



<b>Data Number</b>	<b>Data Element</b>	<b>IAIABC Data Definition</b>	<b>Missouri Notes</b>	<b>Mandatory Field</b>
001	Transaction Set ID	A code that identifies the transaction being sent/received.	Missouri currently accepting 148 (First Report of Injury).	M
002	Maintenance Type Code	<p>Defines the specific purpose of the individual records within the transaction being transmitted.</p> <p>00 = Original: The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to a critical error.</p> <p>01 = Cancel: The original first report was sent in error. A previous 00 First Report must have been filed.</p> <p>02 = Change: A change has been made to the First Report data elements designated on the trading partner tables for MTC02. A First Report must have previously been filed.</p> <p>04 = Denial: The entire claim is being denied. May be submitted after 30 days from the submission of an accepted 00.</p> <p>AU = Acquired/unallocated: To identify that a claim has been acquired from a prior claim administrator.</p> <p>CO = Correction: Used in response to an acknowledgement containing non-critical errors. The first submission of the First Report must use either 00, "original" or AU Acquired/unallocated", Maintenance type code.</p>	<p>Missouri currently accepting MTCs:</p> <p>00 = Original FROI</p> <p>02 = Change</p> <p>CO = Correction</p> <p>When sending a MTC other than 00 DN005 Agency Claim Number (Missouri Injury number) must be included in the transmission.</p>	M
0003	Maintenance Type Code Date	Designates the date corresponding to the Maintenance Type Code.	Must be valid date CCYYMMDD. (Example: 20021005)	M
0004	Jurisdiction	The governing body or territory whose statutes apply.	Must always be MO.	M

Data Number	Data Element	IAIABC Data Definition	Missouri Notes	Mandatory Field
0005	Agency Claim Number	The number assigned by the agency or commission to identify a specific claim.	Condition - Mandatory when submitting MTCs other than 00.	C
0006	Insurer FEIN	The FEIN of the carrier or self-insured assuming the employer's financial responsibility for the workers' compensation claim.	Insurer and third party administrator FEINs cannot be the same.	M
0007	Insurer Name	The name of the carrier or self insured assuming the employer's financial responsibility for the Workers' Compensation Claim	If the employer is an authorized <b>individually</b> self-insured, the authorized <b>individually</b> self-insured employer's name would be indicated in this field. If the employer is self-insured by a <b>trust</b> the <b>trust's</b> name would be submitted in this field. <b>Please see Missouri Special Note 5 on pages 66 &amp; 67.</b>	M
0008	Third Party Administrator FEIN	The FEIN of the third party administrator (TPA), independent adjuster, contracted to adjust the claim on behalf of the carrier or self-insured.	Condition – Mandatory if TPA on case. FEIN number for the company hired as a TPA must be entered. <b>Note:</b> If there is no TPA, please leave blank.	C
0009	Third Party Administrator Name	The name of the third party administrator (TPA), independent administrator, contracted to adjust the claim on behalf of the carrier or self-insured.	Condition – Mandatory if TPA on case. Mandatory if TPA FEIN is entered in DN0008. Name of the TPA, independent administrator, contracted to adjust the claim on behalf of the carrier or self-insured. <b>Note:</b> If there is no TPA, please leave blank	C

<b>Data Number</b>	<b>Data Element</b>	<b>IAIABC Data Definition</b>	<b>Missouri Notes</b>	<b>Mandatory Field</b>
0010	Claim Administrator Address Line 1	The mailing address of the claim administrator's processing facility for this claim.	TPA address (or Insurer address, if no TPA) where claim is adjusted and mail is to be sent.	M
0011	Claim Administrator Address Line 2	The mailing address of the claim administrator's processing facility for this claim.	See, MO Note on DN0010.	O
0012	Claim Administrator City	The city of the claim administrator's processing facility's mailing address for this claim.	See, MO Note on DN0010.	M
0013	Claim Administrator State	The State of the claim administrator's processing facility's mailing address.	See, MO Note on DN0010.	M
0014	Claim Administrator Postal Code	The postal code of the claim administrator's processing facility's mailing address for this claim.	See, MO Note on DN0010.	M
0015	Claim Administrator Claim Number	Identifies a specific claim within a claim administrator's claims processing system.	The unique number used by the organization adjusting the claim (Insurance Company, TPA, etc.)	M
0016	Employer FEIN	The FEIN of the employer where the employee was employed at the time of the injury.	Must be the primary FEIN for the Employer named in DN0018.	M
0017	Insured Name,	The named insured on the policy or the financially responsible self-insured approved by the jurisdiction.	If the insured name is different than the employer name, please list the named insured on the policy. Typically, this is the parent company of the employer listed in DN0018.	M
0018	Employer Name	The name of the employer where the employee was employed at the time of the injury.	This is the name the employer does business under.	M
0019	Employer Address Line 1	The address of the employer's facility where the employee was employed at the time of the injury	The FULL address including street address, city, state and postal code.	M
0020	Employer Address Line 2	The address of the employer's facility where the employee was employed at the time of the injury	See MO note on DN0019.	O
0021	Employer City	The city of the employer's facility where the employee was employed at the time of the injury.	See MO note on DN0019.	M
0022	Employer State	The state of the employer's facility where the employee was employed at the time of the injury.	See MO note on DN0019.	M
0023	Employer Postal Code	The postal code of the employer's facility where the employee was employed at the time of the injury.	See MO note on DN0019.	M

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0024	Self-Insured Indicator	An indicator that identifies the employer as one who is authorized by the state of Missouri to retain the risks arising from their operations and bears the financial responsibility. Y=Yes, N=No	Condition – Must indicate Y(Yes) ONLY for an individual employer or a member of a self-insured trust authorized by the Missouri Division of Workers' Compensation to self-insure under § 287.280, RSMo. It does not include uninsured employers or employers under deductible insurance policies.	M
0025	Industry Code	The code which represents the nature of the employer's business which is contained in the Standard Industrial Classification Manual or the North American Industry Classification System Manual published by the Federal Office of Management and Budget.  See implementation note below: The industry code selected should represent the primary nature of the employer' business. If the employer is assigned multiple industry codes, use the code that relates to the specific business operation for which the employee was employed at the time of the injury. The data element may contain an SIC code or NAICS Code. SIC code will be identified with the characters 'SC' in the last two character positions of the data element. If SC is not present, the code is NAICS	This is the NAICS or SIC for the employer. Use NAICS number if possible.  NAICS codes can be found at <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>  If using SIC code, MUST put 'SC' in positions 5-6 of DN0025.  If 'SC' is not present in positions 5-6, DN0025 will be edited as a NAICS code.	M
0026	Insured Report Number	A number used by the insured to identify a specific claim.		O
0027	Insured Location Number	A code defined by the insurer/employer, which is used to identify the employer's location of the accident.		O

<b>Data Number</b>	<b>Data Element</b>	<b>IAIABC Data Definition</b>	<b>Missouri Notes</b>	<b>Mandatory Field</b>
0028	Policy Number	The number assigned to the contract/policy for the employer or association group.	Condition – Mandatory if not an authorized self-insured employer in Missouri. A specific number assigned by the <b>insurance carrier</b> , (Not a number assigned by a TPA) for the workers' compensation policy for that employer.  If DN0024 = Y, leave blank.	C
0029	Policy Effective Date	The date that the contract/policy became effective.	Condition – Mandatory if employer is not an authorized self-insured in Missouri. The date that the workers' compensation policy became effective. Must be valid date CCYMMDD.  If DN0024 = Y, leave blank.	C
0030	Policy Expiration Date	The date that the contract/policy expired.	Condition – Mandatory if employer is not an authorized self-insured in Missouri. The date that the workers' compensation policy expires or is no longer in effect. Must be valid date CCYMMDD.  If DN0024 = y, leave blank	C
0031	Date of Injury	For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.	Must be a valid date CCYMMDD. (Example: 20021005)	M
0032	Time of Injury	The time at which the accident occurred.	Use 24-hour military time, HHMM. (Example: 1430 = 2:30 PM.)	O

<b>Data Number</b>	<b>Data Element</b>	<b>IAIABC Data Definition</b>	<b>Missouri Notes</b>	<b>Mandatory Field</b>
0033	Postal Code of Injury Site	The postal code that corresponds to the location where the injury occurred.	This postal code is required to set venue for the case, if needed. Must be valid USPS postal code.	M
0034	Employers Premises Indicator	An indicator to denote whether the accident occurred at the employer's address provided. Y=Yes, N=No	If the injury/illness occurred on the employer's property indicate YES. If it occurred elsewhere indicate NO.  <b>You must report the postal code of the accident location in DN0033.</b>	M
0035	Nature of Injury Code	The code, which corresponds to the nature of the injury sustained by the employee.	Choose from the list of code numbers, which corresponds with the nature of the injury.  A list of codes with description of each code is available at <a href="http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx">www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx</a> <b>Please see Missouri Special Note 6 on page 67</b>	M
0036	Part of Body Injured Code	The code, which corresponds to the part of the body to which the employee sustained injury.	Choose from the list of code numbers, which corresponds with the part of body injured.  See MO Note on DN0035 for the codes list website.	M
0037	Cause of Injury Code	The code which corresponds to the cause of injury.	Choose from the list of code numbers, which corresponds with the cause of the injury.  See MO Note on DN0035 for the codes list website	M

Data Number	Data Element	IAIABC Data Definition	Missouri Notes	Mandatory Field
0038	Accident Description/Cause	A free form description of how the accident occurred and the resulting injuries.	<p>Describe how the injury/illness occurred. Please include the events that led to the injury/illness and any objects or substances that directly injured the employee or made the employee ill. Maximum of 150 characters, including spaces.</p> <p><i>For example: Employee was on ladder putting away product, fell on chemical barrel breaking lower arm; arm lacerations; exposed to chemical liquid and fumes (141 characters)</i></p>	M
0039	Initial Treatment	<p>A code used to identify the extent of medical treatment received by the employee immediately following the accident.</p> <p>0= No medical treatment  1= Minor on-site remedies by employer medical staff  2= Minor clinic/hospital medical remedies and diagnostic testing  3= Emergency evaluation, diagnostic testing, and medical procedures  4= Hospitalization &gt; 24 hours  5= Future major medical/lost time anticipated</p> <p><b>Please see Special Missouri Note 3 on pages 65 &amp; 66</b></p>	<p>First Aid includes the administration of immediate and <u>temporary</u> medical aid to the employee that a layperson may provide, such as the application of a Band-Aid to treat a minor scratch or the removal of a splinter that would not result in the need for a referral to a doctor or other health care professional for additional medical treatment or would not result in further lost-time from work. The onsite company nurse or physician may be the individual that provides the first aid. If the company nurse or physician provides service beyond first aid, then the injury must be reported even if the treatment occurs onsite.</p> <p><b>Please see Special Missouri Note 3 on pages 65 &amp; 66.</b></p>	M

Data Number	Data Element	IAIABC Data Definition	Missouri Notes	Mandatory Field
0040	Date Reported to Employer	The date that the injury was reported to a representative of the employer.	Must be valid date CCYYMMDD. (Example: 20021005)	M
0041	Date Reported to Claim Administrator	The date the claim administrator who is processing the claim received notice of the loss or occurrence.	Must be valid date CCYYMMDD.	M
0042	Social Security Number	A number assigned by the social security administration used to identify the employee.	<b>If SSN is not available please call 573-526-3542.</b>	M
0043	Employee Last Name	The injured worker's legally recognized last name which is used on legal documents, employment, Social Security, banking, records, etc.		M
0044	Employee First Name	The injured worker's legally recognized first name which is used on legal documents, employment, Social Security, banking records, etc.		M
0045	Employee Middle Initial	The injured worker's legally recognized middle initial.		O
0046	Employee Address Line 1	The mailing address used by the injured worker.	May not be 'Unknown'.	M
0047	Employee Address Line 2	The mailing address used by the injured worker.		O
0048	Employee City	The name of the city of the injured worker's mailing address.	May not be 'Unknown'.	M
0049	Employee State	The state of the injured worker's mailing address.		M
0050	Employee Postal Code	The postal code for the injured worker's mailing address.	Must be valid USPS postal code.	M
0051	Employee Phone	A telephone number where the injured worker can be reached.	This is an optional field, although if the employer or insurance company has this information, <b>please</b> report it to the Division. This will improve communication between the parties. This is a numeric field only with no spaces. (Example: 5735557777)	O



Data Number	Data Element	IAIABC Data Definition	Missouri Notes	Mandatory Field
0052	Employee Date of Birth	The date the injured worker was born.	Must be entered as CCYYMMDD.	M
0053	Gender Code	The code which indicates the sex of the employee. F=Female M=Male U=Unknown		M
0054	Marital Status Code	The code which indicates the marital status of the employee. U= Widowed, Divorced, Single, Unmarried M= Married S – Separated K = Unknown	This is an optional field, although if the employer or insurance company has this information, <b>please</b> report it to the Division.	O
0055	Number of Dependents	The number of dependents as defined by the administrating jurisdiction.	Spouse, minor children or others if known. Mandatory if date of death is entered. See DN0057.	C
0056	Date Disability Began	The first day on which the employee originally lost time from work due to the occupational injury or disease or as otherwise defined by jurisdiction  Please see Special Missouri Note 3A on page 65.	Condition – Mandatory if employee does not return to work the day following the date of injury. Must be a valid date CCYYMMDD.  <b>Date disability began must be a date after the date of injury.</b>  This is the day after the date of injury or the first day of work missed, if later.	C
0057	Employee Date of Death	The date the injured worker died.	Condition – Mandatory in event of death. Must be a valid date CCYYMMDD. See DN0055	C

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0058	Employment Status Code	A code used to indicate the employee's primary work code status at the time of the injury with the covered employer.  Implementation Note: In the event that two employment status codes apply to an employee the following hierarchy will determine which code, the topmost will be reported, i.e. if employee is a part-time seasonal worker, report as seasonal worker.	<b>Please see Special Missouri Note 1 on page 63.</b>	O
0059	Class Code	A code which corresponds to the primary occupation in which the employee was engaged at the time of the accident/injury or injurious exposure.		M
0060	Occupation Description	Identifies the primary occupation of the employee at the time of the accident or injurious exposure		O
0061	Date of Hire	The date the injured worker began his/her employment with the employer under which the claim is being filed. If there have been multiple periods of employment, this would be the beginning date of the current employment period	Must be a valid date CCYYMMDD. (Example: 20021005).	O

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0062	Wage	The reported employee's pre-injury wage for the wage period.  Implementation Note: This amount may include commissions, piecework earnings, and other forms of income converted to a normal scheduled work week, plus the estimated value of lodging, food, laundry and other payments in kind; and concurrent employment earnings, as pre-jurisdictional requirement.	<b>Please see Special Missouri Note 2 on pages 63-65.</b>	M
0063	Wage Period	A code indicating the time period during which the wage was earned. 1=Weekly; 2=Bi-Weekly; 4=Monthly; 6=Daily	<b>Please use the weekly figure.</b>	M
0064	Number Days Worked	The number of the employee's regularly scheduled workdays per week.		O
0065	Date Last Day Worked	The last paid workday prior to the initial date of disability as defined by jurisdiction.	Must be a valid date CCYYMMDD.	O
0066	Full Wages Paid for Date of Injury Indicator	Indicates whether full wages for the date of the accident/injury or illness were paid by the employer. N=No; Y=Yes; U=Unknown		O
0067	Salary Continued Indicator	The employer has paid or is paying the employee's salary in lieu of compensation during an absence caused by a work-related injury. N=No; Y=Yes	Whether employer continues to pay salary to employee after the injury. N=No Y=Yes	O
0068	Date of Return to Work	The first date on which the employee returned to work following the injury.  <b>Please see Special Missouri Note 3 on page 65 &amp; 66.</b>	Condition – Mandatory if employee lost days of work and returned to work before First Report of Injury is filed.  Must be a valid date CCYYMMDD.	C

## Special Missouri Notes

### 1) DN0058 Instructions: Employment Status Code

Hierarchical Order	Flat/DCI Name	Flat/DCI Values	ANSI Name	ANSI Value
1	Piece Worker	C	Piece Worker	PW
2	Volunteer Worker	9	Volunteer Worker	VO
3	Seasonal	8	Seasonal	SL
4	Apprenticeship Full Time	A	Apprenticeship Full Time	AD
5	Apprenticeship Part Time	B	Apprenticeship Part Time	AP
6	Regular Employee	1	Regular Employee	FT
7	Part time Employee	2	Part time Employee	PT
8	Unemployed	3	Unemployed	NE
9	Retired	6	Retired	RT
10	On Strike	4	On Strike	OS
11	Disabled	5	Disabled	DS
12	Other	7	Other	AA or UK

### 2) DN0062 Instructions: Wage

- A) DN0062 – Missouri Notes: Report the wage information as the average weekly wage (AWW) of the employee. These rules apply for calculating the average weekly wage.
- 1) If the employee's wage is fixed by the year, the AWW is the yearly wage divided by 52;
  - 2) If the employee's wage is fixed by the month, the AWW is the monthly wage multiplied by 12 and divided by 52;
  - 3) If the employee's wage is fixed by the week, that amount is the AWW;
  - 4) If the employee's wages are fixed by the day, hour or output, the numerator is the actual gross wages earned by the employee in the last thirteen calendar weeks immediately preceding the week in which the injury occurred; and the denominator is 13 to calculate the AWW.

**DN0062 Instructions: Wage (Continued)**

- i) The formula is: Actual gross wages earned in prior 13 weeks/13=AWW. *For example, the employee's hourly wage is \$9.00/hour. The overtime rate is \$13.50/hour. The employee works 40 hours per week at \$9.00 an hour plus occasional overtime. Employee worked overtime of 44 hours in the 13-week period immediately preceding the week of the injury. The employer has employed the employee for 2 years.*

*The gross wages are \$9.00 X 40 hours X 13 weeks = \$4,680. You also need to include the overtime 44 hours. Therefore, \$13.50 X 44 hours = \$594. The total wages are \$4,680 plus \$594 = \$5,274. The AWW is \$5,274/13=\$405.69.*

- ii) If the employee misses nonconsecutive workdays during the 13-week period in multiples of 5 those days shall be subtracted from the denominator. *For example: if the employee misses 5 days, one week is subtracted from 13 and the denominator becomes 12; if the employee misses 10 days, two weeks are subtracted from 13 and the denominator becomes 11; and so on.*

- iii) Partial weeks of time missed by the employee do not count to change the denominator. *For example: if the employee misses 4 days, the denominator is 13; if the employee misses 6 days, one week is subtracted from 13 and the denominator becomes 12; and so on.*

- iv) If the employee works less than 13 weeks but more than 2 weeks, the AWW is the same formula with the numerator as the gross wages calculated for the number of weeks of employment and the denominator is the number of weeks of employment. *For example, the employee worked for the employer 8 weeks prior to the week of the injury. The employee was paid \$9.00 per hour and worked 40 hours per week. The employee worked 13 hours of overtime. The overtime rate is \$13.50. The gross wages are \$9.00 X 40 hours X 8 weeks plus \$13.50 X 13 hours = \$3,055.50. The AWW is \$3,055.50/8=\$381.94.*

- 5) If the employee works less than two weeks the AWW shall be equivalent to the AWW for the same or similar employment. However, if the employer has agreed to a certain hourly wage, then the hourly wage agreed upon multiplied by the number of weekly hours scheduled shall be the employee's AWW.

**B) When the Date Returned to Work is more than three days from the Date Disability Began, the workers' compensation case will be considered an indemnity case. You will receive a request for the cost of medical treatment, the date returned to work, and the total amount of temporary total disability benefits paid to the employee.**

### **DN0062 Instructions: Wage (Continued)**

C) When Initial Treatment Code is reported as equal to 00, 01 or 02, the case will be considered as a medical only case. If the time period between the Date Disability Began and the Date Returned to Work is three days or less, the case will be classified as a medical only case. You will receive a request for the cost of medical treatment and the date returned to work, if not supplied. After all required information has been filed and there is no further activity on a case for six months, the case may be administratively closed. When the Initial Treatment Code is reported as equal to 03, 04 or 05, the case will be considered as an indemnity case. You will receive a request for the cost of medical treatment, the date returned to work, and the total amount of temporary total disability benefits paid to the employee.

D) The following are examples of First Aid treatment:

- a) Use of non-prescription medication at non-prescription strength.
- b) Cleaning, flushing or soaking wounds on the surface of the skin.
- c) Using wound coverings such as bandages, Band-Aids, gauze pads, etc. or using butterfly bandages or Steri-Strips. (Other wound closing devices such as sutures, staples, glues, etc. are considered medical treatment.)
- d) Use of any non-rigid means of support such as an elastic bandage, wrap, or non-rigid belt. (The use of devices with rigid stays or other systems designed to immobilize body parts is considered medical treatment.)
- e) Use of temporary immobilization devices (e.g., splints, slings, neck collars, etc.) while transporting an accident victim.
- f) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.
- g) Use of finger guards.
- h) Drinking of fluids for relief of heat stress.

### **3) DN0039; DN0056; and DN0068 Instructions: Initial Treatment Code, Date Disability Began and Date Returned to Work:**

- A) When Initial Treatment Code (DN0039) is reported as 00, 01 or 02, the case will be considered a medical only case. If the time period between the Date Disability Began (DN0056) and the Date Returned to Work (DN0068) is three days or less, the case will be classified as a medical only case. You will receive a request for the cost of medical treatment and the date returned to work, if not supplied. After all required information has been filed and there is no further activity on a case for six months, the case may be administratively closed.
- B) When the Initial Treatment Code (DN0039) is reported as 03, 04 or 05, the workers' compensation case will be considered an indemnity case. You will receive a request for the cost of medical treatment, the date returned to work, and the total amount of temporary total disability benefits paid to the employee.

**DN0039; DN0056; and DN0068 Instructions: Initial Treatment Code, Date Disability Began and Date Returned to Work (Continued)**

- 1) When the Date Returned to Work (DN0068) is more than three days from the Date Disability Began (DN0056), the workers' compensation case will be considered an indemnity case. The three-day waiting period is calculated from the first date of lost time and the lost time does not need to be consecutive days. You will receive a request for the cost of medical treatment, the date returned to work, and the total amount of temporary total disability benefits paid to the employee.

**4) Punctuation: All Data Elements**

- A) The use of punctuation in any data element except DN0038 Accident Description/Cause may cause the case to fail and be rejected with a TR acknowledgment. The Division's database does not contain any punctuation for names, addresses or other items. The use of punctuation in a transaction sent to the Division makes a computer comparison of the data impossible. This slows down the review process and may result rejection of the transaction if the EDI Technician cannot determine the actual name or address.

- 1) For example, the following Employer name and address:

J.D. Roe Co., Inc.  
123 N.E. J.D. Roe Rd.  
St. Louis, MO 63101-0001

- 2) Should be reported as:

DN 0018 Employer Name JD Roe Co Inc  
DN 0019 Employer Street Address Line 1 123 NE JD Roe Rd  
DN 0021 Employer City St Louis  
DN 0022 Employer State MO  
DN 0023 Employer Zip Code 631010001

- B) The Division requests that all FROI transactions be submitted without punctuation by Senders (Reporters) except DN0038, Accident Description/Cause.

**5) Mesothelioma Liability: Several changes to the Workers' Compensation Law went into effect January 1, 2014. Pursuant to §287.200.4, RSMo, employers may elect to accept *mesothelioma* liability in one of the following ways:**

- a. Insuring their liability by purchasing a workers' compensation policy;
- b. Meeting the requirements of the Division of Workers' Compensation to qualify as a self-insurer;

## Mesothelioma Liability (Continued)

- c. Joining a Group Insurance Pool that complies with §287.223. (An employer may become a member of the Missouri Mesothelioma Risk Management Fund);
- d. Rejecting *mesothelioma* liability under the Missouri Workers' Compensation Law.

Please note that if an employer has rejected *mesothelioma* liability coverage under the Workers' Compensation Law, the exclusive remedy provision of the Workers' Compensation Law, §287.120, RSMo, does not apply.

- 6) **Occupational diseases:** Occupational diseases due to toxic exposure have been defined effective January 1, 2014. The “occupational diseases due to toxic exposure” includes the following: asbestosis, berylliosis, coal worker’s pneumoconiosis, bronchiolitis obliterans, silicosis, silicotuberculosis, manganism, acute myelogenous leukemia and myelodysplastic syndrome. The reporting requirements relating to other occupational diseases such as carpal tunnel syndrome, etc. remains the same.

Missouri Division of Workers' Compensation is an equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.  
TDD/TTY: 800-735-2966 Relay Missouri: 711