

**What are the basic EDI Transactions\* with which all attorneys should be familiar?**

<b>Transaction</b>	<b>What is its use?</b>
<b>FROI 00</b>	Initial report of alleged injury. This transaction establishes a claim in WCAIS.
<b>FROI 02 or SROI 02</b>	Updates claim data (changes, revisions, corrections).
<b>FROI 04 or SROI 04</b>	Denies a claim. This transaction matches an NCD.
<b>SROI IP, EP, AP</b>	First indemnity payment reported. This transaction either matches an Agreement or generates an indemnity NCP or NTCP depending on the coding.
<b>SROI RE</b>	Reports a return to work at less than the pre-injury wages. This transaction matches Supplemental Agreement.
<b>SROI PY</b>	Reports a payment. When medical payment is reported, this transaction generates a medical only NCP or NTCP depending on the coding and may also be used with a Settlement code to report a one-lump payment, such as C&R.
<b>SROI PD</b>	Denies indemnity reported under a temporary and accepts medical.
<b>SROI S(x)</b>	Suspends indemnity. (x = see list of Suspension Reasons on table referenced in subtext below.)
<b>SROI FN</b>	Closes a claim when no further benefits are expected.
<b>SROI RB, ER</b>	Reopens indemnity on a claim that was previously suspended or closed.

\*Additional transactions and more detail on the above transactions can be found on the PA Event table at the bureau's EDI website, [www.dli.pa.gov/edi](http://www.dli.pa.gov/edi).

**What are the most important codes in EDI?**

1. Agreement to Compensate code is the code that the claims adjuster uses to choose either an NCP/Agreement ("L" - liability) or a NTCP ("W" - without liability).
2. Claim Type Code is used by the claims adjuster to indicate whether the claim is medical only or indemnity ("M" - Med Only; "I" - Indemnity; "B" - Became Medical Only).
3. Award/Order Date field is used by the claims adjuster when either a judge has issued a decision or when there is an agreement countersigned by the claimant. When this field is not populated, the claims adjuster may generate an NCP or NTCP; however, no Forms Solution forms can be generated if AOD is present.

## **What is Forms Solution?**

Forms Solution is the process by which a claims adjuster may generate and file any of the most often-filed bureau forms (NCP, NCD, NTCP, and Stopping Notice) by submitting the appropriate EDI transaction and coding. This process enables claims adjusters to simultaneously file EDI and generate a form to meet their requirements under the Act and the filing regulations. While Forms Solution completes the bureau filing, the claims adjuster is still responsible for providing a copy to the injured worker.

EDI transactions are the mandated way to submit these four forms to the bureau. No paper versions of these forms are being accepted. All other bureau forms must continue to be populated by filer independent of the associated required EDI entry and must continue to be uploaded to WCAIS or mailed to the bureau via U.S. mail with a copy to the injured worker.

## **Facts about Forms Solution**

- Neither the bureau nor WCAIS creates or files forms on behalf of carriers and employers. The filing representative determines the forms to be filed on carrier's/employer's behalf and directs the creation and filing of same straight from their EDI reporting.
- The accepted EDI transaction generates the official form of record. Rejected transactions do not generate forms.
- Forms Solution offers four batch processes per day (9 am, 2 pm, 7 pm & 11:50:59 pm) so that users may assure the most accurate filings within established time frames such as 90 days of temporary period, 21-days for first notice, and the 14-day resubmission rule for rejected transactions. Filing companies should discuss increasing their current batch process to avail to their filers the most options for filing flexibility.
- Attorneys and all parties to a claim may view and print claim forms from the Actions Tab in WCAIS. Additionally, the form is returned to the claim administrator with the acceptance acknowledgement to save the adjuster time.
- While the IAIABC standard is limited with regard to specific body parts to be claimed on forms, claims adjusters wishing to include specific data on the body parts affected or the mechanism of injury may use the ample 500-character Accident/Injury Narrative field along with the Body Part and Nature of Injury codes from the national standard of injury codes so that they may assure that the injury block on the bureau form contains the most complete and accurate information about the injury.