

IAIABC Claims Release 3 First Report of Injury Event Table

The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

| Release | Report Type | Maintenance Type | | Event Rule | | | Report Trigger | | When is the Report Due? | | | Paper Form(s) | Receiver |
|---------|-------------|------------------|-----------------------|------------------------|------------------------------------|------|-------------------------|--|-------------------------|-------------------|------------------------------|------------------------|-----------|
| | | Code | Description | Criteria | From | Thru | Criteria | Trigger Value | Value | Due Type | From | | |
| 3 | FROI | 00 | Original | 3=Jurisdiction Defined | Trading Partner R3 Production Date | | B= Cuml Med \$ | Medical expense exceeds \$2,500.00 per R67-411.C(2) | 10 | C = Calendar Days | J= Report Trigger | NA | |
| | | | | | | OR | C= Lost Time | Lost time exceeds 7 calendar days per R67-411.C(2) | 10 | C = Calendar Days | F= Carrier Notification | NA | |
| | | | | | | OR | J= Jurisdiction Defined | Permanency is anticipated per R67-411.C(2) | 10 | C = Calendar Days | F= Carrier Notification | NA | |
| | | | | | | OR | J= Jurisdiction Defined | Denial of claim in full or in part per R67-411.C(3) | 10 | C= Calendar Days | F= Carrier Notification | Form 19, Denial Letter | EE, SCWCC |
| | | | | | | OR | Q= Employee Death | Fatality as a result of injury per R67-411.C(4) | 10 | C= Calendar Days | F= Carrier Notification | NA | |
| | | | | | | OR | J= Jurisdiction Defined | SCWCC Requested FROI / Form 12A by letter | 10 | C= Calendar Days | E= Jurisdiction Notification | NA | |
| 3 | FROI | 02 | Change | 3=Jurisdiction Defined | Trading Partner R3 Production Date | | M= MTC Defined | Any change initiated by the administrator of FROI data elements that are indicated with a FY, Y or YC on the FROI Element Requirement Table | | | H= Immediate | NA | |
| 3 | FROI | AU | Acquired/ Unallocated | 3=Jurisdiction Defined | Trading Partner R3 Production Date | | M= MTC Defined | Acquisition of claim from another administrator where cumulative medical expense exceeds \$2,500, lost time exceeds 7 days or permanency is indicated. | | | H= Immediate | NA | |
| 3 | FROI | AU | Acquired/ Unallocated | 3=Jurisdiction Defined | Trading Partner R3 Production Date | | M= MTC Defined | Re-opening of claim which was in 'closed' status at the time of acquisition from another administrator | | | H= Immediate | NA | |
| 3 | FROI | CO | Correction | 3=Jurisdiction Defined | Trading Partner R3 Production Date | | M= MTC Defined | Correction of errors in response to FROI TE acknowledgment | | | H= Immediate | NA | |

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|---------|-------------|------------------|-------------|------------|------|------|----------------|---------------|-------------------------|----------|------|---------------|----------|
| | | Code | Description | Criteria | From | Thru | Criteria | Trigger Value | Value | Due Type | From | | |

Release

IAIABC Claims Release number

Event Rule Criteria

- 1=Date of Injury
- 2=EDI Mandate Date
- 3=Jurisdiction defined

Report Trigger Criteria Codes

- A = New Claim
- B = Cumulative Medical \$ Paid
- C = Lost Time
- D = Cumulative Wage Replacement
- E = Days Open
- F = Formula
- J = Jurisdiction Defined
- L = Determination of Compensable Death
- M = MTC Defined
- N = Cumulative Indemnity \$ Paid
- Q = Employee Death

Report Due Type

- B = Business Days
- C = Calendar Days

Report Due From Code

- A = From Date of Accident/Injury
- B = From Date of Disability
- C = From Employer Notification
- D = From Administrator Notification
- E = From Jurisdiction Notification
- F = From Carrier Notification
- G = From Initial Payment (IP)
- H = Immediate
- I = From Date of Death
- J = From Report Trigger
- K = Prior to Final Report (FN)

Receiver Codes

- EE = Employee
- ER = Employer
- PR = Provider
- Others as defined by jurisdiction