

FLORIDA DIVISION OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the DWC-4
“Notice of Action/Change”
To the IAIABC EDI First Report of Injury (FROI)

Note: This document is for reference purposes only and is not intended to replace Florida’s Element Requirement Table (ERT). Please refer to the ERT for all requirements.

	DWC-4 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
1	Sent to Division Date	Transmission Receipt Date for Acknowledged Transaction			
2	Social Security Number	Employee ID Type Qualifier	0270	R21; R22	6-24
		Employee SSN	0042	R21; R22	6-27
	Division Assigned #	Employee ID Assigned by Jurisdiction	0154	R21; R22	6-24
3	Name (First)	Employee First Name	0044	148; R22	6-24
	Name (Middle)	Employee Middle Name/Initial	0045	R21; R22	6-26
	Name (Last)	Employee Last Name	0043	R21; R22	6-24
		Employee Last Name Suffix	0255	R21; R22	6-25
4	Date of Accident	Date of Injury	0031	148; A49	6-20
	<i>TYPE OF REPORT</i>				
5	All Indemnity Suspended: Effective Date	MTC S1 – S8 Suspension Effective Date	0193	R22	6-66
6	Reason Code	MTC S1 – S8	0002	A49; R22	6-48
	Indemnity Reinstated After Suspension:	MTC RB or ER			
7	Effective Date	Benefit Period Start Date	0088	R22	6-09
8	Disability Type	Benefit Type Code	0085	R22	6-11
9	Released to Return to Work Date	Initial Return To Work Date	0068	148; R22	6-36
	Restrictions?	Current Return to Work Date	0072	A49	6-19
10		Physical Restrictions Indicator	0224	R21; R22	6-61
11	Actual Return to Work Date	Initial Return To Work Date	0068	148; R22	6-36
	Restrictions?	Current Return to Work Date	0072	A49	6-19
12		Physical Restrictions Indicator	0224	R21; R22	6-61
13	Date Final Settlement Order Mailed	Award/Order Date	0299	R22	6-05
14	Overall MMI Date	Date of Maximum Medical Improvement	0070	A49	6-20
15	PI Rating %BAW	Permanent Impairment Percentage	0084	A49	6-61
16	Date of Death	Employee Date of Death	0057	148; A49	6-23

	DWC-4 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
17	Permanent Impairment Benefits (D/A's Prior to 01/01/94) Date Paid Impairment Income Benefits (D/A's on or after 01/01/94) Start Date Weekly Rate Total Number of Weeks of Entitlement	Benefit Type Code "030"	0085	R22	6-11
18		Benefit Payment Issue Date	0192	R22	6-08
19					
20		Benefit Type Code "030"	0085	R22	6-11
21		Benefit Period Start Date	0088	R22	6-09
22		Net Weekly Amount N/A (must be derived)	0087	R22	6-52
23	Permanent Total Date Accepted/Adjudicated Weekly PT Supplemental Rate Weekly PT Supp Effective Date	Benefit Type Code "020"	0085	R22	6-11
24		Benefit Period Start Date	0088	R22	6-09
25		Net Weekly Amount for Benefit Type Code "021"	0087	R22	6-52
26		Net Weekly Amount Effective Date	0211	R22	6-52
27	Average Weekly Wage and/or Compensation Rate Amendments:				
28	Previous AWW \$	N/A (previously sent to DWC)			
29	Previous Comp Rate \$				
30	Amended AWW \$	Average Wage	0286	R22	6-04
31	Amended Comp Rate \$	Calculated Weekly Compensation Amount	0134	R22	6-15
32	Retroactive to D/A If No, Give Effective Date	Wage Effective Date	0256	R22	6-68
33	Benefit Adjustments:				
34	Benefit Adjustment Code & Disability Type Adjusted	Benefit Adjustment Code (inclusive of Benefit Type Code) OR	0092	R22	6-05
		Benefit Credit Code OR	0126	R22	6-07
		Benefit Redistribution Code	0130	R22	6-09
35	Weekly Adj. Amount \$	Benefit Adjustment Weekly Amount OR	0093	R22	6-07
		Benefit Credit Weekly Amount OR	0129	R22	6-08
		Benefit Redistribution Weekly Amount	0133	R22	6-10
36	Effective Date	Benefit Adjustment Start Date OR	0094	R22	6-07
		Benefit Credit Start Date OR	0127	R22	6-08
		Benefit Redistribution St Date	0131	R22	6-10
37	Adjustment End Date	Benefit Adjustment End Date OR	0125	R22	6-06
		Benefit Credit End Date OR	0128	R22	6-07
		Benefit Redistribution End Date	0132	R22	6-10
38	Corrections of:				
	Social Security Number/Correct #	Employee ID Type Qualifier	0270	R21; R22	6-24
		Employee SSN	0042	R21; R22	6-27

	DWC-4 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
39	Date of Accident/Correct Date	Date of Injury	0031	148; A49	6-20
40	Employee's Name/Correct Name	Employee First Name	0044	148; R22	6-24
		Employee Middle Name/Initial	0045	R21; R22	6-26
		Employee Last Name	0043	R21; R22	6-24
		Employee Last Name Suffix	0255	R21; R22	6-25
41	Claims-Handling Entity	Claim Administrator Name	0188	R21; R22	6-17
42	Class Code	Manual Classification Code	0059	148	6-51
43	NAICS Code	Industry Code (NAICS 2002)	0025	148	6-35
44	Remarks	N/A			
45	CC:	N/A			
46	Insurer Code #	Use Insurer FEIN	0006	148; A49	6-38
47	Date Prepared	Maintenance Type Code Date	0003	148; A49	6-50
48	Service Co/TPA Code #	Use Claim Administrator FEIN	0187	R21;R22	6-16
49	Claims Handling Entity File #	Claim Administrator Claim Number	0015	A49; R21; R22; 148	6-15
50	Insurer Name	Not on SR01 (derived from Insurer FEIN)			
51	Claims Handling Entity Name	Claim Administrator Name	0188	R21; R22	6-17
52	Claims Handling Entity Address	Claim Administrator Postal Code (only address field on SR01)	0014	A49; 148	6-17
53	Claims Handling Entity Telephone	Claim Administrator Claim Representative Business Phone Number	0137	R22	6-15

Disclaimer: This Crosswalk is not a complete listing of all required data elements for filing an Electronic Notice of Action/Change. Please refer to Rule Chapter 69L-56 of the Florida Administrative Code for more complete information.