MAINTENANCE TYPE COI FIRST REP	DE /8	ITC's) (DN0002)	\cap T	HER RENEEIT TYPE CODE (OPTIA) (DN0344
				HER BENEFIT TYPE CODE (OBT's) (DN0216 Total Claimant's Legal Expenses
0 Original		Acquired Claim		Total Payments to Physicians
		Upon Request		Total Hospital Costs
2 Change	JIV	Spon rioquoti		Total Other Medical
4 Denial				Total Unallocated Prior Indemnity Benefits
U Acquired/Unallocated			440	Total Unallocated Prior Medical
SUBSEQUENT	REP	ORT:		Total Pharmaceutical Costs
04 Denial		Suspension, Directed By Jurisdiction		Total Dental Expenses
AP Acquired/Payment		Suspended Pending Appeal or Judicial Review		Total Physical Therapy Costs
CB Change in Benefit Type		Upon Request		Total Chiropractic Expenses
EP Employer Paid		Quarterly	.00	Total Chinophague Expenses
R Employer Reinstatement	٠.	quartory		
P Initial Payment				
Partial Suspension, PTW or Med				
Determined/Qualified to RTW				
Partial Suspension, Medical Non-Compliance				
Partial Suspension, Administrative Non-Compliance				
5 Partial Suspension, Incarceration			-	
Partial Suppossion Ponding Appeal or Judicial				
Review			-	
			-	
Y Payment Report				
B Reinstatement of Benefit			-	
Suspension, RTW or Medically Determined/Qualified to RTW				
			-	
2 Suspension, Medical Non-Compliance			-	
3 Suspension, Administrative Non-Compliance			-	
S4 Suspension, Claimant Death				
Suspension, Incarceration				
S6 Suspension, Claimant's Whereabouts Unknown				BENEFIT ADJUSTMENT CODE (DN0092)
System Suspension, Benefits Exhausted				Subrogation
Suspension, Jurisdiction Change			1	Cost of Living Adjustment
BENEFIT TYPE CO	DE (DN0085)		
EGULAR BENEFIT TYPES:	LUM	SUM PAYMENTS/SETTLEMENTS:		
10 Fatal	500	Unspecified Lump Sum Pmt/Settlement		
20 Permanent Total	501	Medical Lump Sum Pmt/Settlement		
30 Permanent Partial/Scheduled	510	Fatal Lump Sum Pmt/Settlement		
50 Temporary Total	520	Permanent Total Lump Sum Pmt/Settlement		
	524	Employer Paid Lump Sum Pmt/Settlement		
90 Permanent Partial Disfigurement	530	Perm Partial Sch Lump Sum Pmt/Settlement		
210 Employer Paid Fatal Benefits	550	Temporary Total Lump Sum Pmt/Settlement		
20 Employer Paid Permanent Total Benefits	570	Temporary Partial Lump Sum Pmt/Settlement		
		Perm Partl Disfigure Lump Sum Pmt/Settlement		
40 Employer Paid (EP) Unspecified		-		
50 EP Temporary Total				
70 EP Temporary Partial				
		INSURED TYPE CODE (DN0184)		
		INSURED TYPE CODE (DN0184) I Insured		
		I Insured		BENEFIT CREDIT CODE (DN0126)
		, , , , , , , , , , , , , , , , , , , ,		BENEFIT CREDIT CODE (DN0126)
		I Insured S Self-Insured		BENEFIT CREDIT CODE (DN0126)
		I Insured S Self-Insured U Uninsured		BENEFIT CREDIT CODE (DN0126)
CLAIM TYPE CODE (DN0074) in higrarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185)		BENEFIT CREDIT CODE (DN0126)
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer		, ,
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer		ENEFIT REDISTRIBUTION CODE (DN0130)
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer		, ,
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund		ENEFIT REDISTRIBUTION CODE (DN0130)
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293)		ENEFIT REDISTRIBUTION CODE (DN0130)
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
CLAIM TYPE CODE (DN0074) in hierarchical order		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
TYPE OF LOSS CODE (DN0290)		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease 3 Cumulative Injury (other than disease)		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease 3 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063)		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease 3 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) ROI: SROI:		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) 11 Traumatic Injury 12 Occupational Disease 13 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063)		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
O1 Traumatic Injury O2 Occupational Disease O3 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) ROI: SROI:		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) Traumatic Injury Occupational Disease Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) ROI: SROI:		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Full SP Settlement Stipulated AW Award NON-CONSECUTIVE PERIOD CODE (DN0212)		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease 3 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) ROI: SROI:		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD CODE (DN0212) INJURY SEVERITY TYPE CODE (DN0229)		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) Traumatic Injury Occupational Disease Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) ROI: SROI:		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD CODE (DN0212) INJURY SEVERITY TYPE CODE (DN0229) J Major/Medical Threshold		ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) Taumatic Injury Occupational Disease Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) ROI: SROI:		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD CODE (DN0212) INJURY SEVERITY TYPE CODE (DN0229)	K	ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039) PARTIAL DENIAL CODE (DN0294)
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease 3 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) OI: SROI: 01 Weekly		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD CODE (DN0212) INJURY SEVERITY TYPE CODE (DN0229) J Major/Medical Threshold M Minor	K	ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039)
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease 3 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) OI: SROI: 01 Weekly NATURE OF INJURY CODE (DN0035) / CA		I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD CODE (DN0212) INJURY SEVERITY TYPE CODE (DN0229) J Major/Medical Threshold M Minor FOF INJURY CODE (DN0037) /	K	ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039) PARTIAL DENIAL CODE (DN0294)
TYPE OF LOSS CODE (DN0290) 1 Traumatic Injury 2 Occupational Disease 3 Cumulative Injury (other than disease) WAGE PERIOD CODE (DN0063) COI: SROI: 01 Weekly	D C	I Insured S Self-Insured U Uninsured INSURER TYPE CODE (DN0185) I Insurer S Self-Insurer G Guarantee Fund LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293) SF Settlement Full SP Settlement Partial AS Agreement Stipulated AW Award NON-CONSECUTIVE PERIOD CODE (DN0212) INJURY SEVERITY TYPE CODE (DN0229) J Major/Medical Threshold M Minor OF INJURY CODE (DN0037) / IDE (DN0036)	K	ENEFIT REDISTRIBUTION CODE (DN0130) Clmt Attorney Fees INITIAL TREATMENT CODE (DN0039) PARTIAL DENIAL CODE (DN0294)

Claims R3 Quick Code Reference List

FULL DENIAL REASON CODE (DN0198)				
1	No Cor	mpensable Accident/Not in Course and Scope of Employment		
	Α	Coming and Going		
	В	Horseplay		
	С	Willful Intent To Injure Oneself		
	D	Not Statutory Definition of Accident		
	Е	Deviation From Employment		
	F	Recreational/Social Activity		
	G	Traveling Employee		
	Н	Subsequent Intervening Accident		
	I	Presumption of compensability, as defined by juris., does not apply		
2	No Cau	usal Relationship		
	Α	Idiopathic Condition		
	В	Pre-existing Condition		
	С	Stress non-work related		
	D	No Medical Evidence of Injury		
	Е	No Injury Per Statutory Definition		
	F	Accident not major contributing cause of injury		
3	No Cov	verage		
	Α	No Employee/Employer Relationship		
	В	Independent Contractor		
	С	Not Statutory Definition of Employee		
	D	No Jurisdiction		
	Е	No Policy in Effect On Date of Accident		
	F	Statute of Limitation Expired		
	G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc.		
	Н	Elected Other Coverage (24 hr, Collective Bargaining, Opted Out)		
	I	Employee not reported to PEO		
4	Substa	nce Use/Abuse		
	Α	Injury Primarily Occasioned by Intoxication or Use of Any Drug		
	В	Substance Use/Abuse, Violation of Drug-Free Work Place Policy in effect		
5	Other (Not Elsewhere Classified)		
	Α	Failure To Report Accident Timely		
	В	Right To Reserve		
	С	Misrepresentation		

EMPLOYMENT STATUS CODE (DN0058) (In Hierarchical Order)		

RETURN TO WORK TYPE CODE (DN0189)				
Α	Actual			
R	Released			

WORK WEEK TYPE CODE (DN0204)	

WORK DAYS SCHEDULED CODE (DN0205)		

EMPLOYEE ID TYPE QUALIFIER (DN0270)			
Α	Employee ID Assigned by Jurisdiction		
Е	Employee Employment Visa		
G	Employee Green Card		
Р	Employee Passport Number		
S	Employee Social Security Number		

APPLICATION ACKNOWLEDGMENT CODE (DN0111)		
HD	Batch Rejected	
TA	Transaction Accepted	
TN	Transaction Rejected by Service Provider	
TR	Transaction Rejected	

TRANSACTION SET ID (DN0001)			
148	First Report		
R21	First Report Companion Record		
A49	Subsequent Report		
R22	Subsequent Report Companion Record		
AKC	Claims Acknowledgment Detail Record		
ARC	Claims Re-Acknowledgment Detail Record		
HD1	Transmission Header Record		
TR2	Transmission Trailer Record		

		LATE REASON CODE (DN0077)
Delays		
	L1	No Excuse
	L2	Late Notification, Employer
	L3	Late Notification, Employee
	L4	Late Notification, Jurisdiction Transfer
	L5	Late Notification, Health Care Provider
	L6	Late Notification, Assigned Risk
	L7	Late Investigation
	L8	Tech Processing Delay, Computer Failure
	L9	Manual Processing Delay
	LA	Intermittent Lost Time Prior To 1st Pymnt
	LB	Late notification/payment due to a Natural Disaster
	LC	Late notification/payment due to an Act of Terrorism
Coverag	е	
	C1	Coverage Lack Of Information
Errors		
	E1	Wrongful Determination of No Coverage
	E2	Errors From Employer
	E3	Errors From Employee
	E4	Errors From Jurisdiction
	E5	Errors From Health Care Provider
	E6	Errors From Other Claim Admin/IA/TPA
Disputes	5	
	D1	Dispute Concerning Coverage
	D2	Dispute Concern, Compensability in Whole
	D3	Dispute Concern, Compensability in Part
	D4	Dispute Concerning Disability in Whole
	D5	Dispute Concerning Disability in Part
	D6	Dispute Concerning Impairment

	ACCIDENT PREMISES CODE (DN0249)

-	AGREEMENT TO COMPENSATE
	CODE (DN0075)

EMPLOYEE GENDER CODE (DN0053)		
M	Male	
F	Female	
U	Unknown	

EMPLOYEE MARITAL STATUS CODE (DN0054)		
U	Unmarried, Widowed, Divorced, Single	
M	Married	
S	Separated	
L/	Linknown	

PRE-EXISTING DISABILITY CODE (DN0069)	

RECOVERY CODE (DN0226)	

CLAIM STATUS CODE (DN0073)		
0	Open	
С	Closed	
R	Re-Open	
Χ	Re-Open/Closed	

	DEATH RESULT OF INJURY CODE (DN0146)			
Υ	Yes			
Ν	No			
U	Unknown			

	EMPLOYEE TAX FILING	
	STATUS CODE (DN0158)	

F	DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)		
R	R	elationship	
	2	Widow	
	3	Widower	
	4	Son/Daughter	
	6	Mother/Father	
	7	Disabled Child	
	8	Jurisdiction Fund/Estate	
		_	
Ν	N	umerical Birth Order (0-9)	
	0	Jurisdiction Fund	

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)

http://www.wcio.org/Document%20Library/DataSpecificationsManualPage.aspx

ACKNOWLEDGMENT TRANSACTION SET ID (DN0110)		
148	First Report	
A49	Subsequent Report	

INTERCHANGE VERSION ID (DN0105)		
14830	First Report of Injury; Release 3, Version 0	
A4930	Subsequent Report of Injury; Release 3, Version 0	
AKC30	Claims Acknowledgment Detail Record; Release 3, Version 0	
ARC30	Claims Re-Acknowledgment Detail Record; Release 3, Version 0	

TEST/PRODUCTION CODE (DN0104)		
Р	Production	
Т	Test (Pilot Parallel or Test)	