Data Requirements for First Reports of Injury
Release 1

DN#	Release 1 Data Element Name	Maintenance Type Codes: Original	Acquired / Unallocated	Cancel	Denial	Change, Correction
		00	AU	01	04	02, CO
	Transaction					
1	Transaction Set Id	M/F	M/F	M/F	M/F	M/F
2	Maintenance Type Code	M/F	M/F	M/F	M/F	M/F
3	Maintenance Type Code Date	M/F	M/F	M/F	M/F	M/F
	Jurisdiction					
4	Jurisdiction	M/F	M/F	M/F	M/F	M/F
	Insurer					
6	Insurer FEIN	M/F	M/F	M/F	M/F	M/F
7	Insurer Name	M/F	M/F		M/F	M/S
25	Industry Code**	C/S	C/S		C/S	C/S
	Claim Administrator					
8	Third Party Administrator FEIN	C/M	C/M	C/M	C/M	C/M
9	Third Party Administrator Name	C/M	C/M		C/M	C/M
10	Claim Administrator Address Line 1	M/M	M/M		M/M	M/M
11	Claim Administrator Address Line 2	C/M	C/M		C/M	C/M
12	Claim Administrator City	M/M	M/M		M/M	M/M
13	Claim Administrator State	M/M	M/M		M/M	M/M
14	Claim Administrator Postal Code*	M/F	M/F		M/F	M/F
	Employer					
16	Employer FEIN	M/S	M/S		M/S	M/S
18	Employer Name	M/S	M/S		M/F	M/S
19	Employer Address Line 1	M/M	M/M		M/M	M/M
20	Employer Address Line 2	C/M	C/M		C/M	C/M

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Data Requirements for First Reports of Injury
Release 1

Maintenance Type Codes				
Original	Acquired / Unallocated	Cancel	Denial	Change, Correction
00	**AU**	**01**	**04**	**02, CO**

DN#	Release 1 Data Element Name					
	Employer cont.					
21	**Employer City**	M/M	M/M		M/M	M/M
22	**Employer State**	M/M	M/M		M/M	M/M
23	**Employer Postal Code**	M/S	M/S		M/S	M/S
24	**Self Insured Indicator**	M/F	M/S		M/F	M/S
	Accident					
31	**Date of Injury**	M/F	C/F		M/F	M/F
33	**Postal Code of Injury Site**	M/S	M/S		M/S	M/S
35	**Nature of Injury Code**	M/S	C/S		M/S	M/S
36	**Part of Body Injured Code**	M/S	C/S		M/S	M/S
37	**Cause of Injury Code**	M/S	M/S		M/S	M/S
38	**Accident Description/Cause**	M/M	M/M		M/M	M/M
39	**Initial Treatment**	O	O		O	O
40	**Date Reported to Employer**	M/S	M/S		M/M	M/S
41	**Date Reported to Claim Administrator**	M/S	M/S		M/S	M/S
	Claim					
5	**Agency Claim Number**		C/M	C/F	C/M	C/F
15	**Claim Administrator Claim Number**	M/F	M/F	C/F	M/F	M/F
26	**Insured Report Number**	O	O		O	O
	Employee					
42	**Social Security Number****	M/S	M/S		M/S	M/S
43	**Employee Last Name**	M/F	C/F		M/F	M/S
44	**Employee First Name**	M/F	C/F		M/F	M/S
45	**Employee Middle Initial**	C/M	C/M		C/M	C/M
46	**Employee Address Line 1**	M/M	M/M		M/M	M/M
47	**Employee Address Line 2**	C/M	C/M		C/M	C/M

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Data Requirements for First Reports of Injury
Release 1

Maintenance Type Codes				
Original	Acquired / Unallocated	Cancel	Denial	Change, Correction
00	**AU**	**01**	**04**	**02, CO**

DN#	Release 1 Data Element Name					
	Employee contd.					
48	**Employee City**	M/M	M/M		M/M	M/M
49	**Employee State**	M/M	M/M		M/M	M/M
50	**Employee Postal Code**	M/M	M/M		M/M	M/M
51	**Employee Phone**	C/M	C/M		C/M	C/M
52	**Employee Date of Birth**	M/S	M/S		M/S	M/S
53	**Gender Code**	M/S	M/S		M/S	M/S
54	**Marital Status Code**	C/S	C/S		C/S	C/S
55	**Number of Dependents**	C/S	C/S		C/S	C/S
56	**Date Disability Began**	C/M	C/M		C/M	C/M
68	**Date of Return to Work**	C/M	C/M		C/M	C/M
57	**Employee Date of Death**	C/M	C/M		C/M	C/M
	Employment					
58	**Employment Status Code**	M/M	M/M		M/M	M/M
59	**Class Code**	C/S	C/S		C/S	C/S
60	**Occupation Description**	M/S	M/S		M/S	M/S
61	**Date of Hire**	M/M	M/M		M/M	M/M
62	**Wage**	C/M	C/M		C/M	C/M
63	**Wage Period**	C/S	C/S		C/S	C/S
65	**Date Last Day Worked**	C/M	C/M		C/M	C/M
67	**Salary Continued Indicator**	M/M	M/M		M/M	M/M

NOTE: *** DN14 is the Postal Code of the physical location of the Claims Administrator handling this claim.**

****DN42: if the Claims Adiministrator does not know the SSN, the resulting TE error code can be ignored.**

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