

**WCIO WORKERS COMPENSATION  
DATA SPECIFICATIONS MANUAL**

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

**FOR REPORTING**

**DETAILED CLAIM INFORMATION, SAMPLE CONTROL/VERIFICATION AND  
COMMON INFORMATION CHANGE DATA**

**CALL FOR DETAILED CLAIM INFORMATION  
ELECTRONIC REPORTING SPECIFICATIONS (WCCDCI)**

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**WCCDCI 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 Instruction Manual and Texas Detailed Claim Information Statistical Plan respectively.

All questions regarding WCCDCI should be forwarded to NCCI and Texas.

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

**SECTION 1**

**GENERAL**

## GENERAL SPECIFICATIONS

All insurers submitting DCI electronically have the option of using NCCI's DCI Edit Package. This edit package preprocesses the data and identifies errors prior to submission to the DCO.

Electronic submissions shall consist of up to four record types. No fields are to be signed or packed.

Detailed Claim Information Record—Record Type Code 1  
Sample Control/Verification Record—Record Type Code 2  
Common Information Change Record—Record Type Code 3  
Submission Control Record—Record Type Code 9

A Transmittal Form must accompany each magnetic tape/cartridge submission (*see WCCDCI Transmittal Instructions in General section of this manual*). A copy will be returned to the insurer by the DCO as acknowledgment of receipt.

**NOTE:** 1. In order to reduce the number of tapes to be handled, all record types should be included on one tape.

2. Insurers within a group should submit their data on the same file.

Texas DCI Data: Insurers within a group may submit their data on the same file using individual insurer codes (do not use group carrier code).

3. Data from more than one state should be reported on the same tape.

**WORKERS COMPENSATION  
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**SECTION 2**

**ELECTRONIC REPORTING SPECIFICATIONS**

## TAPE SPECIFICATIONS

1. It is preferred that data be submitted via Tape Cartridges (3480).
2. For those insurers not having the ability to submit data on tape cartridges, data may also be reported on reel tapes wound in lengths of not less than 600 feet, nor more than 2,400 feet.
3. Tape reel or cartridge must be file-protected prior to shipment to the jurisdiction.
4. Reflective spots must be present and properly located.
5. Tape reels and cartridges must be packed properly to avoid damage in shipment.
6. Data must be reported on appropriate track records in a mode acceptable to the jurisdiction. The use of 9-track tapes with 6250 BPI odd parity is preferred.
7. Data is to be reported in 500 BYTE record images, as shown in the Record Layout Charts using EBCDIC.
8. Data must be blocked 12, i.e., 6000 characters per block. The final block may be a "short block"; do not fill with padding. There is to be no record mark at the end of a record, nor a group mark at the end of a block.
9. In addition to its external physical label, each tape or cartridge shall contain "Third Generation Computer" type internal labels generated as "Standard Labels" by IBM 360 DOS or OS operating systems.
10. The Submission Control Record, Record Type Code 9, will be the last record on the tape or cartridge. Only one per submission.
11. All tapes or cartridges shall have an external label showing the following information:
  - a. Insurer (TX)/Group (NCCI) name
  - b. Transmittal date
  - c. Operating system used to create this tape
  - d. Number of tracks on tape
  - e. Density of tape
  - f. Parity of tape
  - g. Block size
  - h. Data set name on internal label
  - i. Tape serial number
  - j. Tape sequence number

**NOTE:** Although magnetic tape is the predominant transfer method, other electronic data submission options are available. Contact NCCI for details.

**WORKERS COMPENSATION  
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**SECTION 3**

**GENERAL RECORD SPECIFICATIONS**

This section applies to the preparation and transmittal of Detailed Claim Data electronically. This section should be used in conjunction with the appropriate manual, which provides more detailed information for proper coding and submission of data.

**Manuals to be used for the specific details:**

NCCI Call for Detailed Claim Information Instruction Manual and Texas Department of Insurance Detailed Claim Information Statistical Plan



## GENERAL RECORD SPECIFICATIONS

### 1. Data Field Formats

Unless otherwise specified, the following field formats shall apply:

All fields are in character mode, unsigned and unpacked.

All records are fixed in length.

All alpha (A) and alphanumeric (AN) data fields are to be left-justified and right blank-filled. These fields should be blank if not applicable or not available unless otherwise indicated.

All numeric (N) data fields are to be right-justified and left zero-filled. These fields should be zero-filled if not applicable or not available unless otherwise indicated.

All money data fields are to be rounded to the nearest whole dollar.

All RESERVED FOR FUTURE USE fields are to be left blank.

### 2. Record Type Descriptions

#### **Detailed Claim Information Record—Record Type Code 1**

This record type contains all individual claim information. Refer to the jurisdiction's manual indicated on page 3:1 for a more detailed explanation of each field.

#### **Sample Control/Verification Record—Record Type Code 2**

This record type performs the same functions as the Sample Control Form. It is not mandatory that insurers reporting Detailed Claim Information Records electronically also submit Sample Control information electronically; hard copies may be used in lieu of electronic submissions.

#### **Common Information Change Record—Record Type Code 3**

This record type performs the same functions as the Common Information Change Form. It is required that all Common Information Change records contain valid data in all Previously Reported fields. It is not mandatory that insurers reporting Detailed Claim Information Records electronically also submit Common Information Change information electronically; hard copies may be used in lieu of electronic submissions.

#### **Submission Control Record—Record Type Code 9**

This record type provides the total count of the individual record types, as well as the entire submission. There should be only one Submission Control Record per submission and it must be the last record on the tape. This record type is required.

#### **Detailed Claim Information Claim Correction Record—Record Type Code A**

This is the DCI Claim Correction Record produced by NCCI for insurers having requested correction reports on magnetic tape instead of hard copy. This record lists the errors found for this claim and is on this submission as a Record Type 1. Record Type 1 has the same data in Fields 2 through 11 as Fields 2 through 11 of this record.

#### **Request for Subsequent Detailed Claim Information From NCCI Record—Record Type Code B**

This is the DCI Subsequent Report Request Record generated by NCCI for insurers having requested subsequent report requests electronically instead of hard copy. The data contained in all the fields, except Field 1 (Record Type), is the same as the information last submitted by the insurer.

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

**SECTION 4**

**RECORD LAYOUTS AND REPORTING INSTRUCTIONS**

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

NCCI Call for Detailed Claim Information Instruction Manual, and Texas Department of Insurance Detailed Claim Information Statistical Plan

**I. DETAILED CLAIM INFORMATION RECORD**

This record is for electronic reporting of the 85 and 86 element DCI forms.

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>RECORD TYPE CODE</b> Report "1".	(N)	1	1
2	<b>CARRIER CODE</b> Report the 5-digit carrier code assigned by NCCI that corresponds to the company name printed on the policy Information Page and that provided the predominant coverage for the risk. For NCCI, report the individual carrier code or the group code; TX data must have the individual carrier code only.	(N)	2-6	5
3	<b>POLICY NUMBER IDENTIFIER</b> Report the alphanumeric characters used for uniquely identifying the policy. Do not report any embedded blanks, marks of punctuation or special characters.	(AN)	7-24	18
4	<b>POLICY EFFECTIVE DATE</b> Report the effective date of the policy, formatted YYMMDD.	(N)	25-30	6
5	<b>CLAIM NUMBER IDENTIFIER</b> Report the alphanumeric characters used for uniquely identifying the claim. Do not report any embedded blanks, marks of punctuation or special characters.	(AN)	31-48	18
6	<b>REPORT TYPE CODE</b> Report the 2-digit code which indicates the valuation of the information being reported:	(N)	49-50	2
	<b>Code Description</b>			
	01 6 months			
	02 18 months			
	03 30 months			
	04 42 months			
	05 54 months			
	06 66 months			
	07 78 months			
	08 90 months			
	09 102 months			
7	<b>TRANSACTION CODE</b> Report the 1-digit code that indicates the type of transaction being submitted:	(N)	51	1
	<b>Code Description</b>			
	1 Original			
	2 Revised			
	3 Correction			
8	<b>JURISDICTION STATE CODE</b> Report the 2-digit code corresponding to the state act under which payment of benefits is being made.	(N)	52-53	2
9	<b>ACCIDENT STATE CODE</b> Report the 2-digit code corresponding to the state or foreign location in which the claimant was injured or contracted disease.	(N)	54-55	2

I. DETAILED CLAIM INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes												
10	<b>REPORTED TO INSURER DATE</b> Report the date the claim was reported to the insurer, formatted YYMMDD.	(N)	56-61	6												
11	<del><b>EMPLOYEE SOCIAL SECURITY NUMBER</b></del> <del><b>RESERVED FOR FUTURE USE</b></del> <del>Report the 9-digit Social Security Number assigned to the claimant by the Social Security Administration. Previously Social Security Number.</del>	<del>(N)</del>	62-70	9												
12	<b>EMPLOYER NAICS CODE</b> Report the 6-digit North American Industry Classification System (NAICS) code that represents the nature of the employer's business as contained in the U.S. NAICS Manual, published by the Federal Office of Management and Budget. OPTIONAL: NCCI	(N)	71-76	6												
13	<b>RESERVED FOR FUTURE USE</b>		77-90	14												
14	<b>EMPLOYER FEDERAL TAX NUMBER</b> Report the 9-digit Federal Tax Number assigned to each employer for federal tax purposes.	(N)	91-99	9												
15	<b>EMPLOYER SIC CODE</b> Report the 4-digit code which represents the nature of the employer's business as contained in the Standard Industrial Classification Manual.	(N)	100-103	4												
16	<b>EMPLOYER PAYROLL CODE</b> Report the 1-digit code which represents the range corresponding to the employer's payroll in the state of jurisdiction:	(N)	104	1												
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$0</td> </tr> <tr> <td>2</td> <td>\$1-\$100,000</td> </tr> <tr> <td>3</td> <td>\$100,001-\$1,000,000</td> </tr> <tr> <td>4</td> <td>\$1,000,001-\$10,000,000</td> </tr> <tr> <td>5</td> <td>Over \$10,000,000</td> </tr> </tbody> </table>	Code	Description	1	\$0	2	\$1-\$100,000	3	\$100,001-\$1,000,000	4	\$1,000,001-\$10,000,000	5	Over \$10,000,000			
Code	Description															
1	\$0															
2	\$1-\$100,000															
3	\$100,001-\$1,000,000															
4	\$1,000,001-\$10,000,000															
5	Over \$10,000,000															
17	<b>INJURY SITE ZIP CODE</b> Report the 5-digit zip code (first five digits of the 9-digit U.S. Postal Code) that corresponds to the location where the injury occurred. If the location is outside the United States, report the first five characters in the zip code.	(AN)	105-109	5												
18	<del><b>EMPLOYEE NAME</b></del> <del><b>RESERVED FOR FUTURE USE</b></del> <del>Report the first six letters of the claimant's last name followed by the first initial of the claimant's first name as follows: Previously Employee Name.</del>		110-116	7												
	<del>Last Name</del>	<del>(A)</del>	<del>110-115</del>	<del>6</del>												
	<del>First Initial</del>	<del>(A)</del>	<del>116</del>	<del>1</del>												
19	<b>SEX OF CLAIMANT CODE</b> Report the 1-digit code that indicates the sex of the claimant:	(N)	117	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>Unknown</td> </tr> </tbody> </table>	Code	Description	1	Male	2	Female	3	Unknown							
Code	Description															
1	Male															
2	Female															
3	Unknown															

**I. DETAILED CLAIM INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
20	<b>MARITAL STATUS CODE</b> Report the 1-digit code which indicates the marital status of the claimant at the time of injury:	(N)	118	1
	<b>Code Description</b>			
	1 Single, Divorced or Widowed			
	2 Married			
	3 Separated			
	4 Unknown			
21	<b>BIRTH DATE</b> Report the claimant's actual or estimated date of birth, formatted YYMMDD.	(N)	119–124	6
22	<b>HIRE DATE</b> Report the date on which the claimant began his/her most recent employment with the employer, formatted YYMMDD.	(N)	125–130	6
23	<b>OCCUPATION CODE</b> Reserved for future use. Leave blank.	(AN)	131–132	2
24	<b>EMPLOYMENT STATUS CODE</b> Report the 1-character code which identifies the employment status at the time the injury or occupational disease was first reported:	(AN)	133	1
	<b>Code Description</b>			
	1 Regular Employee			
	2 Part-Time Employee			
	3 Unemployed			
	4 On Strike			
	5 Disabled			
	6 Retired			
	7 Other			
	8 Seasonal Worker*			
	9 Volunteer Worker*			
	A Apprenticeship—Full-Time**			
	B Apprenticeship—Part-Time**			
	C Piece Worker**			
	* Effective for claims reported to insurers 7/1/93 and subsequent			
	** Effective for claims reported to insurers 7/1/94 and subsequent			
25	<b>INJURY/ACCIDENT DATE</b> Report the date on which the injury occurred or, in the case of occupational disease or cumulative injury, the last day of exposure to substance, the last day the claimant worked without the disability or the last day of coverage under the policy, formatted YYMMDD.	(N)	134–139	6
26	<b>CLASSIFICATION CODE</b> Report the 4-digit classification code that corresponds to the type of employment the claimant was engaged in at the time of injury according to the jurisdiction's Basic Manual for Workers Compensation and Employers Liability Insurance or the applicable Independent State Manual.	(N)	140–143	4
27	<b>PART OF BODY CODE</b> Report the 2-digit code that corresponds to the part of the body to which the injury occurred.	(N)	144–145	2

**I. DETAILED CLAIM INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes										
28	<b>NATURE OF INJURY CODE</b> Report the 2-digit code that corresponds to the nature of the injury sustained by the claimant.	(N)	146-147	2										
29	<b>CAUSE OF INJURY CODE</b> Report the 2-digit code that corresponds to the cause of the injury.	(N)	148-149	2										
30	<b>LOSS COVERAGE CODE</b> 85 Element DCI form: Report the 2-digit code that corresponds to the portion of the Workers' Compensation Law under which the claim is covered.  86 Element DCI form: Zero-fill. See "Loss Condition Codes" field (Position 197-206).	(N)	150-151	2										
31	<b>AMOUNT OF DEPENDENTS</b> Report the amount of children or other individuals that the claimant is legally required to financially support. (TX ONLY; otherwise, leave blank.)	(AN)	152-153	2										
32	<b>PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT</b> Report the amount of the claimant's average weekly wage.	(N)	154-158	5										
33	<b>METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE</b> Report the 1-digit code that indicates the method in which the pre-injury wage was determined:	(N)	159	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													
34	<b>OTHER WEEKLY PAYMENTS AMOUNT</b> Report the amount of additional contributions or supplements to the pre-injury weekly wage made by the employer for economic or fringe benefits.	(N)	160-164	5										
35	<b>REPORTED TO EMPLOYER DATE</b> Report the date the claimant reported the injury to the employer, formatted YYMMDD.	(N)	165-170	6										
36	<b>SURGERY CODE</b> Report the 1-digit code that indicates if the claimant has undergone surgery as a result of the injury.	(N)	171	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </tbody> </table>	Code	Description	1	Yes	2	No							
Code	Description													
1	Yes													
2	No													
37	<b>CLAIM STATUS CODE</b> Report the 1-digit code which corresponds to the current status of the claim. Refer to the jurisdiction's manual for reporting Detailed Claim Information for the codes to be used in this field.	(N)	172	1										
38	<b>CLOSING DATE</b> Report the date the claim was closed, formatted YYMMDD. If the claim is open, report 0s.	(N)	173-178	6										

I. DETAILED CLAIM INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
39	<b>FIRST PAYMENT DATE</b> Report the date on which the first indemnity payment was issued, formatted YYMMDD. If no payments have been made, report 0s.	(N)	179–184	6
40	<b>DISABILITY START DATE</b> Report the date of the first day on which the claimant lost time from work due to the injury, formatted YYMMDD. If the date is unknown or there is no lost time, report 0s.	(N)	185–190	6
41	<b>RETURN TO WORK DATE</b> Report the date on which the claimant first returned to work, formatted YYMMDD. If the date is unknown or there is no lost time, report 0s.	(N)	191–196	6
42	<b>LOSS CONDITION CODES (Act Code, Type of Loss Code, Type of Recovery Code, <del>Coverage Code</del>Type of Claim Code, and Type of Settlement Code)</b> (NCCI ONLY)	(N)	197–206	10
	85 Element DCI form: Zero-fill. See “Loss Coverage Code” field (Position 150–151).			
	86 Element DCI form: Report the 2-digit code for each loss condition: act, type of loss, type of recovery, type of <del>coverage</del> claim, and type of settlement.			
	<b>ACT CODE</b>	(N)	197–198	2
	<b>Code Description</b>			
	01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act			
	02 USL&HW “F” and USL&HW Coverage on Non-“F” classes*			
	03 Coverage under the Federal Coal Mine Health and Safety Act only*			
	04 Coverage under the Federal Coal Mine Health and Safety Act and the State Act*			
	05 Oil and Other Mineral Over Water ()			
	* Claims reported to insurers on and after 1/1/92 for these conditions are not subject to DCI.			
	<b>TYPE OF LOSS CODE</b>	(N)	199–200	2
	<b>Code Description</b>			
	01 Trauma			
	02 Occupational Disease			
	03 Cumulative Injury Other than Disease			
	<b>TYPE OF RECOVERY CODE</b>	(N)	201–202	2
	<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			
	06 Joint Coverage – With Subrogation			

I. DETAILED CLAIM INFORMATION RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
	<b>TYPE OF <del>COVERAGE CLAIM</del> CODE</b>	(N)	203-204	2
	<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			
	<b>TYPE OF SETTLEMENT CODE</b>	(N)	205-206	2
	<b>Code Description</b>			
	00 Claim not subject to Settlement			
	03 Stipulated Award (insurer/claimant settlement)			
	04 Findings and Award (judicial award)			
	05 Dismissal or take nothing (Noncompensable)			
	06 Compromise Settlement			
	07 No Safety Devices			
	08 Exemplary Damages			
	09 All Other Settlements			
43	<b>RESERVED FOR FUTURE USE</b>		207-216	10
44	<b>TOTAL INCURRED INDEMNITY AMOUNT</b> Report the total amount of all paid plus outstanding indemnity benefits including vocational rehabilitation.	(N)	217-224	8
45	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 227-233 and 234-238. A Benefit Type/Injury Type Code must be reported in this field for all claims.	(N)	225-226	2
46	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 225-226.	(N)	227-233	7
47	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 225-226.	(N)	234-238	5
48	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 241-247 and 248-252.	(N)	239-240	2
49	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 239-240.	(N)	241-247	7
50	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 239-240.	(N)	248-252	5
51	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 255-261 and 262-266.	(N)	253-254	2



**I. DETAILED CLAIM INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
52	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	255–261	7
53	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	262–266	5
54	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 269–275 and 276–280.	(N)	267–268	2
55	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	269–275	7
56	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	276–280	5
57	<b>BENEFIT TYPE/INJURY TYPE CODE</b> Report the 2-digit code that corresponds to the benefits reported in Positions 283–289 and 290–294.	(N)	281–282	2
58	<b>PAID BENEFIT AMOUNT</b> Report the total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	283–289	7
59	<b>WEEKLY BENEFIT AMOUNT</b> Report the latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	290–294	5
60	<b>TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT</b> Report the total amount paid to date plus anticipated future amounts to be paid for vocational rehabilitation services. (See NCCI DCI Instruction Manual for exceptions.)	(N)	295–302	8
61	<b>PAID VOCATIONAL REHABILITATION EVALUATION EXPENSE AMOUNT</b> Report the amount paid to date for testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement.	(N)	303–309	7
62	<b>PAID VOCATIONAL REHABILITATION MAINTENANCE BENEFIT AMOUNT</b> Report the amount paid to date as a maintenance benefit while the claimant is participating in a vocational rehabilitation program.	(N)	310–316	7
63	<b>PAID VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT</b> Report the amount paid to date for training including tuition, books, tools, transportation and additional living expenses.	(N)	317–323	7
64	<b>OTHER VOCATIONAL REHABILITATION AMOUNT</b> Report the amount paid to date for all other phases of the vocational rehabilitation process.	(N)	324–330	7
65	<b>TOTAL INCURRED MEDICAL AMOUNT</b> Report the total amount paid plus all anticipated future amounts to be paid for medical services.	(N)	331–338	8

**I. DETAILED CLAIM INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
66	<b>PAID HOSPITAL COSTS AMOUNT</b> Report the amount paid to date for both in-patient and out-patient services.)	(N)	339-345	7
67	<b>TOTAL PAYMENTS TO PHYSICIANS AMOUNT</b> Report the amount paid to date to treating physicians including all clinic and office visits.	(N)	346-352	7
68	<b>OTHER MEDICAL AMOUNT</b> Report the amount paid to date for all other medical services.	(N)	353-359	7
69	<b>POST-INJURY WEEKLY WAGE AMOUNT</b> Report the weekly wage amount that the claimant earns upon returning to employment. (TX ONLY; otherwise, zero-fill.)	(N)	360-364	5
70	<b>IMPAIRMENT PERCENTAGE</b> Report the percentage of anatomic or functional abnormality or loss. If the claimant is not permanently impaired (NCCI) or has not received Impairment Benefits (TX), report 0s. Refer to the jurisdiction's manual for clarification in reporting this field.	(N)	365-367	3
71	<b>MAXIMUM MEDICAL IMPROVEMENT DATE</b> Report the date after which further recovery or lasting improvements can no longer be anticipated, formatted YYMMDD.	(N)	368-373	6
72	<b>PAID FUNERAL EXPENSE AMOUNT</b> Report the amount paid for the funeral of the deceased employee.	(N)	374-379	6
73	<b>PAID LUMP SUM SETTLEMENT AMOUNT</b> Report the amount paid to the claimant in a single amount for settlement.	(N)	380-387	8
74	<b>PAID EMPLOYERS LIABILITY AMOUNT</b> Report the amount of benefits paid to date due to the alleged negligence of the employer. (TX ONLY; otherwise, zero-fill.)	(N)	388-395	8
75	<b>RESERVED FOR FUTURE USE</b>		396-413	18
76	<b>DEDUCTIBLE CODE</b> 85 Element DCI form: Zero-fill. See "Deductible Reimbursement Code" field (Position 418).  86 Element DCI form: Report the 2-digit code that identifies if the deductible has been fully recovered or if the claim is covered under a gross deductible program:	(N)	414-415	2
	<b>Code Description</b>			
	00 No Deductible Program			
	01 Deductible amount fully recovered for Net Reporting Program			
	02 Deductible amount not fully recovered for Net Reporting Program			
	03 Gross Deductible Program			
77	<b>ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE</b> Report the 1-digit code that indicates if the claimant has an attorney or an authorized representative:	(N)	416	1
	<b>Code Description</b>			
	1 Yes			
	2 No			

**I. DETAILED CLAIM INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
78	<b>CONTROVERTED/DISPUTED CASE CODE</b> Report the 1-digit code that indicates whether the claim is or was ever contested or disputed for compensability and/or disability by the insurer:	(N)	417	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
79	<b>DEDUCTIBLE REIMBURSEMENT CODE</b> 85 Element DCI form: Report the 1-digit code that indicates if the employer has reimbursed the insurer for a portion of the loss costs:	(N)	418	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
	86 Element DCI form: Zero-fill. See "Deductible Code" field (Position 414–415).			
80	<b>PRODUCT LIABILITY SUBROGATION AMOUNT</b> Report the actual amount recovered from a product manufacturer, distributor or retailer if the insurer recovers all or part of the compensation benefits paid due to a defective product. (TX ONLY; otherwise, zero-fill.)	(N)	419–425	7
81	<b>AUTOMOBILE LIABILITY SUBROGATION AMOUNT</b> Report the actual amount recovered from a negligent party if the insurer recovers all or part of the compensation benefits paid due to a motor vehicle accident. (TX ONLY; otherwise, zero-fill.)	(N)	426–432	7
82	<b>OTHER LIABILITY SUBROGATION AMOUNT</b> Report the actual amount recovered from a third party if the insurer recovers all or part of the compensation paid on the injury. (TX ONLY; otherwise, zero-fill.)	(N)	433–439	7
83	<b>PAID EMPLOYER LEGAL EXPENSE AMOUNT</b> Report the amount paid to date by the employer or benefit payor for the services of the employer's attorney or authorized representative.	(N)	440–446	7
84	<b>PAID CLAIMANT LEGAL EXPENSE AMOUNT</b> Report the amount paid to date by the employer or benefit payor for the fee of the claimant's attorney or authorized representative. Required for TX, but optional for all other states.	(N)	447–453	7
85	<b>PAID EXPERT WITNESS FEE AMOUNT</b> Report the amount paid to date in a legal proceeding for expert testimony or opinion.	(N)	454–459	6
86	<b>PAID PENALTIES AMOUNT</b> Report the amount paid to date in fines or penalties which are payable to either the claimant or an administrative agency. (TX ONLY; otherwise, zero-fill.)	(N)	460–465	6
87	<b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE AMOUNT</b> Report the total amount paid to date for expenses directly attributable to a particular claim.	(N)	466–472	7

**I. DETAILED CLAIM INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
88	<b>SOCIAL SECURITY BENEFIT OFFSET CODE</b> Report the 1-digit code that indicates whether any or all payments were offset by Social Security benefits (TX ONLY; otherwise, zero-fill.):	(N)	473	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
89	<b>UNEMPLOYMENT BENEFIT OFFSET CODE</b> Report the 1-digit code that indicates whether any or all payments were offset by unemployment benefits (TX ONLY; otherwise, zero-fill.):	(N)	474	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
90	<b>PENSION PLAN OFFSET CODE</b> Report the 1-digit code that indicates whether any or all payments were offset by pension benefits (TX ONLY; otherwise, zero-fill.):	(N)	475	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
91	<b>SPECIAL FUND BENEFIT OFFSET CODE</b> Report the 1-digit code that indicates whether any or all payments were offset by special fund benefits (TX ONLY; otherwise, zero-fill.):	(N)	476	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
92	<b>OTHER BENEFIT OFFSET CODE</b> Report the 1-digit code that indicates whether any or all payments were offset by other benefits (TX ONLY; otherwise, zero-fill.):	(N)	477	1
	<b>Code Description</b>			
	1 Yes			
	2 No			

**I. DETAILED CLAIM INFORMATION RECORD (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes																
93	<b>MANAGED CARE ORGANIZATION (MCO) TYPE CODE</b> 85 Element DCI form: Zero-fill this field.  86 Element DCI form: Report the 2-digit code that corresponds to the type of organization which will administer the applicable medical losses of this claim.	(N)	478-479	2																
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>The claim is not administered by an approved managed care organization</td> </tr> <tr> <td>01</td> <td>The claim's medical losses are administered by an approved managed care organization not specifically listed in Codes 02-06 below</td> </tr> <tr> <td>02</td> <td>The claim's medical losses are administered by an approved Health Maintenance Organization</td> </tr> <tr> <td>03</td> <td>The claim's medical losses are administered by an approved Preferred Provider Organization</td> </tr> <tr> <td>04</td> <td>The claim's medical losses are administered by an approved Exclusive Provider Organization</td> </tr> <tr> <td>05</td> <td>The claim's medical losses are administered by an approved Independent Practice Association</td> </tr> <tr> <td>06</td> <td>The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.</td> </tr> </tbody> </table>	Code	Description	00	The claim is not administered by an approved managed care organization	01	The claim's medical losses are administered by an approved managed care organization not specifically listed in Codes 02-06 below	02	The claim's medical losses are administered by an approved Health Maintenance Organization	03	The claim's medical losses are administered by an approved Preferred Provider Organization	04	The claim's medical losses are administered by an approved Exclusive Provider Organization	05	The claim's medical losses are administered by an approved Independent Practice Association	06	The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.			
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94	<b>RESERVED FOR FUTURE USE</b>		480-500	21																

**II. SAMPLE CONTROL/VERIFICATION RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>RECORD TYPE CODE</b> Report "2".	(N)	1	1
2	<b>CARRIER CODE</b> Report the 5-digit individual carrier code or group 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. For NCCI, report the individual carrier code or the group code.	(N)	2-6	5
3	<b>TRANSACTION CODE</b> Report the 1-digit code that indicates the type of transaction being submitted: <b>Code Description</b> 1 Original 2 Revised 3 Correction	(N)	7	1
4	<b>REPORT DATE</b> Report the date corresponding to sample control submission, formatted YYMM.	(N)	8-11	4
5	<b>JURISDICTION STATE CODE</b> Report the 2-digit code corresponding to the state under which the claims will be reported.	(N)	12-13	2
6	<b>INDEMNITY CLAIMS ARISING TOTAL</b> Report the total number of indemnity claims arising during the report date in the particular jurisdiction state (Position 12-13).	(N)	14-18	5
7	<b>POTENTIAL DCI CLAIMS AMOUNT</b> Report the amount of claims identified as potential DCI claims using the insurer's chosen method of primary sampling.	(N)	19-23	5
8	<b>OPEN INDEMNITY CLAIMS AMOUNT</b> Report the amount of open indemnity claims contained in the Potential DCI Claims Amount (Position 19-23).	(N)	24-28	5
9	<b>CLOSED PERMANENT PARTIAL INDEMNITY CLAIMS OR CLOSED NON-TEMPORARY TOTAL/TEMPORARY PARTIAL INDEMNITY CLAIMS AMOUNT</b> For claims reported to your company before January 1, 1995, report the amount of closed permanent partial claims contained in Position 19-23. For claims reported to your company on or after January 1, 1995, report the amount of non-temporary total/temporary partial claims contained in Position 19-23.	(N)	29-33	5
10	<b>CLOSED NON-PERMANENT PARTIAL INDEMNITY CLAIMS OR CLOSED TEMPORARY TOTAL/TEMPORARY PARTIAL INDEMNITY CLAIMS AMOUNT</b> For claims reported to your company before January 1, 1995, report the amount of closed non-permanent partial indemnity claims contained in Position 19-23. For claims reported to your company after January 1, 1995, report the amount of closed temporary total/temporary partial claims contained in Position 19-23.	(N)	34-38	5
11	<b>SAMPLE OF FIELD 10 AMOUNT</b> Report the amount of claims that result from the application of the random sampling procedure applied to Position 34-38.	(N)	39-43	5
12	<b>DCI CLAIMS TOTAL</b> Report the total number of claims that will be reported for the report period. It must equal the sum of Positions 24-28, 29-33, 39-43.	(N)	44-48	5
13	<b>RESERVED FOR FUTURE USE</b>		49-500	452

**III. COMMON INFORMATION CHANGE RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>RECORD TYPE CODE</b> Report "3".	(N)	1	1
2	<b>PREVIOUS CARRIER CODE</b> Report the 5-digit carrier code assigned by NCCI which was previously reported.	(N)	2-6	5
3	<b>PREVIOUS POLICY NUMBER IDENTIFIER</b> Report the alphanumeric characters previously reported on the claim to identify the policy.	(AN)	7-24	18
4	<b>PREVIOUS CLAIM NUMBER IDENTIFIER</b> Report the alphanumeric characters previously reported to identify the claim.	(AN)	25-42	18
5	<b>PREVIOUS REPORTED TO INSURER DATE</b> Report the date reported to the insurer as previously reported, formatted YYMMDD.	(N)	43-48	6
6	<b>PREVIOUS JURISDICTION STATE CODE</b> Report the 2-digit code assigned to the state of jurisdiction previously reported.	(N)	49-50	2
7	<b>RESERVED FOR FUTURE USE</b>		51-52	2
8	<b>REVISED CARRIER CODE</b> Report the 5-digit carrier code assigned by NCCI which represents the revised carrier code. If this field is not being revised, report 0s. (For TX, use individual carrier code; otherwise, use individual carrier code or group code.)	(N)	53-57	5
9	<b>REVISED POLICY NUMBER IDENTIFIER</b> Report the alphanumeric characters that represent the revised policy number. If this field is not being revised, leave blank.	(AN)	58-75	18
10	<b>REVISED CLAIM NUMBER IDENTIFIER</b> Report the alphanumeric characters that present the revised claim number. If this field is not being revised, leave blank.	(AN)	76-93	18
11	<b>REVISED REPORTED TO INSURER DATE</b> Report the revised date that the claim was reported to the insurer, formatted YYMMDD. If this field is not being revised, report 0s.	(N)	94-99	6
12	<b>REVISED JURISDICTION STATE CODE</b> Report the 2-digit code that represents the revised state of jurisdiction. If this field is not being revised, report 0s.	(N)	100-101	2

III. COMMON INFORMATION CHANGE RECORD (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
13	<b>DELETION REASON CODE</b> Report the 2-digit code that provides the reason for deleting the claim. If the claim is not being deleted, report 0s.	(N)	102-103	2
	Use the following codes:			
	<b>Code Description</b>			
	01 <b>Inclusion Error:</b> Used when an inappropriate claim is mistakenly submitted.			
	02 <b>Controverted Claim:</b> Used to delete claims that have been controverted with no payments made.			
	03 <b>Rebuilding Claim Records:</b> Used in the event that an insurer needs to "rebuild" a claim by processing or deleting several reports.			
14	<b>CIC FATAL ERROR CODE (DCO Use Only)</b> This field contains the Fatal Error code found for this Common Information Change (CIC) record. Refer to the applicable DCO's Call for Detailed Claim Information manual for Fatal Error codes and descriptions.	(N)	104-105	2
15	<b>RESERVED FOR FUTURE USE</b>		106-500	397



IV. DETAILED CLAIM INFORMATION CLAIM CORRECTION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>RECORD TYPE CODE</b> Constant "A"—This is the DCI Claim Correction Record which lists the errors found for this claim and which is on this submission as a Record Type 1 having the same data in Positions 2–70 as contained in Positions 2–70 of this record.	(AN)	1	1
2	<b>CARRIER CODE</b> The 5-digit carrier code submitted for this claim.	(N)	2–6	5
3	<b>POLICY NUMBER IDENTIFIER</b> The alphanumeric characters identifying the policy as submitted for this claim.	(AN)	7–24	18
4	<b>POLICY EFFECTIVE DATE</b> The effective date of the policy, formatted YYMMDD, as submitted for this claim.	(N)	25–30	6
5	<b>CLAIM NUMBER IDENTIFIER</b> The alphanumeric characters identifying this claim as submitted for this claim.	(AN)	31–48	18
6	<b>REPORT TYPE CODE</b> The 2-digit code indicating the valuation of the information reported as submitted for this claim.	(N)	49–50	2
7	<b>TRANSACTION CODE</b> The 1-digit code identifying the type of transaction as submitted for this claim.	(N)	51	1
8	<b>JURISDICTION STATE CODE</b> The 2-digit code, corresponding to the state act under which payment of benefits is being made.	(N)	52–53	2
9	<b>ACCIDENT STATE CODE</b> The 2-digit code, corresponding to the state or foreign location in which the claimant was injured or contracted disease, as submitted for this claim.	(N)	54–55	2
10	<b>REPORTED TO INSURER DATE</b> The date the claim was reported to the insurer, formatted YYMMDD, as submitted for this claim.	(N)	56–61	6
11	<del><b>EMPLOYEE SOCIAL SECURITY NUMBER</b></del> <del><b>RESERVED FOR FUTURE USE</b></del> <del>The 9-digit Social Security Number, assigned to the claimant by the Social Security Administration, as submitted for this claim. Previously Social Security Number.</del>	<del>(N)</del>	62–70	9
12	<b>RESERVED FOR FUTURE USE</b>		71–90	20

**IV. DETAILED CLAIM INFORMATION CLAIM CORRECTION RECORD (CONT'D)**

<b>Field No.</b>	<b>Field Title/Description</b>	<b>Class</b>	<b>Position</b>	<b>Bytes</b>
13	<b>LOGICAL OR FATAL ERROR CODES FOR THIS CLAIM</b> This field contains all the Logical and/or Fatal Errors found for this claim (as identified by the data contained in Positions 2–70 of this record).  The error codes are 3 bytes each and are recorded consecutively. This field allows for up to 135 errors to be recorded. Once all the errors for this claim have been identified, the remainder of this field will be blank.	(AN)	91–495	405
14	<b>RESERVED FOR FUTURE USE</b>		496–500	5

**V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS**

Field No.	Field Title/Description	Class	Position	Bytes																				
1	<b>RECORD TYPE CODE</b> Constant "B"—This is the DCI Subsequent Report Request Record. The data contained in Positions 2–476 is the same as the information last submitted by the insurer.	(AN)	1	1																				
	<b>NOTE:</b> Positions 49–50 identifies the Subsequent Report that is due and Position 51 will always be 1 (Original).																							
2	<b>CARRIER CODE</b> The 5-digit individual carrier code or group code number assigned by NCCI.	(N)	2–6	5																				
3	<b>POLICY NUMBER IDENTIFIER</b> The alphanumeric characters submitted for uniquely identifying the policy.	(AN)	7–24	18																				
4	<b>POLICY EFFECTIVE DATE</b> The effective date of the policy, formatted YYMMDD.	(N)	25–30	6																				
5	<b>CLAIM NUMBER IDENTIFIER</b> The alphanumeric characters submitted for uniquely identifying the claim.	(AN)	31–48	18																				
6	<b>REPORT TYPE CODE</b> The 2-digit code which indicates the valuation of the information to be reported.	(N)	49–50	2																				
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Not Applicable</td></tr> <tr><td>02</td><td>18 months</td></tr> <tr><td>03</td><td>30 months</td></tr> <tr><td>04</td><td>42 months</td></tr> <tr><td>05</td><td>54 months</td></tr> <tr><td>06</td><td>66 months</td></tr> <tr><td>07</td><td>78 months</td></tr> <tr><td>08</td><td>90 months</td></tr> <tr><td>09</td><td>102 months</td></tr> </tbody> </table>	Code	Description	01	Not Applicable	02	18 months	03	30 months	04	42 months	05	54 months	06	66 months	07	78 months	08	90 months	09	102 months			
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7	<b>TRANSACTION CODE</b> The 1-digit code of the Report Type due:	(N)	51	1																				
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Code	Description																							
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8	<b>JURISDICTION STATE CODE</b> The 2-digit code corresponding to the state act under which payment of benefits is being made.	(N)	52–53	2																				
9	<b>ACCIDENT STATE CODE</b> The 2-digit code corresponding to the state or foreign location in which the claimant was injured or contracted disease.	(N)	54–55	2																				
10	<b>REPORTED TO INSURER DATE</b> The date the claim was reported to the insurer, formatted YYMMDD.	(N)	56–61	6																				

V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes												
11	<del><b>EMPLOYEE SOCIAL SECURITY NUMBER</b></del> <del>The 9-digit Social Security Number assigned to the claimant by the Social Security Administration. Previously Social Security Number, which is no longer applicable.</del>	<del>(N)</del>	62-70	9												
12	<b>EMPLOYER NAICS CODE</b> Report the 6-digit North American Industry Classification System (NAICS) code that represents the nature of the employer's business as contained in the U.S. NAICS Manual, published by the Federal Office of Management and Budget. OPTIONAL: NCCI	(N)	71-76	6												
13	<b>RESERVED FOR FUTURE USE</b>		77-90	14												
14	<b>EMPLOYER FEDERAL TAX NUMBER</b> The 9-digit Federal Tax Number assigned to each employer for federal tax purposes.	(N)	91-99	9												
15	<b>EMPLOYER SIC CODE</b> The 4-digit code which represents the nature of the employer's business as contained in the Standard Industrial Classification Manual.	(N)	100-103	4												
16	<b>EMPLOYER PAYROLL CODE</b> The 1-digit code which represents the range corresponding to the employer's payroll in the state of jurisdiction:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$0</td> </tr> <tr> <td>2</td> <td>\$1-\$100,000</td> </tr> <tr> <td>3</td> <td>\$100,001-\$1,000,000</td> </tr> <tr> <td>4</td> <td>\$1,000,001-\$10,000,000</td> </tr> <tr> <td>5</td> <td>Over \$10,000,000</td> </tr> </tbody> </table>	Code	Description	1	\$0	2	\$1-\$100,000	3	\$100,001-\$1,000,000	4	\$1,000,001-\$10,000,000	5	Over \$10,000,000	(N)	104	1
Code	Description															
1	\$0															
2	\$1-\$100,000															
3	\$100,001-\$1,000,000															
4	\$1,000,001-\$10,000,000															
5	Over \$10,000,000															
17	<b>INJURY SITE ZIP CODE</b> 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, the first five characters in the zip code.	(AN)	105-109	5												
18	<del><b>EMPLOYEE NAME</b></del> <del>The first six letters of the claimant's last name followed by the first initial of the claimant's first name as follows: Previously Employee Name.</del>		110-116	7												
	<del>Last Name</del>	<del>(A)</del>	<del>110-115</del>	<del>6</del>												
	<del>First Initial</del>	<del>(A)</del>	<del>116</del>	<del>1</del>												
19	<b>SEX OF CLAIMANT CODE</b> The 1-digit code which indicates the sex of the claimant:  <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>Unknown</td> </tr> </tbody> </table>	Code	Description	1	Male	2	Female	3	Unknown	(N)	117	1				
Code	Description															
1	Male															
2	Female															
3	Unknown															
20	<b>MARITAL STATUS CODE</b> The 1-digit code which indicates the marital status of the claimant at the time of injury:  <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Single, Divorced or Widowed</td> </tr> <tr> <td>2</td> <td>Married</td> </tr> <tr> <td>3</td> <td>Separated</td> </tr> <tr> <td>4</td> <td>Unknown</td> </tr> </tbody> </table>	Code	Description	1	Single, Divorced or Widowed	2	Married	3	Separated	4	Unknown	(N)	118	1		
Code	Description															
1	Single, Divorced or Widowed															
2	Married															
3	Separated															
4	Unknown															

**V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes																										
21	<b>BIRTH DATE</b> The claimant's actual or estimated date of birth, formatted YYMMDD.	(N)	119-124	6																										
22	<b>HIRE DATE</b> The date on which the claimant began his/her most recent employment with the employer, formatted YYMMDD.	(N)	125-130	6																										
23	<b>OCCUPATION CODE</b> Reserved for future use. Left blank.	(AN)	131-132	2																										
24	<b>EMPLOYMENT STATUS CODE</b> The 1-character code which identifies the employment status at the time the injury or occupational disease was first reported:	(AN)	133	1																										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>Regular Employee</td></tr> <tr><td>2</td><td>Part-Time Employee</td></tr> <tr><td>3</td><td>Unemployed</td></tr> <tr><td>4</td><td>On Strike</td></tr> <tr><td>5</td><td>Disabled</td></tr> <tr><td>6</td><td>Retired</td></tr> <tr><td>7</td><td>Other</td></tr> <tr><td>8</td><td>Seasonal Worker</td></tr> <tr><td>9</td><td>Volunteer Worker</td></tr> <tr><td>A</td><td>Apprenticeship—Full-Time</td></tr> <tr><td>B</td><td>Apprenticeship—Part-Time</td></tr> <tr><td>C</td><td>Piece Worker</td></tr> </tbody> </table>	Code	Description	1	Regular Employee	2	Part-Time Employee	3	Unemployed	4	On Strike	5	Disabled	6	Retired	7	Other	8	Seasonal Worker	9	Volunteer Worker	A	Apprenticeship—Full-Time	B	Apprenticeship—Part-Time	C	Piece Worker			
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1	Regular Employee																													
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B	Apprenticeship—Part-Time																													
C	Piece Worker																													
25	<b>INJURY/ACCIDENT DATE</b> The date on which the injury occurred or, in the case of occupational disease or cumulative injury, the last day of exposure to substance, the last day the claimant worked without the disability or the last day of coverage under the policy, formatted YYMMDD.	(N)	134-139	6																										
26	<b>CLASSIFICATION CODE</b> The 4-digit classification code that corresponds to the type of employment the claimant was engaged in at the time of injury according to the jurisdiction's Basic Manual for Workers Compensation and Employers Liability Insurance or the applicable Independent State Manual.	(N)	140-143	4																										
27	<b>PART OF BODY CODE</b> The 2-digit code that corresponds to the part of the body to which the injury occurred.	(N)	144-145	2																										
28	<b>NATURE OF INJURY CODE</b> The 2-digit code that corresponds to the nature of the injury sustained by the claimant.	(N)	146-147	2																										
29	<b>CAUSE OF INJURY CODE</b> The 2-digit code that corresponds to the cause of the injury.	(N)	148-149	2																										
30	<b>LOSS COVERAGE CODE</b> 85 Element DCI form: The 2-digit code that corresponds to the portion of the Workers' Compensation Law under which the claim is covered.  86 Element DCI form: See "Loss Condition Codes" field (Positions 197-206).	(N)	150-151	2																										

**V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)**

Field No.	Field Title/Description	Class	Position	Bytes
31	<b>AMOUNT OF DEPENDENTS</b> The amount of children or other individuals that the claimant is legally required to financially support.	(AN)	152-153	2
32	<b>PRE-INJURY/AVERAGE WEEKLY WAGE AMOUNT</b> The claimant's average weekly wage.	(N)	154-158	5
33	<b>METHOD OF DETERMINING PRE-INJURY/AVERAGE WEEKLY WAGE CODE</b> The 1-digit code that indicates the method in which the pre-injury wage was determined:	(N)	159	1
	<b>Code Description</b>			
	1 Actual Wage			
	2 Estimated Wage			
	3 Minimum Weekly Benefit			
	4 Maximum Weekly Benefit			
34	<b>OTHER WEEKLY PAYMENT AMOUNTS</b> The amount of additional contributions or supplements to the pre-injury weekly wage made by the employer for economic or fringe benefits.	(N)	160-164	5
35	<b>REPORTED TO EMPLOYER DATE</b> The date the claimant reported the injury to the employer, formatted YYMMDD.	(N)	165-170	6
36	<b>SURGERY CODE</b> The 1-digit code that indicates if the claimant has undergone surgery as a result of the injury:	(N)	171	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
37	<b>CLAIM STATUS CODE</b> The 1-digit code which corresponds to the latest known status of the claim. Refer to the Jurisdiction's manual for reporting Detailed Claim Information for the codes in this field.	(N)	172	1
38	<b>CLOSING DATE</b> The date the claim was closed, formatted YYMMDD. If the claim is open, report 0s.	(N)	173-178	6
39	<b>FIRST PAYMENT DATE</b> The date on which the first indemnity payment was issued, formatted YYMMDD. If no payments have been made, report 0s.	(N)	179-184	6
40	<b>DISABILITY START DATE</b> The date of the first day on which the claimant lost time from work due to the injury, formatted YYMMDD. If the date is unknown or there is no lost time, report 0s.	(N)	185-190	6
41	<b>RETURN TO WORK DATE</b> The date on which the claimant first returned to work, formatted YYMMDD. If the date is unknown or there is no lost time, report 0s.	(N)	191-196	6

V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
42	<b>LOSS CONDITION CODES (Act Code, Type of Loss Code, Type of Recovery Code, <del>Coverage Code</del>TYPE OF CLAIM, and Type of Settlement Code)</b>	(N)	197-206	10
	85 Element DCI form: Zero-filled.			
	86 Element DCI form: The 2-digit code for each loss condition: act, type of loss, type of recovery, type of <del>coverageclaim</del> , and type of settlement.			
	<b>ACT CODE</b>	(N)	197-198	(2)
	<b>Code Description</b>			
	01 State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act			
	02 USL&HW "F" and USL&HW Coverage on Non-"F" classes			
	03 Coverage under the Federal Coal Mine Health and Safety Act only			
	04 Coverage under the Federal Coal Mine Health and Safety Act and the State Act			
	05 Oil and Other Mineral Over Water (Not Applicable: NCCI)			
	<b>TYPE OF LOSS CODE</b>	(N)	199-200	(2)
	<b>Code Description</b>			
	01 Trauma			
	02 Occupational Disease			
	03 Cumulative Injury Other than Disease			
	<b>TYPE OF RECOVERY CODE</b>	(N)	201-202	(2)
	<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			
	06 Joint Coverage – With Subrogation			
	<b>TYPE OF <del>COVERAGE CLAIM</del> CODE</b>	(N)	203-204	(2)
	<b>Code Description</b>			
	01 Workers Compensation only			
	02 Employers Liability only			
	03 Workers Compensation including Employers Liability			
	04 Liability Over			
	05 Excess Benefits (NCCI only)			
	06 Excess Special Compensation (NCCI only)			
	<b>TYPE OF SETTLEMENT CODE</b>	(N)	205-206	(2)
	<b>Code Description</b>			
	00 Claim not subject to Settlement			
	03 Stipulated Award (insurer/claimant settlement)			
	04 Findings and Award (judicial award)			
	05 Dismissal or take nothing (noncompensable)			
	06 Compromise Settlement			
	07 No Safety Devices			
	08 Exemplary Damages			
	09 All Other Settlements			
43	<b>RESERVED FOR FUTURE USE</b>		207-216	10

V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
44	<b>TOTAL INCURRED INDEMNITY AMOUNT</b> Total amount of paid plus outstanding indemnity benefits including vocational rehabilitation.	(N)	217–224	8
45	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 227–233 and 234–238.	(N)	225–226	2
46	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	227–233	7
47	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 225–226.	(N)	234–238	5
48	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 241–247 and 248–252.	(N)	239–240	2
49	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	241–247	7
50	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 239–240.	(N)	248–252	5
51	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 255–261 and 262–266.	(N)	253–254	2
52	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	255–261	7
53	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 253–254.	(N)	262–266	5
54	<b>BENEFIT TYPE/INJURY TYPE CODE</b> The 2-digit code that corresponds to the benefits reported in Positions 269–275 and 276–280.	(N)	267–268	2
55	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	269–275	7
56	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 267–268.	(N)	276–280	5
57	<b>BENEFIT TYPE/INJURY TYPE AMOUNT</b> The 2-digit code that corresponds to the benefits reported in Positions 283–289 and 290–294.	(N)	281–282	2



V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
58	<b>PAID BENEFIT AMOUNT</b> The total amount paid to date for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	283–289	7
59	<b>WEEKLY BENEFIT AMOUNT</b> The latest weekly benefit amount paid for the Benefit Type/Injury Type Code indicated in Positions 281–282.	(N)	290–294	5
60	<b>TOTAL INCURRED VOCATIONAL REHABILITATION AMOUNT</b> The total amount paid to date plus anticipated future amounts to be paid for vocational rehabilitation services.	(N)	295–302	8
61	<b>PAID VOCATIONAL REHABILITATION EVALUATION EXPENSE AMOUNT</b> The amount paid to date for testing and evaluating the claimant's ability, aptitude or attitude in determining suitability for vocational rehabilitation or placement.	(N)	303–309	7
62	<b>PAID VOCATIONAL REHABILITATION MAINTENANCE BENEFIT AMOUNT</b> The amount paid to date as a maintenance benefit while the claimant is participating in a vocational rehabilitation program.	(N)	310–316	7
63	<b>PAID VOCATIONAL REHABILITATION EDUCATION EXPENSE AMOUNT</b> The amount paid to date for training including tuition, books, tools, transportation and additional living expenses.	(N)	317–323	7
64	<b>OTHER VOCATIONAL REHABILITATION AMOUNT</b> The amount paid to date for all other phases of the vocational rehabilitation process.	(N)	324–330	7
65	<b>TOTAL INCURRED MEDICAL AMOUNT</b> The total amount paid plus all anticipated future amounts to be paid for medical services.	(N)	331–338	8
66	<b>PAID HOSPITAL COSTS AMOUNT</b> The amount paid to date for both inpatient and outpatient services.	(N)	339–345	7
67	<b>TOTAL PAYMENTS TO PHYSICIANS AMOUNT</b> The amount paid to date to treating physicians including all clinic and office visits.	(N)	346–352	7
68	<b>OTHER MEDICAL AMOUNT</b> The amount paid to date for all other medical services.	(N)	353–359	7
69	<b>POST-INJURY WEEKLY WAGE AMOUNT</b> The weekly wage amount that the claimant earns upon returning to employment.	(N)	360–364	5
70	<b>IMPAIRMENT PERCENTAGE</b> The percentage of anatomic or functional abnormality or loss. If the claimant is not permanently impaired (NCCI) or has not received Impairment Benefits (TX), report 0s.	(N)	365–367	3
71	<b>MAXIMUM MEDICAL IMPROVEMENT DATE</b> The date after which further recovery or lasting improvements can no longer be anticipated, formatted YYMMDD.	(N)	368–373	6
72	<b>PAID FUNERAL EXPENSE AMOUNT</b> The amount paid for the funeral of the deceased employee.	(N)	374–379	6

V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes										
73	<b>PAID LUMP SUM SETTLEMENT AMOUNT</b> The amount paid to the claimant in a single amount for settlement.	(N)	380-387	8										
74	<b>PAID EMPLOYERS LIABILITY AMOUNT</b> The amount of benefits paid due to the alleged negligence of the employer.	(N)	388-395	8										
75	<b>RESERVED FOR FUTURE USE</b>		396-413	18										
76	<b>DEDUCTIBLE CODE</b> 85 Element DCI form: Zero-fill. See "Deductible Reimbursement Code," (Position 418).  86 Element DCI form: The 2-digit code that identifies if the deductible has been fully recovered or if the claim is covered under a gross deductible program:	(N)	414-415	2										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No Deductible Program</td> </tr> <tr> <td>01</td> <td>Deductible amount fully recovered for Net Reporting Program</td> </tr> <tr> <td>02</td> <td>Deductible amount not fully recovered for Net Reporting Program</td> </tr> <tr> <td>03</td> <td>Gross Deductible Program</td> </tr> </tbody> </table>	Code	Description	00	No Deductible Program	01	Deductible amount fully recovered for Net Reporting Program	02	Deductible amount not fully recovered for Net Reporting Program	03	Gross Deductible Program			
Code	Description													
00	No Deductible Program													
01	Deductible amount fully recovered for Net Reporting Program													
02	Deductible amount not fully recovered for Net Reporting Program													
03	Gross Deductible Program													
77	<b>ATTORNEY OR AUTHORIZED REPRESENTATIVE CODE</b> The 1-digit code that indicates if the claimant has an attorney or an authorized representative:	(N)	416	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </tbody> </table>	Code	Description	1	Yes	2	No							
Code	Description													
1	Yes													
2	No													
78	<b>CONTROVERTED/DISPUTED CASE CODE</b> The 1-digit code that indicates whether the claim is or was ever contested or disputed for compensability and/or disability by the insurer:	(N)	417	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </tbody> </table>	Code	Description	1	Yes	2	No							
Code	Description													
1	Yes													
2	No													
79	<b>DEDUCTIBLE REIMBURSEMENT CODE</b> 85 Element DCI form: The 1-digit code that indicates if the employer has reimbursed the insurer for a portion of the loss costs:  86 Element DCI form: Zero-fill. See "Deductible Code," (Position 414-415).	(N)	418	1										
	<table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </tbody> </table>	Code	Description	1	Yes	2	No							
Code	Description													
1	Yes													
2	No													
80	<b>PRODUCT LIABILITY SUBROGATION AMOUNT</b> The actual amount recovered from a product manufacturer, distributor or retailer if the insurer recovers all or part of the compensation benefits paid due to a defective product.	(N)	419-425	7										

V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
81	<b>AUTOMOBILE LIABILITY SUBROGATION AMOUNT</b> The actual amount recovered from a negligent party if the insurer recovers all or part of the compensation benefits paid due to a motor vehicle accident.	(N)	426-432	7
82	<b>OTHER LIABILITY SUBROGATION AMOUNT</b> The actual amount recovered from a third party if the insurer recovers all or part of the compensation paid on the injury.	(N)	433-439	7
83	<b>PAID EMPLOYER LEGAL EXPENSE AMOUNT</b> The amount paid to date by the employer or benefit payor for the services of the employer's attorney or authorized representative.	(N)	440-446	7
84	<b>PAID CLAIMANT LEGAL EXPENSE AMOUNT</b> The amount paid to date by the employer or benefit payor for the fee of the claimant's attorney or authorized representative.	(N)	447-453	7
85	<b>PAID EXPERT WITNESS FEE AMOUNT</b> The amount paid to date in a legal proceeding for expert testimony or opinion.	(N)	454-459	6
86	<b>PAID PENALTIES AMOUNT</b> The amount paid to date in fines or penalties which are payable to either the claimant or an administrative agency.	(N)	460-465	6
87	<b>PAID ALLOCATED LOSS ADJUSTMENT EXPENSE AMOUNT</b> The total amount paid to date for expenses directly attributable to a particular claim.	(N)	466-472	7
88	<b>SOCIAL SECURITY BENEFIT OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by Social Security benefits:	(N)	473	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
89	<b>UNEMPLOYMENT BENEFIT OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by unemployment benefits:	(N)	474	1
	<b>Code Description</b>			
	1 Yes			
	2 No			

V. REQUEST FOR SUBSEQUENT DETAILED CLAIM INFORMATION FROM NCCI RECORDS (CONT'D)

Field No.	Field Title/Description	Class	Position	Bytes
90	<b>PENSION PLAN OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by pension benefits:	(N)	475	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
91	<b>SPECIAL FUND BENEFIT OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by special fund benefits:	(N)	476	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
92	<b>OTHER BENEFIT OFFSET CODE</b> The 1-digit code that indicates whether any or all payments were offset by other benefits:	(N)	477	1
	<b>Code Description</b>			
	1 Yes			
	2 No			
93	<b>MANAGED CARE ORGANIZATION TYPE (MCO) CODE</b> 85 Element DCI form: Zero-filled.  86 Element DCI form: The 2-digit code last reported corresponding to the type of organization administering the applicable medical losses of this claim:	(N)	478-479	2
	<b>Code Description</b>			
	00 The claim is not administered by an approved managed care organization			
	01 The claim's medical losses are administered by an approved managed care organization not specifically listed in Codes 02-06 below			
	02 The claim's medical losses are administered by an approved Health Maintenance Organization			
	03 The claim's medical losses are administered by an approved Preferred Provider Organization			
	04 The claim's medical losses are administered by an approved Exclusive Provider Organization			
	05 The claim's medical losses are administered by an approved Independent Practice Association			
	06 The claim is totally or partially covered by a Managed Care Organization under a Contract Medical agreement. The medical care provider will directly treat injured workers for a predetermined fee and amount of time.			
94	<b>RESERVED FOR FUTURE USE</b>		480-500	21

**VI. SUBMISSION CONTROL RECORD**

Field No.	Field Title/Description	Class	Position	Bytes
1	<b>RECORD TYPE CODE</b> Report "9".	(N)	1	1
2	<b>RECORD TYPE 1 TOTAL</b> Report the total of all Record Type 1 records in the submission.	(N)	2-8	7
3	<b>RECORD TYPE 2 TOTAL</b> Report the total of all Record Type 2 records in the submission.	(N)	9-15	7
4	<b>RECORD TYPE 3 TOTAL</b> Report the total of all Record Type 3 records in the submission.	(N)	16-22	7
5	<b>RESERVED FOR FUTURE USE</b>		23-57	35
6	<b>SUBMISSION RECORD TOTAL</b> Report the total of all Record Types 1, 2 and 3 in the submission. Do not count the submission control record in this total.  For tapes from NCCI, this is the total of all Record Types (1, A and B) contained in the submission to the insurer. The Submission Control Record is not included in this total.	(N)	58-64	7
7	<b>RESERVED FOR FUTURE USE</b>		65-99	35
8	<b>RECORD TYPE A TOTAL</b> The total count of all Record Type A records in the submission.	(N)	100-106	7
9	<b>RECORD TYPE B TOTAL</b> The total count of all Record Type B records in the submission.	(N)	107-113	7
10	<b>RESERVED FOR FUTURE USE</b>		114-500	387

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

**SECTION 5**

**APPENDICES**

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

**APPENDIX I**

**RECORD LAYOUT CHARTS**

# 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 C	Juris. St.	Accid. St.	Reported to Insurer Date						Employee Social Security Number						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

Employer Federal Tax Number						SIC Code				P a y		Injury Site Zip Code				Employee Name Last				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		Ben. Type		Benefit Amount		Weekly Benefit Amount		Ben. Type		Benefit Amount		Weekly Benefit Amount		Ben. Type		Benefit Amount		Weekly Benefit Amount		Ben. Type		Benefit Amount		Weekly Benefit Amount		Ben. Type		Benefit Amount		Weekly Benefit Amount		Ben. Type		Benefit Amount		Weekly Benefit Amount		Ben. Type		Benefit Amount		Weekly Benefit Amount		Ben. Type																							
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 h				MCO Type		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

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																				





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

**APPENDIX II**

**RESERVED FOR FUTURE USE**