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**IDAPA 17  
TITLE 02  
CHAPTER 07**

**17.02.07 – PROCEDURES TO OBTAIN COMPENSATION**

**000. LEGAL AUTHORITY.**

This chapter is adopted pursuant to the provisions of Sections 72-432, 72-448, 72-508, 72-602, 72-701, 72-702, 72-703, 72-704, Idaho Code. (7-1-97)

**001. TITLE AND SCOPE.**

These rules shall be cited as IDAPA 17.02.07, “Procedures to Obtain Compensation,” and shall apply to claims for compensation arising under the Workers’ Compensation Act. (7-1-97)

**002. WRITTEN INTERPRETATIONS.**

No written interpretations of these rules exist. (7-1-97)

**003. ADMINISTRATIVE APPEALS.**

There is no administrative appeal from decisions of the Industrial Commission in workers’ compensation matters, as the Industrial Commission is exempted from contested-cases provisions of the Administrative Procedure Act. (7-1-97)

**004. INCORPORATION BY REFERENCE.**

The Idaho Industrial Commission hereby adopts and incorporates by reference the following: (3-25-16)

**01. EDI Guide and Tables.** Idaho Industrial Commission Claims EDI Implementation Guide and Trading Partner Tables, Version 1.2 (“EDI Guide and Tables”). The Idaho Industrial Commission Claims EDI Implementation Guide and Trading Partner Tables are available at the Commission’s website at [www.iic.idaho.gov](http://www.iic.idaho.gov). (3-25-16)

**02. EDI Implementation Guide.** International Association of Industrial Accidents Boards and Commissions (IAIABC) EDI Claims Release 3.0 Implementation Guide - January 1, 2015 Publication (“EDI Implementation Guide”). The IAIABC Claims Release 3.0 Implementation Guide is available at the IAIABC website at [www.iaabc.org](http://www.iaabc.org). (3-25-16)

**005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS AND STREET ADDRESS.**

Idaho Industrial Commission office hours are Monday through Friday, 8:00 am to 5:00 pm. The mailing address for filing documents is: Idaho Industrial Commission, PO BOX 83720, Boise, ID 83720-0041. The Commission’s office is located at: 700 S. Clearwater Lane, Boise, ID 83712. (3-25-16)

**006. PUBLIC RECORDS ACT COMPLIANCE.**

This rule is subject to and in compliance with the Public Records Act. (3-25-16)

**007. -- 009. (RESERVED)**

**010. DEFINITIONS.**

The following definitions shall be applicable to these rules. (7-1-97)

**01. Adjuster.** An individual who adjusts workers’ compensation claims. (3-25-16)

**02. Claim.** The making of a request with the Commission for benefits payable under the Idaho Workers’ Compensation Act, either by filing Industrial Commission (IC) Form 1A-1 entitled “Workers Compensation First Report of Injury or Illness,” or by filing an application for hearing, referred to as a Complaint in the Judicial Rules, with the Commission. (3-25-16)

**03. Claimant.** A worker who is seeking to recover benefits under the Workers’ Compensation Law. (3-25-16)

- 04. Claims Administrator.** An organization, including insurers, third party administrators, independent adjusters, or self-insured employers, that services workers' compensation claims. (3-25-16)
- 05. Commission.** The Idaho Industrial Commission. (3-25-16)
- 06. Employer.** As defined in Section 72-102, Idaho Code, and, for the purposes of these rules, includes sureties and adjusters. (3-25-16)
- 07. IAIABC EDI Release 3.0.** The IAIABC authored EDI Release 3.0 standards that cover the transmission of Claims (FROI and SROI), information through electronic reporting. (3-25-16)
- 08. Legacy Claim.** A First Report of Injury that was filed prior to the date specified in Subsection 012.02.b. of these rules. (3-25-16)
- 09. Notice.** Both the employer's actual and constructive knowledge of the accident, injury, or occupational disease. (3-25-16)
- 10. Trading Partner.** An insurance carrier, self-insured employer, or Claims Administrator that has entered into a Trading Partner Agreement with the Commission. (3-25-16)
- 11. Trading Partner Agreement.** An agreement between the Idaho Industrial Commission and a trading partner that sets out the terms and conditions for the electronic reporting of information to the Commission. (3-25-16)
- 011. ABBREVIATIONS.**
- 01. EDI.** Electronic Data Interchange -- a computer-to-computer exchange of data in a standardized format. (3-25-16)
- 02. FROI.** The First Report of Injury -- the first filing of information with the Industrial Commission that a reportable workplace injury has occurred or an occupational disease has been manifested, as required by Section 72-602(1), Idaho Code; filed in accordance with these rules. (3-25-16)
- 03. IAIABC.** International Association of Industrial Accidents Boards and Commissions -- a not-for-profit trade association whose members are industrial accident, workers' compensation or other governmental bodies as well as associate members comprised of other industry-related organizations and individuals. (3-25-16)
- 04. SROI.** The filing of a Supplemental or Subsequent Report of Injury -- the filing of additional information with the Industrial Commission, regarding benefits paid or changes in the status or condition of an injured worker, of a claim for benefits, as required by Sections 72-602(2), (3), and (4), Idaho Code; filed in accordance with these rules. (3-25-16)
- 012. SUBMISSION OF FIRST REPORTS OF INJURY AND CLAIMS FOR COMPENSATION TO THE INDUSTRIAL COMMISSION.**
- 01. Purpose.** The Industrial Commission seeks to develop a form for reporting work-related injuries and occupational diseases that is compatible with emerging standards for electronic submission of data. This will allow for more timely entry of information into the database system from which statistical reports are generated by the Commission, reduce the paper that the Commission currently receives, and is expected to reduce the cost of reporting for insurance carriers, employers and the Commission. (3-25-16)
- 02. Procedure for Submitting Claims.** (3-25-16)
- a. FROI Reporting Prior to EDI Mandate.** Prior to November 4, 2017, all FROI information shall be submitted to the Commission on single-sided eight and one-half inch by eleven inch (8½" x 11") white paper in a format substantially similar to Form 1A-1. Form 1A-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). At the Commission's discretion, claims may be

submitted electronically in accordance with EDI Release 1.0 standards and any additional requirements of the Commission. (3-28-18)

**b.** FROI & SROI EDI Reporting. The Commission will require electronic submission of a First Report of Injury (FROI), effective November 4, 2017, and a Supplemental or Subsequent Report of Injury (SROI), effective November 4, 2017, in accordance with IAIABC EDI Release 3.0 and the Commission's EDI Guides and Tables, for insurance carriers, in-state Claims Administrators, and self-insured employers, as those entities are not otherwise exempted by these rules. (3-28-18)

**c.** Trading Partner Agreements. Before commencing electronic reporting, self-insured employers and insurance carriers shall sign a Trading Partner Agreement with the Commission, which must be approved by the Commission prior to initial data submission. This agreement will provide the effective date to send and receive electronic reports, which may be earlier but not later than the date above in Paragraph 012.02.b., the acceptable date to be sent and received, the method of transmission to be used, and other pertinent elements. To ensure the accuracy of reported data, the Commission may make periodic audits of insurance carrier and self-insured employer files. In the event that a Trading Partner Agreement is entered into by a claims administrator, notice to the Trading Partner of a FROI shall be deemed to be notice to the underlying insurance carrier or self-insured employer. (3-25-16)

**d.** FROI. Each electronic First Report of Injury (FROI) must comply with the formatting requirements of the IAIABC EDI Claims Release 3.0 Implementation Guide and Idaho Industrial Commission Claims EDI Implementation Guide & Tables, and must contain the information identified as mandatory or mandatory conditional, as applicable. (3-25-16)

**e.** SROI. Each electronic Supplemental or Subsequent Report of Injury (SROI) must comply with the formatting requirements of the IAIABC EDI Claims Release 3.0 Implementation Guide and the Idaho Industrial Commission Claims EDI Implementation Guide & Tables, and must contain the information identified as mandatory or mandatory conditional, as applicable. (3-25-16)

**f.** Report Form and Content for Parties Exempt from EDI Requirements: (3-25-16)

**i.** Individual injured workers, injured workers' legal counsel, and employers that are not insured are not required to comply with IAIABC EDI requirements for filing of the FROI and SROI. SROIs filed on legacy claims will not be accepted via IAIABC EDI Release 3.0 standards. (3-25-16)

**ii.** Employers that are not insured, individual injured workers, and injured workers' legal counsel shall submit all FROI to the Commission on single-sided eight and one-half inch by eleven inch (8½" X 11") white paper in a format substantially similar to Form 1A-1. Form 1A-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). (3-25-16)

**iii.** Employers that are not insured, individual injured workers, and injured workers' legal counsel, shall submit all SROI to the Commission on single-sided eight and one-half inch by eleven inch (8½" X 11") white paper in a format substantially similar to Form SROI-1. Form SROI-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). (3-25-16)

**03. Retaining Claims Files.** All insurance carriers and their claims administrators shall maintain their respective claim files in accordance with IDAPA 17.02.10, "Administrative Rules of the Industrial Commission Under the Workers' Compensation Law -- Security for Compensation -- Insurance Carriers," Section 051. IDAPA 17.02.11, "Administrative Rules of the Industrial Commission Under the Workers' Compensation Law -- Security for Compensation -- Self-Insured Employers," Section 051. Upon request of the Commission, insurance carriers, claims administrators, or employers shall provide to the Commission, in whole or in part according to the request, a copy of the claim file at no cost to the Commission. (3-25-16)

**a.** All insurance carriers, claims administrators, or employers shall retain complete copies of claims files for the life of the claim or a minimum of five (5) years from the date of closure, whichever is shorter. (3-25-16)

**b.** For time-loss claims, closure will be the date upon which the insurance carrier, claims administrator, or employer files the final summary of payments, either as an appropriate EDI transaction, or as a

hardcopy document for legacy claims. The Commission recommends that an insurance carrier, claims administrator, or employer retain a closed claim file for a minimum of five (5) years. (3-25-16)

**04. Filing Not an Admission.** Filing a claim is not an admission of liability and is not conclusive evidence of any fact stated therein. If a claim is submitted electronically, no signatures are required. (7-1-97)

**05. Filing Considered Authorization.** Filing of a claim shall be considered an authorization for the release of medical records that are relevant to or bearing upon the particular injury or occupational disease for which the claimant is seeking compensation. (7-1-97)

**06. Timely Response Requirement.** When the Commission requests additional information in order to process the Claim, the claimant or employer shall provide the requested information promptly. The Commission request may be either in writing or telephonic. (7-1-97)

**013. -- 999. (RESERVED)**

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

GENERAL	EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE				
	JURISDICTION		JURISDICTION CLAIM NUMBER						
	INSURED REPORT NUMBER								
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION #					
	SIC CODE	EMPLOYER FEIN	PHONE #						
CLAIMS CARRIER ADMIN	CARRIER (NAME, ADDRESS & PHONE NUMBER)		POLICY PERIOD	CLAIMS ADMIN (NAME, ADDRESS & PHONE NO.)					
			TO						
			CHECK IF SELF INSURED						
	CARRIER FEIN	POLICY NUMBER OR SELF-INSURED NUMBER		ADMINISTRATOR FEIN					
AGENT NAME & CODE NUMBER									
EMPLOYEE	LEGAL NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE			
	ADDRESS (INCL ZIP)		SEX	MARITAL STATUS	OCCUPATION /JOB TITLE				
			M MALE F FEMALE U UNKNOWN	U UNMARRIED/SINGLE/DIV. M MARRIED S SEPARATED	EMPLOYMENT STATUS				
	PHONE		# OF DEPENDENTS	K UNKNOWN	NCCI CLASS CODE				
	WAGE RATE	PER:	DAY	MONTH	# DAYS WORKED/ WK	FULL PAY FOR DATE OF INJURY?	YES NO		
			WEEK	OTHER:		DID SALARY CONTINUE?	YES NO		
OCCURRENCE	TIME EMPLOYEE BEGAN WORK	AM	DATE OF INJURY/ILLNESS	TIME OCCURED	AM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN	
		PM			PM				
	EMPLOYER CONTACT NAME/PHONE NUMBER			TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED			
	DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?			YES	TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE		
	NO								
	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED				ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE USING UPON OCCURRENCE				
	SPECIFIC ACTIVITY EMPLOYEE ENGAGED IN AT TIME OF OCCURRENCE				WORK PROCESS THE EMPLOYEE WAS ENGAGED IN AT TIME OF OCCURRENCE				
	HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE EMPLOYEE ILL							CAUSE OF INJURY CODE	
DATE RETURNED TO WORK		IF FATAL, DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?		YES	NO		
						WERE THEY USED?	YES	NO	
TREATMENT OTHER	PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT				
					0	NO MEDICAL TREATMENT			
					1	MINOR: BY EMPLOYER			
					2	MINOR CLINIC/HOSP			
				3	EMERGENCY CARE				
				4	HOSPITALIZED > 24 HR				
				5	ANTICIPATED MAJOR MED/LOST TIME				
SIGNATURE OF INJURED EMPLOYEE, OR SIGNATURE ON FILE; DATE			WITNESS TO ACCIDENT (NAME & PHONE NUMBER)						
DATE ADMINISTRATOR NOTIFIED		DATE PREPARED	PREPARER'S NAME & TITLE		PREPARER'S PHONE NUMBER				

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