Alabama Workers Compensation Division

Claims EDI Release 3.1 SROI A49 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 SROI A49 Record for Alabama							
DN	**DATA ELEMENT NAME**	**FORMAT**	**LEN**	**POS**	**REQ**	**COMMENT**	**DEFN**
0001	Transaction Set ID	A/N	3	001-003	F	A49	115
0002	Maintenance Type Code	A/N	2	004-005	F		78
0003	Maintenance Type Code Date	DATE	8	006-013	F	CCYYMMDD	79
0004	Jurisdiction Code	A/N	2	014-015	F	AL	75
0006	Insurer FEIN	A/N	9	016-024	F		72
n/a	Filler (Not for Use)	A/N	9	025-033			
0014	Claim Administrator Postal Code	A/N	9	034-042	F		21
n/a	Filler (Not for Use)	A/N	9	043-051			
0055	Employee Number of Dependents	N	2	052-053	MC		47
0069	Pre-Existing Disability Code	A/N	1	054-054	X		111
0056	Initial Date Disability Began	DATE	8	055-062	IA		65
0070	Date of Maximum Medical Improvement	DATE	8	063-070	X		30
n/a	Filler (Not for Use)	A/N	1	025-033			
0072	Latest Return to Work Status Date (previously Current Return to Work Date)	DATE	8	072-079	IA		
0057	Employee Date of Death	DATE	8	080-087	IA		36
n/a	Filler (Not for Use)	A/N	11	088-098			
0063	Wage Period Code	A/N	2	099-100	MC		118
0064	Number of Days Worked Per Week	N	1	101-101	MC		88
n/a	Filler (Not for Use)	A/N	1	102-102			
0031	Date of Injury	DATE	8	103-110	MC		29
0026	Insured Report Number	A/N	25	111-135	IA		71
0015	Claim Administrator Claim Number	A/N	25	136-160	F		14
0005	Jurisdiction Claim Number	A/N	25	161-185	MC		74
0073	Claim Status Code	A/N	1	186-186	MC		22
0074	Claim Type Code	A/N	1	187-187	MC		23
0075	Agreement to Compensate Code	A/N	1	188-188	IA		01
0076	Date Claim Administrator Notified of Employee Representation	DATE	8	189-196	X		27
0077	Late Reason Code	A/N	2	197-198	X		76
n/a	Filler (Not for Use)	A/N	10	199-208			