

**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)**

CONTENTS

WCCDCI CONTACT PAGE

SECTION I. RECORD LAYOUTS AND REPORTING INSTRUCTIONS
Detailed Claim Information Record

SECTION II. APPENDIX
Record Layout Charts

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 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

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

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
-----------	-------------------------	-------	----------	-------

I. DETAILED CLAIM INFORMATION RECORD

This record is for electronic reporting of all Detailed Claim Information (DCI) valuation levels.

1	RECORD TYPE CODE Report "1".	(N)	1	1
2	CARRIER CODE 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	RESERVED FOR FUTURE USE		7-11	5
4	POLICY NUMBER IDENTIFIER Report the unique set of numbers and/or letters that identify the policy under which the claim occurred.	(AN)	12-29	18
5	POLICY EFFECTIVE DATE Report the effective date of the policy, formatted CCYYMMDD.	(N)	30-37	8
6	VALUATION LEVEL CODE Report the code that corresponds to the loss valuation date per the Valuation Level Code table.	(N)	38-40	3
	Code Valuation Level			
	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	REPLACEMENT REPORT CODE 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
	Code Description			
	R Replaces a previous report due to incorrect value (not rejected)			

Field No.	Field Title/Description	Class	Position	Bytes														
8	CLAIM NUMBER IDENTIFIER 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	RESERVED FOR FUTURE USE		54-70	17														
10	JURISDICTION STATE CODE 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	ACCIDENT STATE CODE 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	ACCIDENT DATE Report the date the claimant was injured, formatted CCYYMMDD.	(N)	75-82	8														
13	REPORTED TO INSURER DATE 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	CLASSIFICATION CODE 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	TYPE OF LOSS Report the code that corresponds to the type of injury, condition, or disorder. <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	(N)	95-96	2						
Code	Description																	
01	Trauma																	
02	Occupational Disease																	
03	Cumulative Injury Other Than Disease																	
16	TYPE OF RECOVERY Report the code that corresponds to the type of recovery received or anticipated. <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)	(N)	97-98	2
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)																	

Field No.	Field Title/Description	Class	Position	Bytes														
17	TYPE OF CLAIM Report the code that corresponds to the provision(s) of the policy under which the loss was incurred.	(N)	99-100	2														
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Workers Compensation</td> </tr> <tr> <td>02</td> <td>Employers Liability Only</td> </tr> <tr> <td>03</td> <td>Workers Compensation Including Employers Liability</td> </tr> <tr> <td>04</td> <td>Liability Over</td> </tr> <tr> <td>05</td> <td>Excess Benefits</td> </tr> <tr> <td>06</td> <td>Excess Special Compensation</td> </tr> </tbody> </table>	Code	Description	01	Workers Compensation	02	Employers Liability Only	03	Workers Compensation Including Employers Liability	04	Liability Over	05	Excess Benefits	06	Excess Special Compensation			
Code	Description																	
01	Workers Compensation																	
02	Employers Liability Only																	
03	Workers Compensation Including Employers Liability																	
04	Liability Over																	
05	Excess Benefits																	
06	Excess Special Compensation																	
18	CLAIMANT GENDER CODE Report the code that corresponds to the claimant's gender.	(N)	101	1														
	<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>Other</td> </tr> </tbody> </table>	Code	Description	1	Male	2	Female	3	Other									
Code	Description																	
1	Male																	
2	Female																	
3	Other																	
19	BIRTH YEAR Report the year the claimant was born, formatted YYYY.	(N)	102-105	4														
20	HIRE YEAR Report the year the claimant was hired formatted YYYY.	(N)	106-109	4														
21	RESERVED FOR FUTURE USE		110-113	4														
22	PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT Report the average weekly wage of the claimant or deceased worker at Accident Date (Positions 75–82).	(N)	114-118	5														
23	METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE Report the code that corresponds to the method used to determine the Pre-injury/Average Weekly Wage Amount (Positions 114–118).	(N)	119	1														
	<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							
Code	Description																	
1	Actual Wage																	
2	Estimated Wage																	
3	Minimum Weekly Benefit																	
4	Maximum Weekly Benefit																	
24-26	INJURY DESCRIPTION CODES This data element is comprised of the following data elements: Part of Body, Nature of Injury and Cause of Injury. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.		120-125	6														
24	PART OF BODY Report the code that corresponds to the part of the claimant's body that sustained the injury.	(N)	120-121	2														

Field No.	Field Title/Description	Class	Position	Bytes
25	NATURE OF INJURY Report the code that corresponds to the nature of the injury sustained by the claimant.	(N)	122-123	2
26	CAUSE OF INJURY Report the code that corresponds to the cause of injury sustained by the claimant.	(N)	124-125	2
27	CLAIM / STATUS CODE Report the code that corresponds to the current status of the claim at the time of loss valuation.	(N)	126	1
28	CLOSING DATE 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	INCURRED INDEMNITY AMOUNT TOTAL 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 144-145.	(N)	146-154	9
32	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID 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	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 178-179.	(N)	180-188	9
38	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 195-196.	(N)	197-205	9
41	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 212-213.	(N)	214-222	9
44	WEEKLY BENEFIT 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	RESERVED FOR FUTURE USE		229-245	17

Field No.	Field Title/Description	Class	Position	Bytes
46	VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID 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	VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID 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	VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT PAID Report the amount paid to date for education/training costs including tuition, books, and tools.	(N)	264-272	9
49	VOCATIONAL REHABILITATION - OTHER AMOUNT PAID 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	INCURRED MEDICAL AMOUNT TOTAL 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	PAID MEDICAL AMOUNT TOTAL 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	POST-INJURY WEEKLY WAGE AMOUNT 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	IMPAIRMENT/DISABILITY PERCENTAGE 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>IMPAIRMENT PERCENTAGE BASIS CODE 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>MAXIMUM MEDICAL IMPROVEMENT DATE 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>ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR 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>CONTROVERTED/DISPUTED CASE INDICATOR 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>CLAIMANT’S ATTORNEY FEES INCURRED AMOUNT PAID 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	EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID Report the amount paid by the employer or benefit payer for the services of an attorney or authorized representative.	(N)	332-340	9
60	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	MEDICAL EXTINGUISHMENT INDICATOR Report "Y" or "N" to indicate whether or not medical payments have been extinguished based on a lump sum settlement agreement.	(A)	407	1
	Indicator Description Y Medical Payments are extinguished. N Medical Payments are not extinguished.			
73	RETURN TO WORK DATE Report the most recent date on which the claimant returned to work, formatted CCYYMMDD.	(N)	408-415	8
74	RETURN TO WORK RATE OF PAY INDICATOR 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
	Indicator Description 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	EXTRAORDINARY LOSS EVENT CLAIM INDICATOR 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
	Indicator Description 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	RESERVED FOR FUTURE USE		418-425	8
77	PREVIOUS CARRIER CODE 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	RESERVED FOR FUTURE USE		431-435	5
79	PREVIOUS POLICY NUMBER IDENTIFIER 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	PREVIOUS POLICY EFFECTIVE DATE 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	PREVIOUS REPORTED TO INSURER DATE 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	PREVIOUS CLAIM NUMBER IDENTIFIER 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	RECOVERY REIMBURSEMENT AMOUNT 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	RESERVED FOR FUTURE USE		491-500	10
85	SOCIAL SECURITY NUMBER (TX ONLY) Report the 9-digit Social Security Number assigned to the claimant by the Social Security Administration. NOTE: In Texas, this is known as Employer Social Security Number.	(N)	501-509	9
86	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (TX ONLY) Report the 9-digit Federal Employer Identification Number assigned to each employer for federal tax purposes. NOTE: In Texas, this is known as Employer Federal Tax Number.	(N)	510-518	9
87	RESERVED FOR FUTURE USE		519-526	8

Field No.	Field Title/Description	Class	Position	Bytes
88	ZIP CODE OF INJURY SITE (TX ONLY) 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	DATE OF FIRST PAYMENT (TX ONLY) 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	HOSPITAL COSTS AMOUNT PAID (TX ONLY) Report the amount paid to date for both in-patient and out-patient services.	(N)	540-548	9
91	TOTAL PAYMENTS TO PHYSICIANS (TX ONLY) Report the amount paid to date to treating physicians including all clinic and office visits.	(N)	549-557	9
92	RESERVED FOR FUTURE USE		558-600	43

Field No.	Field Title/Description	Class	Position	Bytes
II. SUBMISSION CONTROL RECORD				
1	RECORD TYPE CODE Report "9".	(N)	1	1
2	CARRIER GROUP CODE Report the code assigned by NCCI that corresponds to the dominant insurer in a carrier group.	(N)	2-6	5
3	FILLER Fill positions 7-41 of this record with nines.	(N)	7-41	35
4	RECORD TOTALS 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	RESERVED FOR FUTURE USE		50-250	201

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
-----------	-------------------------	-------	----------	-------

I. DETAILED CLAIM INFORMATION RECORD

This record is for electronic reporting of all Detailed Claim Information (DCI) valuation levels.

1	RECORD TYPE CODE Report "1".	(N)	1	1
2	CARRIER CODE 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	RESERVED FOR FUTURE USE		7-11	5
4	POLICY NUMBER IDENTIFIER Report the unique set of numbers and/or letters that identify the policy under which the claim occurred.	(AN)	12-29	18
5	POLICY EFFECTIVE DATE Report the effective date of the policy, formatted CCYYMMDD.	(N)	30-37	8
6	VALUATION LEVEL CODE Report the code that corresponds to the loss valuation date per the Valuation Level Code table.	(N)	38-40	3
	Code Valuation Level			
	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	REPLACEMENT REPORT CODE 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
	Code Description			
	R Replaces a previous report due to incorrect value (not rejected)			

Field No.	Field Title/Description	Class	Position	Bytes														
8	CLAIM NUMBER IDENTIFIER 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	RESERVED FOR FUTURE USE		54-70	17														
10	JURISDICTION STATE CODE 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	ACCIDENT STATE CODE 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	ACCIDENT DATE Report the date the claimant was injured, formatted CCYYMMDD.	(N)	75-82	8														
13	REPORTED TO INSURER DATE 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	CLASSIFICATION CODE 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	TYPE OF LOSS Report the code that corresponds to the type of injury, condition, or disorder. <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	(N)	95-96	2						
Code	Description																	
01	Trauma																	
02	Occupational Disease																	
03	Cumulative Injury Other Than Disease																	
16	TYPE OF RECOVERY Report the code that corresponds to the type of recovery received or anticipated. <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)	(N)	97-98	2
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)																	

Field No.	Field Title/Description	Class	Position	Bytes														
17	TYPE OF CLAIM Report the code that corresponds to the provision(s) of the policy under which the loss was incurred.	(N)	99-100	2														
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Workers Compensation</td> </tr> <tr> <td>02</td> <td>Employers Liability Only</td> </tr> <tr> <td>03</td> <td>Workers Compensation Including Employers Liability</td> </tr> <tr> <td>04</td> <td>Liability Over</td> </tr> <tr> <td>05</td> <td>Excess Benefits</td> </tr> <tr> <td>06</td> <td>Excess Special Compensation</td> </tr> </tbody> </table>	Code	Description	01	Workers Compensation	02	Employers Liability Only	03	Workers Compensation Including Employers Liability	04	Liability Over	05	Excess Benefits	06	Excess Special Compensation			
Code	Description																	
01	Workers Compensation																	
02	Employers Liability Only																	
03	Workers Compensation Including Employers Liability																	
04	Liability Over																	
05	Excess Benefits																	
06	Excess Special Compensation																	
18	CLAIMANT GENDER CODE Report the code that corresponds to the claimant's gender.	(N)	101	1														
	<table border="0"> <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>Other</td> </tr> </tbody> </table>	Code	Description	1	Male	2	Female	3	Other									
Code	Description																	
1	Male																	
2	Female																	
3	Other																	
19	BIRTH YEAR Report the year the claimant was born, formatted YYYY.	(N)	102-105	4														
20	HIRE YEAR Report the year the claimant was hired formatted YYYY.	(N)	106-109	4														
21	RESERVED FOR FUTURE USE		110-113	4														
22	PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT Report the average weekly wage of the claimant or deceased worker at Accident Date (Positions 75–82).	(N)	114-118	5														
23	METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE Report the code that corresponds to the method used to determine the Pre-injury/Average Weekly Wage Amount (Positions 114–118).	(N)	119	1														
	<table border="0"> <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							
Code	Description																	
1	Actual Wage																	
2	Estimated Wage																	
3	Minimum Weekly Benefit																	
4	Maximum Weekly Benefit																	
24-26	INJURY DESCRIPTION CODES This data element is comprised of the following data elements: Part of Body, Nature of Injury and Cause of Injury. Each one of these elements is separately defined and the user should consult these individual data elements for specific definitions and reporting instructions.		120-125	6														
24	PART OF BODY Report the code that corresponds to the part of the claimant's body that sustained the injury.	(N)	120-121	2														

Field No.	Field Title/Description	Class	Position	Bytes
25	NATURE OF INJURY Report the code that corresponds to the nature of the injury sustained by the claimant.	(N)	122-123	2
26	CAUSE OF INJURY Report the code that corresponds to the cause of injury sustained by the claimant.	(N)	124-125	2
27	CLAIM / STATUS CODE Report the code that corresponds to the current status of the claim at the time of loss valuation.	(N)	126	1
28	CLOSING DATE 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	INCURRED INDEMNITY AMOUNT TOTAL 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 144-145.	(N)	146-154	9
32	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID 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	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 178-179.	(N)	180-188	9
38	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 195-196.	(N)	197-205	9
41	WEEKLY BENEFIT 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	BENEFIT TYPE CODE 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	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 212-213.	(N)	214-222	9
44	WEEKLY BENEFIT 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	RESERVED FOR FUTURE USE		229-245	17

Field No.	Field Title/Description	Class	Position	Bytes
46	VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID 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	VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID 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	VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT PAID Report the amount paid to date for education/training costs including tuition, books, and tools.	(N)	264-272	9
49	VOCATIONAL REHABILITATION - OTHER AMOUNT PAID 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	INCURRED MEDICAL AMOUNT TOTAL 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	PAID MEDICAL AMOUNT TOTAL 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	POST-INJURY WEEKLY WAGE AMOUNT 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	IMPAIRMENT/DISABILITY PERCENTAGE 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>IMPAIRMENT PERCENTAGE BASIS CODE 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>MAXIMUM MEDICAL IMPROVEMENT DATE 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>ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR 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>CONTROVERTED/DISPUTED CASE INDICATOR 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>CLAIMANT’S ATTORNEY FEES INCURRED AMOUNT PAID 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	EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID Report the amount paid by the employer or benefit payer for the services of an attorney or authorized representative.	(N)	332-340	9
60	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE 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	LUMP SUM SETTLEMENT AMOUNT PAID 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	MEDICAL EXTINGUISHMENT INDICATOR Report "Y" or "N" to indicate whether or not medical payments have been extinguished based on a lump sum settlement agreement.	(A)	407	1
	Indicator Description Y Medical Payments are extinguished. N Medical Payments are not extinguished.			
73	RETURN TO WORK DATE Report the most recent date on which the claimant returned to work, formatted CCYYMMDD.	(N)	408-415	8
74	RETURN TO WORK RATE OF PAY INDICATOR 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
	Indicator Description 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	EXTRAORDINARY LOSS EVENT CLAIM INDICATOR 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
	Indicator Description 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	RESERVED FOR FUTURE USE		418-425	8
77	PREVIOUS CARRIER CODE 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	RESERVED FOR FUTURE USE		431-435	5
79	PREVIOUS POLICY NUMBER IDENTIFIER 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	PREVIOUS POLICY EFFECTIVE DATE 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	PREVIOUS REPORTED TO INSURER DATE 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	PREVIOUS CLAIM NUMBER IDENTIFIER 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	RECOVERY REIMBURSEMENT AMOUNT 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	RESERVED FOR FUTURE USE		491-500	10
85	SOCIAL SECURITY NUMBER (TX ONLY) Report the 9-digit Social Security Number assigned to the claimant by the Social Security Administration. NOTE: In Texas, this is known as Employer Social Security Number.	(N)	501-509	9
86	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (TX ONLY) Report the 9-digit Federal Employer Identification Number assigned to each employer for federal tax purposes. NOTE: In Texas, this is known as Employer Federal Tax Number.	(N)	510-518	9
87	RESERVED FOR FUTURE USE		519-526	8

Field No.	Field Title/Description	Class	Position	Bytes
88	ZIP CODE OF INJURY SITE (TX ONLY) 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	DATE OF FIRST PAYMENT (TX ONLY) 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	HOSPITAL COSTS AMOUNT PAID (TX ONLY) Report the amount paid to date for both in-patient and out-patient services.	(N)	540-548	9
91	TOTAL PAYMENTS TO PHYSICIANS (TX ONLY) Report the amount paid to date to treating physicians including all clinic and office visits.	(N)	549-557	9
92	RESERVED FOR FUTURE USE		558-600	43

Field No.	Field Title/Description	Class	Position	Bytes
II. SUBMISSION CONTROL RECORD				
1	RECORD TYPE CODE Report "9".	(N)	1	1
2	CARRIER GROUP CODE Report the code assigned by NCCI that corresponds to the dominant insurer in a carrier group.	(N)	2-6	5
3	FILLER Fill positions 7-41 of this record with nines.	(N)	7-41	35
4	RECORD TOTALS 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	RESERVED FOR FUTURE USE		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

DETAILED CLAIM INFORMATION ELECTRONIC RECORD LAYOUT

RECORD TYPE 1—DETAILED CLAIM INFORMATION RECORD

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

Employer Federal Tax Number					SIC Code	PAY	Injury Site Zip Code					S E X	M	Birth Date					Hire Date					Occ. Code	E S	Injury Date					Classification Code					Part. Body	Nat. Inj.	Cause Inj.	Loss Cov.	# Dep.	Pre-Injury Wage Amount					M D	Other Wky. Payments Amount					Reported To Employer Date					S U C S																								
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172

Closing Date					1st Payment Date					Disability Date					Return to Work Date					Loss Condition Codes					Reserved for Future Use					Total Incurred Indemnity Amount					Ben. Type	Benefit Amount					Weekly Benefit Amount					Ben. Type	Benefit Amount					Weekly Benefit Amount					Ben. Type																								
173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254

Benefit Amount					Weekly Benefit Amount					Ben. Type	Benefit Amount					Weekly Benefit Amount					Ben. Type	Benefit Amount					Weekly Benefit Amount					Total Incurred Voc. Rehab. Amount					Voc. Rehab. Eval. Expense Amount					Voc. Rehab. Maint. Expense Amount					Voc. Rehab. Educ. Expense Amount					Other Voc. Rehab. Amount					Total Medical Incurred Amount																								
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336

Tot. Med. Amt	Hospital Cost Amount					Total Payments to Physicians Amount					Other Medical Amount					Post-Injury Wkly. Wage Amount					Imp. %	Max. Med. Improv. Date					Funeral Expense Amount					Lump Sum Settlement Amount					Employers Liab. Amount					Reserved for Future Use										Ded.	A t y	C C	D e d																										
337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418

Prod. Liability Subrogation Amount					Auto. Liability Subrogation Amount					Other Liability Subrogation Amount					Emp. Legal Exp. Amount					Cmt. Legal Exp. Amount					Exp. Witness Fees Amount					Penalties Amount					Alloc. Loss Adj. Exp. Amount					S U M P S O I M C O	Reserved for Future Use																																								
419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500

RECORD TYPE 2—SAMPLE CONTROL RECORD

R T	Carrier Code					T C	Report Date	St. Jur.	Ind. Claims Arising Total					Potential DCI Claims Amount					Open Ind. Claims Amount					Closed PP Ind. Claims Amount					Closed Non-PP Ind. Claims Amount					Sample of Closed Non-PP Ind. Claims Amount					DCI Claims Total					Reserved for Future Use																																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	
2																																																																																										

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

