

FLORIDA DIVISION OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the DWC-1
“First Report of Injury or Illness”
To the IAIABC EDI First Report of Injury (FROI)

Note: This document is for reference purposes only and is not intended to replace Florida’s Element Requirement Table (ERT). Please refer to the ERT for all requirements.

	DWC-1 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
	<i>INSURER OR SERVICE CO/TPA'S DATE STAMP</i>				
1	Received by Claims Handling Entity	Date Claim Administrator Had Knowledge of Injury	0041	148	6-19
2	Sent to Division	Transmission Receipt Date for Acknowledged Transaction			
3	Division Received Date	Transmission Receipt Date for Acknowledged Transaction			
	<i>EMPLOYEE INFORMATION</i>				
4	Name (First)	Employee First Name	0044	148; R22	6-24
	Name (Middle)	Employee Middle Name/Initial	0045	R21; R22	6-26
	Name (Last)	Employee Last Name	0043	R21; R22	6-24
		Employee Last Name Suffix	0255	R21; R22	6-25
5	Home Address				
	Employee Mailing Address	Employee Mailing Primary Address	0046	R21	6-25
		Employee Mailing Secondary Address	0047	R21	6-25
	Employee Mailing City	Employee Mailing City	0048	148	6-25
	Employee Mailing State Code	Employee Mailing State Code	0049	148	6-25
	Employee Mailing Postal Code	Employee Mailing Postal Code	0050	148	6-25
		Employee Mailing Country Code	0155	R21	6-25
6	Telephone	Employee Phone Number	0051	R21	6-26
7	Occupation	Occupation Description	0060	R21	6-55
8	Date of Birth	Employee Date of Birth	0052	148; R22	6-23
9	Sex	Employee Gender Code	0053	148	6-24
10	Social Security Number	Employee ID Type Qualifier	0270	R21; R22	6-24

	DWC-1 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
	Division Assigned #	Employee SSN	0042	R21; R22	6-27
		Employee ID Assigned by Jurisdiction	0154	R21; R22	6-24
11	Date of Accident	Date of Injury	0031	148; A49	6-20
12	Time of Accident	Time of Injury	0032	148	6-66
13	Employee's Description of Accident	Accident/Injury Description Narrative	0038	R21	6-02
14	Illness/Injury that Occurred and	Nature of Injury Code (NCCI)	0035	148	6-50
		Cause of Injury Code (NCCI)	0037	148	6-15
15	Part of Body Affected	Part of Body Injured Code (NCCI)	0036	148	6-57
	<i>EMPLOYER INFORMATION</i>				
16	Company Name	Insured Name	0017	R21	6-37
17	D.B.A.	Employer Name	0018	R21	6-29
	Employer Street	Employer Physical Primary Address	0019	R21	6-30
		Employer Physical Secondary Address	0020	R21	6-30
	Employer City	Employer Physical City	0021	148	6-29
	Employer State	Employer Physical State Code	0022	148	6-30
	Employer Zip	Employer Physical Postal Code	0023	148; R22	6-30
		Employer Physical Country Code	0164	R21	6-30
18	Telephone	Employer Contact Business Phone Number	0159	R21	6-27
19	Employer's Location Address (if different)	Employer Physical Primary Address	0019	R21	6-30
		Employer Physical Secondary Address	0020	R21	6-30
	Location City	Employer Physical City	0021	148	6-29
	Location State	Employer Physical State Code	0022	148	6-30
	Location Zip	Employer Physical Postal Code	0023	148;R22	6-30
		Employer Physical Country Code	0164	R21	6-30
20	Location # (if applicable)	Insured Location Identifier	0027	148	6-37
21	Place of Accident				

	DWC-1 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONAR Y (1-1-09) PAGE #
	Place of Accident Street	Accident Site Street	0122	R21	6-03
	Place of Accident City	Accident Site City	0121	R21	6-02
	Place of Accident State	Accident Site State Code	0123	R21	6-03
	Place of Accident Zip	Accident Site Postal Code	0033	148	6-03
		Accident Site Country Code	0280	R21	6-02
		Accident Site Location Narrative	0119	R21	6-02
22	County of Accident	Accident Site County/Parish	0118	R21	6-02
23	Federal ID Number	Employer FEIN	0016	148; R22	6-27
24	Nature of Business	N/A			
25	Date Employed	Employee Date of Hire	0061	148	6-23
26	Last Date Employee Worked	Initial Date Last Day Worked	0065	148; R22	6-36
27	Returned to Work? (Y or N) If yes, give Date	N/A Initial Return to Work Date	0068	148; R22	6-36
28	Date of Death	Employee Date of Death	0057	148; A49	6-23
29	Agree w/Description of Accident	N/A			
30	Date First Reported	Date Employer Had Knowledge of the Injury	0040	148	6-20
31	Policy/Member Number	Policy Number	0028	148	6-61
32	Paid for Date of Injury	Full Wages Paid for Date of Injury Indicator	0066	148; R22	6-34
33	Will You Continue To Pay Wages Instead of Workers' Comp?	Employer Paid Salary in Lieu of Compensation Indicator	0273	R21:R22	6-29
34	Last Day Wages will be Paid Instead of Workers Comp?	N/A			
35	Rate of Pay	Wage	0062	148	6-67
36	\$__ Per Hour	Wage Period (Code 7)	0063	148	6-67
37	\$__ Per Week	Wage Period (Code 1)	0063	148; A49	6-67
38	\$__ Per Day	Wage Period (Code 6)	0063	148	6-67
39	\$__ Per Month	Wage Period (Code 4)	0063	148; A49	6-67
40	Nbr. of hours per day	N/A			
41	Nbr. of hours per week	N/A			
42	Nbr. of days per week	Number of Days Worked Per Week	0064	148; A49	6-53
43	Employee/Employer Signature and Date	N/A			
44	Name, Address and Telephone of Physician or Hospital	N/A			
45	Authorized by Employer?	N/A			
	<i>INSURER OR SERVICE CO/TPA INFORMATION</i>				
46	1. (a) Denied Case - DWC-12	FROI Maintenance Type Code "04"	0002	148	6-42

	DWC-1 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONARY (1-1-09) PAGE #
47	1. (b) Indemnity Only Denied Case	FROI MTC "00"& SROI Maintenance Type Code "PD" with Partial Denial Code A	0002 0294	148, A49 R22	6-41 6-58
48	2. Medical Only which became Lost Time Case –	Claim Type Code L	0074	A49; R21	6-18
49	a) Employee's 8 th Day of Disability	Initial Date of Lost Time	0297	R22	6-36
50	b) Entity's Knowledge of 8 th Day of Disability	Date Claim Administrator Had Knowledge of Lost Time	0298	R22	6-19
51	3. Lost Time Case	Claim Type Code I	0074	A49, R21	6-18
52	1 st day of disability	Initial Date Disability Began	0056	148; A49	6-35
53	Full Salary in Lieu of Comp?	Employer Paid Salary In Lieu of Compensation Indicator	0273	R21; R22	6-29
54	Full Salary End Date	Benefit Period Through Date for Benefit Type Code 240	0089 0085	R22 R22	6-09 6-13
55	Date First Payment Mailed	Benefit Payment Issue Date and Payment Issue Date	0192 0195	R22 R22	6-08 6-59
56	AWW	Average Wage with Wage Period Code	0286 0063	R22 148; A49	6-04 6-67
57	Comp. Rate	Calculated Weekly Compensation Amount	0134	R22	6-15
58	T.T	Benefit Type Code "050"	0085	R22	6-12
59	T.T. - 80%	Benefit Type Code "051"	0085	R22	6-12
60	T.P.	Benefit Type Code "070"	0085	R22	6-12
61	I.B.	Benefit Type Code "030"	0085	R22	6-11
62	P.T.	Benefit Type Code "020"	0085	R22	6-11
63	Death	Benefit Type Code "010"	0085	R22	6-11
64	Settlement Only	Maintenance Type Code "PY" with Benefit Type Code "500" (or "5xx")	0002 0085	A49; R22 R22	6-46 6-13
65	Penalty Amount Paid in 1 st Payment \$	Other Benefit Type Amount for Other Benefit Type Code "311"	0215 0216	R22 R22	6-55 6-56
66	Interest Amount Paid in 1 st Payment \$	Other Benefit Type Code Amount for Other Benefit Type Code "321"	0215 0216	R22 R22	6-55 6-56
67	Remarks	N/A			
68	Insurer Code #	Use Insurer FEIN	0006	148; A49	6-38
69	Employee's Class Code	Manual Classification	0059	148	6-50

	DWC-1 FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD	IAIABC R3 DICTIONAR Y (1-1-09) PAGE #
		Code			
70	Employer's NAICS Code	Industry Code (NAICS 2002)	0025	148	6-35
71	Service Co./TPA Code	Use Claim Administrator FEIN	0187	R21; R22	6-16
72	Claim Handling Entity File #	Claim Administrator Claim Number	0015	148; A49; R21; R22	6-15
73	Insurer Name	Insurer Name	0007	R21	6-38
74	Claim Handling Entity Name	Claim Administrator Name	0188	R21; R22	6-17
75	Claim Handling Entity Address	Claim Administrator Primary Address	0010	R21	6-17
		Claim Administrator Secondary Address	0011	R21	6-17
		Claim Administrator City	0012	148	6-15
		Claim Administrator State Code	0013	148	6-17
		Claim Administrator Postal Code	0014	148; A49	6-17
		Claim Administrator Country Code	0136	R21	6-16
76	Claim Handling Entity Telephone	Claim Administrator Claim Representative Business Phone Number	0137	R22	6-15

Disclaimer: This Crosswalk is not a complete listing of all required data elements for filing an Electronic First Report of Injury or Illness. Please refer to Rule Chapter 69L-56 of the Florida Administrative Code for more complete information.