

Draft FROI/SROI Frequently Asked Questions
For Discussion at the WCIS Advisory Committee Meeting
June 1, 2009

Q37. Do EDD reimbursements need to be reported?

A37. Yes. If this is the first indemnity payment, send a SROI Initial Payment (IP), using the Payment/Adjustment code (DN85) 050 - Temporary Total. If an IP has already been accepted, send a SROI Payment (PY).

Q38. Do longshoremen or federal railroad worker injury claims need to be reported?

A38. They do not need to be reported.

Q39. How is a reopened claim reported?

A39. For non-indemnity claims, nothing needs to be sent until there is an indemnity payment made, the Annual (AN) is due or the claim is closed again, in which case another FN should be sent.

For indemnity claims, send the appropriate SROI when the next indemnity payment is made, eg. Reinstatement of Benefit (RB) or Change in Benefit Type (CB).

Q40. Is there a default value for the Social Security Number (SSN)?

A40. A value of "000000006" will be accepted if the employee has no SSN and a value of "000000007" will be accepted if the employee refuses to provide it.

Q41. Do the benefit amounts reported on the AN cover the total paid for the previous year or the total paid over the life of the claim?

A41. Benefit amounts on all SROIs should cover the total paid over the life of the claim, as of the end of the reporting period.

Q42. Where can I find a list of Class Codes (DN59) accepted in California?

A42. The class codes are based on the California Worker's Compensation Insurance Rating Bureau (WCIRB) standard classification codes. The codes are updated every January and are listed by alphabet and by classification code number at https://wcirbonline.org/wcirb/Answer_center/classification_information.html.

Q43. How is the SROI Partial Denial (4P) reported?

A43. The 4P is sent when a specific indemnity benefit has been denied. If the denied benefit has not been paid yet, the benefit should not be reported on the 4P, per section 5 of the IAIABC Release 1 guide (<http://www.iaiacb.org/i4a/pages/index.cfm?pageid=3345>).

Q44. How is the SROI Reduced Earning (RE) reported?

A44. The RE is sent when the injured worker has returned or has been released to return to work with reduced earnings. The RE is used to report changes in earnings due to variations in hours worked. The RE is not used to report a change in the benefit type paid, which is reported on a SROI Change Benefit (CB). The Paid To Date (DN95) codes 600-624 (Actual Reduced Earnings) or 650-674 (Deemed Reduced Earnings) are filed to report the reduced weekly wages.

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Q45. What does the error code 061 mean?

A45. The error code 061, Event Criteria Not Met, can be generated under various circumstances. Some examples are:

1. A SROI such as the Initial Payment (IP), Acquired Payment (AP), Reinstatement of Benefit (RB), Change in Benefit Type (CB), Change in Benefit Amount (CA), Full Salary (FS), or Suspension, Returned to Work (S1) is sent in without indemnity benefit information.
2. A SROI is sent with duplicate benefit codes.
3. A SROI Annual (AN) is sent for an indemnity claim with a 'closed' Claim Status (DN 73) and a Final (FN) has not been previously accepted. Indemnity claims must be closed with the FN.

Q46. What does the error code 063 mean?

A46. The error code 063, Invalid Event/Sequence Relationship, can be generated under various circumstances. Some examples are:

1. An indemnity benefit is being reported that was not previously accepted, eg. reporting a new indemnity benefit on an Annual (AN), Final (FN) or Suspension.
2. A benefit that was previously accepted is not being reported, eg. sending an Annual (AN) or Final (FN) that is missing a previously accepted indemnity benefit.
3. A SROI is sent in without any benefit information whatsoever, indemnity or non-indemnity.
4. A Reinstatement of Benefit (RB) is sent without a previous suspension, eg. S1 or S3.
5. An Initial Payment (IP) is sent when there is already a previously accepted IP.
6. A SROI Change (02) or CO (Correction) is sent when there has not been a previously accepted SROI.
7. A SROI Acquired Payment (AP) is sent without a previously accepted FROI Acquired (AU).

Q47. How do we change incorrectly-reported indemnity benefit type codes, such as with voided checks? For example, a check for Permanent Disability (PD) was issued to the claimant and reported to the WCIS but the check should have been for Temporary Disability (TD).

A47. There are two options:

1. Send a zero amount for the incorrectly reported benefit on all future SROIs until the incorrectly reported benefit is actually paid.
2. Cancel the entire claim with a FROI Cancel (01) and then resend the FROI Original (00), the SROI Initial Payment (IP) and a SROI Upon Request (UR), if there are additional indemnity payments to report.

Q48. How are overpayments reported? For example, a check for Temporary Disability (TD) in the amount of \$200 was issued to the claimant and reported to the WCIS but the correct amount should have been \$100.

A48. If indemnity benefits are recovered, send a SROI Change (02) with the updated benefit amounts and use the Paid To Date (DN95) code 830 - Overpayment Recovery to report the recovered amount.

If the overpayment was credited instead of recovered, send a SROI Change (02) with the updated benefit amounts and use the Benefit Adjustment (DN92) code, C - Overpayment Credit, to report the credited amount.

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Q49. How are settlements reported?

A49. For Compromise & Release (C&R) commutation and stipulated settlements send a SROI Initial Payment (IP) if this is the first indemnity payment, using the appropriate compromised Payment/Adjustment codes (DN85), eg. 530, 550, 570. If an IP has already been accepted, send a SROI Payment (PY). For stipulated settlements, only the first and last payments need to be reported, along with the Annual (AN) or Final (FN) reports as required. The Payment/Adjustment Start and End Dates (DNs 88 and 89) should equal the issue date of the payment for C&R and commutation settlements. For stipulated settlements, the Payment/Adjustment Start and End Dates should cover the payment period for the SROI transaction.

Q50. What should I do when a valid zip code receives a Transaction Accepted with Error (TE) acknowledgment?

A50. Please verify the zip code at the USPS zip code lookup website (<http://zip4.usps.com/zip4/welcome.jsp>). If it is valid, provide your trading partner contact with the street address, zip code and claim number so that we can update our database. The TE error on valid zip codes can be ignored.

Q51. Should foreign zip codes for covered injuries be reported?

A51. Yes, foreign postal codes should be reported. If a valid zip code receives an invalid zip code error, provide your trading partner contact with the street address, zip code and claim number so that we can update our database. The TE error on valid zip codes can be ignored.

Q52. Do claims adjusting costs, such as stamps, photocopying and overnight mailing fees, need to be reported?

A52. They do not need to be reported.

Q53. How are Supplemental Job Displacement Benefits (SJDB) reported?

A53. They should be reported using the Paid To Date code (DN95) 390 - Vocational Rehabilitation Education Paid To Date.

Q54. How are the Medicare Set Aside portions of a settled claim reported?

A54. Yes. If this is the first indemnity payment, send a SROI Initial Payment (IP), using the Payment/Adjustment code (DN85) 050 - Temporary Total. If an IP has already been accepted, send a SROI Payment (PY).

Q55. Do payments for the waiting period need to be reported?

A55. Yes. If a SROI Initial Payment (IP) has not been accepted, the waiting period payment can be reported on the IP. If the IP has already been accepted, the waiting period payment can be reported on a SROI Change (02).

Q56. How are advances for permanent disability reported?

A56. If this is the first indemnity payment, send a SROI Initial Payment (IP), using the Payment/Adjustment code (DN85) 020 or 030, as appropriate. If an IP has already been accepted, send a SROI Payment (PY)?

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Q57. How is an advance for a one day QME appointment reported?

A57. If this is the first indemnity payment, send a SROI Initial Payment (IP), using the Payment/Adjustment code (DN85) 050 or 070, as appropriate. If an IP has already been accepted, send a SROI Payment (PY). Any transportation, lodging or meal costs associated with the QME appointment can be reported using the Paid to Date code, 370 - Other Medical.

Q58. If a payment is both the first and final payment, how is it reported?

A58. Send the SROI Initial Payment (IP), followed by the suspension and then the Final (FN).

Q59. How are utilization review expenses reported?

A59. Utilization review expenses can be reported under the Paid To Date code 370 - Other Medical.

Q60. What Payment/Adjustment codes (DN85) are accepted by the WCIS?

A60. Most IAIABC Release 1 Payment/Adjustment codes are valid. The following codes, however, do not apply in California and should not be sent:

- 040 – Permanent Partial Unscheduled
- 080 – Employers Liability
- 410 – Vocational Rehabilitation Maintenance
- 540 – Compromised Permanent Partial Unscheduled
- 580 – Compromised Employers Liability
- 541 – Compromised Vocational Rehabilitation Maintenance

Q61. What are the WCIS reporting requirements for Companies A and B when an adjuster from insurance company A paid \$X to insurance company B as a contribution agreement toward indemnity payments and another \$Y toward medical payments? Company A did not make any payments directly to the injured worker, but did make the contribution payments to Company B. Company B made the payments for both medical and indemnity benefits in full to the injured worker.

A61. Only Company B needs to report payments to the WCIS. The reported payments would be for the full amounts of all benefits and would include the contributions (\$X and \$Y) from Company A.