***BENEFITS SEGMENT:***

a. Number of occurrences cannot exceed 10 and must equal the Number of Benefits

(DN0288).

b. Only one Benefits segment per Benefit Type Code is allowed. The applicable Benefit Type

Code (DN0085) must be included when this segment is present in the transaction.

c. A Benefit Type Code cannot be required with spaces or zeros in the corresponding Benefit

Type Amount Paid.

d. If indemnity benefits have been paid, this segment should be included in each SROI

transaction and is populated with the current values at the time of transmission based upon

the jurisdiction’s Data Element Requirements table for the Benefit Type Codes indicated on

the Population Restrictions tab of the jurisdiction’s Edit Matrix. The following table illustrates

the minimum number of Benefits segments that should be expected for each SROI MTC.

The exception to this would be that if all indemnity checks have been returned/cancelled/

voided and Recovery Code 880 is present or if the Reduced Benefit Amount Code “S”,

“N”, or “Z” is present, a Benefits segment may not be present on the transaction. A Benefit

Segment previously reported, or the amount of Indemnity benefits paid on a claim may be

fully or partially reduced from the Benefit Type Amount Paid that was previously reported if

Reduced Benefit Amount Code “D” is present.



There are two different ways of populating the Benefits segment depending upon whether the

Benefit Type Code is related to the “Event” (MTC currently being reported) or is just being sent as

“sweep” data. See the following sections “e” and “f” for the population rules.

**e. “Event” Benefits Segment Rules:** The Maintenance Type Code (MTC) occurs twice in

the Subsequent Report Record Layout (once in the A49 record and once in the Benefits

segment of the R22 Companion record). The MTC in the A49 record is considered “Claim

Level” and identifies the type of transaction being sent, and the MTC in the Benefits

segment of the R22 Companion record is considered “Benefit Level” and identifies the

benefits that are being affected by this transaction.

The following rules should be used to determine when an MTC should be reported in a

Benefits Segment. The MTC is reported in a Benefits segment in order to identify the

Benefit Type(s) that is being affected by this “Event” (MTC).

**MTC in the Benefits Segment:**

The MTC(s) in the Benefits Segment must be the same as the MTC at the Claim

Level of the transaction and should be reported when:

• A Benefit Type Code is starting, changing, or being partially suspended

• A lump sum payment is being reported with Benefit Type Code 0XX

• A Benefit Type Code is starting, changing, or being suspended and the

Gross/Net Weekly Amount is being changed for any Benefits segment(s)

previously ended (i.e. rate change retroactive to all previously paid benefit

types).

• When reporting a Sync Up (SU) MTC

The following MTCs are to be sent in the Benefits segment of the affected Benefit(s).

These are known as “Event” Benefits segments and are populated based upon the

jurisdiction’s Event Benefits Segment Requirements table.

• The benefit being initiated (AB, AP, CB, EP, ER, IP, or RB,) and/or;

• The benefit amount being changed (CA) and/or;

• The data in the specific Benefits segment occurrence being changed (02 - ^Includes Benefit Type Code 5XX, unless another MTC applies)

• The benefit(s) being terminated (CB, PX, SX)

• The lump sum payment (Benefit Type Code 0XX) being reported (PY)

• Corrections (CO) that are being made to any of the above MTCs

• On all benefit segments reported on the Sync Up (SU) MTC

\*Population of the Benefits Segment for Employer Paid benefits differs from all

other “Event” Benefits segment. Refer to Employer Paid Population Rules (i.) for

details.

^Population of the Benefits Segment for Benefit Type 5XX differs from all other “Event” Benefits segment. Refer to Lump Sum Payments/Settlements Population Rules (h.) for details.

If some, but not all indemnity checks have been returned/cancelled/voided, at least 1 Benefit

segment will be present along with Recovery Code 880, and the Benefit Type Amount Paid will

be less the amount of the indemnity checks that were returned/cancelled/voided. The Benefit

Type Amount Paid will reflect the amount that was actually paid out, but the other DNs in the

Benefits segment may or may not be retroactively adjusted, and should not be edited to match

the Benefit Type Amount Paid.

If indemnity benefits were decreased from the amount previously reported, not due to a

reclassification of benefits, the Reduced Benefit Amount Code “D” will be present, and the

Benefit Type Code previously reported, may or may not be present. If indemnity benefits were

reclassified, the Reduced Benefit Amount Code “R” will be present, and the Benefit Type Code

previously reported, may or may not be present. The Benefit segment(s) reported will include

the Benefit Type Amount Paid which will reflect the actual reclassified amount.

**“Sweep” Benefits Segment Rules:** Whenever a different Benefit Type Code has been

paid that does not contain the MTC at the Benefit Level, aggregate financial information is

sent as part of a “Sweep” Benefits Segment. The reported “sweep” information is limited

to the data elements in the Benefits Segment as listed below. Jurisdictions should ignore

and not edit or reject transactions with any data elements they do not require.

**No MTC in the Benefits Segment**:

When an MTC applies to the claim as a whole, the MTC is sent at the Claim Level

only (A49 record) and is not populated in the Benefits Segment (i.e., a Denial

applies to all Benefit Type Codes, and thus the MTC is not sent in the Benefits

Segment.)

MTCs at the Claim Level apply to the following MTCs:

• SROIs: 02 (When a specific benefit segment occurrence is not changing), 04, FN, PY (Benefit Type Code 5XX series), PD, and UR, (and any CO that is correcting these MTCs)

• Periodics: AN, BM, BW, MN, QT, and SA

A “Sweep” Benefits Segment must include the following data elements:

• Benefit Type Code (DN0085)

• Benefit Type Amount Paid (DN0086)

• Benefit Type Claim Weeks (DN0090) (Cannot be required when Benefit Type Code =

5XX)

• Benefit Type Claim Days (DN0091) (Cannot be required when Benefit Type Code =

5XX)

• Benefit Period Start Date (DN0088) - refer to the definition in the dictionary to

determine whether this should be reset

• Benefit Period Through Date (DN0089)

A “Sweep” Benefits Segment cannot be required to include the following data elements:

• Gross Weekly Amount (DN0174)

• Gross Weekly Amount Effective Date (DN0175)

• Net Weekly Amount (DN0087)

• Net Weekly Amount Effective Date (DN0211)

• Benefit Payment Issue Date (DN0192)

A “Sweep” Benefits Segment will not include the following data element:

• MTC (DN0002)

If some, but not all indemnity checks have been returned/cancelled/voided, at least 1 Benefit

segment will be present along with Recovery Code 880, and the Benefit Type Amount Paid will be

less the amount of the indemnity checks that were returned/cancelled/voided. The Benefit Type

Amount Paid will reflect the amount that was actually paid out, but the other DNs in the Benefits

segment may or may not be retroactively adjusted, and should not be edited to match the Benefit

Type Amount Paid.

If indemnity benefits were decreased from the amount previously reported, not due to a

reclassification of benefits, the Reduced Benefit Amount Code “D” will be present, and the Benefit

Type Code previously reported may or may not be present. If indemnity benefits were reclassified,

the Reduced Benefit Amount Code “R” will be present, and the Benefit Type Code previously

reported may or may not be present. The Benefit segment(s) reported will include the Benefit Type

Amount Paid which will reflect the actual reclassified amount.

g. **Reduced Earnings Population Rules in the Benefits Segment:** Whenever the MTC is

required in the Benefits segment for an 070 Benefit Type Code (“Event” Benefits Segment)

and multiple weeks of Temporary Partial benefits are being reported, the Gross Weekly

Amount (DN0174), Gross Weekly Amount Effective Date (DN0175), Net Weekly Amount

(DN0087), and Net Weekly Amount Effective Date (DN0211) in the Benefits segment will

represent the most current Temporary Partial rate and date reported for which benefits

were paid.

**h. Lump Sum Payments/Settlements:**

• All lump sum payments/settlements are reported on a PY transaction (see Lump

Sum Payment/Settlement Rules). If the Benefit Type Code is 0XX, the Benefits

Segment of the transaction is populated as an “Event” Benefits segment as well as a

Payments Segment. The Benefit Type Code in the “Event” Benefits segment should

be the same as the Payment Reason Code in the Payments segment.

• When a lump sum payment/settlement is reported with a Benefit Type Code of 5XX,

the Benefits Segment of the transaction is populated as a “Sweep” Benefits segment

as well as a Payments Segment. The Benefit Type Code in the “Sweep” Benefits

segment should be the same as the Payment Reason Code in the Payments

segment.

• When populating Benefit Type Code 5XX on MTC SU (Sync Up) or MTC SROI 02 (Change), the 5XX will be reported as a sweep with the exception of the MTC in the benefit segment. The MTC is required at the benefit level on a 5XX benefit on the SU at all times and on the SROI 02 when the 5XX benefit has changed. See Section 4 – Sync Up Processing Guidelines 2 c. and 02 Change Processing Rules, Benefit Processing Rule viii. for more information.)

• If Reduced Benefit Amount Code “S” is present, this means this date of injury has

been settled as part of another settlement under a different date of injury, and a

Benefits Segment will not be present on the transaction unless indemnity benefits had

been paid for this date of injury prior to the settlement. If required by the jurisdiction,

the Award/Order Dates and Lump Sum Payment/Settlement Codes would be the

same for all files settled under one amount/date of injury.

• If Reduced Benefit Amount Code “N” is present, this means that the workers’

compensation claim has been settled, but no settlement monies are being paid.

Therefore, a Payments segment will not be present on the transaction and a Benefits

segment will only be present if indemnity benefits had been paid for this date of injury

prior to the settlement. If required by the jurisdiction, the Award/Order Date and

Lump Sum Payment/Settlement Code would be sent.

i. **Employer Paid Population Rules:** The following are the data population rules to be

followed when the employer is continuing salary in lieu of workers’ compensation benefits.

Salary continuation is reported as a 2xx Benefit Type Code (DN0085).

Unless excluded in the Population Restrictions tab of the jurisdiction’s Edit Matrix, codes

210, 220, 221, 230, 242, 250, 251, 270 should be used if the claim administrator knows

the specific benefit type for which the injured worker is being paid. Otherwise, code 240

should be used.

Depending upon jurisdiction requirements, it is possible to receive the generic Benefit Type

Code 240 as well as the specific Benefit Type Codes 210, 220, 221, 230, 242, 250, 251,

or 270 on the same transaction. MTC Code CB should be used when changing from any

2XX Benefit Type Code to any other 2XX Benefit Type Code, however, the Event Benefit

Segments of the CB must comply with the chart below.





\*Since workers’ compensation benefits are not taxable, these fields should be reported using the

amounts that would have been paid under workers’ comp.

Exception: If a jurisdiction requires DN0409 (Weekly Income Amount for Offset) which is present

in the ACR segment, then the amount the employer is paying must be reported using the IP or RB

with 0XX benefits and Benefit Credit Code = M.

j. **Net to Zero population rules:** The following are data population rules when the Net Weekly

Amount of a benefit (0xx) due by the claim administrator is zero due to an adjustment,

credit, or reduced earnings.

• If the benefit type that is due has immediately net to zero, meaning the claim

administrator has not made any payments on that benefit type code, the benefit

segment may not be present.

o An ACR segment will be present along with the Reduced Benefit Amount

Code = Z to provide jurisdictions the information they need to identify the

benefit has net to zero and no prior payments have been made by the

claim administrator for that benefit type code.

o A Reduced Earnings segment will be present along with the Reduced

Benefit Amount Code = Z to provide jurisdictions the information they

need to identify the 070 benefit is due, but no payments are being made

by the claim administrator because the injured worker’s earnings are

greater than their comp rate.

• If the benefit type nets to zero after payments have been issued by the claim

administrator, a MTC CA (Change in Amount) should be used. Jurisdictions shall

not edit on any data in the benefit segment when Reduced Benefit Amount Code =

Z is present.

• If an adjustment, credit, or reduced earnings changes where benefits are now due

and the Benefit Type Code has not changed, Reduced Benefit Amount Code Z will

be removed and MTC CA would be due.

• If the adjustment, credit, or reduced earnings ends where the associated benefit is

no longer due, Reduced Benefit Amount Code Z will be removed and MTC SX would

be due.

• A Payment Segment cannot be required when a benefit nets to zero due to either

the Benefit Segment not being present because no payments have been made by

the Claim Administrator for that Benefit Type Code or the benefit has net to zero

resulting in a CA Change in Amount MTC.

• It is recommended that Jurisdictions consider requiring a Periodic MTC so benefits

can be identified as ongoing even though dates may not appear to be advancing due

to a net to zero situation.

• Employer Paid Benefits – Jurisdictions who require Weekly Income Amount for Offset

(DN0409) will use Benefit Credit Code “M - Credit for Employer Provided Benefits

in Excess of Covered Weekly Benefit”. Refer to M code definition or Employer Paid

population rules above.