

**MISSISSIPPI WORKERS' COMPENSATION COMMISSION
SUBMISSION CRITERIA FOR FIRST REPORT OF INJURY**

1. Jurisdiction for claim must equal Mississippi.
2. Claim must be reported if one or more of the following apply:
 - A. The injury causes death.
 - B. The injury results in a loss of time in excess of five (5) days.
 - C. The injury will likely result in permanent disability or serious head or facial disfigurement.
 - D. If a medical only claim later involves lost time beyond the waiting period, or involves permanent disability, then an FROI should be filed within 10 days of either occurrence. Otherwise, MEDICAL ONLY CLAIMS are not reported to the Commission at all.
3. Claim should be reported within ten (10) days of the Carrier's receipt of First Report of Injury or Death, as described in Item 2 above.
4. Each transaction batch must include a header record in the IAIABC Release 3 format.
5. Each transaction batch must also include a trailer record at the end of the batch. Use the IAIABC Release 3 format.
6. Submissions must meet edit criteria as described in the Edit Matrix attachment. Codes are as follows:

Element Requirement Table Layout:

REC (Record) - This column indicates in which record the data element must be populated

DN# (Data Element Number) – This column indicates the assigned Data Element Number

DATA ELEMENT NAME - This column indicates the name of the data element

FORMAT - This column is the format of the data element

MTC's (Maintenance Type Codes) – These columns indicate the available MTC's to

which the data elements will apply

Standard Requirement Code Values:

M = Mandatory. The data element must be present and must be a valid format or the transaction will be rejected. Note: When an 'M' is marked on an MTC 02, then you are not allowed to change the value, but the element is required.

MC = Mandatory/Conditional. The data element becomes mandatory under conditions established by the receiver. If the defined condition exists, the data element becomes mandatory and mandatory rules apply (the data element must be present and must be a valid format or the transaction will be rejected). For example, if the Benefit Type Code indicates death benefits, then the Date of Death becomes mandatory. The receiver must provide senders with the specific circumstances, which cause an element to become mandatory.

E = Expected. The data element is expected on the MTC, yet the transaction will be accepted with errors should it fail any edit. If an 'E' is designated, the transaction will not be rejected if it is the only edit failure.

EC = Expected/Conditional. The data element becomes expected under conditions established by the receiver. The receiver must provide senders with a document describing the specific circumstances, which cause an element to become expected. The transaction would be accepted with errors should it fail any edit.

IA = If Applicable/Available. Data should be sent if available. The data may or may not be populated. If the data is applicable to the claim, data must be sent. If present, may be edited for valid value and/or format. Jurisdiction may or may not return an error on validity edits.

NA = Not Applicable. The data element is not applicable to the jurisdiction's requirements for the MTC and may or may not be sent; edits must not be applied.

Systems/Processing Requirement Codes: These are standards designations only.

F = Fatal Technical. Data elements that are essential for a transmission/transaction to be accepted into a jurisdiction's Workers' Compensation Administration database or acknowledgment back to the claim administrator.

X = Exclude. The data element is not applicable to the standard requirements for the MTC and may or may not be sent; edits must not be applied.