# Alabama Workers Compensation Division

## Claims EDI Release 3.1 FROI 148 Record

**M – Mandatory** **MC – Mandatory/Conditional** **E – Expected** **EC – Expected/Conditional**
**IA – If Applicable/Available** **NA – Not Applicable** **F – Fatal Technical** **X – Exclude**

| IAIABC Claims Release 3.1 FROI 148 Record for Alabama | | | | | | | |
|---|---|---|---|---|---|---|---|
| **DN** | **DATA ELEMENT NAME** | **FORMAT** | **LEN** | **POS** | **REQ** | **COMMENT** | **DEFN** |
| 0001 | Transaction Set ID | A/N | 3 | 001-003 | F | 148 | 156 |
| 0002 | Maintenance Type Code | A/N | 2 | 004-005 | F | | 122 |
| 0003 | Maintenance Type Code Date | DATE | 8 | 006-013 | F | CCYYMMDD | 123 |
| 0004 | Jurisdiction Code | A/N | 2 | 014-015 | F | AL | 116 |
| 0005 | Jurisdiction Claim Number | A/N | 25 | 016-040 | NA | | 114 |
| 0006 | Insurer FEIN | A/N | 9 | 041-049 | F | | 110 |
| NA | Filler (Not for Use) | A/N | 129 | 050-178 | | | |
| 0012 | Claim Administrator City | A/N | 15 | 179-193 | M | | 18 |
| 0013 | Claim Administrator State Code | A/N | 2 | 194-195 | M | | 30 |
| 0014 | Claim Administrator Postal Code | A/N | 9 | 196-204 | F | | 27 |
| 0015 | Claim Administrator Claim Number | A/N | 25 | 205-229 | F | | 19 |
| 0016 | Employer FEIN | A/N | 9 | 230-238 | M | | 72 |
| NA | Filler (Not for Use) | A/N | 120 | 239-358 | | | |
| 0021 | Employer Physical City | A/N | 15 | 359-373 | M | | 83 |
| 0022 | Employer Physical State Code | A/N | 2 | 374-375 | M | | 88 |
| 0023 | Employer Physical Postal Code | A/N | 9 | 376-384 | M | | 85 |
| NA | Filler (Not for Use) | A/N | 1 | 385-385 | | | |
| 0025 | Industry Code | A/N | 6 | 386-391 | IA | | 95 |
| NA | Filler (Not for Use) | A/N | 10 | 392-401 | | | |
| 0027 | Insured Location Identifier | A/N | 15 | 402-416 | NA | | 106 |
| 0028 | Policy Number Identifier | A/N | 18 | 417-434 | NA | | 147 |
| NA | Filler (Not for Use) | A/N | 12 | 435-446 | | | |
| 0029 | Policy Effective Date | DATE | 8 | 447-454 | NA | | 145 |
| 0030 | Policy Expiration Date | DATE | 8 | 455-462 | NA | | 146 |
| 0031 | Date of Injury | DATE | 8 | 463-470 | M | | 40 |
| 0032 | Time of Injury | TIME | 4 | 471-474 | NA | | 148 |
| 0033 | Accident Site Postal Code | A/N | 9 | 475-483 | IA | | 08 |
| NA | Filler (Not for Use) | A/N | 1 | 484-484 | | | |
| 0035 | Nature of Injury Code | A/N | 2 | 485-486 | M | | 131 |
| n/a | Filler (Not for Use) | A/N | 2 | 487-488 | | | |
| 0037 | Cause of Injury Code | A/N | 2 | 489-490 | M | | 14 |
| NA | Filler (Not for Use) | A/N | 150 | 491-640 | | | |
| 0039 | Initial Treatment Code | A/N | 2 | 641-642 | NA | | 102 |
| 0040 | Date Employer Had Knowledge of the Injury | DATE | 8 | 643-650 | M | | 39 |
| 0041 | Date Claim Administrator Had Knowledge of the Injury | DATE | 8 | 651-658 | E | | 38 |
| NA | Filler (Not for Use) | A/N | 39 | 659-697 | | | |
| 0044 | Employee First Name | A/N | 15 | 698-712 | M | | 49 |
| NA | Filler (Not for Use) | A/N | 61 | 713-773 | | | |
| 0048 | Employee Mailing City | A/N | 15 | 774-788 | M | | 56 |
| 0049 | Employee Mailing State Code | A/N | 2 | 789-790 | M | | 61 |
| 0050 | Employee Mailing Postal Code | A/N | 9 | 791-799 | M | | 58 |
| NA | Filler (Not for Use) | A/N | 10 | 800-809 | | | |
| 0052 | Employee Date of Birth | DATE | 8 | 810-817 | IA | | 45 |
| 0053 | Employee Gender Code | A/N | 1 | 818-818 | M | | 50 |
| 0054 | Employee Marital Status Code | A/N | 1 | 819-819 | M | | 62 |
| 0055 | Employee Number of Dependents | N | 2 | 820-821 | IA | | 64 |
| 0056 | Initial Date Disability Began | DATE | 8 | 822-829 | IA | | 96 |

# Alabama Workers Compensation Division

## Claims EDI Release 3.1 FROI 148 Record

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| IAIABC Claims Release 3.1 FROI 148 Record for Alabama | | | | | | | |
|---|---|---|---|---|---|---|---|
| **DN** | **DATA ELEMENT NAME** | **FORMAT** | **LEN** | **POS** | **REQ** | **COMMENT** | **DEFN** |
| 0057 | Employee Date of Death | DATE | 8 | 830-837 | IA | | 46 |
| 0058 | Employment Status Code | A/N | 2 | 838-839 | NA | | 90 |
| 0059 | Manual Classification Code | A/N | 4 | 840-843 | NA | | 129 |
| NA | Filler (Not for Use) | A/N | 30 | 844-873 | | | |
| 0061 | Employee Date of Hire | DATE | 8 | 874-881 | IA | | 47 |
| 0062 | Wage | $9.2 | 11 | 882-892 | IA | | 150 |
| 0063 | Wage Period Code | A/N | 2 | 893-894 | IA | | 151 |
| 0064 | Number of Days Worked Per Week | N | 1 | 895-895 | IA | | 135 |
| 0065 | Initial Date Last Day Worked | DATE | 8 | 896-903 | NA | | 97 |
| 0066 | Full Wages Paid for Date of Injury Indicator | A/N | 1 | 904-904 | IA | | 94 |
| NA | Filler (Not for Use) | A/N | 1 | 905-905 | | | |
| 0068 | Initial RTW Date | DATE | 8 | 906-913 | IA | | 98 |