ALABAMA Workers Compensation Division
Claims EDI Release 3.1 FROI
Edit Matrix

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0000	Entire Batch/Transaction	ALL	Y																		L		L				L			
0001	Transaction Set ID	148	Y		F																	L								
0002	Maintenance Type Code	148	Y		F																L	L			L					
0003	Maintenance Type Code Date	148	Y		F				L									L												
0004	Jurisdiction Code	148	Y		F																	L								
0005	Jurisdiction Claim Number	148	N																											
0006	Insurer FEIN	148	Y		F			L								L	L													
0007	Insurer Name	R21	Y		F																									
0010	Claim Administrator Primary Address	R21	Y		F																									
0011	Claim Administrator Secondary Address	R21	N																											
0012	Claim Administrator City	148	Y		F																									
0013	Claim Administrator State Code	148	Y		F																	L								
0014	Claim Administrator Postal Code	148	Y		F											L						L								
0015	Claim Administrator Claim Number	148	Y		F																									
0016	Employer FEIN	148	Y		F			L								L	L													
0017	Insured Name	R21	N																											
0018	Employer Name	R21	Y		F																									
0019	Employer Physical Primary Address	R21	Y		F																									
0020	Employer Physical Secondary Address	R21	N																											
0021	Employer Physical City	148	Y		F																									
0022	Employer Physical State Code	148	Y		F																	L								
0023	Employer Physical Postal Code	148	Y		F											L						L								
0025	Industry Code	148	Y													L						L								
0026	Insured Report Number	R21	N																											
0027	Insured Location Identifier	148	N																											
0028	Policy Number Identifier	148	N																											
0029	Policy Effective Date	148	N																											
0030	Policy Expiration Date	148	N																											

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0031	Date of Injury	148	Y		F									L	L			L								L		L	L	
0032	Time of Injury	148	N																											
0033	Accident Site Postal Code	148	Y													L						L		L						
0035	Nature of Injury Code	148	Y		F																	L								
0036	Part of Body Injured Code	148	Y		F																	L								
0037	Cause of Injury Code	148	Y		F																	L								
0038	Accident/Injury Description Narrative	R21	N																											
0039	Initial Treatment Code	148	N																											
0040	Date Employer Had Knowledge of the Injury	148	Y		F				L			L			L															
0041	Date Claim Administrator Had Knowledge of the Injury	148	Y						L			L			L															
0042	Employee SSN	R21	Y					L									L													
0043	Employee Last Name	R21	Y		F																			L						
0044	Employee First Name	148	Y		F																			L						
0045	Employee Middle Name/Initial	R21	Y																					L						
0046	Employee Mailing Primary Address	R21	Y		F																			L						
0047	Employee Mailing Secondary Address	R21	N																											
0048	Employee Mailing City	148	Y		F																			L						
0049	Employee Mailing State Code	148	Y		F																	L								
0050	Employee Mailing Postal Code	148	Y		F											L						L		L						
0051	Employee Phone Number	R21	Y					L																						
0052	Employee Date of Birth	148	Y						L		L				L					L						L				
0053	Employee Gender Code	148	Y		F																	L								
0054	Employee Marital Status Code	148	Y		F																	L								
0055	Employee Number of Dependents	148	Y					L																						
0056	Initial Date Disability Began	148	Y						L			L		L	L															
0057	Employee Date of Death	148	Y						L			L			L															
0058	Employment Status Code	148	N																											
0059	Manual Classification Code	148	N																											

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0060	Occupation Description	R21	Y																				L						
0061	Employee Date of Hire	148	Y						L		L														L				
0062	Wage	148	Y					L																					
0063	Wage Period Code	148	Y																			L							
0064	Number of Days Worked Per Week	148	Y			L		L																					
0065	Initial Date Last Day Worked	148	N																										
0066	Full Wages Paid for Date of Injury Indicator	148	Y																			L							
0068	Initial RTW Date	148	Y						L			L																	
0072	Latest RTW/Status Date	R21	Y		F					L		L																	
0073	Claim Status Code	R21	N		F																	L							
0074	Claim Type Code	R21	N		F																	L							
0075	Agreement to Compensate Code	R21	N																										
0077	Late Reason Code	R21	N																										
0098	Sender ID	HD1	Y		F											L													
0099	Receiver ID	HD1	Y		F											L													
0100	Date Transmission Sent	HD1	Y		F				L									L											
0101	Time Transmission Sent	HD1	Y		F					L																			
0102	Original Transmission Date	HD1	Y		F				L																				
0103	Original Transmission Time	HD1	N																										
0104	Test/Production Code	HD1	Y		F																	L							
0105	Interchange Version ID	HD1	Y		F			L														L							
0106	Detailed Record Count	HD1	Y		F			L															L						
0118	Accident Site County/Parish	R21	Y																				L						
0119	Accident Site Location Narrative	R21	N																										
0120	Accident Site Organization Name	R21	N																										
0121	Accident Site City	R21	Y																				L						
0122	Accident Site Street	R21	N																										
0123	Accident Site State Code	R21	Y																			L		L					
0135	Claim Administrator Information/Attention Line	R21	N																										

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0136	Claim Administrator Country Code	R21	N																											
0144	Current Date Disability Began	R21	Y		F				L																					
0145	Current Date Last Day Worked	R21	Y						L																					
0146	Death Result of Injury Code	R21	Y																			L								
0150	Employee Authorization to Release Medical Records Indicator	R21																												
0152	Employee Employment Visa	R21	Y																				L							
0153	Employee Green Card	R21	Y																				L							
0154	Employee ID Assigned by Jurisdiction	R21	Y													L	L						L							
0155	Employee Mailing Country Code	R21	N																											
0156	Employee Passport Number	R21	Y																				L							
0157	Employee Social Security Number Release Indicator	R21	N																											
0159	Employer Contact Business Phone Number	R21	N																											
0160	Employer Contact Name	R21	N																											
0163	Employer Mailing Information/Attention Line	R21	N																											
0164	Employer Physical Country Code	R21	N																											
0165	Employer Mailing City	R21	Y																				L							
0166	Employer Mailing Country Code	R21	N																											
0167	Employer Mailing Postal Code	R21	Y													L						L	L							
0168	Employer Mailing Primary Address	R21	Y																				L							
0169	Employer Mailing Secondary Address	R21	Y																											
0170	Employer Mailing State Code	R21	Y																			L								
0184	Insured Type Code	R21	N																											
0185	Insurer Type Code	R21	Y		F																	L								
0186	Jurisdiction Branch Office Code	R21	N																											
0187	Claim Administrator FEIN	R21	Y		F			L								L	L													L
0191	Transaction Count	TR2	Y		F			L															L							
0196	Denial Rescission Date	R21	N																											
0197	Denial Reason Narrative	R21	Y		F																									

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0198	Full Denial Reason Code	R21	Y																											
0199	Full Denial Effective Date	R21	N																											
0200	Claim Administrator Alternate Postal Code	R21	N																											
0204	Work Week Type Code	R21	Y																											
0205	Work Days Scheduled Code	R21	Y																											
0206	Employee Security ID	R21	N																											
0207	Managed Care Organization Code	R21	N																											
0208	Managed Care Organization Identification Number	R21	N																											
0209	Managed Care Organization Name	R21	N																											
0229	Injury Severity Type Code	R21	N																											
0230	Employer ID Assigned by Jurisdiction	R21	N																											
0231	Manual Classification Sub-Code	R21	N																											
0237	Witness Business Phone Number	R21	N																											
0238	Witness Name	R21	N																											
0249	Accident Premises Code	R21	Y		F																	L								
0255	Employee Last Name Suffix	R21	Y																					L						
0270	Employee ID Type Qualifier	R21	Y		F																	L								
0273	Employer Paid Salary in Lieu of Compensation Indicator	R21	Y																			L								
0274	Number of Accident/Injury Description Narratives	R21	Y		F			L																						
0276	Number of Denial Reason Narratives	R21	Y		F			L																						
0277	Number of Full Denial Reason Codes	R21	Y		F			L																						
0278	Number of Managed Care Organizations	R21	Y		F			L																						
0279	Number of Witnesses	R21	Y		F			L																						
0280	Accident Site Country Code	R21	N																											
0281	Initial Date Employer Had Knowledge of Date of Disability	R21	N																											
0290	Type of Loss Code	R21	N																											

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0292	Insolvent Insurer FEIN	R21	N																											
0295	Maintenance Type Correction Code	R21	Y		F			L														L								
0296	Maintenance Type Correction Code Date	R21	Y		F				L																					
0297	First Day of Disability After the Waiting Period	R21	N																											
0314	Insured FEIN	R21	N																											
0329	Employer UI Number	R21	Y																											
0400	Cancel Reason Code	R21	N																											
0401	Jurisdiction Claim Number – Related	R21	N																											
0402	Cancel Reason Narrative	R21	N																											
0403	Initial RTW Type Code	R21	N																			L								
0404	Initial RTW Physical Restrictions Indicator	R21	N																											
0405	Initial RTW with Same Employer Indicator	R21	N																											
0406	Latest RTW Type Code	R21	N																											
0407	Latest RTW Physical Restrictions Indicator	R21	N																											
0408	Latest RTW with Same Employer Indicator	R21	N																											
0411	Number of Change Data Elements	R21	Y		F			L																						
0412	Change Data Element/Segment Number	R21	N																											
0413	Change Reason Code	R21	N																											
0416	Current Date Employer Had Knowledge of Current Date of Disability	R21	Y		F				L																					
0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	R21	Y						L																					
0420	Number of Part of Body Injured	R21	Y		F			L														L								
0421	Part of Body Injured Location Code	R21	Y																											
0422	Part of Body Injured Fingers/Toes Location Code	R21	Y																			L								
0434	Number of Cancel Elements	R21	Y		F			L																						