GROUPING	DATA NUMBER	DATA NAME	MTC FN CARDINALITY	CODE VALUES
TRANSACTION	1	Transaction Set ID	M	
	2	Maintenance Type Code	M	FN
	3	Maintenance Type Code Date	M	
JURISDICTION	4	Jurisdiction	M	CO
	5	Agency Claim Number	M	
CLAIM ADMINISTRATOR	6	Insurer FEIN	M	
	8	Third Party Administrator FEIN	C	
	14	Claim Administrator Postal Code	C	
	15	Claim Administrator Claim Number	M	
ACCIDENT	31	Date of Injury	M	
EMPLOYEE	42	Social Security Number	M	
	57	Employee Date of Death	C	
	70	Date of Maximum Medical Improvement	C	
VARIABLE SEGMENT COUNTERS	78	Number of Permanent Impairments	C	0 – 6 Occurrences
	79	Number of Payment/Adjustments	M	0 – 10 Occurrences
	81	Number of Paid to Date/Reduced	C	0 – 25 Occurrences

M = This field is mandatory and if not present will cause record to reject (TR).
C = This field is required if specific conditions are present. If conditions are present data element is not present will cause record to reject (TR) if. See listing at end of document.
O = Optional

DATE = YYYYMMDD

GROUPING	DATA NUMBER	DATA NAME	MTC FN CARDINALITY	CODE VALUES
		Earnings/Recoveries		
FINANCIAL REPORTING	83	Permanent Impairment Body Part Code	C	See Release 1 Appendix
	84	Permanent Impairment Percent	C	
	85	Payment/Adjustment Code	M	050, 070, 040, 030, 020, 090, 240, 410, 010, 500
	86	Payment/Adjustment Paid to Date	M	
	90	Payment/Adjustment Weeks Paid	C	
	91	Payment/Adjustment Days Paid	C	
	95	Paid to Date/Reduced Earnings/Recoveries Code	C	300, 360, 350, 370, 400, 330, 320, 310
	96	Paid to Date/Reduced Earnings/Recoveries Amount	C	

M = This field is mandatory and if not present will cause record to reject (TR).
C = This field is required if specific conditions are present. If conditions are present data element is not present will cause record to reject (TR) if. See listing at end of document.
O = Optional

DATE = YYYYMMDD

Explanation of Conditional Data Elements

DN #	NAME	EXPLANATION
8	Third Party Administrator Fein	If a TPA is sending this record, include that TPA's Federal Identification Number (FEIN).
14	Claim Administrator Postal Code	If DN 8, TPA FEIN is entered, the TPA 9-digit Postal Code is mandatory.
57	Date of Death	If Fatal (DN 85, Code 010) and/or Funeral Costs (DN 95, Code 300) are listed, enter the Date of Death. Otherwise, leave it blank.
70	Date of Maximum Medical Improvement	Enter the Date of Maximum Medical Improvement, if applicable.
78	Number of Permanent Impairments	If Permanent Impairment Percent (DN 84) is reported, enter the Number of Permanent Impairments. Otherwise, leave it blank.
81	Number of Paid to Date/Reduced Earnings/Recoveries	If Paid to Date/Reduced Earnings/Recoveries Code (DN 95) is reported, enter the Number of Paid to Date/Reduced Earnings/Recoveries. Otherwise, leave it blank.
83	Permanent Impairment Body Part Code	If Permanent Impairment Percent (DN 84) is reported for Scheduled Injury (DN 85, Code 030), enter the Permanent Impairment Body Part Code. Otherwise, leave it blank.
84	Permanent Impairment Percent	If Payment/Adjustment Code (DN 85, Codes 040, 030) is reported, enter Permanent Impairment Percent. Otherwise, leave it blank.
90	Payment/Adjustment Weeks Paid	If Payment/Adjustment Code (DN 85) for Temporary Disability (Code 050) is reported and was paid for 7 days or more, enter the number of whole weeks. Enter partial weeks as days in Payment/Adjustment Days Paid (DN 91). Otherwise, leave it blank.
91	Payment/Adjustment Days Paid	If Payment/Adjustment Code (DN 85) for Temporary Disability (Code 050) is reported, enter the number of days less than or in addition to whole weeks. Otherwise, leave it blank.
95	Paid to Date/Reduced Earnings/ Recoveries Code	If one or more of the following codes relate to the claim, enter the code and the related amount (DN 96). Otherwise, leave it blank. Codes to be reported to DOWC are: 300, 360, 350, 370, 400, 330, 320, 310.
96	Paid to Date/Reduced Earnings/ Recoveries Amount	If a Paid to Date/Reduced Earnings Recoveries Code (DN 95) is reported, enter the corresponding amount. Otherwise, leave it blank.

CODE VALUES

Valid Colorado Payment/Adjustment Codes, DN 85, 0 –10 Occurrences

SPECIFIC	COMPROMISED (SETTLEMENT)	DESCRIPTION
010		Fatal
020		Permanent Total (PTD)
030		Permanent Partial Scheduled (PPD)
040		Permanent Partial Unscheduled (PPD)
050		Temporary Total (TTD)
070		Temporary Partial (TPD)
080		Employers Liability
090		Permanent Partial Disfigurement
240		Employer Paid (8-42-124)
410		Vocational Rehabilitation Maintenance (RMB)
	500	Unspecified Settlement

Valid Colorado Paid to Date/Reduced Earnings/Recoveries Code, DN 95, 0 – 25 Occurrences

CODE	DESCRIPTION
300	Funeral Expenses Paid to Date
310	Penalties Paid to Date
320	Interest Paid to Date
330	Employer's Legal Expenses Paid to Date (carrier's)
350	Total Payments to Physicians to Date
360	Hospital Costs Paid to Date
370	Other Medical Paid to Date
400	Other Vocational Rehabilitation Paid to Date