Claims R3 Quick Code Reference List - Virginia

MAINTENANCE TYPE CODE (MTC's) (DN0002)			
FIRST REPORT:			
00	Original	AQ	Acquired Claim
01	Cancel	UR	Upon Request
02	Change		
04	Denial		
AU	Acquired/Unallocated		
SUBSEQUENT REPORT:			
04	Denial	SJ	Suspended Pending Appeal or Judicial Review
AP	Acquired/Payment		
EP	Employer Paid	UR	Upon Request
ER	Employer Reinstatement	QT	Quarterly
IP	Initial Payment	CB	Change in Benefit Type
P1	Partial Suspension, RTW or Med Determined/Qualified to RTW		
P2	Partial Suspension, Medical Non-Compliance		
P3	Partial Suspension, Administrative Non-Compliance		
P5	Partial Suspension, Incarceration		
PJ	Partially Suspended Pending Appeal or Judicial Review		
PY	Payment Report		
RB	Reinstatement of Benefit		
S1	Suspension, RTW or Medically Determined/Qualified to RTW		
S2	Suspension, Medical Non-Compliance		
S3	Suspension, Administrative Non-Compliance		
S4	Suspension, Claimant Death		
S5	Suspension, Incarceration		
S6	Suspension, Claimant's Whereabouts Unknown		
S7	Suspension, Benefits Exhausted		
S8	Suspension, Jurisdiction Change		
SD	Suspension, Directed By Jurisdiction		

BENEFIT TYPE CODE (DN0085)			
REGULAR BENEFIT TYPES:		**LUMP SUM PAYMENTS/SETTLEMENTS:**	
010	Fatal	524	Employer Paid Lump Sum Pmt/Settlement
020	Permanent Total	530	Perm Partial Sch Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	550	Temporary Total Lump Sum Pmt/Settlement
050	Temporary Total	570	Temporary Partial Lump Sum Pmt/Settlement
070	Temporary Partial	590	Perm Partl Disfigure Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement		
230	Employer Paid Permenent Partial Scheduled		
240	Employer Paid (EP) Unspecified		
250	EP Temporary Total		
270	EP Temporary Partial		
500	Unspecified Lump Sum Pmt/Settlement		
501	Medical Lump Sum Pmt/Settlement		
510	Fatal Lump Sum Pmt/Settlement		
520	Permanent Total Lump Sum Pmt/ Settlement		

CLAIM TYPE CODE (DN0074)	
M	Medical Only
I	Indemnity
N	Notification Only
B	Became Medical Only
L	Became Lost Time

TYPE OF LOSS CODE (DN0290)	
01	Traumatic Injury
02	Occupational Disease
03	Cumulative Injury (other than disease)

WAGE PERIOD CODE (DN0063)			
FROI:		**SROI:**	
		01	Weekly

INSURED TYPE CODE (DN0184)	
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)	

OTHER BENEFIT TYPE CODE (OBT's) (DN0216)	
340	Total Claimant's Legal Expenses
350	Total Payments to Physicians
360	Total Hospital Costs
370	Total Other Medical
430	Total Unallocated Prior Indemnity Benefits
440	Total Unallocated Prior Medical
450	Total Pharmaceutical Costs
455	Total Dental Expenses
460	Total Physical Therapy Costs
465	Total Chiropractic Expenses

BENEFIT ADJUSTMENT CODE (DN0092)	
B	Subrogation
1	Cost of Living Adjustment

BENEFIT CREDIT CODE (DN0126)	

BENEFIT REDISTRIBUTION CODE (DN0130)	
K	Claimant Attorney Fee

INITIAL TREATMENT CODE (DN0039)	

PARTIAL DENIAL CODE (DN0294)	

REDUCED BENEFIT AMOUNT CODE (DN0202)	

NATURE OFINJURY CODE (DN0035) / CAUSE OF INJURY CODE (DN0037) / PART OF BODY INJURED CODE (DN0036)	
https://wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	Part of Body Code "99 - Whole Body" is not valid in Virginia

Claims R3 Quick Code Reference List - Virginia

FULL DENIAL REASON CODE (DN0198)		
1	**No Compensable Accident**	
	A	Coming and Going
	B	Horseplay
	C	Willful Intent To Injure Oneself
	D	Not Statutory Definition of Accident
	E	Deviation From Employment
	F	Recreational/Social Activity
	G	Traveling Employee
	H	Subsequent Intervening Accident
2	**No Causal Relationship**	
	A	Idiopathic Condition
	B	Pre-existing Condition
	C	Stress non-work related
	D	No Medical Evidence of Injury
	E	No Injury Per Statutory Definition
	F	Accident not major contributing cause of injury
3	**No Coverage**	
	A	No Employee/Employer Relationship
	B	Independent Contractor
	C	Not Statutory Definition of Employee
	D	No Jurisdiction
	E	No Policy in Effect On Date of Accident
	F	Statute of Limitation Expired
	G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc)
	H	Elected Other Coverage (24 hr, Collective Bargaining, Opted Out)
	I	Employee not reported to PEO
4	**Substance Use/Abuse**	
	A	Injury Primarily Occasioned by Intoxication or Use of Any Drug
	B	Substance Use/Abuse, Violation of Drug-Free Work Place Policy in effect
5	**Other (Not Elsewhere Classified)**	
	A	Failure To Report Accident Timely
	B	Right To Reserve
	C	Misrepresentation

EMPLOYMENT STATUS CODE (DN0058) (In Hierarchical Order)	

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

EMPLOYEE ID TYPE QUALIFIER (DN0270)	
A	Employee ID Assigned by Jurisdiction
E	Employee Employment Visa
G	Employee Green Card
P	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

TEST/PRODUCTION CODE (DN0104)	
P	Production
T	Test (Pilot Parallel or Test)

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
Coverage		
	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		
	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)	

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

EMPLOYEE MARITAL STATUS CODE (DN0054)	
U	Unmarried, Widowed, Divorced, Single
M	Married
S	Separated
K	Unknown

PRE-EXISTING DISABILITY CODE (DN0069)	

RECOVERY CODE (DN0226)	

AGREEMENT TO COMPENSATE CODE (DN0075)	

CLAIM STATUS CODE (DN0073)	
O	Open
C	Closed
R	Re-Open
X	Re-Open/Closed

DEATH RESULT OF INJURY CODE (DN0146)	
Y	Yes
N	No
U	Unknown

EMPLOYEE TAX FILING STATUS CODE (DN0158)	

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

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)
http://www.iaiabc.org/EDI/implementation.asp

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