

STATE OF MONTANA
 EDI Implementation Guide

First Report of Injury - Release 1 - MCO Table

DATA NUMBER	ELEMENTS	REQ
0001	Transaction Set ID	M
0002	Maintenance Type Code	M
0003	Maintenance Type Code Date	M
0004	Jurisdiction	M
0005	Agency Claim Number	OM
0006	Insurer FEIN	M
0007	Insurer Name	M
0008	Third Party Administrator FEIN	O
0009	Third Party Administrator Name	O
0010	Claim Administrator Address LINE 1	O
0011	Claim Administrator Address LINE 2	O
0012	Claim Administrator City	O
0013	Claim Administrator State	O
0014	Claim Administrator Postal Code	O
0015	Claim Administrator Claim Number	M
0016	Employer FEIN	M
0017	Insured Name	O
0018	Employer Name	M
0019	Employer Address LINE 1	O
0020	Employer Address LINE 2	O
0021	Employer City	M
0022	Employer State	O
0023	Employer Postal Code	O
0024	Self Insured Indicator	O
0025	SIC Code	O
0026	Insured Report Number	O
0027	Insured Location Number	O
0028	Policy Number	O
0029	Policy Effective	O
0030	Policy Expiration	O
0031	Date of Injury	M
0032	Time of Injury	O
0033	Postal Code of Injury Site	O
0034	Employers Premises Indicator	O
0035	Nature of Injury Code	M
0036	Part of Body Injured Code	M
0037	Cause of Injury Code	M
0038	Accident Description/Cause	O
0039	Initial Treatment	O
0040	Date Reported to Employer	O
0041	Date Reported to Claim Administrator	O
0042	Social Security Number	M

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0043	Claimant Last Name	M
0044	Claimant First Name	M
0045	Claimant Middle Initial	O
0046	Claimant Address LINE 1	O
0047	Claimant Address LINE 2	O
0048	Claimant City	M
0049	Claimant State	M
0050	Claimant Postal Code	M
0051	Claimant Phone	O
0052	Date of Birth	O
0053	Gender Code	O
0054	Marital Status Code	O
0055	Number of Dependents	O
0056	Date Disability Began	O
0057	Date of Death	O
0058	Employment Status Code	O
0059	Class Code	M
0060	Occupation Description	O
0061	Date of Hire	O
0062	Wage	O
0063	Wage Period	O
0064	Number of Days Worked	O
0065	Date Last Day Worked	O
0066	Full Wages Paid for Date of Injury Indicator	O
0067	Salary Continued Indicator	O
0068	Date of Return to Work	O

Data element 0005 is listed as OM because it is not required on an original FROI submission, but it is Mandatory on the submission of a Correction* (Maintenance Type Code CO) or Change (Maintenance Type Code 02) FROI.

*Montana does not return TE (Transaction Accepted with Errors) on acknowledgements at this time so we would not expect any SROIs sent with Maintenance Type Code of CO.