Alabama Workers Compensation Division

Claims EDI Release 3.1 FROI R21 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 R21 Record for Alabama							
DN	**DATA ELEMENT NAME**	**FORMAT**	**LEN**	**POS**	**REQ**	**COMMENT**	**DEFN**
0001	Transaction Set ID	A/N	3	001-003	F	R21	156
0295	Maintenance Type Correction Code	A/N	2	004-005	F		124
0296	Maintenance Type Correction Code Date	DATE	8	006-013	F	CCYYMMDD	125
0196	Denial Rescission Date	DATE	8	014-021	NA		43
0186	Jurisdiction Branch Office Code	A/N	2	022-023	NA	AL	113
0015	Claim Administrator Claim Number	A/N	25	024-048	F		
0187	Claim Administrator FEIN	A/N	9	049-057	F		24
0188	Claim Administrator Name	A/N	40	058-097	M		26
0135	Claim Administrator Information/Attention Line	A/N	50	098-147	NA		25
0010	Claim Administrator Primary Address	A/N	40	148-187	M		28
0011	Claim Administrator Secondary Address	A/N	40	188-227	IA		29
0136	Claim Administrator Country Code	A/N	3	228-230	NA		23
0270	Employee ID Type Qualifier	A/N	1	231-231	M		53
0042	Employee ID	A/N	15	232-246	MC		48,51,52
							65,69
0255	Employee Last Name Suffix	A/N	4	247-250	IA		55
0150	Employee Authorization to release Medical Records Indicator	A/N	1	251-251	NA		44
0157	Employee Social Security Number Release Indicator	A/N	1	252-252	NA		68
0043	Employee Last Name	A/N	40	253-292	M		54
0045	Employee Middle Name/Initial	A/N	15	293-307	IA		63
0046	Employee Mailing Primary Address	A/N	40	308-347	M		59
0047	Employee Mailing Secondary Address	A/N	40	348-387	IA		60
0155	Employee Mailing Country Code	A/N	3	388-390	NA		57
0051	Employee Phone Number	A/N	15	391-405	IA		66
0146	Death Result of Injury Code	A/N	1	406-406	IA		41
0290	Type of Loss Code	A/N	2	407-408	NA		149
NA	Filler (Not for Use)	A/N	3	409-411			
0314	Insured FEIN	A/N	9	412-420	NA		105
0017	Insured Name	A/N	40	421-460	NA		107
0184	Insured Type Code	A/N	1	461-461	NA		109
0026	Insured Report Number	A/N	25	462-486	NA		108
0204	Work Week Type Code	A/N	1	487-487	IA		155
0205	Work Days Scheduled Code	A/N	7	488-494	IA		154
0229	Injury Severity Type Code	A/N	1	495-495	X		103
0007	Insurer Name	A/N	40	496-535	M		111
0185	Insurer Type Code	A/N	1	536-536	M		112
0292	Insolvent Insurer FEIN	A/N	9	537-545	NA		104
0200	Claim Administrator Alternate Postal Code	A/N	9	546-554	NA		17
0206	Employee Security ID	AN	15	555-569	X		67
0297	First Day of Disability After the Waiting Period	DATE	8	570-577	X		91
0249	Accident Premises Code	A/N	1	578-578	M		02
0118	Accident Site County/Parish	A/N	20	579-598	IA		05
0119	Accident Site Location Narrative	A/N	50	599-648	NA		06

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0120	Accident Site Organization Name	A/N	50	649-698	NA		07
0121	Accident Site City	A/N	15	699-713	IA		03
0122	Accident Site Street	A/N	40	714-753	NA		10
0123	Accident Site State Code	A/N	2	754-755	IA		09
0280	Accident Site Country Code	A/N	3	756-758	NA		04
0281	Initial Date Employer Had Knowledge of Date of Disability	DATE	8	759-766	NA		96
0075	Agreement to Compensate Code	A/N	1	767-767	X		11
0018	Employer Name	A/N	40	768-807	M		81
0329	Employer UI Number	A/N	15	808-822	IA		89
0019	Employer Physical Primary Address	A/N	40	823-862	M		86
0020	Employer Physical Secondary Address	A/N	40	863-902	IA		87
0164	Employer Physical Country Code	A/N	3	903-905	NA		84
0159	Employer Contact Business Phone Number	A/N	15	906-920	NA		70
0160	Employer Contact Name	A/N	40	921-960	NA		71
0230	Employer ID Assigned by Jurisdiction	A/N	15	961-975	X		73
0231	Manual Classification Sub-Code	A/N	2	976-977	X		130
0072	Latest RTW/Status Date	DATE	8	978-985	MC		118
0403	Initial RTW Type Code	A/N	1	986-986	X		100
0404	Initial RTW Physical Restrictions Indicator	A/N	1	987-987	X		99
0405	Initial RTW With Same Employer Indicator	A/N	1	988-988	X		101
0406	Latest RTW Type Code	A/N	1	989-989	X		120
0407	Latest RTW Physical Restrictions Indicator	A/N	1	990-990	X		119
0408	Latest RTW With Same Employer Indicator	A/N	1	991-991	X		121
0144	Current Date Disability Began	DATE	8	992-999	MC		34
0145	Current Date Last Day Worked	DATE	8	1000-1007	IA		36
0416	Current Date Employer Had Knowledge of Current Date of Disability	DATE	8	1008-1015	MC		35
0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	DATE	8	1016-1023	IA		33
NA	Filler – Future Defined Usage	A/N	27	1024-1050			
0163	Employer Mailing Information/Attention Line	A/N	50	1051-1100	NA		76
0165	Employer Mailing City	A/N	15	1101-1115	IA		74
0166	Employer Mailing Country Code	A/N	3	1116-1118	NA		75
0167	Employer Mailing Postal Code	A/N	9	1119-1127	IA		77
0168	Employer Mailing Primary Address	A/N	40	1128-1167	IA		78
0169	Employer Mailing Secondary Address	A/N	40	1168-1207	IA		79
0170	Employer Mailing State Code	A/N	2	1208-1209	IA		80
NA	Filler – Future Defined Usage	A/N	50	1210-1259			
0060	Occupation Description	A/N	50	1260-1309	IA		141
0199	Full Denial Effective Date	DATE	8	1310-1317	X		92
0138	Claim Administrator Claim Representative E-Mail Address	A/N	80	1318-1397	MC		21

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0140	Claim Administrator Claim Representative Name	A/N	40	1398-1437	MC		22
0137	Claim Administrator Claim Representative Business Phone Number	A/N	15	1438-1452	MC		20
NA	Filler - Future Defined Usage	A/N	28	1453-1480			
0073	Claim Status Code	A/N	1	1481-1481	MC		31
0074	Claim Type Code	A/N	1	1482-1482	MC		32
0077	Late Reason Code	A/N	2	1483-1484	IA		117
0273	Employer Paid Salary In lieu of Compensation Indicator	A/N	1	1485-1485	IA		82
NA	Filler - Future Defined Usage	A/N	105	1486-1590			
	Variable Segment Counters (* segments required)						
0274	Number of Accident/Injury Description Narratives *	N	2	1591-1592	F		132
0277	Number of Full Denial Reason Codes *	N	2	1593-1594	F		137
0276	Number of Denial Reason Narratives *	N	2	1595-1596	F		136
0278	Number of Managed Care Organizations	N	2	1597-1598	F	0	138
0279	Number of Witnesses	N	2	1599-1600	F	0	140
0420	Number of Part of Body Injured *	N	2	1601-1602	F		139
0411	Number of Change Data Elements	N	2	1603-1604	F	0	134
0434	Number of Cancel Elements	N	2	1605-1606	F	0	133
NA	Filler - Future Defined Usage	A/N	6	1607-1612	F		
	Accident/Injury Description Narratives - Occurs 10 times						
0038	Accident/Injury Description Narrative	A/N	50	001-050	NA		01
	Full Denial Reason Code - Occurs 5 times						
0198	Full Denial Reason Code	A/N	2	001-002	IA		93
	Denial Reason Narratives - Occurs 10 times						
0197	Denial Reason Narrative	A/N	50	001-050	IA		42
	Managed Care Organizations - Occurs 2 times						
0207	Managed Care Organization Code	A/N	2	001-002	X		126
0209	Managed Care Organization Name	A/N	40	003-042	X		128
0208	Managed Care Organization Identification Number	A/N	9	043-051	X		127
NA	Filler - Future Defined Usage	A/N	20	052-071			

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DN	**DATA ELEMENT NAME**	**FORMAT**	**LEN**	**POS**	**REQ**	**COMMENT**	**DEFN**
	Number of Witnesses - Occurs 5 times						
0238	Witness Name	A/N	40	001-040	X		153
0237	Witness Business Phone Number	A/N	15	041-055	X		152
NA	Filler - Future Defined Usage	A/N	20	056-075			
	Part of Body Injured - Occurs 10 times						
0036	Part of Body Injured Code	A/N	2	001-002	IA		142
0421	Part of Body Injured Location Code	A/N	1	003-003	IA		144
0422	Part of Body Injured Fingers/Toes Location Code	A/N	1	004-004	IA		143
NA	Filler - Future Defined Usage	A/N	20	005-024			
	Change Data Elements - Occurs 99 times						
0412	Change Data Element/Segment Number	A/N	4	001-004	X		15
0413	Change Reason Code	A/N	1	005-005	X		16
NA	Filler - Future Defined Usage	A/N	35	006-040			
	Cancel Elements - Occurs 99 times						
0400	Cancel Reason Code	A/N	1	001-001	X		12
0401	Jurisdiction Claim Number - Related	A/N	25	002-026	X		115
0402	Cancel Reason Narrative	A/N	150	027-176	X		13
NA	Filler - Future Defined Usage	A/N	20	177-196			