

**WORKERS COMPENSATION STATISTICAL REPORTING SPECIFICATIONS (WCESTAT)
FOR REPORTING STATISTICAL AND INDIVIDUAL CASE REPORT DATA**

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WCESTAT CONTACT PAGE

WCESTAT questions should be directed to the appropriate Data Collection Organization contact listed below:

Compensation Advisory Organization of Michigan
Supervisor, Data Services
17197 N. Laurel Park Drive, Suite 311
Livonia, MI 48152
Telephone: 734-462-9600, ext. 229

New York Compensation Insurance Rating Board
Vice President, IT or
Programming Manager
200 East 42nd Street
New York, NY 10017
Telephone: 212-697-3535, ext. 123 or 124

Compensation Rating and Inspection Bureau of
New Jersey
Programming Supervisor
60 Park Place
Newark, NJ 07102
Telephone: 973-622-6014, ext. 268
Fax: 973-622-1548

North Carolina Rate Bureau
Industry Support Team
5401 Six Forks Road
Raleigh, NC 27609-4435
Telephone: 919-783-9790
E-mail: wcinfo@ncrb.org

Delaware Compensation Rating Bureau
John Murphy
Director Systems and Programming
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371, ext. 258
E-mail: jmurphy@pcrb.com

Pennsylvania Compensation Rating Bureau
John Murphy
Director Systems and Programming
United Plaza Building – Suite 1500
30 South 17th Street
Philadelphia, PA 19103-4007
Telephone: 215-568-2371, ext. 258
E-mail: jmurphy@pcrb.com

Insurance Services Office, Inc.
Wendy Mayotte, Director
6392 Grand Cypress Circle
Lake Worth, FL 33463
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E-mail: Wmayotte@ISO.com

Wisconsin Compensation Rating Bureau
Unit Stat Specialist
P.O. Box 3080
Milwaukee, WI 53226
Telephone: 262-796-4570
E-mail: kay.higgins@wcrb.org

Minnesota Workers Compensation Insurers
Association, Inc.
Pamela R. Flaten
Data Collection & Reporting Manager
7701 France Avenue South, Suite 450
Minneapolis, MN 55435
Telephone: 952-897-6417
Fax: 952-897-6495
E-mail: pam.flaten@mwcia.org

Workers Compensation Insurance Rating Bureau
of California
Vice President of Data Processing or
Systems and Programming Manager
525 Market Street, Suite 800
San Francisco, CA 94105
Telephone: 415-778-7175

National Council on Compensation Insurance, Inc.
Customer Service
901 Peninsula Corporate Circle
Boca Raton, FL 33487
Telephone: 800-NCCI 1-2-3 (800-622-4123)
E-mail: customer_service@ncci.com

Workers Compensation Rating and Inspection
Bureau of Massachusetts
Data Quality Services Assoc. or
Director of Information Services
101 Arch Street, 5th Floor
Boston, MA 02110
Telephone: 617-439-9030, ext. 575

WCIO WORKERS COMPENSATION DATA SPECIFICATIONS MANUAL

USR ERROR NOTIFICATION SPECIFICATIONS (WCESTAT)

SECTION 1

GENERAL

GENERAL

These specifications are for the distribution of unit statistical error information to insurers. Requests for this data should be directed to the appropriate jurisdiction.

Unless otherwise specified, the following standards will apply:

1. All alpha (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled.
2. All numeric (N) data fields are to be right-justified and left zero-filled, and unsigned.
3. All "RESERVED FOR FUTURE USE" fields are to be blank.
4. Fields indicated as "Not Applicable" will be zero-filled or left blank by the jurisdiction whose abbreviations follow the phrase.
5. Data shall be written on 9-track, odd parity at 6,250 BPI density or, if requested by insurers, at 1,600 BPI.
6. Records will be blocked 50 (20,000 characters per block).
7. Tapes will contain internal IBM standard OS or DOS-generated labels.
8. All fields will be character; no signed or packed fields will be written.

WCIO WORKERS COMPENSATION DATA SPECIFICATIONS MANUAL
USR ERROR NOTIFICATION SPECIFICATIONS (WCESTAT)
SECTION 2
RECORD LAYOUTS

Field No	Field Title/Description	Class	Position	Bytes
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I. LINK DATA

Link data is critical when matching records for a given unit report. Complete link records are required for all WCESTAT records, excluding Record 9. See the WCSTAT specifications for further descriptions of the fields contained within these specifications.

WCESTAT NOT APPLICABLE: NCCI

1	CARRIER CODE Report the 5-digit code as was submitted by the data provider.	(N)	1-5	5
2	POLICY NUMBER IDENTIFIER Report the policy number identifier that uniquely identifies the policy as was reported by the data provider.	(AN)	6-23	18
3	RESERVED FOR FUTURE USE		24	1
4	UNIT/CERTIFICATE NUMBER IDENTIFIER (CA ONLY) Report the unit or certificate number identifier as was reported by the data provider.	(N)	25-30	6
5	EXPOSURE STATE CODE Report the 2-digit state code in which coverage has been provided for the classifications and corresponding exposures, as was reported by the data provider.	(N)	31-32	2
6	POLICY EFFECTIVE DATE Report the policy effective date as was reported by the data provider.	(N)	33-38	6
7	REPORT LEVEL CODE/REPORT NUMBER Report the code that corresponds to the report level based on the loss valuation date as was submitted by the data provider.	(AN)	39	1
8	CORRECTION SEQUENCE NUMBER Provide the sequence number as was submitted by the data provider.	(AN)	40	1

Field No	Field Title/Description	Class	Position	Bytes
II. HEADER RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Report "1".	(N)	41	1
10-20	WCSTAT HEADER FIELDS As defined in WCSTAT Record Type 1, positions 42-105 including all Reserved For Future Use fields.	(AN)	42-105	64
21	RESERVED FOR FUTURE USE		106-120	15
22	UPDATE TYPE CODE The following values apply: B = DCO corrected record Leave blank for all other record type 1	(AN)	121	1
23-46	WCSTAT HEADER FIELDS As defined in WCSTAT Record Type 1, positions 122-250 including all Reserved For Future Use fields.	(AN)	122-250	129
47	HEADER ERROR CODES Field holds ten error codes each being 8 positions in length Breakdown of eight position error code: Positions 1-2 - Identifies the WCSTAT Record Type on which the error occurred. Positions 3-4 -Identifies the starting position of the field in error on the WCSTAT record. Positions 5-8 – Identifies the error Sequence Number for the field	(N)	251-330	80
48	USR ERROR CODES Contains USR errors with priority given to major errors that caused USR rejection. Field holds six error codes each being 8 positions in length.	(N)	331-378	48
49	RESERVED FOR FUTURE USE		379-380	2
50	USR ERROR STATUS CODE The following values apply: M = Minor Error R = Rejected – Rating Pending	(AN)	381	1
51	REVISED CORRECTION NUMBER	(AN)	382-383	2
52	RESERVED FOR FUTURE USE		384-400	17

Field No	Field Title/Description	Class	Position	Bytes
III. NAME RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Enter "2".	(N)	41	1
10	INSURED NAME Report the insured name as was submitted by the data provider. Maximum size of risk name is 79 characters including spaces and punctuation marks. NOTE: MA—Only Positions 42-86 of the first name record are entered into this jurisdiction's database and printed out on their unit cards. NOTE: NJ—Only Positions 42-91 of the first name record are printed on the units produced from this jurisdictions' systems.	(AN)	42-120	79
11	RESERVED FOR FUTURE USE		121-250	130
12	DCO COMMENT FIELD Used by the DCO to pass pertinent information concerning the USR errors.	(AN)	251-400	150

THIS NAME RECORD IS REQUIRED FOR ALL JURISDICTIONS.

Field No	Field Title/Description	Class	Position	Bytes
IV. ADDRESS RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Enter "3".	(N)	41	1
10	INSURED ADDRESS Report the street address, city, state and zip code of the insured as was submitted by the Data Provider. Maximum size of this field is 79 characters including spaces and punctuation marks. NOTE: NJ—Only Positions 42-91 are printed on the unit reports produced from this jurisdictions' systems.	(AN)	42-120	79
11	RESERVED FOR FUTURE USE		121-400	280

THIS ADDRESS RECORD IS OPTIONAL WITH ALL JURISDICTIONS.

Field No	Field Title/Description	Class	Position	Bytes
V. EXPOSURE RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Enter "4".	(N)	41	1
10	RESERVED FOR FUTURE USE		42	1
11	CLASSIFICATION CODE Report the 4-digit classification code as was submitted by the data provider. This field must be populated for update type code "B" records.	(N)	43-46	4
12	RESERVED FOR FUTURE USE		47	1
13	PREVIOUSLY REPORTED CODE ASWG NOTE: This field is not applicable when reporting in an ASWG format or for update type code "B" records.	(N)	48	1
14	EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the 2-digit exposure coverage code for each classification as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	49-50	2
15	EXPERIENCE MODIFICATION FACTOR Report the experience modification factor as was submitted by the data provider. There is an assumed decimal point between Positions 51 and 52, which is always numeric and never blank. For update type code "B" records, the factor represents what the data collection organization records show for correction purposes.	(N)	51-54	4
16	EXPERIENCE MODIFICATION EFFECTIVE DATE Report the experience modification effective date as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	55-60	6
17	RATE EFFECTIVE DATE Report the rate modification effective date as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	61-66	6
18	EXPOSURE AMOUNT Report the exposure amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	67-76	10

Field No.	Field Title/Description	Class	Position	Bytes																								
19	PREMIUM AMOUNT Report the premium amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	77-85	9																								
20	MANUAL/CHARGED RATE Report the manual/charged rate as was submitted by the data provider. For update type code "B" records, the rate represents what the data collection organization records show for correction purposes.	(N)	86-92	7																								
21	SPLIT PERIOD CODE Report the split period code as was submitted by the data provider. For update type code "B" records, this field will also be populated.	(N)	93	1																								
22-24	WCSTAT EXPOSURE FIELDS As defined in WCSTAT Record Type 4, positions 94-120 including all Reserved For Future Use fields	(AN)	94-120	27																								
25	UPDATE TYPE CODE Report the 1-letter code that identifies the activity of an exposure record.	(A)	121	1																								
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26	RESERVED FOR FUTURE USE		122	1																								
27	EXPOSURE ACT/EXPOSURE COVERAGE CODE Report the 2-digit exposure act code for each classification as was submitted by the data provider.	(N)	123-124	2																								
28	RESERVED FOR FUTURE USE		122-250	129																								
29	EXPOSURE ERROR CODES Field holds ten error codes being 8 positions in length.	(N)	251-330	80																								
30	RESERVED FOR FUTURE USE		331-400	70																								

Field No	Field Title/Description	Class	Position	Bytes
VI. LOSS RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Enter "5".	(N)	41	1
10	RESERVED FOR FUTURE USE		42	1
11	CLASSIFICATION CODE Report the 4-digit classification code as was submitted by the data provider. This field must be populated for update type code "B" records.	(N)	43-46	4
12	RESERVED FOR FUTURE USE		47	1
13	PREVIOUSLY REPORTED CODE ASWG NOTE: This field is not applicable when reporting in an ASWG format or for update type code "B" records.	(N)	48	1
14	LOSS COVERAGE CODE Report the 2-digit Loss coverage code for each classification as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	49-50	2
15	CLAIM COUNT Report the claim count as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	51-54	4
16	ACCIDENT DATE Report the accident date as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	55-60	6
17	CLAIM STATUS CODE Report the status code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	73	1
18	WEEKLY WAGE AMOUNT (CA ONLY) Report the actual weekly wage amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	74-78	5
19	INJURY CODE (INJURY TYPE) Report the 2-digit code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	79-80	2

Field No.	Field Title/Description	Class	Position	Bytes																				
20	CATASTROPHE NUMBER Report the 2-digit catastrophe number as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	81-82	2																				
21	INCURRED INDEMNITY AMOUNT Report the incurred indemnity amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	83-91	9																				
22	INCURRED MEDICAL AMOUNT Report the incurred medical amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	92-100	9																				
23	SOCIAL SECURITY NUMBER Report the social security number as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	101-109	9																				
24	RESERVED FOR FUTURE USE		110-120	11																				
	ASWG NOTE: The remainder of this record contains fields that are applicable only when reporting in an ASWG format. When not reporting in an ASWG format, leave (A), (AN) and Reserved for Future Use fields blank and zero-fill all (N) fields.																							
25	UPDATE TYPE CODE Report the 1-letter code as was submitted by the data provider.	(A)	121	1																				
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	NOTE: On original first reports, this field is always R or A.																							
26	RESERVED FOR FUTURE USE		122	1																				

Field No.	Field Title/Description	Class	Position	Bytes
27	<p>LOSS CONDITION CODES (ACT, TYPE OF LOSS, TYPE OF RECOVERY, TYPE OF CLAIM AND TYPES OF SETTLEMENT) Report the loss condition codes as was reported by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(N)	123-132	10
28	<p>TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT (CA ONLY) Report the total incurred vocational rehabilitation amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(N)	133-139	7
29	<p>JURISDICTION STATE CODE Report the jurisdiction state code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(N)	140-141	2
30	<p>MANAGED CARE ORGANIZATION TYPE CODE Report the managed care organization type code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(N)	142-143	2
31	<p>INJURY DESCRIPTION CODE (PART, NATURE, CAUSE) Report the injury description code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(N)	144-149	6
32	<p>OCCUPATION DESCRIPTION Report the occupation description as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(AN)	150-167	18
33	<p>VOCATIONAL REHABILITATION INDICATOR Report the vocational rehabilitation indicator as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(A)	168	1
34	<p>LUMP SUM INDICATOR Report the lump sum indicator as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.</p>	(A)	169	1

Field No.	Field Title/Description	Class	Position	Bytes
35	FRAUDULENT CLAIM CODE Report the fraudulent claim code as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	170-171	2
36	RESERVED FOR FUTURE USE		172-173	2
37	PAID INDEMNITY AMOUNT Report the paid indemnity amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	174-182	9
38	PAID MEDICAL AMOUNT Report the paid medical amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	183-191	9
39	CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT (MA ONLY) Report the claimant's attorney fees as was submitted by the data provider. This field must be populated for update type code "B" records showing what DCO records show for correction purposes.	(N)	192-200	9
40	EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT (DE, MA, PA ONLY) Report the employer's attorney fees as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	201-209	9
41	DEDUCTIBLE REIMBURSEMENT AMOUNT (NCCI ONLY) Report the deductible reimbursement amount as was submitted by the data provider. This WCSTAT field is applicable to NCCI only and may be edited by the DCO if provided. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	210-218	9
42	TOTAL GROSS INCURRED AMOUNT (CA ONLY) Report the total gross incurred amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	219-227	9
43	RESERVED FOR FUTURE USE		228-229	2

Field No.	Field Title/Description	Class	Position	Bytes
44	PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT Report the paid allocated loss adjustment expense amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	230-238	9
45	INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT Report the incurred allocated loss adjustment expense amount as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	239-247	9
46	SCHEDULED INDEMNITY—PERCENTAGE OF DISABILITY (CA ONLY) Report the scheduled indemnity percentage of disability as was submitted by the data provider. This field must be populated for update type code "B" records showing what DCO records show for correction purposes.	(N)	248-250	3
47	LOSS ERROR CODES Field holds ten error codes being 8 positions in length.	(N)	251-330	80
48	RESERVED FOR FUTURE USE		331-400	70

Field No	Field Title/Description	Class	Position	Bytes
VII. UNIT TOTAL RECORD				
1-8	LINK DATA		1-40	40
9	RECORD TYPE CODE Enter "6".	(N)	41	1
10	EXPOSURE—PAYROLL TOTAL Report the exposure payroll total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	42-52	11
11	EXPOSURE—OTHER THAN PAYROLL TOTAL Report the exposure other than payroll total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	53-62	10
12	SUBJECT PREMIUM TOTAL Report the subject premium total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	63-72	10
13	STANDARD PREMIUM TOTAL Report the standard premium total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	73-83	11
14	CLAIM COUNT TOTAL Report the claim count total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	84-88	5
15	INCURRED INDEMNITY AMOUNT TOTAL Report the incurred indemnity total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	89-98	10
16	INCURRED MEDICAL AMOUNT TOTAL Report the incurred medical total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	99-108	10
17	RECORDS IN UNIT REPORT TOTAL Report the records in unit report total as was submitted by the data provider.	(N)	109-113	5

Field No.	Field Title/Description	Class	Position	Bytes
18	PREVIOUSLY REPORTED CODE (NCCI ONLY) Report the previously reported code as was submitted by the data provider. This WCSTAT fields is applicable to NCCI only and may be edited by the DCO if provided.	(N)	114	1
19	RESERVED FOR FUTURE USE		115-122	8
20	PAID INDEMNITY AMOUNT TOTAL Report the paid indemnity total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	123-132	10
21	PAID MEDICAL AMOUNT TOTAL Report the paid medical as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	133-142	10
22	CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT TOTAL Report the claimant's attorney fees total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	143-152	10
23	EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT TOTAL Report the employer's attorney fees total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	153-162	10
24	PAID ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT Report the ALAE paid total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	163-172	10
25	INCURRED ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) AMOUNT Report the ALAE incurred total as was submitted by the data provider. This field must be populated for update type code "B" records reflecting what DCO records show for correction purposes.	(N)	173-182	10
26	RESERVED FOR FUTURE USE		183-250	68
27	UNIT TOTAL ERROR CODES Field holds ten error codes being 8 positions in length.	(N)	251-330	80

Field No	Field Title/Description	Class	Position	Bytes
VIII. FILE CONTROL RECORD				
1	FILLER Fill the first 40 characters of this record with nines.	(N)	1-40	40
2	RECORD TYPE CODE Enter "9".	(N)	41	1
3	DETAIL RECORD COUNT TOTAL Report the total number of records on the file including the transmittal record, excluding this file control record.	(N)	42-49	8
4	UNIT REPORTS IN ERROR TOTAL Report the total number of unit reports contained on file.	(N)	50-56	7
5	RESERVED FOR FUTURE USE		57-249	193
6	FILE CODE Report the 1-letter code that describes this type of file.	(A)	250	1
	Code Description			
	T Test File			
	P Production			
7	RESERVED FOR FUTURE USE		251-400	150