

Proprietary EDI First Report of Injury Element Requirement Table

- A mandatory field means that the First Report will be returned to the employer/insurer for completion. A claim will not be started in the WCB system.

An Expected box means that a claim will be started in the WCB system and missing information will be identified as an error. All errors/missing data must be submitted within 14 days.

- All other boxes should be completed if information is known.

* The number before each line below corresponds to the box # on the Me WCB-1 Form

1. Enter WCB file number (if known). Mandatory when filing a Corrected Prior Report (box 7a check yes).

In the Reason for Report section, it is mandatory that at least one box from 2(a) through 7(a) be checked-marked. If FROI is not a lost time, lost earnings, Med only, or corrected report, Report Only (character position 1698) must be yes.

2(a). Reason Lost Time - If 2(a) is yes, then 2(b) is Mandatory.

5. Death - If 5 is check-marked, then Date of Death is Mandatory.

8. UIAN - Mandatory

9. FEIN - Expected

10. Employer Name - Mandatory

11. Employer Mailing Address - Expected

12. Employer Mailing City - Expected

13. Employer Mailing State - Expected

14. Employer Mailing Zip - Expected

17. Employer Physical Location - Expected if physical location is different from mailing address

18. Injury Location - Expected give location if injury did not occur on employer's premises

Insurer or Self-administered (one must checked) - Expected

* If Insurer or Self-administered box is check-marked, then boxes 19, 22, 23, 24, and 25 are Expected.

* If sender is a Claims administrator, positions 1699-1903 in the EDI FROI layout must be filled in.

27. Employee Last Name - Mandatory

28. Employee First Name - Mandatory

31. Employee SSN - Mandatory

32. Employee Gender - Expected

33. Employee Address - Expected

34. Employee City - Expected

35. Employee State - Expected

36. Employee ZIP - Expected

37. Employee Date of Birth - Expected

- 41. Employee Work for Another Employer - Expected
- 42. Date of Injury - Mandatory
- 43. Incapacity Date - Mandatory if boxes 2(a) is check-marked.
- 45. Date ER Notified Insurer - Expected if Insurer or TPA box check-marked. Not Expected if Self-administered box is checked
- 46. Time of Injury - Mandatory
- 47. Return to Work Date - Expected if 2(a) is checked. If box 47 is yes, must provide a date.
- 48. Specific Injury - Expected
- 49. Body Part Affected - Expected
- 52. Injury Events - Expected
- 58. Preparer - Expected
 - Report Only, used only when claim is not LT, MO, or any other codes listed in boxes 2 – 6.
 - All Claim Administer Information – Expected (if applicable)