

**WCIO Workers Compensation Data
Specifications Manual**

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

Summary of Changes: No changes in this version.

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
A		
ACCIDENT DATE	Detailed Claim Information Record	75-82
ACCIDENT STATE CODE	Detailed Claim Information Record	73-74
ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR	Detailed Claim Information Record	321-321
B		
BENEFIT AMOUNT PAID	Detailed Claim Information Record	146-154
	Detailed Claim Information Record	163-171
	Detailed Claim Information Record	180-188
	Detailed Claim Information Record	197-205
	Detailed Claim Information Record	214-222
BENEFIT TYPE CODE	Detailed Claim Information Record	144-145
	Detailed Claim Information Record	161-162
	Detailed Claim Information Record	178-179
	Detailed Claim Information Record	195-196
	Detailed Claim Information Record	212-213
BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE	Detailed Claim Information Record	341-342
	Detailed Claim Information Record	352-353
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BIRTH YEAR	Detailed Claim Information Record	102-105
C		
CARRIER CODE	Detailed Claim Information Record	2-6
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CAUSE OF INJURY CODE	Detailed Claim Information Record	124-125
CLAIM NUMBER IDENTIFIER	Detailed Claim Information Record	42-53
CLAIM/STATUS CODE	Detailed Claim Information Record	126-126
CLAIMANT GENDER CODE	Detailed Claim Information Record	101-101
CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT PAID	Detailed Claim Information Record	323-331
CLASSIFICATION CODE	Detailed Claim Information Record	91-94
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D		
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E		
EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID	Detailed Claim Information Record	332-340
EXTRAORDINARY LOSS EVENT CLAIM INDICATOR	Detailed Claim Information Record	417-417
F		
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) FILLER	Detailed Claim Information Record	510-518
	Submission Control Record	7-41
H		
HIRE YEAR	Detailed Claim Information Record	106-109
HOSPITAL COSTS AMOUNT PAID	Detailed Claim Information Record	540-548
I		
IMPAIRMENT PERCENTAGE BASIS CODE	Detailed Claim Information Record	312-312
IMPAIRMENT/DISABILITY PERCENTAGE	Detailed Claim Information Record	309-311
INCURRED INDEMNITY AMOUNT TOTAL	Detailed Claim Information Record	135-143
INCURRED MEDICAL AMOUNT TOTAL	Detailed Claim Information Record	282-290

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
J		
JURISDICTION STATE CODE	Detailed Claim Information Record	71-72
L		
LUMP SUM SETTLEMENT AMOUNT PAID	Detailed Claim Information Record	343-351
	Detailed Claim Information Record	354-362
	Detailed Claim Information Record	365-373
	Detailed Claim Information Record	376-384
	Detailed Claim Information Record	387-395
	Detailed Claim Information Record	398-406
M		
MAXIMUM MEDICAL IMPROVEMENT DATE	Detailed Claim Information Record	313-320
MEDICAL EXTINGUISHMENT INDICATOR	Detailed Claim Information Record	407-407
METHOD OF DETERMINING PRE-INJURY / AVERAGE WEEKLY WAGE CODE	Detailed Claim Information Record	119-119
N		
NATURE OF INJURY CODE	Detailed Claim Information Record	122-123
P		
PAID MEDICAL AMOUNT TOTAL	Detailed Claim Information Record	291-299
PART OF BODY CODE	Detailed Claim Information Record	120-121
POLICY EFFECTIVE DATE	Detailed Claim Information Record	30-37
POLICY NUMBER IDENTIFIER	Detailed Claim Information Record	12-29
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PREVIOUS CLAIM NUMBER IDENTIFIER	Detailed Claim Information Record	470-481
PREVIOUS POLICY EFFECTIVE DATE	Detailed Claim Information Record	454-461
PREVIOUS POLICY NUMBER IDENTIFIER	Detailed Claim Information Record	436-453
PREVIOUS REPORTED TO INSURER DATE	Detailed Claim Information Record	462-469
R		
RECORD TOTALS	Submission Control Record	42-49
RECORD TYPE CODE	Detailed Claim Information Record	1-1
	Submission Control Record	1-1
RECOVERY REIMBURSEMENT AMOUNT	Detailed Claim Information Record	482-490
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REPORTED TO INSURER DATE	Detailed Claim Information Record	83-90
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	Detailed Claim Information Record	54-70
	Detailed Claim Information Record	110-113
	Detailed Claim Information Record	229-245
	Detailed Claim Information Record	418-425
	Detailed Claim Information Record	431-435
	Detailed Claim Information Record	491-500
	Detailed Claim Information Record	519-526
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	Submission Control Record	50-250
RETURN TO WORK DATE	Detailed Claim Information Record	408-415
RETURN TO WORK RATE OF PAY INDICATOR	Detailed Claim Information Record	416-416
S		
SOCIAL SECURITY NUMBER	Detailed Claim Information Record	501-509
T		
TOTAL PAYMENTS TO PHYSICIANS	Detailed Claim Information Record	549-557

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
TYPE OF CLAIM CODE	Detailed Claim Information Record	99-100
TYPE OF LOSS CODE	Detailed Claim Information Record	95-96
TYPE OF RECOVERY CODE	Detailed Claim Information Record	97-98
V		
VALUATION LEVEL CODE	Detailed Claim Information Record	38-40
VOCATIONAL REHABILITATION - EDUCATION EXPENSE AMOUNT PAID	Detailed Claim Information Record	264-272
VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID	Detailed Claim Information Record	246-254
VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID	Detailed Claim Information Record	255-263
VOCATIONAL REHABILITATION - OTHER AMOUNT PAID	Detailed Claim Information Record	273-281
W		
WEEKLY BENEFIT	Detailed Claim Information Record	155-160
	Detailed Claim Information Record	172-177
	Detailed Claim Information Record	189-194
	Detailed Claim Information Record	206-211
	Detailed Claim Information Record	223-228
Z		
ZIP CODE OF INJURY SITE	Detailed Claim Information Record	527-531

Field No.	Field Title/Description	Class	Position	Bytes
DETAILED CLAIM INFORMATION RECORD				
1	RECORD TYPE CODE Report "1" for all Detailed Claim Information (DCI) valuation levels.	N	1-1	1
2	CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO.	N	2-6	5
3	RESERVED FOR FUTURE USE	AN	7-11	5
4	POLICY NUMBER IDENTIFIER Report the unique identifier used for identifying the policy.	AN	12-29	18
5	POLICY EFFECTIVE DATE Report the date that the policy became effective. Format 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. Code Description 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 114 Valued 114 months from Reported to Insurer Date	N	38-40	3
7	REPLACEMENT REPORT CODE Report that indicates if the record being submitted corrects a non-rejected data element or data elements previously reported with an incorrect value. Code Description R Replaces a previous report due to incorrect value	AN	41-41	1
8	CLAIM NUMBER IDENTIFIER	AN	42-53	12

Field No.	Field Title/Description	Class	Position	Bytes
	Report the unique identifier used for uniquely identifying the claim. Do not report any embedded blanks, marks of punctuation or special characters.			
9	RESERVED FOR FUTURE USE	AN	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. Format CCYYMMDD.	N	75-82	8
13	REPORTED TO INSURER DATE 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.	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. The classification code must be valid for the state and effective date of the policy.	N	91-94	4
15	TYPE OF LOSS CODE Report the code that corresponds to the type of injury condition, or disorder. Code Description 01 Trauma 02 Occupational Disease 03 Cumulative Injury Other Than Disease	N	95-96	2
16	TYPE OF RECOVERY CODE Report the code that corresponds to the type of recovery	N	97-98	2

Field No.	Field Title/Description	Class	Position	Bytes
	received or anticipated.			
	Code Description			
	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, MI, MN, NCCI, NJ, NY, PA, WI			
	06 Joint Coverage - With Subrogation N/A: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI			
17	TYPE OF CLAIM CODE Report the code that corresponds to the provision(s) of the policy under which the loss was incurred.	N	99-100	2
	Code Description			
	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	CLAIMANT GENDER CODE Report the code that corresponds to the claimant's gender.	N	101-101	1
	Code Description			
	1 Male			
	2 Female			
	3 Other			
19	BIRTH YEAR Report the year the claimant was born. Format YYYY.	N	102-105	4
20	HIRE YEAR Report the year the claimant was hired. Format YYYY.	N	106-109	4

Field No.	Field Title/Description	Class	Position	Bytes
21	RESERVED FOR FUTURE USE	AN	110-113	4
22	PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT 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.	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. The Pre-injury/Average Weekly Wage Amount is in positions 114–118. Code Description 1 Actual Wage 2 Estimated Wage 3 Minimum Weekly Benefit 4 Maximum Weekly Benefit	N	119-119	1
24	PART OF BODY CODE Report the code that corresponds to the part of the claimant's body that sustained the injury.	N	120-121	2
25	NATURE OF INJURY CODE Report the code that corresponds to the nature of the injury sustained by the claimant.	N	122-123	2
26	CAUSE OF INJURY CODE 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. Code Description 0 Open Claim 1 Closed Claim 2 Reopened Claim N/A: NCCI This code is not used in this specification. 3 Resolved Claim N/A: NCCI This code is not used in this specification. 4 Open Claim—Payment not made or initiated N/A: NCCI	N	126-126	1

Field No.	Field Title/Description	Class	Position	Bytes
	This code is not used in this specification.			
5	Became Medical Only			
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). Format 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 code that corresponds to the type of benefits. The Benefit Amount is 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. This is a recurring field. Repeat as needed. 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
	Code Description			
	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			
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

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
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. This is a recurring field. Repeat as needed. The corresponding Benefit Type Code is in positions 144-145.	N	155-160	6
33	BENEFIT TYPE CODE Report the code that corresponds to the type of benefits reported in positions 163-171 and 172-177. This is a recurring field. Repeat as needed. Code Description 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	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. This is a recurring field. Repeat as needed.	N	163-171	9
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. This is a recurring field. Repeat as needed. The corresponding Benefit Type Code is in positions 161-162.	N	172-177	6
36	BENEFIT TYPE CODE Report the code that corresponds to the type of benefits reported in positions 180-188 and 189-194.	N	178-179	2

Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
	Code Description			
	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			
37	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 178-179. This is a recurring field. Repeat as needed.	N	180-188	9
38	WEEKLY BENEFIT 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 is in positions 178-179.	N	189-194	6
39	BENEFIT TYPE CODE Report the code that corresponds to the type of benefits reported in positions 197-205 and 206-211. This is a recurring field. Repeat as needed.	N	195-196	2
	Code Description			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	09 Disfigurement			

Field No.	Field Title/Description	Class	Position	Bytes
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	50 Other Specified Indemnity Benefits			
40	BENEFIT AMOUNT PAID Report the indemnity amount paid to date that corresponds with the Benefit Type Code indicated in positions 195-196. This is a recurring field. Repeat as needed.	N	197-205	9
41	WEEKLY BENEFIT 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 is in positions 195-196.	N	206-211	6
42	BENEFIT TYPE CODE Report the code that corresponds to the type of benefits reported in positions 214-222 and 223-228. This is a recurring field. Repeat as needed. Code Description 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	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	N	223-228	6

Field No.	Field Title/Description	Class	Position	Bytes
	<p>applicable state's approved minimums/maximms, paid to the claimant for the corresponding Benefit Type Code.</p> <p>This is a recurring field. Repeat as needed.</p> <p>The corresponding Benefit Type Code is in positions 212-213.</p>			
45	RESERVED FOR FUTURE USE	AN	229-245	17
46	<p>VOCATIONAL REHABILITATION - EVALUATION EXPENSE AMOUNT PAID</p> <p>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.</p>	N	246-254	9
47	<p>VOCATIONAL REHABILITATION - MAINTENANCE BENEFIT AMOUNT PAID</p> <p>Report the amount paid to date for any expense that enables the claimant to receive or participate in a vocational rehabilitation service.</p>	N	255-263	9
48	<p>VOCATIONAL REHABILITATION - EDUCATION EXPENSE AMOUNT PAID</p> <p>Report the amount paid to date for education/training costs including tuition, books, and tools.</p>	N	264-272	9
49	<p>VOCATIONAL REHABILITATION - OTHER AMOUNT PAID</p> <p>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.</p>	N	273-281	9
50	<p>INCURRED MEDICAL AMOUNT TOTAL</p> <p>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).</p>	N	282-290	9
51	<p>PAID MEDICAL AMOUNT TOTAL</p> <p>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.</p>	N	291-299	9
52	<p>POST-INJURY WEEKLY WAGE AMOUNT</p> <p>Report the weekly wage amount that the claimant earns and that is used to determine the benefits when the claimant returns to work.</p>	N	300-308	9
53	<p>IMPAIRMENT/DISABILITY PERCENTAGE</p> <p>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.</p>	N	309-311	3

Field No.	Field Title/Description	Class	Position	Bytes
	If applicable, this field must be completed if Claim Status Code (Position 126) is reported as "1" (Closed).			
54	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). Code Description 1 Impairment Percentage Based on Whole Body 2 Impairment Percentage Based on Part of Body	N	312-312	1
55	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. If applicable, this field must be completed if Claim/Status Code (position 126) is reported as "1" (Closed). Format CCYYMMDD.	N	313-320	8
56	ATTORNEY OR AUTHORIZED REPRESENTATIVE INDICATOR Report the applicable indicator code. Code Description N Claimant does not have an attorney or authorized representative Y Claimant has an attorney or authorized representative.	A	321-321	1
57	CONTROVERTED/DISPUTED CASE INDICATOR Report the applicable indicator code. Code Description N This claim is not or has not been contested or disputed for compensability and/or disability. Y This claim is or was contested or disputed for compensability and/or disability.	A	322-322	1
58	CLAIMANT'S ATTORNEY FEES INCURRED AMOUNT PAID Report the amount paid by the claimant only when a	N	323-331	9

Field No.	Field Title/Description	Class	Position	Bytes
	<p>separate payment is made to the claimant attorney (i.e., separate checks).</p> <p>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).</p>			
59	EMPLOYER'S ATTORNEY FEES INCURRED AMOUNT PAID	N	332-340	9
	Report the amount paid by the employer or benefit payer for the services of an attorney or authorized representative.			
60	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE	N	341-342	2
	Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid.			
	The corresponding Lump Sum Settlement Amount Paid is in positions 343-351.			
	This is a recurring field. Repeat as needed.			
	Code Description			
	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			
	49 Indemnity and Medical Combined			
	50 Other Specified Indemnity Benefits			
61	LUMP SUM SETTLEMENT AMOUNT PAID	N	343-351	9
	Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefits Covered by Lump Sum Settlement Code.			
	The corresponding Benefits Covered by Lump Sum Settlement Code is in positions 341–342.			
	This is a recurring field. Repeat as needed.			
62	BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE	N	352-353	2
	Report the code that corresponds to the type of benefits			

Field No.	Field Title/Description	Class	Position	Bytes
	covered by the Lump Sum Settlement Amount Paid. The corresponding Lump Sum Settlement Amount Paid is in positions 354-362. This is a recurring field. Repeat as needed.			
	Code Description			
	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			
	49 Indemnity and Medical Combined			
	50 Other Specified Indemnity Benefits			
63	LUMP SUM SETTLEMENT AMOUNT PAID Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefits Covered by Lump Sum Settlement Code. The corresponding Benefits Covered by Lump Sum Settlement Code is in positions 352-353. This is a recurring field. Repeat as needed.	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. The corresponding Lump Sum Settlement Amount Paid is in positions 365-373. This is a recurring field. Repeat as needed.	N	363-364	2
	Code Description			
	01 Death			
	02 Permanent Total Disability			
	03 Scheduled Permanent Partial			

Field No.	Field Title/Description	Class	Position	Bytes
	04 Unscheduled Permanent Partial			
	05 Temporary Total Injury			
	06 Medical Only			
	09 Disfigurement			
	11 Temporary Partial			
	12 Employers Liability			
	15 Supplemental			
	49 Indemnity and Medical Combined			
	50 Other Specified Indemnity Benefits			
65	LUMP SUM SETTLEMENT AMOUNT PAID Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefits Covered by Lump Sum Settlement Code. The corresponding Benefits Covered by Lump Sum Settlement Code is in positions 363-364. This is a recurring field. Repeat as needed.	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. The corresponding Lump Sum Settlement Amount Paid is in positions 376-384. This is a recurring field. Repeat as needed. Code Description 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	N	374-375	2

Field No.	Field Title/Description	Class	Position	Bytes
	49 Indemnity and Medical Combined			
	50 Other Specified Indemnity Benefits			
67	LUMP SUM SETTLEMENT AMOUNT PAID Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefits Covered by Lump Sum Settlement Code. The corresponding Benefits Covered by Lump Sum Settlement Code is in positions 374-375. This is a recurring field. Repeat as needed.	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. The corresponding Lump Sum Settlement Amount Paid is in positions 387-395. This is a recurring field. Repeat as needed. Code Description 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 49 Indemnity and Medical Combined 50 Other Specified Indemnity Benefits	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 Benefits Covered by Lump Sum Settlement Code. The corresponding Benefits Covered by Lump Sum Settlement Code is in positions 385-386. This is a recurring field. Repeat as needed.	N	387-395	9

Field No.	Field Title/Description	Class	Position	Bytes
70	<p>BENEFITS COVERED BY LUMP SUM SETTLEMENT CODE</p> <p>Report the code that corresponds to the type of benefits covered by the Lump Sum Settlement Amount Paid.</p> <p>The corresponding Lump Sum Settlement Amount Paid is in positions 398-406.</p> <p>This is a recurring field. Repeat as needed.</p> <p>Code Description</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>49 Indemnity and Medical Combined</p> <p>50 Other Specified Indemnity Benefits</p>	N	396-397	2
71	<p>LUMP SUM SETTLEMENT AMOUNT PAID</p> <p>Report the amount paid to date as a lump sum settlement or annuity for the corresponding Benefits Covered by Lump Sum Settlement Code.</p> <p>The corresponding Benefits Covered by Lump Sum Settlement Code is in positions 396-397.</p> <p>This is a recurring field. Repeat as needed.</p>	N	398-406	9
72	<p>MEDICAL EXTINGUISHMENT INDICATOR</p> <p>Report the applicable indicator code.</p> <p>Code Description</p> <p>N Medical Payments are not extinguished.</p> <p>Y Medical Payments are extinguished.</p>	A	407-407	1
73	<p>RETURN TO WORK DATE</p> <p>Report the most recent date on which the claimant returned to work.</p>	N	408-415	8

Field No.	Field Title/Description	Class	Position	Bytes
	Format CCYYMMDD.			
74	RETURN TO WORK RATE OF PAY INDICATOR 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. Code Description 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.	A	416-416	1
75	EXTRAORDINARY LOSS EVENT CLAIM INDICATOR 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. Code Description 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.	A	417-417	1
76	RESERVED FOR FUTURE USE	AN	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 of this record.	N	426-430	5
78	RESERVED FOR FUTURE USE	AN	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 of this record.	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. If the policy effective date is being revised, report the revised Policy Effective Date in positions 30–37 of this record.	N	454-461	8

Field No.	Field Title/Description	Class	Position	Bytes
	Format CCYYMMDD.			
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. 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	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	AN	491-500	10
85	SOCIAL SECURITY NUMBER Report the social security number assigned by the Social Security Administration. For NCCI, this field is required for Texas only. In Texas, this is known as Employer Social Security Number.	N	501-509	9
86	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) 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.	N	510-518	9
87	RESERVED FOR FUTURE USE	AN	519-526	8
88	ZIP CODE OF INJURY SITE 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.	AN	527-531	5
89	DATE OF FIRST PAYMENT	N	532-539	8

Field No.	Field Title/Description	Class	Position	Bytes
	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	HOSPITAL COSTS AMOUNT PAID Report the amount paid to date for both in-patient and out-patient services. For NCCI, this field is required for Texas only.	N	540-548	9
91	TOTAL PAYMENTS TO PHYSICIANS Report the amount paid to date to treating physicians including all clinic and office visits. For NCCI, this field is required for Texas only.	N	549-557	9
92	RESERVED FOR FUTURE USE	AN	558-600	43

Field No.	Field Title/Description	Class	Position	Bytes
SUBMISSION CONTROL RECORD				
1	RECORD TYPE CODE Report "9" for the submission control record.	N	1-1	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 number of records on the submission. This total should exclude this submission control record.	N	42-49	8
5	RESERVED FOR FUTURE USE	AN	50-250	201