

RELEASE 3 DEFINITION FOR ALABAMA FROI DOCUMENT

01. INSURED REPORT NUMBER – DN0026

Definition: A number assigned by the insured to identify a specific claim.
Record: R21; A49; AKC
Format: 25 A/N

02. CLAIM ADMINISTRATOR CLAIM NUMBER (FILING OFFICE CLAIM NUMBER) – DN0015

Definition: An identifier for a specific claim within a claim administrator's claims processing system.
Record: 148; A49; R22; R21; AKC
Format: 25 A/N

03. OSHA LOG CASE NUMBER – NOT APPLICABLE FOR RELEASE 3

Definition: OSHA Data Only
Record: N/A
Format: 25 A/N

04. EMPLOYER BUSINESS NAME – DN0018

Definition: The legal name of the business entity that is filing the claim, hired the employee, and provided direction and remuneration to the employee at the time of injury; or as jurisdictionally defined for volunteers and other non-paid classes of employees. In a leasing situation, this would be the lessor.
Record: R21
Format: 40 A/N

05. EMPLOYER PHYSICAL ADDRESS 1 (PHYSICAL ADDRESS 1) – DN0019

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Record: R21
Format: 40 A/N

06. EMPLOYER PHYSICAL ADDRESS 2 (PHYSICAL ADDRESS 2) – DN0020

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Record: R21
Format: 40 A/N

DP Rule: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

07. EMPLOYER PHYSICAL CITY (CITY) – DN0021

Definition: The city of the employer's facility where the employee was employed at the time of injury.
Record: 148
Format: 15 A/N

08. EMPLOYER PHYSICAL STATE (STATE) – DN0022

Definition: The state of the employer's facility where the employee was employed at the time of injury.
Record: 148
Format: 2 A/N
Values: See <http://www.iaiaabc.org/EDI/implementation.htm>

09. EMPLOYER PHYSICAL POSTAL CODE (ZIP) – DN0023

Definition: The postal code of the employer's facility where the employee was employed at the time of injury.
Record: 148; R22
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code.

10. EMPLOYER MAILING ADDRESS 1 (MAILING ADDRESS 1) – DN0168

Definition: The primary address of the employer's mailing address as provided by the employer to the claim administrator.
Record: R21
Format: 40 A/N
DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

11. EMPLOYER MAILING ADDRESS 2 (MAILING ADDRESS 2) – DN0169

Definition: The secondary address of the employer's mailing address as provided by the employer to the claim administrator.
Record: R21
Format: 40 A/N

DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction. The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

12. EMPLOYER MAILING CITY (CITY) – DN0165

Definition: The city of the employer's mailing address as provided by the employer to the claim administrator.

Record: R21

Format: 15 A/N

DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

13. EMPLOYER MAILING STATE (STATE) – DN0170

Definition: The state of the employer's mailing address as provided by the employer to the claim administrator.

Record: R21

Format: 2 A/N

DP Rule: See <http://www.iaiaabc.org/EDI/implementation.htm>
This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

14. EMPLOYER MAILING ZIP CODE (ZIP) – DN0167

Definition: The postal code of the employer's mailing address as provided by the employer to the claim administrator.

Record: R21

Format: 9 A/N

DP Rule: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction. For the United States and its territories, this will be the USPS zip code.

15. EMPLOYER FEDERAL ID NUMBER (FEDERAL ID NUMBER) – DN0016

Definition: The Federal Employer Identification Number (FEIN) of the employer where the employee was employed at the time of the injury.

Record: 148; R22

Format: 9 A/N

DP Rule: This data element cannot be required on initiating 04 FROI Denial if DN0198 – Full Denial Reason Code is 3E (No Coverage – No policy in effect on the date of accident)

16. EMPLOYER UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER (UC ACCOUNT NUMBER) – DN0329

Definition: The unemployment insurance number assigned by the jurisdiction unemployment agency to each employer.

Record: R21

Format: 15 A/N

DP Rule: Depending on the jurisdiction, this information may be difficult for claim administrators to report.

17. NAICS OF EMPLOYER’S BUSINESS (NAICS) – DN0025

Definition: The code representing the nature of the employer’s business which is contained in the industrial classification manual published by the Federal Office of Management and Budget.

Record: 148

Format: 6 A/N

Values: Federal Office of Management & Budget – most recent version of NAICS codes.

DP Rule: It is recommended that the Industry Code (NAICS) be required as an element on Proof of Coverage reporting PRIOR to being required as a mandatory data element on Claims transactions. It is advised that claim administrators receive this data element from their policy reporting areas.

18. INSURER NAME – DN0007

Definition: The legal name of the insurance company, self-insured, or group fund assuming the employer’s financial responsibility for this claim.

Record: R21

Format: 40 A/N

DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

19. INSURER FEDERAL ID NUMBER – DN0006

Definition: The Federal Employer Identification Number (FEIN) of the insurance company, or self-insured or group fund assuming the employer’s financial responsibility for this claim.

Record: 148; A49; AKC
Format: 9 A/N
DP Rule: In the instance where the Insurer is denying the entire claim (MTC 04) because they are not the Insurer, no financial responsibility is inferred.

20. TYPE INSURER – DN0185

Definition: A code representing the type of entity providing financial responsibility for the claim.

Record: R21

Format: 1 A/N

Values: I = Insurance Co. Ins Co #
S = Self-Insurer SI #
G = Group Fund GF #

21. FILING OFFICE NAME – DN0188 Definition: The legal name of the entity adjusting the claim.

Record: R21; R22

Format: 40 A/N

DP Rule: Always required. Name may match Insurer Name if the insurance carrier or self-insured employer is administering the claim. Otherwise, it is the entity contracted to adjust the claim on behalf of the insurance carrier or self-insured employer.

22. 21a. Service Co. # – NOT APPLICABLE FOR RELEASE 3

23. FILING OFFICE MAILING ADDRESS 1 (MAILING ADDRESS 1) – DN0010

Definition: The mailing address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.

Record: R21

Format: 40 A/N

24. FILING OFFICE MAILING ADDRESS 2 (MAILING ADDRESS 2) – DN0011

Definition: The mailing address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.

Record: R21

Format: 40 A/N

DP Rule: This Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

25. FILING OFFICE MAILING CITY (CITY) – DN0012

Definition: The mailing city of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.

Record: 148

Format: 15 A/N

26. FILING OFFICE STATE (STATE) – DN0013

Definition: The mailing state code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.

Record: 148

Format: 2 A/N

Values: See <http://www.iaiaabc.org/EDI/implementation.htm>

27. FILING OFFICE MAILING ZIP CODE (ZIP) – DN0014

Definition: The mailing postal code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no TPA.

Record: 148; A49; AKC

Format: 9A/N

DP Rule: For the United States and its territories, this will be the USPS zip code.

28. FILING OFFICE FEDERAL ID NUMBER – DN0187

Definition: The Federal Employer Identification Number of the entity licensed or allowed by a jurisdiction to adjust a claim.

Record: R21; R22; AKC

Format: 9 A/N

DP Rule: Always required. Claim Administrator FEIN may match Insurer FEIN.

29. EMPLOYEE FIRST NAME (FIRST NAME) – DN0044

Definition: The employee's legally recognized first name.

Record: 148; R22

Format: 15 A/N

DP Rule: This field may only include a hyphen, apostrophe or multiple words if contained in the person's legally recognized last name.

30. EMPLOYEE MIDDLE NAME (MIDDLE NAME) – DN0045

Definition: The employee's legally recognized middle name or initial.

Record: R21; R22

Format: 15A/N

31. EMPLOYEE LAST NAME (LAST NAME) – DN0043

Definition: The employee's legally recognized last name.

Record: R21; R22

Format: 40A/N

DP Rule: This field may only include a hyphen, apostrophe or multiple words if contained in the person's legally recognized last name.

32. EMPLOYEE LAST NAME SUFFIX (LAST NAME SUFFIX) – DN0255

Definition: The legally recognized last name suffix, which is used on legal documents (Jr., Sr., II, III, etc.)

Record: R21; R22

Format: 4A/N

33. EMPLOYEE ID NUMBER

Definition: A number assigned to the employee by the jurisdiction in the absence of the preferred identifier.

Record: R21; R22

Format: 15A/N

34. TYPE EMPLOYEE ID NUMBER – DN0270

Definition: Identifies the employee ID being transmitted.

Record: R21; R22

Format: 1A/N

Values: A – Employee ID Assigned by Jurisdiction (DN0154)
E = Employee Employment Visa (DN0152)
G = Employee Green Card (DN0153)
P = Employee Passport Number (DN0156)
S = Employee Social Security Number (DN0042)

DP Rule: There are five types of Employee ID numbers: Only one type can be sent. If SSN is known, it is preferred.

35. EMPLOYEE MAILING ADDRESS 1 (MAILING ADDRESS 1) – DN0046

Definition: The mailing address for the employee.

Record: R21

Format: 40A/N

36. EMPLOYEE MAILING ADDRESS 2 (MAILING ADDRESS 2) – DN0047

Definition: The mailing address for the employee.
Record: R21
Format: 40A/N
DP Rule: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

37. EMPLOYEE MAILING CITY (CITY) – DN0048

Definition: The city of the employee's mailing address.
Record: 148
Format: 15A/N

38. EMPLOYEE MAILING STATE (STATE) – DN0049

Definition: The state of the employee's mailing address.
Record: 148
Format: 2 A/N
Values: See <http://www.iaiaabc.org/EDI/implementation.htm>

39. EMPLOYEE MAILING ZIP CODE (ZIP) – DN0050

Definition: The postal code of the injured worker's mailing address.
Record: 148
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code.

40. EMPLOYEE TELEPHONE NUMBER (PHONE) – DN 0051

Definition: The phone number where the employee can be reached.
Record: R21
Format: 15A/N
DP Rule: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

41. EMPLOYEE GENDER (GENDER) – DN0053

Definition: The code indicating the sex of the employee.
Record: 148

Format: 1 A/N
Values: M = Male
F = Female

42. EMPLOYEE DATE OF BIRTH (DATE OF BIRTH) – DN0052

Definition: The date the employee was born.
Record: 148; R22
Format: 8 DATE CCYYMMDD

43. EMPLOYEE NUMBER OF DEPENDENTS (NBR OF DEPENDENTS) – DN0055

Definition: The number of dependents relying on the employee for economic support as defined by the jurisdiction's statute.
Record: 148; A49
Format: 2A/N

44. EMPLOYEE MARITAL STATUS (MARITAL STATUS) – DN0054

Definition: The code indicating the employee's marital status as of the date of injury.
Record: 148; R22
Format: 1 A/N
Values: U = Unmarried, Widowed, Divorced, Single
M = Married
S = Separated
U = Unknown

45. EMPLOYEE DATE HIRE (DATE HIRED) – DN0061

Definition: The date the employee began his/her employment with the employer under whose coverage the claim is being filed. If there have been multiple periods of employment with the same employer, this would be the beginning date of the current employment period.
Record: 148
Format: 8 DATE CCYYMMDD
DP Rule: If only employee's number of years employed is known, an appropriate date should be calculated using the Date of Injury month and 01 for the day.

46. EMPLOYEE OCCUPATION DESCRIPTION (OCCUPATION DESCRIPTION) – DN0060

Definition: Identifies the employee's primary occupation at the time of the accident or injurious exposure.
Record: R21
Format: 50A/N
DP Rule: The data that is passed should be sufficient to assign an occupation code. This text can be, but cannot be

required to be, the Occupation Code source description. This is not the NCCI class code text description.

If a jurisdiction requires both the Occupation Description (DN0060) and Manual Classification (DN0059), the two elements cannot be edited against each other.

47. EMPLOYEE NUMBER OF DAYS WORKED PER WEEK (NUMBER OF DAYS WORKED PER WEEK) – DN0064

Definition: The employee's number of regularly scheduled work days per week.
Record: 148; A49
Format: 1 N
DP Rule: This was names Number of Days Worked in Release 1.

48. EMPLOYEE WAGE AMOUNT (WAGES) – DN0062

Definition: The employee's pre-injury wage for the Wage Period as reported by the employer.
Record: 148
Format: \$9.2

49. EMPLOYEE WAGE PERIOD – DN0063

Definition: A code to designate the time period upon which the reported Wage (DN0062) or Average Wage (DN0286) was based.
Record: 148; A49
Format: 2 A/N
Values: 148 (FROI) A49 (SROI)
01 = Weekly 01 = Weekly
02 = Bi-Weekly 02 = Bi-Weekly
04 = Monthly
06 = Daily
07 = Hourly
DP Rule: Always required when Wage, Average Wage, or Concurrent Employer Wage (DN0143) is reported. The Wage Period Code for the concurrent employer is always equivalent to the Wage Period Code for the primary employer.

50. EMPLOYEE RECEIVED FULL PAY FOR DAY OF INJURY (RECEIVED FULL PAY FOR DAY OF INJURY?) – DN0066

Definition: Indicates whether the employer paid full wages for the date of the accident/injury or illness.
Record: 148; R22

Format: 1 A/N
Values: Y = Yes
N = No

51. EMPLOYEE DID SALARY CONTINUE CODE (DID SALARY CONTINUE?) – DN0273

Definition: The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work-related injury.

Record: R21; R22
Format: 1A/N
Values: Y = Yes
N = No

DP Rule: If the employer is reimbursed the full statutory amount for the benefit period paid by the employer, then the indicator should be re-set to "N".

52. DATE OF INJURY – DN0031

Definition: 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.

Record: 148; A49
Format: 8 DATE CCYYMMDD

53. TIME OF INJURY – DN0032

Definition: The time of the accident/injury.

Record: 148
Format: 4 TIME HHMM
DP Rule: Only a valid time in military format, zeroes, or spaces are allowed in time fields. Use 24-hour military time. All zeroes in a time field is valid and equivalent to 0000 or 2400. Spaces indicate absence of data. May be left blank for occupational disease or cumulative injury.

54. TIME EMPLOYEE BEGAN WORK

Definition: The time employee began work.

Record: N/A
Format: 4 TIME HHMM

55. DATE DISABILITY BEGAN – DN0056

Definition: The first day on qualifying as a day of disability in the first period of disability. This will be the first day of the waiting period.

Record: 148; A49
Format: 8 DATE CCYYMMDD

56. DATE OF DEATH – DN0057

Definition: The date the employee died.
Record: 148; A49
Format: 8 DATE CCYYMMDD

57. INJURY SITE ADDRESS (SITE ADDRESS) – DN0122

Definition: The street address where the accident or injury occurred.
Record: R21
Format: 40A/N
DP Rule: Accident Site Street cannot be present when Accident Site Location Narrative is used.

58. INJURY CITY (CITY) – DN 0121

Definition: The city where the accident or injury occurred.
Record: R21
Format: 15A/N
DP Rule: Accident Site City cannot be present when Accident Site Location narrative is used.

59. INJURY STATE (STATE) – DN0123

Definition: A code to indicate the state where the accident or injury occurred.
Record: R21
Format: 2A/N
DP Rule: See <http://www.iaiaabc.org/EDI/implementation.htm>
Accident Site State Code cannot be present when Accident Site Location Narrative is used.

60. INJURY ZIP CODE (ZIP) – DN0033

Definition: The postal code for the location where the accident or injury occurred.
Record: 148
Format: 9 A/N
DP Rule: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

61. INJURY COUNTY (COUNTY) – DN0118

Definition: The county or parish where the accident or injury occurred.
Record: R21
Format: 20A/N

DP Rule: For the United States and its territories, this will be the USPS zip code.

62. INJURY OCCURRED ON EMPLOYER'S PREMISES? – DN0249

Definition: A code to indicate the premises where the accident occurred.

Record: R21

Format: 1 A/N

Values: E = Employer
Accident occurred on employer's or lessor's premises.
L = Lessee
Accident occurred on lessee's premises.
X = Other
Accident occurred at a location other than the employer or lessee's premises.

63. DATE EMPLOYER NOTIFIED – DN0040

Definition: The earlier of the date that the accident was reported to the employer or the date that the employer had actual knowledge of an accident or injury.

Record: 148

Format: 8 DATE CCYYMMDD

64. FOR OSHA REPORTING ONLY. INJURY DESCRIPTION BEFORE INCIDENT AND HOW INJURY OCCURRED (DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED) – DN0038

Definition: A free form description of how the accident occurred and the resulting injuries.

Record: R21

Format: 500A/N (up to 10 occurrences of 50)

65. NATURE OF INJURY CODE – DN0035

Definition: A code corresponding to the nature of the injury sustained by the employee.

Record: 148

Format: 2A/N

DP Rule: See <http://www.iaiaabc.org/EDI/implementation.htm>

66. PART OF BODY CODE – DN0036

Definition: The code corresponding to the part(s) of the body injured.

Record: 148

Format: 2A/N

DP Rule: See <http://www.iaiaabc.org/EDI/implementation.htm>

67. CAUSE OF INJURY CODE – DN0037

Definition: The code corresponding to the cause of the injury based on the information available to the claim administrator.

Record: 148

Format: 2A/N

DP Rule: See <http://www.iaiaabc.org/EDI/implementation.htm>
This code is subjective in nature and is assigned based on employer supplied text and other information available to the claim administrator. Minor differences between the code supplied and the text that supports the code should be expected based on the fact that the claim administrator is using additional information to meet their reporting needs.

68. INITIAL TREATMENT – DN0039

Definition: A code identifying the extent of medical treatment received by the employee immediately following the accident.

Record: N/A

Format: 2A/N

Values: 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 greater than 24 hours
5 = Future major medical/Lost time anticipated (i.e. hernia case)

69. TREATMENT FACILITY NAME (NAME OF TREATMENT FACILITY)

Definition: The name of the facility treating the accident/injury.

Record: N/A

Format: 40A/N

70. TREATMENT FACILITY ADDRESS (ADDRESS)

Definition: The address of the facility treating the accident/injury.

Record: N/A

Format: 40A/N

71. TREATMENT FACILITY CITY (CITY)

Definition: The city of the facility treating the accident/injury.

Record: N/A

Format: 15A/N

72. TREATMENT FACILITY STATE (STATE)

Definition: The state of the facility treating the accident/injury.
Record: N/A
Format: 2A/N

73. TREATMENT FACILITY ZIP CODE (ZIP)

Definition: The postal code of the facility treating the accident/injury.
Record: N/A
Format: 9A/N

74. NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL

Definition: The name of person treating the accident/injury.
Record: N/A
Format: 40A/N

75. HAS INJURED RETURNED TO WORK

Definition:
Record: N/A
Format: 1A/N

76. DATE INJURED RETURNED TO WORK (DATE) – DN0068

Definition: The first date on which the employee was released to or actually returned to work at full or reduced wages.
Record: 148; R21; R22
Format: 8 DATE CCYYMMDD
DP Rule: This date could be equal to the Date of Injury if temporary partial benefits were initially paid.

77. TIME INJURED RETURNED TO WORK

Definition: The time injured worker returned to work.
Record: N/A
Format: 4A/N

78. DATE PREPARED

Definition: The date FROI was prepared.
Record: N/A
Format: 8A/N

79. PREPARER'S FIRST NAME

Definition: The first name of preparer of the FROI.
Record: N/A
Format: 15A/N

80. PREPARER'S LAST NAME

Definition: The last name of preparer of the FROI.
Record: N/A
Format: 40A/N

81. PREPARER'S TITLE

Definition: The title of the preparer.
Record: N/A
Format: 40A/N

82. PREPARER'S TELEPHONE NUMBER

Definition: The telephone number of the preparer.
Record: N/A
Format: 15A/N

148 RECORD (RELEASE 1 FROI)

A49 RECORD (SUBSEQUENT REPORT)

R21 RECORD (RELEASE 3 FROI)

R22 RECORD (SUBSEQUENT REPORT)