Maine Workers' Compensation Board
Release 3-FROI Data Element Requirement Table

Overview:

DRAFT 11/16/04 (please provide feedback if any)

This table provides the Maine Workers' Compensation Board business data element requirements. It defines the data element requirements for the FROI record down to the Maintenance Type Code (MTC) level. Further, it provides for element requirements that differ based on Report Type criteria established on the Maine Workers' Compensation Board Event Table.

Requirement Code Values :			
M:	Mandatory	***NA:***	Not Applicable
MC:	Mandatory/Conditional	***R:***	Restricted
E:	Expected	***F:***	Fatal
EC:	Expected/Conditional	***X:***	Exclude
IA:	If Available	***S:***	Requirements applicable to the MTC being corrected

					Maintenance Type Code (MTC)							
REC	**DN#**	**DATA ELEMENT NAME**	**FORMAT**	**00**	**01**	**02**	**CO**	**AQ**	**AU**	**UR**	**Length**	**Beg**	**End**
		FROI (148)											
148	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	3	1	3
148	0002	Maintenance Type Code	2 A/N	F	F	F	F	F	F	F	2	4	5
148	0003	Maintenance Type Code Date	DATE	F	F	F	F	F	F	F	8	6	13
148	0004	Jurisdiction Code	2 A/N	F	F	F	F	F	F	F	2	14	15
148	0005	Jurisdiction Claim Number	25 A/N	X	M	M	M	M	X	M	25	16	40
148	0006	Insurer FEIN	9 A/N	E	N/A	E	E		E	E	9	41	49
148	n/a	Filler (Not for Use)	129 A/N								129	50	178
148	0012	Claim Administrator Mailing City	15 A/N	E	E	E	E	M	E	E	15	179	193
148	0013	Claim Administrator Mailing State Code	2 A/N	E	E	E	E	M	E	E	2	194	195
148	0014	Claim Administrator Mailing Postal Code	9 A/N	E	E	E	E	M	E	E	9	196	204
148	0015	Claim Administrator Claim Number	25 A/N	M	M	M	M	IA	IA	M	25	205	229
148	0016	Employer FEIN	9 A/N	E	E	E	E	E	E	E	9	230	238
148	n/a	Filler (Not for Use)	120 A/N								120	239	358
148	0021	Employer Physical City	15 A/N	EC	E	EC	EC		EC	EC	15	359	373
148	0022	Employer Physical State Code	2 A/N	EC	E	EC	EC		EC	EC	2	374	375
148	0023	Employer Physical Postal Code	9 A/N	EC	E	EC	EC		EC	EC	9	376	384
148	n/a	Filler (Not for Use)	1 A/N								1	385	385
148	0025	Employer Industry Code (Formerly "SIC Code")	6 A/N	E	E	E	E		E	E	6	386	391
148	n/a	Filler (Not for Use)	10 A/N								10	392	401
148	0027	Insured Location Identifier	15 A/N	N/A	N/A	N/A	N/A		N/A	N/A	15	402	416
148	0028	Policy Number	18 A/N	N/A	N/A	N/A	N/A		N/A	N/A	18	417	434
148	n/a	Filler (Not for Use)	12 A/N								12	435	446
148	0029	Policy Effective Date	DATE	N/A	N/A	N/A	N/A		N/A	N/A	8	447	454
148	0030	Policy Expiration Date	DATE	N/A	N/A	N/A	N/A		N/A	N/A	8	455	462
148	0031	Date of Injury	DATE	M	M	M	M	M	M	M	8	463	470
148	0032	Time of Injury	HHMM	E	N/A	E	E		E	E	4	471	474
148	0033	Accident Site Postal Code	9 A/N	EC	N/A	EC	EC		EC	EC	9	475	483
148	n/a	Filler (Not for Use)	1 A/N								1	484	484
148	0035	Nature of Injury Code	2 A/N	E	N/A	E	E		E	E	2	485	486
148	0036	Part of Body Injury Code	2 A/N	E	N/A	E	E		E	E	2	487	488
148	0037	Cause of Injury Code	2 A/N	E	N/A	E	E		E	E	2	489	490
148	n/a	Filler (Not for Use)	150 A/N								150	491	640
148	0039	Initial Treatment Code	2 A/N	E	N/A	E	E		E	E	2	641	642
148	0040	Date Employer Had Knowledge of the Injury	DATE	E	N/A	E	E		E	E	8	643	650

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REC	**DN#**	**DATA ELEMENT NAME**	**FORMAT**	**00**	**01**	**02**	**CO**	**AQ**	**AU**	**UR**	**Length**	**Beg**	**End**
148	0041	Date Claim Administrator Had Knowledge of Injury	DATE	E	N/A	E	E		E	E	8	651	658
148	n/a	Filler (Not for Use)	39 A/N								39	659	697
148	0044	Employee First Name	15 A/N	M	M	M	M	M	M	M	15	698	712
148	n/a	Filler (Not for Use)	61 A/N								61	713	773
148	0048	Employee Mailing City	15 A/N	E	N/A	E	E		E	E	15	774	788
148	0049	Employee Mailing State Code	2 A/N	E	N/A	E	E		E	E	2	789	790
148	0050	Employee Mailing Postal Code	9 A/N	E	N/A	E	E		E	E	9	791	799
148	n/a	Filler (Not for Use)	10 A/N								10	800	809
148	0052	Employee Date of Birth	DATE	E	E	E	E	E	E	E	8	810	817
148	0053	Employee Gender Code	1 A/N	E	N/A	E	E		E	E	1	818	818
148	0054	Employee Marital Status Code	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	819	819
148	0055	Employee Number of Dependents	2 N	N/A	N/A	N/A	N/A		N/A	N/A	2	820	821
148	0056	Initial Date Disability Began	DATE	EC	N/A	EC	EC		EC	EC	8	822	829
148	0057	Employee Date of Death	DATE	EC	N/A	EC	EC		EC	EC	8	830	837
148	0058	Employment Status Code	2 A/N	N/A	N/A	N/A	N/A		N/A	N/A	2	838	839
148	0059	Manual Classification Code	4 A/N	N/A	N/A	N/A	N/A		N/A	N/A	4	840	843
148	n/a	Filler (Not for Use)	30 A/N								30	844	873
148	0061	Employee Date of Hire	DATE	E	N/A	E	E		E	E	8	874	881
148	0062	Wage	$9.2	EC	N/A	EC	EC		EC	EC	11	882	892
148	0063	Wage Period Code	2 A/N	EC	N/A	EC	EC		EC	EC	2	893	894
148	0064	Number of Days Worked Per Week	1 N	N/A	N/A	N/A	N/A		N/A	N/A	1	895	895
148	0065	Initial Date Last Day Worked	DATE	N/A	N/A	N/A	N/A		N/A	N/A	8	896	903
148	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	E	N/A	E	E		E	E	1	904	904
148	n/a	Filler (Not for Use)	1 A/N								1	905	905
148	0068	Initial Return to Work Date	DATE	EC	N/A	EC	EC		EC	EC	8	906	913
		FROI 148 Companion (R21 Enhancement Record)											
R21	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	3	1	3
R21	0295	Maintenance Type Correction Code	2 A/N	X	X	X	F		X	X	2	4	5
R21	0296	Maintenance Type Correction Code Date	DATE	X	X	X	F		X	X	8	6	13
R21	n/a	Filler (Not for Use)	8 A/N								8	14	21
R21	0186	Jurisdiction Branch Office Code	2 A/N	N/A	N/A	N/A	N/A		N/A	N/A	2	22	23
R21	0015	Claim Administrator Claim Number	25 A/N	M	M	M	M	IA	M	M	25	24	48
R21	0187	Claim Administrator FEIN	9 A/N	M	M	M	M	M	M	M	9	49	57
R21	0188	Claim Administrator Name	40 A/N	E	E	E	E	E	E	E	40	58	97
R21	0135	Claim Administrator Mailing Information/Attention Lir	50 A/N	IA	IA	IA	IA	IA	IA	IA	50	98	147
R21	0010	Claim Administrator Mailing Primary Address	40 A/N	E	E	E	E	E	E	E	40	148	187
R21	0011	Claim Administrator Mailing Secondary Address	40 A/N	IA	IA	IA	IA	IA	IA	IA	40	188	227
R21	0136	Claim Administrator Mailing Country Code	3 A/N	N/A	N/A	N/A	N/A		N/A	N/A	3	228	230
R21	0270	Employee ID Type Qualifier	1 A/N	M	M	M	M		M	M	1	231	231
*R21	*	Employee ID	**15 A/N	N/A	N/A	N/A	N/A		N/A	N/A	15	232	246
*	0042	Employee SSN	**	EC	MC	EC	EC	MC	EC	EC			
*	0153	Employee Green Card	**	EC	MC	EC	EC	MC	EC	EC			
*	0152	Employee Employment Visa	**	EC	MC	EC	EC	MC	EC	EC			
*	0154	Employee ID Assigned by Jurisdiction	**	EC	MC	EC	EC	MC	EC	EC			
*	0156	Employee Passport Number	**										
R21	0255	Employee Last Name Suffix	4 A/N	N/A	N/A	N/A	N/A		N/A	N/A	4	247	250
R21	0150	Employee Authorization to Release Medical Records	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	251	251
R21	0157	Employee Social Security Number Release Indicator	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	252	252
R21	0043	Employee Last Name	40 A/N	M	M	M	M	M	M	M	40	253	292

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REC	**DN#**	**DATA ELEMENT NAME**	**FORMAT**	**00**	**01**	**02**	**CO**	**AQ**	**AU**	**UR**	**Length**	**Beg**	**End**
R21	0045	Employee Middle Name/Initial	15 A/N	IA	N/A	IA	IA		IA	IA	15	293	307
R21	0046	Employee Mailing Primary Address	40 A/N	E	E	E	E		E	E	40	308	347
R21	0047	Employee Mailing Secondary Address	40 A/N	IA	IA	IA	IA		IA	IA	40	348	387
R21	0155	Employee Mailing Country Code	3 A/N	N/A	N/A	N/A	N/A		N/A	N/A	3	388	390
R21	0051	Employee Phone Number	15 A/N	E	E	E	E		E	E	15	391	405
R21	0146	Death Result of Injury Code	1 A/N	EC	N/A	EC	EC		EC	EC	1	406	406
R21	0290	Type of Loss Code	2 A/N	E	N/A	E	E		E	E	2	407	408
R21	0228	Return to Work with Same Employer Indicator	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	409	409
R21	0189	Return to Work Type Code	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	410	410
R21	0224	Physical Restrictions Indicator	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	411	411
R21	0314	Insured FEIN	9 A/N	MC	MC	MC	MC	MC	MC	MC	9	412	420
R21	0017	Insured Name	40 A/N	EC	N/A	EC	EC	EC	EC	EC	40	421	460
R21	0184	Insured Type Code	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	461	461
R21	0026	Insured Report Number	25 A/N	N/A	N/A	N/A	N/A		N/A	N/A	25	462	486
R21	n/a	Filler (Not for Use)	A/N								9	487	495
R21	0007	Insurer Name	40 A/N	E	N/A	E	E	E	E	E	40	496	535
R21	0185	Insurer Type Code	1 A/N	E	N/A	E	E		E	E	1	536	536
R21	0292	Insolvent Insurer FEIN	9 A/N	N/A	N/A	N/A	N/A		N/A	N/A	9	537	545
R21	n/a	Filler (Not for Use)	A/N								1	546	546
R21	0250	Self Insurer Authorization Type Code	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	547	547
R21	0239	Self Insurance License/Certificate Number	30 A/N	N/A	N/A	N/A	N/A		N/A	N/A	30	548	577
R21	0249	Accident Premises Code	1 A/N	EC	N/A	EC	EC		EC	EC	1	578	578
R21	0118	Accident Site County/Parish	20 A/N	N/A	N/A	N/A	N/A		N/A	N/A	20	579	598
R21	0119	Accident Site Location Narrative	50 A/N	EC	N/A	EC	EC		EC	EC	50	599	648
R21	0120	Accident Site Organization Name	50 A/N	EC	N/A	EC	EC		EC	EC	50	649	698
R21	0121	Accident Site City	15 A/N	EC	N/A	EC	EC		EC	EC	15	699	713
R21	0122	Accident Site Street	40 A/N	EC	N/A	EC	EC		EC	EC	40	714	753
R21	0123	Accident Site State Code	2 A/N	EC	N/A	EC	EC		EC	EC	2	754	755
R21	0280	Accident Site Country Code	3 A/N	N/A	N/A	N/A	N/A		N/A	N/A	3	756	758
R21	0281	Date Employer Had Knowledge of Initial Disability	DATE	MC	N/A	MC	MC		MC	MC	8	759	766
R21	n/a	Filler (Not for Use)	1 A/N								1	767	767
R21	0018	Employer Name	A/N	M	M	M	M	M	M	M	40	768	807
R21	0329	Employer UI Number	15 A/N	E	M	M	M	M	E	M	15	808	822
R21	0019	Employer Physical Primary Address	40 A/N	EC	N/A	EC	EC		EC	EC	40	823	862
R21	0020	Employer Physical Secondary Address	40 A/N	IA	N/A	IA	IA		IA	IA	40	863	902
R21	0164	Employer Physical Country Code	3 A/N	E	N/A	E	E		E	E	3	903	905
R21	0159	Employer Contact Business Phone Number	15 A/N	IA	N/A	IA	IA		IA	IA	15	906	920
R21	0160	Employer Contact Name	40 A/N	E	N/A	E	E		E	E	40	921	960
R21	n/a	Filler (Not for Use)	A/N								80	961	1040
R21	0162	Employer Contact FAX Number	10 A/N	NA	N/A	NA	NA		NA	NA	10	1041	1050
R21	0163	Employer Mailing Information/Attention Line	50 A/N	NA	N/A	NA	NA		NA	NA	50	1051	1100
R21	0165	Employer Mailing City	15 A/N	E	N/A	E	E		E	E	15	1101	1115
R21	0166	Employer Mailing Country Code	3 A/N	NA	N/A	NA	NA		NA	NA	3	1116	1118
R21	0167	Employer Mailing Postal Code	9 A/N	E	N/A	E	E		E	E	9	1119	1127
R21	0168	Employer Mailing Primary Address	40 A/N	E	N/A	E	E		E	E	40	1128	1167
R21	0169	Employer Mailing Secondary Address	40 A/N	IA	IA	IA	IA		IA	IA	40	1168	1207
R21	0170	Employer Mailing State Code	2 A/N	E	N/A	E	E		E	E	2	1208	1209
R21	n/a	Filler (Not for Use)	A/N								50	1210	1259
R21	0060	Occupation Description	50 A/N	N/A	N/A	N/A	N/A		N/A	N/A	50	1260	1309

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					Maintenance Type Code (MTC)								
REC	**DN#**	**DATA ELEMENT NAME**	**FORMAT**	**00**	**01**	**02**	**CO**	**AQ**	**AU**	**UR**	**Length**	**Beg**	**End**
R21	0199	Full Denial Effective Date	DATE	X	X	X	X		X	X	8	1310	1317
R21	n/a	Filler (Not for Use)	A/N								149	1318	1466
R21	0522	ICD-9 CM Diagnosis Code	6 A/N	N/A	N/A	N/A	N/A		N/A	N/A	6	#REF!	#REF!
R21	n/a	Filler (Not for Use)	8 A/N								8	#REF!	#REF!
R21	0073	Claim Status Code	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	#REF!	#REF!
R21	0074	Claim Type Code	1 A/N	M	N/A	M	M		M	M	1	#REF!	#REF!
R21	0077	Late Reason Code	2 A/N	N/A	N/A	N/A	N/A		N/A	N/A	2	#REF!	#REF!
R21	0273	Employer pd salary in Lieu of Compensation Indicat	1 A/N	N/A	N/A	N/A	N/A		N/A	N/A	1	#REF!	#REF!
R21	n/a	Filler (Not for Use)	105 A/N								105	#REF!	#REF!
Variable Segment Counters													
R21	0274	Number of Accident/Injury Description Narratives	2 N	F	F	F	F		F	F	2	#REF!	#REF!
R21	0277	Number of Denial Reason Codes	2 N	N/A	N/A	N/A	N/A		N/A	N/A	2	#REF!	#REF!
R21	0276	Number of Denial Reason Narratives	2 N	N/A	N/A	N/A	N/A		N/A	N/A	2	#REF!	#REF!
R21	0278	Number of Managed Care Organizations	2 N	N/A	N/A	N/A	N/A		N/A	N/A	2	#REF!	#REF!
R21	0279	Number of Witnesses	2 N	N/A	N/A	N/A	N/A		N/A	N/A	2	#REF!	#REF!
Variable Segments													
	Accident/Injury Description Narratives												
R21	0038	Accident/Injury Description Narrative	50 A/N	E	N/A	E	E		E	E	50	1	50
	Full Denial Reason Codes												
R21	0198	Full Denial Reason Code	2 A/N	X	X	N/A	N/A		X	X	2	1	2
	Full Denial Reason Narratives												
R21	0197	Full Denial Reason Narrative	50 A/N	X	X	N/A	N/A		X	X	50	1	50
	Managed Care Organizations												
R21	0207	Managed Care Organization Code	2 A/N	N/A	N/A	N/A	N/A		N/A	N/A	2	1	2
R21	0209	Managed Care Organization Name	40 A/N	N/A	N/A	N/A	N/A		N/A	N/A	40	3	42
R21	0208	Managed Care Organization Identification Number	9 A/N	N/A	N/A	N/A	N/A		N/A	N/A	9	43	51
	n/a	Filler (Not for Use)	20 A/N	N/A	N/A	N/A	N/A		N/A	N/A	20	52	17
	Witnesses												
R21	0238	Witness Name	40 A/N	N/A	N/A	N/A	N/A		N/A	N/A	40	1	40
R21	0237	Witness Business Phone Number	15 A/N	N/A	N/A	N/A	N/A		N/A	N/A	15	41	55
R21	n/a	Filler (Not for Use)	20 A/N	N/A	N/A	N/A	N/A		N/A	N/A	20	56	75