GEORGIA EDI CLAIM RELEASE 3.0 UPDATES

The Georgia State Board of Workers' Compensation is excited to announce some changes to Georgia EDI Claims Release 3.0 as detailed below underline effective December 1, 2018! Updated Event Table, Element Requirement Table and Edit Matrix will be published by June 1, 2018.

1. We will begin accepting medical-only claims in EDI R3.0 which will be reported on a FROI 00 with "M" as the value for DN 0074 Claim Type Code.

2. We will be removing the SSN from our Board forms and replacing it with a jurisdiction assigned number. As such, the SSN will no longer be a mandatory field and will no longer be used as match data. The only value we will accept in DN0270 will be "A."

3. The following data elements will be changed from IA or NA to MC.

0035	Nature of Injury Code	(FROI 04)
0036	Part of Body Injured Code	(FROI 04)
0037	Cause of Injury Code	(FROI 04)
0066	Full Wages Paid for the Date of Injury Indicator	(FROI 04)
0068	Initial Return to Work Date	(SROI S1, SROI S2, SROI S3, SROI S4, SROI S5, SROI S6, SROI S7, SROI S8, SROI SD)
0134	Calculated Weekly Compensation Amount	(SROI CA, SROI CB, SROI ER, SROI RB, SROI RE)
0137	Claim Administrator Clam Representative Business Phone Number	(All MTC's)
0138	Claim Administrator Clam Representative E-Mail Address	(All MTC's)
0140	Claim Administrator Representative Name	(All MTC's)
0144	Current Date Disability Began	(SROI AP, SROI CB, SROI EP, SROI ER, SROI IP, SROI RB)
0159	Employer Contact Business Phone Number	(FROI 00, FROI 04, FROI AU)
0160	Employer Contact Name	(FROI 00, FROI 04, FROI AU)
0189	Return to Work Type Code	(SROI S1, SROI S2, SROI S3)
0224	Physical Restrictions Indicator	(SROI S2, SROI S3)
0286	Average Wage	(SROI CA, SROI CB, SROI ER, SROI RB, SROI RE)

4. The following data elements will be changed from Y, IA or NA to N for FROI 02 changes. Please do not trigger a FROI 02 to change any of the elements below.

0019	Employer Physical Primary Address
0020	Employer Physical Secondary Address
0026	Insured Report Number
0027	Insured Location Identifier
0028	Policy Number
0029	Policy Effective Date
0030	Policy Expiration Date
0032	Time of Injury
0033	Accident Site Postal Code
0039	Initial Treatment Code
0041	Date Claim Administrator Had Knowledge of the Injury
0045	Employee Middle Name/Initial
0051	Employee Phone Number
0053	Employee Gender Code
0054	Employee Marital Status Code
0055	Employee Number of Dependents
0056	Initial Date Disability Began
0057	Employee Date of Death
0058	Employment Status Code
0059	Manual Classification Code
0060	Occupation Description
0060	Occupation Description
0061	Employee Date of Hire
0065	Initial Date Last Worked
0066	Full Wages Paid for the Date of Injury Indicator
0068	Initial Return to Work Date
0073	Claim Status Code
0074	Claim Type Code
0077	Late Reason Code
0119	Accident Site Location Narrative
0120	Accident Site Location Name
0121	Accident Site City
0122	Accident Site Street
0123	Accident Site State Code
0136	Claim Administrator Country Code
0146	Death Result of Injury Code
0150	Employee Authorization to Release Medical Records Indicator
0155	Employee Mailing Country Code

0157	Employee SSN Release Indicator
0163	Employer Mailing Information/Attention Line
0164	Employer Physical Country Code
0166	Employer Mailing Country Code
0184	Insured Type Code
0185	Insurer Type Code
0187	Claim Administrator FEIN
0189	Return to Work Type Code
0199	Full Denial Effective Date
0200	Claim Administrator Alternate Postal Code
0224	Physical Restrictions Indicator
0228	Return to Work with Same Employer Indicator
0237	Witness Business Phone Number
0238	Witness Name
0249	Accident Premises Code
0255	Employee Last Name Suffix
0273	Employer Paid Salary in Lieu of Compensation Indicator
0280	Accident Site Country Code
0281	Date Employer Had Knowledge of Disability
0290	Type of Loss Code
0292	Insolvent Insurer FEIN
0314	Insured FEIN
0329	Employer UI Number

5. The following data elements will be changed from Y, IA, or NA to N for SROI 02 changes.
   Please do not trigger a SROI 02 to change any of the elements below.

0005	Jurisdiction Claim Number
0006	Insurer FEIN
0015	Claim Administrator Claim Number
0016	Employer FEIN
0026	Insured Report Number
0031	Date of Injury
0043	Employee Last Name
0044	Employee First Name
0054	Employee Marital Status Code
0055	Employee Number of Dependents
0058	Employment Status Code
0063	Wage Period Code
0064	Number of Days Worked Per Week
0065	Initial Last Date Worked
0066	Full Wages Paid for Date of Injury Indicator

0069	Pre-Existing Disability Code
0070	Date of Maximum Medical Improvement
0073	Claim Status Code
0074	Claim Type Code
0075	Agreement to Compensate Code
0076	Date Claim Administrator Notified of Employee Representation
0077	Late Reason Code
0092	Benefit Adjustment Code
0093	Benefit Adjustment Weekly Amount
0094	Benefit Adjustment Start Date
0125	Benefit Adjustment End Date
0126	Benefit Credit Code
0127	Benefit Credit Start Date
0128	Benefit Credit End Date
0129	Benefit Credit Weekly Amount
0130	Benefit Redistribution Code
0131	Benefit Redistribution Start Date
0132	Benefit Redistribution End Date
0133	Benefit Redistribution Weekly Amount
0139	Claim Administrator Fax Number
0141	Concurrent Employer Name
0142	Concurrent Employer Contact Business Phone Number
0143	Concurrent Employer Wage
0145	Current Date Last Worked
0146	Death Result of Injury Code
0149	Discontinued Fringe Benefits
0151	Employee Education Level
0158	Employee Tax Filing Status Code
0172	Estimated Gross Weekly Amount Indicator
0186	Jurisdiction Branch Office Code
0187	Claim Administrator FEIN
0195	Payment Issue Date
0196	Full Denial Recission Date
0197	Denial Reason Narrative
0198	Full Denial Reason Code
0199	Full Denial Effective Date
0200	Claim Administrator Alternate Postal Code
0201	Anticipated Wage Loss Indicator
0202	Reduced Benefit Amount Code
0212	Non-Consecutive Period Code
0213	Employee Number of Entitled Exemptions

0215	Other Benefit Type Amount
0216	Other Benefit Type Code
0217	Payee
0218	Payment Amount
0219	Payment Covers Period Start Date
0220	Payment Covers Period Through Date
0222	Payment Reason Code
0223	Permanent Impairment Minimum Payment Indicator
0225	Recovery Amount
0226	Recovery Code
0228	Return to Work with Same Employer Indicator
0256	Wage Effective Date
0273	Employer Paid Salary in Lieu of Compensation Indicator
0281	Date Employer Had Knowledge of Date of Disability
0290	Type of Loss Code
0292	Insolvent Insurer FEIN
0293	Lump Sum Payment/Settlement Code
0294	Partial Denial Code
0297	Initial Date of Lost Time
0298	Date Claim Administrator Had Knowledge of Lost Time
0299	Award/Order Date
0314	Insured FEIN