

RELEASE 1 DEFINITIONS FOR ALABAMA FROI DOCUMENT

01. INSURED REPORT NUMBER – DN0026 –

NOT APPLICABLE FOR ALABAMA EDI PROCESSING

Definition: A number used by the insured to identify a specific claim.
Record: 148
Format: 10 A/N

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

Definition: Identifies a specific claim within a claim administrator's claims processing system.
Record: 148
Format: 25 A/N

03. OSHA LOG CASE NUMBER – NOT APPLICABLE FOR RELEASE 1

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 name the employer where the employee was employed at the time of the injury.
Record: 148
Format: 30 A/N

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

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Record: 148
Format: 30 A/N

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

Definition: The address of the employer's facility where the employee was employed at the time of the injury.
Record: 148
Format: 30 A/N

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 CODE (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 – NOT APPLICABLE FOR RELEASE 1

Definition: The primary address of the employer’s mailing address as provided by the employer to the claim administrator.
Record: N/A
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 – NOT APPLICABLE FOR RELEASE 1

Definition: The secondary address of the employer’s mailing address as provided by the employer to the claim administrator.
Record: N/A
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 –
NOT APPLICABLE FOR RELEASE 1**

Definition: The city of the employer’s mailing address as provided by the employer to the claim administrator.
Record: N/A
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 –
NOT APPLICABLE FOR RELEASE 1**

Definition: The state of the employer’s mailing address as provided by the employer to the claim administrator.
Record: N/A
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 –
NOT APPLICABLE FOR RELEASE 1**

Definition: The postal code of the employer’s mailing address as provided by the employer to the claim administrator.
Record: N/A
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 UC ACCOUNT NUMBER (UC ACCOUNT NUMBER) – DN0329 –
NOT APPLICABLE FOR RELEASE 1**

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

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: Click link below for codes:
http://dir.alabama.gov/docs/forms/wc_naics.pdf

18. INSURER NAME – DN0007

Definition: The name of the carrier or self insured assuming the employer's financial responsibility for Workers' Compensation Claims(s).

Record: 148

Format: 30 A/N

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

Definition: The FEIN of the carrier or self-insured assuming the employer's financial responsibility for Workers' Compensation Claim(s).

Record: 148

Format: 9 A/N

20. TYPE INSURER CODE (TYPE INSURER) – DN0185 – NOT APPLICABLE FOR RELEASE 1

Definition: A code representing the type of entity providing financial responsibility for the claim and the entity's identification number.

Record: N/A

Format: 1 A/N

Values: I = Insurance Co. Ins Co #
 S = Self-Insurer SI #
 G = Group Fund GF #

21. THIRD PARTY ADMINISTRATOR NAME (FILING OFFICE NAME) – DN0009

Definition: The Name of the Third Party Administrator (TPA), Independent Adjuster, contracted to adjust the claim on behalf of the Carrier or Self Insured.

Record: 148

Format: 30 A/N

21a. SERVICE CO. # – NOT APPLICABLE FOR RELEASE 1

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 administrator's processing facility for this claim.
Record: 148
Format: 30 A/N

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

Definition: The mailing address of the claim administrator's processing facility for this claim.
Record: 148
Format: 30 A/N

24. CLAIM ADMINISTRATOR MAILING CITY (CITY) – DN0012

Definition: The city of the claim administrator's processing facility's mailing address for this claim.
Record: 148
Format: 15 A/N

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

Definition: The state of the claim administrator's processing facility's mailing address.
Record: 148
Format: 2 A/N

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

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

27. THIRD PARTY ADMINISTRATOR FEIN (FILING OFFICE FEDERAL ID NUMBER) – DN0008

Definition: The FEIN of the Third Party Administrator (TPA), Independent Adjuster, contracted to adjust the claim on behalf of the Carrier or Self Insured.
Record: 148
Format: 9 A/N

28. EMPLOYEE FIRST NAME (FIRST NAME) – DN0044

Definition: The injured worker's legally recognized first name, which is used on legal documents, employment, Social Security, banking records, etc.

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 injured worker's legally recognized middle initial.

Record: 148

Format: 1 A/N

30. EMPLOYEE LAST NAME (LAST NAME) – DN0043

Definition: The injured worker's legally recognized last name, which is used on legal documents, employment, Social Security, banking records, etc.

Record: 148

Format: 30 A/N

31. EMPLOYEE LAST NAME SUFFIX (LAST NAME SUFFIX) – DN0255 – NOT APPLICABLE FOR RELEASE 1

Definition: The legally recognized last name suffix, which is used on legal documents (Jr., Sr., II, III, etc.)

Record: N/A

Format: 4 A/N

32. EMPLOYEE ID NUMBER (SOCIAL SECURITY NUMBER) – DN0042

Definition: A number assigned by the Social Security Administration used to identify the employee.

Record: 148

Format: 9 A/N

33. EMPLOYEE ID TYPE QUALIFIER (TYPE EMPLOYEE ID NUMBER) – DN0270 – NOT APPLICABLE FOR RELEASE 1

Definition: Identifies the employee ID being transmitted.

Record: N/A

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 used by the injured worker.
Record: 148
Format: 30 A/N

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

Definition: The mailing address used by the injured worker.
Record: 148
Format: 30 A/N

36. EMPLOYEE MAILING CITY (CITY) – DN0048

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

37. EMPLOYEE MAILING STATE CODE (STATE) – DN0049

Definition: The state of the injured worker'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: A telephone number where the injured worker can be reached.
Record: 148
Format: 10 A/N

40. EMPLOYEE GENDER CODE (GENDER) – DN0053

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

F = Female
U = Unknown

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

Definition: The date the injured worker was born.
Record: 148
EDI Format: CCYYMMDD
Document Format: MMDDYY

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

Definition: The number of dependents as defined by the administering jurisdiction.
Record: 148
Format: 2 A/N

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

Definition: The code which indicates the marital status of the employee.
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 injured worker began his/her employment with the employer under which the claim is being filed. If there have been multiple periods of employment, this would be the beginning date of the current employment period.
Record: 148
EDI Format: CCYYMMDD
Document Format: 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 primary occupation of the employee at the time of the accident or injurious exposure.
Record: 148
Format: 30 A/N

46. NUMBER OF DAYS WORKED PER WEEK – DN0064

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

47. WAGE – DN0062

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

48. WAGE PERIOD CODE – DN0063

Definition: A code indicating the time period during which the Wage was earned.
 Record: 148
 Format: 2 A/N
 Values: 148 (FROI) A49 (SROI)
 01 = Weekly 01 = Weekly
 02 = Bi-Weekly
 04 = Monthly 04 = Monthly
 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 full wages for the date of the accident/injury or illness were paid by the employer.
 Record: 148
 Format: 1 A/N
 Values: Y/N

50. SALARY CONTINUED IN LIEU OF COMPENSATION INDICATOR (DID SALARY CONTINUE?) – DN0067

Definition: The employer has paid or is paying the employee's salary in lieu of compensation during an absence caused by a work-related injury.
 Record: 148
 Format: 1 A/N
 Values: Y = Yes
 N = No

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: CCYYMMDD
Document Format: MMDDYY

52. TIME OF INJURY – DN0032

Definition: The time of the accident occurred.
Record: 148
Format: 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 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 1

Definition: The time employee began work.
Record: N/A
Format: HHMM

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

Definition: The first day on which the employee originally lost time from work due to the occupational injury or disease or as otherwise defined by jurisdiction.

Record: 148
EDI Format: CCYYMMDD
Document Format: MMDDYY

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

Definition: The date the injured worker died.
Record: 148
EDI Format: CCYYMMDD
Document Format: MMDDYY

56. ACCIDENT SITE STREET (SITE ADDRESS) – DN0122 – NOT APPLICABLE FOR RELEASE 1

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

Record: N/A
Format: 40 A/N

**57. ACCIDENT SITE CITY (CITY) – DN0121 –
NOT APPLICABLE FOR RELEASE 1**

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

**58. ACCIDENT SITE STATE CODE (STATE) – DN0123 –
NOT APPLICABLE FOR RELEASE 1**

Definition: A code to indicate the state where the accident or injury occurred.
Record: N/A
Format: 2 A/N

59. ACCIDENT SITE POSTAL CODE (ZIP) – DN0033

Definition: The postal code that corresponds to the location where the 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 –
NOT APPLICABLE FOR RELEASE 1**

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

**61. EMPLOYER'S PREMISES INDICATOR (INJURY OCCURRED ON
EMPLOYER'S PREMISES?) – DN0034**

Definition: An indicator to denote whether the accident occurred at the employer's address provided.
Record: 148
Format: 1 A/N
Values: Y/N

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

Definition: The date that the injury was reported to a representative of the employer.
Record: 148
EDI Format: CCYYMMDD
Document Format: MMDDYY

63. ACCIDENT / INJURY DESCRIPTION NARRATIVE (FOR OSHA REPORTING ONLY) – DN0038 – NOT APPLICABLE FOR ALABAMA EDI PROCESSING

Definition: A free form description of how the accident occurred and the resulting injuries.
Record: 148
Format: 150 A/N

64. NATURE OF INJURY CODE – DN0035

Definition: The code which corresponds to the nature of the injury sustained by the employee.
Record: 148
Format: 2 A/N
Values: Click link below for codes:
http://dir.alabama.gov/docs/forms/wcio_nature_table.pdf

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

Definition: The code which corresponds to the part of the body to which the employee sustained injury.
Record: 148
Format: 2 A/N
Values: Click link below for codes:
http://dir.alabama.gov/docs/forms/wcio_part_table.pdf

66. CAUSE OF INJURY CODE – DN0037

Definition: The code which corresponds to the cause of the injury.
Record: 148
Format: 2 A/N
Values: Click link below for codes:
http://dirtest.alabama.gov/docs/forms/wcio_cause_table.pdf

67. INITIAL TREATMENT CODE (INITIAL TREATMENT) – DN0039 – NOT APPLICABLE FOR ALABAMA EDI PROCESSING

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 – NOT APPLICABLE FOR RELEASE 1

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 – NOT APPLICABLE FOR RELEASE 1

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 – NOT APPLICABLE FOR RELEASE 1

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 – NOT APPLICABLE FOR RELEASE 1

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 – NOT APPLICABLE FOR RELEASE 1

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 1

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 – NOT APPLICABLE FOR RELEASE 1

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

75. DATE RETURN TO WORK (DATE) – DN0068

Definition: The first date on which the employee returned to work following the injury.
Record: 148
EDI Format: CCYYMMDD
Document Format: MMDDYY

76. TIME INJURED RETURNED TO WORK (TIME) – NOT APPLICABLE FOR RELEASE 1

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

77. DATE PREPARED – NOT APPLICABLE FOR RELEASE 1

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

78. PREPARER'S FIRST NAME – NOT APPLICABLE FOR RELEASE 1

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 1

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

80. PREPARER'S TITLE – NOT APPLICABLE FOR RELEASE 1

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

81. PREPARER'S TELEPHONE NUMBER – NOT APPLICABLE FOR RELEASE 1

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