WCIO WORKERS COMPENSATION DATA SPECIFICATIONS MANUAL

WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

FOR REPORTING

DETAILED CLAIM INFORMATION, SAMPLE CONTROL/VERIFICATION AND COMMON INFORMATION CHANGE DATA

CALL FOR DETAILED CLAIM INFORMATION ELECTRONIC REPORTING SPECIFICATIONS (WCCDCI)

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WCCDCI CONTACT PAGE

WCCDCI (Workers Compensation Call for Detailed Claim information) is a data reporting program required by NCCI and Texas in accordance with NCCI Call for Detailed Information Instruction Manual and Texas Detailed Claim Information Statistical Plan respectively.

All questions regarding WCCDCI should be forwarded to NCCI and Texas.

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WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

SECTION 1

GENERAL

GENERAL SPECIFICATIONS

All insurers submitting DCI electronically have the option of using NCCI's DCI Edit Package. This edit package preprocesses the data and identifies errors prior to submission to the DCO.

Electronic submissions shall consist of up to four record types. No fields are to be signed or packed.

Detailed Claim Information Record—Record Type Code 1 Sample Control/Verification Record—Record Type Code 2 Common Information Change Record—Record Type Code 3 Submission Control Record—Record Type Code 9

A Transmittal Form must accompany each magnetic tape/cartridge submission (see WCCDCI Transmittal Instructions in General section of this manual). A copy will be returned to the insurer by the DCO as acknowledgment of receipt.

NOTE: 1. In order to reduce the number of tapes to be handled, all record types should be included on one tape.

2. Insurers within a group should submit their data on the same file.

Texas DCI Data: Insurers within a group may submit their data on the same file using individual insurer codes (do not use group carrier code).

3. Data from more than one state should be reported on the same tape.

WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

SECTION 2

ELECTRONIC REPORTING SPECIFICATIONS

TAPE SPECIFICATIONS

- 1. It is preferred that data be submitted via Tape Cartridges (3480).
- 2. For those insurers not having the ability to submit data on tape cartridges, data may also be reported on reel tapes wound in lengths of not less than 600 feet, nor more than 2,400 feet.
- 3. Tape reel or cartridge must be file-protected prior to shipment to the jurisdiction.
- 4. Reflective spots must be present and properly located.
- 5. Tape reels and cartridges must be packed properly to avoid damage in shipment.
- 6. Data must be reported on appropriate track records in a mode acceptable to the jurisdiction. The use of 9-track tapes with 6250 BPI odd parity is preferred.
- 7. Data is to be reported in 500 BYTE record images, as shown in the Record Layout Charts using EBCDIC.
- 8. Data must be blocked 12, i.e., 6000 characters per block. The final block may be a "short block"; do not fill with padding. There is to be no record mark at the end of a record, nor a group mark at the end of a block.
- 9. In addition to its external physical label, each tape or cartridge shall contain "Third Generation Computer" type internal labels generated as "Standard Labels" by IBM 360 DOS or OS operating systems.
- 10. The Submission Control Record, Record Type Code 9, will be the last record on the tape or cartridge. Only one per submission.
- 11. All tapes or cartridges shall have an external label showing the following information:
 - a. Insurer (TX)/Group (NCCI) name
 - b. Transmittal date
 - c. Operating system used to create this tape
 - d. Number of tracks on tape
 - e. Density of tape
 - f. Parity of tape
 - g. Block size
 - h. Data set name on internal label
 - i. Tape serial number
 - j. Tape sequence number
- **NOTE:** Although magnetic tape is the predominant transfer method, other electronic data submission options are available. Contact NCCI for details.

WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

SECTION 3

GENERAL RECORD SPECIFICATIONS

This section applies to the preparation and transmittal of Detailed Claim Data electronically. This section should be used in conjunction with the appropriate manual, which provides more detailed information for proper coding and submission of data.

Manuals to be used for the specific details: NCCI Call for Detailed Claim Information Instruction Manual and Texas Department of Insurance Detailed Claim Information Statistical Plan

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GENERAL RECORD SPECIFICATIONS

1. Data Field Formats

Unless otherwise specified, the following field formats shall apply:

All fields are in character mode, unsigned and unpacked.

All records are fixed in length.

All alpha (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled. These fields should be blank if not applicable or not available unless otherwise indicated.

All numeric (N) data fields are to be right-justified and left zero-filled. These fields should be zero-filled if not applicable or not available unless otherwise indicated.

All money data fields are to be rounded to the nearest whole dollar.

All RESERVED FOR FUTURE USE fields are to be left blank.

2. Record Type Descriptions

Detailed Claim Information Record—Record Type Code 1

This record type contains all individual claim information. Refer to the jurisdiction's manual indicated on page 3:1 for a more detailed explanation of each field.

Sample Control/Verification Record—Record Type Code 2

This record type performs the same functions as the Sample Control Form. It is not mandatory that insurers reporting Detailed Claim Information Records electronically also submit Sample Control information electronically; hard copies may be used in lieu of electronic submissions.

Common Information Change Record—Record Type Code 3

This record type performs the same functions as the Common Information Change Form. It is required that all Common Information Change records contain valid data in all Previously Reported fields. It is not mandatory that insurers reporting Detailed Claim Information Records electronically also submit Common Information Change information electronically; hard copies may be used in lieu of electronic submissions.

Submission Control Record—Record Type Code 9

This record type provides the total count of the individual record types, as well as the entire submission. There should be only one Submission Control Record per submission and it must be the last record on the tape. This record type is required.

Detailed Claim Information Claim Correction Record—Record Type Code A

This is the DCI Claim Correction Record produced by NCCI for insurers having requested correction reports on magnetic tape instead of hard copy. This record lists the errors found for this claim and is on this submission as a Record Type 1. Record Type 1 has the same data in Fields 2 through 11 as Fields 2 through 11 of this record.

Request for Subsequent Detailed Claim Information From NCCI Record— Record Type Code B

This is the DCI Subsequent Report Request Record generated by NCCI for insurers having requested subsequent report requests electronically instead of hard copy. The data contained in all the fields, except Field 1 (Record Type), is the same as the information last submitted by the insurer.

WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

SECTION 4

RECORD LAYOUTS AND REPORTING INSTRUCTIONS

Manuals to be used for the specific details, codes and tables: NCCI Call for Detailed Claim Information Instruction Manual, and Texas Department of Insurance Detailed Claim Information Statistical Plan

Ι.

DETAILED CLAIM INFORMATION RECORD

This record is for electronic reporting of the 85 and 86 element DCI forms.

Field No. Class **Field Title/Description** Position **Bytes** 1 RECORD TYPE CODE (N) 1 1 Report "1". 2 CARRIER CODE (N) 2 - 65 Report the 5-digit carrier code assigned by NCCI that corresponds to the company name printed on the policy Information Page and that provided the predominant coverage for the risk. For NCCI, report the individual carrier code or the group code; TX data must have the individual carrier code only. **3 POLICY NUMBER IDENTIFIER** 7-24 18 (AN) Report the alphanumeric characters used for uniquely identifying the policy. Do not report any embedded blanks, marks of punctuation or special characters. **4 POLICY EFFECTIVE DATE** (N) 25-30 6 Report the effective date of the policy, formatted YYMMDD. **5 CLAIM NUMBER IDENTIFIER** (AN) 31-48 18 Report the alphanumeric characters used for uniquely identifying the claim. Do not report any embedded blanks, marks of punctuation or special characters. 2 6 REPORT TYPE CODE (N) 49-50 Report the 2-digit code which indicates the valuation of the information being reported: Code Description 01 6 months 02 18 months 03 30 months 04 42 months 05 54 months 06 66 months 07 78 months 80 90 months 09 102 months 7 TRANSACTION CODE (N) 51 1 Report the 1-digit code that indicates the type of transaction being submitted: Code Description 1 Original 2 Revised 3 Correction 8 JURISDICTION STATE CODE (N) 52-53 2 Report the 2-digit code corresponding to the state act under which payment of benefits is being made. **9 ACCIDENT STATE CODE** 2 (N) 54-55 Report the 2-digit code corresponding to the state or foreign location in which the claimant was injured or contracted disease.

Field N	p. Field Title/Description	Class	Position	Bytes
10	REPORTED TO INSURER DATE Report the date the claim was reported to the insurer, formatted YYMMDD.	(N)	56–61	6
11	RESERVED FOR FUTURE USE Previously Social Security Number.		62–70	9
12	EMPLOYER NAICS CODE Report the 6-digit North American Industry Classification System (NAICS) code that represents the nature of the employer's business as contained in the U.S. NAICS Manual, published by the Federal Office of Management and Budget. OPTIONAL: NCCI	(N)	71–76	6
13	RESERVED FOR FUTURE USE		77–90	14
14	EMPLOYER FEDERAL TAX NUMBER Report the 9-digit Federal Tax Number assigned to each employer for federal tax purposes.	(N)	91–99	9
15	EMPLOYER SIC CODE Report the 4-digit code which represents the nature of the employer's business as contained in the Standard Industrial Classification Manual.	(N)	100–103	4
16	EMPLOYER PAYROLL CODE Report the 1-digit code which represents the range corresponding to the employer's payroll in the state of jurisdiction:	(N)	104	1
17	Code Description 1 \$0 2 \$1-\$100,000 3 \$100,001-\$1,000,000 4 \$1,000,001-\$10,000,000 5 Over \$10,000,000 INJURY SITE ZIP CODE	(AN)	105–109	5
	Report the 5-digit zip code (first five digits of the 9-digit U.S. Postal Code) that corresponds to the location where the injury occurred. If the location is outside the United States, report the first five characters in the zip code.			
18	RESERVED FOR FUTURE USE Previously Employee Name.		110-116	7
19	SEX OF CLAIMANT CODE Report the 1-digit code that indicates the sex of the claimant:	(N)	117	1
	Code Description			
	1 Male 2 Female			

3 Unknown

	No.				Position	Butoo
Field			•		Position	Bytes
2	Rep		FUS CODE it code which indicates the marital status of the claimant at the	(N)	118	1
	Cod	e Descrij	otion			
	1 2 3 4	Single, Married Separa Unknov	ted			
2		TH DATE	nant's actual or estimated date of birth, formatted YYMMDD.	(N)	119–124	6
2	Rep		on which the claimant began his/her most recent employment er, formatted YYMMDD.	(N)	125–130	6
2		UPATION erved for fut	CODE (cure use. Leave blank.	(AN)	131–132	2
2	Rep	ort the 1-cha	STATUS CODE aracter code which identifies the employment status at the time upational disease was first reported:	(AN)	133	1
	Cod	e Descrij	otion			
	1 2 3 4 5 6 7 8 9 A B C	Part-Tir Unemp On Stril Disable Retired Other Season Volunte Appren Appren	ke l			
*			ms reported to insurers 7/1/93 and subsequent ms reported to insurers 7/1/94 and subsequent			
2	Rep dise the	ort the date ase or cumu laimant wo	ENT DATE on which the injury occurred or, in the case of occupational ulative injury, the last day of exposure to substance, the last day rked without the disability or the last day of coverage under the d YYMMDD.	(N)	134–139	6
2	Rep the Bas	laimant was c Manual fo	ON CODE jit classification code that corresponds to the type of employment s engaged in at the time of injury according to the jurisdiction's or Workers Compensation and Employers Liability Insurance or independent State Manual.	(N)	140–143	4
2	Rep	T OF BOD ort the 2-dig rred.	Y CODE pit code that corresponds to the part of the body to which the injury	(N)	144–145	2

Field N	o. Field Title/Description	Class	Position	Bytes
28	NATURE OF INJURY CODE Report the 2-digit code that corresponds to the nature of the injury sustained by the claimant.	(N)	146–147	2
29	CAUSE OF INJURY CODE Report the 2-digit code that corresponds to the cause of the injury.	(N)	148–149	2
30	LOSS COVERAGE CODE 85 Element DCI form: Report the 2-digit code that corresponds to the portion of the Workers' Compensation Law under which the claim is covered.	(N)	150–151	2
	86 Element DCI form: Zero-fill. See "Loss Condition Codes" field (Position 197–206).			
31	AMOUNT OF DEPENDENTS Report the amount of children or other individuals that the claimant is legally required to financially support. (TX ONLY; otherwise, leave blank.)	(AN)	152–153	2
32	PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT Report the amount of the claimant's average weekly wage.	(N)	154–158	5
33	METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE Report the 1-digit code that indicates the method in which the pre-injury wage was determined:	(N)	159	1
	Code Description			
	 Actual Wage Estimated Wage Minimum Weekly Benefit Maximum Weekly Benefit 			
34	OTHER WEEKLY PAYMENTS AMOUNT Report the amount of additional contributions or supplements to the pre-injury weekly wage made by the employer for economic or fringe benefits.	(N)	160–164	5
35	REPORTED TO EMPLOYER DATE Report the date the claimant reported the injury to the employer, formatted YYMMDD.	(N)	165–170	6
36	SURGERY CODE Report the 1-digit code that indicates if the claimant has undergone surgery as a result of the injury.	(N)	171	1
	Code Description			
	1 Yes 2 No			
37	CLAIM STATUS CODE Report the 1-digit code which corresponds to the current status of the claim. Refer to the jurisdiction's manual for reporting Detailed Claim Information for the codes to be used in this field.	(N)	172	1
38	CLOSING DATE Report the date the claim was closed, formatted YYMMDD. If the claim is open, report 0s.	(N)	173–178	6

Field N	No. Field Title/Description		Class	Position	Bytes
39	FIRST PAYMENT DATE Report the date on which the first indemnity payment w YYMMDD. If no payments have been made, report 0s		(N)	179–184	6
40	DISABILITY START DATE Report the date of the first day on which the claimant I the injury, formatted YYMMDD. If the date is unknown report 0s.		(N)	185–190	6
41	RETURN TO WORK DATE Report the date on which the claimant first returned to If the date is unknown or there is no lost time, report 0		(N)	191–196	6
42	LOSS CONDITION CODES (Act Code, Type of Loss Code, Type of Claim Code, and Type of Settlement		(N)	197–206	10
	85 Element DCI form: Zero-fill. See "Loss Coverage C 151).	ode" field (Position 150–			
	86 Element DCI form: Report the 2-digit code for each loss, type of recovery, type of claim, and type of settle				
	ACT CODE		(N)	197–198	2
	Code Description				
	 01 State Act or Federal Act Excluding USL&HW : Health and Safety Act 02 USL&HW "F" and USL&HW Coverage on Nor 03 Coverage under the Federal Coal Mine Health 04 Coverage under the Federal Coal Mine Health 05 State Act* 05 Other Minerel Over Water () 	n-"F" classes* n and Safety Act only*			
	05 Oil and Other Mineral Over Water ()				
	 Claims reported to insurers on and after 1/1/92 for th subject to DCI. 	lese conditions are not			
	TYPE OF LOSS CODE Code Description		(N)	199–200	2
	 01 Trauma 02 Occupational Disease 03 Cumulative Injury Other than Disease 				
	TYPE OF RECOVERY CODE Code Description		(N)	201–202	2
	 01 No Recovery 02 Second Injury Fund Only 03 Subrogation Only (Third Party) 04 Subrogation with Second Injury Fund (Third 05 Joint Coverage – Without Subrogation 06 Joint Coverage – With Subrogation 	Party)			

Field N	lo.	Field Title/Description	Class	Position	Bytes
		CLAIM CODE Description	(N)	203–204	2
	01 \ 02 E 03 \ 04 L 05 E	Workers Compensation only Employers Liability only Workers Compensation including Employers Liability Liability Over Excess Benefits Excess Special Compensation			
		SETTLEMENT CODE Description	(N)	205–206	2
	03 5 04 F 05 L 06 0 07 F 08 F	Claim not subject to Settlement Stipulated Award (insurer/claimant settlement) Findings and Award (judicial award) Dismissal or take nothing (Noncompensable) Compromise Settlement No Safety Devices Exemplary Damages All Other Settlements			
43	RESERVE	D FOR FUTURE USE		207–216	10
44	Report the	CURRED INDEMNITY AMOUNT total amount of all paid plus outstanding indemnity benefits including rehabilitation.	(N)	217–224	8
45	Report the	TYPE/INJURY TYPE CODE 2-digit code that corresponds to the benefits reported in Positions and 234–238. A Benefit Type/Injury Type Code must be reported in this claims.	(N)	225–226	2
46	Report the	IEFIT AMOUNT total amount paid to date for the Benefit Type/Injury Type Code n Positions 225–226.	(N)	227–233	7
47	Report the	BENEFIT AMOUNT latest weekly benefit amount paid for the Benefit Type/Injury Type cated in Positions 225–226.	(N)	234–238	5
48	Report the	TYPE/INJURY TYPE CODE 2-digit code that corresponds to the benefits reported in Positions and 248–252.	(N)	239–240	2
49	Report the	IEFIT AMOUNT total amount paid to date for the Benefit Type/Injury Type Code n Positions 239–240.	(N)	241–247	7
50	Report the	BENEFIT AMOUNT latest weekly benefit amount paid for the Benefit Type/Injury Type cated in Positions 239–240.	(N)	248–252	5
51	Report the	TYPE/INJURY TYPE CODE 2-digit code that corresponds to the benefits reported in Positions and 262–266.	(N)	253–254	2

Field N	o. Field Title/Description	Class	Position	Bytes
52	PAID BENEFIT AMOUNT Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	255–261	7
53	WEEKLY BENEFIT AMOUNT Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	262–266	5
54	BENEFIT TYPE/INJURY TYPE CODE Report the 2-digit code that corresponds to the benefits reported in Positions 269–275 and 276–280.	(N)	267–268	2
55	PAID BENEFIT AMOUNT Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	269–275	7
56	WEEKLY BENEFIT AMOUNT Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	276–280	5
57	BENEFIT TYPE/INJURY TYPE CODE Report the 2-digit code that corresponds to the benefits reported in Positions 283–289 and 290–294.	(N)	281–282	2
58	PAID BENEFIT AMOUNT Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	283–289	7
59	WEEKLY BENEFIT AMOUNT Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	290–294	5
60	TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT Report the total amount paid to date plus anticipated future amounts to be paid for vocational rehabilitation services. (See NCCI DCI Instruction Manual for exceptions.)	(N)	295–302	8
61	PAID VOCATIONAL REHABILITATION EVALUATION EXPENSE AMOUNT Report the amount paid to date for testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement.	(N)	303–309	7
62	PAID VOCATIONAL REHABILITATION MAINTENANCE BENEFIT AMOUNT Report the amount paid to date as a maintenance benefit while the claimant is participating in a vocational rehabilitation program.	(N)	310–316	7
63	PAID VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT Report the amount paid to date for training including tuition, books, tools, transportation and additional living expenses.	(N)	317–323	7
64	OTHER VOCATIONAL REHABILITATION AMOUNT Report the amount paid to date for all other phases of the vocational rehabilitation process.	(N)	324–330	7
65	TOTAL INCURRED MEDICAL AMOUNT Report the total amount paid plus all anticipated future amounts to be paid for medical services.	(N)	331–338	8

Field No	p. Field Title/Description	Class	Position	Bytes
66	PAID HOSPITAL COSTS AMOUNT Report the amount paid to date for both in-patient and out-patient services.)	(N)	339–345	7
67	TOTAL PAYMENTS TO PHYSICIANS AMOUNT Report the amount paid to date to treating physicians including all clinic and office visits.	(N)	346–352	7
68	OTHER MEDICAL AMOUNT Report the amount paid to date for all other medical services.	(N)	353–359	7
69	POST-INJURY WEEKLY WAGE AMOUNT Report the weekly wage amount that the claimant earns upon returning to employment. (TX ONLY; otherwise, zero-fill.)	(N)	360–364	5
70	IMPAIRMENT PERCENTAGE Report the percentage of anatomic or functional abnormality or loss. If the claimant is not permanently impaired (NCCI) or has not received Impairment Benefits (TX), report 0 s. Refer to the jurisdiction's manual for clarification in reporting this field.	(N)	365–367	3
71	MAXIMUM MEDICAL IMPROVEMENT DATE Report the date after which further recovery or lasting improvements can no longer be anticipated, formatted YYMMDD.	(N)	368–373	6
72	PAID FUNERAL EXPENSE AMOUNT Report the amount paid for the funeral of the deceased employee.	(N)	374–379	6
73	PAID LUMP SUM SETTLEMENT AMOUNT Report the amount paid to the claimant in a single amount for settlement.	(N)	380–387	8
74	PAID EMPLOYERS LIABILITY AMOUNT Report the amount of benefits paid to date due to the alleged negligence of the employer. (TX ONLY; otherwise, zero-fill.)	(N)	388–395	8
75	RESERVED FOR FUTURE USE		396–413	18
76	DEDUCTIBLE CODE 85 Element DCI form: Zero-fill. See "Deductible Reimbursement Code" field (Position 418).	(N)	414–415	2
	86 Element DCI form: Report the 2-digit code that identifies if the deductible has been fully recovered or if the claim is covered under a gross deductible program:			
	Code Description			
	 No Deductible Program Deductible amount fully recovered for Net Reporting Program Deductible amount not fully recovered for Net Reporting Program Gross Deductible Program 			
77	ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE Report the 1-digit code that indicates if the claimant has an attorney or an authorized representative:	(N)	416	1
	Code Description			

Description Code

- 1 Yes
- 2 No

Field N	p. Field Title/Description	Class	Position	Bytes
78	CONTROVERTED/DISPUTED CASE CODE Report the 1-digit code that indicates whether the claim is or was ever contested or disputed for compensability and/or disability by the insurer:	(N)	417	1
	Code Description			
	1 Yes 2 No			
79	DEDUCTIBLE REIMBURSEMENT CODE 85 Element DCI form: Report the 1-digit code that indicates if the employer has reimbursed the insurer for a portion of the loss costs:	(N)	418	1
	Code Description			
	1 Yes 2 No			
	86 Element DCI form: Zero-fill. See "Deductible Code" field (Position 414–415).			
80	PRODUCT LIABILITY SUBROGATION AMOUNT Report the actual amount recovered from a product manufacturer, distributor or retailer if the insurer recovers all or part of the compensation benefits paid due to a defective product. (TX ONLY; otherwise, zero-fill.)	(N)	419–425	7
81	AUTOMOBILE LIABILITY SUBROGATION AMOUNT Report the actual amount recovered from a negligent party if the insurer recovers all or part of the compensation benefits paid due to a motor vehicle accident. (TX ONLY; otherwise, zero-fill.)	(N)	426–432	7
82	OTHER LIABILITY SUBROGATION AMOUNT Report the actual amount recovered from a third party if the insurer recovers all or part of the compensation paid on the injury. (TX ONLY; otherwise, zero-fill.)	(N)	433–439	7
83	PAID EMPLOYER LEGAL EXPENSE AMOUNT Report the amount paid to date by the employer or benefit payor for the services of the employer's attorney or authorized representative.	(N)	440–446	7
84	PAID CLAIMANT LEGAL EXPENSE AMOUNT Report the amount paid to date by the employer or benefit payor for the fee of the claimant's attorney or authorized representative. Required for TX, but optional for all other states.	(N)	447–453	7
85	PAID EXPERT WITNESS FEE AMOUNT Report the amount paid to date in a legal proceeding for expert testimony or opinion.	(N)	454–459	6
86	PAID PENALTIES AMOUNT Report the amount paid to date in fines or penalties which are payable to either the claimant or an administrative agency. (TX ONLY; otherwise, zero-fill.)	(N)	460–465	6
87	PAID ALLOCATED LOSS ADJUSTMENT EXPENSE AMOUNT Report the total amount paid to date for expenses directly attributable to a particular claim.	(N)	466–472	7

Field No	0.	Field Title/Description	Class	Position	Bytes
88	Report th	SECURITY BENEFIT OFFSET CODE ne 1-digit code that indicates whether any or all payments were offset by ecurity benefits (TX ONLY; otherwise, zero-fill.):	(N)	473	1
	Code	Description			
	1 2	Yes No			
89	Report th	LOYMENT BENEFIT OFFSET CODE the 1-digit code that indicates whether any or all payments were offset by yment benefits (TX ONLY; otherwise, zero-fill.):	(N)	474	1
	Code	Description			
	1 2	Yes No			
90	Report th	N PLAN OFFSET CODE ne 1-digit code that indicates whether any or all payments were offset by benefits (TX ONLY; otherwise, zero-fill.):	(N)	475	1
	Code	Description			
	1 2	Yes No			
91	Report th	L FUND BENEFIT OFFSET CODE ne 1-digit code that indicates whether any or all payments were offset by und benefits (TX ONLY; otherwise, zero-fill.):	(N)	476	1
	Code	Description			
	1 2	Yes No			
92	Report th	BENEFIT OFFSET CODE ne 1-digit code that indicates whether any or all payments were offset by nefits (TX ONLY; otherwise, zero-fill.):	(N)	477	1
	Code	Description			

Code Description

- 1 Yes
- 2 No

Field No.	Field Title/Description	Class	Position	Bytes
	GED CARE ORGANIZATION (MCO) TYPE CODE thent DCI form: Zero-fill this field.	(N)	478–479	2
	ent DCI form: Report the 2-digit code that corresponds to the type of ation which will administer the applicable medical losses of this claim.			
Code	Description			
00	The claim is not administered by an approved managed care			
01	organization The claim's medical losses are administered by an approved managed care organization not specifically listed in Codes 02–06 below			
02	The claim's medical losses are administered by an approved Health Maintenance Organization			
03	The claim's medical losses are administered by an approved Preferred Provider Organization			
04	The claim's medical losses are administered by an approved Exclusive Provider Organization			
05	The claim's medical losses are administered by an approved Independent Practice Association			
06	The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.			

94 RESERVED FOR FUTURE USE

480–500 21

II. SAMPLE CONTROL/VERIFICATION RECORD

Field N	o. Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "2".	(N)	1	1
2	CARRIER CODE Report the 5-digit individual carrier code or group code assigned by NCCI that corresponds to the company name printed on the policy Information Page and that provided the predominant coverage for the risk. For NCCI, report the individual carrier code or the group code.	(N)	2–6	5
3	TRANSACTION CODE Report the 1-digit code that indicates the type of transaction being submitted: Code Description 1 Original 2 Revised	(N)	7	1
	3 Correction			
4	REPORT DATE Report the date corresponding to sample control submission, formatted YYMM.	(N)	8–11	4
5	JURISDICTION STATE CODE Report the 2-digit code corresponding to the state under which the claims will be reported.	(N)	12–13	2
6	INDEMNITY CLAIMS ARISING TOTAL Report the total number of indemnity claims arising during the report date in the particular jurisdiction state (Position 12–13).	(N)	14–18	5
7	POTENTIAL DCI CLAIMS AMOUNT Report the amount of claims identified as potential DCI claims using the insurer's chosen method of primary sampling.	(N)	19–23	5
8	OPEN INDEMNITY CLAIMS AMOUNT Report the amount of open indemnity claims contained in the Potential DCI Claims Amount (Position 19–23).	(N)	24–28	5
9	CLOSED PERMANENT PARTIAL INDEMNITY CLAIMS OR CLOSED NON-TEMPORARY TOTAL/TEMPORARY PARTIAL INDEMNITY CLAIMS AMOUNT For claims reported to your company before January 1, 1995, report the amount	(N)	29–33	5
	of closed permanent partial claims contained in Position 19–23. For claims reported to your company on or after January 1, 1995, report the amount of non-temporary total/temporary partial claims contained in Position 19–23.			
10	CLOSED NON-PERMANENT PARTIAL INDEMNITY CLAIMS OR CLOSED TEMPORARY TOTAL/TEMPORARY PARTIAL INDEMNITY CLAIMS AMOUNT For claims reported to your company before January 1, 1995, report the amount of closed non-permanent partial indemnity claims contained in Position 19–23. For claims reported to your company after January 1, 1995, report the amount of closed temporary total/temporary partial claims contained in Position 19–23.	(N)	34–38	5
11	SAMPLE OF FIELD 10 AMOUNT Report the amount of claims that result from the application of the random sampling procedure applied to Position 34–38.	(N)	39–43	5
12	DCI CLAIMS TOTAL Report the total number of claims that will be reported for the report period. It must equal the sum of Positions 24–28, 29–33, 39–43.	(N)	44–48	5
13	RESERVED FOR FUTURE USE		49–500	452

III. COMMON INFORMATION CHANGE RECORD

Field N	o. Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Report "3".	(N)	1	1
2	PREVIOUS CARRIER CODE Report the 5-digit carrier code assigned by NCCI which was previously reported.	(N)	2–6	5
3	PREVIOUS POLICY NUMBER IDENTIFIER Report the alphanumeric characters previously reported on the claim to identify the policy.	(AN)	7–24	18
4	PREVIOUS CLAIM NUMBER IDENTIFIER Report the alphanumeric characters previously reported to identify the claim.	(AN)	25–42	18
5	PREVIOUS REPORTED TO INSURER DATE Report the date reported to the insurer as previously reported, formatted YYMMDD.	(N)	43–48	6
6	PREVIOUS JURISDICTION STATE CODE Report the 2-digit code assigned to the state of jurisdiction previously reported.	(N)	49–50	2
7	RESERVED FOR FUTURE USE		51–52	2
8	REVISED CARRIER CODE Report the 5-digit carrier code assigned by NCCI which represents the revised carrier code. If this field is not being revised, report 0s. (For TX, use individual carrier code; otherwise, use individual carrier code or group code.)	(N)	53–57	5
9	REVISED POLICY NUMBER IDENTIFIER Report the alphanumeric characters that represent the revised policy number. If this field is not being revised, leave blank.	(AN)	58–75	18
10	REVISED CLAIM NUMBER IDENTIFIER Report the alphanumeric characters that present the revised claim number. If this field is not being revised, leave blank.	(AN)	76–93	18
11	REVISED REPORTED TO INSURER DATE Report the revised date that the claim was reported to the insurer, formatted YYMMDD. If this field is not being revised, report 0s.	(N)	94–99	6
12	REVISED JURISDICTION STATE CODE Report the 2-digit code that represents the revised state of jurisdiction. If this field is not being revised, report 0s.	(N)	100–101	2

III. COMMON INFORMATION CHANGE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
Report	ION REASON CODE the 2-digit code that provides the reason for deleting the claim. If the clain eing deleted, report 0s.	(N) n	102–103	2
Use the	e following codes:			
Code	Description			
01	Inclusion Error: Used when an inappropriate claim is mistakenly submitted.			
02	Controverted Claim: Used to delete claims that have been controverted with no payments made.			
03	Rebuilding Claim Records: Used in the event that an insurer needs to "rebuild" a claim by processing or deleting several reports.			
This fie Change	TAL ERROR CODE (DCO Use Only) Id contains the Fatal Error code found for this Common Information (CIC) record. Refer to the applicable DCO's Call for Detailed Claim tion manual for Fatal Error codes and descriptions.	(N)	104–105	2
15 RESEF	VED FOR FUTURE USE		106–500	397

IV. DETAILED CLAIM INFORMATION CLAIM CORRECTION RECORD

Field N	o. Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Constant "A"—This is the DCI Claim Correction Record which lists the errors found for this claim and which is on this submission as a Record Type 1 having the same data in Positions 2–70 as contained in Positions 2–70 of this record.	(AN)	1	1
2	CARRIER CODE The 5-digit carrier code submitted for this claim.	(N)	2–6	5
3	POLICY NUMBER IDENTIFIER The alphanumeric characters identifying the policy as submitted for this claim.	(AN)	7–24	18
4	POLICY EFFECTIVE DATE The effective date of the policy, formatted YYMMDD, as submitted for this claim.	(N)	25–30	6
5	CLAIM NUMBER IDENTIFIER The alphanumeric characters identifying this claim as submitted for this claim.	(AN)	31–48	18
6	REPORT TYPE CODE The 2-digit code indicating the valuation of the information reported as submitted for this claim.	(N)	49–50	2
7	TRANSACTION CODE The 1-digit code identifying the type of transaction as submitted for this claim.	(N)	51	1
8	JURISDICTION STATE CODE The 2-digit code, corresponding to the state act under which payment of benefits is being made.	(N)	52–53	2
9	ACCIDENT STATE CODE The 2-digit code, corresponding to the state or foreign location in which the claimant was injured or contracted disease, as submitted for this claim.	(N)	54–55	2
10	REPORTED TO INSURER DATE The date the claim was reported to the insurer, formatted YYMMDD, as submitted for this claim.	(N)	56–61	6
11	RESERVED FOR FUTURE USE Previously Social Security Number.		62–70	9
12	RESERVED FOR FUTURE USE		71–90	20

IV. DETAILED CLAIM INFORMATION CLAIM CORRECTION RECORD (CONT'D)

Field No.	. Field Title/Description	Class	Position	Bytes
 13 LOGICAL OR FATAL ERROR CODES FOR THIS CLAIM This field contains all the Logical and/or Fatal Errors found for this claim (as identified by the data contained in Positions 2–70 of this record). The error codes are 3 bytes each and are recorded consecutively. This field allows for up to 135 errors to be recorded. Once all the errors for this claim has been identified, the remainder of this field will be blank. 		(AN)	91–495	405
14 F	RESERVED FOR FUTURE USE		496–500	5

Field N	o. Field Title/Description	Class	Position	Bytes
1	RECORD TYPE CODE Constant "B"—This is the DCI Subsequent Report Request Record. The data contained in Positions 2–476 is the same as the information last submitted by the insurer.	(AN)	1	1
	NOTE: Positions 49–50 identifies the Subsequent Report that is due and Position 51 will always be 1 (Original).			
2	CARRIER CODE The 5-digit individual carrier code or group code number assigned by NCCI.	(N)	2–6	5
3	POLICY NUMBER IDENTIFIER The alphanumeric characters submitted for uniquely identifying the policy.	(AN)	7–24	18
4	POLICY EFFECTIVE DATE The effective date of the policy, formatted YYMMDD.	(N)	25–30	6
5	CLAIM NUMBER IDENTIFIER The alphanumeric characters submitted for uniquely identifying the claim.	(AN)	31–48	18
6	REPORT TYPE CODE The 2-digit code which indicates the valuation of the information to be reported.	(N)	49–50	2
	CodeDescription01Not Applicable0218 months0330 months0442 months0554 months0666 months0778 months0890 months09102 months			
7	TRANSACTION CODE The 1-digit code of the Report Type due:	(N)	51	1
	Code Description 1 Original			
8	JURISDICTION STATE CODE The 2-digit code corresponding to the state act under which payment of benefits is being made.	(N)	52–53	2
9	ACCIDENT STATE CODE The 2-digit code corresponding to the state or foreign location in which the claimant was injured or contracted disease.	(N)	54–55	2
10	REPORTED TO INSURER DATE The date the claim was reported to the insurer, formatted YYMMDD.	(N)	56–61	6

				Desition	Dutin
Field N		Field Title/Description	Class	Position	Bytes
11	-	VED FOR FUTURE USE sly Social Security Number, which is no longer applicable.		62–70	9
12	Report t that repr NAICS N	YER NAICS CODE he 6-digit North American Industry Classification System (NAICS) code resents the nature of the employer's business as contained in the U.S. Manual, published by the Federal Office of Management and Budget. IAL: NCCI	(N)	71–76	6
13	RESER	VED FOR FUTURE USE		77–90	14
14		YER FEDERAL TAX NUMBER igit Federal Tax Number assigned to each employer for federal tax s.	(N)	91–99	9
15	The 4-di	YER SIC CODE git code which represents the nature of the employer's business as ed in the Standard Industrial Classification Manual.	(N)	100–103	4
16	The 1-di	YER PAYROLL CODE igit code which represents the range corresponding to the employer's in the state of jurisdiction:	(N)	104	1
	1 2 3 4	Description \$0 \$1-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$10,000,000 Over \$10,000,000			
17	The 5-di correspo	SITE ZIP CODE igit zip code (first five digits of the 9-digit U.S. Postal Code) that onds to the location where the injury occurred. If the location is outside ed States, the first five characters in the zip code.	(AN)	105–109	5
18	RESER	VED FOR FUTURE USE Previousl	v Employe	110-116	7
10			(N)	117	1
10		igit code which indicates the sex of the claimant: Description Male Female Unknown	(14)	,	I
20		AL STATUS CODE igit code which indicates the marital status of the claimant at the time of	(N)	118	1
	Code	Description			
	1 2 3 4	Single, Divorced or Widowed Married Separated Unknown			

Field N	o. Field Title/Description	Class	Position	Bytes
21	BIRTH DATE The claimant's actual or estimated date of birth, formatted YYMMDD.	(N)	119–124	6
22	HIRE DATE The date on which the claimant began his/her most recent employment with the employer, formatted YYMMDD.	(N)	125–130	6
23	OCCUPATION CODE Reserved for future use. Left blank.	(AN)	131–132	2
24	EMPLOYMENT STATUS CODE The 1-character code which identifies the employment status at the time the injury or occupational disease was first reported:	(AN)	133	1
	Code Description			
	 Regular Employee Part-Time Employee Unemployed On Strike Disabled Retired Other Seasonal Worker Volunteer Worker Apprenticeship—Full-Time Apprenticeship—Part-Time Piece Worker 			
25	INJURY/ACCIDENT DATE The date on which the injury occurred or, in the case of occupational disease or cumulative injury, the last day of exposure to substance, the last day the claimant worked without the disability or the last day of coverage under the policy, formatted YYMMDD.	(N)	134–139	6
26	CLASSIFICATION CODE The 4-digit classification code that corresponds to the type of employment the claimant was engaged in at the time of injury according to the jurisdiction's Basic Manual for Workers Compensation and Employers Liability Insurance or the applicable Independent State Manual.	(N)	140–143	4
27	PART OF BODY CODE The 2-digit code that corresponds to the part of the body to which the injury occurred.	(N)	144–145	2
28	NATURE OF INJURY CODE The 2-digit code that corresponds to the nature of the injury sustained by the claimant.	(N)	146–147	2
29	CAUSE OF INJURY CODE The 2-digit code that corresponds to the cause of the injury.	(N)	148–149	2
30L	OSS COVERAGE CODE 85 Element DCI form: The 2-digit code that corresponds to the portion of the Workers' Compensation Law under which the claim is covered.	(N)	150–151	2

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86 Element DCI form: See "Loss Condition Codes" field (Positions 197-206).

Field N	o. Field Title/Description	Class	Position	Bytes
	AMOUNT OF DEPENDENTS The amount of children or other individuals that the claimant is legally required to financially support.	(AN)	152–153	2
32	PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT The claimant's average weekly wage.	(N)	154–158	5
33	METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE The 1-digit code that indicates the method in which the pre-injury wage was determined:	(N)	159	1
	CodeDescription1Actual Wage2Estimated Wage3Minimum Weekly Benefit4Maximum Weekly Benefit			
34	OTHER WEEKLY PAYMENT AMOUNTS The amount of additional contributions or supplements to the pre-injury weekly wage made by the employer for economic or fringe benefits.	(N)	160–164	5
35	REPORTED TO EMPLOYER DATE The date the claimant reported the injury to the employer, formatted YYMMDD.	(N)	165–170	6
36	SURGERY CODE The 1-digit code that indicates if the claimant has undergone surgery as a result of the injury:	(N)	171	1
	Code Description			
	1 Yes 2 No			
37	CLAIM STATUS CODE The 1-digit code which corresponds to the latest known status of the claim. Refer to the Jurisdiction's manual for reporting Detailed Claim Information for the codes in this field.	(N)	172	1
38	CLOSING DATE The date the claim was closed, formatted YYMMDD. If the claim is open, report 0s.	(N)	173–178	6
39	FIRST PAYMENT DATE The date on which the first indemnity payment was issued, formatted YYMMDD. If no payments have been made, report 0s.	(N)	179–184	6
40	DISABILITY START DATE The date of the first day on which the claimant lost time from work due to the injury, formatted YYMMDD. If the date is unknown or there is no lost time, report 0s.	(N)	185–190	6
41	RETURN TO WORK DATE The date on which the claimant first returned to work, formatted YYMMDD. If the date is unknown or there is no lost time, report 0s.	(N)	191–196	6

	QULUI				
Field No) .	Field Title/Description	Class	Position	Bytes
		CONDITION CODES (Act Code, Type of Loss Code, Type of ery Code, TYPE OF CLAIM, and Type of Settlement Code)	(N)	197–206	10
	85 Element DCI form: Zero-filled.				
		nent DCI form: The 2-digit code for each loss condition: act, type of loss, recovery, type of claim, and type of settlement.			
	ACT CO Code	ODE Description	(N)	197–198	(2)
	01 02 03 04 05	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act USL&HW "F" and USL&HW Coverage on Non-"F" classes Coverage under the Federal Coal Mine Health and Safety Act only Coverage under the Federal Coal Mine Health and Safety Act and the State Act Oil and Other Mineral Over Water (Not Applicable: NCCI)			
	TYPE C Code	DF LOSS CODE Description	(N)	199–200	(2)
	01 02 03	Trauma Occupational Disease Cumulative Injury Other than Disease			
	TYPE C Code	DF RECOVERY CODE Description	(N)	201–202	(2)
	01 02 03 04 05 06	No Recovery Second Injury Fund Only Subrogation Only (Third Party) Subrogation with Second Injury Fund (Third Party) Joint Coverage – Without Subrogation Joint Coverage – With Subrogation			
	TYPE C Code	DF CLAIM CODE Description	(N)	203–204	(2)
	01 02 03 04 05 06	Workers Compensation only Employers Liability only Workers Compensation including Employers Liability Liability Over Excess Benefits (NCCI only) Excess Special Compensation (NCCI only)			
	TYPE C Code	DF SETTLEMENT CODE Description	(N)	205–206	(2)
	00 03 04 05 06 07 08 09	Claim not subject to Settlement Stipulated Award (insurer/claimant settlement) Findings and Award (judicial award) Dismissal or take nothing (noncompensable) Compromise Settlement No Safety Devices Exemplary Damages All Other Settlements			
43	RESER	EVED FOR FUTURE USE		207–216	10

Field N	o. Field Title/Description	Class	Position	Bytes
44	TOTAL INCURRED INDEMNITY AMOUNT Total amount of paid plus outstanding indemnity benefits including vocational rehabilitation.	(N)	217–224	8
45	BENEFIT TYPE/INJURY TYPE CODE The 2-digit code that corresponds to the benefits reported in Positions 227–233 and 234–238.	(N)	225–226	2
46	PAID BENEFIT AMOUNT The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	227–233	7
47	WEEKLY BENEFIT AMOUNT The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	234–238	5
48	BENEFIT TYPE/INJURY TYPE CODE The 2-digit code that corresponds to the benefits reported in Positions 241–247 and 248–252.	(N)	239–240	2
49	PAID BENEFIT AMOUNT The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	241–247	7
50	WEEKLY BENEFIT AMOUNT The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	248–252	5
51	BENEFIT TYPE/INJURY TYPE CODE The 2-digit code that corresponds to the benefits reported in Positions 255–261 and 262–266.	(N)	253–254	2
52	PAID BENEFIT AMOUNT The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	255–261	7
53	WEEKLY BENEFIT AMOUNT The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	262–266	5
54	BENEFIT TYPE/INJURY TYPE CODE The 2-digit code that corresponds to the benefits reported in Positions 269–275 and 276–280.	(N)	267–268	2
55	PAID BENEFIT AMOUNT The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	269–275	7
56	WEEKLY BENEFIT AMOUNT The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	276–280	5
57	BENEFIT TYPE/INJURY TYPE AMOUNT The 2-digit code that corresponds to the benefits reported in Positions 283–289 and 290–294.	(N)	281–282	2

Field N	o. Field Title/Description	Class	Position	Bytes
58	PAID BENEFIT AMOUNT The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	283–289	7
59	WEEKLY BENEFIT AMOUNT The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	290–294	5
60	TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT The total amount paid to date plus anticipated future amounts to be paid for vocational rehabilitation services.	(N)	295–302	8
61	PAID VOCATIONAL REHABILITATION EVALUATION EXPENSE AMOUNT The amount paid to date for testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement.	(N)	303–309	7
62	PAID VOCATIONAL REHABILITATION MAINTENANCE BENEFIT AMOUNT The amount paid to date as a maintenance benefit while the claimant is participating in a vocational rehabilitation program.	(N)	310–316	7
63	PAID VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT The amount paid to date for training including tuition, books, tools, transportation and additional living expenses.	(N)	317–323	7
64	OTHER VOCATIONAL REHABILITATION AMOUNT The amount paid to date for all other phases of the vocational rehabilitation process.	(N)	324–330	7
65	TOTAL INCURRED MEDICAL AMOUNT The total amount paid plus all anticipated future amounts to be paid for medical services.	(N)	331–338	8
66	PAID HOSPITAL COSTS AMOUNT The amount paid to date for both inpatient and outpatient services.	(N)	339–345	7
67	TOTAL PAYMENTS TO PHYSICIANS AMOUNT The amount paid to date to treating physicians including all clinic and office visits.	(N)	346–352	7
68	OTHER MEDICAL AMOUNT The amount paid to date for all other medical services.	(N)	353–359	7
69	POST-INJURY WEEKLY WAGE AMOUNT The weekly wage amount that the claimant earns upon returning to employment.	(N)	360–364	5
70	IMPAIRMENT PERCENTAGE The percentage of anatomic or functional abnormality or loss. If the claimant is not permanently impaired (NCCI) or has not received Impairment Benefits (TX), report 0s.	(N)	365–367	3
71	MAXIMUM MEDICAL IMPROVEMENT DATE The date after which further recovery or lasting improvements can no longer be anticipated, formatted YYMMDD.	(N)	368–373	6
72	PAID FUNERAL EXPENSE AMOUNT The amount paid for the funeral of the deceased employee.	(N)	374–379	6

Field N	0.	Field Title/Description	Class	Position	Bytes
73		IMP SUM SETTLEMENT AMOUNT ount paid to the claimant in a single amount for settlement.	(N)	380–387	8
74		IPLOYERS LIABILITY AMOUNT ount of benefits paid due to the alleged negligence of the employer.	(N)	388–395	8
75	RESERV	ED FOR FUTURE USE		396–413	18
76	-	FIBLE CODE ent DCI form: Zero-fill. See "Deductible Reimbursement Code," 418).	(N)	414–415	2
	86 Eleme fully reco				
	Code	Description			
	00 01 02 03	No Deductible Program Deductible amount fully recovered for Net Reporting Program Deductible amount not fully recovered for Net Reporting Program Gross Deductible Program			
77		NEY OR AUTHORIZED REPRESENTATIVE CODE git code that indicates if the claimant has an attorney or an authorized tative:	(N)	416	1
	Code	Description			
	1 2	Yes No			
78	The 1-dig	DVERTED/DISPUTED CASE CODE git code that indicates whether the claim is or was ever contested or for compensability and/or disability by the insurer:	(N)	417	1
	Code	Description			
	1 2	Yes No			
79	85 Eleme	FIBLE REIMBURSEMENT CODE ent DCI form: The 1-digit code that indicates if the employer has ed the insurer for a portion of the loss costs:	(N)	418	1
	Code	Description			
	1 2	Yes No			
	86 Eleme	ent DCI form: Zero-fill. See "Deductible Code," (Position 414–415).			
80	The actu	CT LIABILITY SUBROGATION AMOUNT al amount recovered from a product manufacturer, distributor or retailer urer recovers all or part of the compensation benefits paid due to a product.	(N)	419–425	7

Field N	o. Field Title/Description	Class	Position	Bytes
81	AUTOMOBILE LIABILITY SUBROGATION AMOUNT The actual amount recovered from a negligent party if the insurer recovers all or part of the compensation benefits paid due to a motor vehicle accident.	(N)	426–432	7
82	OTHER LIABILITY SUBROGATION AMOUNT The actual amount recovered from a third party if the insurer recovers all or part of the compensation paid on the injury.	(N)	433–439	7
83	PAID EMPLOYER LEGAL EXPENSE AMOUNT The amount paid to date by the employer or benefit payor for the services of the employer's attorney or authorized representative.	(N)	440–446	7
84	PAID CLAIMANT LEGAL EXPENSE AMOUNT The amount paid to date by the employer or benefit payor for the fee of the claimant's attorney or authorized representative.	(N)	447–453	7
85	PAID EXPERT WITNESS FEE AMOUNT The amount paid to date in a legal proceeding for expert testimony or opinion.	(N)	454–459	6
86	PAID PENALTIES AMOUNT The amount paid to date in fines or penalties which are payable to either the claimant or an administrative agency.	(N)	460–465	6
87	PAID ALLOCATED LOSS ADJUSTMENT EXPENSE AMOUNT The total amount paid to date for expenses directly attributable to a particular claim.	(N)	466–472	7
88	SOCIAL SECURITY BENEFIT OFFSET CODE The 1-digit code that indicates whether any or all payments were offset by Social Security benefits:	(N)	473	1
	Code Description			
	1 Yes 2 No			
89	UNEMPLOYMENT BENEFIT OFFSET CODE The 1-digit code that indicates whether any or all payments were offset by unemployment benefits:	(N)	474	1
	Code Description			

Code Description

1 Yes

2 No

•. •	``	QUEUTI				
Field	N	0.	Field Title/Description	Class	Position	Bytes
9	0		N PLAN OFFSET CODE git code that indicates whether any or all payments were offset by benefits:	(N)	475	1
		Code	Description			
		1 2	Yes No			
9)1		L FUND BENEFIT OFFSET CODE git code that indicates whether any or all payments were offset by special efits:	(N)	476	1
		Code	Description			
		1 2	Yes No			
9	2		BENEFIT OFFSET CODE git code that indicates whether any or all payments were offset by other	(N)	477	1
		Code	Description			
		1 2	Yes No			
9	3		ED CARE ORGANIZATION TYPE (MCO) CODE ent DCI form: Zero-filled.	(N)	478–479	2
		86 Eleme organiza	ent DCI form: The 2-digit code last reported corresponding to the type of tion administering the applicable medical losses of this claim:			
		Code	Description			
		00	The claim is not administered by an approved managed care			
		01	organization The claim's medical losses are administered by an approved managed care organization not specifically listed in Codes 02–06 below			
		02	The claim's medical losses are administered by an approved Health			
		03	Maintenance Organization The claim's medical losses are administered by an approved			
			Preferred Provider Organization			
		04	The claim's medical losses are administered by an approved Exclusive Provider Organization			
		05	The claim's medical losses are administered by an approved			
		06	Independent Practice Association The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.			

94 RESERVED FOR FUTURE USE

480–500 21

VI. SUBMISSION CONTROL RECORD

Field No	D. Field Title/Description	Class	Position	Bytes
	RECORD TYPE CODE Report "9".	(N)	1	1
_	RECORD TYPE 1 TOTAL Report the total of all Record Type 1 records in the submission.	(N)	2–8	7
3	RECORD TYPE 2 TOTAL Report the total of all Record Type 2 records in the submission.	(N)	9–15	7
-	RECORD TYPE 3 TOTAL Report the total of all Record Type 3 records in the submission.	(N)	16–22	7
5	RESERVED FOR FUTURE USE		23–57	35
-	SUBMISSION RECORD TOTAL Report the total of all Record Types 1, 2 and 3 in the submission. Do not count the submission control record in this total.	(N)	58–64	7
	For tapes from NCCI, this is the total of all Record Types (1, A and B) contained in the submission to the insurer. The Submission Control Record is not included in this total.			
7	RESERVED FOR FUTURE USE		65–99	35
8	RECORD TYPE A TOTAL The total count of all Record Type A records in the submission.	(N)	100–106	7
9	RECORD TYPE B TOTAL The total count of all Record Type B records in the submission.	(N)	107–113	7
10	RESERVED FOR FUTURE USE		114–500	387

WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

SECTION 5

APPENDICES

WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

APPENDIX I

RECORD LAYOUT CHARTS

DETAILED CLAIM INFORMATION ELECTRONIC RECORD LAYOUT

RECORD TYPE 1—DETAILED CLAIM INFORMATION RECORD

							D	T 1		24	Design to the			
					Policy Effective		нер.	T Jur	s. Aco	cia.	Reported to		NAICS CODE	Reserved for Future Use
1		Carrier	r Code	Policy Number Identifier	Date	Claim Number Identifier	Туре	C S	. S	St.	Insurer Date	62 63 64 65 66 67 68 69 70		77 78 79 80 81 82 83 84 85 86 87 88 89 90
1	2	3 4	4 5 6	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	25 26 27 28 29 30	31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	49 50	51 52	53 54	55 56	6 57 58 59 60 61	62 63 64 63 66 67 66 69 70	11 12 13 14 13 10	11 10 19 00 01 02 03 04 03 00 01 00 09 90
			11							1				

Γ	Employer Federal Tax Number	SIC F Code)		Injury Site Zip Code				e M × S		Birth [)ate		Hire D	ite	Occ. Code	E S	Ir	jury Da	te	Classif Co		Part. Body	Nat Inj.	Cause Inj.	Loss Cov.	# Dep.	Pre-I Wage /		M D	Other Wky. Payments Amount	Reported To Employer Date	S C r S
1	1 92 93 94 95 96 97 98 99	100 101 102 103 10	4 105	106 107 108 109 1	10 111 11	12 113 114	115 116	6 117 118	B 119 1	120 121	22 123 12	4 125 1	26 127 1	8 129 13	0 131 132	133	134 135	136 137	138 139	140 141	142 143	144 145	146 147	148 149	150 151	152 153	154 155 15	56 157 158	8 159	160 161 162 163 164	65 166 167 168 169 1	70 171 172
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				Lo	ss Conditio	n Codes							To	otal Incur	ed	B	en.					Weekly	ly	Ben.					Wee	:kly	Ben.
Closing Date	1st Payment Date	Disability Date	Return to Work Date	ACT TO	L TOR	CLAIM	SET	F	Reserved	or Future	Use		Inde	mnity Am	iount	Ty	уре	Ber	nefit Am	ount	Be	enefit Am	nount	Туре		Benefit /	Amount		Benefit A	۱mount	Туре
173 174 175 176 177 178	179 180 181 182 183 184	185 186 187 188 189 190	191 192 193 194 195 196	197 198 199	200 201 20	2 203 204	205 206	207 208 2	09 210 21	1 212 213	3 214 215	216 21	218 219	220 221	222 223	224 225	226 2	227 228 22	29 230 2	31 232 2	33 234 2	235 236	237 238	8 239 240	241 242	243 24	4 245 246 2	247 24	8 249 250	0 251 252	2 253 254
									11			1					1	11													

	Weekly	Ben.		Weekly	Ben.		Weekly	Total Incurred	Voc. Rehab.	Voc. Rehab.	Voc. Rehab.	Other Voc.	Total Medical
Benefit Amount	Benefit Amount	Type	Benefit Amount	Benefit Amount	Type	Benefit Amount	Benefit Amount	Voc. Rehab. Amount	Eval. Expense Amount	Maint. Expense Amount	Educ. Expense Amount	Rehab. Amount	Incurred Amount
255 256 257 258 259 260 261	262 263 264 265 266	267 268	269 270 271 272 273 274 275	276 277 278 279 280	281 282	283 284 285 286 287 288 289	290 291 292 293 294	295 296 297 298 299 300 301 302	303 304 305 306 307 308 309	310 311 312 313 314 315 316	317 318 319 320 321 322 323	324 325 326 327 328 329 330	331 332 333 334 335 336
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Tot.		THER	Other Market	Destruction		M. M.I	E suid		Fords on Disk		Ded. A	C D e
Med.	Hospital Cost	Total Payments	Other Medical	Post-Injury		Max. Med.	Funeral	Lump Sum	Employers Liab.		У	Cd
Amt	Amount	to Physicians Amount	Amount	Wkly. Wage Amount	Imp. %	Improv. Date	Expense Amount	Settlement Amount	Amount	Reserved for Future Use	í I	1
337 33	3 339 340 341 342 343 344 345	346 347 348 349 350 351 352	353 354 355 356 357 358 359	360 361 362 363 364	365 366 367	368 369 370 371 372 373	374 375 376 377 378 379	380 381 382 383 384 385 386 387	388 389 390 391 392 393 394 395	396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 4	414 415 416	417 418

	Pr	od. Lia	ability			1	Auto. I	iabil	ity				Oth	er Lia	abilit	1		ſ	E	np. L	egal	Exp				Clm	t. Le	gal B	Exp.			E	kp. V	Vitne	SS			Pe	naltie	;			Allo	c. Lo:	ss Ac	lj.		s l	P	S	0	MC	0																			Т
	Subro	gation	Amo	unt		Sub	ogati	on Ar	nour	nt		Su	brog	ation	Am	ount		1		An	ioun	t					Amo	ount				F	es A	mou	nt			An	nount				Ex	p. An	nount			S	P	F	ĥ	Typ	ре							Re	serve	ed for	r Futu	ire Us	se							
41	9 420 42	21 422	423	424 42	5 426	6 427	128 4	29 43	0 43	1 43	2 43	434	435	436	437	438	439	440	441	442	43 4	44	145 4	46 4	474	48 44	19 45	i0 45	51 4	52 45	3 45	4 455	456	457	458	59 46	60 46	61 46	2 463	464	465	66 4	67 46	8 469	9470	471	172 4	73 47	74 47	5 476	6477	478	479	80 48	1 482	2 483	484	485	486	487 4	88 48	89 49	0 49	1 492	2 493	494	495	496	497	498	499	00
Γ																																																																								
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RECORD TYPE 2—SAMPLE CONTROL RECORD

R T		(Carrier Code		1	T C	Re Di	port ate		St. Jur.		Ind Aris	Cla ing T	ims 'otal		DCI (Pote Claim		iount	Ind		Dpen ims /	mou	unt		Close Clain		P mou		Clo nd. C			-PP moun	t In	Clos Id. C	iamp sed I laim	le of Von-P s Amo	P ount		(Clain	DCI ns To	otal																		Re	serve	ed for	Futur	re Us	e																	
1	2	3	4	5 (6 7	78	9	10	11 1	2 1	3 14	15	16	17	18	9 2	0 2	1 2	2 23	24	25	26	27	28	29 3	30 3	31 3	32 3	33 3	4 3	53	6	37 3	3 39	9 40) 4'	42	43	44	45	46	47 4	8 4	9 50	51	52	53	54	55	56	57	58	59	60 6	61 6	2 6	3 6	i4 65	66	67	68	69	70 7	71 7	2 73	74	75	76	77	78	79 8	0 81	1 82	2 83	84	85	86	6 8	7 8	8 8	9 9	10
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Reserved for	Future Use
91 92 93 94 95 96 97 98 99 100101102103104105106107108109110111112113114115116117118119120121122123124125126127128129130131132133134	469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500

DETAILED CLAIM INFORMATION ELECTRONIC RECORD LAYOUT

RECORD TYPE 3—COMMON INFORMATION CHANGE RECORD

R		Previous			Prev. Rptd.	Prev.	Fut.	Revised			
Т		Carrier Code	Previous Policy Identifier	Previous Claim Identifier	To Insur. Date	Jur. St.	Use	Carrier Code		Revised Policy Number Identifier	Revised Claim Number Identifier
1	2	3 4 5 6	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	43 44 45 46 47 48 4	49 50	51 52 53	54 55 56 57	58 59 60 61	62 63 64 65 66 67 68 69 70 71 72 73 74 75	76 77 78 79 80 81 82 83 84 85 86 87 88 89 90
]	
3											

Rev.								
Claim #	Rev. Rptd.	Rev.	Del.	CIC		_	>	
Identifier	To Insur. Date	Jur. St.	Code	FEC	Reserved for		•	Future Use
91 92 93	94 95 96 97 98 99	100 101	102 103	8 104 105	106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134			469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500
			I					

RECORD TYPE 9—SUBMISSION CONTROL RECORD

R		Record Type 1		Reco	rd Type 2		Re	cord Ty	pe 3																										Subi	nissio	n																			
Т		Total			Fotal			Total											Rese	erved f	or Futu	ire Use													Reco	rd Tot	tal								R	leserve	ed for	Futur	e Use							
1	2	3 4 5 6 7	7 8	9 10 11	12 13 1	14 15	16 17 1	8 19	20 21	22 23	24 2	5 26	27 28	29 3	30 31	32 3	3 34	35	36 37	7 38	39 40	41	42 43	44	45 46	6 47	48 4	9 50	51	52 53	54	55 56	57	58 59	60	61 6	2 63	64	65 66	67	68 69	70	71 72	73	74 7	5 76	77	78 7	9 80	81	82 8	3 84	85 86	6 87	88 89	90
9													1							1	1							1						1			I					1			I											

Reserved for Future Use	Record Type A Total	Record Type B Total	Reserved for	Future Use
91 92 93 94 95 96 97 98 99	100 101 102 103 104 105 106	107 108 109 110 111 112 113	114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134	 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500

WORKERS COMPENSATION CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)

APPENDIX II

RESERVED FOR FUTURE USE