INQUIRY RESPONSE-(007)
FINAL ver3 3/5/2021

ELEM #	BEG POSITION	LENGTH	END POSITION	ELEMENT DESCRIPTION	TYPE	VALUES	REQ
1	001	003	003	TRANSACTION SET ID	A/N	007	M
2	004	008	011	TRANSACTION SET DATE	A/N	ccyymmdd	M
3	012	008	019	EDEX ACCOUNT NUMBER	A/N		M
4	020	001	020	EDEX SERVICE LEVEL	A/N		M
				SSNWatch		2	
				EAMS Ref # watch		4	
				Full address record		6	
				Batch generated address record change		A	
5	021	009	029	EAMS Ref # for Injured Worker	A/N		C
6	030	003	032	CURRENT CASE OFFICE LOCATION	A/N		M
7	033	010	042	EAMS ADJ CASE NUMBER	A/N		M
	033	003	035	Product Delivery Code			
	036	007	042	Case sequence number			
8	043	003	045	RECORD SEQUENCE NUMBER	A/N		M
9	046	020	065	SUBSCRIBER CONTROL NUMBER	A/N		C
10	066	007	072	FILLER (not currently used)	A/N		C
11	073	002	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		LD	
CASE INFORMATION DATA GROUP *							
12	075	008	082	INJURY BEGIN DATE	A/N	ccyymmdd	M
13	083	008	090	INJURY END DATE	A/N	ccyymmdd	C
14	091	001	091	INJURY TYPE CODE	A/N	**	M
15	092	008	099	INJURED WORKER BIRTHDATE	A/N	ccyymmdd	C
16	100	001	100	INJURED WORKER GENDER	A/N		C
				(FEMALE)		F	
				(MALE)		M	
17	101	001	101	CASE STATUS CODE	A/N	**	M
18	102	008	109	CASE STATUS DATE	A/N	ccyymmdd	M
19	110	015	124	INJURED BODY PARTS (occurs 5 times)	A/N	**	C
	110	003	112	INJURED BODY PART-1			M
	113	003	115	INJURED BODY PART-2			C
	116	003	118	INJURED BODY PART-3			C
	119	003	121	INJURED BODY PART-4			C
	122	003	124	INJURED BODY PART-5			C
20	125	006	130	FILLER (not currently used)	N	9999.99	O
21	131	060	190	SIGNIFICANT EVENTS (OCCURS 5 TIMES)	A/N	**	C
	131	004	134	Significant event #1 code			M
	135	008	142	Significant event #1 date		ccyymmdd	M
	143	004	146	Significant event #2 code			C
	147	008	154	Significant event #2 date		ccyymmdd	C
	155	004	158	Significant event #3 code			C
	159	008	166	Significant event #3 date		ccyymmdd	C
	167	004	170	Significant event #4 code			C
	171	008	178	Significant event #4 date		ccyymmdd	C
	179	004	182	Significant event #5 code			C
	183	008	190	Significant event #5 date		ccyymmdd	C
22	191	025	215	ERROR CODE	A/N	**	C
	191	003	193	Error element #1			C
	194	002	195	Error code #1			C
	196	003	198	Error element #2			C
	199	002	200	Error code #2			C
	201	003	203	Error element #3			C
	204	002	205	Error code #3			C
	206	003	208	Error element #4			C
	209	002	210	Error code #4			C
	211	003	213	Error element #5			C
	214	002	215	Error code #5			C
23	216	001	216	FULL HISTORY REQUEST	A/N		M
24	217	001	217	INQUIRY REASON CODE	A/N		M
25	218	001	218	FILLER (not currently used)	A/N		C
26	219	003	221	ROUTING_METHOD (formerly VAN SYSID)	A/N		M
27	222	008	229	ROUTING_GROUP (formerly VAN ACCOUNT NUME	A/N		M
28	230	008	237	ROUTING_USERID (formerly VAN USER ID)	A/N		M
29	238	009	246	SSN (when available) (Masked for private clients)	A/N		M
30	247	010	256	DWC LEGACY CASE NUMBER	A/N		C
	247	003	249	Legacy Case office code			
	250	007	256	Legacy Case sequence number			
31	257	006	262	EDEX CLIENT ID	A/N		M
32	263	038	300	FILLER (not currently used)	A/N		O
ADDRESS RECORD DATA GROUP (REDEFINES case info data group)							
33	075	010	084	PARTY ID NUMBER (EAMS Ref #)	A/N		M
34	085	040	124	PARTY NAME 1	A/N		M
				Injured Worker Name (redefines party name 1)			
	085	020	104	Injured Worker last name			
	105	015	119	Injured Worker first name			
	120	001	120	Injured Worker middle initial			
	121	003	123	Injured Worker suffix (i.e. Jr, Sr, III, etc)			
	124	001	124	filler			
35	125	040	164	PARTY NAME 2 (c/o when applicable)	A/N		C
36	165	035	199	ADDRESS LINE 1	A/N		C
37	200	035	234	ADDRESS LINE 2	A/N		C
38	235	020	254	CITY ADDRESS	A/N		C
39	255	002	256	STATE ADDRESS	A/N		C
40	257	005	261	ZIP 5 CODE	A/N		C
41	262	004	265	ZIP 4 CODE	A/N		C
42	266	008	273	ADDRESS UPDATE DATE	A/N	ccyymmdd	M
43	274	010	283	PARTY PHONE NUMBER (if available)	A/N		C
42	284	001	284	SERVICE PREFERENCE INDICATOR	A/N		M
				Email		E	
				USMail		U	
				Fax		F	
43	285	016	300	FILLER (not currently used)	A/N		C

*   The first record sequence for each case will be 001. It will be record type "AA".
**   Valid codes under separate attachment.
*** There will be multiple occurrances of this group depending on the number of parties associated with each case.

NOTE: Service Level Change. Service Level 'A' added for informational purposes. Batch generated address change indicates that the 007 record is being generated as a result of a change of address occuring for a party of record upon which you have filed a CaseWatch on. It will result in the generation of a complete new address record for each party of record.
NOTE: The EAMS ADJ Case # will now be provided as the primary case number. The Legacy WCAB Case # has a place carved out of the filler and will be provided when it's a Legacy case, otherwise it will be spaces.
NOTE: Space for the SSN (first 5 digits redacted for non-public subscribers) has been carved out of filler of the 'AA' record type when the SSN is available. It may not always be available in EAMS. Otherwise, it will be spaces.
NOTE: Service Preference Indicator is a new field carved out of filler for future use. Service Preference Indicator will be defaulted to 'U' until determined that the party wishes to be served by all others according to another method.
NOTE:

PURPOSE: Record format used by DWC to provide case info/acknowledgement in response to an inquiry (006).