuan                  |



# Sequencing Table

New Mexico’s transaction sequence edits are defined on the *Sequencing table*. If the Apply Seq Edit is = Y, this indicates that the MTC is accepted, and the sequencing edit will be applied. Error text indicates why the report was rejected.

*FROI and SROI UR (Update Report) example.*

| Apply Seq Edit?<br>Y, N, NA | Incoming Maintenance Type Code | MTC NAME      | Element Error Number (DN0116) | Suggested Error Text (DN0291)<br>limited to 50 bytes<br>Any error messages in blue text are NMWCA specific element error text that will be sent. | Incoming Maintenance Type Code | MINIMUM SEQUENCING REQUIREMENTS  |
|-----------------------------|--------------------------------|---------------|-------------------------------|--|--------------------------------|--|
| Y                           | UR - FROI                      | Update Report | 063                           | NMWCA: NoLegacyRcvd-MTC URInvalid-sendDiffFROI(MTC(F18)  | UR-FROI                        | See NMWCA Event Table.<br>IAIABC Note:<br>Submitted on a legacy claim as defined by the jurisdiction’s Event Table. Refer to the Legacy Claims Processing Rules in Section 4.<br>DP Rule: FROI: The FROI UR is intended to match a claim previously reported to the state and/or initiate EDI reporting. The FROI UR may or may not be required prior to submitting the SROI UR if the JCN has already been communicated to the Claim Administrator. Refer to Legacy Processing Rules in Section 4 and Migration Document for more information.  |
| Y                           | UR - SROI                      | Update Report | 063                           | NMWCA: Invalid Event Sequence<br>or<br>SROIURcannotFollowFROIcheckDateCImAdmKnow(S21)  | UR-SROI                        | See NMWCA Event Table<br>IAIABC Note:<br>Submitted on a legacy claim as defined by the jurisdiction’s Event Table. Refer to the Legacy Claims Processing Rules in Section 4.<br>SROI: The SROI UR is intended to provide a starting point for legacy claim data and benefits paid to date. Legacy claims where the initiating payment is issued post implementation will be reported on the Initial Payment or equivalent. Jurisdictions that accept a SROI UR should use the summary as the current picture of the claim. Refer to Legacy Processing Rules in Section 4 for more information. |



# How does New Mexico communicate the status of EDI reports?

Trading Partner sends  
FROI Batch:

FROI Claim#1

FROI Claim#2

FROI Claim#3



New Mexico returns  
Acknowledgment Batch:

AKC TA Claim#1

AKC TR Claim#2

AKC TR Claim#3

New Mexico returns an EDI Acknowledgment Record (AKC) for each FROI and SROI report received. The AKC communicates the status of the EDI FROI or SROI report.

The status can be a TA or TR. Please note NM will no longer be returning status TE in Release 3.1

- Status TA:** Indicates that the EDI report was accepted
- Status TR:** Indicates that the EDI report was rejected. Review the reason to determine if the same FROI or SROI needs to be adjusted and resent.



# What are the filing method options for EDI submissions?



- **Direct Reporting (Secure FTP)**
  - Trading Partners and IAIABC Members with knowledge of the standards reporting EDI Claims Releases in other states.
- **EDI Vendor**
  - List of vendors that have a variety of services to meet your EDI needs are listed on New Mexico's website. New Mexico does not endorse, nor recommend any one vendor over another.
- **New Mexico –Verisk Jurisdiction Web Entry**
  - This web system is provided free, for low volume Trading Partners, by New Mexico's EDI Claims Vendor-Verisk

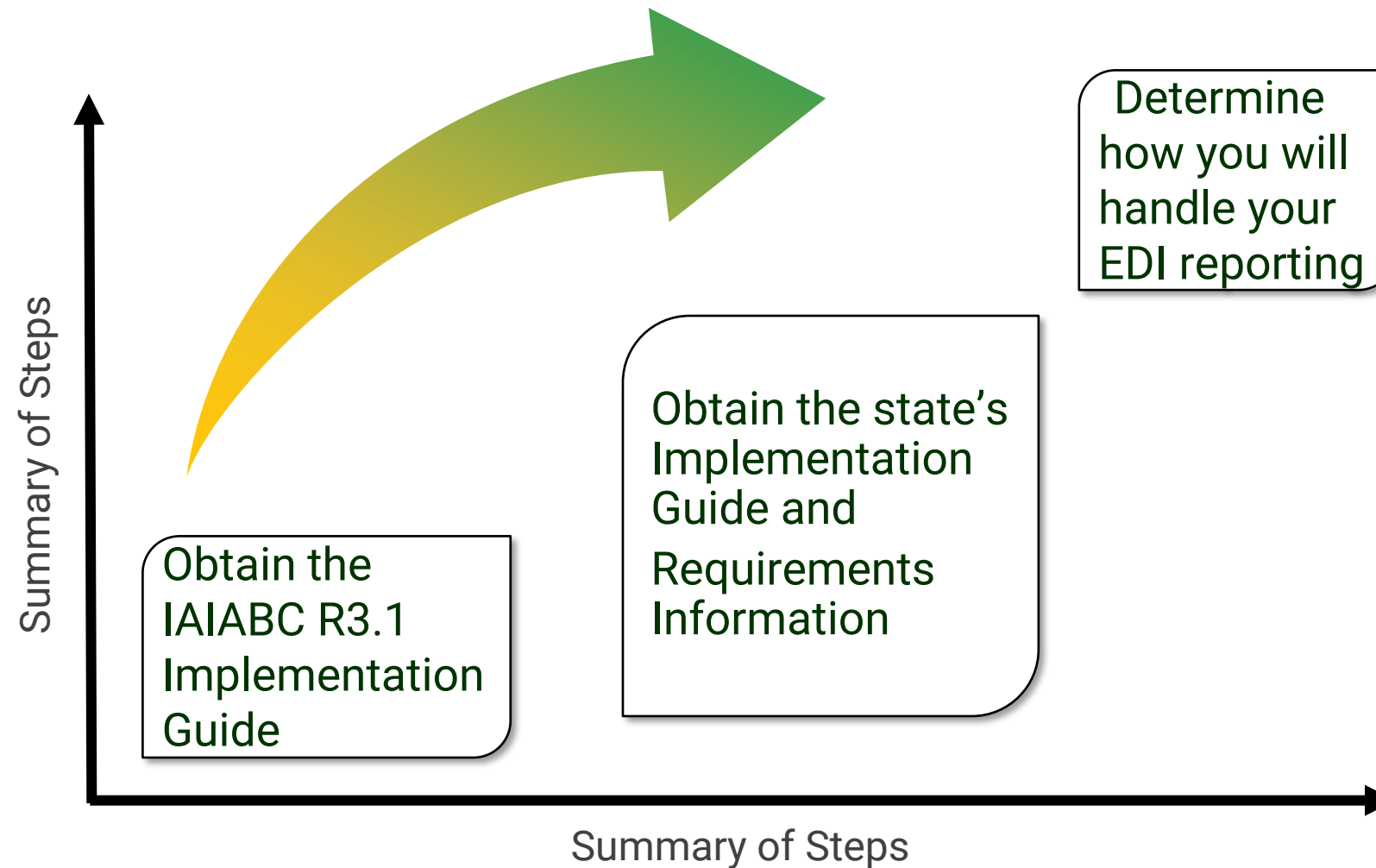




# Summary of Steps to Implement EDI Claims Release 3.1 with New Mexico

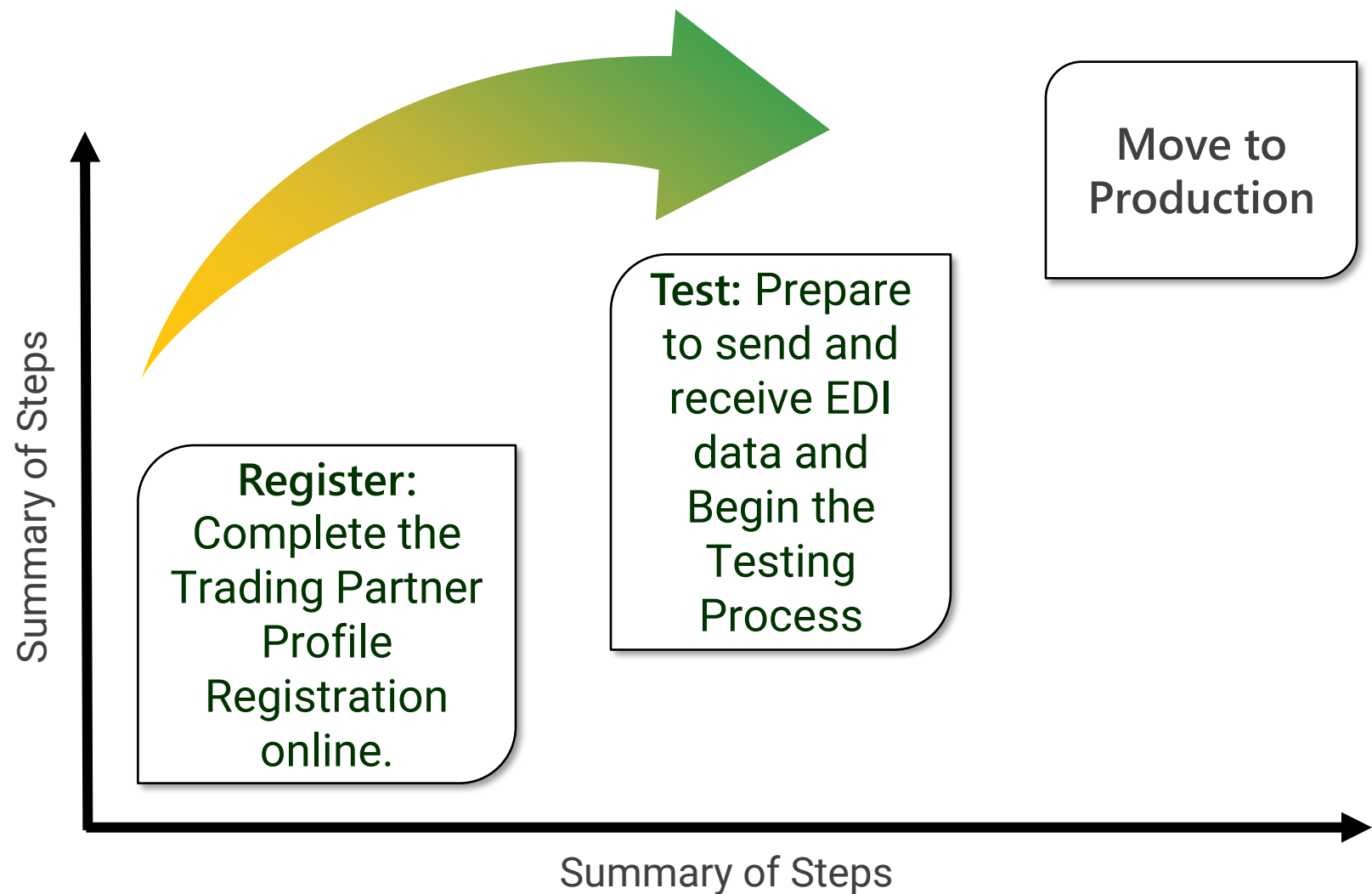


# Summary of Steps for Implementation





# Summary of Steps for Implementation





## How do I get help?

- Please send all questions to the New Mexico EDI Support Team via email at [NMWCAEDI@VERISK.COM](mailto:NMWCAEDI@VERISK.COM)
- If the question is specifically about something in this Information Session, please indicate “Info Session Question” in the subject line.







**THANK YOU  
FOR WATCHING  
THE NEW MEXICO WORKERS'  
COMPENSATION  
ADMINISTRATION'S  
(NMWCA)  
EDI CLAIMS RELEASE 3.1  
INFORMATION SESSION**