

**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.

National Council on Compensation Insurance, Inc.  
Customer Service  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487  
Telephone: 800-NCCI-123 (800-622-4123)  
E-mail: [customer\\_service@ncci.com](mailto:customer_service@ncci.com)

Texas Department of Insurance  
Gary Gola  
Texas Department of Insurance  
333 Guadalupe Street  
Austin, TX 78714-9104  
Telephone: 512-475-3026  
E-mail: [gary.gola@tdi.state.tx.us](mailto:gary.gola@tdi.state.tx.us)

**WORKERS COMPENSATION**  
**CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)**  
**SECTION 1**  
**RESERVED FOR FUTURE USE**

**WORKERS COMPENSATION**  
**CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)**  
**SECTION 2**  
**RESERVED FOR FUTURE USE**

**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

## 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 file. 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 electronically 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**

[For NCCI DCI states for claims with Reported to Insurer Date of August 2009 and earlier.](#)  
[For Texas claims with Reported to Insurer Date of August 2010 and earlier.](#)

**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

Field No.	Field Title/Description	Class	Position	Bytes
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**I. DETAILED CLAIM INFORMATION RECORD**

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

1	<b>RECORD TYPE CODE</b> Report "1".	(N)	1	1																				
2	<b>CARRIER CODE</b> 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.	(N)	2-6	5																				
3	<b>POLICY NUMBER IDENTIFIER</b> Report the alphanumeric characters used for uniquely identifying the policy. Do not report any embedded blanks, marks of punctuation or special characters.	(AN)	7-24	18																				
4	<b>POLICY EFFECTIVE DATE</b> Report the effective date of the policy, formatted YYMMDD.	(N)	25-30	6																				
5	<b>CLAIM NUMBER IDENTIFIER</b> Report the alphanumeric characters used for uniquely identifying the claim. Do not report any embedded blanks, marks of punctuation or special characters.	(AN)	31-48	18																				
6	<b>REPORT TYPE CODE</b> Report the 2-digit code which indicates the valuation of the information being reported:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>6 months</td></tr> <tr><td>02</td><td>18 months</td></tr> <tr><td>03</td><td>30 months</td></tr> <tr><td>04</td><td>42 months</td></tr> <tr><td>05</td><td>54 months</td></tr> <tr><td>06</td><td>66 months</td></tr> <tr><td>07</td><td>78 months</td></tr> <tr><td>08</td><td>90 months</td></tr> <tr><td>09</td><td>102 months</td></tr> </tbody> </table>	Code	Description	01	6 months	02	18 months	03	30 months	04	42 months	05	54 months	06	66 months	07	78 months	08	90 months	09	102 months	(N)	49-50	2
Code	Description																							
01	6 months																							
02	18 months																							
03	30 months																							
04	42 months																							
05	54 months																							
06	66 months																							
07	78 months																							
08	90 months																							
09	102 months																							
7	<b>TRANSACTION CODE</b> Report the 1-digit code that indicates the type of transaction being submitted:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>Original</td></tr> <tr><td>2</td><td>Revised</td></tr> <tr><td>3</td><td>Correction</td></tr> </tbody> </table>	Code	Description	1	Original	2	Revised	3	Correction	(N)	51	1												
Code	Description																							
1	Original																							
2	Revised																							
3	Correction																							

Field No.	Field Title/Description	Class	Position	Bytes
8	<b>JURISDICTION STATE CODE</b> Report the 2-digit code corresponding to the state act under which payment of benefits is being made.	(N)	52-53	2
9	<b>ACCIDENT STATE CODE</b> Report 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	<b>REPORTED TO INSURER DATE</b> Report the date the claim was reported to the insurer, formatted YYMMDD.	(N)	56-61	6
11	<b>RESERVED FOR FUTURE USE</b> Previously Social Security Number.		62-70	9
12	<b>EMPLOYER NAICS CODE</b> 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.	(N)	71-76	6
	OPTIONAL: NCCI			
13	<b>RESERVED FOR FUTURE USE</b>		77-90	14
14	<b>EMPLOYER FEDERAL TAX NUMBER</b> Report the 9-digit Federal Tax Number assigned to each employer for federal tax purposes.	(N)	91-99	9
15	<b>EMPLOYER SIC CODE</b> 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	<b>EMPLOYER PAYROLL CODE</b> Report the 1-digit code which represents the range corresponding to the employer's payroll in the state of jurisdiction:	(N)	104	1
	<b>Code Description</b>			
	1 \$0			
	2 \$1-\$100,000			
	3 \$100,001-\$1,000,000			
	4 \$1,000,001-\$10,000,000			
	5 Over \$10,000,000			
17	<b>INJURY SITE ZIP CODE</b> 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.	(AN)	105-109	5
18	<b>RESERVED FOR FUTURE USE</b> Previously Employee Name.		110-116	7

Field No.	Field Title/Description	Class	Position	Bytes
19	<b>SEX OF CLAIMANT CODE</b> Report the 1-digit code that indicates the sex of the claimant:	(N)	117	1
	<b>Code Description</b>			
	1 Male			
	2 Female			
	3 Unknown			
20	<b>MARITAL STATUS CODE</b> Report the 1-digit code which indicates the marital status of the claimant at the time of injury:	(N)	118	1
	<b>Code Description</b>			
	1 Single, Divorced or Widowed			
	2 Married			
	3 Separated			
	4 Unknown			
21	<b>BIRTH DATE</b> Report the claimant's actual or estimated date of birth, formatted YYMMDD.	(N)	119-124	6
22	<b>HIRE DATE</b> Report the date on which the claimant began his/her most recent employment with the employer, formatted YYMMDD.	(N)	125-130	6
23	<b>OCCUPATION CODE</b> Reserved for future use. Leave blank.	(AN)	131-132	2
24	<b>EMPLOYMENT STATUS CODE</b> Report the 1-character code which identifies the employment status at the time the injury or occupational disease was first reported:	(AN)	133	1
	<b>Code Description</b>			
	1 Regular Employee			
	2 Part-Time Employee			
	3 Unemployed			
	4 On Strike			
	5 Disabled			
	6 Retired			
	7 Other			
	8 Seasonal Worker*			
	9 Volunteer Worker*			
	A Apprenticeship—Full-Time**			
	B Apprenticeship—Part-Time**			
	C Piece Worker**			
	* Effective for claims reported to insurers 7/1/93 and subsequent			
	**Effective for claims reported to insurers 7/1/94 and subsequent			
25	<b>INJURY/ACCIDENT DATE</b> Report 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

Field No.	Field Title/Description	Class	Position	Bytes										
26	<b>CLASSIFICATION CODE</b> Report 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	<b>PART OF BODY CODE</b> Report the 2-digit code that corresponds to the part of the body to which the injury occurred.	(N)	144-145	2										
28	<b>NATURE OF INJURY CODE</b> Report the 2-digit code that corresponds to the nature of the injury sustained by the claimant.	(N)	146-147	2										
29	<b>CAUSE OF INJURY CODE</b> Report the 2-digit code that corresponds to the cause of the injury.	(N)	148-149	2										
30	<b>LOSS COVERAGE CODE</b> 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.  86 Element DCI form: Zero-fill. See "Loss Condition Codes" field (Position 197-206).	(N)	150-151	2										
31	<b>AMOUNT OF DEPENDENTS</b> 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	<b>PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT</b> Report the amount of the claimant's average weekly wage.	(N)	154-158	5										
33	<b>METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE</b> Report the 1-digit code that indicates the method in which the pre-injury wage was determined:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Actual Wage</td> </tr> <tr> <td>2</td> <td>Estimated Wage</td> </tr> <tr> <td>3</td> <td>Minimum Weekly Benefit</td> </tr> <tr> <td>4</td> <td>Maximum Weekly Benefit</td> </tr> </tbody> </table>	Code	Description	1	Actual Wage	2	Estimated Wage	3	Minimum Weekly Benefit	4	Maximum Weekly Benefit	(N)	159	1
Code	Description													
1	Actual Wage													
2	Estimated Wage													
3	Minimum Weekly Benefit													
4	Maximum Weekly Benefit													
34	<b>OTHER WEEKLY PAYMENTS AMOUNT</b> 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	<b>REPORTED TO EMPLOYER DATE</b> Report the date the claimant reported the injury to the employer, formatted YYMMDD.	(N)	165-170	6										

Field No.	Field Title/Description	Class	Position	Bytes
36	<p><b>SURGERY CODE</b>                      Report the 1-digit code that indicates if the claimant has undergone surgery as a result of the injury.</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	171	1
37	<p><b>CLAIM STATUS CODE</b>                      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.</p>	(N)	172	1
38	<p><b>CLOSING DATE</b>                      Report the date the claim was closed, formatted YYMMDD. If the claim is open, report 0s.</p>	(N)	173-178	6
39	<p><b>FIRST PAYMENT DATE</b>                      Report the date on which the first indemnity payment was issued, formatted YYMMDD. If no payments have been made, report 0s.</p>	(N)	179-184	6
40	<p><b>DISABILITY START DATE</b>                      Report 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.</p>	(N)	185-190	6
41	<p><b>RETURN TO WORK DATE</b>                      Report 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.</p>	(N)	191-196	6
42	<p><b>LOSS CONDITION CODES (Act Code, Type of Loss Code, Type of Recovery Code, Type of Claim Code, and Type of Settlement Code) (NCCI ONLY)</b></p> <p>85 Element DCI form: Zero-fill. See "Loss Coverage Code" field (Position 150–151).</p> <p>86 Element DCI form: Report the 2-digit code for each loss condition: act, type of loss, type of recovery, type of claim, and type of settlement.</p>	(N)	197-206	10

Field No.	Field Title/Description	Class	Position	Bytes
	<b>ACT CODE</b>	(N)	197-198	2
	<b>Code Description</b>			
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act			
02	USL&HW "F" and USL&HW Coverage on Non-"F" classes*			
03	Coverage under the Federal Coal Mine Health and Safety Act only*			
04	Coverage under the Federal Coal Mine Health and Safety Act and the State Act*			
05	Oil and Other Mineral Over Water			
	* Claims reported to insurers on and after 1/1/92 for these conditions are not subject to DCI.			
	<b>TYPE OF LOSS CODE</b>	(N)	199-200	2
	<b>Code Description</b>			
01	Trauma			
02	Occupational Disease			
03	Cumulative Injury Other than Disease			
	<b>TYPE OF RECOVERY CODE</b>	(N)	201-202	2
	<b>Code Description</b>			
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			
	<b>TYPE OF CLAIM CODE</b>	(N)	203-204	2
	<b>Code Description</b>			
01	Workers Compensation only			
02	Employers Liability only			
03	Workers Compensation including Employers Liability			
04	Liability Over			
05	Excess Benefits			
06	Excess Special Compensation			
	<b>TYPE OF SETTLEMENT CODE</b>	(N)	205-206	2
	<b>Code Description</b>			
00	Claim not subject to Settlement			
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			
43	<b>RESERVED FOR FUTURE USE</b>		207-216	10
44	<b>TOTAL INCURRED INDEMNITY AMOUNT</b> Report the total amount of all paid plus outstanding indemnity benefits including vocational rehabilitation.	(N)	217-224	8

Field No.	Field Title/Description	Class	Position	Bytes
45	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 227–233 and 234–238. A Benefit Type/Injury Type Code must be reported in this field for all claims.	(N)	225-226	2
46	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	227-233	7
47	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	234-238	5
48	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 241–247 and 248–252.	(N)	239-240	2
49	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	241-247	7
50	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	248-252	5
51	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 255–261 and 262–266.	(N)	253-254	2
52	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	255-261	7
53	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	262-266	5
54	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 269–275 and 276–280.	(N)	267-268	2
55	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	269-275	7
56	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	276-280	5
57	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 283–289 and 290–294.	(N)	281-282	2

Field No.	Field Title/Description	Class	Position	Bytes
58	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	283-289	7
59	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	290-294	5
60	<b>TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT</b> 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	<b>PAID VOCATIONAL REHABILITATION EVALUATION EXPENSE AMOUNT</b> 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	<b>PAID VOCATIONAL REHABILITATION MAINTENANCE BENEFIT AMOUNT</b> 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	<b>PAID VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT</b> Report the amount paid to date for training including tuition, books, tools, transportation and additional living expenses.	(N)	317-323	7
64	<b>OTHER VOCATIONAL REHABILITATION AMOUNT</b> Report the amount paid to date for all other phases of the vocational rehabilitation process.	(N)	324-330	7
65	<b>TOTAL INCURRED MEDICAL AMOUNT</b> Report the total amount paid plus all anticipated future amounts to be paid for medical services.	(N)	331-338	8
66	<b>PAID HOSPITAL COSTS AMOUNT</b> Report the amount paid to date for both in-patient and out-patient services.	(N)	339-345	7
67	<b>TOTAL PAYMENTS TO PHYSICIANS AMOUNT</b> Report the amount paid to date to treating physicians including all clinic and office visits.	(N)	346-352	7
68	<b>OTHER MEDICAL AMOUNT</b> Report the amount paid to date for all other medical services.	(N)	353-359	7
69	<b>POST-INJURY WEEKLY WAGE AMOUNT</b> Report the weekly wage amount that the claimant earns upon returning to employment. (TX ONLY; otherwise, zero-fill.)	(N)	360-364	5

Field No.	Field Title/Description	Class	Position	Bytes
70	<b>IMPAIRMENT PERCENTAGE</b> 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 0s. Refer to the jurisdiction's manual for clarification in reporting this field.	(N)	365-367	3
71	<b>MAXIMUM MEDICAL IMPROVEMENT DATE</b> Report the date after which further recovery or lasting improvements can no longer be anticipated, formatted YYMMDD.	(N)	368-373	6
72	<b>PAID FUNERAL EXPENSE AMOUNT</b> Report the amount paid for the funeral of the deceased employee.	(N)	374-379	6
73	<b>PAID LUMP SUM SETTLEMENT AMOUNT</b> Report the amount paid to the claimant in a single amount for settlement.	(N)	380-387	8
74	<b>PAID EMPLOYERS LIABILITY AMOUNT</b> 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	<b>RESERVED FOR FUTURE USE</b>		396-413	18
76	<b>DEDUCTIBLE CODE</b> 85 Element DCI form: Zero-fill. See "Deductible Reimbursement Code" field (Position 418).  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	(N)	414-415	2
	<b>Code Description</b> 00 No Deductible Program 01 Deductible amount fully recovered for Net Reporting Program 02 Deductible amount not fully recovered for Net Reporting Program 03 Gross Deductible Program			
77	<b>ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE</b> Report the 1-digit code that indicates if the claimant has an attorney or an authorized representative:	(N)	416	1
	<b>Code Description</b> 1 Yes 2 No			
78	<b>CONTROVERTED / DISPUTED CASE CODE</b> 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
	<b>Code Description</b> 1 Yes 2 No			

Field No.	Field Title/Description	Class	Position	Bytes
79	<p><b>DEDUCTIBLE REIMBURSEMENT CODE</b>                      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:</p> <p><b>Code Description</b>                      1 Yes                      2 No</p> <p>86 Element DCI form: Zero-fill. See "Deductible Code" field (Position 414–415).</p>	(N)	418	1
80	<p><b>PRODUCT LIABILITY SUBROGATION AMOUNT</b>                      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.)</p>	(N)	419-425	7
81	<p><b>AUTOMOBILE LIABILITY SUBROGATION AMOUNT</b>                      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.)</p>	(N)	426-432	7
82	<p><b>OTHER LIABILITY SUBROGATION AMOUNT</b>                      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.)</p>	(N)	433-439	7
83	<p><b>PAID EMPLOYER LEGAL EXPENSE AMOUNT</b>                      Report the amount paid to date by the employer or benefit payor for the services of the employer's attorney or authorized representative.</p>	(N)	440-446	7
84	<p><b>PAID CLAIMANT LEGAL EXPENSE AMOUNT</b>                      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.</p>	(N)	447-453	7
85	<p><b>PAID EXPERT WITNESS FEE AMOUNT</b>                      Report the amount paid to date in a legal proceeding for expert testimony or opinion.</p>	(N)	454-459	6
86	<p><b>PAID PENALTIES AMOUNT</b>                      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.)</p>	(N)	460-465	6
87	<p><b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE AMOUNT</b>                      Report the total amount paid to date for expenses directly attributable to a particular claim.</p>	(N)	466-472	7

Field No.	Field Title/Description	Class	Position	Bytes
88	<p><b>SOCIAL SECURITY BENEFIT OFFSET CODE</b>                      Report the 1-digit code that indicates whether any or all payments were offset by Social Security benefits (TX ONLY; otherwise, zero-fill.):</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	473	1
89	<p><b>UNEMPLOYMENT BENEFIT OFFSET CODE</b>                      Report the 1-digit code that indicates whether any or all payments were offset by unemployment benefits (TX ONLY; otherwise, zero-fill.):</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	474	1
90	<p><b>PENSION PLAN OFFSET CODE</b>                      Report the 1-digit code that indicates whether any or all payments were offset by pension benefits (TX ONLY; otherwise, zero-fill.):</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	475	1
91	<p><b>SPECIAL FUND BENEFIT OFFSET CODE</b>                      Report the 1-digit code that indicates whether any or all payments were offset by special fund benefits (TX ONLY; otherwise, zero-fill.):</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	476	1
92	<p><b>OTHER BENEFIT OFFSET CODE</b>                      Report the 1-digit code that indicates whether any or all payments were offset by other benefits (TX ONLY; otherwise, zero-fill.):</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	477	1

Field No.	Field Title/Description	Class	Position	Bytes
93	<p><b>MANAGED CARE ORGANIZATION (MCO) TYPE CODE</b>                      85 Element DCI form: Zero-fill this field.</p> <p>86 Element DCI form: Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses of this claim.</p> <p><b>Code Description</b></p> <p>00 The claim is not administered by an approved managed care organization</p> <p>01 The claim's medical losses are administered by an approved managed care organization not specifically listed in Codes 02–06 below</p> <p>02 The claim's medical losses are administered by an approved Health Maintenance Organization</p> <p>03 The claim's medical losses are administered by an approved Preferred Provider Organization</p> <p>04 The claim's medical losses are administered by an approved Exclusive Provider Organization</p> <p>05 The claim's medical losses are administered by an approved Independent Practice Association</p> <p>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.</p>	(N)	478-479	2
94	<b>RESERVED FOR FUTURE USE</b>		480-500	21

**SAMPLE CONTROL/VERIFICATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes								
<b>II. SAMPLE CONTROL/VERIFICATION RECORD</b>												
1	<b>RECORD TYPE CODE</b> Report "2".	(N)	1	1								
2	<b>CARRIER CODE</b> 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	<b>TRANSACTION CODE</b> Report the 1-digit code that indicates the type of transaction being submitted:  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Original</td> </tr> <tr> <td>2</td> <td>Revised</td> </tr> <tr> <td>3</td> <td>Correction</td> </tr> </table>	<b>Code</b>	<b>Description</b>	1	Original	2	Revised	3	Correction	(N)	7	1
<b>Code</b>	<b>Description</b>											
1	Original											
2	Revised											
3	Correction											
4	<b>REPORT DATE</b> Report the date corresponding to sample control submission, formatted YYMM.	(N)	8-11	4								
5	<b>JURISDICTION STATE CODE</b> Report the 2-digit code corresponding to the state under which the claims will be reported.	(N)	12-13	2								
6	<b>INDEMNITY CLAIMS ARISING TOTAL</b> 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	<b>POTENTIAL DCI CLAIMS AMOUNT</b> Report the amount of claims identified as potential DCI claims using the insurer's chosen method of primary sampling.	(N)	19-23	5								
8	<b>OPEN INDEMNITY CLAIMS AMOUNT</b> Report the amount of open indemnity claims contained in the Potential DCI Claims Amount (Position 19–23).	(N)	24-28	5								
9	<b>CLOSED PERMANENT PARTIAL INDEMNITY CLAIMS OR CLOSED NON-TEMPORARY TOTAL/TEMPORARY PARTIAL INDEMNITY CLAIMS AMOUNT</b> For claims reported to your company before January 1, 1995, report the amount 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.	(N)	29-33	5								

Field No.	Field Title/Description	Class	Position	Bytes
10	<b>CLOSED NON-PERMANENT PARTIAL INDEMNITY CLAIMS OR CLOSED TEMPORARY TOTAL/TEMPORARY PARTIAL INDEMNITY CLAIMS AMOUNT</b> 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	<b>SAMPLE OF FIELD 10 AMOUNT</b> 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	<b>DCI CLAIMS TOTAL</b> 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	<b>RESERVED FOR FUTURE USE</b>		49-500	452

Field No.	Field Title/Description	Class	Position	Bytes
<b>III. COMMON INFORMATION CHANGE RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "3".	(N)	1	1
2	<b>PREVIOUS CARRIER CODE</b> Report the 5-digit carrier code assigned by NCCI which was previously reported.	(N)	2-6	5
3	<b>PREVIOUS POLICY NUMBER IDENTIFIER</b> Report the alphanumeric characters previously reported on the claim to identify the policy.	(AN)	7-24	18
4	<b>PREVIOUS CLAIM NUMBER IDENTIFIER</b> Report the alphanumeric characters previously reported to identify the claim.	(AN)	25-42	18
5	<b>PREVIOUS REPORTED TO INSURER DATE</b> Report the date reported to the insurer as previously reported, formatted YYMMDD.	(N)	43-48	6
6	<b>PREVIOUS JURISDICTION STATE CODE</b> Report the 2-digit code assigned to the state of jurisdiction previously reported.	(N)	49-50	2
7	<b>RESERVED FOR FUTURE USE</b>		51-52	2
8	<b>REVISED CARRIER CODE</b> 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	<b>REVISED POLICY NUMBER IDENTIFIER</b> Report the alphanumeric characters that represent the revised policy number. If this field is not being revised, leave blank.	(AN)	58-75	18
10	<b>REVISED CLAIM NUMBER IDENTIFIER</b> Report the alphanumeric characters that present the revised claim number. If this field is not being revised, leave blank.	(AN)	76-93	18
11	<b>REVISED REPORTED TO INSURER DATE</b> 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	<b>REVISED JURISDICTION STATE CODE</b> 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

Field No.	Field Title/Description	Class	Position	Bytes								
13	<p><b>DELETION REASON CODE</b>                      Report the 2-digit code that provides the reason for deleting the claim. If the claim is not being deleted, report 0s.</p> <p>Use the following codes:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td><b>Inclusion Error:</b> Used when an inappropriate claim is mistakenly submitted.</td> </tr> <tr> <td>02</td> <td><b>Controverted Claim:</b> Used to delete claims that have been controverted with no payments made.</td> </tr> <tr> <td>03</td> <td><b>Rebuilding Claim Records:</b> Used in the event that an insurer needs to "rebuild" a claim by processing or deleting several reports.</td> </tr> </tbody> </table>	Code	Description	01	<b>Inclusion Error:</b> Used when an inappropriate claim is mistakenly submitted.	02	<b>Controverted Claim:</b> Used to delete claims that have been controverted with no payments made.	03	<b>Rebuilding Claim Records:</b> Used in the event that an insurer needs to "rebuild" a claim by processing or deleting several reports.	(N)	102-103	2
Code	Description											
01	<b>Inclusion Error:</b> Used when an inappropriate claim is mistakenly submitted.											
02	<b>Controverted Claim:</b> Used to delete claims that have been controverted with no payments made.											
03	<b>Rebuilding Claim Records:</b> Used in the event that an insurer needs to "rebuild" a claim by processing or deleting several reports.											
14	<p><b>CIC FATAL ERROR CODE (DCO Use Only)</b>                      This field contains the Fatal Error code found for this Common Information Change (CIC) record. Refer to the applicable DCO's Call for Detailed Claim Information manual for Fatal Error codes and descriptions.</p>	(N)	104-105	2								
15	<b>RESERVED FOR FUTURE USE</b>		106-500	397								

Field No.	Field Title/Description	Class	Position	Bytes
<b>IV. DETAILED CLAIM INFORMATION CLAIM CORRECTION RECORD</b>				
1	<b>RECORD TYPE CODE</b> 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	<b>CARRIER CODE</b> The 5-digit carrier code submitted for this claim.	(N)	2-6	5
3	<b>POLICY NUMBER IDENTIFIER</b> The alphanumeric characters identifying the policy as submitted for this claim.	(AN)	7-24	18
4	<b>POLICY EFFECTIVE DATE</b> The effective date of the policy, formatted YYMMDD, as submitted for this claim.	(N)	25-30	6
5	<b>CLAIM NUMBER IDENTIFIER</b> The alphanumeric characters identifying this claim as submitted for this claim.	(AN)	31-48	18
6	<b>REPORT TYPE CODE</b> The 2-digit code indicating the valuation of the information reported as submitted for this claim.	(N)	49-50	2
7	<b>TRANSACTION CODE</b> The 1-digit code identifying the type of transaction as submitted for this claim.	(N)	51	1
8	<b>JURISDICTION STATE CODE</b> The 2-digit code, corresponding to the state act under which payment of benefits is being made.	(N)	52-53	2
9	<b>ACCIDENT STATE CODE</b> 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	<b>REPORTED TO INSURER DATE</b> The date the claim was reported to the insurer, formatted YYMMDD, as submitted for this claim.	(N)	56-61	6
11	<b>RESERVED FOR FUTURE USE</b> Previously Social Security Number.		62-70	9
12	<b>RESERVED FOR FUTURE USE</b>		71-90	20

Field No.	Field Title/Description	Class	Position	Bytes
13	<b>LOGICAL OR FATAL ERROR CODES FOR THIS CLAIM</b> 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 have been identified, the remainder of this field will be blank.	(AN)	91-495	405
14	<b>RESERVED FOR FUTURE USE</b>		496-500	5

Field No.	Field Title/Description	Class	Position	Bytes																				
<b>V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS</b>																								
1	<b>RECORD TYPE CODE</b> 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.  <b>NOTE:</b> Positions 49–50 identifies the Subsequent Report that is due and Position 51 will always be 1 (Original).	(AN)	1	1																				
2	<b>CARRIER CODE</b> The 5-digit individual carrier code or group code number assigned by NCCI.	(N)	2-6	5																				
3	<b>POLICY NUMBER IDENTIFIER</b> The alphanumeric characters submitted for uniquely identifying the policy.	(AN)	7-24	18																				
4	<b>POLICY EFFECTIVE DATE</b> The effective date of the policy, formatted YYMMDD.	(N)	25-30	6																				
5	<b>CLAIM NUMBER IDENTIFIER</b> The alphanumeric characters submitted for uniquely identifying the claim.	(AN)	31-48	18																				
6	<b>REPORT TYPE CODE</b> The 2-digit code which indicates the valuation of the information to be reported.  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Not Applicable</td></tr> <tr><td>02</td><td>18 months</td></tr> <tr><td>03</td><td>30 months</td></tr> <tr><td>04</td><td>42 months</td></tr> <tr><td>05</td><td>54 months</td></tr> <tr><td>06</td><td>66 months</td></tr> <tr><td>07</td><td>78 months</td></tr> <tr><td>08</td><td>90 months</td></tr> <tr><td>09</td><td>102 months</td></tr> </tbody> </table>	Code	Description	01	Not Applicable	02	18 months	03	30 months	04	42 months	05	54 months	06	66 months	07	78 months	08	90 months	09	102 months	(N)	49-50	2
Code	Description																							
01	Not Applicable																							
02	18 months																							
03	30 months																							
04	42 months																							
05	54 months																							
06	66 months																							
07	78 months																							
08	90 months																							
09	102 months																							
7	<b>TRANSACTION CODE</b> The 1-digit code of the Report Type due:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>Original</td></tr> </tbody> </table>	Code	Description	1	Original	(N)	51	1																
Code	Description																							
1	Original																							
8	<b>JURISDICTION STATE CODE</b> The 2-digit code corresponding to the state act under which payment of benefits is being made.	(N)	52-53	2																				
9	<b>ACCIDENT STATE CODE</b> 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	<b>REPORTED TO INSURER DATE</b> The date the claim was reported to the insurer, formatted YYMMDD.	(N)	56-61	6																				

Field No.	Field Title/Description	Class	Position	Bytes												
11	<b>RESERVED FOR FUTURE USE</b> Previously Social Security Number, which is no longer applicable.		62-70	9												
12	<b>EMPLOYER NAICS CODE</b> 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	<b>RESERVED FOR FUTURE USE</b>		77-90	14												
14	<b>EMPLOYER FEDERAL TAX NUMBER</b> The 9-digit Federal Tax Number assigned to each employer for federal tax purposes.	(N)	91-99	9												
15	<b>EMPLOYER SIC CODE</b> 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	<b>EMPLOYER PAYROLL CODE</b> The 1-digit code which represents the range corresponding to the employer's payroll in the state of jurisdiction:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$0</td> </tr> <tr> <td>2</td> <td>\$1-\$100,000</td> </tr> <tr> <td>3</td> <td>\$100,001-\$1,000,000</td> </tr> <tr> <td>4</td> <td>\$1,000,001-\$10,000,000</td> </tr> <tr> <td>5</td> <td>Over \$10,000,000</td> </tr> </tbody> </table>	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	(N)	104	1
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															
17	<b>INJURY SITE ZIP CODE</b> 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, the first five characters in the zip code.	(AN)	105-109	5												
18	<b>RESERVED FOR FUTURE USE</b> Previously Employee Name.		110-116	7												
19	<b>SEX OF CLAIMANT CODE</b> The 1-digit code which indicates the sex of the claimant:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> <tr> <td>3</td> <td>Unknown</td> </tr> </tbody> </table>	Code	Description	1	Male	2	Female	3	Unknown	(N)	117	1				
Code	Description															
1	Male															
2	Female															
3	Unknown															

Field No.	Field Title/Description	Class	Position	Bytes
20	<p><b>MARITAL STATUS CODE</b>                      The 1-digit code which indicates the marital status of the claimant at the time of injury:</p> <p><b>Code Description</b>                      1 Single, Divorced or Widowed                      2 Married                      3 Separated                      4 Unknown</p>	(N)	118	1
21	<p><b>BIRTH DATE</b>                      The claimant's actual or estimated date of birth, formatted YYMMDD.</p>	(N)	119-124	6
22	<p><b>HIRE DATE</b>                      The date on which the claimant began his/her most recent employment with the employer, formatted YYMMDD.</p>	(N)	125-130	6
23	<p><b>OCCUPATION CODE</b>                      Reserved for future use. Left blank.</p>	(AN)	131-132	2
24	<p><b>EMPLOYMENT STATUS CODE</b>                      The 1-character code which identifies the employment status at the time the injury or occupational disease was first reported:</p> <p><b>Code Description</b>                      1 Regular Employee                      2 Part-Time Employee                      3 Unemployed                      4 On Strike                      5 Disabled                      6 Retired                      7 Other                      8 Seasonal Worker                      9 Volunteer Worker                      A Apprenticeship—Full-Time                      B Apprenticeship—Part-Time                      C Piece Worker</p>	(AN)	133	1
25	<p><b>INJURY/ACCIDENT DATE</b>                      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.</p>	(N)	134-139	6
26	<p><b>CLASSIFICATION CODE</b>                      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.</p>	(N)	140-143	4
27	<p><b>PART OF BODY CODE</b>                      The 2-digit code that corresponds to the part of the body to which the injury occurred.</p>	(N)	144-145	2

Field No.	Field Title/Description	Class	Position	Bytes
28	<b>NATURE OF INJURY CODE</b> The 2-digit code that corresponds to the nature of the injury sustained by the claimant.	(N)	146-147	2
29	<b>CAUSE OF INJURY CODE</b> The 2-digit code that corresponds to the cause of the injury.	(N)	148-149	2
30	<b>LOSS COVERAGE CODE</b> 85 Element DCI form: The 2-digit code that corresponds to the portion of the Workers' Compensation Law under which the claim is covered.  86 Element DCI form: See "Loss Condition Codes" field (Positions 197–206).	(N)	150-151	2
31	<b>AMOUNT OF DEPENDENTS</b> The amount of children or other individuals that the claimant is legally required to financially support.	(AN)	152-153	2
32	<b>PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT</b> The claimant's average weekly wage.	(N)	154-158	5
33	<b>METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE</b> The 1-digit code that indicates the method in which the pre-injury wage was determined:  <b>Code Description</b> 1 Actual Wage 2 Estimated Wage 3 Minimum Weekly Benefit 4 Maximum Weekly Benefit	(N)	159	1
34	<b>OTHER WEEKLY PAYMENT AMOUNTS</b> 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	<b>REPORTED TO EMPLOYER DATE</b> The date the claimant reported the injury to the employer, formatted YYMMDD.	(N)	165-170	6
36	<b>SURGERY CODE</b> The 1-digit code that indicates if the claimant has undergone surgery as a result of the injury:  <b>Code Description</b> 1 Yes 2 No	(N)	171	1
37	<b>CLAIM STATUS CODE</b> 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

Field No.	Field Title/Description	Class	Position	Bytes
38	<b>CLOSING DATE</b> The date the claim was closed, formatted YYMMDD. If the claim is open, report 0s.	(N)	173-178	6
39	<b>FIRST PAYMENT DATE</b> 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	<b>DISABILITY START DATE</b> 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	<b>RETURN TO WORK DATE</b> 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
42	<b>LOSS CONDITION CODES (Act Code, Type of Loss Code, Type of Recovery Code, TYPE OF CLAIM, and Type of Settlement Code)</b> 85 Element DCI form: Zero-filled.  86 Element DCI form: The 2-digit code for each loss condition: act, type of loss, type of recovery, type of claim, and type of settlement.	(N)	197-206	10
	<b>ACT CODE</b>	(N)	197-198	2
	<b>Code Description</b>			
	01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act			
	02 USL&HW "F" and USL&HW Coverage on Non-"F" classes			
	03 Coverage under the Federal Coal Mine Health and Safety Act only			
	04 Coverage under the Federal Coal Mine Health and Safety Act and the State Act			
	05 Oil and Other Mineral Over Water (Not Applicable: NCCI)			
	<b>TYPE OF LOSS CODE</b>	(N)	199-200	2
	<b>Code Description</b>			
	01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act			
	02 USL&HW "F" and USL&HW Coverage on Non-"F" classes			
	03 Coverage under the Federal Coal Mine Health and Safety Act only			

REQUEST SUBSEQUENT DETAILED CLAIM INFO

Field No.	Field Title/Description	Class	Position	Bytes
	<b>TYPE OF RECOVERY CODE</b>	(N)	201-202	2
	<b>Code Description</b>			
	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			
	<b>TYPE OF CLAIM CODE</b>	(N)	203-204	2
	<b>Code Description</b>			
	01 Workers Compensation only			
	02 Employers Liability only			
	03 Workers Compensation including Employers Liability			
	04 Liability Over			
	05 Excess Benefits (NCCI only)			
	06 Excess Special Compensation (NCCI only)			
	<b>TYPE OF SETTLEMENT CODE</b>	(N)	205-206	2
	<b>Code Description</b>			
	00 Claim not subject to Settlement			
	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			
43	<b>RESERVED FOR FUTURE USE</b>		207-216	10
44	<b>TOTAL INCURRED INDEMNITY AMOUNT</b> Total amount of paid plus outstanding indemnity benefits including vocational rehabilitation.	(N)	217-224	8
45	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 227–233 and 234–238.	(N)	225-226	2
46	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	227-233	7
47	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	234-238	5
48	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 241–247 and 248–252.	(N)	239-240	2
49	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	241-247	7

REQUEST SUBSEQUENT DETAILED CLAIM INFO

Field No.	Field Title/Description	Class	Position	Bytes
50	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	248-252	5
51	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 255–261 and 262–266.	(N)	253-254	2
52	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	255-261	7
53	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	262-266	5
54	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 269–275 and 276–280.	(N)	267-268	2
55	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	269-275	7
56	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	276-280	5
57	<b>BENEFIT TYPE/INJURY TYPE AMOUNT</b> The 2-digit code that corresponds to the benefits reported in Positions 283–289 and 290–294.	(N)	281-282	2
58	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	283-289	7
59	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	290-294	5
60	<b>TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT</b> The total amount paid to date plus anticipated future amounts to be paid for vocational rehabilitation services.	(N)	295-302	8
61	<b>PAID VOCATIONAL REHABILITATION EVALUATION EXPENSE AMOUNT</b> 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	<b>PAID VOCATIONAL REHABILITATION MAINTENANCE BENEFIT AMOUNT</b> The amount paid to date as a maintenance benefit while the claimant is participating in a vocational rehabilitation program.	(N)	310-316	7

Field No.	Field Title/Description	Class	Position	Bytes
63	<b>PAID VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT</b> The amount paid to date for training including tuition, books, tools, transportation and additional living expenses.	(N)	317-323	7
64	<b>OTHER VOCATIONAL REHABILITATION AMOUNT</b> The amount paid to date for all other phases of the vocational rehabilitation process.	(N)	324-330	7
65	<b>TOTAL INCURRED MEDICAL AMOUNT</b> The total amount paid plus all anticipated future amounts to be paid for medical services.	(N)	331-338	8
66	<b>PAID HOSPITAL COSTS AMOUNT</b> The amount paid to date for both inpatient and outpatient services.	(N)	339-345	7
67	<b>TOTAL PAYMENTS TO PHYSICIANS AMOUNT</b> The amount paid to date to treating physicians including all clinic and office visits.	(N)	346-352	7
68	<b>OTHER MEDICAL AMOUNT</b> The amount paid to date for all other medical services.	(N)	353-359	7
69	<b>POST-INJURY WEEKLY WAGE AMOUNT</b> The weekly wage amount that the claimant earns upon returning to employment.	(N)	360-364	5
70	<b>IMPAIRMENT PERCENTAGE</b> 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	<b>MAXIMUM MEDICAL IMPROVEMENT DATE</b> The date after which further recovery or lasting improvements can no longer be anticipated, formatted YYMMDD.	(N)	368-373	6
72	<b>PAID FUNERAL EXPENSE AMOUNT</b> The amount paid for the funeral of the deceased employee.	(N)	374-379	6
73	<b>PAID LUMP SUM SETTLEMENT AMOUNT</b> The amount paid to the claimant in a single amount for settlement.	(N)	380-387	8
74	<b>PAID EMPLOYERS LIABILITY AMOUNT</b> The amount of benefits paid due to the alleged negligence of the employer.	(N)	388-395	8
75	<b>RESERVED FOR FUTURE USE</b>		396-413	18

Field No.	Field Title/Description	Class	Position	Bytes
76	<p><b>DEDUCTIBLE CODE</b>                      85 Element DCI form: Zero-fill. See "Deductible Reimbursement Code," (Position 418).</p> <p>86 Element DCI form: The 2-digit code that identifies if the deductible has been fully recovered or if the claim is covered under a gross deductible program:</p> <p><b>Code Description</b>                      00 No Deductible Program                      01 Deductible amount fully recovered for Net Reporting Program                      02 Deductible amount not fully recovered for Net Reporting Program                      03 Gross Deductible Program</p>	(N)	414-415	2
77	<p><b>ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE</b>                      The 1-digit code that indicates if the claimant has an attorney or an authorized representative:</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	416	1
78	<p><b>CONTROVERTED/DISPUTED CASE CODE</b>                      The 1-digit code that indicates whether the claim is or was ever contested or disputed for compensability and/or disability by the insurer:</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	417	1
79	<p><b>DEDUCTIBLE REIMBURSEMENT CODE</b>                      85 Element DCI form: The 1-digit code that indicates if the employer has reimbursed the insurer for a portion of the loss costs:</p> <p><b>Code Description</b>                      1 Yes                      2 No</p> <p>86 Element DCI form: Zero-fill. See "Deductible Code," (Position 414-415).</p>	(N)	418	1
80	<p><b>PRODUCT LIABILITY SUBROGATION AMOUNT</b>                      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.</p>	(N)	419-425	7
81	<p><b>AUTOMOBILE LIABILITY SUBROGATION AMOUNT</b>                      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.</p>	(N)	426-432	7

REQUEST SUBSEQUENT DETAILED CLAIM INFO

Field No.	Field Title/Description	Class	Position	Bytes						
82	<b>OTHER LIABILITY SUBROGATION AMOUNT</b> 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	<b>PAID EMPLOYER LEGAL EXPENSE AMOUNT</b> 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	<b>PAID CLAIMANT LEGAL EXPENSE AMOUNT</b> 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	<b>PAID EXPERT WITNESS FEE AMOUNT</b> The amount paid to date in a legal proceeding for expert testimony or opinion.	(N)	454-459	6						
86	<b>PAID PENALTIES AMOUNT</b> 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	<b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE AMOUNT</b> The total amount paid to date for expenses directly attributable to a particular claim.	(N)	466-472	7						
88	<b>SOCIAL SECURITY BENEFIT OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by Social Security benefits:  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<b>Code</b>	<b>Description</b>	1	Yes	2	No	(N)	473	1
<b>Code</b>	<b>Description</b>									
1	Yes									
2	No									
89	<b>UNEMPLOYMENT BENEFIT OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by unemployment benefits:  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<b>Code</b>	<b>Description</b>	1	Yes	2	No	(N)	474	1
<b>Code</b>	<b>Description</b>									
1	Yes									
2	No									
90	<b>PENSION PLAN OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by pension benefits:  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<b>Code</b>	<b>Description</b>	1	Yes	2	No	(N)	475	1
<b>Code</b>	<b>Description</b>									
1	Yes									
2	No									
91	<b>SPECIAL FUND BENEFIT OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by special fund benefits:  <table border="0"> <tr> <td><b>Code</b></td> <td><b>Description</b></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<b>Code</b>	<b>Description</b>	1	Yes	2	No	(N)	476	1
<b>Code</b>	<b>Description</b>									
1	Yes									
2	No									

Field No.	Field Title/Description	Class	Position	Bytes
92	<p><b>OTHER BENEFIT OFFSET CODE</b>                      The 1-digit code that indicates whether any or all payments were offset by other benefits:</p> <p><b>Code Description</b>                      1 Yes                      2 No</p>	(N)	477	1
93	<p><b>MANAGED CARE ORGANIZATION TYPE (MCO) CODE</b>                      85 Element DCI form: Zero-filled.</p> <p>86 Element DCI form: The 2-digit code last reported corresponding to the type of organization administering the applicable medical losses of this claim:</p> <p><b>Code Description</b>                      00 The claim is not administered by an approved managed care organization                      01 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.</p>	(N)	478-479	2
94	<b>RESERVED FOR FUTURE USE</b>		480-500	21

Field No.	Field Title/Description	Class	Position	Bytes
<b>VI. SUBMISSION CONTROL RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "9".	(N)	1	1
2	<b>RECORD TYPE 1 TOTAL</b> Report the total of all Record Type 1 records in the submission.	(N)	2-8	7
3	<b>RECORD TYPE 2 TOTAL</b> Report the total of all Record Type 2 records in the submission.	(N)	9-15	7
4	<b>RECORD TYPE 3 TOTAL</b> Report the total of all Record Type 3 records in the submission.	(N)	16-22	7
5	<b>RESERVED FOR FUTURE USE</b>		23-57	35
6	<b>SUBMISSION RECORD TOTAL</b> Report the total of all Record Types 1, 2 and 3 in the submission. Do not count the submission control record in this total.  For files 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.	(N)	58-64	7
7	<b>RESERVED FOR FUTURE USE</b>		65-99	35
8	<b>RECORD TYPE A TOTAL</b> The total count of all Record Type A records in the submission.	(N)	100-106	7
9	<b>RECORD TYPE B TOTAL</b> The total count of all Record Type B records in the submission.	(N)	107-113	7
10	<b>RESERVED FOR FUTURE USE</b>		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**





**WORKERS COMPENSATION**  
**CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)**  
**APPENDIX II**  
**RESERVED FOR FUTURE USE**