

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		
1	FROI	00	Original	2= EDI Mandate Date	6/18/1996		B= Cuml Med \$	Medical expsne exceeds \$2,500.00 per R67-411.C(2)	10	B= Business Days	J= Report Trigger	NA	
						OR	C= Lost Time	Lost time exceeds 7 calendar days per R67-411.C(2)	10	B= Business Days	C= Employer Notification	NA	
						OR	J= Jurisdiction Defined	Permanency is anticipated per R67-411.C(2)	10	B= Business Days	C= Employer Notification	NA	
						OR	Q= Employee Death	Fatality as a result of injury per R67-411.C(4)	10	C= Calendar Days	C= Employer Notification	NA	
						OR	J= Jurisdiction Defined	SCWCC Requested FROI / Form 12A by letter	10	C= Calendar Days	E= Jurisdiction Notification	NA	
1	FROI	01	Cancel	2= EDI Mandate Date	6/18/1996		M= MTC Defined		10	C= Calendar Days	J= Report Trigger	Form 19	SC
1	FROI	02	Change	2= EDI Mandate Date	6/18/1996		M= MTC Defined	Info Change			H= Immediate	NA	
1	FROI	04	Denial	2= EDI Mandate Date	6/18/1996		M= MTC Defined	Denial of claim in full or in part per R67-411.C(3)	10	B = Business Days	J= Report Trigger	Denial Letter Form 19	EE SC
1	FROI	AU	Acquired/ Unallocated	2= EDI Mandate Date	6/18/1996		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	
1	FROI	CO	Correction	2= EDI Mandate Date	6/18/1996		M= MTC Defined	Info Correction in response to a non-critical error			H= Immediate	NA	

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<u>Release</u>	<u>Event Rule Criteria</u>	<u>Report Trigger Criteria Codes</u>	<u>Report Due Type</u>	<u>Receiver Codes</u>
IAIABC Claims Release number	1=Date of Injury 2=EDI Mandate Date 3=Jurisdiction defined	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	B = Business Days C = Calendar Days <u>Report Due From Code</u> 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)	EE = Employee ER = Employer PR = Provider Others as defined by jurisdiction