



Workers Compensation Insurance Organizations, Inc.

WCIO

**WCIO Workers Compensation Data  
Specifications**

**ELECTRONIC TRANSMITTAL RECORD  
SPECIFICATIONS**

**Changed Data Element Note State Applicability**

Record	Field Name	Change Reason
00	ADDRESS OF CONTACT - STREET (138-197)	DCO Requirement Change
Note: This field should only be used to report the continuation of the email address, if too long to fit in the Data Provider Contact Email Address field.		
From Not Applicable in: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI		To Not Applicable in: DE, MA, MI, MN, NC, NCCI, NJ, PA, WI

**Changed Data Element Optional States**

Record	Field Name	Change Reason
00	DATA PROVIDER CONTACT EMAIL ADDRESS (15-45)	DCO Requirement Change
From Optional in: MI, MN, NY, WI		To Optional in: MI, MN, WI

**Changed Data Elements State Applicability**

Record	Field Name	Change Reason
00	DATA PROVIDER CONTACT EMAIL ADDRESS (15-45)	DCO Requirement Change
From Not Applicable in: NCCI		To Not Applicable in: NCCI, NY

<b>TOPIC/ FIELD NAME</b>	<b>SUBJECT HEADING</b>	<b>POSITION</b>
<b>A</b>		
ADDRESS OF CONTACT - CITY	Electronic Transmittal Record	<a href="#"><u>198-227</u></a>
ADDRESS OF CONTACT - STATE	Electronic Transmittal Record	<a href="#"><u>228-229</u></a>
ADDRESS OF CONTACT - STREET	Electronic Transmittal Record	<a href="#"><u>138-197</u></a>
ADDRESS OF CONTACT - ZIP CODE	Electronic Transmittal Record	<a href="#"><u>230-238</u></a>
<b>D</b>		
DATA PROVIDER CODE	Electronic Transmittal Record	<a href="#"><u>73-77</u></a>
DATA PROVIDER CONTACT EMAIL ADDRESS	Electronic Transmittal Record	<a href="#"><u>15-45</u></a>
DATA PROVIDER TYPE CODE	Electronic Transmittal Record	<a href="#"><u>239-239</u></a>
DATA RECEIVER CODE	Electronic Transmittal Record	<a href="#"><u>51-55</u></a>
DATA TYPE CODE	Electronic Transmittal Record	<a href="#"><u>48-50</u></a>
<b>F</b>		
FAX NUMBER	Electronic Transmittal Record	<a href="#"><u>120-129</u></a>
<b>L</b>		
LABEL	Electronic Transmittal Record	<a href="#"><u>1-14</u></a>
<b>N</b>		
NAME OF DATA PROVIDER CONTACT	Electronic Transmittal Record	<a href="#"><u>78-102</u></a>
<b>P</b>		
PHONE NUMBER	Electronic Transmittal Record	<a href="#"><u>104-113</u></a>
PHONE NUMBER EXTENSION	Electronic Transmittal Record	<a href="#"><u>114-119</u></a>
PROCESSED DATE	Electronic Transmittal Record	<a href="#"><u>130-137</u></a>
<b>R</b>		
RECORD TYPE CODE	Electronic Transmittal Record	<a href="#"><u>46-47</u></a>
RESERVED FOR FUTURE USE	Electronic Transmittal Record	<a href="#"><u>103-103</u></a>
	Electronic Transmittal Record	<a href="#"><u>249-249</u></a>
	Electronic Transmittal Record	<a href="#"><u>250-350</u></a>
<b>S</b>		
SUBMISSION REPLACEMENT IDENTIFIER	Electronic Transmittal Record	<a href="#"><u>65-72</u></a>
SUBMISSION TYPE CODE	Electronic Transmittal Record	<a href="#"><u>64-64</u></a>
<b>T</b>		
THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Electronic Transmittal Record	<a href="#"><u>240-248</u></a>
TRANSMISSION VERSION IDENTIFIER	Electronic Transmittal Record	<a href="#"><u>56-63</u></a>

Field No.	Field Title/Description	Class	Position	Bytes
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**ELECTRONIC TRANSMITTAL RECORD**

1	<b>LABEL</b> <i>NOT APPLICABLE: NCCI</i>	AN	1-14	14
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Report the first 14 characters as \$!+WORKCOMP+!\$. This is a constant.

This will be used by Value Added Networks to determine that this is a transmittal record for workers compensation.

2	<b>DATA PROVIDER CONTACT EMAIL ADDRESS</b> <i>NOT APPLICABLE: NCCI, NY</i> <i>OPTIONAL: MI, MN, WI</i>	AN	15-45	31
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Report the email address of the individual who should be contacted regarding submission or transmission problems and questions and error reports.

For email addresses longer than 31 positions, leave blank and report the email address in positions 138-238, Address of Contact.

3	<b>RECORD TYPE CODE</b> <i>NOT APPLICABLE: NCCI</i>	AN	46-47	2
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Report “\_\_” (fill with two (2) blanks).

4	<b>DATA TYPE CODE</b> <i>NOT APPLICABLE: NCCI</i>	AN	48-50	3
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Report the code that defines the type of information contained in the submission.

The first two (2) bytes are always “WC”. The third byte defines the type of information contained in the submission.

**Code Description**

- A Reserved for Future Use
- C Unit Report Control (WCCNTL) N/A: NCCI
- E Reserved for Future Use
- F Reserved for Future Use
- G WCCRIT for WCPOLS
- I Indemnity Call (WCIND)
- L WCCRIT for WCSTAT
- M WCMED
- N WCNOA

Field No.	Field Title/Description	Class	Position	Bytes
	O WCCPAP Worksheet (WCCPAP)			
	P Policy (WCPOLS)			
	R Experience Rating Worksheet (WCRATING)			
	S Unit Report (WCSTAT)			
5	<b>DATA RECEIVER CODE</b> <i>NOT APPLICABLE: NCCI</i>	N	51-55	5
	Report the state code of the DCO receiving the information.			
	When used as electronic confirmation of receipt and processing of electronic submission, this field will contain the code assigned to the data provider that originated the submission.			
	<b>Code Description</b>			
	00004 California			
	00007 Delaware			
	00020 Massachusetts			
	00021 Michigan			
	00022 Minnesota			
	00029 New Jersey			
	00031 New York			
	00032 North Carolina			
	00037 Pennsylvania			
	00048 Wisconsin			
	00099 NCCI			
6	<b>TRANSMISSION VERSION IDENTIFIER</b> <i>NOT APPLICABLE: NCCI</i>	AN	56-63	8
	Report the series of characters used to sequence file transmissions.			
	Example: "96281V01" is the first transmission of data on October 7, 1996.			
	For file transmissions, the Julian date is in the first five positions followed by the constant letter "V" in the sixth position, followed by the version number of the transmission in the seventh and eighth positions.			
	For each subsequent transmission sent with the same date to the same DCO, the version is incremented by 1 (e.g., "96281V02").			
7	<b>SUBMISSION TYPE CODE</b>	A	64-64	1

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: NCCI</i>			
	Report the code describing the type of submission.			
	<b>Code Description</b>			
	R Resubmission Due to DCO Rejection N/A: CA, DE, MA, MN, NC, NJ, PA			
	S Standard Submission			
	T Test Submission			
	V Replaced - Processed by DCO, but Replaced by Insurer N/A: CA, DE, MA, MN, NC, NJ, NY, PA, WI			
	W For Bureau Use Only N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA			
8	<b>SUBMISSION REPLACEMENT IDENTIFIER</b>	AN	65-72	8
	<i>NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ</i>			
	Report the unique identifier belonging to the submission being replaced.			
	If submission type is an "R" (resubmission), indicate the media identifier number or transmission version identifier of the submission being replaced.			
9	<b>DATA PROVIDER CODE</b>	N	73-77	5
	<i>NOT APPLICABLE: NCCI</i>			
	Report the code applicable to the data provider.			
	For group submissions, report the group code.			
	For single submissions, report the individual carrier code. When this record is used as electronic confirmation of receipt and processing of electronic submission, this field will contain the state code of the DCO that was the original.			
	Data Receiver - A table of these codes can be found in positions 51-55 of this record.			
10	<b>NAME OF DATA PROVIDER CONTACT</b>	AN	78-102	25
	<i>NOT APPLICABLE: NCCI</i>			
	Report the name of the individual who should be contacted regarding submission or transmission problems and questions and error reports.			
	If a paper receipt is to be mailed to the Data Provider, this should be the same contact person.			
11	<b>RESERVED FOR FUTURE USE</b>	AN	103-103	1
	<i>NOT APPLICABLE: NCCI</i>			

Field No.	Field Title/Description	Class	Position	Bytes
12	<b>PHONE NUMBER</b> <i>NOT APPLICABLE: CA, NCCI</i>  Report the phone number of the data provider contact.	N	104-113	10
13	<b>PHONE NUMBER EXTENSION</b> <i>NOT APPLICABLE: CA, NCCI</i>  Report the phone number extension of the data provider contact.	AN	114-119	6
14	<b>FAX NUMBER</b> <i>NOT APPLICABLE: CA, NCCI</i>  Report the fax number of the data provider contact.	N	120-129	10
15	<b>PROCESSED DATE</b> <i>NOT APPLICABLE: NCCI</i>  Report the date the file was created by the data provider or the DCO.  When used as electronic confirmation of receipt and processing of electronic submissions, this is the date the submission was processed by the DCO.  Format CCYYMMDD.	N	130-137	8
16	<b>ADDRESS OF CONTACT - STREET</b> <i>NOT APPLICABLE: NCCI</i> <i>OPTIONAL: CA</i>  Report the street number and name, post office box, or other description of the contact person.  This field should only be used to report the continuation of the email address, if too long to fit in the Data Provider Contact Email Address field. N/A: DE, MA, MI, MN, NC, NCCI, NJ, PA, WI	AN	138-197	60
17	<b>ADDRESS OF CONTACT - CITY</b> <i>NOT APPLICABLE: CA, NCCI</i>  Report the name of the city of the contact person.	AN	198-227	30
18	<b>ADDRESS OF CONTACT - STATE</b> <i>NOT APPLICABLE: CA, NCCI</i>  Report the US Postal Service abbreviation for the state or the abbreviation for the Canadian province of the contact person.	AN	228-229	2
19	<b>ADDRESS OF CONTACT - ZIP CODE</b> <i>NOT APPLICABLE: CA, NCCI</i>  Report the zip code of the physical address of the contact	AN	230-238	9

Field No.	Field Title/Description	Class	Position	Bytes
	person.			
20	<b>DATA PROVIDER TYPE CODE</b> <i>NOT APPLICABLE: NCCI</i>	A	239-239	1
	Report the code identifying the data provider type.			
	<b>Code Description</b>			
	C Data Provider is Insurance Carrier			
	D Data Provider is DCO			
	T Data Provider is Third Party Entity (TPE/TPA/MGA) (on behalf of the Insurance Carrier)			
21	<b>THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b> <i>NOT APPLICABLE: NCCI</i>	N	240-248	9
	Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (TPE/TPA/MGA) Data Provider (on behalf of the Insurance Carrier).			
22	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: NCCI</i>	AN	249-249	1
23	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: NCCI</i>	AN	250-350	101
	The length of this “Reserved For Future Use” field will depend on the Data Type Code for which this electronic transmittal is submitted.			
	In WCPOLS, the length of this field will be 51 bytes in positions 250-300.			
	In WCSTAT, the length of this field will be 1 byte in position 250.			
	In WCCRIT, the length of this field will be 151 bytes in positions 250-400			
	In WCNOA, the length of this field will be 101 bytes in positions 250-350.			
	In WCRATING, the length of this field will be 71 bytes in positions 250-320.			
	In WCCNTL, the length of this field will be 101 bytes in positions 250-350.			
	In WCMED, the length of this field will be 101 bytes in positions 250-350.			
	In WCIND, the length of this field will be 51 bytes in positions 250 – 300.			



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<b>Field No.</b>	<b>Field Title/Description</b>	<b>Class</b>	<b>Position</b>	<b>Bytes</b>
	In WCCPAP, the length of this field will be 51 bytes in positions 250-300.			
	In the URC Expected List, the length of this field will be 103 bytes in positions 278-350.			
	In the URC Overdue List, the length of this field will be 103 bytes in positions 278-350.			