

02 CHANGE PROCESSING RULES

Formatted: Font: 14 pt

MTC 02 Change is used by the Claim Administrator to report when a data element, identified on the jurisdiction's Element Requirement Table, has been Added, Updated or Removed, or the variable segment has been Deleted. The Change Reason Code (DN0413) values of **A (Add)**, **U (Update)**, **R (Remove)** or **D (Delete)** will hereafter be referred to as a "change". When the Claim Administrator identifies a change of a data element/segment described on the Element Requirement Table, a FROI or SROI 02 Change shall be transmitted. An 02 Change transaction shall not be used to report a change in a data element where other MTC's are specifically intended for that purpose. For example, an update to Net Weekly Amount (DN0087) would be sent on a CA (Change in Benefit Amount) rather than an 02. Refer to definitions in the Data Dictionary in Section 6 for Maintenance Type Codes including but not limited to CA (Change in Benefit Amount), CB (Change in Benefit Type) and RE (Reduced Earnings) transaction.

Identifying Changes

Formatted: Font: 12 pt

A change is recognized and initiated by the Claim Administrator when a data element identified on the jurisdiction's Element Requirement Table has been altered in the Claim Administrator's database. Jurisdictions shall indicate in the Element Requirement Table if they do or do not expect an 02 Change if the specific data element is Added, Updated or Removed, or the variable segment is Deleted. Claim Administrators will then communicate the changes via the Change Variable Segment consisting of Change Data Element/Segment Number (DN0412) and Change Reason Code (DN0413). Refer to the Data Dictionary in Section 6.

Formatted: Font: 11 pt

A Claim Administrator can only recognize changes in their own system, therefore there may be an inconsistency between the Claim Administrator's identified Change Reason Code (DN0413) and the Change Reason Code expected by the Jurisdiction. For example, Change Reason Code may be reported by the Claim Administrator as an Update if their system recognizes a previous value in that field, versus an Add. The jurisdiction may be expecting an Add because the value has never been sent/accepted. Jurisdictions should be aware of this limitation and it is recommended that a jurisdiction not reject a transaction simply because the Change Reason Code wasn't the expected type.

A Jurisdiction may reject an 02 Change if the Change Reason Code is restricted (**Reportable Change Code of B or N**) for that particular data element. They may also reject an 02 Change transaction if they cannot detect the value of at least one of the data elements indicated in Change Data Element/Segment Number (DN 0412) has changed. If at least one data element has been validated as a change, the jurisdiction should accept the transaction, provided the transaction has passed normal edit validations.

Communicating and Understanding the Element Requirement Table for 02 Changes

Using the 02 Element Requirement Table **Report Requirement Reportable Change** Codes below, a jurisdiction will communicate what data elements it shall require on an 02 Change, under what conditions an 02 shall be generated, or what data element changes shall not generate an 02. **Report Requirement Reportable Change** Codes can vary for each type of change (Add, Update, Remove, or Delete). It is the Claim Administrator's responsibility to generate an 02 Change and the corresponding Change Variable Segment, based on these requirements.

Formatted: Font: Italic

Report Requirement Codes:

~~FY = Fatal Required Change. Data elements indicated with this Report Requirement Code are essential for a transaction to be accepted into a jurisdiction's database or acknowledged back to the claim administrator. Depending on their ability to recognize and process changes to these data elements, jurisdictions may choose not to allow changes by replacing the FY with an F. A 02 change transaction should be generated when the value of this Fatal/Technical data element has changed and the jurisdiction's Element Requirement Table indicates an "FY" requirement code.~~

~~Note: FY requirement codes are limited to the Change Reason Code "U" (Update) only.~~

Formatted: Font: Not Bold, Italic, No underline, Strikethrough

Data Element	Name	Considerations
0006	Insurer FEIN	<p>Change allowed only if the value previously sent was erroneous or under the following conditions:</p> <ul style="list-style-type: none"> Insurer FEIN changes but Claim Administrator FEIN does not (e.g. insolvency handled by the same Claim Administrator, Claim Administrator buys another claim administrator and continues utilizing the claim system, or policy data is updated which impacts the Insurer) Jurisdictions must be able to recognize insurers belonging to the same group. An 02 should report when both Insurer and Claim Administrator change within the same group of insurers. <p>If Insurer FEIN has changed under any other conditions refer to the Acquired Claims Processing Rules elsewhere in Section 4.</p>
0014	Claim Administrator Postal Code	<p>Changes to this data element may be necessary when:</p> <ul style="list-style-type: none"> The Claim Administrator's office has moved, or The previously-sent data value was erroneous. <p>NOTE: Other components of the address may change simultaneously when the office has moved. However, the postal code may be the only change if an incorrect value was initially reported.</p>
0015	Claim Administrator Claim Number (Key Match)	<p>If FROI 02 Change - Must change in both the FROI 148 and R21 companion records for the claim If SROI 02 Change – Must change in both the SROI A49 and R22 companion records for the claim</p>
0187	Claim Administrator FEIN	<p>Change allowed only if the value previously sent was erroneous. If a different entity assumes the responsibility of adjusting the claim an MTC AQ Acquired Claim transaction applies. See Acquired Claims Processing Rules elsewhere in Section 4.</p>

Reportable Change Codes

Code B = Restricted. When indicated in the Requirement Code **Reportable Change** Column for Add, Update, Remove, or Delete, this Change Reason Code is not applicable to the Data Element. A jurisdiction shall not replace the B code with another Requirement Code **Reportable Change** Code.

Code Y = Required Change. **This code only applies to Data Elements not contained on both the FROI and SROI.** When indicated in the ~~Requirement Code~~ **Reportable Change** Column for Add, Update, Remove, or Delete, the Claim Administrator shall generate an MTC 02 Change and indicate the Data Element in the Change Variable Segment.

Code YG = Required Change with Exception. **This code only applies to Data Elements not contained on both the FROI and SROI.** When indicated in the ~~Requirement Code~~ **Reportable Change** Column for Add, Update, Remove, or Delete, the Claim Administrator shall generate an MTC 02 Change if the exception is met and indicate the Data Element in the Change Variable Segment. (See Code Usage Limitations below)

Code N = No Change. When indicated in the ~~Requirement Code~~ **Reportable Change** Column for Add, Update, Remove, or Delete, the Claim Administrator shall not generate an MTC 02 Change, nor indicate the Data Element in the Change Variable Segment. **If the data element with a Reportable Change Code of N is present in the Change Variable Segment the transaction will be rejected.**

Code H = NA for all MTCs. ~~The jurisdiction shall list an H in the Requirement Code Column for Add, Update, Remove, or Delete if the Requirement Code for all MTC's for a FROI or SROI = NA Requirement Code and the Claim Administrator shall not generate an MTC 02 Change.~~ **No Change Required.** The jurisdiction shall list an H in the Reportable Change Column for Add, Update, Remove, or Delete for data elements where an 02 change is not required but will not reject the transaction if present in the Change Variable Segment. The Claim Administrator shall not generate an MTC 02 Change but may include it in the Change Variable Segment if other reportable data elements are also changing. The Jurisdiction might not update the data in their database.

Code I = Required Change on Either. **This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both.** When indicated in the ~~Requirement Code~~ **Reportable Change** Column for Add, Update, Remove, or Delete, the Claim Administrator must send an 02 Change on either the FROI or the SROI but not both. ~~This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both.~~ **The Jurisdiction will accept a change to the data element on either the FROI or SROI and the Claim Administrator will determine which transaction to send.** (See Code Usage Limitations below)

Code IG = Required Change on Either with Exception. **This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both.** When indicated in the ~~Requirement Code~~ **Reportable Change** Column for Add, Update, Remove, or Delete, the Claim Administrator must send an 02 Change on either the FROI or the SROI but not both if the exception is met. ~~This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both.~~ **The Jurisdiction will accept a change to the data element on either the FROI or SROI and the Claim Administrator will determine which transaction to send.** (See Code Usage Limitations below)

Code J = Required Change by Transaction Type. **This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both.** When indicated in the ~~Requirement Code~~ **Reportable Change** Column for Add, Update, Remove, or Delete, the Claim Administrator shall send an 02 Change on the SROI only if a SROI has been previously accepted. If no SROI has been previously accepted then a FROI 02 Change is required. ~~This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both.~~ (See Code Usage Limitations below)

Code JG = Required Change by Transaction Type with Exception. This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both. When indicated in the ~~Requirement Code~~ Reportable Change Column for Add, Update, Remove, or Delete, the Claim Administrator shall send an 02 Change on the SROI only if a SROI has been previously accepted and the exception has been met. If no SROI has been previously accepted then a FROI 02 Change is required. This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both. (See Code Usage Limitations below)

Code K = Required FROI Change. This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both. When indicated in the Reportable Change Column for Add, Update, Remove, or Delete, the Claim Administrator shall send an 02 Change on the FROI regardless of if a SROI has been accepted. (See Code Usage Limitations below)

Code KG = Required FROI Change with Exception. This code only applies to Data Elements contained on both the FROI and SROI, and the jurisdiction is collecting them on both. When indicated in the Reportable Change Column for Add, Update, Remove, or Delete, the Claim Administrator shall send an 02 Change on the FROI regardless of if a SROI has been accepted AND the exception has been met. (See Code Usage Limitations below)

Code Usage Limitations:

Exceptions are defined by the Jurisdiction for codes YG, IG, and JG, and KG. Jurisdictions shall limit exceptions to:

- a. When specified Recovery Codes (DN0226) or Other Benefit Type Codes (DN0216) have been Added, Updated, or Deleted per Jurisdictional Requirements.
- b. When a change to financials (Benefit Type Claim Weeks (DN0090), Benefit Type Claim Days (DN0091), Benefit Type Amount Paid (DN0086), Other Benefit Type Amount (DN0215), and Recovery Amount (DN0225) occurs after the last Suspension (SX) or Final (FN), per Jurisdictional Requirements.
- c. When exceptions apply that require an 02 unless another MTC is reporting the changed data within the required timeframe. Examples include Date of Maximum Medical Improvement (DN0070), Permanent Impairment Percentage (DN0084), or Initial Return to Work Date (DN0068), Latest Return to Work Status Date (DN0072) and related Initial or Latest Return to Work qualifiers.
- d. When exceptions apply that are editable and related to the Add, Update, Remove, or Delete of the particular Data Element. Exceptions shall not be allowed for maximum number of changes, how often a change may be generated, or expectations to hold an identified change until a specified time.

Code values of I, IG, J, and JG, K and KG must be applied consistently across both the FROI and SROI 02 Change for a given data element. If I or IG is applied, J, or JG, K, or KG cannot be used for the same data element on either the FROI or SROI 02 Change and vice versa. If an I/IG, or J/JG, or K/KG is applied then Y/YG, H, or N cannot be used for the same data element on either the FROI or SROI 02 Change and vice versa.

R3.1 Limitations Known to Date

1. A jurisdiction cannot determine the effective date and reason for change(s).
2. The value of some Data Elements will change during the life of a claim and some MTC's will occur more than once. Only changes to the most recently reported values for a Data Element can be expected (e.g. the employee may be off work several times, therefore the Current Date Last Day Worked (DN0145) may be updated over the life of the claim).
3. An entire transaction (MTC) that was sent in error cannot be removed by sending an 02 Change transaction.
4. There are certain Data Elements that shall not be changed on an 02 Change transaction. Refer to the elements prepopulated with a "B" on the Element Requirement table.
5. The 02 Change transaction does not provide a method of indicating which segment occurrence is being changed (other than the MTC 02 in the Benefits segment).
6. For Acquired Claims: Claim Administrators do not know the information reported by the previous Claim Administrator. Jurisdictions should be aware that 02 Changes will be generated based on the data in the new Claim Administrator's system.

Processing Rules

1. Whenever a Data Element on the 02 Change section of the Element Requirement Table with a ~~Report Requirement~~ Reportable Change Code of FY, Y, YG, I, IG, J, JG, K or KG has changed (see Identifying Changes above), the Claim Administrator must trigger an 02 change transaction unless another MTC applies. If a Data Element has a ~~Report Requirement~~ Reportable Change Code of B, N, or H, then an 02 Change must not be required or expected, and the data element may change on the next reportable transaction.
2. The Claim Administrator will sweep in the most current data from their claim system into the 02 Change, however Jurisdictions shall edit only those Data Elements identified in the Change Variable Segment and any appropriate cross edits/requirements, Match Data (refer to the Match Data Rules elsewhere in Section 4), and Data Elements marked as Fatal on the Element Requirement Table. If not identified in the Change Variable Segment, a jurisdiction's cross edits/requirements shall compare data to their database rather than the transaction. Data Elements identified in the Change Data Element/Segment Number (DN0412) with a Change Reason Code (DN0413) of A (Add) or U (Update) shall be considered Mandatory for that particular 02 Change transaction.
3. A TA (Transaction Accepted) for an 02 Change is only accepting the change of data that is identified in the Change Variable Segment. Data that has been changed and not indicated in the Change Variable Segment will not be considered accepted, nor shall be loaded or edited, and may cause rejections on future transactions.
4. Jurisdictions shall either TA (Transaction Accepted) or TR (Transaction Rejected) an 02 Change. TE (Transaction Accepted with Errors) is not applicable on the 02 Change due to the challenges of reporting a Change Variable Segment on the CO Correction.
5. When a Variable Segment is changed, all occurrences of the segment shall be present on the transaction in order to give the Jurisdiction a complete picture of the segment. For example, three witness segment occurrences were present on the FROI 00 Original. Later the phone number is

updated for the third witness. A FROI 02 Change is sent with all three witness occurrences populated.

6. Employee ID Type Qualifier (DN0270) and the related identifiers (Employee ID) of Employee SSN (DN0042), Employee Employment Visa (DN0152), Employee Employment Green Card (DN0153), and Employee ID Assigned by Jurisdiction (DN0154) are paired Data Elements where the Employee ID and one Employee ID Type Qualifier must be sent together. When either value reported in a transaction is changed, Employee ID Type Qualifier should be identified in the Change Variable Segment as an Update. When Employee ID Type Qualifier is changed from one type to another, the change shall be sent by the Claim Administrator as an Update rather than an Add of one Data Element and a Remove of another.
7. Financial Processing Rules:
 - a. Financial Variable Segments include Benefit, Other Benefit, Adjustments/Credits/Redistributions, Recovery, Reduced Earnings, Payment, and Concurrent Employers. Some of these financial segments typically advance during the life of the claim when an MTC "event" does not occur. Changes to some financial data, including but not limited to, Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Type Amount Paid, Other Benefit Type Amount, and Recovery Amount are not required to be reported until
 - i. another reportable SROI is due or
 - ii. indicated in a Jurisdictions Element Requirement table with **Report Requirement Reportable Change** Code YG (see **Report Requirement Reportable Change Codes** above)
 - b. Benefit processing rules:
 - i. Gross Weekly Amount (DN0174) and Net Weekly Amount (DN0087) shall only change on a CA (Change in Benefit Amount) or another event MTC including but not limited to AB (Add Concurrent Benefit), CB (Change in Benefit Type), RB (Reinstatement of Benefits), or RE (Reduced Earnings) and never on an 02 Change.
 - ii. Net Weekly Amount Effective Date (DN0211) and Gross Weekly Amount Effective Date (DN0175) may be updated on an 02 Change.
 - iii. An 02 Change shall **not** be sent to Update the Benefit Period Start Date (DN0088) when:
 - a. another MTC applies (e.g. MTC CB (Change in Benefit Type), RB (Reinstatement of Benefits), AP (Acquired Payment); or
 - b. after an AB (Add Concurrent Benefit Type), AP (Acquired Payment), IP (Initial Payment), RB (Reinstatement of Benefits), EP (Employer Paid), ER (Employer Reinstatement), or CB (Change in Benefit Type) to revert it back to the earliest Benefit Period Start Date (DN0088) for the same benefit type. (See Data Dictionary for Benefit Period Start Date); or
 - c. the date is resetting to the first day of the waiting period for the same benefit type.
 - iv. An 02 Change may be sent to report a waiting period paid for a different Benefit Type from the Benefit Type previously reported on the IP (Initial Payment), EP (Employer Paid), or AP (Acquired Payment). This will be indicated as an A (Add) in the Change Variable Segment for the Benefit Segment because a new Benefit Segment occurrence was added.

- v. An 02 Change may be sent to update the Benefit Period Start Date (DN0088) when erroneous data was previously reported.
- vi. An 02 Change may be sent to report a reclassification of benefits after benefits have ended.
- vii. There are times when a benefit must be reported for a past period. Jurisdictions must define in the Trading Partner Tables if an 02 Change or SU Sync Up shall be sent to report this scenario. A past period is defined as the Benefit Period Through Date (DN0089) of the past benefit being added is less than the Benefit Period Through Date of the current Benefit Type.
- viii. When the Change Data Element/Segment Number (DN0412) contains the Number of Benefits (DN0288), the Benefit Segment is considered an Event Segment. The 02 Change must be present in each Benefit occurrence that has changed. If the 02 Change is not identified in the Benefit Segment that is being changed but is identified in the Change Variable Segment, the Jurisdiction may reject the 02 Change. Refer to Section 4 Variable Segment Population Rules, MTC in the Benefits Segment for further information.

Note: The Reduced Benefit Amount Code (DN0202) may be applicable when benefits are changed. Typically, the Reduced Benefit Amount Code would be in the Change Segment; however, there are circumstances when Benefits change but the Reduced Benefit Amount Code will remain the same as previously reported. In this instance, it will not be reflected in the Change Segment. Refer to the Data Dictionary Reduced Benefit Amount Code for further information.

- c. Payment processing rules:
 - i. Data in the Payment Segment can only be updated related to the last reported payment. Examples (where the jurisdiction requires a payment segment on the AP, IP, PY, or RB):
 - a. When an IP (Initial Payment) and SA (Sub Annual) have been reported with no other intervening MTC that requires a payment segment, then an 02 Change can report a payment Update. The payment reported on the 02 Change should reflect the associated payment for the IP.
 - b. When an RB (Reinstatement of Benefits) follows an IP, then a change to the IP payment is not allowed as the RB would have reported the last payment accepted.
 - c. When a PY (Payment Report) for a lump sum payment or a settlement follows an IP, then a change to the IP payment is not allowed as the PY would have reported the last payment accepted.
- d. Benefit Adjustment, Credit, and Redistribution Segment processing rules:
 - i. Benefit Adjustment Weekly Amount (DN0093) and Benefit Credit Weekly Amount (DN0129) shall only be updated on another event MTC e.g. CA, CB, or RB.
 - ii. The following Benefit Adjustment and Credit Data Elements shall only have a Change Reason Code of U (Update):
 - Benefit Adjustment Code (DN0092)
 - Benefit Adjustment Start Date (DN0124)

- Benefit Adjustment End Date (DN0125)
- Weekly Income Amount for Offset (DN0409)
- Benefit Credit Code (DN0126)
- Benefit Credit Start Date (DN0127)
- Benefit Credit End Date (DN0128)

- iii. Adjustments and Credits with no Reclassification: When the Benefit Adjustment Code or Benefit Credit Code is updated, only the alpha portion of the Benefit Adjustment/Credit Code may change however, the Benefit Type portion of the code must remain the same.
For example, a Benefit Adjustment Code of A050 is reported and later it is determined that the correct Benefit Adjustment Code is B050, an 02 Change is reported to communicate the Update in the alpha portion of the code; however, the Benefit Type portion of the Benefit Adjustment/Credit Code remains the same.
- iv. Adjustments and Credits with Reclassification: Unless another MTC applies, when a Reclassification of a Benefit Type Code occurs with an Adjustment or Credit that has not ended, both the alpha and Benefit Type portion of the Benefit Adjustment/Credit Code (DN0092 or DN00126) may change. Reduced Benefit Amount Code (DN0202) of R (Reclassification) must be present on the transaction and be Added in the 02 Change Segment if not previously reported.
For example, a Benefit Type Code of 050 was previously reported along with a Benefit Adjustment Code of A050. Later (before the adjustment has ended), the Benefit Type Code was found to be reported erroneously and is updated to 070 and the Benefit Adjustment Code to A070. In this case, the Benefit Type Code in the Benefit Segment as well as the Benefit Type portion of the Benefit Adjustment Code in ACR segment is Updated and the Reduced Benefit Amount Code of R is Added.
- v. Redistributions are treated differently than Adjustments and Credits as they do not impact the Net Weekly Amount (DN0087). Unless another MTC applies the following rules should be utilized.
 - A. The Benefit Redistribution Segment may be Added, Updated, or Deleted; however, a delete should only occur when the segment never applied and shall not be reported simply because the redistribution has ended.
 - B. When the Claim Administrator is Adding the Benefit Redistribution End Date (DN0132) and no other MTC applies, the Claim Administrator shall send an 02 Change with a Change Reason Code of Add (A) to Number of Benefit ACR (DN0289).
- e. Reduced Earnings Segment processing rule:

Per the Variable Segment Population Rules elsewhere in Section 4, a Reduced Earnings occurrence, once accepted, shall never be sent again and therefore, an 02 Change shall not be required.

8. Acquired Claims Processing Rules:

Jurisdictions should be able to recognize Acquired Claims and be aware of restrictions for data requirements on Acquired Claim transactions – refer to Acquired Claims Processing rules elsewhere in Section 4.

- a. Based on the known limitations, jurisdictions shall not expect an 02 Change from the acquiring claim administrator to change data submitted by the prior claim administrator, nor shall an 02 be required by the jurisdiction prior to an AQ for the acquiring claim administrator. A jurisdiction can permit an 02 in place of an AQ in certain circumstances. (See Acquired Claims Processing Rules)
- b. A new Claim Administrator can only recognize an 02 Change from the point of acquisition forward; therefore, the acquiring claim administrator's initiating FROI and SROI set the base from which future 02's will be identified and generated.
- c. Change Reason Code is restricted to Add or Remove for Employer Paid Prior to Acquisition Code (DN0203). Update is not applicable because there is only one code value.

Considerations for Requiring an 02 Change

1. The jurisdiction should carefully consider the ~~Report Requirement~~ Reportable Change Code placed on each data element in the Element Requirement Table for the 02 Change transaction and edits applied to those Data Elements on the Edit Matrix.
2. While it will be necessary for some data changes, jurisdictions should use caution when applying the (Add, Update, Remove, and Delete) Change Reason Code as the data may change frequently. Data Elements such as Match Data and those critical to the overall claim handling process may require an 02 Change, and less critical data such as Claim Status Code (DN0073) would be reported on the next MTC.
 - a. Jurisdictions may not want to allow an Add or Remove to Data Elements indicated as Mandatory or Mandatory Conditional as they should already be present or never be removed.
 - b. A change to any Variable Segment Counter should not generate an 02 Change. The counter will change through normal processing. See Change Data Element/Segment Number (DN0412) in the Data Dictionary for when the Data Element Number for a Variable Segment Counter will be indicated in the Change Variable Segment.
3. Jurisdictions need to analyze how the receipt of 02 Change transactions will impact their database in order to process 02 Change transactions correctly. If a jurisdiction is going to apply cross edits/requirements to data identified in the Change Variable Segment to determine anomalies, they must be able to recognize and compare against data previously accepted in their database. Data not included in the 02 Change Variable Segment shall not be used to apply cross edits to the data being changed on the 02 Change itself. (See processing rules 2 and 3).
4. Jurisdictions should be aware that the value of some financial data will legitimately change during the life of a claim (i.e., returned checks, improper coding, and reclassification of benefits) and should carefully consider allowing changes to data elements in the Benefits, Other Benefits, Payments, Recoveries and Benefit Adjustment, Credits or Redistribution segments. It is recommended that jurisdictions either allow the 02 Change transactions to overlay these segments in their system, or

consider providing another method of changing these data elements outside of electronic reporting. See Financial Processing Rules.

5. Work Week Type Code (DN0204) and Work Days Scheduled Code (DN0205) are related Data Elements that must have a general exception if required on an 02 Change. If Work Week Type Code equals Fixed (F) then Work Days Scheduled Code is required. When a ~~Report Requirement~~ **Reportable Change** Code is set for Work Days Scheduled Code on the Element Requirement Table, the 02 Change should not be generated unless the Work Week Type Code equals Fixed. A Change Reason Code of Remove (R) shall not be allowed for Work Days Scheduled Code, as the data element does not apply for any Work Week Type Code other than Fixed and should be ignored.
6. ~~Report Requirement~~ **Reportable Change** Code is limited to Update for Employee Security ID (DN0206) because Employee Security ID is generated by the jurisdiction. The Data Element should be included on the next MTC after receipt in the acknowledgement.
7. Some Data Elements, including but not limited to, Full Denial Effective Date (DN0199), Full Denial Reason Code (DN0198), Denial Reason Narrative (DN0197), Partial Denial Code (DN0294), Suspension Effective Date (DN0193), Suspension Reason Code – Full (DN0418), Suspension Reason Code – Partial (DN0419), and Suspension Narrative (DN0233) are data elements that indicate another MTC may be due. When a jurisdiction has not TA'd the initiating event MTC, (e.g. 04, PD, SX, or PX) they may TR the 02 Change. If the Jurisdiction has not TA'd the initiating event and the Data Elements listed above are identified in the Change Variable Segment along with other Data Elements (e.g. Match Data), the Claim Administrator may need to remove the Data Elements listed above from the Change Variable Segment and resend it before reporting the next event.
8. Certain Data Elements can occur multiple times throughout the life of the claim, and allowing an Update to these Data Elements could pose a problem to the jurisdiction if they overlay the data, rather than storing each occurrence. Claim Administrators could be storing only one occurrence of these Data Elements and may not be able to systematically tell the difference between a new value recently entered that may be reported on an upcoming MTC, and an Update to an existing value previously reported. Jurisdictions should carefully consider allowing 02 Change transactions on these Data Elements. For example, Full Denial Effective Date (DN0199) is initially reported on an 04 (Denial). Later, the date is changed in the Claim Administrator's system. The Claim Administrator may not know if this change is a result of a new Denial requiring an 04, or an Update to the existing Denial requiring an 02 Change. Another similar case is Suspension Narrative (DN0233) and Suspension Effective Date (DN0193). In the same way, these Data Elements may be Updated and a Claim Administrator may not systematically recognize this change as a new event versus a previously reported event. Jurisdictions who choose not to allow a change to these Data Elements may need to consider a manual process outside of EDI.

The following data elements may have multiple occurrences throughout the life of the claim.

DN	Name
0070	Date of Maximum Medical Improvement
0072	Latest Return to Work Status Date
0075	Agreement to Compensate Code
0077	Late Reason Code
0144	Current Date Disability Began
0145	Current Date Last Day Worked

0193	Suspension Effective Date
0196	Denial Rescission Date
0197	Denial Reason Narrative
0198	Full Denial Reason Code
0199	Full Denial Effective Date
0212	Non-Consecutive Period Code
0233	Suspension Narrative
0293	Lump Sum Payment/Settlement Code
0294	Partial Denial Code
0299	Award/Order Date
0406	Latest RTW Type Code
0407	Latest RTW Physical Restrictions Indicator
0408	Latest RTW With Same Employer Indicator
0416	Current Date Employer Had Knowledge of Current Date of Disability
0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability
0419	Suspension Reason Code - Full
0420	Suspension Reason Code - Partial

9. It is highly recommended that changes to Data Elements should not be sent or accepted by jurisdictions in between a Transaction Accepted with Errors (TE) and the related CO (Correction) transaction. See Error Correction Process Guidelines elsewhere in Section 4. Jurisdictions that intend to enforce this recommendation must ensure that they are timely and accurately sending TE's and processing CO's.
10. When the Data Element Number for a Variable Segment Counter is indicated in the Change Variable Segment, it is recommended that jurisdictions allow the 02 Change transaction to overlay every occurrence of the segment in their system. This is because the transaction does not provide a method of indicating which segment occurrence is being changed (other than the MTC 02 in the Benefits segment).

Timeline for Reporting an 02 Change After Concluding Transactions

If a concluding transaction has been accepted and then a change occurs, an 02 Change transaction may be required by the jurisdiction. Jurisdictions should communicate via the Trading Partner Tables:

- a. Which MTCs are considered concluding transactions e.g. 04, FN, SX
- b. For what period of time an 02 Change is required after a concluding transaction but not greater than a timeline barred by the jurisdiction's statute of limitations.
- c. If another MTC is applicable such as an updated Final (FN) or periodic for specific changes.

Formatted: Font: 12 pt