

**ALABAMA Element Requirement Table
For IAIABC Claims Release 1**

08/31/2007 9:00:15 AM

M – Mandatory	Transaction will reject if element data is not present or valid.										
C – Conditional	Element is mandatory when specific conditions exist.										
O – Optional	Element data is optional but should be sent if available.										
R – Restricted	Restricted, AWCD does not accept this element data for the applicable MTC.										
			FROI MTC'S								
REC	DN#	DATA ELEMENT NAME	00	02	04	CO					
148	0001	Transaction Set ID	M								
148	0002	Maintenance Type Code	M								
148	0003	Maintenance Type Code Date	M								
148	0004	Jurisdiction	M								
148	0005	Agency Claim Number	O								
148	0006	Insurer FEIN	M								
148	0007	Insurer Name	M								
148	0008	Third Party Administrator FEIN	C								
148	0009	Third Party Administrator Name	C								
148	0010	Claim Administrator Address Line 1	M								
148	0011	Claim Administrator Address Line 2	O								
148	0012	Claim Administrator City	M								
148	0013	Claim Administrator State	M								
148	0014	Claim Administrator Postal	M								
148	0015	Claim Administrator Claim Number	M								
148	0016	Employer FEIN	M								
148	0017	Insured Name	R								
148	0018	Employer Name	M								
148	0019	Employer Address Line 1	M								
148	0020	Employer Address Line 2	O								
148	0021	Employer City	M								
148	0022	Employer State	M								
148	0023	Employer Postal Code	M								
148	0024	Self Insured Indicator	R								
148	0025	Industry Code	O								
148	0026	Insured Report Number	R								
148	0027	Insured Location Number	R								
148	0028	Policy Number	R								
148	0029	Policy Effective Date	R								
148	0030	Policy Expiration Date	R								
148	0031	Date of Injury	M								
148	0032	Time of Injury	R								
148	0033	Postal Code of Injury Site	O								

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S						
			00	02	04	CO			
148	0034	Employers Premises Indicator	M						
148	0035	Nature of Injury Code	M						
148	0036	Part of Body Injured Code	M						
148	0037	Cause of Injury Code	M						
148	0038	Accident Description/Cause	R						
148	0039	Initial Treatment	R						
148	0040	Date Employer Had Knowledge of the Injury	M						
148	0041	Date Reported to Claim Administrator	O						
148	0042	Social Security Number	M						
148	0043	Employee Last Name	M						
148	0044	Employee First Name	M						
148	0045	Employee Middle Initial	O						
148	0046	Employee Address Line 1	M						
148	0047	Employee Address Line 2	O						
148	0048	Employee City	M						
148	0049	Employee State	M						
148	0050	Employee Postal Code	M						
148	0051	Employee Phone	O						
148	0052	Employee Date of Birth	O						
148	0053	Gender Code	M						
148	0054	Marital Status Code	M						
148	0055	Number of Dependents	O						
148	0056	Date Disability Began	O						
148	0057	Employee Date of Death	C						
148	0058	Employment Status Code	R						
148	0059	Class Code	R						
148	0060	Occupation Description	O						
148	0061	Date of Hire	O						
148	0062	Wage	O						
148	0063	Wage Period	O						
148	0064	Number of Days Worked	O						
148	0065	Date Last Day Worked	R						
148	0066	Full Wages Paid for Date of Injury Indicator	O						
148	0067	Salary Continued Indicator	O						
148	0068	Date of Return to Work	O						

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			00	02	04	CO			
HD1	0001	Transaction Set ID	M						
HD1	0098	Sender ID	M						
HD1	0099	Receiver ID	M						
HD1	0100	Date Transmission Sent	M						
HD1	0101	Time Transmission Sent	M						
HD1	0102	Original Transmission Date	R						
HD1	0103	Original Transmission Time	R						
HD1	0104	Test/Production Indicator	M						
HD1	0105	Interchange Version ID	M						
TR1	0001	Transaction Set ID	M						
TR1	0106	Detail Record Count	M						