

Idaho Industrial Commission EDI Data Element Requirements  
 First Report of Injury Release 1  
**Idaho only accepts MTC Codes 00 (Original) and 04 (Denial)**

Mandatory - M1	Conditional - C1	Optional - O
Insurer FEIN	Disability Date	
Claim Administrator claim Number	Death Date	Injury time
Employer FEIN	Wage	Injury Zip
Employer Name	Wage Period	Employee Middle Name
Initial Treatment	Number of Days Worked	Employee Address 1
SSN	Last Worked Date	Employee City
Employee Last Name	Return To Work Date	Employee State
Employee First Name	Adjuster FEIN	Employee Zip
Transaction Set Type		Employee DOB
Maintenance Type Code		Class Code
Maintenance Type Code Date		Hire Date
Injury Date		Salary Continued Indicator
Injury Nature		TPA Name
Injured Body Part		Insurer Name
Injury Cause		Insured Name
Accident Description		Employer Address 1
Occupation Description		Employer City
Report to Employer Date		Employer State
Report to Claims Administrator Date		Employer Zip
		Self Insured Indicator
		SIC
		Policy Number
		Policy Effective Date
		Policy Expiration Date
		Employee Address 2
		Employee Phone
		Employee Gender
		Number of dependents
		Employment Status
		Full Wages Indicator