

Alabama Workers Compensation Division

Claims EDI Release 3.1 FROI Element Requirement Table

M – Mandatory
IA – If Applicable/Available

MC – Mandatory/Conditional
NA – Not Applicable

E – Expected
F – Fatal Technical

EC – Expected/Conditional
X – Exclude

M – Mandatory	Must be present and valid or transaction will reject.									
MC – Mandatory/Conditional	Mandatory under conditions established by AWCD. Reject if not valid.									
E – Expected	Expected for the MTC. Transaction will be accepted with errors if edit fails.									
EC – Expected/Conditional	Expected under conditions established by AWCD.									
IA – If Applicable/Available	Data may or may not be populated but should be sent if available/Applicable.									
NA – Not Applicable	Not applicable to AWCD requirements for the MTC. Edits not applied.									
F – Fatal Technical	Essential for a transaction to be accepted into AWCD database.									
X – Exclude	Not applicable to the standard requirements for the MTC. Edits not applied.									
			FROI MTC'S							
REC	DN#	DATA ELEMENT NAME	00	02	04	CO	UR			
148	0001	Transaction Set ID	F							
148	0002	Maintenance Type Code	F							
148	0003	Maintenance Type Code Date	F							
148	0004	Jurisdiction Code	F							
148	0005	Jurisdiction Claim Number	NA							
148	0006	Insurer FEIN	F							
148	0012	Claim Administrator City	M							
148	0013	Claim Administrator State Code	M							
148	0014	Claim Administrator Postal Code	F							
148	0015	Claim Administrator Claim Number (Key Match)	F							
148	0016	Employer FEIN	M							
148	0021	Employer Physical City	M							
148	0022	Employer Physical State Code	M							
148	0023	Employer Physical Postal Code	M							
148	0025	Industry Code	IA							
148	0027	Insured Location Identifier	NA							
148	0028	Policy Number	NA							
148	0029	Policy Effective Date	NA							
148	0030	Policy Expiration Date	NA							
148	0031	Date of Injury	M							
148	0032	Time of Injury	NA							
148	0033	Accident Site Postal Code	IA							
148	0035	Nature of Injury Code	M							
148	0037	Cause of Injury Code	M							
148	0039	Initial Treatment Code	NA							
148	0040	Date Employer Had Knowledge of the Injury	M							
148	0041	Date Claim Administrator Had Knowledge of Injury	E							
148	0044	Employee First Name	M							
148	0048	Employee Mailing City	M							

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S							
			00	02	04	CO	UR			
148	0049	Employee Mailing State Code	M							
148	0050	Employee Mailing Postal Code	M							
148	0052	Employee Date of Birth	IA							
148	0053	Employee Gender Code	M							
148	0054	Employee Marital Status Code	M							
148	0055	Employee Number of Dependents	IA							
148	0056	Initial Date Disability Began	IA							
148	0057	Employee Date of Death	IA							
148	0058	Employment Status Code	NA							
148	0059	Manual Classification Code	NA							
148	0061	Employee Date of Hire	IA							
148	0062	Wage	IA							
148	0063	Wage Period Code	IA							
148	0064	Number of Days Worked Per Week	IA							
148	0065	Initial Date Last Day Worked	NA							
148	0066	Full Wages Paid for Date of Injury Indicator	IA							
148	0068	Initial Return to Work Date	IA							

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S							
			00	02	04	CO	UR			
R21	0001	Transaction Set ID	F							
R21	0007	Insurer Name	M							
R21	0010	Claim Administrator Primary Address	M							
R21	0011	Claim Administrator Secondary Address	IA							
R21	0015	Claim Administrator Claim Number	F							
R21	0017	Insured Name	NA							
R21	0018	Employer Name	M							
R21	0019	Employer Physical Primary Address	M							
R21	0020	Employer Physical Secondary Address	IA							
R21	0026	Insured Report Number	NA							
R21	0038	Accident/Injury Description Narrative	NA							
R21	*	Employee ID	* One of the following Employee ID types should be provided							
	0042	Employee SSN	MC							
	0152	Employee Employment Visa	MC							
	0153	Employee Green Card	MC							
	0154	Employee ID Assigned by Jurisdiction	MC							
	0156	Employee Passport Number	MC							
R21	0043	Employee Last Name	M							
R21	0045	Employee Middle Name/Initial	IA							
R21	0046	Employee Mailing Primary Address	M							
R21	0047	Employee Mailing Secondary Address	IA							
R21	0051	Employee Phone Number	IA							
R21	0060	Occupation Description	IA							
R21	0072	Latest RTW/Status Date	MC							
R21	0073	Claim Status Code	MC							
R21	0074	Claim Type Code	MC							
R21	0075	Agreement to Compensate Code	X							
R21	0077	Late Reason Code	IA							
R21	0118	Accident Site County/Parish	IA							
R21	0119	Accident Site Location Narrative	NA							
R21	0120	Accident Site Organization Name	NA							
R21	0121	Accident Site City	IA							
R21	0122	Accident Site Street	NA							
R21	0123	Accident Site State Code	IA							
R21	0135	Claim Administrator Information/Attention Line	NA							
R21	0136	Claim Administrator Country Code	NA							
R21	0137	Claim Administrator Claim Representative Business Phone Number	MC							
R21	0138	Claim Administrator Claim Representative E-Mail Address	MC							
R21	0140	Claim Administrator Claim Representative Name	MC							
R21	0144	Current Date Disability Began	MC							

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S							
			00	02	04	CO	UR			
R21	0145	Current Date Last Day Worked	IA							
R21	0146	Death Result of Injury Code	IA							
R21	0150	Employee Authorization to Release Medical Records Indicator	NA							
R21	0155	Employee Mailing Country Code	NA							
R21	0157	Employee Social Security Number Release Indicator	NA							
R21	0159	Employer Contact Business Phone Number	NA							
R21	0160	Employer Contact Name	NA							
R21	0163	Employer Mailing Information/Attention Line	NA							
R21	0164	Employer Physical Country Code	NA							
R21	0165	Employer Mailing City	IA							
R21	0166	Employer Mailing Country Code	NA							
R21	0167	Employer Mailing Postal Code	IA							
R21	0168	Employer Mailing Primary Address	IA							
R21	0169	Employer Mailing Secondary Address	IA							
R21	0170	Employer Mailing State Code	IA							
R21	0184	Insured Type Code	NA							
R21	0185	Insurer Type Code	M							
R21	0186	Jurisdiction Branch Office Code	NA							
R21	0187	Claim Administrator FEIN	F							
R21	0188	Claim Administrator Name	M							
R21	0196	Denial Rescission Date	NA							
R21	0197	Denial Reason Narrative	IA							
R21	0198	Full Denial Reason Code	IA							
R21	0199	Full Denial Effective Date	X							
R21	0200	Claim Administrator Alternate Postal Code	NA							
R21	0204	Work Week Type Code	IA							
R21	0205	Work Days Scheduled Code	IA							
R21	0206	Employee Security ID	X							
R21	0207	Managed Care Organization Code	X							
R21	0208	Managed Care Organization Identification Number	X							
R21	0209	Managed Care Organization Name	X							
R21	0229	Injury Severity Type Code	X							
R21	0230	Employer ID Assigned by Jurisdiction	X							
R21	0231	Manual Classification Sub-Code	X							
R21	0237	Witness Business Phone Number	X							
R21	0238	Witness Name	X							
R21	0249	Accident Premises Code	M							
R21	0255	Employee Last Name Suffix	IA							
R21	0270	Employee ID Type Qualifier	M							
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	IA							
R21	0274	Number of Accident/Injury Description Narratives	F							

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S						
			00	02	04	CO	UR		
R21	0276	Number of Denial Reason Narratives	F						
R21	0277	Number of Full Denial Reason Codes	F						
R21	0278	Number of Managed Care Organizations	F						
R21	0279	Number of Witnesses	F						
R21	0280	Accident Site Country Code	NA						
R21	0281	Date Employer Had Knowledge of Date of Disability	NA						
R21	0290	Type of Loss	NA						
R21	0292	Insolvent Insurer FEIN	NA						
R21	0295	Maintenance Type Correction Code	F						
R21	0296	Maintenance Type Correction Code Date	F						
R21	0297	First Day of Disability After the Waiting Period	X						
R21	0314	Insured FEIN	NA						
R21	0329	Employer UI Number	IA						
R21	0403	Initial RTW Type Code	X						
R21	0404	Initial RTW Physical Restrictions Indicator	X						
R21	0405	Initial RTW with Same Employer Indicator	X						
R21	0406	Latest RTW Type Code	X						
R21	0407	Latest RTW Physical Restrictions Indicator	X						
R21	0408	Latest RTW with Same Employer Indicator	X						
R21	0416	Current Date Employer Had Knowledge of Current Date of Disability	MC						
R21	0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	IA						
Variable Segments Counters									
R21	0274	Number of Accident/Injury Description Narratives	F						
R21	0276	Number of Denial Reason Narratives	F						
R21	0277	Number of Full Denial Reason Codes	F						
R21	0278	Number of Managed Care Organizations	F						
R21	0279	Number of Witnesses	F						
R21	0411	Number of Change Data Elements	F						
R21	0420	Number of Part of Body Injured	F						
R21	0434	Number of Cancel Elements	F						
Variable Segments									
Accident/Injury Description Narratives									
R21	0038	Accident/Injury Description Narrative	X						
Full Denial Reason Narratives									
R21	0197	Denial Reason Narrative	MC						
Full Denial Reason Codes									
R21	0198	Full Denial Reason Code	MC						

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REC	DN#	DATA ELEMENT NAME	00	02	04	CO	UR			
Managed Care Organization										
R21	0207	Managed Care Organization Code	X							
R21	0208	Managed Care Organization Identification Number	X							
R21	0209	Managed Care Organization Name	X							
Witnesses										
R21	0237	Witness Business Phone Number	X							
R21	0238	Witness Name	X							
Part of Body Injured										
R21	0036	Part of Body Injured Code	M							
R21	0421	Part of Body Injured Location Code	IA							
R21	0422	Part of Body Injured Fingers/Toes Location Code	IA							
HD1	0001	Transaction Set ID	F							
HD1	0098	Sender ID	F							
HD1	0099	Receiver ID	F							
HD1	0100	Date Transmission Sent	F							
HD1	0101	Time Transmission Sent	F							
HD1	0102	Original Transmission Date	F							
HD1	0103	Original Transmission Time	NA							
HD1	0104	Test/Production Code	F							
HD1	0105	Interchange Version ID	F							
TR2	0001	Transaction Set ID	F							
TR2	0106	Detail Record Count	F							
TR2	0191	Transaction Count	F							