Claims R3.1 Quick Code Reference List

| MAINTENANCE TY | 'E CODE (MTC's) (DN0002) | OTHER BENEFIT TYPE CODE (OBT's) (DN0216) |
|--|---|--|
| FIRS | T REPORT: | 340 Total Claimant's Legal Expenses |
| 00 Original 01 Cancel Entire Claim | AQ Acquired Claim UR Update Report | 350 Total Payments to Physicians 360 Total Hospital Costs |
| 02 Change | | 370 Total Other Medical |
| 04 Denial AU Acquired/Unallocated | | 430 Total Unallocated Prior Indemnity Benefits |
| | UENT REPORT: | 440 Total Unallocated Prior Medical 450 Total Pharmaceutical Costs |
| 02 Change | QT Quarterly | 455 Total Dental Expenses |
| 04 Denial | | 460 Total Physical Therapy Costs |
| AB Add Concurrent Benefit Type AC Acquisition/Indemnity Ceased | | 465 Total Chiropractic Expenses |
| AP Acquired/Payment | | |
| CA Change in Benefit Amount | | |
| CB Change in Benefit Type EP Employer Paid | | |
| ER Employer Reinstatement | | |
| IP Initial Payment | | |
| NT Narrative | | |
| PY Payment Report PX Partial Suspension | | |
| RB Reinstatement of Benefit | | |
| SX Full Suspension | | |
| UR Update Report | CODE (BTC's) (DN0085) | ı |
| REGULAR BENEFIT TYPES: | LUMP SUM PAYMENTS/SETTLEMENTS: | |
| 010 Fatal | 500 Unspecified Lump Sum Pmt/Settlement | |
| 020 Permanent Total | 501 Medical Lump Sum Pmt/Settlement | |
| 030 Permanent Partial/Scheduled 050 Temporary Total | 510 Fatal Lump Sum Pmt/Settlement 520 Permanent Total Lump Sum Pmt/Settlement | BENEFIT ADJUSTMENT CODE (DN0092) B Subrogation |
| 070 Temporary Partial | 524 Employer Paid Lump Sum Pmt/Settlement | 1 Cost of Living Adjustment |
| 090 Permanent Partial Disfigurement | 530 Perm Partial Sch Lump Sum Pmt/Settlement | |
| 210 Employer Paid Fatal Benefits | 550 Temporary Total Lump Sum Pmt/Settlement | |
| Employer Paid Permanent Total Benefits Employer Paid Permanent Partial Scheduled | 570 Temporary Partial Lump Sum Pmt/Settlement 590 Perm Partl Disfigure Lump Sum Pmt/Settlement | |
| 240 Employer Paid (EP) Unspecified | 222 ard Diongard Lamp Out I I Introduction | |
| 250 Employer Paid Temporary Total | | |
| 270 Employer Paid Temporary Partial | | |
| | | |
| | | |
| | INSURED TYPE CODE (DN0184) | |
| | I Insured S Self-Insured | |
| | U Uninsured | |
| | INSURER TYPE CODE (DN0185) | |
| Collective Bargaining Agreement Code (DN0438) | I Insurer | |
| | S Self-Insurer G Guarantee Fund | |
| | LUMP SUM PAYMENT/SETTLEMENT CODE (DN0293) | |
| CLAIM TYPE CODE (DN0074) | SF Settlement Full | |
| | SP Settlement Partial | BENEFIT CREDIT CODE (DN0126) |
| | AS Agreement Stipulated AW Award | |
| | AVV AWard | |
| | | |
| | - | BENEFIT REDISTRIBUTION CODE (DN0130) |
| TYPE OF LOSS CODE (DN0290) | W Waiting Period CODE (DN0212) | K Clmt Attorney Fees |
| TIPE OF LOSS CODE (DN0290) | B Benefit Period | |
| | A Adjustment/Credit/Redistribution | INITIAL TREATMENT CODE (DN0039) |
| | | |
| WAGE PERIOD CODE (DN0063) FROI: SROI: | J Major/Medical Threshold | |
| 01 Weekly | M Minor | |
| | | <u> </u> |
| | Suspension Reason Code – Full (DN0418) | |
| | S1 Suspension, RTW or Medically Determined/Qualified to RTW | |
| DEPENDENT EXTENT OF DEPENDENCY (DN0429) | S2 Suspension, Medical Non-Compliance | PARTIAL DENIAL CODE (DN0294) |
| (=10120) | S3 Suspension, Administrative Non-Compliance | |
| DEPENDENT/DAVEE TO THE PROPERTY OF THE PROPERT | S4 Suspension, Claimant Death S5 Suspension, Incarceration | |
| DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097) R Relationship | S5 Suspension, Incarceration S6 Suspension, Claimant's Whereabouts Unknown | |
| 2 Widow | S7 Suspension, Benefits Exhausted | |
| 3 Widower | S8 Suspension, Jurisdiction Change | |
| 4 Son/Daughter 5 Brother/Sister | SD Suspension, Directed By Jurisdiction SJ Suspended Pending Appeal or Judicial Review | |
| 5 Brother/Sister 6 Mother/Father | SJ Suspended Pending Appeal or Judicial Review | REDUCED BENEFIT AMOUNT CODE (DN0202) |
| 7 Disabled Child | <u> </u> | S Claim Settled Under Another DOI |
| 9 Other | Suspension Reason Code - Partial (DN0419) | N No Money Settlement |
| N. Numorical Birth Order | Partial Suspension, RTW or Med Determined/Qualified to RTW | D Decrease in Indemnity |
| N Numerical Birth Order | P2 Partial Suspension, Medical Non-Compliance | <u> </u> |
| 1-9 1-9 F 15 | Partial Suspension, Medical Non-Compliance Partial Suspension, Administrative | Part of Body Injured Location Code (DN0421) |
| A 10 G 16 | Non-Compliance | B Bilateral |
| B 11 | P5 Partial Suspension, Incarceration P7 Partial Suspension, Benefits Exhausted | L Left R Right |
| D 13 J 19 | PJ Partial Suspension, Benefits Exhausted PJ Partial Suspension Pending | ix jixigiit |
| E 14 K 20 | Appeal or Judicial Review | Permanent Impairment Body Part Location Code (DN0432 |
| INITIAL RTW TYPE CODE (DN0403) | | B Bilateral |
| A Actual R Release | | L Left R Right |
| R Release LATEST RTW TYPE CODE (DN0406) | <u> </u> | is prigni |
| A Actual | CHANGE REASON CODE (DN0413) | Part of Body Injured Fingers/Toes Location Code (DN0422 |
| Release | A Add | 1 Index Finger or 1st Toe |
| | U Update R Remove | 2 Middle Finger or 2nd Toe |
| CANCEL REASON CODE - (DN0400) | R Remove D Delete | 3 Ring Finger or 3rd Toe 4 Little Finger or 4th (little) Toe |
| Duplicate/Combined Claim | | , para ingolor all (ittio) 100 |
| | D Delete | |
| D Duplicate/Combined Claim J Jurisdiction Wrong/Changed | CAUSE OF INJURY CODE (DN0037) | Permanent Impairment Body Part Code (DN0083) |
| D Duplicate/Combined Claim | CAUSE OF INJURY CODE (DN0037) http://www.wcio.org/Document%20Library/InjuryDescriptionT | https://www.wcio.org/Document%20Library/InjuryDescriptionTa |
| D Duplicate/Combined Claim Jurisdiction Wrong/Changed | CAUSE OF INJURY CODE (DN0037) http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx | https://www.wcio.org/Document%20Library/InjuryDescriptionTa <u>ePage.aspx</u> |
| Duplicate/Combined Claim Jurisdiction Wrong/Changed | CAUSE OF INJURY CODE (DN0037) http://www.wcio.org/Document%20Library/InjuryDescriptionT | https://www.wcio.org/Document%20Library/InjuryDescriptionTa <u>ePage.aspx</u> PART OF BODY INJURED CODE (DN0036) |
| Duplicate/Combined Claim Jurisdiction Wrong/Changed | CAUSE OF INJURY CODE (DN0037) http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx NATURE OF INJURY CODE (DN0035) | https://www.wcio.org/Document%20Library/InjuryDescriptionTa <u>ePage.aspx</u> |

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Claims R3.1 Quick Code Reference List

| 1 | | | | | | | |
|--|---|---|--|--|--|---------------------------------------|--|
| 1 1 | In a | FULL DENIAL REASON CODE (DN0198) | | | LATE REASON O | CODE (DN | 0077) |
| <u> </u> | _ | pensable Accident/Not in Course and Scope of Employment | Delays | | lu e | | |
| 1 | A | Coming and Going | Ι— | | No Excuse | | |
| l | В | Horseplay | І— | | Late Notification, Employer | | |
| l | C D | Willful Intent To Injure Oneself | l— | | Late Notification, Employee | | |
| l | E | Not Statutory Definition of Accident Deviation From Employment | \vdash | | Late Notification, Jurisdiction Transfer Late Notification, Health Care Provider | | |
| l | F | Recreational/Social Activity | 1 | | Late Notification, Assigned Risk | | |
| l | G | Traveling Employee | | L7 | Late Investigation | | |
| 1 | Н | Subsequent Intervening Accident | | L8 | Tech Processing Delay, Computer Failure | | |
| l | i i | Presumption of compensability, as defined by juris., does not | | | Manual Processing Delay | | |
| 2 | No Caus | sal Relationship | | LA | Intermittent Lost Time Prior To 1st Pymnt | | |
| | А | Idiopathic Condition | | LB | Late notification/payment due to a Natural Disaster | | |
| l | В | Pre-existing Condition | | LC | Late notification/payment due to an Act of Terroris | | |
| l | С | Stress non-work related | Covera | | | | |
| l | | No Medical Evidence of Injury | L | C1 | Coverage Lack Of Information | | |
| l | E | No Injury Per Statutory Definition | Errors | | F | | |
| L. | | Accident not major contributing cause of injury | Ι— | E1 | Wrongful Determination of No Coverage | | |
| 3 | No Cove | | Ι—— | E2 | Errors From Employer | | |
| l | | No Employee/Employer Relationship | І— | | Errors From Employee | | |
| l | | Independent Contractor | Ι— | | Errors From Jurisdiction | | |
| l | C | Not Statutory Definition of Employee | l | | Errors From Health Care Provider | | |
| l | | No Jurisdiction No Policy in Effect On Date of Accident | Disput | | Errors From Other Claim Admin/IA/TPA | | |
| l | F | Statute of Limitation Expired | Disput | | Dispute Concerning Coverage | | |
| l | G | Statute of Elimitation Expired Statutory Exemptions (Sole Proprietor, Corporate Officer, etc. | | | Dispute Concern, Compensability in Whole | | |
| l | Н | Elected Other Coverage (24 hr, Collective Bargaining, Opted Out) | | | Dispute Concern, Compensability in Part | | |
| l | | Employee not reported to PEO | | | Dispute Concerning Disability in Whole | | |
| 4 | | ce Use/Abuse | | | Dispute Concerning Disability in Viriole | | |
| | | Injury Primarily Occasioned by Intoxication or Use of Any Drug | | D6 | Dispute Concerning Impairment | | |
| L_ | В | Substance Use/Abuse, Violation of Drug-Free Work Place Policy i | | | | AC | GREEMENT TO COMPENSATE CODE (DN0075) |
| 5 | | ot Elsewhere Classified) | | ACC | CIDENT PREMISES CODE (DN0249) | | |
| | | Failure To Report Accident Timely | | | | | |
| l | | Right To Reserve | | | | | |
| | С | Misrepresentation | — | | | | |
| | | | \vdash | | | | |
| | EMPLOY | YMENT STATUS CODE (DN0058) (In Hierarchical Order) | | | PLOYEE GENDER CODE (DN0053) | | CLAIM STATUS CODE (DN0073) |
| <u> </u> | - | | | Male | | | |
| \vdash | - | | F | Female | | | |
| \vdash | - | | U | Unknov Self-rer | vn ported Transgender | | |
| \vdash | | | X | Nonbina Nonbina | | | |
| \vdash | | | | | YEE MARITAL STATUS CODE (DN0054) | | DEATH RESULT OF INJURY CODE (DN0146) |
| | | | | | ried, Widowed, Divorced, Single | Y | Yes |
| | | - | М | Married | | N | No |
| | | | S | Separa | | U | Unknown |
| | | | K | Unknov | | | |
| | | | | | XISTING DISABILITY CODE (DN0069) | E | MPLOYEE TAX FILING STATUS CODE (DN0158) |
| | | | | | | | |
| = | | | | | | | |
| | | RECOVERY CODE (DN0226) | | | | | |
| | | | | | | | |
| <u> </u> | | | MANA | AGED C | ARE ORGANIZATION (MCO) CODE (DN0207) | | |
| ⊢ | - | | І— | | | | WORK WEEK TYPE CODE (DN0204) |
| <u> </u> | - | | l— | | | | |
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| | | | | | | L | |
| — | 1 | | | | | | WORK DAYS SCHEDULED CODE (DN0205) |
| ı | | | | | | | WORK DAYS SCHEDULED CODE (DN0205) |
| | | | | | | | WORK DAYS SCHEDULED CODE (DN0205) |
| | | | | EMPL | OYEE ID TYPE QUALIFIER (DN0270) | | WORK DAYS SCHEDULED CODE (DN0205) |
| | | | A | | | | WORK DAYS SCHEDULED CODE (DN0205) DEPENDENT GENDER CODE (DN0428) |
| | | | A E | Employ | OYEE ID TYPE QUALIFIER (DN0270) ree ID Assigned by Jurisdiction ree Employment Visa | | |
| | | | E G | Employ Employ Employ | ree ID Assigned by Jurisdiction ree Employment Visa ree Green Card | | |
| | | | E G P | Employ Employ Employ Employ | ree ID Assigned by Jurisdiction ree Employment Visa ree Green Card ree Passport Number | | |
| | | | G P S | Employ Employ Employ Employ Employ | ree ID Assigned by Jurisdiction ree Employment Visa ree Green Card ree Passport Number ree Social Security Number | | |
| | | | E G P S T | Employ Employ Employ Employ Employ | ree ID Assigned by Jurisdiction ee Employment Visa ee Green Card ree Passport Number ee Social Security Number ee Individual Taxpayer Identification Number | | |
| | | | E G P S T | Employ Employ Employ Employ Employ | ree ID Assigned by Jurisdiction ree Employment Visa ree Green Card ree Passport Number ree Social Security Number | | |
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| 501 510 520 524 530 550 570 | Medical L Fatal Lun Permanel Employer Perm Par Temporal Temporal | Lump Sum Pmt/Settlement np Sum Pmt/Settlement nt Total Lump Sum Pmt/Settlement r Paid Lump Sum Pmt/Settlement rtial Sch Lump Sum Pmt/Settlement urj Total Lump Sum Pmt/Settlement ry Partial Lump Sum Pmt/Settlement ry Partial Lump Sum Pmt/Settlement | E G P S | Employ Employ Employ Employ Employ | ree ID Assigned by Jurisdiction ee Employment Visa ee Green Card ree Passport Number ee Social Security Number ee Individual Taxpayer Identification Number | | |
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| 501 510 520 524 530 550 570 590 Tech | Medical L Fatal Lun Permanei Employer Perm Par Temporai Temporai Perm Par Mical Data AP Batch Re Transacti | Lump Sum Pmt/Settlement np Sum Pmt/Settlement nt Total Lump Sum Pmt/Settlement r Paid Lump Sum Pmt/Settlement rtial Sch Lump Sum Pmt/Settlement rtial Sch Lump Sum Pmt/Settlement rry Total Lump Sum Pmt/Settlement rry Partial Lump Sum Pmt/Settlement rry Partial Lump Sum Pmt/Settlement rtl Disfigure Lump Sum Pmt/Settlement rtl Disfigure Lump Sum Pmt/Settlement | E G P S T P | Employ Em | ree ID Assigned by Jurisdiction ee Employment Visa ee Green Card eeo Green Card eeo Passport Number eeo Social Security Number eeo Individual Taxpayer Identification Number Reason Code (DN0222) | 148 | DEPENDENT GENDER CODE (DN0428) DEPENDENT GENDER CODE (DN0428) |
| 501 510 520 524 530 550 570 590 Tech | Medical L Fatal Lun Permanei Employer Perm Par Temporai Temporai Perm Par Mical Data AP Batch Re Transacti | Lump Sum Pmt/Settlement np Sum Pmt/Settlement tint Total Lump Sum Pmt/Settlement r Paid Lump Sum Pmt/Settlement rtial Sch Lump Sum Pmt/Settlement rtip Total Lump Sum Pmt/Settlement rt Disfigure Lump Sum Pmt/Settlement rt Disfigure Lump Sum Pmt/Settlement | E G P P S T P | Employ Em | ree ID Assigned by Jurisdiction ee Employment Visa ee Employment Visa ree Green Card ree Passport Number ee Social Security Number ee Individual Taxpayer Identification Number Reason Code (DN0222) | 148 | DEPENDENT GENDER CODE (DN0428) NOWLEDGMENT TRANSACTION SET ID (DN0110) First Report Subsequent Report |
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| 501 510 520 524 530 550 570 590 Tech | Medical L Fatal Lun Permanei Employer Perm Par Temporai Temporai Perm Par Mical Data AP Batch Re Transacti | Lump Sum Pmt/Settlement np Sum Pmt/Settlement nt Total Lump Sum Pmt/Settlement r Paid Lump Sum Pmt/Settlement rtial Sch Lump Sum Pmt/Settlement rtial Sch Lump Sum Pmt/Settlement rry Total Lump Sum Pmt/Settlement rry Partial Lump Sum Pmt/Settlement rry Partial Lump Sum Pmt/Settlement rtl Disfigure Lump Sum Pmt/Settlement rtl Disfigure Lump Sum Pmt/Settlement | E G P S T P P 148 R21 A49 R22 AKC | Employ Employ Employ Employ Employ ayment | ree ID Assigned by Jurisdiction ee Employment Visa ee Green Card ee Passport Number ee Social Security Number ee Resocial Security Number ee Individual Taxpayer Identification Number Reason Code (DN0222) TRANSACTION SET ID (DN0001) eport eport Companion Record uent Report uent Report uent Report Companion Record Acknowledgment Detail Record | 148 A49 | NOWLEDGMENT TRANSACTION SET ID (DN0110) First Report INTERCHANGE VERSION ID (DN0105) First Report of Injury, Rel 3.1 |
| 501 510 520 524 530 550 570 590 Tech | Medical L Fatal Lun Permanei Employer Perm Par Temporai Temporai Perm Par Mical Data AP Batch Re Transacti | Lump Sum Pmt/Settlement np Sum Pmt/Settlement tint Total Lump Sum Pmt/Settlement r Paid Lump Sum Pmt/Settlement rital Sch Lump Sum Pmt/Settlement rital Sch Lump Sum Pmt/Settlement rry Total Lump Sum Pmt/Settlement rry Partial Lump Sum Pmt/Settlement rry Partial Lump Sum Pmt/Settlement rrit Disfigure Lump Sum Pmt/Settlement rit Disfigure Lump Sum Pmt/Settlement as Elements: PPLICATION ACKNOWLEDGMENT CODE (DN0111) ejected ion Accepted ion Rejected | E G P S T P P P P P P P P P P P P P P P P P | Employ Employ Employ Employ Employ ayment | ree ID Assigned by Jurisdiction ee Employment Visa ee Employment Visa ee Green Card ree Passport Number ee Social Security Number ee Individual Taxpayer Identification Number Reason Code (DN0222) ITRANSACTION SET ID (DN0001) sport sport uent Report Companion Record uent Report Companion Record Acknowledgment Detail Record Re-Acknowledgment Detail Record | 148 A49 14831 A4931 | DEPENDENT GENDER CODE (DN0428) NOWLEDGMENT TRANSACTION SET ID (DN0110) First Report Subsequent Report of Injury; Rel 3.1 Subsequent Report of Injury; Rel 3.1 |
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