

RELEASE 3 DEFINITIONS FOR ALABAMA FROI DOCUMENT

01. INSURED REPORT NUMBER – DN0026) – NOT APPLICABLE FOR ALABAMA EDI PROCESSING.

Definition: A number assigned by the insured to identify a specific claim.
Record: R21
Format: 25 A/N

02. CLAIM ADMINISTRATOR CLAIM NUMBER (FILING OFFICE CLAIM NUMBER) – DN0015

Definition: An identifier for a specific claim within a claim administrator's claims processing system.
Record: 148; R21
Format: 25 A/N

03. OSHA LOG CASE NUMBER – NOT APPLICABLE FOR RELEASE 3

Definition: Case Number from OSHA Form 300 Log of work-related injuries and illnesses.
Record: N/A
Format: 25 A/N

04. EMPLOYER NAME (EMPLOYER BUSINESS NAME) – DN0018

Definition: The legal name of the business entity that is filing the claim, hired the employee, and provided direction and remuneration to the employee at the time of injury; or as jurisdictionally defined for volunteers and other non-paid classes of employees. In a leasing situation, this would be the lessor.
Record: R21
Format: 40 A/N

05. EMPLOYER PHYSICAL PRIMARY ADDRESS 1 (PHYSICAL ADDRESS 1) – DN0019

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Record: R21
Format: 40 A/N

06. EMPLOYER PHYSICAL SECONDARY ADDRESS 2 (PHYSICAL ADDRESS 2) – DN0020

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Record: R21
Format: 40 A/N

Comment: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

07. EMPLOYER PHYSICAL CITY (CITY) – DN0021

Definition: The city of the employer's facility where the employee was employed at the time of injury.
Record: 148
Format: 15 A/N

08. EMPLOYER PHYSICAL STATE (STATE) – DN0022

Definition: The state of the employer's facility where the employee was employed at the time of injury.
Record: 148
Format: 2 A/N
Values: See <http://www.iaiaabc.org/EDI/implementation.htm>

09. EMPLOYER PHYSICAL POSTAL CODE (ZIP) – DN0023

Definition: The postal code of the employer's facility where the employee was employed at the time of injury.
Record: 148
Format: 9 A/N
Comment: For the United States and its territories, this will be the USPS zip code.

10. EMPLOYER MAILING ADDRESS 1 (MAILING ADDRESS 1) – DN0168

Definition: The primary address of the employer's mailing address as provided by the employer to the claim administrator.
Record: R21
Format: 40 A/N
Comment: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

11. EMPLOYER MAILING ADDRESS 2 (MAILING ADDRESS 2) – DN0169

Definition: The secondary address of the employer's mailing address as provided by the employer to the claim administrator.
Record: R21
Format: 40 A/N

Comment: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction. The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

12. EMPLOYER MAILING CITY (CITY) – DN0165

Definition: The city of the employer's mailing address as provided by the employer to the claim administrator.
Record: R21
Format: 15 A/N
Comment: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

13. EMPLOYER MAILING STATE (STATE) – DN0170

Definition: The state of the employer's mailing address as provided by the employer to the claim administrator.
Record: R21
Format: 2 A/N
Comment: See <http://www.iaiaabc.org/EDI/implementation.htm>
This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction.

14. EMPLOYER MAILING ZIP CODE (ZIP) – DN0167

Definition: The postal code of the employer's mailing address as provided by the employer to the claim administrator.
Record: R21
Format: 9 A/N
Comment: This may or may not be the official address of the employer's organization to receive legal documents, notices, or inquiries from the jurisdiction. For the United States and its territories, this will be the USPS zip code.

15. EMPLOYER FEIN (FEDERAL ID NUMBER) – DN0016

Definition: The Federal Employer Identification Number (FEIN) of the employer where the employee was employed at the time of the injury.
Record: 148
Format: 9 A/N

16. EMPLOYER UI NUMBER (UC ACCOUNT NUMBER) – DN0329

Definition: The unemployment insurance number assigned by the jurisdiction unemployment agency to each employer.
Record: R21
Format: 15 A/N

17. INDUSTRY CODE (NAICS) – DN0025

Definition: The code representing the nature of the employer's business which is contained in the industrial classification manual published by the Federal Office of Management and Budget.
Record: 148
Format: 6 A/N
Values: Federal Office of Management & Budget – most recent version of NAICS codes.
Comment: Click link below for codes:
http://dir.alabama.gov/docs/forms/wc_naics.pdf

18. INSURER NAME – DN0007

Definition: The legal name of the insurance company, self-insured, or group fund assuming the employer's financial responsibility for this claim.
Record: R21
Format: 40 A/N

19. INSURER FEIN (INSURER FEDERAL ID NUMBER) – DN0006

Definition: The Federal Employer Identification Number (FEIN) of the insurance company, or self-insured or group fund assuming the employer's financial responsibility for this claim.
Record: 148
Format: 9 A/N

20. TYPE INSURER CODE (TYPE INSURER) – DN0185

Definition: A code representing the type of entity providing financial responsibility for the claim and the entity's identification number.
Record: R21
Format: 1 A/N
Values: I = Insurance Co. Ins Co #
 S = Self-Insurer SI #
 G = Group Fund GF #

21. CLAIM ADMINISTRATOR NAME (FILING OFFICE NAME) – DN0188

Definition: The legal name of the entity adjusting the claim.
Record: R21
Format: 40 A/N
Comment: Always required. Name may match Insurer Name if the insurance carrier or self-insured employer is administering the claim. Otherwise, it is the entity contracted to adjust the claim on behalf of the insurance carrier or self-insured employer.

21a. SERVICE CO. # – NOT APPLICABLE FOR RELEASE 3

Definition: Identification number of the service company that handles claims for the insurance carrier.
Record: N/A
Format: 8 A/N

22. CLAIM ADMINISTRATOR MAILING PRIMARY ADDRESS (MAILING ADDRESS 1) – DN0010

Definition: The mailing address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no third party administrator.
Record: R21
Format: 40 A/N

23. CLAIM ADMINISTRATOR MAILING SECONDARY ADDRESS (MAILING ADDRESS 2) – DN0011

Definition: The mailing address of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no third party administrator.
Record: R21
Format: 40 A/N
Comment: This Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

24. CLAIM ADMINISTRATOR MAILING CITY (CITY) – DN0012

Definition: The mailing city of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no third party administrator.
Record: 148
Format: 15 A/N

25. CLAIM ADMINISTRATOR MAILING STATE CODE (STATE) – DN0013

Definition: The mailing state code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no third party administrator.
Record: 148
Format: 2 A/N
Values: See <http://www.iaabc.org/EDI/implementation.htm>

26. CLAIM ADMINISTRATOR MAILING POSTAL CODE (ZIP) – DN0014

Definition: The mailing postal code of the claim adjusting office handling the claim. This will be the carrier's claim adjusting office if there is no third party administrator.
Record: 148
Format: 9 A/N
Comment: For the United States and its territories, this will be the USPS zip code.

27. CLAIM ADMINISTRATOR FEIN (FILING OFFICE FEDERAL ID NUMBER) – DN0187

Definition: The Federal Employer Identification Number of the entity licensed or allowed by a jurisdiction to adjust a claim.
Record: R21
Format: 9 A/N
Comment: Always required. Claim Administrator FEIN may match Insurer FEIN.

28. EMPLOYEE FIRST NAME (FIRST NAME) – DN0044

Definition: The employee's legally recognized first name.
Record: 148
Format: 15 A/N
Comment: This field may only include a hyphen, apostrophe or multiple words if contained in the person's legally recognized last name.

29. EMPLOYEE MIDDLE NAME/INITIAL (MIDDLE NAME) – DN0045

Definition: The employee's legally recognized middle name or initial.
Record: R21
Format: 15 A/N

30. EMPLOYEE LAST NAME (LAST NAME) – DN0043

Definition: The employee's legally recognized last name.
Record: R21
Format: 40 A/N

Comment: This field may only include a hyphen, apostrophe or multiple words if contained in the person's legally recognized last name.

31. EMPLOYEE LAST NAME SUFFIX (LAST NAME SUFFIX) – DN0255

Definition: The legally recognized last name suffix, which is used on legal documents (Jr., Sr., II, III, etc.)
Record: R21
Format: 4 A/N

32. EMPLOYEE ID NUMBER

Definition: A number that identifies an employee based upon the Employee ID Type Qualifier – DN0270 (Type Employee ID number).
Record: R21
Format: 9 A/N for SSN (DN0042) or 15 A/N for other ID Nbrs.
Values: Employee ID Assigned by Jurisdiction (DN0154) **or** Employee Employment Visa (DN0152) **or** Employee Green Card (DN0153) **or** Employee Passport Number (DN0156) **or** Employee Social Security Number (DN0042)

33. EMPLOYEE ID TYPE QUALIFIER (TYPE EMPLOYEE ID NUMBER) – DN0270

Definition: Identifies the employee ID being transmitted.
Record: R21
Format: 1 A/N
Values: A = Employee ID Assigned by Jurisdiction (DN0154)
E = Employee Employment Visa (DN0152)
G = Employee Green Card (DN0153)
P = Employee Passport Number (DN0156)
S = Employee Social Security Number (DN0042)
Comment: There are five types of Employee ID numbers: Only one type can be sent. If SSN is known, it is preferred.

34. EMPLOYEE MAILING PRIMARY ADDRESS (MAILING ADDRESS 1) – DN0046

Definition: The mailing address for the employee.
Record: R21
Format: 40 A/N

35. EMPLOYEE MAILING SECONDARY ADDRESS (MAILING ADDRESS 2) – DN0047

Definition: The mailing address for the employee.
Record: R21
Format: 40 A/N

Comment: The Secondary Address field is for overflow text, characters that exceed the field length. It is not for formatting, such as a second address line, mail stop or PO Box. If the entire street address fits in the Primary Address field, the Secondary Address field is not used. Do not use two lines.

36.EMPLOYEE MAILING CITY (CITY) – DN0048

Definition: The city of the employee's mailing address.
Record: 148
Format: 15 A/N

37.EMPLOYEE MAILING STATE CODE (STATE) – DN0049

Definition: The state of the employee's mailing address.
Record: 148
Format: 2 A/N
Values: See <http://www.iaiaabc.org/EDI/implementation.htm>

38.EMPLOYEE MAILING POSTAL CODE (ZIP) – DN0050

Definition: The postal code of the injured worker's mailing address.
Record: 148
Format: 9 A/N
Comment: For the United States and its territories, this will be the USPS zip code.

39.EMPLOYEE PHONE NUMBER (PHONE) – DN0051

Definition: The phone number where the employee can be reached.
Record: R21
Format: 15 A/N
Comment: Standard telephone numbers are 10 numeric positions (area code and number). The additional 5 bytes should be used for a numeric extension, when applicable. The numeric extension immediately follows the 10 digit phone number and can be 0 to 5 positions in length.

40.EMPLOYEE GENDER CODE (GENDER) – DN0053

Definition: The code indicating the sex of the employee.
Record: 148
Format: 1 A/N
Values: M = Male
F = Female

41.EMPLOYEE DATE OF BIRTH (DATE OF BIRTH) – DN0052

Definition: The date the employee was born.
Record: 148
EDI Format: 8 DATE CCYYMMDD
Document Format: 6 DATE MMDDYY

42. EMPLOYEE NUMBER OF DEPENDENTS (NBR OF DEPENDENTS) – DN0055

Definition: The number of dependents relying on the employee for economic support as defined by the jurisdiction's statute.
Record: 148
Format: 2 A/N

43. EMPLOYEE MARITAL STATUS CODE (MARITAL STATUS) – DN0054

Definition: The code indicating the employee's marital status as of the date of injury.
Record: 148
Format: 1 A/N
Values: U = Unmarried, Widowed, Divorced, Single
M = Married
S = Separated
K = Unknown

44. EMPLOYEE DATE OF HIRE (DATE HIRED) – DN0061

Definition: The date the employee began his/her employment with the employer under whose coverage the claim is being filed. If there have been multiple periods of employment with the same employer, this would be the beginning date of the current employment period.
Record: 148
EDI Format: 8 DATE CCYYMMDD
Document Format: 6 DATE MMDDYY
Comment: If only employee's number of years employed is known, an appropriate date should be calculated using the Date of Injury month and 01 for the day.

45. OCCUPATION DESCRIPTION – DN0060

Definition: Identifies the employee's primary occupation at the time of the accident or injurious exposure.
Record: R21
Format: 50 A/N

46. NUMBER OF DAYS WORKED PER WEEK – DN0064

Definition: The employee's number of regularly scheduled work days per week.
Record: 148
Format: 1 N

47. WAGE – DN0062

Definition: The employee's pre-injury wage for the Wage Period as reported by the employer.
Record: 148
Format: \$9.2

48. WAGE PERIOD CODE – DN0063

Definition: A code to designate the time period upon which the reported Wage (DN0062) or Average Wage (DN0286) was based.
Record: 148
Format: 2 A/N
Values: 148 (FROI) A49 (SROI)
01 = Weekly 01 = Weekly
02 = Bi-Weekly 02 = Bi-Weekly
04 = Monthly
06 = Daily
07 = Hourly
Comment: Always required when Wage, Average Wage, or Concurrent Employer Wage (DN0143) is reported. The Wage Period Code for the concurrent employer is always equivalent to the Wage Period Code for the primary employer.

49. FULL WAGES PAID FOR DATE OF INJURY INDICATOR (RECEIVED FULL PAY FOR DAY OF INJURY?) – DN0066

Definition: Indicates whether the employer paid full wages for the date of the accident/injury or illness.
Record: 148
Format: 1 A/N
Values: Y = Yes
N = No

50. EMPLOYER PAID SALARY IN LIEU OF COMPENSATION INDICATOR (DID SALARY CONTINUE?) – DN0273

Definition: The status of whether the employer is currently paying the employee's salary in lieu of compensation caused by a work-related injury.
Record: R21
Format: 1 A/N
Values: Y = Yes
N = No
Comment: If the employer is reimbursed the full statutory amount for the benefit period paid by the employer, then the indicator should be re-set to "N".

51. DATE OF INJURY – DN0031

Definition: For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition; unless otherwise defined by statute.

Record: 148
EDI Format: 8 DATE CCYYMMDD
Document Format: 6 DATE MMDDYY

52. TIME OF INJURY – DN0032

Definition: The time of the accident/injury.

Record: 148
Format: 4 TIME HHMM
Comment: Only a valid time in military format, zeroes, or spaces are allowed in time fields. Use 24-hour military time. All zeroes in a time field is valid and equivalent to 0000 or 2400. Spaces indicate absence of data. May be left blank for occupational disease or cumulative injury.

53. TIME EMPLOYEE BEGAN WORK – NOT APPLICABLE FOR RELEASE 3

Definition: The time employee began work.

Record: N/A
Format: 4 TIME HHMM

54. INITIAL DATE DISABILITY BEGAN (DATE DISABILITY BEGAN) – DN0056

Definition: The first day on qualifying as a day of disability in the first period of disability. This will be the first day of the waiting period.

Record: 148
EDI Format: 8 DATE CCYYMMDD
Document Format: 6 DATE MMDDYY

55. EMPLOYEE DATE OF DEATH (DATE OF DEATH) – DN0057

Definition: The date the employee died.

Record: 148
EDI Format: 8 DATE CCYYMMDD
Document Format: 6 DATE MMDDYY

56. ACCIDENT SITE STREET (SITE ADDRESS) – DN0122

Definition: The street address where the accident or injury occurred.

Record: R21
Format: 40 A/N

57. ACCIDENT SITE CITY (CITY) – DN 0121

Definition: The city where the accident or injury occurred.
Record: R21
Format: 15 A/N

58. ACCIDENT SITE STATE CODE (STATE) – DN0123

Definition: A code to indicate the state where the accident or injury occurred.
Record: R21
Format: 2 A/N
Comment: See <http://www.iaiaabc.org/EDI/implementation.htm>

59. ACCIDENT SITE POSTAL CODE (ZIP) – DN0033

Definition: The postal code for the location where the accident or injury occurred.
Record: 148
Format: 9 A/N
Comment: For the United States and its territories, this will be the USPS zip code. For non-U.S. and its territories, refer to each country's postal code list.

60. ACCIDENT SITE COUNTY/PARISH (COUNTY) – DN0118

Definition: The county or parish where the accident or injury occurred.
Record: R21
Format: 20 A/N

61. ACCIDENT PREMISES CODE (INJURY OCCURRED ON EMPLOYER'S PREMISES?) – DN0249

Definition: A code to indicate the premises where the accident occurred.
Record: R21
Format: 1 A/N
Values: E = Employer
Accident occurred on employer's or lessor's premises.
L = Lessee
Accident occurred on lessee's premises.
X = Other
Accident occurred at a location other than the employer or lessee's premises.

62. DATE EMPLOYER HAD KNOWLEDGE OF THE INJURY (DATE EMPLOYER NOTIFIED) – DN0040

Definition: The earlier of the date that the accident was reported to the employer or the date that the employer had actual knowledge of an accident or injury.
Record: 148
EDI Format: 8 DATE CCYYMMDD
Document Format: 6 DATE MMDDYY

63. ACCIDENT/INJURY DESCRIPTION NARRATIVE (FOR OSHA REPORTING ONLY. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED) – DN0038

Definition: A free form description of how the accident occurred and the resulting injuries.
Record: R21
Format: 500 A/N (up to 10 occurrences of 50)

64. NATURE OF INJURY CODE – DN0035

Definition: A code corresponding to the nature of the injury sustained by the employee.
Record: 148
Format: 2 A/N
Comment: See link below for codes:
http://dir.alabama.gov/docs/forms/wcio_nature_table.

65. PART OF BODY INJURED CODE (PART OF BODY CODE) – DN0036

Definition: The code corresponding to the part(s) of the body injured.
Record: 148
Format: 2 A/N
Comment: See link below for codes:
http://dir.alabama.gov/docs/forms/wcio_part_table.pdf

66. CAUSE OF INJURY CODE – DN0037

Definition: The code corresponding to the cause of the injury based on the information available to the claim administrator.
Record: 148
Format: 2 A/N
Comment: See link below for codes:
http://dirtest.alabama.gov/docs/forms/wcio_cause_table.pdf

67. INITIAL TREATMENT CODE (INITIAL TREATMENT) – DN0039

Definition: A code identifying the extent of medical treatment received by the employee immediately following the accident.
Record: N/A
Format: 2A/N

Values: 0 = No medical treatment
 1 = Minor on-site remedies by employer medical staff
 2 = Minor clinic hospital medical remedies and
 diagnostic testing
 3 = Emergency evaluation, diagnostic testing, and
 medical procedures
 4 = Hospitalization greater than 24 hours
 5 = Future major medical/Lost time anticipated (i.e.
 hernia case)

**68. INITIAL MEDICAL PROVIDER NAME (NAME OF TREATMENT FACILITY) –
 DN0176**

Definition: The name of the facility treating the accident/injury.
 Record: N/A
 Format: 40 A/N

**69. INITIAL MEDICAL PROVIDER PHYSICAL PRIMARY ADDRESS (ADDRESS) –
 DN0180**

Definition: The address of the facility treating the accident/injury.
 Record: N/A
 Format: 40 A/N

70. INITIAL MEDICAL PROVIDER PHYSICAL CITY (CITY) – DN0177

Definition: The city of the facility treating the accident/injury.
 Record: N/A
 Format: 15 A/N

71. INITIAL MEDICAL PROVIDER PHYSICAL STATE CODE (STATE) – DN0182

Definition: The state of the facility treating the accident/injury.
 Record: N/A
 Format: 2 A/N

72. INITIAL MEDICAL PROVIDER PHYSICAL POSTAL CODE (ZIP) – DN0179

Definition: The postal code of the facility treating the
 accident/injury.
 Record: N/A
 Format: 9 A/N

**73. NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL – NOT
 APPLICABLE FOR RELEASE 3**

Definition: The name of person treating the accident/injury.
 Record: N/A
 Format: 40 A/N

**74. RETURN TO WORK TYPE CODE (HAS INJURED RETURNED TO WORK) –
 DN0189**

Definition:
Record: N/A
Format: 1 A/N

75. DATE INJURED RETURNED TO WORK (DATE) – DN0068

Definition: The first date on which the employee was released to or actually returned to work at full or reduced wages.
Record: 148; R21
EDI Format: 8 DATE CCYYMMDD
Document Format: 6 DATE MMDDYY
Comment: This date could be equal to the Date of Injury if temporary partial benefits were initially paid.

76. TIME INJURED RETURNED TO WORK (TIME) – NOT APPLICABLE FOR RELEASE 3

Definition: The time injured worker returned to work.
Record: N/A
Format: 4 A/N

77. DATE PREPARED – NOT APPLICABLE FOR RELEASE 3

Definition: The date FROI was prepared.
Record: N/A
Format: 8 A/N

78. PREPARER'S FIRST NAME – NOT APPLICABLE FOR RELEASE 3

Definition: The first name of preparer of the FROI.
Record: N/A
Format: 15 A/N

79. PREPARER'S LAST NAME – NOT APPLICABLE FOR RELEASE 3

Definition: The last name of preparer of the FROI.
Record: N/A
Format: 40 A/N

80. PREPARER'S TITLE – NOT APPLICABLE FOR RELEASE 3

Definition: The title of the preparer.
Record: N/A
Format: 40 A/N

81. PREPARER'S TELEPHONE NUMBER – NOT APPLICABLE FOR RELEASE 3

Definition: The telephone number of the preparer.
Record: N/A
Format: 15 A/N