

WCIO WCSTAT CODE SHEET

EFFECTIVE: OCTOBER 4, 2011

ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE	
Code	Description
1	Reserved for Future Use
2	Yes—The injured worker has an attorney.
3	No—The injured worker does not have an

BASIS OF DEDUCTIBLE CALCULATION CODE	
Code	Description
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount
03	Per Policy (Deductible Aggregate Limit)
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent With Per Claim
07	Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit
08	Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit
09	Per Accident Deductible Amount With Per Policy Deductible Aggregate Limit
10	Per Claim Deductible Amount With Per Policy Deductible Aggregate Limit
11	Coinsurance Percent With Per Claim Deductible Amount Limit With Per Policy Aggregate Limit
12	Variable -- as per ASWG decision to allow flexibility for reporting deductible programs not otherwise defined.
13	Negotiable

BENEFICIARY CODE - DEPENDENCY	
Code	Description
T	Totally Dependent
P	Partially Dependent

BENEFICIARY CODE - RELATIONSHIP	
Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Handicapped Child
9	Other

CLAIM / STATUS CODE	
Code	Description
0	Open Claim
1	Closed Claim
2	Reopened Claim
3	Resolved Claim
4	Open Claim—Payment not made or initiated

CORRECTION TYPE CODE	
Code	Description
H	Header Record Correction (Including Link Data)
E	Exposure Record Correction (First Reports Only)
L	Loss Record Correction not due to Aggravated Inequity
T	Total Record Correction
M	Corrections to Multiple Record Types
A	Loss Record Corrections due to Aggravated Inequity

EMPLOYMENT STATUS CODE	
Code	Description
01	Regular Employee
02	Part-Time Employee
03	Unemployed
04	On Strike
05	Disabled
06	Retired
07	Reserved For Future Use
08	Unemployed Due to Plant Shutdown, Closing or Other Reduction
09	Other

ESTIMATED AUDIT CODE	
Code	Description
Y	This policy has an estimated exposure.
N	This policy does not have an estimated exposure.
U	Uncooperative

EXPOSURE ACT/EXPOSURE COVERAGE CODE	
Code	Description
00	For Use With Statistical Codes*
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act
02	USL&HW "F" or USL&HW Coverage on Non-F-Classes
03	Federal Coal Mine Health and Safety Act Only
04	Federal Coal Mine Health and Safety Act and/or the State Act
05	Oil and Other Minerals Over Water
06	Excluding Medical
07	Excess Benefits Coverage
08	Reserved For Future Use
09	Endorsed Maritime Coverage
10	Voluntary Compensation Coverage
11	Reserved for Future Use

FRAUDULENT CLAIM CODE	
Code	Description
00	Not fraudulent
01	Partially fraudulent
02	Fully fraudulent

INJURY CODE (INJURY TYPE)	
Code	Description
01	Death
02	Permanent Total Disability
03	Major Permanent Partial Disability
04	Minor Permanent Partial Disability
05	Temporary Total or Temporary Partial Disability
06	Medical Claims Only
07	Contract Medical or Hospital Allowance
08	Compromise Death
09	Permanent Partial Disability

LOSS COVERAGE ACT	
Code	Description
00	Reserved For Future Use
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act
02	USL&HW "F" Coverage or USL&HW Coverage on Non-F-Classes
03	Federal Coal Mine Health and Safety Act Only
04	Federal Coal Mine Health and Safety Act and/or the State Act
05	Oil and Other Minerals Over Water

LOSSES SUBJECT TO DEDUCTIBLE CODE	
Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical and Indemnity Losses

MANAGED CARE ORGANIZATION TYPE CODE	
Code	Description
00	The claim is not administered by an approved/certified managed care organization.
01	The claim's medical losses are administered by an approved/certified managed care organization not specifically identified by Codes 02–06 below.
02	The claim's medical losses are administered by a Health Maintenance Organization.
03	The claim's medical losses are administered by a Preferred Provider Organization.
04	The claim's medical losses are administered by an Exclusive Provider Organization.
05	The claim's medical losses are administered by an 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.
07	The claim's medical losses are administered by a Certified Health Care Network

REPORT LEVEL CODE/REPORT NUMBER		
Code	Description	
1	First Report	Valued 18 months from policy effective month
2	Second Report	Valued 30 months from policy effective month
3	Third Report	Valued 42 months from policy effective month
4	Fourth Report	Valued 54 months from policy effective month
5	Fifth Report	Valued 66 months from policy effective month
6*	Sixth Report	Valued 78 months from policy effective month
7*	Seventh Report	Valued 90 months from policy effective month
8*	Eighth Report	Valued 102 months from policy effective month
9*	Ninth Report	Valued 114 months from policy effective month
A*	Tenth Report	Valued 126 months from policy effective month

RESERVE TYPE CODE	
Code	Description
00	Standard Reserve
01	Stacked Estimate
02	Volunteer
03	Questionable Compensability
04	Second Injury Fund Involvement
05	Partial Dependency
06	Still Exposed
07	Last Exposed
08	Stacked Award
09	Other Pension Value
10	Other Age Accrual
11	Hunter Claim Offset
12	Expected Early Termination or Settlement of Benefits
13	Expected Extension of Benefits for Minor Beneficiary
14	Death Claim Without Apparent Beneficiaries
15	Expected Recovery
16	Reserved for Future Use
17	Permanent Total Claim weighted with surviving spouse.
99	All Other Situations Impacting Pension Reserve

RESERVED FOR BEEP USE EDIT BYPASS CODE	
Code	Description
F	Forced leave
Blank	No edit bypass

SURGERY CODE	
Code	Description
1	Yes
2	No

TERM CODE	
Code	Description
1	Non-three-year fixed rate
3	Three-year fixed rate

TRANSACTION TYPE CODE	
Code	Description
1	Initial Report
2	Subsequent Report
3	Revised Report (Jurisdiction Initiated)
4	Correction Report (Insurer Initiated)

TYPE OF CLAIM	
Code	Description
01	Workers Compensation Only
02	Employers Liability Only
03	Workers Compensation including Employers Liability
04	Liability Over
05	Excess Benefits
06	Excess Special Compensation

TYPE OF COVERAGE ID CODE	
Code	Description
01	Standard Workers Compensation Policy
02	Alternative Workers Compensation Coverage
03	Group Policy
04	Reserved for Future Use
05	Large Risk Rated Option
09	Nonstandard Workers Compensation Coverage
10	Reserved for Future Use

WORKER'S SEX CODE	
Code	Description
M	Male
F	Female

TYPE OF LOSS	
Code	Description
01	Trauma
02	Occupational Disease
03	Cumulative Injury Other Than Disease

TYPE OF NON-STANDARD ID CODE	
Code	Description
01	Nonstandard Code does not apply
02	Excluding Medical
03	Reserved for Future Use
04	Reserved for Future Use
05	Excess Policy
06	Excess Medical
07	Reserved for Future Use
08	Coverage excludes certain individuals listed on exclusion endorsement, such as officers, partners, sole proprietors or others
09	Voluntary Coverage not mandatory by State Act
99	Self-Insured Groups

TYPE OF PLAN ID CODE	
Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy-including Texas Employers Rejected Risk Fund
03	Reserved for Future Use
04	Reserved for Future Use
05	Assigned Risk Policy written under MA Voluntary Direct Assigned Risk Program
06	Reserved for Future Use
07	Assigned Risk Policy originally assigned by another DCO

TYPE OF RECOVERY	
Code	Description
01	No Recovery
02	Second Injury Fund Only
03	Subrogation Only (Third Party)
04	Subrogation with Second Injury Fund (Third Party)
05	Joint Coverage—Without Subrogation
06	Joint Coverage—With Subrogation

TYPE OF SETTLEMENT	
Code	Description
00	Claim Not Subject to Settlement
01	Noncompensable, Previously Alleged
02	Reserved for Future Use
03	Stipulated Award (Insurer/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal or Take Nothing (Noncompensable)
06	Compromise Settlement
07	No Safety Devices
08	Exemplary Damages
09	All Other Settlements
10	Aggravation of Prior Work Related Injuries

UPDATE TYPE CODE	
Method 1—Common to all Jurisdictions and Insurers	
Code	Description
P	Previously Reported
R	Revised
Method 2—Jurisdictions may offer as optional reporting to insurers	
Code	Description
A	Add Record
C	Change Record
D	Delete Record

UNIT FORMAT SUBMISSION CODE	
Code	Description
A	ASWG Format
E	Expanded ASWG report

UNIT SUBMISSION CODE	
Code	Description
T	ASWG Test Submission
P	ASWG Production Submission