



**WCIO Workers Compensation Data  
Specifications Manual**

**WORKERS COMPENSATION CALL FOR  
DETAILED CLAIM INFORMATION (WCCDCI)**

Summary of Changes: No changes in this version.

<b>TOPIC/ FIELD NAME</b>	<b>SUBJECT HEADING</b>	<b>POSITION</b>
<b>A</b>		
ACCIDENT DATE	Detailed Claim Information Record	<a href="#">75-82</a>
ACCIDENT STATE CODE	Detailed Claim Information Record	<a href="#">73-74</a>
ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR	Detailed Claim Information Record	<a href="#">321-321</a>
<b>B</b>		
BENEFIT AMOUNT PAID - FIFTH POSITION	Detailed Claim Information Record	<a href="#">214-222</a>
BENEFIT AMOUNT PAID - FIRST POSITION	Detailed Claim Information Record	<a href="#">146-154</a>
BENEFIT AMOUNT PAID - FOURTH POSITION	Detailed Claim Information Record	<a href="#">197-205</a>
BENEFIT AMOUNT PAID - SECOND POSITION	Detailed Claim Information Record	<a href="#">163-171</a>
BENEFIT AMOUNT PAID - THIRD POSITION	Detailed Claim Information Record	<a href="#">180-188</a>
BENEFIT TYPE CODE - FIFTH POSITION	Detailed Claim Information Record	<a href="#">212-213</a>
BENEFIT TYPE CODE - FIRST POSITION	Detailed Claim Information Record	<a href="#">144-145</a>
BENEFIT TYPE CODE - FOURTH POSITION	Detailed Claim Information Record	<a href="#">195-196</a>
BENEFIT TYPE CODE - SECOND POSITION	Detailed Claim Information Record	<a href="#">161-162</a>
BENEFIT TYPE CODE - THIRD POSITION	Detailed Claim Information Record	<a href="#">178-179</a>
BENEFITS COVERED BY LUMP SUM CODE - FIFTH POSITION	Detailed Claim Information Record	<a href="#">385-386</a>
BENEFITS COVERED BY LUMP SUM CODE - FIRST POSITION	Detailed Claim Information Record	<a href="#">341-342</a>
BENEFITS COVERED BY LUMP SUM CODE - FOURTH POSITION	Detailed Claim Information Record	<a href="#">374-375</a>
BENEFITS COVERED BY LUMP SUM CODE - SECOND POSITION	Detailed Claim Information Record	<a href="#">352-353</a>
BENEFITS COVERED BY LUMP SUM CODE - SIXTH POSITION	Detailed Claim Information Record	<a href="#">396-397</a>
BENEFITS COVERED BY LUMP SUM CODE - THIRD POSITION	Detailed Claim Information Record	<a href="#">363-364</a>
BIRTH YEAR	Detailed Claim Information Record	<a href="#">102-105</a>
<b>C</b>		
CARRIER CODE	Detailed Claim Information Record	<a href="#">2-6</a>
CARRIER GROUP CODE	File Control Record	<a href="#">2-6</a>
CAUSE OF INJURY CODE	Detailed Claim Information Record	<a href="#">124-125</a>
CLAIM NUMBER IDENTIFIER	Detailed Claim Information Record	<a href="#">42-53</a>
CLAIM/STATUS CODE	Detailed Claim Information Record	<a href="#">126-126</a>
CLAIMANT GENDER CODE	Detailed Claim Information Record	<a href="#">101-101</a>
CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT PAID	Detailed Claim Information Record	<a href="#">323-331</a>
CLASSIFICATION CODE	Detailed Claim Information Record	<a href="#">91-94</a>
CLOSING DATE	Detailed Claim Information Record	<a href="#">127-134</a>
CONTROVERTED/DISPUTED CASE INDICATOR	Detailed Claim Information Record	<a href="#">322-322</a>
<b>D</b>		
DATE OF FIRST PAYMENT	Detailed Claim Information Record	<a href="#">532-539</a>
<b>E</b>		
EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID	Detailed Claim Information Record	<a href="#">332-340</a>
EXTRAORDINARY LOSS EVENT CLAIM INDICATOR	Detailed Claim Information Record	<a href="#">417-417</a>
<b>F</b>		
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) FILLER	Detailed Claim Information Record File Control Record	<a href="#">510-518</a> <a href="#">7-41</a>
<b>H</b>		
HIRE YEAR	Detailed Claim Information Record	<a href="#">106-109</a>
HOSPITAL COSTS AMOUNT PAID	Detailed Claim Information Record	<a href="#">540-548</a>
<b>I</b>		
IMPAIRMENT PERCENTAGE BASIS CODE	Detailed Claim Information Record	<a href="#">312-312</a>

<b>TOPIC/ FIELD NAME</b>	<b>SUBJECT HEADING</b>	<b>POSITION</b>
IMPAIRMENT/DISABILITY PERCENTAGE	Detailed Claim Information Record	<a href="#">309-311</a>
INCURRED INDEMNITY AMOUNT TOTAL	Detailed Claim Information Record	<a href="#">135-143</a>
INCURRED MEDICAL AMOUNT TOTAL	Detailed Claim Information Record	<a href="#">282-290</a>
<b>J</b>		
JURISDICTION STATE CODE	Detailed Claim Information Record	<a href="#">71-72</a>
<b>L</b>		
LUMP SUM AMOUNT PAID - FIFTH POSITION	Detailed Claim Information Record	<a href="#">387-395</a>
LUMP SUM AMOUNT PAID - FIRST POSITION	Detailed Claim Information Record	<a href="#">343-351</a>
LUMP SUM AMOUNT PAID - FOURTH POSITION	Detailed Claim Information Record	<a href="#">376-384</a>
LUMP SUM AMOUNT PAID - SECOND POSITION	Detailed Claim Information Record	<a href="#">354-362</a>
LUMP SUM AMOUNT PAID - SIXTH POSITION	Detailed Claim Information Record	<a href="#">398-406</a>
LUMP SUM AMOUNT PAID - THIRD POSITION	Detailed Claim Information Record	<a href="#">365-373</a>
<b>M</b>		
MAXIMUM MEDICAL IMPROVEMENT DATE	Detailed Claim Information Record	<a href="#">313-320</a>
MEDICAL EXTINGUISHMENT INDICATOR	Detailed Claim Information Record	<a href="#">407-407</a>
METHOD OF DETERMINING PRE-INJURY / AVERAGE WEEKLY WAGE CODE	Detailed Claim Information Record	<a href="#">119-119</a>
<b>N</b>		
NATURE OF INJURY CODE	Detailed Claim Information Record	<a href="#">122-123</a>
<b>P</b>		
PAID MEDICAL AMOUNT TOTAL	Detailed Claim Information Record	<a href="#">291-299</a>
PART OF BODY CODE	Detailed Claim Information Record	<a href="#">120-121</a>
POLICY EFFECTIVE DATE	Detailed Claim Information Record	<a href="#">30-37</a>
POLICY NUMBER IDENTIFIER	Detailed Claim Information Record	<a href="#">12-29</a>
POST-INJURY WEEKLY WAGE AMOUNT	Detailed Claim Information Record	<a href="#">300-308</a>
PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT	Detailed Claim Information Record	<a href="#">114-118</a>
PREVIOUS CARRIER CODE	Detailed Claim Information Record	<a href="#">426-430</a>
PREVIOUS CLAIM NUMBER IDENTIFIER	Detailed Claim Information Record	<a href="#">470-481</a>
PREVIOUS POLICY EFFECTIVE DATE	Detailed Claim Information Record	<a href="#">454-461</a>
PREVIOUS POLICY NUMBER IDENTIFIER	Detailed Claim Information Record	<a href="#">436-453</a>
PREVIOUS REPORTED TO INSURER DATE	Detailed Claim Information Record	<a href="#">462-469</a>
<b>R</b>		
RECORD TOTALS	File Control Record	<a href="#">42-49</a>
RECORD TYPE CODE	Detailed Claim Information Record	<a href="#">1-1</a>
	File Control Record	<a href="#">1-1</a>
RECOVERY REIMBURSEMENT AMOUNT	Detailed Claim Information Record	<a href="#">482-490</a>
REPLACEMENT REPORT CODE	Detailed Claim Information Record	<a href="#">41-41</a>
REPORTED TO INSURER DATE	Detailed Claim Information Record	<a href="#">83-90</a>
RESERVED FOR FUTURE USE	Detailed Claim Information Record	<a href="#">7-11</a>
	Detailed Claim Information Record	<a href="#">54-70</a>
	Detailed Claim Information Record	<a href="#">110-113</a>
	Detailed Claim Information Record	<a href="#">229-245</a>
	Detailed Claim Information Record	<a href="#">418-425</a>
	Detailed Claim Information Record	<a href="#">431-435</a>
	Detailed Claim Information Record	<a href="#">491-500</a>
	Detailed Claim Information Record	<a href="#">519-526</a>
	Detailed Claim Information Record	<a href="#">558-600</a>
	File Control Record	<a href="#">50-250</a>
RETURN TO WORK DATE	Detailed Claim Information Record	<a href="#">408-415</a>
RETURN TO WORK RATE OF PAY INDICATOR	Detailed Claim Information Record	<a href="#">416-416</a>
<b>S</b>		
SOCIAL SECURITY NUMBER	Detailed Claim Information Record	<a href="#">501-509</a>

<b>TOPIC/ FIELD NAME</b>	<b>SUBJECT HEADING</b>	<b>POSITION</b>
<b>T</b>		
TOTAL PAYMENTS TO PHYSICIANS	Detailed Claim Information Record	<a href="#">549-557</a>
TYPE OF CLAIM CODE	Detailed Claim Information Record	<a href="#">99-100</a>
TYPE OF LOSS CODE	Detailed Claim Information Record	<a href="#">95-96</a>
TYPE OF RECOVERY CODE	Detailed Claim Information Record	<a href="#">97-98</a>
<b>V</b>		
VALUATION LEVEL CODE	Detailed Claim Information Record	<a href="#">38-40</a>
VOCATIONAL REHABILITATION - EDUCATION EXPENSE AMOUNT PAID	Detailed Claim Information Record	<a href="#">264-272</a>
VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID	Detailed Claim Information Record	<a href="#">246-254</a>
VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID	Detailed Claim Information Record	<a href="#">255-263</a>
VOCATIONAL REHABILITATION - OTHER AMOUNT PAID	Detailed Claim Information Record	<a href="#">273-281</a>
<b>W</b>		
WEEKLY BENEFIT AMOUNT - FIFTH POSITION	Detailed Claim Information Record	<a href="#">223-228</a>
WEEKLY BENEFIT AMOUNT - FIRST POSITION	Detailed Claim Information Record	<a href="#">155-160</a>
WEEKLY BENEFIT AMOUNT - FOURTH POSITION	Detailed Claim Information Record	<a href="#">206-211</a>
WEEKLY BENEFIT AMOUNT - SECOND POSITION	Detailed Claim Information Record	<a href="#">172-177</a>
WEEKLY BENEFIT AMOUNT - THIRD POSITION	Detailed Claim Information Record	<a href="#">189-194</a>
<b>Z</b>		
ZIP CODE OF INJURY SITE	Detailed Claim Information Record	<a href="#">527-531</a>

Field No.	Field Title/Description	Class	Position	Bytes
<b>DETAILED CLAIM INFORMATION RECORD</b>				
1	<b>RECORD TYPE CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report "1" for all Detailed Claim Information (DCI) valuation levels.	N	1-1	1
2	<b>CARRIER CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the code assigned to the reporting company by NCCI or other DCO.	N	2-6	5
3	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	7-11	5
4	<b>POLICY NUMBER IDENTIFIER</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the unique identifier used for identifying the policy.	AN	12-29	18
5	<b>POLICY EFFECTIVE DATE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the date that the policy became effective.  Format CCYYMMDD.	N	30-37	8
6	<b>VALUATION LEVEL CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the code that corresponds to the loss valuation date per the Valuation Level Code table.  <b>Code Description</b> 006 Valued 6 months from Reported to Insurer Date This code is applicable in Texas 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	N	38-40	3

Field No.	Field Title/Description	Class	Position	Bytes
	114 Valued 114 months from Reported to Insurer Date			
	126 Valued 126 months from Reported to Insurer Date			
	138 Valued 138 months from Reported to Insurer Date			
7	<b>REPLACEMENT REPORT CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report that indicates if the record being submitted corrects a non-rejected data element or data elements previously reported with an incorrect value.  <b>Code Description</b>  R Replaces a previous report due to incorrect value	AN	41-41	1
8	<b>CLAIM NUMBER IDENTIFIER</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the unique identifier 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> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	54-70	17
10	<b>JURISDICTION STATE CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  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> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  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> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the date the claimant was injured.  Format CCYYMMDD.	N	75-82	8
13	<b>REPORTED TO INSURER DATE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	83-90	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date the claim was originally reported to the insurer.  The Reported to Insurer Date must be after or the same as Accident Date (positions 75–82).  Format CCYYMMDD.			
14	<b>CLASSIFICATION CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	91-94	4
	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.  The classification code must be valid for the state and effective date of the policy.			
15	<b>TYPE OF LOSS CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	95-96	2
	Report the code that corresponds to the type of injury condition, or disorder.			
	<b>Code Description</b>			
	01 Trauma			
	02 Occupational Disease			
	03 Cumulative Injury Other Than Disease			
16	<b>TYPE OF RECOVERY CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	97-98	2
	Report the code that corresponds to the type of recovery received or anticipated.			
	<b>Code Description</b>			
	01 No Recovery			
	02 Second Injury Fund Only			
	03 Subrogation Only (Third Party)			
	04 Subrogation with Second Injury Fund (Third Party)			
	05 Joint Coverage - Without Subrogation N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	06 Joint Coverage - With Subrogation N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
17	<b>TYPE OF CLAIM CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	99-100	2



Field No.	Field Title/Description	Class	Position	Bytes
	Report the code that corresponds to the provision(s) of the policy under which the loss was incurred.			
	<b>Code Description</b>			
	01 Workers Compensation Only			
	02 Employers Liability Only			
	03 Workers Compensation Including Employers Liability			
	04 Liability Over			
	05 Excess Benefits			
	06 Excess Special Compensation			
18	<b>CLAIMANT GENDER CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	101-101	1
	Report the code that corresponds to the claimant's gender.			
	<b>Code Description</b>			
	1 Male			
	2 Female			
	3 Other			
19	<b>BIRTH YEAR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	102-105	4
	Report the year the claimant was born.			
	Format YYYY.			
20	<b>HIRE YEAR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	106-109	4
	Report the year the claimant was hired.			
	Format YYYY.			
21	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	110-113	4
22	<b>PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	114-118	5
	Report the average weekly wage of the claimant or deceased worker at the time of the accident.			
	The Accident Date is in positions 75-82 of this record.			
23	<b>METHOD OF DETERMINING PRE-INJURY / AVERAGE</b>	N	119-119	1

Field No.	Field Title/Description	Class	Position	Bytes
	<p><b>WEEKLY WAGE CODE</b>  <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code that corresponds to the method used to determine the Pre-injury/Average Weekly Wage Amount.</p> <p>The Pre-injury/Average Weekly Wage Amount is in positions 114–118.</p> <p><b>Code Description</b></p> <p>1 Actual Wage</p> <p>2 Estimated Wage</p> <p>3 Minimum Weekly Benefit</p> <p>4 Maximum Weekly Benefit</p>			
24	<p><b>PART OF BODY CODE</b>  <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code that corresponds to the part of the claimant's body that sustained the injury.</p>	N	120-121	2
25	<p><b>NATURE OF INJURY CODE</b>  <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code that corresponds to the nature of the injury sustained by the claimant.</p>	N	122-123	2
26	<p><b>CAUSE OF INJURY CODE</b>  <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code that corresponds to the cause of injury sustained by the claimant.</p>	N	124-125	2
27	<p><b>CLAIM/STATUS CODE</b>  <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code that corresponds to the current status of the claim at the time of loss valuation.</p> <p><b>Code Description</b></p> <p>0 Open Claim</p> <p>1 Closed Claim</p> <p>2 Reopened Claim N/A: NCCI                      This code is not used in this specification.</p> <p>3 Reserved for Future Use N/A: NCCI                      This code is not used in this specification.</p>	N	126-126	1

Field No.	Field Title/Description	Class	Position	Bytes
	4      Open Claim—Payment not made or initiated N/A: NCCI  This code is not used in this specification.			
	5      Became Medical Only			
28	<b>CLOSING DATE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  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).  Format CCYYMMDD.	N	127-134	8
29	<b>INCURRED INDEMNITY AMOUNT TOTAL</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  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 - FIRST POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the code that corresponds to the type of benefits.  The Benefit Amount is in positions 146-154 and 155-160 of this record.  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 Amount.  This is a recurring field. Repeat as needed.  If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341–342, 352–353, 363–364, 374–375, 385–386, 396–397 of this record).	N	144-145	2
	<b>Code    Description</b>			
	01      Death			
	02      Permanent Total Disability			
	03      Scheduled Permanent Partial			
	04      Unscheduled Permanent Partial			
	05      Temporary Total Injury			
	09      Disfigurement			
	11      Temporary Partial			

Field No.	Field Title/Description	Class	Position	Bytes
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			
31	<b>BENEFIT AMOUNT PAID - FIRST POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	146-154	9
	Report the indemnity amount paid to date that corresponds with the Benefit Type Code - First Position indicated in positions 144-145 of this record.  This is a recurring field. Repeat as needed.			
32	<b>WEEKLY BENEFIT AMOUNT - FIRST POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	155-160	6
	Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximms, paid to the claimant for the corresponding Benefit Type Code.  This is a recurring field. Repeat as needed.  The corresponding Benefit Type Code - First Position is in positions 144-145 of this record.			
33	<b>BENEFIT TYPE CODE - SECOND POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	161-162	2
	Report the code that corresponds to the type of benefits.  The Benefit Amount is in positions 163-171 and 172-177 of this record.  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 Amount.  This is a recurring field. Repeat as needed.  If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341-342, 352-353, 363-364, 374-375, 385-386, 396-397 of this record).			
	<b>Code Description</b>			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			

Field No.	Field Title/Description	Class	Position	Bytes
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			
34	<b>BENEFIT AMOUNT PAID - SECOND POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Second Position indicated in positions 161-162 of this record.  This is a recurring field. Repeat as needed.	N	163-171	9
35	<b>WEEKLY BENEFIT AMOUNT - SECOND POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximms, paid to the claimant for the corresponding Benefit Type Code.  This is a recurring field. Repeat as needed.  The corresponding Benefit Type Code - Second Position is in positions 161-162 of this record.	N	172-177	6
36	<b>BENEFIT TYPE CODE - THIRD POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the code that corresponds to the type of benefits.  The Benefit Amount is in positions 180-188 and 189-194 of this record.  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 Amount.  This is a recurring field. Repeat as needed.  If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341-342, 352-353, 363-364, 374-375, 385-386, 396-397 of this record).  <b>Code Description</b> 01 Death 02 Permanent Total Disability 03 Scheduled Permanent Partial	N	178-179	2

Field No.	Field Title/Description	Class	Position	Bytes
	04     Unscheduled Permanent Partial			
	05     Temporary Total Injury			
	09     Disfigurement			
	11     Temporary Partial			
	12     Employers Liability			
	15     Supplemental			
	50     Other Specified Indemnity Benefits			
37	<b>BENEFIT AMOUNT PAID - THIRD POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	180-188	9
	Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Third Position indicated in positions 178-179 of this record.  This is a recurring field. Repeat as needed.			
38	<b>WEEKLY BENEFIT AMOUNT - THIRD POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	189-194	6
	Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximms, paid to the claimant for the corresponding Benefit Type Code.  This is a recurring field. Repeat as needed.  The corresponding Benefit Type Code - Third Position is in positions 178-179 of this record.			
39	<b>BENEFIT TYPE CODE - FOURTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	195-196	2
	Report the code that corresponds to the type of benefits.  The Benefit Amount is in positions 197-205 and 206-211 of this record.  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 Amount.  This is a recurring field. Repeat as needed.  If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341-342, 352-353, 363-364, 374-375, 385-386, 396-397 of this record).			
	<b>Code    Description</b>			
	01     Death			

Field No.	Field Title/Description	Class	Position	Bytes
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			
40	<b>BENEFIT AMOUNT PAID - FOURTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	197-205	9
	Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Fourth Position indicated in positions 195-196 of this record.  This is a recurring field. Repeat as needed.			
41	<b>WEEKLY BENEFIT AMOUNT - FOURTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	206-211	6
	Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximms, paid to the claimant for the corresponding Benefit Type Code.  This is a recurring field. Repeat as needed.  The corresponding Benefit Type Code - Fourth Position is in positions 195-196 of this record.			
42	<b>BENEFIT TYPE CODE - FIFTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	212-213	2
	Report the code that corresponds to the type of benefits.  The Benefit Amount is in positions 214-222 and 223-228 of this record.  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 Amount.  This is a recurring field. Repeat as needed.  If there have been no benefits other than those covered by a lump sum amount, zero-fill this field and report the benefit type in Benefits Covered by Lump Sum Code (positions 341-342, 352-353, 363-364, 374-375, 385-386, 396-397 of this record).			

Field No.	Field Title/Description	Class	Position	Bytes
	<b>Code Description</b>			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			
43	<b>BENEFIT AMOUNT PAID - FIFTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the indemnity amount paid to date that corresponds with the Benefit Type Code - Fifth Position indicated in positions 212-213 of this record.  This is a recurring field. Repeat as needed.	N	214-222	9
44	<b>WEEKLY BENEFIT AMOUNT - FIFTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the most recent Weekly Benefit Amount, per applicable state's approved minimums/maximms, paid to the claimant for the corresponding Benefit Type Code.  This is a recurring field. Repeat as needed.  The corresponding Benefit Type Code - Fifth Position is in positions 212-213 of this record.	N	223-228	6
45	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	229-245	17
46	<b>VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the amount paid to date for testing and evaluating the claimant's ability, aptitude, and/or attitude in determining suitability for vocational rehabilitation or placement.	N	246-254	9
47	<b>VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID</b>	N	255-263	9



Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>			
	Report the amount paid to date for any expense that enables the claimant to receive or participate in a vocational rehabilitation service.			
48	<b>VOCATIONAL REHABILITATION - EDUCATION EXPENSE AMOUNT PAID</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	264-272	9
	Report the amount paid to date for education/training costs including tuition, books, and tools.			
49	<b>VOCATIONAL REHABILITATION - OTHER AMOUNT PAID</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	273-281	9
	Report the amount paid to date for any other phases of the vocational rehabilitation program not reported as: Vocational Rehabilitation - Education Expense Amount Paid; Vocational Rehabilitation - Evaluation Expense Amount Paid; Vocational Rehabilitation - Maintenance Benefit Amount Paid.			
50	<b>INCURRED MEDICAL AMOUNT TOTAL</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	282-290	9
	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).			
51	<b>PAID MEDICAL AMOUNT TOTAL</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	291-299	9
	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.			
52	<b>POST-INJURY WEEKLY WAGE AMOUNT</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	300-308	9
	Report the weekly wage amount that the claimant earns and that is used to determine the benefits when the claimant returns to work.			
53	<b>IMPAIRMENT/DISABILITY PERCENTAGE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	309-311	3
	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			

Field No.	Field Title/Description	Class	Position	Bytes
	(Position 126) is reported as "1" (Closed).			
54	<b>IMPAIRMENT PERCENTAGE BASIS CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	312-312	1
	Report the code that corresponds to whether the Impairment/Disability Percentage (Positions 309–311 of this record) was reported based on the whole body or part of body.			
	If applicable, this field must be completed if Claim Status Code (Position 126) is reported as "1" (Closed).			
	<b>Code Description</b>			
	1 Impairment Percentage Based on Whole Body			
	2 Impairment Percentage Based on Part of Body			
55	<b>MAXIMUM MEDICAL IMPROVEMENT DATE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	313-320	8
	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.			
	If applicable, this field must be completed if Claim/Status Code (position 126) is reported as "1" (Closed).			
	Format CCYYMMDD.			
56	<b>ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	A	321-321	1
	Report the applicable indicator code.			
	<b>Code Description</b>			
	N Claimant does not have an attorney or authorized representative			
	Y Claimant has an attorney or authorized representative.			
57	<b>CONTROVERTED/DISPUTED CASE INDICATOR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	A	322-322	1
	Report the applicable indicator code.			
	A claim is considered to be controverted/disputed if a contest/dispute results in the claim being submitted to obtain a ruling from an authorized state workers compensation agency or			

Field No.	Field Title/Description	Class	Position	Bytes
	other authorized adjudicator.			
	<b>Code Description</b>			
	N This claim is not or has not been contested or disputed for compensability and/or indemnity benefits.			
	Y This claim is or was contested or disputed for compensability and/or indemnity benefits.			
58	<b>CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT PAID</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	323-331	9
	Report the amount paid by the claimant only when a separate payment is made to the claimant attorney (i.e., separate checks).			
	If there is no amount paid by the claimant zero-fill and include in Benefit Amount Paid (Positions 146-154, 163-171, 180-188, 197-205, 214-222).			
59	<b>EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	332-340	9
	Report the amount paid by the employer or benefit payer for the services of an attorney or authorized representative.			
60	<b>BENEFITS COVERED BY LUMP SUM CODE - FIRST POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	341-342	2
	Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.			
	The corresponding Lump Sum Amount Paid - First Position is in positions 343-351 of this record.			
	This is a recurring field. Repeat as needed.			
	<b>Code Description</b>			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	06 Medical Only			
	09 Disfigurement			
	11 Temporary Partial			

Field No.	Field Title/Description	Class	Position	Bytes
	12 Employers Liability			
	15 Supplemental			
	48 Penalties, Assessments, Interest			
	49 Indemnity and Medical Combined			
	50 Other Specified Indemnity Benefits			
61	<b>LUMP SUM AMOUNT PAID - FIRST POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	343-351	9
	Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.			
	The corresponding Benefits Covered by Lump Sum Code - First Position is in positions 341–342 of this record.			
	This is a recurring field. Repeat as needed.			
62	<b>BENEFITS COVERED BY LUMP SUM CODE - SECOND POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	352-353	2
	Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.			
	The corresponding Lump Sum Amount Paid - Second Position is in positions 354-362 of this record.			
	This is a recurring field. Repeat as needed.			
	<b>Code Description</b>			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	06 Medical Only			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	48 Penalties, Assessments, Interest			
	49 Indemnity and Medical Benefits			

Field No.	Field Title/Description	Class	Position	Bytes
	50 Other Specified Indemnity Benefits			
63	<b>LUMP SUM AMOUNT PAID - SECOND POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.  The corresponding Benefits Covered by Lump Sum Code - Second Position is in positions 352-353 of this record.  This is a recurring field. Repeat as needed.	N	354-362	9
64	<b>BENEFITS COVERED BY LUMP SUM CODE - THIRD POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.  The corresponding Lump Sum Amount Paid - Third Position is in positions 365-373 of this record.  This is a recurring field. Repeat as needed.  <b>Code Description</b> 01 Death 02 Permanent Total Disability 03 Scheduled Permanent Partial 04 Unscheduled Permanent Partial 05 Temporary Total Injury 06 Medical Only 09 Disfigurement 11 Temporary Partial 12 Employers Liability 15 Supplemental 48 Penalties, Assessments, Interest 49 Indemnity and Medical Benefits 50 Other Specified Indemnity Benefits	N	363-364	2
65	<b>LUMP SUM AMOUNT PAID - THIRD POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.	N	365-373	9

Field No.	Field Title/Description	Class	Position	Bytes
	The corresponding Benefits Covered by Lump Sum Code - Third Position is in positions 363-364 of this record.  This is a recurring field. Repeat as needed.			
66	<b>BENEFITS COVERED BY LUMP SUM CODE - FOURTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.  The corresponding Lump Sum Amount Paid - Fourth Position is in positions 376-384 of this record.  This is a recurring field. Repeat as needed.	N	374-375	2
	<b>Code Description</b>			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	06 Medical Only			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	48 Penalties, Assessments, Interest			
	49 Indemnity and Medical Benefits			
	50 Other Specified Indemnity Benefits			
67	<b>LUMP SUM AMOUNT PAID - FOURTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.  The corresponding Benefits Covered by Lump Sum Code - Fourth Position is in positions 374-375 of this record.  This is a recurring field. Repeat as needed.	N	376-384	9
68	<b>BENEFITS COVERED BY LUMP SUM CODE - FIFTH POSITION</b>	N	385-386	2

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.</p> <p>The corresponding Lump Sum Amount Paid - Fifth Position is in positions 387-395 of this record.</p> <p>This is a recurring field. Repeat as needed.</p> <p><b>Code Description</b></p> <p>01 Death</p> <p>02 Permanent Total Disability</p> <p>03 Scheduled Permanent Partial</p> <p>04 Unscheduled Permanent Partial</p> <p>05 Temporary Total Injury</p> <p>06 Medical Only</p> <p>09 Disfigurement</p> <p>11 Temporary Partial</p> <p>12 Employers Liability</p> <p>15 Supplemental</p> <p>48 Penalties, Assessments, Interest</p> <p>49 Indemnity and Medical Benefits</p> <p>50 Other Specified Indemnity Benefits</p>			
69	<p><b>LUMP SUM AMOUNT PAID - FIFTH POSITION</b></p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.</p> <p>The corresponding Benefits Covered by Lump Sum Code - Fifth Position is in positions 385-386 of this record.</p> <p>This is a recurring field. Repeat as needed.</p>	N	387-395	9
70	<p><b>BENEFITS COVERED BY LUMP SUM CODE - SIXTH POSITION</b></p> <p><i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code that corresponds to the type of benefits covered by the Lump Sum Amount Paid.</p> <p>The corresponding Lump Sum Amount Paid - Sixth Position is in positions 398-406 of this record.</p>	N	396-397	2

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
	<b>Code Description</b>			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	06 Medical Only			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	48 Penalties, Assessments, Interest			
	49 Indemnity and Medical Benefits			
	50 Other Specified Indemnity Benefits			
71	<b>LUMP SUM AMOUNT PAID - SIXTH POSITION</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	398-406	9
	Report the amount paid to date as a lump sum or annuity for the corresponding Benefits Covered by Lump Sum Code.			
	The corresponding Benefits Covered by Lump Sum Code - Sixth Position is in positions 396-397 of this record.			
	This is a recurring field. Repeat as needed.			
72	<b>MEDICAL EXTINGUISHMENT INDICATOR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	A	407-407	1
	Report the applicable indicator code.			
	<b>Code Description</b>			
	N Medical Payments are not extinguished.			
	Y Medical Payments are extinguished.			
73	<b>RETURN TO WORK DATE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	408-415	8
	Report the most recent date on which the claimant returned to work.			



Field No.	Field Title/Description	Class	Position	Bytes
	Format CCYYMMDD.			
74	<b>RETURN TO WORK RATE OF PAY INDICATOR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	A	416-416	1
	Report the applicable indicator code.			
	This indicator identifies 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.			
	<b>Code Description</b>			
	N Returned to work at something other than same or similar preinjury hours and pay.			
	Y Returned to work at same or similar preinjury hours and pay.			
75	<b>EXTRAORDINARY LOSS EVENT CLAIM INDICATOR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	A	417-417	1
	Report the applicable indicator code.			
	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.			
	<b>Code Description</b>			
	N This claim is not the result of an Extraordinary Loss Event (ELE) catastrophe.			
	Y This claim is the result of an Extraordinary Loss Event (ELE) catastrophe.			
76	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	418-425	8
77	<b>PREVIOUS CARRIER CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	426-430	5
	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 of this record.			
78	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	431-435	5
79	<b>PREVIOUS POLICY NUMBER IDENTIFIER</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	436-453	18
	Report the policy number identifier that was previously reported only if the Policy Number Identifier in NCCI's system			

Field No.	Field Title/Description	Class	Position	Bytes
	is being revised.  If the policy number identifier is being revised, report the revised Policy Number Identifier in positions 12–29 of this record.			
80	<b>PREVIOUS POLICY EFFECTIVE DATE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the policy effective date that was previously reported only if the Policy Effective Date in NCCI's system is being revised.  If the policy effective date is being revised, report the revised Policy Effective Date in positions 30–37 of this record.  Format CCYYMMDD.	N	454-461	8
81	<b>PREVIOUS REPORTED TO INSURER DATE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the Reported to Insurer Date that was previously reported only if the Reported to Insurer Date in NCCI's system is being revised.  If the Reported to Insurer Date that was previously reported is being revised, report the revised Reported to Insurer Date in positions 83–90.  Format CCYYMMDD.	N	462-469	8
82	<b>PREVIOUS CLAIM NUMBER IDENTIFIER</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  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> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  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> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	491-500	10
85	<b>SOCIAL SECURITY NUMBER</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the social security number assigned by the Social Security Administration.	N	501-509	9

Field No.	Field Title/Description	Class	Position	Bytes
	For NCCI, this field is required for Texas only. In Texas, this is known as Employer Social Security Number.			
86	<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	510-518	9
	Report the Federal Employer Identification Number assigned to each employer for federal tax purposes. For NCCI, this field is required for Texas only. In Texas, this is known as Employer Federal Tax Number.			
87	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	519-526	8
88	<b>ZIP CODE OF INJURY SITE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	527-531	5
	Report the first five digits of the US 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. For NCCI, this field is required for Texas only.			
89	<b>DATE OF FIRST PAYMENT</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	532-539	8
	Report the date on which the first indemnity payment was issued. If no payments have been made, report zeros. For NCCI, this field is required for Texas only. Format CCYYMMDD.			
90	<b>HOSPITAL COSTS AMOUNT PAID</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	540-548	9
	Report the amount paid to date for both in-patient and out-patient services. For NCCI, this field is required for Texas only.			
91	<b>TOTAL PAYMENTS TO PHYSICIANS</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	549-557	9
	Report the amount paid to date to treating physicians including all clinic and office visits. For NCCI, this field is required for Texas only.			

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Field No.	Field Title/Description	Class	Position	Bytes
92	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	558-600	43

Field No.	Field Title/Description	Class	Position	Bytes
<b>FILE CONTROL RECORD</b>				
1	<b>RECORD TYPE CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report "9" for the File Control Record.	N	1-1	1
2	<b>CARRIER GROUP CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the code assigned by NCCI that corresponds to the dominant insurer in a carrier group.	N	2-6	5
3	<b>FILLER</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  These positions are to be filled with 9s.	N	7-41	35
4	<b>RECORD TOTALS</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>  Report the total number of records on the submission.  This total should exclude this File Control Record.	N	42-49	8
5	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	AN	50-250	201