

**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 (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 Reporting Guidebook and Texas Department of Insurance 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)

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Gary Gola  
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333 Guadalupe Street  
Austin, TX 78714-9104  
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**WORKERS COMPENSATION**  
**CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)**  
**SECTION 1**  
**RECORD LAYOUTS AND REPORTING INSTRUCTIONS**

**For NCCI DCI states for claims with Reported to Insurer Date of September 2009 and later**  
**For Texas claims with Reported to Insurer Date of September 2010 and later**

**Manuals to be used for the specific details, codes and tables:**

NCCI Detailed Claim Information Reporting Guidebook, 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 all Detailed Claim Information (DCI) valuation levels.

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.	(N)	2-6	5
3	<b>RESERVED FOR FUTURE USE</b>		7-11	5
4	<b>POLICY NUMBER IDENTIFIER</b> Report the unique set of numbers and/or letters that identify the policy under which the claim occurred.	(AN)	12-29	18
5	<b>POLICY EFFECTIVE DATE</b> Report the effective date of the policy, formatted CCYYMMDD.	(N)	30-37	8
6	<b>VALUATION LEVEL CODE</b> Report the code that corresponds to the loss valuation date per the Valuation Level Code table.	(N)	38-40	3
	<b>Code Valuation Level</b>			
	006 Valued 18 months from Reported to Insurer Date (TX Only)			
	018 Valued 18 months from Reported to Insurer Date			
	030 Valued 30 months from Reported to Insurer Date			
	042 Valued 42 months from Reported to Insurer Date			
	054 Valued 54 months from Reported to Insurer Date			
	066 Valued 66 months from Reported to Insurer Date			
	078 Valued 78 months from Reported to Insurer Date			
	090 Valued 90 months from Reported to Insurer Date			
	102 Valued 102 months from Reported to Insurer Date			
	114 Valued 114 months from Reported to Insurer Date			
7	<b>REPLACEMENT REPORT CODE</b> Report Replacement Report Code "R" if the record being submitted corrects a nonrejected data element or data elements previously reported with an incorrect value.	(AN)	41	1
	<b>Code Description</b>			
	R Replaces a previous report due to incorrect value (not rejected)			

Field No.	Field Title/Description	Class	Position	Bytes														
8	<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)	42-53	12														
9	<b>RESERVED FOR FUTURE USE</b>		54-70	17														
10	<b>JURISDICTION STATE CODE</b> Report the code that corresponds to the state under whose Workers Compensation Act or Employers Liability Act the claimant's benefits are being paid.	(N)	71-72	2														
11	<b>ACCIDENT STATE CODE</b> Report the code that corresponds to the state or foreign location where the claimant was injured or contracted disease. The Accident State does not have to be the same as the jurisdiction state.	(N)	73-74	2														
12	<b>ACCIDENT DATE</b> Report the date the claimant was injured, formatted CCYYMMDD.	(N)	75-82	8														
13	<b>REPORTED TO INSURER DATE</b> Report the date the claim was originally reported to the insurer, formatted YYYYMMDD. The Reported to Insurer Date must be after or the same as Accident Date (Positions 75–82).	(N)	83-90	8														
14	<b>CLASSIFICATION CODE</b> Report the class code assigned to the injured employee's payroll or other exposure according to the rules of, or as defined by, the jurisdiction. Verify that the classification code is valid for the state and effective date of the policy.	(N)	91-94	4														
15	<b>TYPE OF LOSS</b> Report the code that corresponds to the type of injury, condition, or disorder.	(N)	95-96	2														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Trauma</td> </tr> <tr> <td>02</td> <td>Occupational Disease</td> </tr> <tr> <td>03</td> <td>Cumulative Injury Other Than Disease</td> </tr> </tbody> </table>	Code	Description	01	Trauma	02	Occupational Disease	03	Cumulative Injury Other Than Disease									
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01	Trauma																	
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03	Cumulative Injury Other Than Disease																	
16	<b>TYPE OF RECOVERY</b> Report the code that corresponds to the type of recovery received or anticipated.	(N)	97-98	2														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>No Recovery</td> </tr> <tr> <td>02</td> <td>Second Injury Fund Only</td> </tr> <tr> <td>03</td> <td>Subrogation Only (Third Party)</td> </tr> <tr> <td>04</td> <td>Subrogation (Third Party) With Second Injury Fund</td> </tr> <tr> <td>05</td> <td>Joint Coverage—Without Subrogation (MA, NC Only)</td> </tr> <tr> <td>06</td> <td>Joint Coverage—With Subrogation (NC Only)</td> </tr> </tbody> </table>	Code	Description	01	No Recovery	02	Second Injury Fund Only	03	Subrogation Only (Third Party)	04	Subrogation (Third Party) With Second Injury Fund	05	Joint Coverage—Without Subrogation (MA, NC Only)	06	Joint Coverage—With Subrogation (NC Only)			
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01	No Recovery																	
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Field No.	Field Title/Description	Class	Position	Bytes
17	<p><b>TYPE OF CLAIM</b>                      Report the code that corresponds to the provision(s) of the policy under which the loss was incurred.</p> <p><b>Code      Description</b>                      01      Workers Compensation                      02      Employers Liability Only                      03      Workers Compensation Including Employers Liability                      04      Liability Over                      05      Excess Benefits                      06      Excess Special Compensation</p>	(N)	99-100	2
18	<p><b>CLAIMANT GENDER CODE</b>                      Report the code that corresponds to the claimant's gender.</p> <p><b>Code      Description</b>                      1      Male                      2      Female                      3      Other</p>	(N)	101	1
19	<p><b>BIRTH YEAR</b>                      Report the year the claimant was born, formatted YYYY.</p>	(N)	102-105	4
20	<p><b>HIRE YEAR</b>                      Report the year the claimant was hired formatted YYYY.</p>	(N)	106-109	4
21	<p><b>RESERVED FOR FUTURE USE</b></p>		110-113	4
22	<p><b>PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT</b>                      Report the average weekly wage of the claimant or deceased worker at Accident Date (Positions 75–82).</p>	(N)	114-118	5
23	<p><b>METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE</b>                      Report the code that corresponds to the method used to determine the Pre-injury/Average Weekly Wage Amount (Positions 114–118).</p> <p><b>Code      Description</b>                      1      Actual Wage                      2      Estimated Wage                      3      Minimum Weekly Benefit                      4      Maximum Weekly Benefit</p>	(N)	119	1
24-26	<p><b>INJURY DESCRIPTION CODES</b>                      This data element is comprised of the following data elements:                      Part of Body, Nature of Injury and Cause of Injury.</p> <p>Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.</p>		120-125	6
24	<p><b>PART OF BODY</b>                      Report the code that corresponds to the part of the claimant's body that sustained the injury.</p>	(N)	120-121	2

Field No.	Field Title/Description	Class	Position	Bytes
25	<b>NATURE OF INJURY</b> Report the code that corresponds to the nature of the injury sustained by the claimant.	(N)	122-123	2
26	<b>CAUSE OF INJURY</b> Report the code that corresponds to the cause of injury sustained by the claimant.	(N)	124-125	2
27	<b>CLAIM / STATUS CODE</b> Report the code that corresponds to the current status of the claim at the time of loss valuation.	(N)	126	1
28	<b>CLOSING DATE</b> Report the most recent date as of loss valuation that the claim was closed only if Claim/Status Code (Position 126) is reported as "1" (Closed), formatted CCYYMMDD.	(N)	127-134	8
29	<b>INCURRED INDEMNITY AMOUNT TOTAL</b> Report the total amount to date of all paid and current outstanding (reserve) indemnity benefits excluding loss adjustment expenses (e.g., ALAE and ULAE).	(N)	135-143	9
30	<b>BENEFIT TYPE CODE</b> Report the 2-digit code that corresponds to the type of benefits reported in positions 146-154 and 155-160.  At least one Benefit Type Code must be reported for all claims for which a benefit payment has been made that was not part of a Lump Sum Settlement. If there have been no benefits other than those covered by a lump sum settlement, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Settlement Code (Positions 341–342, 352–353, 363–364, 374–375, 385–386, 396–397).	(N)	144-145	2
31	<b>BENEFIT AMOUNT PAID</b> Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 144-145.	(N)	146-154	9
32	<b>WEEKLY BENEFIT</b> Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code indicated in positions 144-145.	(N)	155-160	6
33	<b>BENEFIT TYPE CODE</b> Report the 2-digit code that corresponds to the type of benefits reported in positions 163-171 and 172-177.	(N)	161-162	2
34	<b>BENEFIT AMOUNT PAID</b> Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 161-162.	(N)	163-171	9

Field No.	Field Title/Description	Class	Position	Bytes
35	<b>WEEKLY BENEFIT</b> Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code indicated in positions 161-162.	(N)	172-177	6
36	<b>BENEFIT TYPE CODE</b> Report the 2-digit code that corresponds to the type of benefits reported in positions 180-188 and 189-194.	(N)	178-179	2
37	<b>BENEFIT AMOUNT PAID</b> Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 178-179.	(N)	180-188	9
38	<b>WEEKLY BENEFIT</b> Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code indicated in positions 178-179.	(N)	189-194	6
39	<b>BENEFIT TYPE CODE</b> Report the 2-digit code that corresponds to the type of benefits reported in positions 197-205 and 206-211.	(N)	195-196	2
40	<b>BENEFIT AMOUNT PAID</b> Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 195-196.	(N)	197-205	9
41	<b>WEEKLY BENEFIT</b> Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code indicated in positions 195-196.	(N)	206-211	6
42	<b>BENEFIT TYPE CODE</b> Report the 2-digit code that corresponds to the type of benefits reported in positions 214-222 and 223-228.	(N)	212-213	2
43	<b>BENEFIT AMOUNT PAID</b> Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 212-213.	(N)	214-222	9
44	<b>WEEKLY BENEFIT</b> Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximums, paid to the claimant for the corresponding Benefit Type Code indicated in positions 212-213.	(N)	223-228	6
45	<b>RESERVED FOR FUTURE USE</b>		229-245	17

Field No.	Field Title/Description	Class	Position	Bytes
46	<b>VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID</b> Report the amount paid to date for testing and evaluating the claimant's ability, aptitude, and/or attitude in determining suitability for vocation rehabilitation or placement.	(N)	246-254	9
47	<b>VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID</b> Report the amount paid to date for any expense that enables the claimant to receive or participate in a Vocational Rehabilitation service.	(N)	255-263	9
48	<b>VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT PAID</b> Report the amount paid to date for education/training costs including tuition, books, and tools.	(N)	264-272	9
49	<b>VOCATIONAL REHABILITATION - OTHER AMOUNT PAID</b> Report the amount paid to date for any other phases of the vocational rehabilitation program not reported as: Vocational Rehabilitation Education Expense Amount Paid (Positions 264–272); Vocational Rehabilitation Evaluation Expense Amount Paid (Positions 246–254); Vocational Rehabilitation Maintenance Benefit Amount Paid (Positions 255–263).	(N)	273-281	9
50	<b>INCURRED MEDICAL AMOUNT TOTAL</b> Report the total to date of all paid and current outstanding (reserve) amounts for physicians, hospitals, drugs, physical rehabilitation, and other related services, excluding loss adjustment expenses (e.g., ALAE and ULAE).	(N)	282-290	9
51	<b>PAID MEDICAL AMOUNT TOTAL</b> Report all paid amounts to date for physicians, hospitals, drugs, physical rehabilitation, and other related services, excluding loss adjustment expenses (e.g., ALAE and ULAE) and medical-only lump sum settlement amounts.	(N)	291-299	9
52	<b>POST-INJURY WEEKLY WAGE AMOUNT</b> Report the weekly wage amount that the claimant earns and that is used to determine the benefits when the claimant returns to work.	(N)	300-308	9
53	<b>IMPAIRMENT/DISABILITY PERCENTAGE</b> Report the percentage of impairment or disability only for states where impairment rating or disability rating is used to determine benefits and then for those claims where an impairment rating or disability rating was used to determine benefits. If applicable, this field must be completed if Claim/Status Code (Position 126) is reported as "1" (Closed).	(N)	309-311	3

Field No.	Field Title/Description	Class	Position	Bytes						
54	<p><b>IMPAIRMENT PERCENTAGE BASIS CODE</b>                      Report the code that corresponds to whether the impairment rating was based on the whole body or part of body only if an impairment percentage is reported in Impairment/Disability Percentage (Positions 309–311). If applicable, this field must be completed if Claim/Status Code (Position 126) is reported as “1” (Closed).</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Impairment Percentage Based on Whole Body</td> </tr> <tr> <td>2</td> <td>Impairment Percentage Based on Part of Body</td> </tr> </tbody> </table>	Code	Description	1	Impairment Percentage Based on Whole Body	2	Impairment Percentage Based on Part of Body	(N)	312	1
Code	Description									
1	Impairment Percentage Based on Whole Body									
2	Impairment Percentage Based on Part of Body									
55	<p><b>MAXIMUM MEDICAL IMPROVEMENT DATE</b>                      Report the Maximum Medical Improvement (MMI) Date for those claims where a Permanent Total benefit (Benefit Type Code 02—Permanent Total Disability) or a Permanent Partial benefit (Benefit Type Code 03—Scheduled Permanent Partial, 04—Unscheduled Permanent Partial, or 09—Permanent Partial Disfigurement) has been paid or is expected to be paid after final determination of MMI, formatted CCYMMDD. If applicable, this field must be completed if Claim Status Code (Position 126) is reported as “1” (Closed).</p>	(N)	313-320	8						
56	<p><b>ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR</b>                      Report “Y” or “N” to indicate whether or not the claimant has an attorney or authorized representative.</p> <table border="1"> <thead> <tr> <th>Indicator</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Claimant has an attorney or authorized representative</td> </tr> <tr> <td>N</td> <td>Claimant does not have an attorney or authorized representative</td> </tr> </tbody> </table>	Indicator	Description	Y	Claimant has an attorney or authorized representative	N	Claimant does not have an attorney or authorized representative	(A)	321	1
Indicator	Description									
Y	Claimant has an attorney or authorized representative									
N	Claimant does not have an attorney or authorized representative									
57	<p><b>CONTROVERTED/DISPUTED CASE INDICATOR</b>                      Report “Y” or “N” to indicate whether or not this claim is or was ever contested or disputed for compensability and/or disability by the insurer.</p> <table border="1"> <thead> <tr> <th>Indicator</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>This claim is or was contested or disputed for compensability and/or disability.</td> </tr> <tr> <td>N</td> <td>This claim is not or has not been contested or disputed for compensability and/or disability.</td> </tr> </tbody> </table>	Indicator	Description	Y	This claim is or was contested or disputed for compensability and/or disability.	N	This claim is not or has not been contested or disputed for compensability and/or disability.	(A)	322	1
Indicator	Description									
Y	This claim is or was contested or disputed for compensability and/or disability.									
N	This claim is not or has not been contested or disputed for compensability and/or disability.									
58	<p><b>CLAIMANT’S ATTORNEY FEES INCURRED AMOUNT PAID</b>                      Report the amount paid by the claimant only when a separate payment is made to the claimant attorney (i.e., separate checks); otherwise, zero-fill and include in Benefit Amount Paid (Positions 146–154, 163–171, 180–188, 197–205, 214–222).</p>	(N)	323-331	9						

Field No.	Field Title/Description	Class	Position	Bytes
59	<b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID</b> Report the amount paid by the employer or benefit payer for the services of an attorney or authorized representative.	(N)	332-340	9
60	<b>BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE</b> Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid in Positions 343-351.	(N)	341-342	2
61	<b>LUMP SUM SETTLEMENT AMOUNT PAID</b> Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefit Type Covered by Lump Sum Settlement Code in Positions 341-342.	(N)	343-351	9
62	<b>BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE</b> Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid in Positions 354-362.	(N)	352-353	2
63	<b>LUMP SUM SETTLEMENT AMOUNT PAID</b> Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefit Type Covered by Lump Sum Settlement Code in Positions 352-353.	(N)	354-362	9
64	<b>BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE</b> Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid in Positions 365-373.	(N)	363-364	2
65	<b>LUMP SUM SETTLEMENT AMOUNT PAID</b> Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefit Type Covered by Lump Sum Settlement Code in Positions 363-364.	(N)	365-373	9
66	<b>BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE</b> Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid in Positions 376-384.	(N)	374-375	2
67	<b>LUMP SUM SETTLEMENT AMOUNT PAID</b> Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefit Type Covered by Lump Sum Settlement Code in Positions 374-375.	(N)	376-384	9
68	<b>BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE</b> Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid in Positions 387-395.	(N)	385-386	2
69	<b>LUMP SUM SETTLEMENT AMOUNT PAID</b> Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefit Type Covered by Lump Sum Settlement Code in Positions 385-386.	(N)	387-395	9

Field No.	Field Title/Description	Class	Position	Bytes
70	<b>BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE</b> Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid in Positions 398-406.	(N)	396-397	2
71	<b>LUMP SUM SETTLEMENT AMOUNT PAID</b> Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefit Type Covered by Lump Sum Settlement Code in Positions 396-397.	(N)	398-406	9
72	<b>MEDICAL EXTINGUISHMENT INDICATOR</b> Report "Y" or "N" to indicate whether or not medical payments have been extinguished based on a lump sum settlement agreement.	(A)	407	1
	<b>Indicator Description</b> Y Medical Payments are extinguished. N Medical Payments are not extinguished.			
73	<b>RETURN TO WORK DATE</b> Report the most recent date on which the claimant returned to work, formatted CCYYMMDD.	(N)	408-415	8
74	<b>RETURN TO WORK RATE OF PAY INDICATOR</b> Report "Y" or "N" to indicate whether or not the claimant's most recent return-to-work status is to the same or similar hours and pay as before the injury.	(A)	416	1
	<b>Indicator Description</b> Y Returned to work at same or similar pre-injury hours and pay. N Returned to work at something other than same or similar pre-injury hours and pay.			
75	<b>EXTRAORDINARY LOSS EVENT CLAIM INDICATOR</b> Report "Y" or "N" to indicate whether or not this claim is the result of an Extraordinary Loss Event catastrophe. An Extraordinary Loss Event (ELE) catastrophe is a significant loss event from a workers compensation perspective, which is determined on a case-by-case basis.	(A)	417	1
	<b>Indicator Description</b> Y This claim is the result of an Extraordinary Loss Event (ELE) catastrophe. N This claim is not the result of an Extraordinary Loss Event (ELE) catastrophe.			
76	<b>RESERVED FOR FUTURE USE</b>		418-425	8
77	<b>PREVIOUS CARRIER CODE</b> Report the Carrier Code that was previously reported only if the Carrier Code in NCCI's system is being revised. If the Carrier Code is being revised, report the revised Carrier Code in Positions 2-6.	(N)	426-430	5

Field No.	Field Title/Description	Class	Position	Bytes
78	<b>RESERVED FOR FUTURE USE</b>		431-435	5
79	<b>PREVIOUS POLICY NUMBER IDENTIFIER</b> Report the Policy Number Identifier that was previously reported only if the Policy Number Identifier in NCCI's system is being revised. If the Policy Number Identifier is being revised, report the revised Policy Number Identifier in Positions 12–29.	(AN)	436-453	18
80	<b>PREVIOUS POLICY EFFECTIVE DATE</b> Report the Policy Effective Date that was previously reported only if the Policy Effective Date in NCCI's system is being revised, formatted CCYYMMDD. If the Policy Effective Date is being revised, report the revised Policy Effective Date in Positions 30–37.	(N)	454-461	8
81	<b>PREVIOUS REPORTED TO INSURER DATE</b> Report the Reported to Insurer Date that was previously reported only if the Reported to Insurer Date in NCCI's system is being revised, formatted CCYYMMDD. If the Reported to Insurer Date that was previously reported is being revised, report the revised Reported to Insurer Date in Positions 83–90.	(N)	462-469	8
82	<b>PREVIOUS CLAIM NUMBER IDENTIFIER</b> Report the Claim Number Identifier that was previously reported only if the Claim Number Identifier in NCCI's system is being revised. If the Claim Number Identifier is being revised, report the revised Claim Number Identifier in Positions 42–53.	(AN)	470-481	12
83	<b>RECOVERY REIMBURSEMENT AMOUNT</b> Report the recovery reimbursement amount for subrogation and special fund recoveries.  Do not report deductible reimbursement amounts in this field.	(N)	482-490	9
84	<b>RESERVED FOR FUTURE USE</b>		491-500	10
85	<b>SOCIAL SECURITY NUMBER (TX ONLY)</b> Report the 9-digit Social Security Number assigned to the claimant by the Social Security Administration.  <b>NOTE:</b> In Texas, this is known as Employer Social Security Number.	(N)	501-509	9
86	<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (TX ONLY)</b> Report the 9-digit Federal Employer Identification Number assigned to each employer for federal tax purposes.  <b>NOTE:</b> In Texas, this is known as Employer Federal Tax Number.	(N)	510-518	9
87	<b>RESERVED FOR FUTURE USE</b>		519-526	8

Field No.	Field Title/Description	Class	Position	Bytes
88	<b>ZIP CODE OF INJURY SITE (TX ONLY)</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)	527-531	5
89	<b>DATE OF FIRST PAYMENT (TX ONLY)</b> Report the date on which the first indemnity payment was issued, formatted YYYYMMDD. If no payments have been made, report 0s.	(N)	532-539	8
90	<b>HOSPITAL COSTS AMOUNT PAID (TX ONLY)</b> Report the amount paid to date for both in-patient and out-patient services.	(N)	540-548	9
91	<b>TOTAL PAYMENTS TO PHYSICIANS (TX ONLY)</b> Report the amount paid to date to treating physicians including all clinic and office visits.	(N)	549-557	9
92	<b>RESERVED FOR FUTURE USE</b>		558-600	43

Field No.	Field Title/Description	Class	Position	Bytes
<b>II. SUBMISSION CONTROL RECORD</b>				
1	<b>RECORD TYPE CODE</b> Report "9".	(N)	1	1
2	<b>CARRIER GROUP CODE</b> Report the code assigned by NCCI that corresponds to the dominant insurer in a carrier group.	(N)	2-6	5
3	<b>FILLER</b> Fill positions 7-41 of this record with nines.	(N)	7-41	35
4	<b>RECORD TOTALS</b> Report the total of all Record Type 1 records. Do not count the submission control record in this total. Field is right justified and left zero filled for totals less than 8 characters.	(N)	42-49	8
5	<b>RESERVED FOR FUTURE USE</b>		50-250	201

**WORKERS COMPENSATION**  
**CALL FOR DETAILED CLAIM INFORMATION (WCCDCI)**  
**SECTION 2**  
**APPENDIX**  
**RECORD LAYOUT CHARTS**

**For claims reported to insurer prior to September 2009; or Texas claims prior to September 2010**



