

Texas Department of Insurance



TEXAS DETAILED CLAIM INFORMATION STATISTICAL PLAN

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Compiled by the
TEXAS DEPARTMENT OF INSURANCE
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SECTION 1**INTRODUCTION AND PARTICIPATION CRITERIA****I. INTRODUCTION****A. PURPOSE OF THE TEXAS CALL**

The Texas Call is a data collection program by the Texas Department of Insurance (TDI) whereby insurance companies furnish specific information on all workers' compensation claims with total incurred losses of \$5,000 or more, when valued six months after the date the claim has been reported to the insurer. MEDICAL ONLY CLAIMS ARE INCLUDED IN THE TEXAS CALL.

The purpose of the Texas Call for Detailed Claim Information (DCI) is to develop and maintain a database for the research and cost containment efforts of the Research and Oversight Council on Workers' Compensation and the Texas Workers' Compensation Commission, in accordance with the workers' compensation reform legislation contained in Senate Bill 1, of the seventy-first legislature. Carrier participation in the Texas Call is mandatory.

Insurance companies value claims six months after they are filed by an injured worker and submit reports for claims with total incurred losses of \$5,000 or more. Reports are due at the National Council on Compensation Insurance (NCCI) no later than sixty days after the claim valuation date. Follow-up reports are submitted on a yearly basis until the claim is closed, no longer includes medical or indemnity, or reaches the 9th report level. The Texas Call includes claims for injuries that occur on or after January 1, 1991.

Note: The data elements for the Texas DCI Statistical Plan and the Texas Workers' Compensation Commission (TWCC) Electronic Data Reporting Program share some definitions but have some significant differences. For information regarding TWCC's EDI program, contact the EDI Development Department at (512) 707-5895. TDI will work with TWCC's WC Information Analysis Department, or the Research and Oversight Council on Workers' Compensation to clarify any interpretations or reporting issues associated with the Plan.

If there are any questions with regard to the Texas Call for Detailed Claim Information, please contact the Data Services Division, DCI Section of the Texas Department of Insurance at (512) 475-1878.

B. SCOPE OF THE TEXAS CALL

This Statistical Plan contains the necessary instructions for mandatory reporting of Texas workers' compensation direct loss experience for injuries occurring on or after January 1, 1991.

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II. PARTICIPATION IN THE TEXAS CALL

A. PARTICIPATION CRITERIA

Participation in the Texas Call is mandatory. All insurers or other entities authorized to write worker's compensation in the State of Texas are required to report Detailed Claim Information. Carriers who cease to write this line of business must report all outstanding claims for injuries that occur on or after January 1, 1991, until the claims are closed, no longer includes medical or indemnity, or reach the 9th report level. The Texas Call excludes all self-insureds.

B. INDIVIDUAL CARRIER PARTICIPATION

Participation in the Texas Call is on an individual carrier basis. Carrier group reporting is not permitted.

C. DESIGNATED CARRIER COORDINATOR

Each carrier must designate one individual within their organization to serve as the coordinator of the Texas Call. The coordinator must:

- Be a centrally located claim, statistical, or data management person within the company.
- Receive and disperse all correction and request for subsequent reports sent by NCCI.
- Gather all reporting forms from various claims offices for submission to the NCCI.
- Serve as central control for the Texas Call within their organization.

Refer to Section 3 of this Statistical Plan for the DCI Coordinator designation form.

D. WHERE TO FILE

<i>Electronic Reports:</i>	<i>Hard Copy Reports:</i>
Mailing Address: NCCI, Inc. 777 Yamato Road, Suite 200/400 P. O. Box 5049 Boca Raton, Florida 33431-0849	Mailing Address: NCCI, Inc. c/o First Image Data Input Div. P. O. Box 7369 London, KY 40742-7369
Delivery Address: NCCI, Inc. 777 Yamato Road, Suite 200/400 Boca Raton, FL 33487	Delivery Address: NCCI, Inc. Data Input Division 1084 South Laurel Road London, KY 40741

E. QUESTIONS

NCCI's Data Provider Support Department has established five U.S. service regions classifying your company within a specific region. A Data Reporting Team has been assigned to each region and is responsible for servicing all the companies within your reporting group. Please find the region your reporting group has been assigned to with the Data Reporting Team's telephone number below:

Region	State	Team Leader Phone Number
South Central Division	AR, LA, MS, TN	561-995-1704
Southeast Division	NC, AL, GA, FL, SC, PR	561-995-1816
Mid Atlantic Central Division	NY, NJ, PA, DE, MD, VA, WV, KY, MO, IA	561-989-6380
New England Great Lakes Division	ME, VT, NH, MA, CT, RI, OH, MI, IN, IL, WI	561-995-1730
Western Division	ND, SD, NE, KS, OK, TX, MT, WY, CO, NM, ID, UT, AZ, WA, OR, NV, CA, HI, AK	561-995-1729

Example 1: If your holding company reports data to NCCI for all its subsidiaries from the state of Illinois, then, your company is part of the Midwestern region. The New England Great Lakes Region Team leader for that region should be contacted at the telephone number listed above.

Example 2: If your parent company located in Alabama reports data for 4 out of 5 of its subsidiaries, then your parent company and the four subsidiaries fall into the Southeastern region. The fifth subsidiary reports data from the state of Texas, therefore, this company falls into the Western region.

F. REVISIONS

Whenever a change is made in these instructions, the appropriate page will be reprinted and the change will be identified by a bold faced star (*) in the outer margin of the page.



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Section 2

General Rules

SECTION 2

GENERAL RULES

I. FILING REQUIREMENTS

A. STRUCTURE OF THE TEXAS CALL

Carriers are required to value each indemnity and/or medical claim six months after it is filed by the injured worker. Each claim with total incurred losses of \$5,000 or more, including medical only, must be reported to NCCI. Claims that are open as of the six-month valuation date must be subsequently reported at twelve-month intervals until they no longer include medical or indemnity, or reach the 9th report level. All reports are due at NCCI within sixty days after their valuation. Appendix 1 summarizes the valuation dates and filing dates due at NCCI for report dates January through December.

Data reported under the Texas Call is subjected to an extensive series of edits. All claims failing an edit(s) are returned to the carrier for correction. All edit criteria are contained in Section 6 of this Statistical Plan.

B. CLAIMS INCLUDED IN THE TEXAS CALL

The Texas Call includes claims payable under the Texas Workers' Compensation Act for injuries that occur on or after January 1, 1991. Only claims with total incurred losses (paid plus reserves) of \$5,000 or more at the **six-month** valuation are included in the Texas Call. This includes "MEDICAL ONLY" claims. Claims payable under the U.S. Longshore and Harbor Workers Act, Admiralty Law, FELA benefits, Employers Liability only, Exemplary Damages and benefits based on the laws of other states are excluded from the Texas Call.

Only direct Workers' Compensation business is to be included in the Texas Call. Therefore, DCI reports shall not include losses paid to another carrier on account of reinsurance assumed by the reporting carrier, nor shall any deductions be made by the reporting carrier for losses recovered from other carriers on account of reinsurance ceded.

In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund), the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such Fund and the net incurred for the claim shall be reported.

In all cases where there has been recovery received due to subrogation, the amount of loss reported shall be the net incurred loss. The net incurred loss is defined as the gross incurred loss (value of the claim had there been no recovery) minus the amount recovered. The recovery amount used to arrive at net incurred loss should be reduced by the expenses incurred in order to obtain the recovery.

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For claims subject to a deductible, all reported amounts are to be inclusive of the deductible (amount paid by the carrier plus the deductible amount).

C. REPORT DATE

The report date is a key element within the Texas Call. The report date is the month and year in which a particular claim is registered with the carrier. This date is the basis for valuation and filing dates of reports due at NCCI.

D. MAGNETIC TAPE/CARTRIDGE REPORTING

Carriers may submit DCI data in electronic format once they have been certified by TDI or NCCI. Certification will require the successful completion of a reporting test phase, which may be performed with the NCCI. Section 7 of this Statistical Plan contains reporting specifications for magnetic tape/cartridge.

All magnetic tape/cartridge submissions must be accompanied by a Magnetic Tape Transmittal Form (NC2605). This form requires the number of records for magnetic tape/cartridge submission. The Magnetic Tape Transmittal Form should be used for submissions of Detailed Claim Information and Common Information Changes when reported on tape/cartridge.

Each carrier writing at least 1/2 of 1 percent of total Texas Workers Compensation premiums must submit all DCI reports in electronic format on or after September 1, 1993. The use of electronic format is optional for carriers with smaller premium volumes.

II. REPORT TYPE CODE**A. ORIGINAL CLAIM VALUATION PROCEDURE—REPORT TYPE CODE 1**

The report type code identifies the particular valuation of the claim being reported. A six-month valuation must be received for each claim with total incurred losses of \$5,000 or more, including medical only. The six-month report must be submitted on Form NC2590 "Call for Detailed Claim Information." The report must be sent to NCCI within sixty days subsequent to the six-month valuation date.

A report must be submitted every twelve months after the six-month valuation until the claim closes, no longer includes medical or indemnity, or reaches the 9th report level. See Appendix 2 for report type codes and their corresponding valuation dates. Claims that have closed between valuations must be reported with all data valued as of the closing date of the claim and filed with NCCI at the next report valuation due date.

B. SUBSEQUENT CLAIM VALUATION PROCEDURES—REPORT TYPE CODES 2 THROUGH 9

The reporting procedures for the eighteen-month and subsequent valuations require carriers to submit a Call for Subsequent Detailed Claim Information either electronically or on a (Form NC2601) for each claim reported as open on the previous valuation or re-opened. Carriers have sixty days after the subsequent valuation to submit the form to NCCI.

NCCI will generate requests for subsequent information approximately 60 days prior to the claim valuation date for all open claims in the valid database. The request will include all previously reported data fields with prior information and the report number of the report level due.

A Call for Subsequent Detailed Claim Information should not be submitted for claims in the suspense file. Once a suspended claim is corrected, the carrier has sixty days to produce the Call for Subsequent Detailed Claim Information and submit it to NCCI. Refer to Section 2-III.C. for further explanation on claims in the suspense file.

C. REOPENED CLAIMS

Claims that were closed on a prior valuation should be reopened or developed further when subsequent activity occurs. Reopened claims must be valued and reported to NCCI on the next normal valuation date on Form NC2601, "Call for Detailed Claim Information." Field #34 (Claim Status) must have either '3' (Reopened) or '6' (Reopened, Closed) circled. All data must be valued as of the valuation date and the corresponding report type code indicated on the form must coincide with the valuation period being reported.

Example:

Claim X closes between its six- and eighteen-month valuations. It is reported to NCCI as closed with Report Type Code 2 (eighteen-month valuation). No Call for Subsequent Detailed Claim Information was submitted for the thirty-month valuation of this claim. The claim reopens thirty-eight months subsequent to its report date. The reopened claim must be valued as of forty-two months and reported to NCCI along with the other corresponding forty-two month claim valuations for that report date. Report Type '4' (forty-two-month), Transaction Code 1 (Original Report), and Claim Status '3' (Reopened) or '6' (Reopened, Closed) should be reported.

III. TRANSACTION CODE**A. TRANSACTION CODE 1—ORIGINAL REPORT**

This Transaction Code indicates the original submission for a given report type for a particular claim. Only one Transaction Code 1 may be submitted for a given report type code provided the original submission does not cause a fatal error.

B. TRANSACTION CODE 2—REVISED REPORT

This Transaction Code identifies a carrier-initiated revision to a previously submitted report type for the claim. A revised report may only be submitted for a report type that has passed all DCI Fatal and Logical edits. Transaction Code 2 may not be used to correct reports that have been rejected by the DCI edit system. Additionally, Transaction Code 2 may not be used to revise the following data elements: Carrier Code, Policy Number, Claim Number, State of Jurisdiction and Date Reported to Insurer. Revised reports must always be submitted with the same carrier code, policy number and claim number as on the report type being revised. Revised reports are extensively edited in the same manner as original submissions.

C. TRANSACTION CODE 3—CORRECTION REPORT

This Transaction Code identifies the correction of an original submission for a given report type for a particular claim. The original report (Transaction Code 1) for each report type submitted for a claim will be extensively edited. Any original report type failing only logical edits (See Section 6-II) will not be accepted into the DCI valid file database and will be held in a suspense file until corrected by the carrier. All reports with a fatal error are returned to the carrier and there is no record of the submission in the suspense file in the DCI database. Essentially, a fatal error is treated by NCCI as if the report were never submitted. See Section 6-I for instructions on correcting claims with a fatal error.

NCCI will generate a Call for Corrected Detailed Claim Information (Form NC2602) for each report failing one or more logical edits. This generated form will be mailed to the carrier for correction. The generated form will contain all the data submitted on the invalid report. When processing the correction report, NCCI will automatically change the Transaction Code to 3, if the carrier has not done so.

An asterisk will print next to any data element failing a logical edit. Additionally, a summary of all edits failed by the particular report will be printed in the shaded areas on the form. All data elements marked by an asterisk must be reviewed by the carrier and appropriate corrective action taken. To correct invalid data (except for Carrier Code, Policy Number, Claim Number, State of Jurisdiction and Date Reported to Insurer) for claims failing only logical edits, the item number of elements to be corrected must be circled, the incorrect data crossed out, and the corrected data entered in the appropriate block, using a red or brightly colored pen or pencil. Corrections may also be made via magnetic tape/cartridge. Carriers using this reporting medium need to submit a complete Detailed Claim Record (Type 1) containing the previously reported data with the corrections made where necessary.

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Carrier-initiated revisions may also be added to Form NC2602, "Call for Corrected Detailed Claim Information". These revisions must be made in the same way as the corrections outlined above.

The corrected form must be returned to NCCI within sixty days of receipt by the carrier. The data will be re-edited and, if valid, will move the report type for the claim into the valid file in the DCI database. If the corrected data fails additional DCI edits, another correction form will be generated and mailed to the carrier.

IV. COMMON INFORMATION CHANGE

Carrier Code, Policy Number, Claim Number, State of Jurisdiction, and Date Reported to Insurer are considered common information for all report types and transaction codes submitted for a particular claim. This data is the link between the carrier's system and the DCI database. Changes to any of these five elements or deletion of a claim must be submitted on a Common Information Change Form. If the claim is being deleted, a Deletion Reason Code must be given.

NCCI will generate a confirmation notice to the carrier once a Common Information Change (CIC) has been processed and accepted by the system. No additional transactions or report types should be submitted for the claim during the period between submission of the Common Information Change and receipt of the confirmation notice. This includes any previous Common Information Change that has not been processed. The first Common Information Change must be processed before a subsequent one may be submitted. If additional transactions or report types are submitted prior to receipt of the confirmation notice, a fatal error condition may be created.

The Common Information Change performs two basic functions:

1. To change data currently residing in the DCI database.
2. To delete data from the DCI database.

An example of the CIC form and specific instructions for its use are contained in Section 3.



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**Section 3
Forms and Instructions**

SECTION 3

FORMS AND INSTRUCTIONS

I. REQUIRED FORMS

The following forms are used in the completion of the Texas Call:

Form Number	Description
NC2590	Call for Detailed Claim Information
NC2601*	Call for Subsequent Detailed Claim Information
NC2602*	Call for Corrected Detailed Claim Information
NC2604	Common Information Change
NC2605	Magnetic Tape Transmittal Form
SPR(0993)	DCI Statistical Plan Request
NC2606	Request for forms

Forms NC2601 and NC2602 which are marked by an asterisk (*), are produced from the DCI database and cannot be ordered by carriers.

Carriers may use computer-generated reproductions or other report facsimiles with prior approval from the NCCI. Carriers who are certified for magnetic tape/cartridge reporting may use that medium in lieu of the above forms. Refer to Section 7 of this Statistical Plan for magnetic tape reporting specifications.

II. FORM REPORTING INSTRUCTIONS

The following pages contain an explanation of the need for each form and instructions on how to accurately complete them. The last pages of this section contain copies of the actual forms.

A. CALL FOR DETAILED CLAIM INFORMATION REPORTING FORMS (NC2590, NC2601 and NC2602)

These are the forms used for the submission of actual claim information containing eighty-five specific data fields. The type and amount of instruction needed in order to accurately complete these forms requires a separate section to this Statistical Plan. Refer to Section 4 for detailed instructions on how to complete Claim Reporting Forms.

The following is a basic description of each of the Detailed Claim Information Reporting Forms and the functions of each form:

1. CALL FOR DETAILED CLAIM INFORMATION (NC2590)

This form is the one carriers use to report their initial six-month reports. It is commonly known as the blue form, as that is the color of the paper on which it is printed. If no revisions are needed throughout the life of the claim or the claim does not close and reopen, the initial six-month report would be the only report that the carriers would need to initiate on this form.

Contained on this form in Field #6 (Transaction Code) are two codes from which to choose: 1 (Original Report) and 2 (Revised Report). An understanding of the use of these codes is vital to the successful processing of the forms.

Transaction Code 1 is used for two purposes, the first being the initial six-month reporting of a claim. In this case, the Report Type (Field #5) would also be coded '1' (six-month report). A second use of this code would be in the case of a reopened claim, that was previously reported as closed. In this case, the Report Type (Field #5) would be determined by the date that the claim reopened in relation to the valuation date for the claim.

Transaction Code 2 only has one purpose, that being the revision to a Report Type already reported to NCCI. This includes all Report Types from 1 (six-month report) to 9 (102-month report). However, revisions cannot be filed for a Report Type that has failed a Fatal or Logical Edit and remains uncorrected. Also, any revision that causes a valid report in the DCI database to fail any logical edit will cause a Fatal Error and will not be accepted into the database.

2. CALL FOR SUBSEQUENT DETAILED CLAIM INFORMATION (NC2601)

This form is the one carriers use to report their subsequent (Report Type 2–9) information. It is commonly known as the yellow form, as that is the color of the paper on which it is printed. Carriers should complete this form for claims which were open (Claim Status '1' or '2') on the previous report. All data fields previously reported must be filled with current information, whether updated or unchanged, and new fields should be completed as necessary.

Subsequent Reports only contain Transaction Code 1 (Original Report), as all Subsequent Reports produced by the carrier will always be the original reporting of the subsequent report. There is no Transaction Code 2 (Revised Report), as all carrier-initiated revisions to any Report Type (1–9) are done on Form NC2590.

3. CALL FOR CORRECTED DETAILED CLAIM INFORMATION (NC2602)

Carriers use this form to report corrections to NCCI. It is commonly known as the pink form as that is the color of the paper in which it is printed. As with subsequent reports, these reports are always produced by NCCI. There will never be an instance where carriers would initiate a correction reporting. Correction reports are produced by NCCI when a Report Type received fails a Fatal or Logical Edit. In the case of Fatal Errors, the claim should be resubmitted as if it were never filed. In the case of Logical Errors, the correction should be made on the NCCI produced correction report and coded transaction Code 3 (Correction Report).

B. COMMON INFORMATION CHANGE FORM (NC2604)

The Common Information Change Form is the maintenance document for the Common Information reported under the Texas Call. Common Information consists of Carrier Code, Policy Number, Claim Number, State of Jurisdiction and Date Reported to Insurer for a particular claim. The primary function of the Common Information Change Form is to allow carriers to report certain claim identification activity without submission of revised claim reports.

In this way, the link between the carrier's claim files and the DCI database can be maintained with as minimal effort on the carrier's part as possible. For instance, should a claim number error be found by the carrier after submission of the second report, it is not necessary for the carrier to submit correction reports for the two reports sent under the incorrect claim number, and then submit original reports for the claim under the correct claim number. All that is necessary is the submission of one Common Information Change Form, whereby the Previous Information (information previously reported) and the Revised Information (information as it should have been reported) is shown. Once the form is processed, NCCI will notify the carrier. All future reports of subsequent claim information will require the revised claim number. The data previously residing in the DCI database will also be updated to contain the correct claim number.

Another function of the Common Information Change Form is the deletion of claim information previously submitted. However, in the case of deletions, a Deletion Reason Code must be provided. NCCI will inactivate any claim that has had a valid Common Information Change Form submitted that indicates the claim should be deleted. A deletion is identified by a valid Deletion Reason Code and the absence of any revised information being reported on the form. Deletions are retained in the DCI database until the reason for deletion is confirmed and carrier notification is produced. Valid Deletion Reason Codes are as follows:

- 01—Inclusion Error (used when an inappropriate claim is mistakenly submitted).
- 02—Controverted Claim (used to delete claims that have been controverted with no payments made).
- 03—Rebuilding Claim Records (used when carriers need to "rebuild" a claim by processing or deleting several reports).

*Note: The Texas Workers' Compensation Commission EDI reporting allows deletion of erroneously submitted claims in very limited circumstances.

As with Claim Reporting Forms, Common Information Change Forms can contain errors that will cause NCCI to reject them. For a detailed list and explanation of these error conditions, see Section 6 of this Statistical Plan.

C. MAGNETIC TAPE TRANSMITTAL FORM (NC2605)

For carriers reporting Detailed Claim Information on magnetic tape/cartridge, the use of this form is mandatory. Any reports submitted on tape or cartridge without an accompanying transmittal will be returned to the carrier.

The information required on the form is as follows:

1. Carrier/Tape Identification Information

Carrier Name: The carrier name must be provided.

Carrier Address: The carrier address must be provided.

Carrier Code: The carrier code associated with the carrier name must be shown on the form.

Telephone: A phone number must be provided. It should be the number of the proper DCI contact in your organization responsible for the tape submission.

Contact Name: The name of the person responsible for the tape must be provided. Should any problems arise with the physical tape or the data contained on it that cause it not to process, this is the person NCCI will notify in order to resolve the problem.

Tape Serial Number: The serial number contained on the tape/cartridge must be provided. This number should also be clearly shown on the outside of the tape/cartridge.

Date: The date that the tape/cartridge was mailed to NCCI must also be provided.

2. Tape Processing Information

Basic Claim Records: The number of Record Type '1' (Detailed Claim Records) must be provided.

Common Information Change Records: The number of Record Type '3' (Common Information Change Records) must be provided.

Total Records on Tape: The total number of Record Type '1', and '3' must be provided. Any discrepancies between the number of records indicated on the transmittal and the number of records processed by NCCI will cause processing of the tape to stop until resolution is reached with the carrier.

Once a tape is received at NCCI, a copy of the tape receipt will be mailed back to the carrier. This is to confirm that the tape was received and will be processed at the next tape processing cycle. Any problems with the actual processing of the tape will be resolved with the contact provided on the carrier's transmittal form. Barring any problems, the tape will be returned to the carrier approximately one month after it has been processed.

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D. DCI STATISTICAL PLAN REQUEST (SPR(0993))

This form is used to request additional Statistical Plans. This information will be added to the DCI database. In the future, the new recipient will be included in all DCI mailouts made by TDI. This form should be mailed to the following address:

Texas Department of Insurance
Attn: Data Services Division, MC:105-5D
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III. TEXAS DETAILED CLAIM INFORMATION REPORTING FORMS

The following pages contain examples of all the forms used in the reporting of Texas Detailed Claim Information.



TEXAS
DETAILED
CLAIM
INFORMATION
STATISTICAL
PLAN

Section 4
DETAILED CLAIM REPORTING
FORM INSTRUCTIONS

SECTION 4

DETAILED CLAIM REPORTING FORMS—REPORTING INSTRUCTIONS

I. CALL FOR DETAILED CLAIM INFORMATION INSTRUCTIONS

Instructions for Fields 1-85 on the Expanded DCI form are described below. It is important that the information in these fields be typed or clearly handwritten. Shaded (////) areas on the forms should not be filled in. Any unreadable forms will be returned to the carrier.

A. COMMON INFORMATION

Common Information consists of the first ten fields necessary to fully identify a claim.

Field #1 CARRIER CODE

Report the five-digit numeric code assigned by NCCI to identify the individual carrier submitting the claim.

Carrier Code

12345

ENTER

1. CARRIER CODE				
1	2	3	4	5

Field #2 POLICY NUMBER

Report the alphanumeric code that uniquely identifies the policy under which the claim occurred. This number may consist of up to 18 characters and must be identical to the number on the Subscriber Notice. The policy number reported must be consistent for each report type submitted.

Embedded blanks, marks of punctuation and special characters (\$!?, etc.) are not allowed. This item must be left-justified. If the policy number is less than 18 characters, enter the number beginning in the left-most space entering towards the right. Leave all additional right-most spaces blank. If possible, zeros should be designated as 0.

Policy Number

BOC-7705243

ENTER

2. POLICY NUMBER																	
B	O	C	7	7	0	5	2	4	3								

Field #3 POLICY EFFECTIVE DATE

Report the month, day and year that the policy under which the claim occurred became effective. The policy effective date reported must be earlier than or equal to the Date of Injury (Field #22). Month, day and year each require a two-digit numeric code.

Policy Effective Date

1990 (7/7/90)

ENTER

3. POLICY EFFECTIVE DATE									
0	7	-	0	7	-	9	0		

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Field #4 CLAIM NUMBER

Report the alphanumeric code that uniquely identifies the specific claim to which the report applies. This number must be consistent for each report type submitted, and it must be the same claim number used for reporting Unit Statistical Plan Data, which is 12 characters or less.

Embedded blanks, marks of punctuation, and special characters (\$!?, etc.) are not allowed. This item must be left-justified. Since the claim number is less than 18 characters, enter the number beginning in the left-most space, entering towards the right. Leave all additional right-most spaces blank. If possible, zeros should be designated as Ø.

Claim Number

POC6-5320

ENTER

2. CLAIM NUMBER											
P	O	C	6	5	3	2	0				

Field #5 REPORT TYPE

Report the code which indicates the report type. This code is derived from the number of months after the claim is reported to the insurer. The specific Report Type Codes and their corresponding report valuations are as follows:

REPORT TYPE	1	2	3	4	5	6	7	8	9
VALUATION MONTH	6	18	30	42	54	66	78	90	102

Date Reported To Carrier	Valuation	Valuation Date	1 Valuation Date Form Due at NCCI	Report Type
Jan. 6, 1991	6 months	July 1991	Sept. 1991	1

ENTER

5. REPORT TYPE	
/////	1

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Field #5 REPORT TYPE (CONT'D)

18 months	July 1992	Sept. 1992	2
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5. REPORT TYPE	
//////	2

Field #6 TRANSACTION CODE

Circle the code that indicates whether the report is an original, revised or corrected report. Refer to Section 2 of this Statistical Plan for a detailed description of each code.

Use the following codes:

6. TRANSACTION CODE
1 - Original Report
2 - Revised Report
3 - Correction Report

Field #7 STATE OF JURISDICTION

Report the two-digit numeric code (42) for payment of claimant's benefits being made under the *Texas Labor Code*.

State
Texas

ENTER

7.STATE OF JURISDICTION	
4	2

Field #8 STATE OF ACCIDENT

Report the two-digit numeric code corresponding to the state or foreign location in which a claimant was injured or contracted disease for claims made under the *Texas Labor Code*. Refer to Table 1 "State of Accident Codes" for a list of applicable state codes.

State
Louisiana

ENTER

7. STATE OF ACCIDENT	
1	7

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Field #9 DATE REPORTED TO INSURER

Report the month, day and year the claim was originally reported to the insurer. The date reported to insurer must be later than or equal to the Date of Injury (Field #22). This date does not change with subsequent reports.

Date Reported to Insurer

May 6, 1991 (5/6/91)

ENTER

9. DATE REPORTED TO INSURER								
0	5	-	0	6	-	9	1	

Use this date for determining six-month valuation and subsequent valuations.

Field #10 EMPLOYEE SOCIAL SECURITY NUMBER

Report the nine-digit number assigned by the Social Security Administration to each individual. If the claimant refuses to divulge the Social Security Number, leave blank.

Employee Social Security Number

056-12-2345

ENTER

10. EMPLOYEE SOCIAL SECURITY NUMBER										
0	5	6	-	1	2	-	2	3	4	5

RESERVED

FOR

FUTURE

USE

RESERVED

FOR

FUTURE

USE

RESERVED

FOR

FUTURE

USE

TEXAS DETAILED CLAIM INFORMATION**STATISTICAL PLAN****xxx***Effective January 1, 1997***B. CLAIMANT AND EMPLOYER INFORMATION**

The fields contained in the claimant and employer information portion of the form provide basic information on the employer, the claimant and the circumstances behind the claim.

Field #11 EMPLOYER FEDERAL TAX NUMBER

Report the nine-digit number assigned to each employer for federal tax purposes. This information is required on the TWCC-1, Employer's First Report of Injury, where it is captioned Federal Tax ID Number. This number is also commonly referred to as the Federal Employer Identification Number.

Employer Federal Tax Number

09-8765432

ENTER

11.EMPLOYER FEDERAL TAX NUMBER								
0	9	8	7	6	5	4	3	2

Field #12 EMPLOYER SIC CODE

Report the four-digit code that represents the nature of the employer's business. The code should be as contained in the *Standard Industrial Classification Manual* published by the Federal Office of Management and Budget. This information is required on the TWCC-1, Employer's First Report of Injury, where it is captioned Primary SIC Code.

Employer SIC Code

1234

ENTER

12. EMPLOYER SIC CODE			
1	2	3	4

Field #13 EMPLOYER PAYROLL

Circle the code that indicates the appropriate payroll range which corresponds to the employer's total amount of payroll in the state of Texas.

Use the following codes:

13. EMPLOYER PAYROLL	
1	- \$0
2	- \$1-\$100,000
3	- \$100,001-\$1,000,000
4	- \$1,000,001-\$10,000,000
5	- Over \$10,000,000

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Field #14 ZIP CODE OF INJURY SITE

Report the five-digit US postal code (the first five digits of the nine-digit US postal code) that corresponds to the location where the injury occurred. Refer to Appendix 3 for a list of valid ZIP code ranges for each state. If the injury occurred outside the United States, report the first 5 characters of the alphanumeric mailing code. If the ZIP code is not available or unknown, leave blank.

ZIP Code
33487

ENTER

14. ZIP CODE OF INJURY SITE				
3	3	4	8	7

Field #15 EMPLOYEE NAME

Report the first six letters of the claimant's last name followed by the first letter of the claimant's first name. Exclude all marks of punctuation (- ' . , etc.). The last name must be reported left-justified as shown in the example for the claimant Robert O'Day.

Claimant's Name
Robert O'Day

ENTER

15. EMPLOYEE NAME						
Last						First
O	D	A	Y			R

Martha Washington

15. EMPLOYEE NAME						
Last						First
W	A	S	H	I	N	M

Field #16 SEX OF INJURED WORKER

Circle the code that corresponds to the claimant's sex.

Use the following codes:

16. SEX
1 - Male
2 - Female
3 - Unknown

Field #17 MARITAL STATUS

Circle the code corresponding to the claimant's marital status at the date of injury. If the claimant is widowed or divorced, circle the code for single.

Use the following codes:

17. MARITAL STATUS	
1 - Single	3 - Separated
2 - Married	4 - Unknown

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*Effective January 1, 1997***Field #18 DATE OF BIRTH**

Report the month, day and year on which the claimant was born. This information is required on the TWCC-1, Employer's First Report of Injury. Date of Birth must be prior or equal to Date of Injury (Field #22). Month, day and year each require a two-digit numeric code.

Date of Birth

July 7, 1950 (7/7/50)

ENTER

18. DATE OF BIRTH							
0	7	-	0	7	-	5	0

Field #19 DATE OF HIRE

Report the month, date and year on which the claimant began the most recent employment with the employer. This information is required on Form TWCC-1, Employer's First Report of Injury. The Date of Hire reported must be prior or equal to the Date of Injury (#22). Month, day and year each require a two-digit numeric code.

Date of Hire

January 6, 1975 (1/6/75)

ENTER

18. DATE OF HIRE							
0	1	-	0	6	-	7	5

Field #20 OCCUPATION CODE

Reserved for future use. Leave this field blank.

Field #21 EMPLOYMENT STATUS

Circle the code corresponding to the claimant's employment status as of the date the claim was first reported to the insurer.

Use the following codes:

21. EMPLOYMENT STATUS	
1	Regular Employee
2	Part Time Employee
3	Unemployed
4	On Strike
5	Disabled
6	Retired
7	Other

Code 1 (Regular Employee) indicates that the injured worker was employed on a full-time basis when the claim was reported to the insurer.

Code 2 (Part Time Employee) indicates that the injured worker was employed on a part-time basis when the claim was reported to the insurer. This status is also used when reporting experience for seasonal workers.

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Field #21 EMPLOYMENT STATUS (CONT'D)

Code 3 (Unemployed) indicates that the injured worker was unemployed for reasons other than disability, strike or retirement on the date that the claim was first reported to the insurer.

Code 4 (On Strike) indicates that the injured worker was on strike when the claim was first reported to the insurer.

Code 5 (Disabled) indicates that the injured worker had a disability unrelated to the injury in this report when the claim was first reported to the insurer.

Code 6 (Retired) indicates that the claimant was in retirement when the claim was first reported to the insurer, such as a claimant with black lung.

Code 7 (Other) indicates that the claimant had an employment status other than those previously listed (such as plant shutdown) when the claim was first reported to the insurer.

Field #22 DATE OF INJURY

Report the month, day and year on which the claimant was injured. The Date of Injury must be prior or equal to the date Reported to Employer (Field #22). If the exact date is not known, the best estimate must be used. In the case of occupational disease or cumulative injury, use the **last** day that the claimant worked without the disability or the last date of coverage, whichever is earlier. Month, day and year each require a two-digit numeric code.

Date of Injury

August 3, 1991 (08-03-91)

ENTER

22. DATE OF INJURY							
0	8	-	0	3	-	9	1

Field #23 CLASS CODE

Report the four-digit classification code to which the loss was assigned. These codes are determined according to the *Texas Basic Manual of Rules, Classifications and Rates for Workers Compensation and Employers Liability Insurance*.

Class Code

Clerical

ENTER

23. CLASS CODE			
8	8	1	0

Field # 24 PART OF BODY

Report the two-digit code that corresponds to the part of the body which sustained the injury. Refer to Table 2 "Part of Body Codes" for a list of specific codes to be used.

Part of Body

Lower Back

ENTER

24. PART OF BODY	
4	2

Field #25 NATURE OF INJURY

Report the two-digit code that identifies the nature of the injury sustained by the claimant. Refer to Table 3 "Nature of Injury Codes" for a list of specific codes to be used.

Nature of Injury

ENTER

25. NATURE OF INJURY	
5	2

Strain

Field #26 CAUSE OF INJURY

Report the two-digit code that identifies the cause of the injury sustained by the claimant. Refer to Table 4 "Cause of Injury Codes" for a list of specific codes to be used.

Cause of Injury

ENTER

26. CAUSE OF INJURY	
5	6

Lifting

Field #27 LOSS COVERAGE CODE

Report the two-digit numeric code that classifies the accident into three main types of occurrences. The code should be determined at the time the claim is reported to the insurer. At subsequent valuations this code can be changed, if warranted. Loss coverage is the basis for which an insurer is liable for incurred losses. Refer to Section 5, Table 5 "Loss Coverage Codes" for a list of valid codes.

Types of Occurrences

I. Trauma: Injuries which are traceable to a definite accident during the claimant's present employment.

II. Occupational Disease: Injury caused by exposure to a disease-producing agent in the claimant's occupational environment. Injuries of this type are not traceable to a definite accident during the claimant's past or present employment.

III. Cumulative Injury: Having occurred from, or aggravated by, a repetitive employment activity. Injuries of this type are not traceable to a definite accident during the claimant's past or present employment.

Loss Coverage Code

ENTER

27. LOSS COVERAGE CODE	
1	1

State Act—Trauma

27. LOSS COVERAGE CODE	
1	4

State Act—Occupational Disease

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Field #27 LOSS COVERAGE CODE (CONT'D)

State Act—Cumulative Injury

27. LOSS COVERAGE CODE	
1	4

Note: Special codes apply for claims which include Employers Liability. Claims paid under the *Texas Labor Code* that develop as a result of Oil, Gas or Other Mineral Operations on or over water have a special code.

Field #28 NUMBER OF DEPENDENTS

Report the number of children and/or other individuals that the claimant is legally required to financially support. If this information is not available, leave blank.

Number of Dependents

ENTER

Wife and Three Children

28. NO. OF DEPENDENTS	
0	4

Field #29 PRE-INJURY WAGE

Report the average weekly wage of the claimant or deceased worker at the date of injury (Field #22) rounded to the nearest whole dollar and right-justified. This amount should include commissions, piecework earnings and other forms of income converted to a normal scheduled workweek, plus the estimated value of lodging, food, laundry and other payment in kind. Check the *Texas Basic Manual of Rules, Classifications and Experience Rating Plan for Workers Compensation and Employers Liability Insurance* to see what is to be included. If greater than \$99,999, report 99999.

Avg. Weekly Wage

ENTER

\$155.60

29. PRE-INJURY WEEKLY WAGE				
		1	5	6

\$501.25

29. PRE-INJURY WEEKLY WAGE				
		5	0	1

Field #30 METHOD OF DETERMINING PRE-INJURY WAGE

Circle the code that corresponds to the method used to determine the pre-injury wage.

Use the following codes:

30. METHOD OF DETERMINING PRE-INJURY WAGE			
1 - Actual	3 - Min. Wkly. Ben.		
2 - Estimated	4 - Max. Wkly. Ben.		

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Field #30 METHOD OF DETERMINING PRE-INJURY WAGE (CONT'D)

1. Actual

The carrier reports the claimant's actual wage.

2. Estimated

The carrier does not know the claimant's actual weekly wage, but estimates that the claimant earned \$650 a month.

Use 4.333 weeks = one month

\$650 a month ÷ 4.333 weeks = \$150.01 a week

Round \$150.01 = estimated pre-injury weekly wage entered in Field #29 (Pre-Injury Wage) is 150.

3. Minimum Weekly Wage

If the claimant's wage is less than the minimum weekly benefit, the carrier may not wish to expend time, money and energy to ascertain the actual wage. In this case it is not necessary to report the actual wage. Report the minimum weekly benefit in Field #29 (Pre-Injury Wage) and circle Code 3 in Field #30.

4. Maximum Weekly Wage

When a worker has a wage which qualifies for the maximum weekly benefit, it is not necessary to calculate the exact wage. In this case, it is not necessary to report the actual wage. Report the maximum weekly benefit in Field #29 (Pre-Injury Wage) and circle Code 4 in Field #30.

Field #31 OTHER WEEKLY PAYMENTS

Report the amount of additional contributions or supplements to the pre-injury wage for economic or fringe benefits rounded to the nearest whole dollar and right-justified. The amount reported should not include the amount reported in Field #29 (Pre-Injury Wage).

Other Weekly Payments

\$100 Tips

ENTER

31. OTHER WEEKLY PAYMENTS					
			1	0	0

Field #32 DATE REPORTED TO EMPLOYER

Report the month, day and year that the claimant reported the injury to his/her supervisor. The Date Reported to Employer must be prior or equal to the Date Reported to Insurer (Field #19). Month, day and year each require a two-digit numeric code.

Date Reported to Employer

June 15, 1992 (6/15/92)

ENTER

32. DATE REPORTED TO EMPLOYER							
0	6	-	1	5	-	9	2

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Field #33 SURGERY

Circle the code that indicates if the claimant's injury required surgery.

Use the following codes:

33. SURGERY 1 - Yes 2 - No

Field #34 CLAIM STATUS

Circle the code that indicates the current status of the claim.

Use the following codes:

34. CLAIM STATUS 1 - Open 2 - Open (Med. Only) 3 - Reopened 4 - Closed 5 - Became Med. Only 6 - Reopened, Closed
--

Code 1 (Open) means that the insurer still expects to make further payments on that claim (the exact nature of these payments is not known), or may not have determined as of yet whether payments will be made in the future.

Code 2 (Open Medical Only) means that the insurer has paid and/or expects to pay medical benefits ONLY (no indemnity reserves or payments).

Code 3 (Reopened) means that subsequent payments have been made on a claim previously reported to NCCI as closed. **Original reports (Report Type 1) should not be filed with this code. Only reports 2 through 9 are accepted with this code.** This code should be circled only if at the time of valuation the re-opened claim remains open by the insurer. **If a claim is re-opened, the Date of Closing (field #35) must be blank.**

Code 4 (Closed) means that the insurer does not expect to make any future payment on that resolved claim. If this code is used, then Field #35 (Date of Closing) must be completed.

Code 5 (Became Medical Only) not applicable.

Code 6 (Reopened, Closed) means that subsequent payments have been made on a claim that was previously reported as closed to NCCI and the claim was again closed by the insurer. Claims that remain in a reopened status should be reported using Code 3 (Reopened).

Field #35 DATE OF CLOSING

Report the month, day and year on which the claim was closed. This field should equal the date that the final payment was made. The Date of Closing must be later than or equal to the Date Reported to Insurer (Field #9). Month, day and year each require a two-digit numeric code. If the claim has not been closed, or if the claim is reopened, leave blank.

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STATISTICAL PLAN**Field #35 DATE OF CLOSING (CONT'D)****Date of Closing**

July 12, 1992 (7/12/92)

ENTER

35. DATE OF CLOSING							
0	7	-	1	2	-	9	2

Field #36 DATE OF FIRST PAYMENT

Report the month, day and year on which the first indemnity payment was issued. The Date of First Payment must be later than or equal to the Date Reported to Insurer (Field #9). Month, day and year each require a two-digit numeric code. The Date of First Payment must be reported if any amount greater than zero is shown in Fields #41, #44, #47, #50, #53, #56, #57, #58, #59 or #68. If no payments have been made, leave blank.

Date of First Payment

July 3, 1991 (7/3/91)

ENTER

36. DATE OF FIRST PAYMENT							
0	7	-	0	3	-	9	1

Field #37 DATE DISABILITY BEGAN

Report the month, day and year on which the claimant **originally lost time from work** due to the injury or occupational disease. This information is required on the TWCC-1, Employers First Report of Injury, where it is captioned Date Lost Time Began. The date must be later than or equal to the Date of Injury (Field #22). Month, day and year each require a two-digit numeric code. If the claimant has had no lost time, leave blank.

Date Disability Began

June 29, 1991 (6/29/91)

ENTER

37. DATE DISABILITY BEGAN							
0	6	-	2	9	-	9	1

Field #38 DATE OF RETURN TO WORK

Report the month, day and year on which the claimant **originally returned to work** following the disability period. The Date of Return to work must be later than or equal to the Date of Injury (Field #22). Month, day and year each require a two-digit numeric code. If the date is unknown, or there is no lost time, leave blank.

Date of Return to Work

March 1, 1991 (3/1/91)

ENTER

38. DATE OF RETURN TO WORK							
0	3	-	0	1	-	9	1

RESERVED

FOR

FUTURE

USE

RESERVED

FOR

FUTURE

USE

RESERVED

FOR

FUTURE

USE

C. BENEFITS AND PAYMENTS**Indemnity Benefits:****Field #39 TOTAL INCURRED INDEMNITY (INCL. VOC. REH.)**

** Report the amount paid to date for indemnity, plus outstanding reserves (any anticipated future indemnity benefits to be paid, including incurred vocational rehabilitation) rounded to the nearest whole dollar and right-justified.

In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, etc.), the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such Fund and the net incurred for the claim shall be reported.

In all cases where there has been recovery received due to subrogation, the amount of loss reported shall be the net incurred loss. The net incurred loss is defined as the gross incurred loss (value of the claim had there been no recovery) minus the amount recovered. The recovery amount used to arrive at net incurred loss should be reduced by the expenses incurred in order to obtain the recovery.

For claims subject to a deductible, all reported amounts are to be on a gross basis (inclusive of the deductible).

The Total Incurred Indemnity should include those items also identified separately in the Other Benefits and Payments (Fields #67 – #69) and Other Amounts Paid to Date (Fields #76–#79) when they are considered as Indemnity Benefits. Please refer to the field descriptions for Fields #67, #68, #69, #76, #77, #78, and #79 for details on when and how these costs are reported in relation to this field.

For closed cases (Field #34 = 4 or 6) which do not involve subrogation (Field #27 = 11, 14, 17, 41, 44 or 47), this amount must equal the sum of all paid indemnity fields (Fields #41, #44, #47, #50 and #53) plus the incurred vocational rehabilitation field (Field #55).

For open cases (Field #34 = 1 or 3) which do not involve subrogation (Field #27 = 11, 14, 17, 41, 44 or 47), this amount must be equal to or greater than the sum of all paid indemnity fields (Fields #41, #44, #47, #50 and #53) plus the incurred vocational rehabilitation field (Field #55).

For closed cases (Field #34 = 4 or 6) which involve subrogation (Field #27 = 12, 15 or 18), this amount must be equal to the sum of all paid indemnity fields (Fields #41, #44, #47, #50 and #53) plus all paid vocational rehabilitation fields (Fields #56, #57, #58 and #59) plus all paid medical fields (Fields #61, #62 and #63) minus total incurred medical (Field #60) minus all subrogation fields (Fields #73, #74 and #75).

For open or closed claims (Field #34 = 1 or 4) at the six month valuation (Field #5 = 1), total incurred indemnity plus total incurred medical (Field #60) must be greater than or equal to \$5,000.

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Field #39 TOTAL INCURRED INDEMNITY (INCL. VOC. REH.) (CONT'D)

Total Indemnity

237,650

ENTER

39. TOTAL INCURRED INDEMNITY							
		2	3	7	6	5	0

Fields #40, #43, #46, #49 & #52 BENEFIT TYPE

** Report the two-digit code that corresponds to the type of benefits the injured worker is currently receiving and those received in the past, or will receive in the future, if no payments have been made. For all claims there must be a Benefit Type reported in Field #40. The presence of a Benefit Type Code in Fields #43, #46, #49 and #52 will depend on the claim having multiple benefit types paid.

** When reporting a claim for which an indemnity reserve has been established, without any payments being made, the Benefit Type reported should reflect the type of benefit anticipated for the first indemnity payment. In these cases, the corresponding Benefit Paid to Date and Weekly Benefit fields will be blank. If at a later valuation 1) the actual indemnity payments are made under a benefit type other than that which was previously anticipated or 2) the claim becomes medical only (no indemnity benefits have been or will be paid), the Benefit Type field associated with the payments (indemnity or medical only) should be entered in the Benefit Type field previously occupied by the Anticipated Benefit Type (Field #40).

** When reporting a claim for which incurred indemnity does not appear until a later valuation, the subsequent report(s) should reflect in Field #40 the Benefit Type of the actual indemnity benefit paid or the first anticipated indemnity payment, if no indemnity payments have been made.

When a benefit type changes either from one report to the next or within a report period, use separate fields to report each benefit type beginning with Field #40 for the first benefit type, and Field #43 for the second benefit type, etc. For example, suppose on a 6-month report the claim is a Lifetime benefit and prior to the 18-month report the claimant dies as a result of the injury. The 6-month report will indicate Code 02 (Lifetime) in Field #40 while Fields #43, #46, #49 and #52 will be blank. However, the 18-month report will indicate Code 02 (Lifetime) in Field #40 and Code 01 (Death) in Field #43. In this instance, Fields #46, #49 and #52 will be blank.

Benefit Type

(at 6-month report)

Lifetime

ENTER

40.BEN. TYPE	
0	2

(at 18-month report)

Lifetime

40.BEN. TYPE	
0	2

Death

43.BEN. TYPE	
0	1

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BENEFIT TYPE (CONT'D)

Definitions of the standard type of benefit codes are given in Table 6 "Benefit Type Codes."

- ** The initial Benefit Type should be entered in Field #40, the second benefit paid in Field #43 and so on. Use the codes which describe all the categories received at the time of the report as shown in the example above.
- ** For Medical Only claims (no incurred indemnity), enter Code 06 in Field #40, and leave Fields #41 and #42 blank.

**** Fields #41, #44, #47, #50 & #53 BENEFITS PAID TO DATE**

Report the total indemnity amount paid to date for the corresponding Benefit Type rounded to the nearest whole dollar and right-justified. The amount reported should include any payments to special funds, compensation paid to a deceased claimant prior to death, burial expenses (including funeral expenses paid to date) and payments to the state. Some of these items have specific fields on the form (Fields #67 – #69 and #76 – #79). In these cases, the amounts should be reported collectively as Benefits Paid to Date and separately in the applicable fields. Benefit Type fields which correspond to the Benefits Paid to Date fields are as follows:

Benefit Type Field		Benefits Paid to Date Field
#40	corresponds to	#41
#43	corresponds to	#44
#46	corresponds to	#47
#49	corresponds to	#50
#52	corresponds to	#53

Using the example given in the Benefit Type coding instruction, suppose on a 6-month report the claim is a Lifetime benefit, and prior to the 18-month report the claimant dies as a result of the injury. The 6-month report will indicate Code 02 (Lifetime) in Benefit Type Field #40. The corresponding Benefits Paid to Date field (#41) will contain the sum of all indemnity payments made up to the date of valuation (\$2,316) for that particular Benefit Type. On the 6-month report, Fields #44, #47, #50 and #53 will be blank.

- ** The 18-month report will indicate Code 02 (Lifetime) in Field #40. The corresponding Benefits Paid to Date Field (#41) will contain the Lifetime Benefits Paid to Date (\$3,517) as of the 18-month valuation. Benefit Type Field #43 will contain Code 01 (Death). The corresponding Benefits Paid to Date Field (#44) will contain the death benefits paid to date (\$5,000) as of the 18-month valuation illustrated below.

Benefit Type
(at 6-month report)

Lifetime

ENTER

40. BEN. TYPE	
0	2

41. BENEFITS PAID TO DATE					
				2	3
				1	6

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BENEFITS PAID TO DATE (CONT'D)

(at 18-month report)

	40. BEN. TYPE	41. BENEFITS PAID TO DATE
Lifetime	0 2	3 5 1 7
	43. BEN. TYPE	44. BENEFITS PAID TO DATE
Death	0 1	5 0 0 0

Once a specific Benefits Paid to Date field is used to report payments for a particular benefit type, that field should be used to report that particular Benefit Type's payments for the duration of the claim reporting. As the example provided above shows, Lifetime benefits were reported on the 6-month report in Field #41. On the 18-month report there were additional Lifetime benefits paid and the claim subsequently became a death case. In this situation, the Lifetime benefits paid to date continue to be reported in Field #41. The subsequent Benefit Type (Death) Benefits Paid to Date are reported in the first open Benefits Paid to Date Field (#44), following the originally reported Benefit Type.

Multiple Benefits Paid to Date fields should be used only in cases of multiple or changed Benefit Types. Multiple Benefits Paid to Date fields are not used to update singular Benefit Type payments.

Fields #42, #45, #48, #51 & #54 WEEKLY BENEFIT

Report the latest weekly benefit paid to the claimant for the applicable Benefit Type rounded to the nearest dollar and right-justified. The latest known weekly benefit must be shown. It must be consistent with the Benefit Type coded in the corresponding Benefit Type field. In certain instances, a Weekly Benefit is not required, such as when only funeral expenses or specific indemnity losses have been paid. Please reference Fields #67 – #69 and #76 – #79. The Benefit Type fields which correspond to the Weekly Benefit fields are as follows:

Benefit Type Field	corresponds to	Weekly Benefit Field
#40	corresponds to	#42
#43	corresponds to	#45
#46	corresponds to	#48
#49	corresponds to	#51
#52	corresponds to	#54

Using the example provided in the Benefit Type coding instruction, suppose on a 6-month report the claim is a Lifetime benefit, and prior to the 18-month report the claimant dies as a result of the injury. The 6-month report will indicate Code 02 (Lifetime) in Benefit Type Field #40. The corresponding Weekly Benefit Field (#42) will contain the latest Weekly Benefit Paid for the Benefit Type shown in Field #40 (\$156.21).

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STATISTICAL PLAN*Effective January 1, 1997***Fields #42, #45, #48, #51 & #54 WEEKLY BENEFIT (CONT'D)**

The 18-month report will indicate Code 02 (Lifetime) in Field #40. The corresponding Weekly Benefit Field (#42) will contain the latest Weekly Benefit Paid for the Lifetime benefit (\$169.37). Benefit Type Field #43 will contain Code 01 (Death). The corresponding Weekly Benefit Field (#45) will contain the latest weekly benefit paid for the death case (\$200.00) as illustrated below.

Benefit Type

(at 6-month report)

ENTER

40. BEN TYPE	
0	2

42. WEEKLY BENEFIT				
		1	5	6

Lifetime

(at 6-month report)

40. BEN TYPE	
0	2

42. WEEKLY BENEFIT				
		1	6	9

Lifetime

(at 6-month report)

43. BEN TYPE	
0	1

45. WEEKLY BENEFIT				
		2	0	0

Lifetime

Once a specific Weekly Benefit field is used to report the latest Weekly Benefit for a particular Benefit Type, that field should be used to report the latest Weekly Benefit for that particular Benefit Type for the duration of the claim reporting. As the example provided above shows, Lifetime benefits (\$156) were reported in Field #42 on the 6-month report. On the 18-month report, there was an increase in the Weekly Benefits for the Lifetime benefits, and the claim became a death case (which provided for higher benefits). In this situation, the latest Lifetime Weekly Benefit continues to be reported in Field #42. The subsequent Weekly Benefit for the death benefits are reported in the first open Weekly Benefit Field (#45), following the Weekly Benefit associated with the originally reported Benefit Type.

Partial weekly benefits should be converted to full weekly benefits.

Claimant earns \$100/week (based on a 7-day work week). He received benefits for only 4 work days.

ENTER

42. WEEKLY BENEFIT				
		1	0	0

Vocational Rehabilitation:**Field #55 TOTAL INCURRED VOCATIONAL REHABILITATION**

Report the amount paid to date plus anticipated future amounts to be paid for job retraining, education, job placement or other services extended in an effort to expedite a claimant's early return to work. The amount reported is to be rounded to the nearest whole dollar and right-justified.

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Field #55 TOTAL INCURRED VOCATIONAL REHABILITATION (CONT'D)

For closed cases (Field #34 = 4 or 6) which do not involve subrogation (Field #27 = 11, 14, 17, 41, 44 or 47), this amount must equal the sum of Fields #56, #57, #58 and #59.

For open cases (Field #34 = 1 or 3) which do not involve subrogation (Field #27 = 11, 14, 17, 41, 44 or 47), this amount must be equal to or greater than the sum of Fields #56, #57, #58 and #59.

For open medical only cases (Field #34 = 2), this amount must be zero.

The cost of testing and evaluating the claimant was \$800, the anticipated educational expense is \$1,100, and the maintenance benefit is anticipated at \$500.

$$\$800 + \$1,100 + \$500 = \$2,400$$

ENTER

55. TOTAL INCURRED VOC. REHABILITATION							
				2	4	0	0

No rehabilitation cost has been incurred.

55. TOTAL INCURRED VOC. REHABILITATION							
							0

Note: Physical Rehabilitation is that which restores or helps to restore a claimant to his/her former healthy status. In this connection, physical rehabilitation concerns all medical activities performed and/or services rendered in the treatment of an injury or disease to achieve maximum recovery, relief and/or cure. Physical rehabilitation costs would include various necessary therapy (i.e., physical, speech, and hearing) and medical equipment, such as wheelchairs, crutches, etc., which will assist in the recovery of the claimant. Physical Rehabilitation costs must be reported as a medical loss and should not be reported in Vocation Rehabilitation (Fields #55 – #59).

Field #56 VOCATIONAL REHABILITATION EVALUATION EXPENSE PAID TO DATE

Report the expense paid to date for testing and evaluating the claimant's ability, aptitude, or attitude in determining suitability for vocational rehabilitation or placement. The amount reported is to be rounded to the nearest whole dollar and right-justified.

Vocational Rehabilitation Evaluation

Expense Paid to Date

\$749.63

ENTER

56. VOCATIONAL REHAB. EVAL. EXPENSE PAID TO DATE							
				7	5		0

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Field #57 VOCATIONAL REHABILITATION MAINTENANCE BENEFIT PAID TO DATE

Report the amount paid to date as a maintenance benefit while the claimant is participating in a vocational rehabilitation program. The amount reported is to be rounded to the nearest whole dollar and right-justified. For example, if the claimant has received \$75.26 for 20 weeks, the total Vocational Rehabilitation Maintenance Benefit Paid to Date would be calculated and entered as follows:

Weeks of Benefits Received	Weekly Benefits	Vocational Rehabilitation Maintenance Benefit Paid to Date
20	x \$75.26 a week	= \$1,505.20

ENTER

57. VOC. REHAB. MAINTENANCE PAID TO DATE						
			1	5	0	5

Field #58 VOCATIONAL REHABILITATION EDUCATION EXPENSE PAID TO DATE

Report the training costs paid to date including tuition, books, tools, transportation and additional living expenses rounded to the nearest whole dollar and right-justified.

Do not include the following:

- Amounts entered in Field #56 (Vocational Rehabilitation Evaluation Expense Paid to Date)
- Amounts entered in Field #57 (Vocational Rehabilitation Maintenance Benefit Paid to Date)

A claimant has been in a vocational rehabilitation program for 30 weeks. The cost for travel is \$15 a week. The cost for tuition is \$500. The cost for books is \$65.50.

Number of Weeks Paid	x	Amount Paid per Week	=	Travel Cost
30 weeks	x	\$15 a week	=	\$450

Travel Cost	+	Tuition	+	Book Fee	=	Voc. Rehab.Ed. Exp.Paid to Date
\$450	+	\$500	+	\$65.50	=	\$1,015.50

ENTER

58. VOC. REH. EDUCATION EXPENSE PAID TO DATE						
			1	0	1	6

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Field #59 OTHER VOCATIONAL REHABILITATION EXPENSES PAID TO DATE

Report the amount paid to date for any other phases of the vocational rehabilitation program not reported in Fields #56, #57 or #58 rounded to the nearest whole dollar and right justified.

Other Vocational Rehabilitation

Expenses Paid to Date

\$300.26

ENTER

59. OTHER VOC. REH. EXPENSES PAID TO DATE						
				3	0	0

Medical Benefits:

Field #60 TOTAL INCURRED MEDICAL

Report the total paid to date plus outstanding reserves (any anticipated future amounts to be paid) for physicians, hospitals, drugs and other related services, including physical rehabilitation, rounded to the nearest whole dollar and right-justified.

The Total Incurred Medical may also include the amount identified separately in Field #78, when it is considered as a medical loss. Please refer to the field description of Field #78 for details on when and how that cost is reported in relation to this field.

In all cases where a claim has been determined to be eligible for reimbursement to the carrier from a special fund (such as Second Injury Fund, etc.), the gross incurred cost of the claim (i.e., prior to any reimbursement) shall be reduced by the amount of any paid or anticipated recovery from such Fund and the net incurred for the claim shall be reported.

In all cases where there has been recovery received due to subrogation, the amount of loss reported shall be the net incurred loss. The net incurred loss is defined as the gross incurred loss (value of the claim had there been no recovery) minus the amount recovered. The recovery amount used to arrive at net incurred loss should be reduced by the expenses incurred in order to obtain the recovery.

For claims subject to a deductible, all reported amounts are to be on a gross basis (inclusive of the deductible).

For closed cases (Field #34 = 4 or 6) which do not involve subrogation (Field #27 = 11, 14, 17, 41, 44 or 47), this amount must equal the sum of all paid medical fields (Fields #61, #62 and #63).

For open cases (Field #34 = 1, 2, or 3) which do not involve subrogation (Field #27 = 11, 14, 17, 41, 44 or 47), this amount must be equal to or greater than the sum of all paid medical fields (Fields #61, #62 and #63).

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Field #60 TOTAL INCURRED MEDICAL (CONT'D)

For closed cases (Field #34 = 4 or 6) which involve subrogation (Field #27 = 12, 15 or 18), this amount must be equal to the sum of all paid indemnity fields (Fields #41, #44, #47, #50 and #53) plus all paid Vocational Rehabilitation fields (Fields #56, #57, #58 and #59) plus all paid medical fields (Fields #61, #62 and #63) minus total incurred indemnity (Field #39) minus all subrogation fields (Fields #73, #74 and #75).

For open Medical Only cases (Field #34 = 2) at the six-month valuation (Field #5 = 1), total incurred medical must be greater than or equal to \$5,000.

The claimant's hospital bill for services is \$1,600, the paid-to-date doctor's fee is \$900, the anticipated doctor's fee is \$400, and the ambulance bill is \$150.

Total All Medical Services, Paid-to-Date & Anticipated Payments	= Total Incurred Medical
\$1,600 + \$900 + \$400 + \$150	= \$3,050

ENTER

60. TOTAL INCURRED MEDICAL							
				3	0	5	0

Field #61 HOSPITAL COSTS PAID TO DATE

Report the costs paid to date of both in-patient and out-patient services which the claimant received because of the work-related injury rounded to the nearest whole dollar and right-justified. Some examples of hospital costs are emergency room services, X-rays, and hospital lab tests.

The claimant's in-patient hospital service is \$1,750.20 and out-patient hospital service is \$76.20.

Paid to Date In-Patient Service	(+) Paid to Date Out-Patient Service	(=) Paid to Date Hospital Costs
\$1,750.20	+ \$76.20	= \$1,826.40

ENTER

61. HOSPITAL COSTS PAID TO DATE							
				1	8	2	6

Field # 62 TOTAL PAYMENTS TO PHYSICIANS

Report the amount paid to date to treating physicians, including all clinic and office visits, rounded to the nearest whole dollar and right-justified. Exclude physicians' expert testimony fees.

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Field # 62 TOTAL PAYMENTS TO PHYSICIANS (CONT'D)

The claimant's paid doctor fee is \$2,196.27; fees paid for clinic and office visits are \$497.63.

Total Doctor's Fees Paid to Date	(+) Fees Paid For Clinic & Office Visits	(=) Total Payments to Physicians
\$2,196.27	+ \$497.63	= \$2,693.90

ENTER

62. TOTAL PAYMENT TO PHYSICIANS						
			2	6	9	4

Field #63 OTHER MEDICAL PAID TO DATE

Report all other medical cost paid to date not included in Fields #61 or #62, i.e. non-specific related services, transportation of deceased employee, laboratory tests, prescriptions and Medical Expert Testimony for the benefit of the claimant, rounded to the nearest whole dollar and right-justified.

The amount paid to date to the ambulance company is \$68.70.

ENTER

63. OTHER MEDICAL PAID TO DATE						
					6	9

Miscellaneous Information:

Field # 64 POST-INJURY WEEKLY WAGE

Report the weekly wage that the claimant earns upon first returning to employment rounded to the nearest whole dollar and right-justified. If the post-injury weekly wage is unknown, leave blank.

Post-Injury Weekly Wage
\$216.45

ENTER

64. POST INJURY WEEKLY WAGE						
		2	1		6	

Field #65 PERCENTAGE OF IMPAIRMENT

Report the amount of anatomic or functional abnormality or loss which results from the injury and exists after the date of maximum medical improvement. This percentage is based upon a whole person. For example, if the claimant has lost 50% of the use of one arm, the percentage would not be 50. Rather, as an arm constitutes 20% of bodily function, 50% of the one arm would amount to a 10% Percentage of Impairment. This amount is established when the claimant reaches maximum medical improvement. Enter the percentage as a whole number with a leading zero.

Field #65 PERCENTAGE OF IMPAIRMENT (CONT'D)

This field must be completed if the claimant has received Impairment benefits (Fields #40, #43, #46, #49 or #52 is equal to 03, 04, or 09 and the corresponding Benefit Paid to Date field is greater than zero)

Example:

75%

ENTER

65. PERCENTAGE IMPAIRMENT								
0				7				5

Field #66 DATE OF MAXIMUM MEDICAL IMPROVEMENT

Report the date that is the earlier of 1) the date after which further recovery from or lasting improvements to an injury or disease can no longer be anticipated based upon reasonable medical probability, or 2) the expiration of 104 weeks from the date that income benefits began to accrue. Month, day and year each require a two-digit numeric code.

Medical Improvement, the claimant received Impairment Income Benefits (Field #40, #43, #46, #49 or #52 is equal to 03, 04, or 09 and the corresponding Benefit Paid to Date field is greater than zero), or the case is closed (Field #34 = 4 or 6) and the claimant received only Temporary Income Benefits (Field #40, 43, 46, 49 or 52 is equal to 05 or 07).

In the latter case, if the claimant has not been certified as to maximum medical improvement by the physician or the Commission at the time of the report, fill the field with zeros. If this condition changes, report the change on the next report. This could apply if the claimant does not return for a final evaluation and certification or if the claimant dies unrelated to the injury.

If Benefit Type is = 01 and no other benefits were paid, the Date of Maximum Medical Improvement should be left blank.

Date of Maximum Medical Improvement

August 7, 1991 (8/7/91)

ENTER

66. DATE OF MAXIMUM MEDICAL IMPROVEMENT								
0	8	-	0	7	-	9	1	

Other Benefits and Payments:

Field #67 FUNERAL EXPENSES PAID TO DATE

Report the amount paid for the funeral of the deceased employee rounded to the nearest whole dollar and right-justified. An amount that is less than or equal to \$2,500 may be reported if a claimant dies as a result of a work-related injury.

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Field #67 FUNERAL EXPENSES PAID TO DATE (CONT'D)

This field must be completed if: the claimant has been certified as having reached Maximum The amount reported in this field must also be reported in Benefits Paid to Date (Fields #41, #44, #47, #50 or #53) corresponding to the Benefit Type 01. Should Funeral Expenses be the only benefit paid for the deceased claimant's death, the corresponding Weekly Benefit (Fields #42, #45, #48, #51 or #54), Post Injury Weekly Wage (Field #64), Percentage of Impairment (Field #65) and Date of Maximum Medical Improvement (Field #66) should be zero.

Funeral Expenses

Paid to Date

\$2315.23

ENTER

67. FUNERAL EXPENSES PAID TO DATE						
			2	3	1	5

Field #68 LUMP SUM SETTLEMENT AMOUNT

Report the amount of compensation paid as a lump sum settlement, including Claimant Legal Expense and Expert Witness Fees (incurred for the benefit of the claimant), rounded to the nearest whole dollar and right-justified. This amount must also be reported in Benefits Paid to Date (Field #41, #44, #47, #50 and/or #53) as follows:

Report the amount of the lump sum settlement, excluding Claimant Legal Expense and Expert Witness Fees (incurred for the benefit of the claimant), in Benefits Paid to Date under the Benefit Type (Field #40, #43, #46, #49 or 52) which corresponds to the benefit for which the settlement was made (as provided in *Texas Labor Code*, §408.005, only the commutation of Impairment Benefits, Code 04, is defined as a settlement). Weekly Benefit (Field #42, #45, #48, #51 or #54, respectively) should reflect the weekly benefit upon which the settlement was based. Report Claimant Legal Expense and Expert Witness Fees (incurred for the benefit of the claimant) in Benefits Paid to Date under Code 08 with a Weekly Benefit of zero. Claimant Legal Expense and Expert Witness Fees (incurred for the benefit of the claimant) should also be reported in Claimant Legal Expense Paid to Date (Field #77) and Expert Witness Fees Paid to Date (Field #78), respectively, and excluded from Allocated Loss Adjustment Expense Paid to Date (Field #80).

For lump sum settlements which cannot be identified as being associated with a particular Benefit Type (not currently permissible under *Texas Labor Code*, §408.005) report the total amount, including Claimant Legal Expense and Expert Witness Fees (incurred for the benefit of the claimant), in Code 50 with a Weekly Benefit of zero. Claimant Legal Expense and Expert Witness Fees (incurred for the benefit of the claimant), if known, should also be reported in Claimant Legal Expense Paid to Date (Field #77) and Expert Witness Fees Paid to Date (Field #78), respectively, and excluded from Allocated Loss Adjustment Expense Paid to Date (Field #80).

The entire amount of the Lump Sum Settlement, including Claimant Legal Expense and Expert Witness Fees (incurred for the benefit of the claimant), must be reported in Total Incurred Indemnity (Field #39).

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Field #68 LUMP SUM SETTLEMENT AMOUNT (CONT'D)

**Lump Sum
Settlement Amount**
\$20,000

ENTER

69. LUMP SUM SETTLEMENT AMOUNT						
			2	0	0	0

Field #69 EMPLOYERS LIABILITY PAID TO DATE

Report the amount of benefits paid due to the alleged negligence of the employer which accrue to a claimant or third party beyond those benefits provided under the *Texas Labor Code*. The amount reported should be rounded to the nearest whole dollar and right justified. This amount must be included in Total Incurred Indemnity (Field #39).

Only report Employers Liability when it has been paid in conjunction with Workers Compensation Benefits (Field #27 = 41, 44 or 47). The amount reported must include Employers Liability Loss Adjustment Expenses that are included in the loss, as detailed in the *Texas Workers Compensation Statistical Plan*, and those items identified separately in the Other Amounts Paid to Date (Fields #76 - #79), when they are in regards to Employers Liability.

The amount reported in Employers Liability Paid to Date must also be reported in a Benefits Paid to Date (Field #41, #44, #47, #50 or #53). The corresponding Benefit type (Field #40, #43, #46, #49 or #52) must be Code 08. Weekly Benefit (Field #42, #45, #48, #51 or #54, respectively) should be zero.

Employers Liability Paid to Date
\$25,000

ENTER

69. EMPLOYERS LIABILITY PAID TO DATE						
			2	5	0	0

RESERVED

FOR

FUTURE

USE

RESERVED

FOR

FUTURE

USE

RESERVED

FOR

FUTURE

USE

D. CLAIM ADMINISTRATION DETAILS

Field #70 ATTORNEY OR AUTHORIZED REPRESENTATIVE

Circle the code that indicates whether or not the claimant has an attorney or authorized representative.

Use the following codes:

70. ATTORNEY OR AUTHOR. REP. 1 - Yes 2 - No
--

Field #71 CONTROVERTED CASE

Circle the code which indicates whether this claim or any part is or was ever contested or disputed for compensability and/or disability by the insurer.

Use the following codes:

71. CONTROVERTED CASE 1 - Yes 2 - No

Field #72 DEDUCTIBLE

Circle the code that indicates whether the insurer has been reimbursed by the employer for a portion of, or the entire sum of the benefits payable to the claimant under workers compensation deductible coverage.

Use the following codes:

72. DEDUCTIBLE 1 - Yes 2 - No

Subrogation Information:

Field # 73 PRODUCT LIABILITY

Report the amount of any actual recovery if the claimant receives workers compensation benefits due to an injury received on the job from a defective product **and** the benefit payer recovers all or part of the amount paid for benefits from the product manufacturer, distributor or retailer. The amount reported should be rounded to the nearest whole dollar and right-justified.

Subrogation

\$57,500

ENTER						
73. PRODUCT LIABILITY						
		5	7	5	0	0

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Field #74 AUTOMOBILE LIABILITY

Report the amount of any actual recovery if the claimant receives workers compensation benefits due to an injury received on the job from a motor vehicle accident **and** the benefit payer recovers all or part of the amount from the negligent party. The amount reported should be rounded to the nearest whole dollar and right-justified.

Automobile Liability Subrogation

\$100,500

ENTER

74. AUTO LIABILITY						
	1	0	0	5	0	0

Field #75 OTHER

Report the amount of any actual recovery if the claimant receives workers compensation benefits due to an injury received on the job **and** the benefit payer recovers all or part of the amount from a third party. Report the amount of any actual or anticipated recovery from the Second Injury Fund. The amount reported should be rounded to the nearest whole dollar and right-justified.

Other Subrogation

\$2,500

ENTER

75. OTHER						
			2	5	0	0

Other Amounts Paid to Date:

Field #76 EMPLOYER LEGAL EXPENSE PAID TO DATE

Report in this field the entire amount paid by the employer or benefit payer for the services of an attorney or authorized representative to defend against a proceeding brought under the Workers Compensation Law or Employers Liability law. The amount reported must be rounded to the nearest whole dollar and right-justified.

If the entire amount or a portion thereof reported as Employer Legal Expense IS NOT in regard to Employers Liability, it must also be reported in Allocated Loss Adjustment Expense Paid to Date (Field #80).

If the entire amount or a portion thereof reported as Employer Legal Expense Paid to Date IS in regard to Employers Liability, it must also be included with other Employers Liability payments and reported in Employers Liability Paid to Date (Field #69) from where it will be reported in a Benefits Paid to Date (Field #41, #44, #47, #50 or #53) and Incurred Indemnity (Field #39). This amount must be excluded from Allocated Loss Adjustment Expense Paid to Date (Field #80).

Employer Legal Expense

Paid to Date

\$9,775

ENTER

76. EMPLOYER LEGAL EXPENSE PAID TO DATE						
			9	7	7	5

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Field #77 CLAIMANT LEGAL EXPENSE PAID TO DATE

Report in this field the entire amount specified in the award or paid without an award by the employer or benefit payer for the fee of the claimant's attorney or authorized representative rounded to the nearest whole dollar and right-justified.

Claimant Legal Expense is identified as indemnity loss and must always be reported in a Benefits Paid to Date (Field #41, #44, #47, #50 or #53) and to the appropriate Benefit Type (Field #40, #43, #46, #49 or #52) where Claimant Legal Expenses are being charged against. There should be no Weekly Benefit reported for Claimant Legal Expense Paid to Date. Claimant Legal Expense must be included in Incurred Indemnity (Field #39).

If the entire amount or a portion thereof reported as Claimant Legal Expense Paid to Date is in regard to Employers Liability, it must also be included with other Employers Liability payments and reported in Employers Liability Paid to Date (Field #69) from where it will be reported in a Benefit Paid to Date (Field #41, #44, #47, #50 or #53) and Incurred Indemnity (Field #39).

If the entire amount or a portion thereof reported as Claimant Legal Expense Paid to Date is included in a lump sum settlement, it must also be included in the amount reported as Lump Sum Settlement (Field #68) from where it will be reported in a Benefit Paid to Date (Field #41, #44, #47, #50 or #53) and Incurred Indemnity (Field #39).

All Claimant Legal Expense must be excluded from Allocated Loss Adjustment Expense Paid to Date (Field #80).

**Claimant Legal Expense
Paid to Date**

\$12,650

ENTER

77. CLAIMANT LEGAL EXPENSE PAID TO DATE							
			1	2	6	5	0

Field #78 EXPERT WITNESS FEES PAID TO DATE

Report in this field the entire amount paid in a legal proceeding for expert testimony or opinion rounded to the nearest whole dollar and right-justified.

If the entire amount or a portion thereof Expert Witness Fees is identified as loss (incurred for the benefit of the claimant), it must also be reported in loss field(s) as follows:

If the entire amount or a portion thereof reported as Expert Witness Fees Paid to Date is identified as **indemnity** loss and IS NOT in regard to Employers' Liability, it must also be reported in Benefits Paid to Date (Field #41, #44, #47, #50 or #53) with the Benefit type (Field #40, #43, #46, #49 or #52) being charged against. There should be no Weekly Benefit reported for Expert Witness Fees Paid to Date. The amount of these Expert Witness Fees must also be included in Incurred Indemnity (Field #39) and excluded from Allocated Loss Adjustment Expense Paid to Date (Field #80).

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Field #78 EXPERT WITNESS FEES PAID TO DATE (CONT'D)

If the entire amount or a portion thereof reported as Expert Witness Fees Paid to Date is identified as **medical** loss and IS NOT in regard to Employers' Liability, it must be reported in Other Medical Expenses Paid to Date (Field #63). The amount of these Expert Witness Fees must also be reported in Total Incurred Medical (Field #60) and must be excluded from Allocated Loss Adjustment Expense Adjustment Paid to Date (Field #80).

If the entire amount or a portion thereof reported as Expert Witness Fees Paid to Date IS in regard to Employers Liability, it must also be included with other Employers Liability payments and reported in Employers Liability Paid to Date (Field #69) from where it will be reported in Benefits Paid to Date (Field #41, #44, #47, #50 or #53) and Incurred Indemnity (Field #39). This amount must be excluded from Allocated Loss Adjustment Expense Paid to Date (Field #80).

Expert Witness Fees NOT specifically described above must also be reported in Allocated Loss Adjustment Expense Paid to Date (Field #80).

Expert Witness Fees Paid To Date
\$5,000

ENTER

78. EXPERT WITNESS FEES PAID TO DATE					
		5	0	0	0

Field #79 PENALTIES PAID TO DATE

Report in this field the entire amount paid in fines or penalties arising from the transaction of workers' compensation claims which are payable either to the claimant or an administrative agency. The amount must be rounded to the nearest whole dollar and right-justified.

Penalties which are paid for reasons beyond the employer's or benefit payer's control and ARE NOT in regard to Employers Liability must be reported as indemnity loss; and therefore, must also be reported in a Benefits Paid to Date field (Field #41, #44, #47, #50 or #53). The corresponding Benefit type (Field #40, #43, #46, #49 or #52) must be Code 08. There should be no Weekly Benefit reported for Penalties Paid to Date. The amount of these penalties must be included in Incurred Indemnity (Field #39).

Penalties which are paid for reasons beyond the employer's or benefit payer's control and ARE in regard to Employers Liability should also be included with other Employers Liability payments and reported in Employers Liability Paid to Date (Field #69) from there it will be reported in a Benefits Paid to Date (Field #41, #44, #47, #50 or #53) and Incurred Indemnity (Field #39).

Penalties which are paid for reasons within the employer's or benefit payer's control must be included in the amount reported as Penalties Paid to Date, but not reported under any Benefit Type.

ALL Penalties must be excluded from Allocated Loss Adjustment Expense Paid to Date (Field #80).

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\$500

ENTER

79. PENALTIES PAID TO DATE					
			5	0	0

Field #80 ALLOCATED LOSS ADJUSTMENT EXPENSE PAID TO DATE

Report in this field the total amount paid for expenses directly attributable to a particular claim as per the *Texas Workers Compensation Statistical Plan*. Items such as overhead and adjuster's fees are not included. The amount reported must be rounded to the nearest whole dollar and right-justified.

If the entire amount or a portion thereof Employer Legal Expense Paid to Date (Field #76) is not in regard to Employers Liability, it must be included in Allocated Loss Adjustment Expense Paid to Date. If the entire amount or a portion thereof Expert Witness Fees Paid to Date (Field #78) is not considered indemnity or medical loss, and is not in regard to Employers Liability, it must be included in Allocated Loss Adjustment Expense Paid to Date.

All expenses which are in regard to Employers Liability should be excluded from Allocated Loss Adjustment Expenses Paid to Date.

Allocated Loss Adjustment Expense Paid to Date

\$1,250

ENTER

80. ALLOCATED LOSS ADJUST EXPENSE PAID TO DATE					
			1	2	5 0

Benefit Offsets:**Field #81 SOCIAL SECURITY**

Circle the code that indicates whether any or all payments made under the *Texas Labor Code* were offset by Social Security benefits.

Use the following codes:

81. SOCIAL SECURITY
1 - Yes 2 - No

Field #82 UNEMPLOYMENT

Circle the code that indicates whether any or all payments made under the *Texas Labor Code* were offset by unemployment benefits.

Use the following codes:

82. UNEMPLOYMENT
1 - Yes 2 - No

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Field #83 PENSION PLAN

Circle the code that indicates whether any or all payments made under the *Texas Labor Code* were offset by economic protection plans funded in whole or in part by the employer to provide long-term disability or retirement income.

Use the following codes:

83. PENSION PLAN 1 - Yes 2 - No

Field #84 SPECIAL FUND

Circle the code that indicates whether the claim involved state-specific funding arrangements designed to reimburse in whole or in part, or take over the complete handling of claims involving second injuries or other circumstances specified by statute.

Use the following codes:

84. SPECIAL FUND 1 - Yes 2 - No

Field #85 OTHER

Circle the code that indicates whether any or all payments made under the *Texas Labor Code* were offset by other benefits.

Use the following codes:

85. OTHER 1 - Yes 2 - No



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**Section 5
Field Coding Tables**

TABLE 1: STATE OF ACCIDENT CODES

State	Code		State	Code
Alabama	01		Nevada	27
Alaska	54		New Hampshire	28
Arizona	02		New Jersey	29
Arkansas	03		New Mexico	30
California	04		New York	31
Colorado	05		North Carolina	32
Connecticut	06		North Dakota	33
Delaware	07		Ohio	34
District of Columbia	08		Oklahoma	35
Florida	09		Oregon	36
Georgia	10		Pennsylvania	37
Hawaii	52		Rhode Island	38
Idaho	11		South Carolina	39
Illinois	12		South Dakota	40
Indiana	13		Tennessee	41
Iowa	14		Texas	42
Kansas	15		Utah	43
Kentucky	16		Vermont	44
Louisiana	17		Virginia	45
Maine	18		Washington	46
Maryland	19		West Virginia	47
Massachusetts	20		Wisconsin	48
Michigan	21		Wyoming	49
Minnesota	22		Foreign Location	Code
Mississippi	23		Canada	55
Missouri	24		Puerto Rico	58
Montana	25		Mexico	98
Nebraska	26		Other	99

TABLE 3: NATURE OF INJURY CODES

Code	Nature of Injury	Code	Nature of Injury
I. SPECIFIC INJURY		II. OCCUP. DISEASE OR CUMULATIVE INJURY	
01.	No Physical Injury	60.	Dust Disease NOC (All Other Pneumoconiosis)
02.	Amputation	61.	Asbestosis
03.	Angina Pectoris (Condition Assoc. with Heart Disease)	62.	Black Lung
04.	Burn	63.	Byssinosis
07.	Concussion	64.	Silicosis
10.	Contusion	65.	Respiratory Disorders (Gases, Fumes, Chem., etc.)
13.	Crushing	66.	Poisoning—Chemical (Other than Metals)
16.	Dislocation	67.	Poisoning—Metal
19.	Electric Shock	68.	Dermatitis
22.	Enucleation (To Remove, Ex:Tumor, Eye, etc.)	69.	Mental Disorder
25.	Foreign Body	70.	Radiation
28.	Fracture	71.	All Other Occupational Disease Injury, NOC
30.	Freezing	72.	Loss of Hearing
31.	Hearing Loss or Impairment	73.	Contagious Disease
32.	Heat Prostration	74.	Cancer
34.	Hernia	75.	AIDS
36.	Infection	76.	VDT-Related Disease
37.	Inflammation	77.	Mental Stress
40.	Laceration	78.	Carpal Tunnel Syndrome
41.	Myocardial Infarction (Heart Attack)	80.	All Other Cumulative Injuries, NOC
42.	Poisoning-General (Not OD or Cumulative Injury)		
43.	Puncture	III. MULTIPLE INJURIES	
46.	Rupture	90.	Multiple Physical Injuries Only
47.	Severance	91.	Multiple Injuries Including Both Physical and Psychological
49.	Sprain		
53.	Syncope		
52.	Strain		
54.	Asphyxiation		
55.	Vascular Loss		
58.	Vision Loss		
59.	All Other Specific Injuries, NOC		

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TABLE 4: CAUSE OF INJURY CODES

Code	Cause of Injury	Code	Cause of Injury
I. BURN OR SCALD-OR COLD EXPOSURE		VI. STRAIN OR INJURY BY	
01.	Acid Chemicals	52.	Continual Noise
02.	Contact with Hot Object or Substance	53.	Twisting
03.	Temperature Extremes	54.	Jumping
04.	Fire or Flame	55.	Holding or Carrying
05.	Steam or Hot Fluids	56.	Lifting
06.	Dust, Gases, Fumes or Vapors	57.	Pushing or Pulling
07.	Welding Operations	58.	Reaching
08.	Radiation	59.	Using Tool or Machinery
09.	Contact with, NOC	60.	Strain or Injury by, NOC
11.	Cold Objects or Substances	61.	Wielding or Throwing
14.	Abnormal Air Pressure	97.	Repetitive Motion
84.	Electrical Current		
II. CAUGHT IN OR BETWEEN		VII. STRIKING AGAINST OR STEPPING ON	
10.	Machine or Machinery	65.	Moving Parts of Machine
12.	Object Handled	66.	Object Being Lifted or Handled
13.	Caught In, Under or Between, NOC	67.	Sanding, Scraping, Cleaning Operations
20.	Collapsing Materials (slides of earth)	68.	Stationary Object
		69.	Stepping on Sharp Object
		70.	Striking against or stepping on, NOC
III. CUT, PUNCTURE, SCRAPE, INJURED BY		VIII. STRUCK OR INJURED BY	
15.	Broken Glass	74.	Fellow Worker, Patient
16.	Hand Tool, Utensil; Not Powered	75.	Falling or Flying Object
17.	Object Being Lifted or Handled	76.	Hand Tool or Machine in Use
18.	Powered Hand Tool, Appliance	77.	Motor Vehicle
19.	Cut, Puncture, Scrape, NOC	78.	Moving Parts of Machine
		79.	Object Being Lifted or Handled
IV. FALL OR SLIP INJURY		80.	Object Handled by Others
25.	From Different Level (Elevation)	81.	Struck or Injured, NOC
26.	From Ladder or Scaffolding	85.	Animal or Insect
27.	From Liquid or Grease Spills	86.	Explosion or Flare Back
28.	Into Openings		
29.	On Same Level	IX. RUBBED OR ABRADED BY	
30.	Slipped, Did Not Fall	94.	Repetitive Motion
31.	Fall, Slip, Trip, NOC	95.	Rubbed or Abraded, NOC
32.	On Ice or Snow		
33.	On Stairs	X. MISCELLANEOUS CAUSES	
V. MOTOR VEHICLE		82.	Absorption, Ingestion or Inhalation, NOC
40.	Crash of Water Vehicle	87.	Foreign Matter (Body) in Eye(s)
41.	Crash of Rail Vehicle	89.	Person in Act of a Crime
45.	Collision with or Sideswipe Another Vehicle	90.	Other than Physical Cause of Injury
46.	Collision with a Fixed Object	98.	Cumulative, NOC
47.	Crash of Airplane	99.	Other-Miscellaneous, NOC
48.	Vehicle Upset		
50.	Motor Vehicle, NOC		

TABLE 5: LOSS COVERAGE CODES

Basis of Liability	Coverage for All Claims	
	State Act	Including Employers Liability
Trauma	11	41
Trauma—Subrogation*	12	—
Occupational Disease	14	44
Occupational Disease— Subrogation*	15	—
Cumulative Injury	17	47
Cumulative Injury-Subrogation*	18	—

For claims that develop as a result of Oil, Gas or Other Mineral Operations on or over Water, use the following.

Basis of Liability	Loss Coverage Code
<i>Texas Workers Compensation Act</i>	10

* Subrogation recovery, recovery from a third party, or recovery from a special fund (e.g., Second Injury Fund).

TABLE 6: BENEFIT TYPE CODES

Code	Definition
01	Death Benefits and Burial —benefits paid or payable for the death of the claimant resulting from a work-related accident or occupational injury or disease.
02	Lifetime Income —benefits paid or payable for the life of the claimant for certain loss of limbs and/or injuries as established in the <i>Texas Labor Code</i> , §408.161.
03	Supplemental Income —benefits paid or payable for the period during which the claimant has an impairment rating of at least 15%, following the expiration of Impairment Income Benefits.
04	Impairment Income —benefits paid or payable for the period during which the claimant has an impairment rating of at least 1% after reaching maximum medical improvement.
05	Temporary Income —benefits paid or payable for the period during which the claimant, as a result of a disability, is unable to perform work for his/her regular pay, and which period precedes the date of maximum medical improvement
06	Medical Only —benefits paid or payable only for medical services rendered to the claimant for a work-related accident or occupational injury or disease (claim without indemnity benefits).
07	Temporary Partial —benefits paid or payable for the period during which the claimant, as a result of a disability from which he/she is expected to fully recover, is unable to perform work for his/her regular pay, but is receiving a reduced rate of pay and which period precedes the date of maximum medical improvement.
08	Employers Liability —amounts paid for employers liability.
09	Permanent Partial/Disfigurement —benefits paid or payable for any scarring or cosmetic defect. Claimant must have an impairment rating of at least 1% after reaching maximum medical improvement.
50	Lump Sum Settlement Not Included in a Specific Benefit Type —lump sum settlement amounts that cannot be assigned to a specific benefit type listed above.



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Section 6

Fatal Error and Logical Edit Descriptions

SECTION 6**EDIT DESCRIPTIONS****I. FATAL ERRORS**

A "Fatal Error" is a critical error that causes a form to be rejected from the DCI database. All forms that trigger a fatal error are returned to the carrier. Forms that generate a fatal error are NOT RECORDED in the DCI database. Forms returned to the carrier with a fatal error must be resubmitted to NCCI on the same original form that triggered the error.

The NCCI Reject Tracking System, a tool developed by NCCI to track claims triggering fatal errors, produces monthly reports listing all rejected claims 30 days or older for each carrier. This report, entitled Call for Fatal Detail Claim Information, is then mailed to the carriers DCI coordinator or contact.

Fatal Errors are applicable to the Call for Detailed Claim Information Forms and Common Information Change Forms. The specific conditions that trigger a fatal error differ for each form. The following lists the fatal error codes and describes the fatal errors that can appear on each form:

A. Call for Detailed Claim Information Forms (NC2590, NC2601 and NC2602)

As original reports that triggered a fatal error are treated by NCCI as never having been submitted, claims submitted with Transaction Code 1 (Original Report) that have fatal errors must be resubmitted using Transaction Code 1. DO NOT submit the pink form to correct a fatal error on an original report. This will cause another fatal error as the originally submitted report is not in the DCI database. Therefore, NCCI has no record of the claim information ever having been submitted. The pink form returned to the carrier with the original form containing the fatal error mainly serves as notification that the Fatal Error has occurred. Correction of the fatal error and any logical errors noted should be done by way of the form originally submitted by the carrier.

Fatal errors can also appear on claims reported with Transaction Code 2 (Revised Report) or Code 3 (Correction Report). If corrected or revised reports cause a fatal error, they are treated the same as original reports in that so far as NCCI is concerned, the report was not received. Therefore, if they must be resubmitted, the resubmission should be done using the same Transaction Code as was shown on the originally submitted report that caused the error (i.e. Code 2 for Revised Report and Code 3 for Correction Report).

Conditions that cause fatal errors are described below. Most fatal errors are caused by incorrect common information, or by claims with total incurred losses of less than \$5,000 at the six month valuation. Please verify that Field #1 (Carrier Code), Field #2 (Policy Number), Field #4 (Claim Number), Field #5 (Report Type), Field #6 (Transaction Code), Field #7 (State of Jurisdiction) and Field #9 (Date Reported to Insurer) are correct. Also check that the total of Field #39 (Total Incurred Indemnity) plus Field #60 (Total Incurred Medical) is greater than or equal to \$5,000 for Report Type 1 (6 month valuation).

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Refer to Section 6-II. A. and C. for the edit codes of the following logical edits which cause fatal errors:

F01 CARRIER, POLICY OR CLAIM NUMBER INVALID

One or more of the following fields are invalid: Carrier Code (Field #1), Policy Number (Field #2), or Claim Number (Field #4).

Submission of the following conditions will cause this error:

Carrier Code

- not a valid NCCI Individual Carrier Code
- all blank

Policy and/or Claim Number

- embedded blanks
- special characters or marks of punctuation
- not left-justified

F02 REPORT OR TRANSACTION CODES INVALID

One or both of the following fields are invalid: Report Type (Field #5) or Transaction Code (Field #6).

Submission of the following conditions will cause this error:

Report Type

- not equal to 1 through 9

Transaction Code

- not equal to 1 through 3

F03 CLAIM STATUS INVALID

The Claim Status indicator must be equal to 1, 2, or 4 when Field #5 (Report Type) is equal to 1.

F04 NO CLAIM ON FILE FOR SUBSEQUENT, CORRECTION OR REVISION

A report Type 2 through 9 is submitted, but there is no match against the database using these three fields: Carrier Code, Policy Number and Claim Number.

F05 NO REPORT TYPE FOR CLAIM ON FILE FOR CORRECTION

Transaction Code 3 (Correction Report) is submitted. There is a match against the database using the three fields, Carrier Code, Policy Number and Claim Number, but no match for the Report Type being submitted.

This fatal error occurs when a correction is submitted for a Report Type not in the DCI database.

- F06 VALID REPORT ALREADY ON FILE; NO CORRECTION NEEDED**
Transaction Code 3 (Correction Report) is submitted. There is a match against the database using the four fields, Carrier Code, Policy Number, Claim Number and Report Type, but the claim on the database is valid (contains no NCCI identified errors). A valid report can only be revised (Transaction Code 2) when carriers need to change a valid claim existing in the DCI database.
- F07 DATE REPORTED TO INSURER INVALID**
The date reported in Field #9 (Date Reported to Insurer) does not pass the Standard Date Edit (see Appendix 4), is prior to the Date of Injury (Field #22), or is after the date the report is submitted to NCCI.
- F08 REVISION NOT ALLOWED; REPORT TYPE NOT RECEIVED OR IN SUSPENSE**
Transaction Code 2 (Revised Report) is submitted. There is a match against the database using the three fields, Carrier Code, Policy Number and Claim Number, but no match for the Report Type being submitted.

This fatal error occurs when a revision is submitted for a Report Type not contained on the valid file in the DCI database or the claim is currently residing in the suspense file awaiting correction.
- F09 CLAIM PENDING DELETION; REPORT INVALID**
A report has been submitted for a claim for which the carrier has sent in a Common Information Change Form indicating that the claim should be deleted as per the Deletion Reason Code on the CIC. No further activity can be performed on a claim that the carrier has indicated should be deleted from the DCI database.
- F10 CLAIM CLOSED; REOPEN REQUIRED FOR THIS REPORT**
A subsequent report (Report Type 2 through 9) is submitted for a claim that was reported as closed on the prior report.

This edit is not performed if the Claim Status (Field #34) reported is '3' (Reopened) or '6' (Reopened, Closed).
- F11 REPORT TYPE ALREADY ON FILE FOR CLAIM**
A subsequent report (Report Type 2 through 9) is submitted; however, a claim already exists in the DCI database with the same Carrier Code, Policy Number, Claim Number and Report Type. Duplicate Report Types are not accepted.
- F13 REPORT SUBMITTED FOR OPEN CLAIM BEFORE VALUATION DATE**
This fatal error is generated when a claim is submitted to NCCI before its valuation date. The six-month report should be valued six months after the claim is reported and filed with NCCI within the next 60 days. Subsequent valuations should be submitted every 12 months but not before the valuation date.
- F14 REVISION TO CLOSE NOT ALLOWED; SUBSEQUENT CLAIM OPEN ON DATABASE**
Transaction Code 2 (Revised Report) has been submitted closing a claim for a given Report Type. A subsequent Report Type is currently in the DCI database containing a Claim Status (Field #34) of other than '4' (Closed) or '6' (Reopened, Closed). A claim cannot be closed as of a given report if subsequent reports indicate that the claim is open.

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- F15 DUPLICATE CLAIM WITH DIFFERENT REPORT TYPE**
This fatal error is generated when duplicated claims with different report types are included in the same submission. Duplicate claims have identical Carrier Codes, Policy Numbers and Claim Numbers. The earliest report type is processed through the DCI system; all subsequent report types are rejected as fatal errors.
- F16 PRIOR REPORT IN SUSPENSE; SUBSEQUENT REJECTED**
Transaction Code 1 (Original Report) is submitted for a given Report Type. The previous Report Type, however, is residing in the suspense file in the DCI database awaiting correction. The prior report in suspense must be corrected using Transaction Code 3 before any further reportings for the claim will be accepted. Once the prior report in suspense has been corrected, the subsequent report can be submitted.
- F17 REVISION CAUSED CURRENTLY VALID REPORT TO FAIL**
Transaction Code 2 (Revised Report) is submitted. There is an error contained on the Revised Report that causes the currently valid claim in the DCI database to fail edits. The revision is not accepted as NCCI will not update a valid claim in the DCI database with revised information that fails any edits.
- F18 CLAIM ALREADY ON FILE FOR NEW CLAIM**
An original report (Report Type 1 and Transaction Code 1) is submitted. A claim for this six-month report already exists in the DCI database with the same Carrier Code, Policy Number and Claim Number. Duplicate Report Types are not accepted.
- F19 INVALID REPORT TYPE FOR CORRECTION**
Transaction Code 3 (Correction Type) is submitted for a Report Type not currently residing in the suspense file contained in the DCI database. Corrections can only be accepted for claims NCCI has identified as being in error and for which NCCI had generated a correction report. Carrier initiated corrections are not allowed. Any revisions the carrier needs to make to a valid claim should be done using Transaction Code 2 (Revised Report).
- F20 INVALID REPORT TYPE FOR SUBSEQUENT**
Report Type 2 through 9 and Transaction Code 1 (Original Report) are submitted, but there is no prior report type in the DCI database, although there are reports previous to the prior report. For example, a carrier submits a Report Type 3 when there is no Report Type 2 in the DCI database (valid or suspense) for this claim. There is, however, a Report Type 1. In this case, the carrier has caused gaps in the reporting flow of the claim which is unacceptable. Reports submitted with a Claim Status of '3' (Reopened) or '6' (Reopened, Closed) will pass this edit.
- F21 INVALID STATE OF JURISDICTION**
A report is received from a carrier in a State of Jurisdiction other than Texas (Code 42).
- F22 CLAIM CONTAINS LESS THAN \$5,000 TOTAL INCURRED LOSSES**
This edit is performed if the Report Type equals 1 (six-month) and Field #39 (Total Incurred Indemnity) plus Field #60 (Total Incurred Medical) are less than \$5,000. Claims with total losses less than \$5,000 at the six-month valuation are excluded from the Texas Call.

B. Common Information Change Form

Common Information Change (CIC) forms can also contain Fatal Errors. Due to the importance of CICs to the DCI database, any discrepancies found on the forms will cause a Fatal Error. There are no logical edits performed on CICs.

The Fatal Edits for CICs are mainly in relation to field validations, i.e., alpha or numeric field specifications, or specifically linked to the DCI database in that the previous information reported on the CIC must match exactly to information already residing in the database.

The following is a list of the specific CIC Fatal Error codes and an explanation of error:

Fatal Error Code	Fatal Error Description
01	Previous Carrier Code contains other than numeric characters.
02	Previous Policy Number contains other than numeric or alphanumeric characters.
03	Previous Claim Number contains other than numeric or alphanumeric characters.
04	Previous Date Reported to Insurer contains other than numeric characters.
05	Previous State of Jurisdiction of contains other than numeric characters.
06	Previous Date Reported to Insurer is not a valid date or is a date other than the date currently residing on the database for the claim.
07	Previous State of Jurisdiction is other than Texas (42).
08	The claim record as previously reported cannot be found in the DCI database using the key fields (Carrier Code, Policy Number and Claim Number).
09	The Deletion Reason code provided does not equal 01, 02 or 03.
10	There are multiple CICs submitted for the same claim.
11	Revised Carrier Code contains other than numeric characters.
12	Revised Policy Number contains other than numeric or alphanumeric characters.
13	Revised Claim Number contains other than numeric or alphanumeric characters.
14	Revised Date Reported to Insurer contains other than numeric characters.
15	Revised State of Jurisdiction is other than Texas (42), zero filled or blank.

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- | | |
|----|--|
| 16 | Revised Date Reported to Insurer is not a valid date and/or is not on or after 1/1/91. |
| 18 | The common information as revised already exists in the DCI database. |
| 19 | The revised Carrier Code is not a valid NCCI Individual Carrier Code. |
| 20 | The previous and revised information contained on the CIC are exactly the same. |
| 21 | The claim information as revised already exists in the DCI database. |
| 22 | The claim has already been deleted via a previous CIC. |
| 23 | Revised Date Reported to Insurer conflicts with claim reports. |
| 24 | Revised data submitted with Deletion Reason Code. |
| 25 | No change allowed, as the claim has been deleted. |

Carriers will receive a form letter along with the rejected CICs providing the reason for each rejected form. After researching the rejected forms, carriers should decide if the CIC was submitted in error or needs to be corrected and resubmitted.

II. LOGICAL EDITS

Logical edits are different from Fatal Errors in several respects. Logical Edits pertain mainly to individual fields or the relationship between fields on a given form. Logical Edit failures do not occur due to an invalid interaction with information already contained in the DCI database as is usually the case with Fatal Errors. Also, the correction process for logical edits is quite different than the method employed for Fatal Errors. Correction of Logical Edits is done with the Call for Corrected Detail Claim Information (Form NC2602) generated by NCCI.

An asterisk will print next to the data elements that fail logical edits. Edits are numbered so that they correspond to items in error on the form. If a report is invalid, a summary of all failed edits will be printed in the shaded areas on the CALL FOR CORRECTED DETAILED CLAIM INFORMATION, which is sent to the carrier for correction and resubmission. The resubmission should be on the CALL FOR CORRECTED DETAILED CLAIM INFORMATION except in cases where there is also a "FATAL ERROR" on the claim form. Forms with a "FATAL ERROR" must be resubmitted as originally submitted, hence DO NOT make corrections on the page marked

"FATAL ERROR", as NCCI will return it to the carrier. The Logical Edits for the Call for Detailed Claim Forms NC2590, NC2601 and NC2602 are as follows:

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A. COMMON INFORMATION:

FIELD #1 CARRIER CODE

EDIT 1A* Carrier Code must be a valid NCCI Individual Carrier Code.

FIELD #2 POLICY NUMBER

EDIT 2A* Policy Number may contain only characters A through Z or 0 through 9.

EDIT 2B Policy Number must be a valid policy number in the subscriber notice file and associated with this employer and carrier.

FIELD #3 POLICY EFFECTIVE DATE

EDIT 3A Policy Effective Date must pass the Standard Date Edit.

EDIT 3B Policy Effective Date must be earlier than or equal to the Date of Injury (Field #22).

FIELD #4 CLAIM NUMBER

EDIT 4A* Claim Number may contain only characters A through Z or 0 through 9.

FIELD #5 REPORT TYPE

EDIT 5A* Report Type must be equal to a number from 1 to 9 inclusive.

FIELD #6 TRANSACTION CODE

EDIT 6A* Transaction Code must be equal to 1, 2 or 3.

FIELD #7 STATE OF JURISDICTION

EDIT 7A* State of Jurisdiction must be 42 (Texas).

FIELD #8 STATE OF ACCIDENT

EDIT 8A State of Accident must be valid according to the DCI Accident State Code Table.

FIELD #9 DATE REPORTED TO INSURER

EDIT 9A* Date Reported to Insurer must pass the Standard Date Edit.

EDIT 9B* Date Reported to Insurer must be later than or equal to the Date of Injury (Field #22).

EDIT 9C* Date Reported to Insurer must be earlier than the date that the DCI report was received.

FIELD #10 EMPLOYEE SOCIAL SECURITY NUMBER

EDIT 10A Employee Social Security Number must be a 9-digit number.

*Failing this logical edit will also cause a fatal error.

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B. CLAIMANT AND EMPLOYER INFORMATION:

FIELD #11 EMPLOYER FEDERAL TAX NUMBER

EDIT 11A Employer Federal Tax Number must be a 9-digit number.

FIELD #12 EMPLOYER SIC CODE

EDIT 12A Employer SIC Code must be a 4-digit number.

EDIT 12B Employer SIC Code must be a valid SIC Code listed for this policy.

FIELD #13 EMPLOYER PAYROLL

EDIT 13A Employer Payroll indicator must be equal to a number from 1 to 5.

FIELD #14 ZIP CODE OF INJURY SITE

EDIT 14A ZIP Code of Injury Site must be a 5-digit number. This field may contain alpha characters if the State of Accident (Field #8) is outside of the United States of America.

EDIT 14B ZIP Code of Injury Site must be valid for the State of Accident (Field #8) indicated according to the DCI ZIP Code Table if the accident occurred in the United States.

FIELD #15 EMPLOYEE NAME

EDIT 15A Employee Name must be left-justified and only contain up to 6 characters A thru Z followed by blanks, if necessary. First initial must be an alpha character.

FIELD #16 SEX

EDIT 16A Sex indicator must be equal to 1, 2 or 3.

FIELD #17 MARITAL STATUS

EDIT 17A Marital Status indicator must be equal to a number from 1 to 4 inclusive.

FIELD #18 DATE OF BIRTH

EDIT 18A Date of Birth must pass the Standard Date Edit.

EDIT 18B Date of Birth (Field #18) must be earlier than or equal to Date of Injury (Field #22).

FIELD #19 DATE OF HIRE

EDIT 19A Date of Hire must pass the Standard Date Edit.

EDIT 19B Date of Hire must be earlier than or equal to the Date of Injury (Field #22).

FIELD #20 OCCUPATION CODE

EDIT 20A Reserved for Future Use.

FIELD #21 EMPLOYMENT STATUS

EDIT 21A Employment Status indicator must be equal to a number from 1 to 7 inclusive.

FIELD #22 DATE OF INJURY

EDIT 22A Date of Injury must pass the Standard Date Edit.

EDIT 22B Date of Injury must be prior or equal to the Date Reported to Employer (Field #32) and on or after January 1, 1991.

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FIELD #23 CLASS CODE

EDIT 23A Class Code must be a valid Standard Classification Code for Texas.

FIELD #24 PART OF BODY

EDIT 24A Part of Body code must be valid according to the DCI Part of Body Code Table.

EDIT 24B Part of Body code indicated must be consistent with the Nature of Injury (Field #25).

FIELD #25 NATURE OF INJURY

EDIT 25A Nature of Injury code must be valid according to the DCI Nature of Injury Code Table.

EDIT 25B Nature of Injury code indicated must be consistent with the Injury Cause (Field #26).

FIELD #26 CAUSE OF INJURY

EDIT 26A Cause of Injury code must be valid according to the DCI Cause of Injury Code Table.

EDIT 26B Cause of Injury code indicated must be consistent with the Part of Body (Field #24).

FIELD #27 LOSS COVERAGE CODE

EDIT 27A* Loss Coverage Code must be valid according to the DCI Loss Coverage Code Table.

EDIT 27B Loss Coverage Code must be consistent with the combination of Part of Body, Nature of Injury and Cause of Injury indicated.

EDIT 27C If the Loss Coverage Code denotes subrogation (Field #27 = 12, 15 or 18), the sum of all subrogation fields (Fields #73, #74 and #75) must be greater than zero when the claim is closed (Field #34 = 4 or 6).

FIELD #28 NUMBER OF DEPENDENTS

EDIT 28A Number of Dependents must be a 2-digit number.

FIELD #29 PRE-INJURY WEEKLY WAGE

EDIT 29A Pre-Injury Weekly Wage must be numeric.

FIELD #30 METHOD OF DETERMINING PRE-INJURY WAGE

EDIT 30A Method of Determining Pre-Injury Wage indicator must be equal to a number from 1 to 4 inclusive.

FIELD #31 OTHER WEEKLY PAYMENTS

EDIT 31A Other Weekly Payments must be numeric.

FIELD #32 DATE REPORTED TO EMPLOYER

EDIT 32A Date Reported to Employer must pass the Standard Date Edit.

EDIT 32B Date Reported to Employer must be earlier than or equal to the Date Reported to Insurer (Field #9).

*Failing this logical edit will also cause a fatal error.

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FIELD #33 SURGERY

EDIT 33A Surgery indicator must be equal to 1 or 2.

FIELD #34 CLAIM STATUS

EDIT 34A Claim Status indicator must be equal to 1, 2, 3, 4 or 6.

EDIT 34B* Claim Status indicator must be equal to 1, 2, or 4, when Report Type (Field #5) is equal to 1.

FIELD #35 DATE OF CLOSING

EDIT 35A Date of Closing must pass the Standard Date Edit if the claim is closed (Field #34 = 4 or 6).

EDIT 35B If present, Date of Closing must be later than or equal to the Date Reported to Insurer (Field #9).

FIELD #36 DATE OF FIRST PAYMENT

EDIT 36A Date of First Payment must pass the Standard Date Edit if indemnity payments have been made (Fields #41, #44, #47, #50, #53, #56, #57, #58, #59 or #68 are greater than zero).

EDIT 36B If present, Date of First Payment must be later than or equal to the Date Reported to Insurer (Field #9).

FIELD #37 DATE DISABILITY BEGAN

EDIT 37A Date Disability Began must pass the Standard Date Edit.

EDIT 37B Date of Initial Disability must be later than or equal to the Date of Injury (Field #22).

FIELD #38 DATE OF RETURN TO WORK

EDIT 38A If present, Date of Return to Work must pass the Standard Date Edit.

EDIT 38B If present, Date of Return to Work must be later than or equal to the Date of Injury (Field #22).

EDIT 38C Date of Return to Work must be left blank if Benefit Type Code (Field #40, #43, #46, #49 or #52 = 01).

C. BENEFITS AND PAYMENTS:

FIELD #39 TOTAL INCURRED INDEMNITY

EDIT 39A Total Incurred Indemnity must be numeric.

EDIT 39B Total Incurred Indemnity must be greater than or equal to the sum of all paid indemnity fields (Fields #41, #44, #47, #50 and #53) and the incurred vocational rehabilitation field (Field #55), when the claim is open (Field #34 = 1 or 3) and the loss coverage code does not denote subrogation (Field #27 = 11, 14, 17, 41, 44 or 47).

*Failing this logic edit will also cause a fatal error.

*Effective January 1, 1997***FIELD #39 TOTAL INCURRED INDEMNITY (CONT'D)**

EDIT 39C Total Incurred Indemnity must be equal to the sum of all paid indemnity fields (Fields #41, #44, #47, #50 and #53) plus the incurred vocational rehabilitation field (Field #55), when the claim is closed (Field #34 = 4 or 6) and the loss coverage code does not denote subrogation (Field #27 = 11, 14, 17, 41, 44 or 47).

EDIT 39D Total Incurred Indemnity must be equal to the sum of all paid indemnity fields (Fields #41, #44, #47, #50 and #53) plus all paid vocational rehabilitation fields (Fields #56, #57, #58 and #59) plus all paid medical fields (Fields #61, #62 and #63) minus total incurred medical (Field #60) minus all subrogation fields (Fields #73, #74 and #75), when the claim is closed (Field #34 = 4 or 6) and the loss coverage code denotes subrogation (Field #27 = 12, 15 or 18) or the claim may include subrogation (Field #27 = 10).

EDIT 39E*Total Incurred Indemnity plus total incurred medical (Field #60) must be greater than or equal to \$5,000 at the six-month valuation (Field #5 = 1) when the claim is open or closed (Field #34 = 1 or 4).

EDIT 39F Total Incurred Indemnity must be zero if Benefit Type (Field #40) is equal to 06.

FIELDS #40, #43, #46, #49, #52 BENEFIT TYPE

EDIT A Benefit Type must be valid according to the Texas Benefit Type Code Table 6 (Fields #43, #46, #49 and #52 may be left blank).

EDIT B Specific Benefit Types may be entered only one time per claim.

EDIT C Field #40 must be 06 with Open (Medical Only) Claim Status (Field #34 = 2).

EDIT D Field #40 must be 06 when Total Incurred Indemnity (Field #39) is equal to zero and the loss coverage code does not denote subrogation (Field #27 = 11, 14, 17, 41, 44 or 47).

EDIT E Benefit Type (Fields #43, #46, #49 and #52) must be blank, if Benefit Type (Field #40) is equal to 06.

EDIT F If Benefit Type is equal to 01 and there are no other Benefit Types (Fields #43, #46, #49, and #52 are blank), then Date of Return to Work (Field #38), Post-Injury Weekly Wage (Field #64), Percentage of Impairment (Field #65) and Date of Maximum Medical Improvement (Field #66) must be blank.

FIELDS #41, #44, #47, #50, #53 BENEFITS PAID TO DATE

EDIT A Benefits Paid to Date must be numeric if Benefit Type has been completed.

EDIT B Benefit Paid to Date which corresponds to Benefit Type 01 must be greater than or equal to Funeral Expenses Paid to Date (Field #67).

EDIT C Benefit Paid to Date which corresponds to Benefit Type 08 must be greater than or equal to Employers Liability Paid to Date (Field #69).

*Failing this logic edit will also cause a fatal error.

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FIELDS #41, #44, #47, #50, #53 BENEFITS PAID TO DATE (CONT'D)

EDIT D Benefit Paid to Date (Fields #41, #44, #47, #50 and #53) must be zero, when Benefit Type (Fields #40) is equal to 06.

FIELDS #42, #45, #48, #51, #54 WEEKLY BENEFIT

EDIT A Weekly Benefit must be numeric if Benefit Type has been completed.

EDIT B Weekly Benefit must fall within the minimum or maximum benefits published by Texas Workers' Compensation Commission, if the corresponding Benefit Paid to Date is greater than zero and the corresponding Benefit Type is equal to 03, 04, or 05.

EDIT C Weekly Benefit must be zero for Benefit Type 06, 08 or 50.

EDIT D Weekly Benefit must be zero for Benefit Type 01, if corresponding Benefit Paid to Date is minus Funeral Expenses (Field #67) is equal to zero.

EDIT E Weekly Benefit must fall within the minimum and maximum weekly benefit inclusive, set by the Texas Workers' Compensation Commission if the corresponding Benefit Paid to Date is greater than zero and the Benefit Type is equal to 02.

FIELD #55 TOTAL INCURRED VOCATIONAL REHABILITATION

EDIT 55A Total Incurred Vocational Rehabilitation must be numeric.

EDIT 55B Total Incurred Vocational Rehabilitation must be greater than or equal to the sum of all paid Vocational Rehabilitation fields (Fields #56, #57, #58 and #59), when the claim is open (Field #34 = 1 or 3) and the loss coverage code does not denote subrogation (Field #27 = 11, 14, 17, 41, 44 or 47).

EDIT 55C Total Incurred Vocational Rehabilitation must be equal to the sum of all Vocational Rehabilitation paid fields (Fields #56, #57, #58 and #59), when the claim is closed (Field #34 = 4 or 6) and the loss coverage code does not denote subrogation (Field #27 = 11, 14, 17, 41, 44 or 47).

FIELD #56 VOCATIONAL REHABILITATION EVALUATION EXPENSE PAID TO DATE

EDIT 56A Vocational Rehabilitation Evaluation Expense Paid to Date must be numeric.

FIELD #57 VOCATIONAL REHABILITATION MAINTENANCE BENEFIT PAID TO DATE

EDIT 57A Vocational Rehabilitation Maintenance Benefit Paid to Date must be numeric.

FIELD #58 VOCATIONAL REHABILITATION EDUCATION EXPENSE PAID TO DATE

EDIT 58A Vocation Rehabilitation Education Expense Paid to Date must be numeric.

FIELD #59 OTHER VOCATIONAL REHABILITATION PAID TO DATE

EDIT 59A Other Vocational Rehabilitation Paid to Date must be numeric.

FIELD #60 TOTAL INCURRED MEDICAL

EDIT 60A Total Incurred Medical must be numeric.

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FIELD #60 TOTAL INCURRED MEDICAL (CONT'D)

EDIT 60B Total Incurred Medical must be greater than or equal to the sum of all paid medical fields (Fields #61, #62 and #63), when the claim is open (Fields #34 = 1, 2 or 3) and the loss coverage code does not denote subrogation (Field #27 = 11, 14, 17, 41, 44 or 47).

EDIT 60C Total Incurred Medical must be equal to the sum of all paid medical fields (Fields #61, #62 and #63), when the claim is closed (Field #34 = 4 or 6) and the loss coverage code does not denote subrogation (Field #27 = 11, 14, 17, 41, 44 or 47).

EDIT 60D* Total Incurred Medical must be greater than or equal to \$5,000 for Open (Medical Only) Claim Status (Field #34 = 2) at the six-month valuation (Field #5 = 1).

EDIT 60E Total Incurred Medical must be equal to the sum of all of the paid indemnity fields (Fields #41, #44, #47, #50 and #53) plus all of the paid Vocational Rehabilitation fields (Fields #56, #57, #58 and #59) plus all of the paid medical fields (Fields #61, #62 and #63) minus total incurred indemnity (Field #39) minus all subrogation fields (Fields #73, #74 and #75), when the claim is closed (Field #34 = 4 or 6) and the loss coverage code denotes subrogation (Field #27 = 12, 15 or 18) or the claim may include subrogation (Field #27 = 10).

EDIT 60F Total Incurred Medical must be greater than zero when Surgery (Field #33) equals 1 (Yes).

FIELD #61 HOSPITAL COSTS PAID TO DATE

EDIT 61A Hospital Costs Paid to Date must be numeric.

FIELD #62 TOTAL PAYMENTS TO PHYSICIANS

EDIT 62A Total Payments to Physicians must be numeric.

FIELD #63 OTHER MEDICAL PAID TO DATE

EDIT 63A Other Medical Paid to Date must be numeric.

FIELD #64 POST-INJURY WEEKLY WAGE

EDIT 64A If present, Post-Injury Weekly Wage must be numeric.

EDIT 64B Post Injury must be left blank if Benefit Type Code (Field #40, #43, #46, #49, or #52 = 01).

FIELD #65 PERCENTAGE IMPAIRMENT

EDIT 65A Percentage Impairment must be numeric.

EDIT 65B Percentage Impairment must be between 001 and 100, inclusive, if Benefit Type (Field #40, #43, #46, #49 or #52) is equal to 04, 09 and the corresponding Benefit Paid to Date is greater than zero.

*Failing this logic edit will also cause a fatal error.

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FIELD #65 PERCENTAGE IMPAIRMENT (CONT'D)

EDIT 65C Percentage Impairment must be between 015 and 100, inclusive, if Benefit Type (Field #43, #46, #49 or #52) is equal to 03 and the corresponding Benefit Paid to Date is greater than zero and Benefit Type 04 is present in (Field #40, #43, #46 or #49) and corresponding Benefit Paid to Date is greater than zero.

EDIT 65D Percentage Impairment must be left blank if Benefit Type Code (Field #40, #43, #46, #49, or #52 = 01).

FIELD #66 DATE OF MAXIMUM MEDICAL IMPROVEMENT

EDIT 66A Date of Maximum Medical Improvement must pass the Standard Date Edit by the time the claim is closed (Field #34 = 4 or 6) if Benefit Type (Field #40, 43, 46, 49 or 52) is equal to 05.

EDIT 66B If present, Date of Maximum Medical Improvement must be later than or equal to the Date of Injury (Field #22).

EDIT 66C Date of Maximum Medical Improvement must pass the Standard Date Edit if Benefit Type (Field #40, #43, #46, #49 or #52) is equal to 03 or 04 and the corresponding Benefit Paid to Date is greater than zero.

EDIT 66D If present, Date of Maximum Medical Improvement must pass the Standard Date Edit.

EDIT 66E Date of Maximum Medical Improvement must be left blank if Benefit Type Code (Field #40, #43, #46, #49, or #52) is equal to 01.

FIELD #67 FUNERAL EXPENSES

EDIT 67A If Funeral Expenses are greater than zero, Benefit Type (Field #40, #43, #46, #49 or #52) must be equal to 01.

EDIT 67B Funeral Expenses must be less than or equal to \$2,500.

FIELD #68 LUMP SUM SETTLEMENT AMOUNT

EDIT 68A Lump Sum Settlement Amount must be numeric.

EDIT 68B Lump Sum Settlement Amount must be less than or equal to the sum of all paid indemnity fields (Field #41, #44, #47, #50 and #53) plus all paid Vocational Rehabilitation fields (Field #56, #57, #58 and #59) plus all paid medical fields (Field #61, #62 and #63).

FIELD #69 EMPLOYERS LIABILITY PAID TO DATE

EDIT 69A Employers Liability Paid to Date must be numeric.

EDIT 69B Employers Liability Paid to Date must be greater than zero if the claim is closed (Field #34 = 4 or 6) and the loss coverage code denotes the inclusion of employers liability (Field #27 = 41, 44 or 47).

Note: See Appendix 4 for Standard Date Edit.

D. CLAIM ADMINISTRATION DETAILS:

FIELD #70 ATTORNEY OR AUTHORIZED REPRESENTATIVE

EDIT 70A Attorney or Authorized Representative indicator must be equal to 1 or 2.

FIELD #71 CONTROVERTED CASE

EDIT 71A Controverted Case indicator must be equal to 1 or 2.

FIELD #72 DEDUCTIBLE

EDIT 72A Deductible indicator must be equal to 1 or 2.

FIELD #73 PRODUCT LIABILITY SUBROGATION

EDIT 73A Product Liability Subrogation must be numeric.

EDIT 73B If Product Liability Subrogation is greater than zero, then Loss Coverage Code (Field #27) must be equal to 10, 12, 15 or 18.

FIELD #74 AUTOMOBILE LIABILITY SUBROGATION

EDIT 74A Automobile Liability Subrogation must be numeric.

EDIT 74B If Automobile Liability Subrogation is greater than zero, then Loss Coverage Code (Field #27) must be equal to 10, 12, 15 or 18.

FIELD #75 OTHER SUBROGATION

EDIT 75A Other Subrogation must be numeric.

EDIT 75B If Other Subrogation is greater than zero, then Loss Coverage Code (Field #27) must be equal to 10, 12, 15 or 18.

FIELD #76 EMPLOYER LEGAL EXPENSE PAID TO DATE

EDIT 76A Employer Legal Expense Paid to Date must be numeric.

FIELD #77 CLAIMANT LEGAL EXPENSE PAID TO DATE

EDIT 77A Claimant Legal Expense Paid to Date must be numeric.

FIELD #78 EXPERT WITNESS FEES PAID TO DATE

EDIT 78A Expert Witness Fees Paid to Date must be numeric.

FIELD #79 PENALTIES PAID TO DATE

EDIT 79A Penalties Paid to Date must be numeric.

FIELD #80 ALLOCATED LOSS ADJUSTMENT EXPENSE PAID TO DATE

EDIT 80A Allocated Loss Adjustment Expense Paid to Date must be numeric.

EDIT 80B Allocated Loss Adjustment Expense Paid to Date must be greater than or equal to Employer Legal Expense Paid to Date (Field #76), when the claim does not include Employers Liability (Field #27 = 10, 11, 12, 14, 15, 17 or 18).

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FIELD #81 SOCIAL SECURITY BENEFIT OFFSET

EDIT 81A Social Security Benefit Offset indicator must be equal to 1 or 2.

FIELD #82 UNEMPLOYMENT BENEFIT OFFSET

EDIT 82A Unemployment Benefit Offset indicator must be equal to 1 or 2.

FIELD #83 PENSION PLAN BENEFIT OFFSET

EDIT 83A Pension Plan Benefit Offset indicator must be equal to 1 or 2.

FIELD #84 SPECIAL FUND BENEFIT OFFSET

EDIT 84A Special Fund Benefit Offset indicator must be equal to 1 or 2.

FIELD #85 OTHER BENEFIT OFFSET

EDIT 85A Other Benefit Offset indicator must be equal to 1 or 2.



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Section 7

Magnetic Tape Reporting Instructions

SECTION 7

MAGNETIC TAPE REPORTING INSTRUCTIONS

All carriers submitting DCI on magnetic tape have the option of using the NCCI DCI Edit Package. This edit package pre-processes the tape data and identifies errors in the data prior to submission to NCCI. For further information on the DCI Edit Package, contact the Order Processing Department of NCCI at (561) 997-4607.

I. GENERAL SPECIFICATIONS

Contact the statistical agent for additional reporting formats and submission information.

Tape submission shall consist of up to three record types. No fields are to be signed or packed.

Record Type 1—Detailed Claim Information Record
Record Type 2—Reserved for Future Use
Record Type 3—Common Information Change Record
Record Type 9—Submission Control Record

A letter of Transmittal Form (NC2605) shall be prepared and shall accompany each magnetic tape submission. A copy will be returned to the carrier by NCCI as acknowledgment of receipt.

NOTE: In order to reduce the number of tapes to be handled, all record types should be included on one tape; carriers within a group may submit their data on the same file using individual carrier codes (do not use group carrier code).

II. TAPE SPECIFICATIONS

1. It is preferred that data be submitted via Tape Cartridges (3480).
2. For those carriers not having the ability to submit data on tape cartridges, data may also be reported on reel tapes shipped in canisters or band-type reel covers. Do not ship in "self-loading" canisters.
3. Tape must be wound on reels in lengths of not less than 600 feet, nor more than 2400 feet.
4. Each reel must have provisions for a file protection ring, which must be removed before the tape is shipped.
5. Reflective spots must be present and properly located.
6. Data must be reported on appropriate track records in a mode acceptable to NCCI. 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 Chart 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, only one per submission, will be the last record on that tape or cartridge.
11. All tapes or cartridges shall have an external label showing the following information:
 - a. Carrier 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. Reel serial number
 - j. Reel sequence number

III. GENERAL RECORD SPECIFICATIONS

This section applies to the preparation and transmittal of Detailed Claim Information by magnetic tape (refer to Section 2-I.D. for carrier tape reporting requirements and qualifications). The Magnetic Tape Reporting section should be used in conjunction with Section 4 (Detailed Claim Reporting Form Instructions) which provides more detailed information for proper coding and submission of data.

Unless otherwise specified, the following field formats shall apply:

All fields are in character mode, unsigned and unpacked. All records are fixed in length. Numeric (N) fields are right justified, left zero filled. All money fields are to be rounded to the nearest whole dollar. These fields should be zero filled if not applicable or not available unless otherwise indicated. Alphanumeric (AN) and Alphabetic (A) fields are left justified, right blank filled. These fields should be blank filled if not applicable or not available unless otherwise indicated. All Reserved for Future Use fields are to be left blank.

Record Type 1 — Detailed Claim Information

This record contains all individual claim information. Refer to Section 4 of this Statistical Plan for a more detailed explanation of each field.

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Record Type 2 — Reserved For Future Use

Leave blank.

Record Type 3 — Common Information Change Record

This record type performs the same functions as the Common Information Change Form (NC2604). It is required that all Common Information Change records contain valid data in all Previously Reported fields. It is not mandatory that carriers reporting Detailed Claim Information Records on tape also submit Common Information Change information on tape. Hard copies may be used in lieu of tape.

Record Type 9 — Submission Control Record

This record 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 tape. This record type is required.

IV. RECORD SPECIFICATIONS

A. DETAILED CLAIM INFORMATION RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	Record Type Report "1" (Detailed Claim Information Record).	(N)	1	1
2	Carrier Code Report the 5-digit Individual Carrier Code assigned by NCCI.	(N)	2-6	5
3	Policy Number 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	Policy Effective Date Report the effective date of the policy, formatted YYMMDD.	(N)	25-30	6
5	Claim Number 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

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Field No.	Field Title/Description	Class	Position	Bytes																				
6	<p>Report Type Report the code which indicates the valuation of the information being reported:</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Valuation</u></th> </tr> </thead> <tbody> <tr><td>01</td><td>6 month</td></tr> <tr><td>02</td><td>18 month</td></tr> <tr><td>03</td><td>30 month</td></tr> <tr><td>04</td><td>42 month</td></tr> <tr><td>05</td><td>54 month</td></tr> <tr><td>06</td><td>66 month</td></tr> <tr><td>07</td><td>78 month</td></tr> <tr><td>08</td><td>90 month</td></tr> <tr><td>09</td><td>102 month</td></tr> </tbody> </table>	<u>Code</u>	<u>Valuation</u>	01	6 month	02	18 month	03	30 month	04	42 month	05	54 month	06	66 month	07	78 month	08	90 month	09	102 month	(N)	49-50	2
<u>Code</u>	<u>Valuation</u>																							
01	6 month																							
02	18 month																							
03	30 month																							
04	42 month																							
05	54 month																							
06	66 month																							
07	78 month																							
08	90 month																							
09	102 month																							
7	<p>Transaction Code Report the code that indicates whether the report is an original, revised or correction report:</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Transaction</u></th> </tr> </thead> <tbody> <tr><td>1</td><td>Original</td></tr> <tr><td>2</td><td>Revised</td></tr> <tr><td>3</td><td>Correction</td></tr> </tbody> </table>	<u>Code</u>	<u>Transaction</u>	1	Original	2	Revised	3	Correction	(N)	51	1												
<u>Code</u>	<u>Transaction</u>																							
1	Original																							
2	Revised																							
3	Correction																							
8	<p>State of Jurisdiction Report the 2-digit code (42) for payment of claimant's benefits being made under the Texas Workers Compensation Act.</p>	(N)	52-53	2																				
9	<p>Accident State Report the 2-digit code corresponding to the state or foreign location in which the claimant was injured or contracted disease. Refer to Table 1 "State of Accident Codes" for the specific codes to be used.</p>	(N)	54-55	2																				
10	<p>Date Reported to Insurer Report the date that the claim was reported to the insurer, formatted YYMMDD.</p>	(N)	56-61	6																				
11	<p>Employee Social Security Number Report the 9-digit numeric code assigned to the claimant by the Social Security Administration. If the claimant will not divulge the Social Security Number, report 0s.</p>	(N)	62-70	9																				
12	<p>Reserved for Future Use</p>		71-90	20																				

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Field No	Field Title/Description	Class	Position	Bytes												
13	<p>Employer Federal Tax Number Report the 9-digit code assigned to each employer for federal tax purposes. If the ID is not available, report 0s.</p>	(N)	91-99	9												
14	<p>Employer SIC Code Report the 4-digit code which represents the nature of the employer's business as contained in the Standard Industrial Classification Manual. If the code is not available, report 0s.</p>	(N)	100-103	4												
15	<p>Employer Payroll Report the 1-digit code which represents the range corresponding to the employer's payroll in the state of Texas:</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;"><u>Code</u></th> <th style="text-align: center;"><u>Payroll Range</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">\$1-\$100,000</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">\$100,001-\$1,000,000</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">\$1,000,001-\$10,000,000</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">Over \$10,000,000</td> </tr> </tbody> </table>	<u>Code</u>	<u>Payroll Range</u>	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
<u>Code</u>	<u>Payroll Range</u>															
1	\$0															
2	\$1-\$100,000															
3	\$100,001-\$1,000,000															
4	\$1,000,001-\$10,000,000															
5	Over \$10,000,000															
16	<p>ZIP Code of Injury Site Report the 5-digit code (first 5-digits of the 9-digit U.S. postal code) that corresponds to the location where the injury occurred. Refer to Appendix 3 "ZIP Code Table" for the range of ZIP Codes which correspond to each accident state. If the location is outside the United States, report the first five characters in the ZIP code. If the ZIP code is not available or unknown, leave blank.</p>	(AN)	105-109	5												
17	<p>Employee Name Report the first six letters of the claimant's last name followed by the first initial of the claimant's first name as follows:</p> <table style="margin-left: 40px;"> <tbody> <tr> <td style="text-align: center;">Last Name</td> <td style="text-align: center;">(A)</td> <td style="text-align: center;">110-115</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">First Initial</td> <td style="text-align: center;">(A)</td> <td style="text-align: center;">116</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	Last Name	(A)	110-115	6	First Initial	(A)	116	1							
Last Name	(A)	110-115	6													
First Initial	(A)	116	1													
18	<p>Sex Report the code which indicates the sex of the claimant.</p> <table style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;"><u>Code</u></th> <th style="text-align: center;"><u>Sex</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Male</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">Female</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">Unknown</td> </tr> </tbody> </table>	<u>Code</u>	<u>Sex</u>	1	Male	2	Female	3	Unknown	(N)	117	1				
<u>Code</u>	<u>Sex</u>															
1	Male															
2	Female															
3	Unknown															

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Field No	Field Title/Description	Class	Position	Bytes																
19	<p>Marital Status Report the code which indicates the marital status of the claimant at the time of injury.</p> <table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Marital Status</u></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>	<u>Code</u>	<u>Marital Status</u>	1	Single, Divorced, or Widowed	2	Married	3	Separated	4	Unknown	(N)	118	1						
<u>Code</u>	<u>Marital Status</u>																			
1	Single, Divorced, or Widowed																			
2	Married																			
3	Separated																			
4	Unknown																			
20	<p>Date of Birth Report the claimant's actual or estimated date of birth, formatted YYMMDD. If the date of birth is unknown or cannot be estimated, report 0s.</p>	(N)	119–124	6																
21	<p>Date of Hire Report the date on which the claimant began his/her most recent employment with the employer, formatted YYMMDD. If the date is unknown or cannot be estimated, report 0s.</p>	(N)	125–130	6																
22	<p>Occupation Code Reserved for future use, leave blank.</p>	(AN)	131–132	2																
23	<p>Employment Status Report the 1-digit code which identifies the employment status at the time the injury or occupational disease was first reported:</p> <table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Employment Status</u></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> </tbody> </table>	<u>Code</u>	<u>Employment Status</u>	1	Regular Employee	2	Part Time Employee	3	Unemployed	4	On Strike	5	Disabled	6	Retired	7	Other	(N)	133	1
<u>Code</u>	<u>Employment Status</u>																			
1	Regular Employee																			
2	Part Time Employee																			
3	Unemployed																			
4	On Strike																			
5	Disabled																			
6	Retired																			
7	Other																			
24	<p>Date of Injury Report the date on which the injury occurred or in the case of occupational disease or cumulative injury, the last day of exposure to the substance, the last day the claimant worked without the disability or the last day of coverage under the policy, formatted YYMMDD.</p>	(N)	134–139	6																

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Field No	Field Title/Description	Class	Position	Bytes
25	<p>Class Code Report the 4-digit code which corresponds to the type of employment in which the claimant was engaged at the time of the injury according to the Texas Basic Manual of Rules, Classifications and Rates for Workers Compensation and Employers Liability Insurance.</p>	(N)	140-143	4
26	<p>Part of Body Report the 2-digit code that corresponds to the part of the body to which the injury occurred. Refer to Section 5, Table 2 "Part of Body Codes" for a list of codes to be used.</p>	(N)	144-145	2
27	<p>Nature of Injury Report the 2-digit code that corresponds to the nature of the injury sustained by the claimant. Refer to Section 5, Table 3 "Nature of Injury Codes" for a list of codes to be used.</p>	(N)	146-147	2
28	<p>Cause of Injury Report the 2-digit code that corresponds to the cause of the injury. Refer to Table 4 "Cause of Injury Codes" for a list of codes to be used.</p>	(N)	148-149	2
29	<p>Loss Coverage Code Report the 2-digit code that corresponds to the portion of the Texas Workers Compensation Act under which the claim is covered. Refer to Section 5, Table 5 "Loss Coverage Codes" for a list of codes to be used.</p>	(N)	150-151	2
30	<p>Number of Dependents Report the number of children or other individuals that the claimant is legally required to financially support. If the number of dependents is unknown, leave blank.</p>	(AN)	152-153	2
31	<p>Pre-Injury Weekly Wage Report the claimant's average weekly wage.</p>	(N)	154-158	5

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Field No	Field Title/Description	Class	Position	Bytes														
32	<p>Method of Determining Pre-Injury Wage Report the code that indicates the method in which the pre-injury wage was determined.</p> <table border="0"> <tr> <td style="padding-right: 20px;"><u>Code</u></td> <td><u>Method</u></td> </tr> <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> </table>	<u>Code</u>	<u>Method</u>	1	Actual Wage	2	Estimated Wage	3	Minimum Weekly Benefit	4	Maximum Weekly Benefit	(N)	159	1				
<u>Code</u>	<u>Method</u>																	
1	Actual Wage																	
2	Estimated Wage																	
3	Minimum Weekly Benefit																	
4	Maximum Weekly Benefit																	
33	<p>Other Weekly Payments Report the amount of additional contributions or supplements to the pre-injury weekly wage for economic or fringe benefits.</p>	(N)	160-164	5														
34	<p>Date Reported to Employer Report the date the claimant reported the injury to the employer, formatted YYMMDD.</p>	(N)	165-170	6														
35	<p>Surgery Report the code that indicates if the claimant has undergone surgery as a result of the injury.</p> <table border="0"> <tr> <td style="padding-right: 20px;"><u>Code</u></td> <td><u>Indicator</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Indicator</u>	1	Yes	2	No	(N)	171	1								
<u>Code</u>	<u>Indicator</u>																	
1	Yes																	
2	No																	
36	<p>Claim Status Report the code which corresponds to the current status of the claim.</p> <table border="0"> <tr> <td style="padding-right: 20px;"><u>Code</u></td> <td><u>Claim Status</u></td> </tr> <tr> <td>1</td> <td>Open</td> </tr> <tr> <td>2</td> <td>Open (Med. Only)</td> </tr> <tr> <td>3</td> <td>Reopened</td> </tr> <tr> <td>4</td> <td>Closed</td> </tr> <tr> <td>5</td> <td>Reserved for Future Use</td> </tr> <tr> <td>6</td> <td>Reopened and Closed</td> </tr> </table>	<u>Code</u>	<u>Claim Status</u>	1	Open	2	Open (Med. Only)	3	Reopened	4	Closed	5	Reserved for Future Use	6	Reopened and Closed	(N)	172	1
<u>Code</u>	<u>Claim Status</u>																	
1	Open																	
2	Open (Med. Only)																	
3	Reopened																	
4	Closed																	
5	Reserved for Future Use																	
6	Reopened and Closed																	
37	<p>Date of Closing Report the date the claim was closed, formatted YYMMDD. If the claim is open, report 0s.</p>	(N)	173-178	6														
38	<p>Date of First Payment Report the date on which the first indemnity payment was issued, formatted YYMMDD. If no payments have been made, report 0s.</p>	(N)	179-184	6														

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Field No	Field Title/Description	Class	Position	Bytes
39	<p>Date Disability Began Report the date of the first day on which the claimant lost time from work due to the injury, formatted YYMMDD. If there is no lost time or the date is unknown, report 0s.</p>	(N)	185–190	6
40	<p>Date of Return to Work Report the date on which the claimant first returned to work, formatted YYMMDD. If the date is unknown, report 0s.</p>	(N)	191–196	6
41	<p>Reserved for Future Use</p>		197–216	20
42	<p>Total Incurred Indemnity Report all paid plus outstanding indemnity benefits including vocational rehabilitation.</p>	(N)	217–224	8
43	<p>Benefit Type Report the 2-digit code that corresponds to the benefits reported in positions 227–233 and 234–238. For all claims, a Benefit Type must be reported in this field. Refer to Table 6 "Benefit Type Codes" for a list of codes to be used.</p>	(N)	225–226	2
44	<p>Benefit Paid to Date Report the total amount paid to date for the benefit type indicated in positions 225–226.</p>	(N)	227–233	7
45	<p>Weekly Benefit Report the latest weekly benefit paid for the benefit type indicated in positions 225–226.</p>	(N)	234–238	5
46	<p>Benefit Type Report the 2-digit code that corresponds to the benefits reported in positions 241–247 and 248–252. Refer to Table 6 "Benefit Type Codes" for a list of codes to be used.</p>	(N)	239–240	2
47	<p>Benefit Paid to Date Report the total amount paid to date for the benefit type indicated in positions 239–240.</p>	(N)	241–247	7
48	<p>Weekly Benefit Report the latest weekly benefit paid for the benefit type indicated in positions 239–240.</p>	(N)	248–252	5

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Field No	Field Title/Description	Class	Position	Bytes
49	Benefit Type Report the 2-digit code that corresponds to the benefits reported in positions 255–261 and 262–266. Refer to Table 6 "Benefit Type Codes" for a list of codes to be used.	(N)	253–254	2
50	Benefit Paid to Date Report the total amount paid to date for the benefit type indicated in positions 253–254.	(N)	255–261	7
51	Weekly Benefit Report the latest weekly benefit paid for the benefit type indicated in positions 253–254.	(N)	262–266	5
52	Benefit Type Report the 2-digit code that corresponds to the benefits reported in positions 269–275 and 276–280. Refer to Table 6 "Benefit Type Codes" for a list of codes to be used.	(N)	267–268	2
53	Benefit Paid to Date Report the total amount paid to date for the benefit type indicated in positions 267–268.	(N)	269–275	7
54	Weekly Benefit Report the latest weekly benefit paid for the benefit type indicated in positions 267–268.	(N)	276–280	5
55	Benefit Type Report the 2-digit code that corresponds to the benefits reported in positions 283–289 and 290–294. Refer to Table 6 "Benefit Type Codes" for a list of codes to be used.	(N)	281–282	2
56	Benefit Paid to Date Report the total amount paid to date for the benefit type indicated in positions 281–282.	(N)	283–289	7
57	Weekly Benefit Report the latest weekly benefit paid for the benefit type indicated in positions 281–282.	(N)	290–294	5
58	Total Incurred Vocational Rehabilitation Report the total paid to date plus anticipated future amounts to be paid for vocational rehabilitation services.	(N)	295–302	8

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Field No	Field Title/Description	Class	Position	Bytes
59	Vocational Rehabilitation Evaluation Expense Paid to Date 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
60	Vocational Rehabilitation Maintenance Benefit Paid to Date Report the amount paid as a maintenance benefit while the claimant is participating in a vocational rehabilitation program.	(N)	310-316	7
61	Vocational Rehabilitation Education Expense Paid Report the amount paid to date for training including tuition, books, tools, transportation and additional living expenses.	(N)	317-323	7
62	Other Vocational Rehabilitation Paid to Date Report the amount paid to date for all other phases of the vocational rehabilitation process.	(N)	324-330	7
63	Total Incurred Medical Report the amount paid plus all anticipated future amounts to be paid for medical services.	(N)	331-338	8
64	Hospital Costs Paid to Date Report the amount paid to date for both in-patient and out-patient services.	(N)	339-345	7
65	Total Payment to Physicians Report the amount paid to date to treating physicians including all clinic and office visits.	(N)	346-352	7
66	Other Medical Paid to Date Report the amount paid to date for all other medical services.	(N)	353-359	7
67	Post-Injury Weekly Wage Report the weekly wage that the claimant earns upon returning to employment. If unknown, report 0s.	(N)	360-364	5

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Field No	Field Title/Description	Class	Position	Bytes						
68	Percentage of Impairment Report the percentage of anatomic or functional abnormality or loss which results from the injury and exists after maximum medical improvement is reached. If the claimant has not received Impairment Benefits, report 0s.	(N)	365-367	3						
69	Date of Maximum Medical Improvement Report the date after which further recovery or lasting improvements can no longer be anticipated, formatted YYYYMMDD. If the claimant has received Impairment Benefits this date is required. *If the claim is closed and only Temporary Benefits were paid, this date is required. In only some cases where the date is unknown, report 0's. See Section 4, Field #66.	(N)	368-373	6						
70	Funeral Expenses Report the amount paid for the funeral of the deceased employee.	(N)	374-379	6						
71	Lump Sum Settlement Amount Report the amount paid to the claimant in a single amount for settlement	(N)	380-387	8						
72	Employers Liability Amount Report the amount of benefits paid due to the alleged negligence of the employer.	(N)	388-395	8						
73	Reserved for Future Use		396-415	20						
74	Attorney or Authorized Representative Report the code that indicates if the claimant has an attorney or an authorized representative: <table border="0" style="margin-left: 40px;"> <tr> <td><u>Code</u></td> <td><u>Attorney / Representative</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Attorney / Representative</u>	1	Yes	2	No	(N)	416	1
<u>Code</u>	<u>Attorney / Representative</u>									
1	Yes									
2	No									
75	Controverted Case Report the code that indicates whether the claim is or was ever contested or disputed for compensability and/or disability by the insurer: <table border="0" style="margin-left: 40px;"> <tr> <td><u>Code</u></td> <td><u>Controverted Case</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Controverted Case</u>	1	Yes	2	No	(N)	417	1
<u>Code</u>	<u>Controverted Case</u>									
1	Yes									
2	No									

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Field No	Field Title/Description	Class	Position	Bytes						
76	<p>Deductibles Report the code that indicates if the employer has reimbursed the carrier for a portion of the loss costs:</p> <table style="margin-left: 40px;"> <tr> <td style="text-align: center;"><u>Code</u></td> <td style="text-align: center;"><u>Deductible</u></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">No</td> </tr> </table>	<u>Code</u>	<u>Deductible</u>	1	Yes	2	No	(N)	418	1
<u>Code</u>	<u>Deductible</u>									
1	Yes									
2	No									
77	<p>Product Liability Subrogation Report the actual amount recovered from a product manufacturer, distributor or retailer if the carrier recovers all or part of the compensation benefits paid due to a defective product.</p>	(N)	419–425	7						
78	<p>Automobile Liability Subrogation Report the actual amount recovered from a negligent party if the carrier recovers all or part of the compensation benefits paid due to a motor vehicle accident.</p>	(N)	426–432	7						
79	<p>Other Liability Subrogation Report the actual amount recovered from a third party if the carrier recovers or expects to recover all or part of the compensation paid on the injury.</p>	(N)	433–439	7						
80	<p>Employer Legal Expense Paid to Date Report the amount paid by the employer or benefit payer for the services of the employer's attorney or authorized representative.</p>	(N)	440–446	7						
81	<p>Claimant Legal Expense Paid to Date Report the amount paid by the employer or benefit payer for the fee of the claimant's attorney or authorized representative.</p>	(N)	447–453	7						
82	<p>Expert Witness Fee Paid to Date Report the amount paid in a legal proceeding for expert testimony or opinion.</p>	(N)	454–459	6						
83	<p>Penalties Paid to Date Report the amount paid to date in fines or penalties which are payable to either the claimant or an administrative agency.</p>	(N)	460–465	6						

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Field No	Field Title/Description	Class	Position	Bytes						
84	Allocated Loss Adjustment Expense Paid to Date Report the total amount for expenses directly attributable to a particular claim.	(N)	466-472	7						
85	Social Security Benefit Offset Report the code that indicates whether any or all payments were offset by Social Security benefits: <table border="0"> <tr> <td><u>Code</u></td> <td><u>Social Security Offset</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Social Security Offset</u>	1	Yes	2	No	(N)	473	1
<u>Code</u>	<u>Social Security Offset</u>									
1	Yes									
2	No									
86	Unemployment Benefit Offset Report the code that indicates whether any or all payments were offset by unemployment benefits: <table border="0"> <tr> <td><u>Code</u></td> <td><u>Unemployment Offset</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Unemployment Offset</u>	1	Yes	2	No	(N)	474	1
<u>Code</u>	<u>Unemployment Offset</u>									
1	Yes									
2	No									
87	Pension Plan Benefit Offset Report the code that indicates whether any or all payments were offset by pension benefits: <table border="0"> <tr> <td><u>Code</u></td> <td><u>Pension Plan Offset</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Pension Plan Offset</u>	1	Yes	2	No	(N)	475	1
<u>Code</u>	<u>Pension Plan Offset</u>									
1	Yes									
2	No									
88	Special Fund Benefit Offset Report the code that indicates whether any or all payments were offset by special fund benefits: <table border="0"> <tr> <td><u>Code</u></td> <td><u>Special Fund Offset</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Special Fund Offset</u>	1	Yes	2	No	(N)	476	1
<u>Code</u>	<u>Special Fund Offset</u>									
1	Yes									
2	No									
89	Other Benefit Offset Report the code that indicates whether any or all payments were offset by other benefits: <table border="0"> <tr> <td><u>Code</u></td> <td><u>Other Offset</u></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	<u>Code</u>	<u>Other Offset</u>	1	Yes	2	No	(N)	477	1
<u>Code</u>	<u>Other Offset</u>									
1	Yes									
2	No									
90	Reserved for Future Use		478-500	23						

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B. COMMON INFORMATION CHANGE RECORD

Field No.	Field Title/Description	Class	Position	Bytes
1	Record Type Report "3" (Common Information Change Record).	(N)	1	1
2	Previous Carrier Code Report the 5-digit Individual Carrier Code assigned by NCCI as previously reported.	(N)	2-6	5
3	Previous Policy Number Report the alphanumeric characters previously reported on the claim to identify the policy.	(AN)	7-24	18
4	Previous Claim Number Report the alphanumeric characters previously reported to identify the claim.	(AN)	25-42	18
5	Previous Date Reported to Insurer Report the date reported to the insurer as previously reported, formatted YYMMDD.	(N)	43-48	6
6	Previous State of Jurisdiction Report the 2-digit code (42) for the state of Texas as previously reported.	(N)	49-50	2
7	Reserved for Future Use		51-52	2
8	Revised Carrier Code Report the 5-digit Individual Carrier Code assigned by NCCI which represents the revised carrier code. If this field is not being revised, enter 0s.	(N)	53-57	5
9	Revised Policy Number Report the alphanumeric characters which represent the revised policy number. If this field is not being revised, leave blank.	(AN)	58-75	18
10	Revised Claim Number Report the alphanumeric characters which represent the revised claim number. If this field is not being revised, leave blank.	(AN)	76-93	18

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Field No	Field Title/Description	Class	Position	Bytes								
11	Revised Date Reported to Insurer Report the revised date that the claim was reported to the insurer, formatted YYMMDD. If this field is not being revised, enter 0s.	(N)	94-99	6								
12	Revised State of Jurisdiction Not Applicable. Enter 0s.	(N)	100-101	2								
13	Deletion Reason Code Report the 2-digit code that provides the reason for deleting the claim. If the claim is not being deleted, enter 0s. Use the following codes:	(N)	102-103	2								
	<table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Reason</u></th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Inclusion Error: Used when an inappropriate claim is mistakenly submitted.</td> </tr> <tr> <td>02</td> <td>Controverted Claim: Used to delete claims that have been controverted with no payments made.</td> </tr> <tr> <td>03</td> <td>Rebuilding Claim Records: Used in the event that a carrier needs to "rebuild" a claim by processing or deleting several reports.</td> </tr> </tbody> </table>	<u>Code</u>	<u>Reason</u>	01	Inclusion Error: Used when an inappropriate claim is mistakenly submitted.	02	Controverted Claim: Used to delete claims that have been controverted with no payments made.	03	Rebuilding Claim Records: Used in the event that a carrier needs to "rebuild" a claim by processing or deleting several reports.			
<u>Code</u>	<u>Reason</u>											
01	Inclusion Error: Used when an inappropriate claim is mistakenly submitted.											
02	Controverted Claim: Used to delete claims that have been controverted with no payments made.											
03	Rebuilding Claim Records: Used in the event that a carrier needs to "rebuild" a claim by processing or deleting several reports.											
14	Reserved for Future Use	(N)	104-500	397								

C. SUBMISSION CONTROL RECORD

Field No	Field Title/Description	Class	Position	Bytes
1	Record Type Report "9" (Submission Control Record)	(N)	1	1
2	Record Type 1 Count Report the total count of all Record Type 1 records in the submission.	(N)	2-8	7
3	Reserved for Future Use		9-15	7
4	Record Type 3 Count Report the total count of all Record Type 3 records in the submission.	(N)	16-22	7
5	Reserved for Future Use		23-57	35

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Field No	Field Title/Description	Class	Position	Bytes
6	Total Submission Record Count Report the total record count of all Record Types 1 and 3 in the submission. Do not count the submission control record in this count.	(N)	58-64	7
7	Reserved for Future Use		65-500	436



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REPORT TYPE CODES	
CODE	VALUATION
1	Six-Month
2	Eighteen-Month
3	Thirty-Month
4	Forty-two-Month
5	Fifty-four-Month
6	Sixty-six-Month
7	Seventy-eight-Month
8	Ninety-Month
9	One hundred and two Month

TEXAS DETAILED CLAIM INFORMATION

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STATISTICAL PLAN

ZIP CODE TABLE			
Accident State	State Code	Lower Bound	Upper Bound
Alabama	01	35000	36999
Alaska	54	99500	99999
Arizona	02	85000	86599
Arkansas	03	71600	75599
California	04	90000	96699
Colorado	05	80000	81699
Connecticut	06	06000	06999
Delaware	07	19700	19999
District of Columbia	08	20000	20599
Florida	09	32000	34999
Georgia	10	30000	37399
Hawaii	52	96700	96899
Idaho	11	83200	83899
Illinois	12	60000	62999
Indiana	13	45000	47999
Iowa	14	50000	52899
Kansas	15	66000	67999
Kentucky	16	40000	45299
Louisiana	17	70000	71799
Maine	18	03800	04999
Maryland	19	20000	21999
Massachusetts	20	01000	02799
Michigan	21	48000	49999
Minnesota	22	55000	56799
Mississippi	23	38600	39799
Missouri	24	63000	65899
Montana	25	59000	59999
Nebraska	26	68000	69399
Nevada	27	89000	89899
New Hampshire	28	01000	03899
New Jersey	29	07000	08999
New Mexico	30	87000	88499
New York	31	06300	14999
North Carolina	32	27000	28999
North Dakota	33	58000	58899
Ohio	34	43000	45899
Oklahoma	35	73000	74999
Oregon	36	97000	97999
Pennsylvania	37	15000	19699
Rhode Island	38	02800	06399
South Carolina	39	29000	29999
South Dakota	40	57000	57799
Tennessee	41	37000	42099
Texas	42	73900	88099
Utah	43	84000	84799
Vermont	44	05000	05999
Virginia	45	20000	24699
Washington	46	98000	99499
West Virginia	47	24700	26899
Wisconsin	48	49900	54999
Wyoming	49	82000	83199

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STANDARD DATE EDIT

Month must be equal to a number from 01 to 12.

Day must be equal to a number from 01 to 30 for April, June, September and November.

Day must be equal to a number from 01 to 31 for January, March, May, July, August, October and December.

Day must be equal to a number from 01 to 28 for February (day may be 29 for leap years).

Year must be equal to a 2-digit number.

**TEXAS DETAILED CLAIM INFORMATION
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**TEXAS DETAILED CLAIM INFORMATION
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APPENDIX 5

The following table provides the maximum and minimum weekly income benefits established in the Texas Workers' Compensation Act Applicable to dates of injury on or after January 1, 1991.

Fiscal Year	Benefit	1991	1992	1993	1994	1995	1996	1997	1998	1999
SAWW	Type	\$428.25	\$437.65	\$456.36	\$464.10	\$471.66	\$480.13	\$490.92	\$508.26	\$523.31
TIBs										
Maximum	05	\$428.00	\$438.00	\$456.00	\$464.00	\$472.00	\$480.00	\$491.00	\$508.00	\$523.00
Minimum		\$64.00	\$66.00	\$68.00	\$70.00	\$71.00	\$72.00	\$74.00	\$76.00	\$78.00
IIBs										
Maximum	04	\$300.00	\$306.00	\$319.00	\$325.00	\$330.00	\$336.00	\$344.00	\$356.00	\$366.00
Minimum		\$64.00	\$66.00	\$68.00	\$70.00	\$71.00	\$72.00	\$74.00	\$76.00	\$78.00
SIBs										
Maximum	03	\$300.00	\$306.00	\$319.00	\$325.00	\$330.00	\$336.00	\$344.00	\$356.00	\$366.00
Minimum		n/a								
LIBs										
Maximum	02	\$428.00	\$438.00	\$456.00	\$464.00	\$472.00	\$480.00	\$491.00	\$508.00	\$523.00
Minimum		\$64.00	\$66.00	\$68.00	\$70.00	\$71.00	\$72.00	\$74.00	\$76.00	\$78.00
Death Benefits										
Maximum	01	\$428.00	\$438.00	\$456.00	\$464.00	\$472.00	\$480.00	\$491.00	\$508.00	\$523.00
Minimum		n/a								

SAWW - State Average Weekly Wage is the annual average weekly wage of manufacturing production in Texas as calculated annually by the Texas Employment Commission. Texas Labor Code §408.047.

