

WATCH RESPONSE-(005)  
FINAL ver3 3/5/2021

ELEM #	BEG POSITION	LENGTH	END POSITION	ELEMENT DESCRIPTION	TYPE	VALUES	REQ
1	001	03	003	TRANSACTION SET ID	A/N	005	M
2	004	08	011	TRANSACTION SET DATE	A/N	ccyyymmdd	M
3	012	08	019	EDEX ACCOUNT NUMBER	A/N		M
4	020	01	020	EDEX SERVICE LEVEL	A/N		M
				Case Watch		1	
				SSN Watch		2	
				No Transaction Charge		3	
				EAMS Ref # Watch		4	
5	021	09	029	EAMS Ref # for Injured Worker	A/N		M
6	030	03	032	CURRENT CASE OFFICE LOCATION	A/N		M
7	033	10	042	EAMS ADJ CASE NUMBER	A/N		M
	033	03	035	Product Delivery Code			
	036	07	042	Case sequence number ****			
8	043	03	045	RECORD SEQUENCE NUMBER	A/N		
9	046	20	065	SUBSCRIBER CONTROL NUMBER	A/N		C
10	066	07	072	FILLER (not currently used)	A/N		M
11	073	02	074	TRANSACTION TYPE CODE	A/N		M
				(CASE INFORMATION/ACKNOWLEDGEMENT)		A A	
				(INJURED WORKER DATA)		I W	
				(APPLICANT OTHER THAN INJURED WORKER)		A P	
				(LAWFIRM FOR APPLICANT)		L A	
				(EMPLOYER)		E R	
				(INSURER)		C R	
				(LIEN CLAIMANT)		L X	
				(LAWFIRM FOR DEFENDANT)		L D	
<b>CASE INFORMATION DATA GROUP *</b>							
12	075	08	082	INJURY BEGIN DATE	A/N	ccyyymmdd	M
13	083	08	090	INJURY END DATE	A/N	ccyyymmdd	C
14	091	01	091	INJURY TYPE CODE	A/N	**	M
15	092	08	099	INJURED WORKER BIRTHDATE	A/N	ccyyymmdd	C
16	100	01	100	INJURED WORKER GENDER	A/N		O
				(FEMALE)		F	
				(MALE)		M	
17	101	01	101	CASE STATUS CODE	A/N	**	M
18	102	08	109	CASE STATUS DATE	A/N	ccyyymmdd	M
19	110	15	124	INJURED BODY PARTS (occurs 5 times)	A/N	**	
		03		Injured Body Part #1			M
		03		Injured Body Part #2			C
		03		Injured Body Part #3			C
		03		Injured Body Part #4			C
		03		Injured Body Part #5			C
20	125	01	125	FILLER (not currently used)	A/N		O
21	126	07	132	FILLER (not currently used)	A/N		O
22	133	06	138	EDEX CLIENT ID	A/N		O
23	139	05	143	FILLER (not currently used)	A/N		O
24	144	10	153	DWC LEGACY CASE NUMBER	A/N		C
	144	03	146	Legacy Case Office Code			
	147	07	153	Legacy Case Sequence Number			
25	154	01	154	FILLER (not currently used)	A/N		-
26	155	01	155	RECENT CASE OPENING FLAG (within 7 cal days)	A/N		M
27	156	25	180	ERROR CODE (occurs 5 times)	A/N	**	C
	156	03	158	Element Number (error 1)	A/N		
	159	02	160	Element Error Code (error 1)	A/N		
	161	03	163	Element Number (error 2)	A/N		
	164	02	165	Element Error Code (error 2)	A/N		
	166	03	168	Element Number (error 3)	A/N		
	169	02	170	Element Error Code (error 3)	A/N		
	171	03	173	Element Number (error 4)	A/N		
	174	02	175	Element Error Code (error 4)	A/N		
	176	03	178	Element Number (error 5)	A/N		
	179	02	180	Element Error Code (error 5)	A/N		
28	181	06	186	FILLER (not currently used)	A/N		O
29	187	03	189	ROUTING_METHOD (formerly VAN SYSID)	A/N		-
30	190	08	197	ROUTING_GROUP (formerly VAN ACCOUNT NUMBER)	A/N		-
31	198	08	205	ROUTING_USERID (formerly VAN USER ID)	A/N		-
32	206	09	214	SSN (When available) (Masked for private EDEX)	A/N		M
33	215	76	290	FILLER (not currently used)	A/N		-
<b>ADDRESS RECORD DATA GROUP (REDEFINES case info data group) ***</b>							
34	075	10	084	PARTY ID NUMBER (EAMS Ref #)	A/N		M
35	085	40	124	PARTY NAME 1	A/N		M
				Injured Worker Name (redefines party name #1)			
	085	20	104	Injured Worker last name			
	105	15	119	Injured Worker first name			
	120	01	120	Injured Worker middle initial			
	121	03	123	Injured Worker suffix (i.e. Jr, Sr, III, etc)			
	124	01	124	filler			
36	125	40	164	PARTY NAME 2 (c/o when applicable)	A/N		C
37	165	35	199	ADDRESS LINE 1	A/N		C
38	200	35	234	ADDRESS LINE 2	A/N		C
39	235	20	254	CITY ADDRESS	A/N		C
40	255	02	256	STATE ADDRESS	A/N		C
41	257	05	261	ZIP 5 CODE	A/N		M
42	262	04	265	ZIP 4 CODE	A/N		C
43	266	08	273	ADDRESS UPDATE DATE	A/N	ccyyymmdd	M
44	274	10	283	PARTY PHONE NUMBER	A/N		C
45	284	01	284	PARTY SERVICE PREFERENCE INDICATOR	A/N		M
				Email Service		E	
				USMail		U	
				Fax		F	
46	285	06	290	FILLER (not currently used)	A/N		-
* The first record sequence for each case will be 001. It will be record type "AA" and will contain the case information group.							
** Valid codes under separate attachment.							
*** There will be multiple occurrences of this group depending on the number of parties associated with each case.							
**** EAMS case sequence numbers are left justified, no padding zeros on either end.							
<b>NOTE: The LIEN AMOUNT is no longer applicable as lien filing is no longer permitted under EDEX. It has been replaced with the DWC Legacy Case Number, when available. Otherwise, this field will be spaces.</b>							
<b>NOTE: A space for the SSN has been carved out of filler of the 'AA' type record. It will contain a redacted SSN if the receiving entity is not a registered public entity.</b>							
<b>NOTE: C/O address will be provided in PARTY NAME 2, when available.</b>							
<b>NOTE: EAMS Reference number will be provided for all parties.</b>							
<b>NOTE: The Service Preference Indicator is a new field carved out of filler of 'addr record type'. It will be defaulted to 'U'. Other values will be provided,once it is determined that parties can elect service to other parties via EAMS.</b>							
<b>PURPOSE: Record format used by DWC to provide case information/acknowledgement response to a Watch (004) transaction.</b>							