Alabama Workers Compensation Division

Claims EDI Release 3.1 SROI R22 Record

M – Mandatory **MC – Mandatory/Conditional** **E – Expected** **EC – Expected/Conditional**
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IAIABC Claims Release 3.1 SROI R22 Record for Alabama							
DN	**DATA ELEMENT NAME**	**FORMAT**	**LEN**	**POS**	**REQ**	**COMMENT**	**DEFN**
0001	Transaction Set ID	A/N	3	001-003	F	R22	115
0295	Maintenance Type Correction Code	A/N	2	004-005	F		80
0296	Maintenance Type Correction Code Date	DATE	8	006-013	F	CCYYMMDD	81
0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	DATE	8	014-021	IA		26
0186	Jurisdiction Branch Office Code	A/N	2	022-023	MC	AL	73
0015	Claim Administrator Claim Number	A/N	25	024-048	M		14
0187	Claim Administrator FEIN	A/N	9	049-057	MC		19
0188	Claim Administrator Name	A/N	40	058-097	MC		20
0140	Claim Administrator Claim Representative Name	A/N	40	098-137	MC		18
0137	Claim Administrator Claim Representative Business Phone Number	A/N	15	138-152	MC		15
0138	Claim Administrator Claim Representative E-mail Address	A/N	80	153-232	MC		16
n/a	Filler (Future Defined Use)	A/N	10	233-242			
0270	Employee ID Type Qualifier	A/N	1	243-243	M		42
0042	Employee ID	A/N	15	244-258	MC		38,40,41
							49,51
0043	Employee Last Name	A/N	40	259-298	MC		43
0044	Employee First Name	A/N	15	299-313	MC		39
0045	Employee Middle Name/Initial	A/N	15	314-328	MC		46
0255	Employee Last Name Suffix	A/N	4	329-332	MC		44
0052	Employee Date of Birth	DATE	8	333-340	IA		35
0054	Employee Marital Status Code	A/N	1	341-341	MC		45
0151	Employee Education Level	N	2	342-343	X		37
0213	Employee Number of Entitled Exemptions	N	2	344-345	X		48
0201	Anticipated Wage Loss Indicator	A/N	1	346-346	X		02
0202	Reduced Benefit Amount Code	A/N	1	347-347	X		121
0158	Employee Tax Filing Status Code	A/N	1	348-348	X		52
0146	Death Result of Injury Code	A/N	1	349-349	IA		31
0314	Insured FEIN	A/N	9	350-358	MC		70
0292	Insolvent Insurer FEIN	A/N	9	359-367	X		69
0016	Employer FEIN	A/N	9	368-376	IA		53
0023	Employer Physical Postal Code	A/N	9	377-385	IA		56
n/a	Filler (Future Defined Use)	A/N	1	386-386			
0281	Initial Date Employer Had Knowledge of Date of Disability	DATE	8	387-394	IA		28
0212	Non-Consecutive Period Code	A/N	1	395-395	X		84
0172	Estimated Gross Weekly Amount Indicator	A/N	1	396-396	X		58
0145	Current Date Last Day Worked	DATE	8	397-404	MC		25
0144	Current Date Disability Began	DATE	8	405-412	MC		24
0065	Initial Date Last Day Worked	DATE	8	413-420	IA		66
n/a	Filler (Future Defined Use)	A/N	2	421-422			

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DN	**DATA ELEMENT NAME**	**FORMAT**	**LEN**	**POS**	**REQ**	**COMMENT**	**DEFN**
0193	Suspension Effective Date	DATE	8	423-430	IA		114
0199	Full Denial Effective Date	DATE	8	431-438	IA		60
0196	Denial Rescission Date	DATE	8	439-446	X		33
0294	Partial Denial Code	A/N	1	447-447	IA		100
0134	Calculated Weekly Compensation Amount	$9.2	11	448-458	MC		12
0256	Wage Effective Date	DATE	8	459-466	IA		117
0149	Discontinued Fringe Benefits	$9.2	11	467-477	X		34
0290	Type of Loss Code	A/N	2	478-479	X		116
0058	Employment Status Code	A/N	2	480-481	X		57
0223	Permanent Impairment Minimum Payment Indicator	A/N	1	482-482	X		108
0068	Initial RTW Date	DATE	8	483-490	IA		67
0066	Full Wages Paid for Date of Injury Indicator	A/N	1	491-491	IA		62
0293	Lump Sum Payment/Settlement Code	A/N	2	492-493	IA		77
0273	Employer Paid Salary in Lieu of Compensation Indicator	A/N	1	494-494	X		54
0286	Average Wage	$9.2	11	495-505	MC		03
0297	First Day of Disability After the Waiting Period	DATE	8	506-513	MC		59
0299	Award/Order Date	DATE	8	514-521	X		04
0200	Claim Administrator Alternate Postal Code	A/N	9	522-530	X		13
0203	Employer Paid Salary Prior To Acquisition Code	A/N	1	531-531	X		55
0204	Work Week Type Code	A/N	1	532-532	IA		120
0205	Work Days Scheduled Code	A/N	7	533-539	MC		119
0206	Employee Security ID	A/N	15	540-554	X		50
0229	Injury Severity Type Code	A/N	1	555-555	X		68
0403	Initial RTW Type Code	A/N	1	556-556	MC		123
0404	Initial RTW Physical Restrictions Indicator	A/N	1	557-557	X		122
0405	Initial RTW With Same Employer Indicator	A/N	1	558-558	X		124
0406	Latest RTW Type Code	A/N	1	559-559	MC		126
0407	Latest RTW Physical Restrictions Indicator	A/N	1	560-560	X		125
0408	Latest RTW With Same Employer Indicator	A/N	1	561-561	X		127
0416	Current Date Employer Had Knowledge of Current Date of Disability	DATE	8	562-569	MC		128
0417	Current Date Claim Administrator Had Knowledge of Current Date of Disability	DATE	8	570-577	IA		129
0401	Jurisdiction Claim Number - Related	A/N	25	578-602	IA		130
0423	Acquired Claim Last Known Indemnity Through Date	DATE	8	603-610	X		131
0433	Overpayment Amount - Current	$9.2	11	611-621	X		132
0418	Suspension Reason Code – Full	A/N	2	623-623	MC		133
0419	Suspension Reason Code - Partial	A/N	2	624-625	MC		134
0436	Partial Denial Effective Date	DATE	8	626-633	IA		151
n/a	Filler (Future Defined Use)	A/N	90	634-723			

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	Segment Counters (* segments required)						
0288	Number of Benefits *	N	2	724-725	F		86
0283	Number of Payments *	N	2	726-727	F		93
0282	Number of Other Benefits *	N	2	728-729	F		92
0289	Number of Benefit ACR	N	3	730-732	F	0	85
0284	Number of Recoveries	N	2	733-734	F	0	95
0285	Number of Reduced Earnings	N	2	735-736	F	0	96
0275	Number of Concurrent Employers	N	2	737-738	F	0	87
0277	Number of Full Denial Reason Codes *	N	2	739-740	F		91
0276	Number of Denial Reason Narratives *	N	2	741-742	F		90
0287	Number of Suspension Narratives	N	2	743-744	F	0	97
0078	Number of Permanent Impairments *	N	2	745-746	F		135
0424	Number of Dependent/Payee Relationships	N	2	747-748	F	0	136
0411	Number of Change Data Elements	N	2	749-750	F	0	137
0430	Number of Narrative for Claim	N	2	751-752	F	0	138
n/a	Filler (Future Defined Use)	A/N	6	753-758			
	Benefits – Occurs 10 times						
0085	Benefit Type Code	A/N	3	001-003	MC		11
0002	Maintenance Type Code	A/N	2	004-005	F		78
0174	Gross Weekly Amount	$9.2	11	006-016	MC		63
0175	Gross Weekly Amount Effective Date	DATE	8	017-024	IA		64
0087	Net Weekly Amount	$9.2	11	025-035	IA		82
0211	Net Weekly Amount Effective Date	DATE	8	036-043	IA		83
0088	Benefit Period Start Date	DATE	8	044-051	MC		06
0089	Benefit Period Through Date	DATE	8	052-059	MC		07
0090	Benefit Type Claim Weeks	N	4	060-063	MC		10
0091	Benefit Type Claim Days	N	1	064-064	MC		09
0086	Benefit Type Amount Paid	$9.2	11	065-075	MC		08
0192	Benefit Payment Issue Date	DATE	8	076-083	MC		05
n/a	Filler (Future Defined Use)	A/N	20	084-103			
	Payments – Occurs 5 times						
0222	Payment Reason Code	A/N	3	001-003	MC		106
0217	Payee	A/N	40	004-043	MC		101
0218	Payment Amount	$9.2	11	044-054	MC		102
0219	Payment Covers Period Start Date	DATE	8	055-062	MC		103
0220	Payment Covers Period Through Date	DATE	8	063-070	MC		104
0195	Payment Issue Date	DATE	8	071-078	MC		105
n/a	Filler (Future Defined Use)	A/N	20	079-098			
	Other Benefits – Occurs 25 times						
0216	Other Benefit Type Code	A/N	3	001-003	MC		99
0215	Other Benefit Type Amount	$9.2	11	004-014	MC		98

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n/a	Filler (Future Defined Use)	A/N	20	015-034			
	Denial Reason Codes - Occurs 5 times						
0198	Full Denial Reason Code	A/N	2	001-002	MC		61
	Denial Reasons - Occurs 10 times						
0197	Denial Reason Narrative	A/N	50	001-050	MC		32
	Permanent Impairments - Occurs 10 times						
0083	Permanent Impairment Body Part Code	A/N	3	001-003	MC		107
0084	Permanent Impairment Percentage	3.2	5	004-008	IA		109
0432	Permanent Impairment Body Part Location Code	N	1	009-009	IA		139
n/a	Filler (Future Defined Use)	A/N	11	010-020			