

FROI and SROI 02 Mapping Reference Sheet

Fields marked with a “Yes” may generate a Forms Solution form (LIBC 495, 496, 501, or 502) when updated. Fields marked with a “No” will not generate a form when updated. Fields marked NA are not applicable for that submission method.

Data Element Name and Number	Web Portal	Flat File
Accident Site County/Parish (DN0118)	Yes	Yes
Accident Site Postal Code (DN0033)	No	No
Accident/Injury Description Narrative (DN0038)	Yes	Yes
Actual Reduced Earnings (DN0124)	No	No
Agreement to Compensate Code (DN0075)	Yes	Yes
Anticipated Wage Loss Indicator (DN0201)	No	No
Average Wage (DN0286)	Yes	Yes
Award/Order Date (DN0299)	No	No
Benefit Adjustment Code (DN0092)	No	No
Benefit Adjustment End Date (DN0125)	No	No
Benefit Adjustment Start Date (DN0094)	No	No
Benefit Adjustment Weekly Amount (DN0093)	Yes	Yes
Benefit Credit Code (DN0126)	No	No
Benefit Credit End Date (DN0128)	No	No
Benefit Credit Start Date (DN0127)	No	No
Benefit Credit Weekly Amount (DN0129)	No	No
Benefit Payment Issue Date (DN0192)	Yes	Yes
Benefit Period Start Date (DN0088)	Yes	Yes
Benefit Period Through Date (DN0089)	Yes	Yes
Benefit Redistribution Code (DN0130)	No	No
Benefit Redistribution End Date (DN0132)	No	No
Benefit Redistribution Start Date (DN0131)	No	No
Benefit Redistribution Weekly Amount (DN0133)	No	No
Benefit Type Amount Paid (DN0086)	No	No
Benefit Type Claim Days (DN0091)	Yes	Yes
Benefit Type Claim Weeks (DN0090)	Yes	Yes
Benefit Type Code (DN0085)	Yes	Yes
Calculated Weekly Compensation Amount (DN0134)	Yes	Yes
Cause of Injury Code (DN0037)	No	No
Claim Administrator Alternate Postal Code (DN0200)	No	No
Claim Administrator City (DN0012)	No	No
Claim Administrator Claim Number (DN0015)	Yes	Yes
Claim Administrator Claim Representative Business Phone Number (DN0137)	Yes	Yes
Claim Administrator Claim Representative Email Address (DN0138)	No	No
Claim Administrator Claim Representative Fax Number (DN0139)	No	No

Claim Administrator Claim Representative Name (DN0140)	Yes	Yes
Claim Administrator Country Code (DN0136)	No	No
Claim Administrator FEIN (DN0187)	Yes	Yes
Claim Administrator Information/Attention Line (DN0135)	No	No
Claim Administrator Name (DN0188)	No	No
Claim Administrator Postal Code (DN0014)	No	No
Claim Administrator Primary Address (DN0010)	No	No
Claim Administrator Secondary Address (DN0011)	No	No
Claim Administrator State Code (DN0013)	No	No
Claim Status Code (DN0073)	No	No
Claim Type Code (DN0074)	Yes	Yes
Concurrent Employer Contact Business Phone (DN0142)	No	No
Concurrent Employer Name (DN0141)	No	No
Concurrent Employer Wage (DN0143)	No	No
Current Date Disability Began (DN0144)	No	No
Current Date Last Day Worked (DN0145)	No	No
Current Return to Work Date (DN0072)	No	No
Date Claim Administrator Had Knowledge of Injury (DN0041)	No	No
Date Claim Administrator Had Knowledge of Lost Time (DN0298)	No	No
Date Employer Had Knowledge of Date of Disability (DN0281)	Yes	Yes
Date Employer Had Knowledge of the Injury (DN0040)	Yes	Yes
Date of Injury (DN0031)	Yes	Yes
Date of Maximum Medical Improvement (DN0070)	No	No
Death Result of Injury Code (DN0146)	No	No
Deemed Reduced Earnings (DN0147)	No	No
Denial Reason Narrative (DN0197)	Yes	Yes
Denial Rescission Date (DN0196)	No	No
Dependent/Payee Relationship Code (DN0097)	No	No
Employee Date of Birth (DN0052)	No	No
Employee Date of Death (DN0057)	No	No
Employee Date of Hire (DN0061)	No	No
Employee First Name (DN0044)	Yes	Yes
Employee Gender Code (DN0053)	No	No
Employee ID Assigned by Jurisdiction (DN0154)	Yes	Yes
Employee ID Type Qualifier (DN0270)	NA	No
Employee Last Name (DN0043)	Yes	Yes
Employee Last Name Suffix (DN0255)	No	No
Employee Mailing City (DN0048)	Yes	Yes
Employee Mailing Country Code (DN0155)	No	No
Employee Mailing Postal Code (DN0050)	Yes	Yes
Employee Mailing Primary Address (DN0046)	Yes	Yes
Employee Mailing Secondary Address (DN0047)	Yes	Yes
Employee Mailing State Code (DN0049)	Yes	Yes
Employee Marital Status Code (DN0054)	No	No

Employee Middle Name/Initial (DN0045)	No	No
Employee Number of Dependents (DN0055)	No	No
Employee Phone Number (DN0051)	No	No
Employee SSN (DN0042)	Yes	Yes
Employer Contact Business Phone Number (DN0159)	No	No
Employer Contact Name (DN0160)	No	No
Employer FEIN (DN0016)	Yes	Yes
Employer Mailing City (DN0165)	No	No
Employer Mailing Country Code (DN0166)	No	No
Employer Mailing Information/Attention Line (DN0163)	No	No
Employer Mailing Postal Code (DN0167)	No	No
Employer Mailing Primary Address (DN0168)	No	No
Employer Mailing Secondary Address (DN0169)	No	No
Employer Mailing State Code (DN0170)	No	No
Employer Name (DN0018)	Yes	Yes
Employer Paid Salary in Lieu of Compensation Indicator (DN0273)	Yes	Yes
Employer Paid Salary Prior to Acquisition Code (DN0203)	No	No
Employer Physical City (DN0021)	No	No
Employer Physical Country Code (DN0164)	No	No
Employer Physical Postal Code (DN0023)	No	No
Employer Physical Primary Address (DN0019)	No	No
Employer Physical Secondary Address (DN0020)	No	No
Employer Physical State Code (DN0022)	No	No
Employment Status Code (DN0058)	No	No
Estimated Gross Weekly Amount Indicator (DN0172)	Yes	Yes
Full Denial Effective Date (DN0199)	Yes	Yes
Full Denial Reason Code (DN0198)	Yes	Yes
Gross Weekly Amount (DN0174)	No	No
Gross Weekly Amount Effective Date (DN0175)	No	No
Industry Code (DN0025)	No	No
Initial Date Disability Began (DN0056)	Yes	Yes
Initial Date Last Day Worked (DN0065)	No	No
Initial Date of Lost Time (DN0297)	No	No
Initial Return to Work Date (DN0068)	Yes	Yes
Insured FEIN (DN0314)	No	No
Insured Name (DN0017)	No	No
Insured Type Code (DN0184)	No	No
Insurer FEIN (DN0006)	Yes	Yes
Insurer Name (DN0007)	No	No
Insurer Type Code (DN0185)	No	No
Jurisdiction Claim Number (DN0005)	No	No
Jurisdiction Code (DN0004)	NA	No
Late Reason Code (DN0077)	Yes	Yes
Lump Sum Payment/Settlement Code (DN0293)	No	No
Maintenance Type Code Date (DN0003)	NA	No
Maintenance Type Code (DN0002)	No	No
Nature of Injury Code (DN0035)	Yes	Yes
Net Weekly Amount (DN0087)	No	No

Net Weekly Amount Effective Date (DN0211)	No	No
Non-Consecutive Period Code (DN0212)	No	No
Number of Accident/Injury Description Narratives (DN0274)	NA	No
Number of Death Dependent/Payee Relationships (DN0082)	NA	No
Number of Denial Reason Narratives (DN0276)	NA	No
Number of Full Denial Reason Codes (DN0277)	NA	No
Number of Permanent Impairments (DN0078)	No	No
Number of Reduced Earnings (DN0285)	NA	No
Number of Witnesses (DN0279)	NA	No
Occupation Description (DN0060)	No	No
Other Benefit Type Amount (DN0215)	No	No
Other Benefit Type Code (DN0216)	No	No
Part of Body Injured Code (DN0036)	Yes	Yes
Partial Denial Code (DN0294)	No	No
Payee (DN0217)	No	No
Payment Amount (DN0218)	No	No
Payment Covers Period Start Date (DN0219)	No	No
Payment Covers Period Through Date (DN0220)	No	No
Payment Issue Date (DN0195)	No	No
Payment Reason Code (DN0222)	No	No
Permanent Impairment Body Part Code (DN0083)	Yes	Yes
Permanent Impairment Percentage (DN0084)	No	No
Physical Restrictions Indicator (DN0224)	No	No
Policy Number Identifier (DN0028)	No	No
Reduced Benefit Amount Code (DN0202)	No	No
Reduced Earnings Week Number (DN0242)	No	No
Return to Work Type Code (DN0186)	No	No
Suspension Effective Date (DN0193)	No	No
Suspension Narrative (DN0233)	No	No
Time of Injury (DN0032)	No	No
Transaction Set ID (DN0001)	NA	No
Type of Loss (DN0290)	Yes	Yes