ATTACHMENT 5

NYSIF FILE LAYOUT

WORKERS COMPENSATION CLAIMS

TPA electronic data exchange

Any TPA entering into this agreement with NYSIF must electronically exchange the data files noted below, using industry standard secure methods.

Files to be sent by TPA vendor to NYSIF:
   A) Daily process
   B) Weekly CMS process
   C) Monthly control file
   D) Monthly NCCI file

Files to be sent by NYSIF to TPA vendor:
   E) Daily process error
   F) Weekly CMS process error
   G) Monthly CMS Query response
   H) Quarterly CMS claim response

File specifications:
   A) Daily process
      Naming convention: <ccyymmdd>_<VendorName>.txt
      Description: Used to open/close claims and post payment transactions to NYSIF's system; includes demographic information, accident information, and transaction information
      Notes: File needs to be sent as a text file, with fields in specific positions
      Layout:

Field Name	Data Type	Size	If Required	Comments
NEW YORK STATE INSURANCE FUND				
Daily process file layout				
Control Record (001):				
Type of Record	Numeric	3	R	CONTROL RECORD = 001
NYSIF TPA Identifier Number	Numeric	5	R	#Assigned by NYSIF for internal use only (last 5 digits of WCB TPA#)
TPA Name	Alpha	35	R	The name of the TPA
Total Records	Numeric	6	R	Total number of records in file
Date	Numeric	8	R	Date file was created.
Time	Numeric	8	R	Time file was created.
Total Comp Paid To Date	Numeric	12.2	R	Total Comp Paid To Date in the file [From Record Type 2 and 3]
Total Med Paid to Date	Numeric	12.2	R	Total Med paid to date in the file [From Record Type 2 and 3]
Total Comp Incurred Cost	Numeric	12.2	R	Total Comp Incurred Cost in the file [From Record Type 2 and 3]
Total Med Incurred Cost	Numeric	12.2	R	Total Med Incurred Cost in the file [From Record Type 2 and 3]
Total Legal Reserve Amount	Numeric	12.2	R	Total Legal Reserve in the file [From Record Type 2 and 3]
Total Payment Amount	Numeric	12.2	R	Total Amount of Draft [From Record Type 20]
Filler		701		
Total Size:		850		

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

Claim Record (New = 002, Change = 003):				
Type of Record	Numeric	3	R	NEW CLAIM RECORD = 002, CHANGE = 003. For a change (003) all fields must be completed including those that do not change.
TPA Claim Number	Alpha	15	R	The Claim number issued by the TPA
Policy Number	Numeric	8	R	The NYSIF Policy Number
Entity Number	Numeric	5	R	NYS Employer entity number
Location Number	Numeric	5		Location Number if policy holder has more than 1 location
Accident Date	Numeric	8	R	Date of Accident
Group Number	Numeric	4		Group number
Claim Status	Numeric	1	R	NYSIF Status of Claim - See NYSIF Codes
WCB Status	Numeric	1		WCB Status of Claim
WCB Number	Alpha	8		WCB Claim Number
NYCIRB Class code	Numeric	4		The code for type of work (i.e. factory worker etc.)
Claim Soc Sec	Numeric	9		Claimant Social Security Number
Policy Date	Numeric	8	R	Begin Date of the Current Policy
Date Accident Reported	Numeric	8		Date Accident Reported
Initiating Document	Numeric	2	R	Document that created the Claim (i.e. C2, EC84, etc.) - See NYSIF Codes
Catastrophe	Numeric	2		NYCIRB Code except for WTC - See NYSIF Codes (Catastrophe)
Cause of Accident	Numeric	2	R	Cause of injury (NCCI Codes) - See Cause of Injury
Body Part-1	Numeric	4	R	Body parts: Up to 10 body parts allowed (NCCI Codes) - See Body Parts
Body Part-2	Numeric	4		
Body Part-3	Numeric	4		
Body Part-4	Numeric	4		
Body Part-5	Numeric	4		
Body Part-6	Numeric	4		
Body Part-7	Numeric	4		
Body Part-8	Numeric	4		
Body Part-9	Numeric	4		
Body Part-10	Numeric	4		
Type of Injury	Numeric	2	R	Description of the injury (NCCI Codes) - See Type of Injury
Legal Status	Numeric	2		Type of Legal Action - See NYSIF Codes
Type of Disability	Numeric	1	R	Disability Type - See NYSIF Codes
Date Disability Began	Numeric	8	R	Date Disability began
Jurisdiction	Alpha	1	R	Jurisdiction - See NYSIF Codes
Kind of Injury	Alpha	1	R	CIRB defined claim type - See NYSIF Codes
Special Condition	Alpha	1	R	Special conditions - See NYSIF Codes
Incurred Cost Flag	Alpha	1		Is there an incurred cost record (for NYSIF use)
Prefix name	Alpha	3		Will not be used in the CLAIM-R dataset
First name	Alpha	25	R	Claimant First name, MI, Last Name
MI	Alpha	1		and suffix name will be combined
Last name	Alpha	25	R	and used to populate the field
Suffix name	Alpha	3		CLMNT-NA-LN-1 (35 characters allowed).
Claimant Phone	Numeric	10		Claimant Phone Number
Average Weekly Wage	Numeric	6.2		Average Weekly Wage
Claimant DOB	Numeric	8		Claimant Date of Birth
Comp Paid To Date Sign	Alpha	1		- See Trans Decode
Comp Paid To Date	Numeric	11.2		Total Comp paid to date
Med Paid to Date Sign	Alpha	1		- See Trans Decode
Med Paid to Date	Numeric	11.2		Total Med paid to date
Date of Death	Numeric	8		Claimant Date of Death
Last Incurred Cost Change	Numeric	8		Date of the change (applies to Comp [Trans 42] or Med [Trans 41] only)
New Medical Incurred Cost Sign	Alpha	1		- See Trans Decode
New Medical Incurred Cost	Numeric	11.2		Amount of Medical Incurred Cost if it has changed
New Comp Incurred Cost Sign	Alpha	1		- See Trans Decode
New Comp Incurred Cost	Numeric	11.2		Amount of Comp Incurred Cost if it has changed
Last Legal Cost Change	Numeric	8		Date of the change (applies to Claims Adjustment [Trans 40] only)
New Legal Reserve Amount Sign	Alpha	1		- See Trans Decode
New Legal Reserve Amount	Numeric	9.2		Amount of Legal Reserve if it has changed
New Legal Settlement Amount Sign	Alpha	1		- See Trans Decode
New Legal Settlement Amount	Numeric	9.2		Amount of Legal Settlement if it has changed
New Legal Reserve Status	Numeric	1		0 = inactive, 1 = active
Gender	Alpha	1		Claimant Gender - See Code Decode
Age	Alpha	3		Age of Claimant if date of birth is not available.
Fraud Indicator	Alpha	1		F = Full, P = Partial, space = no fraud
Return To Work Date	Numeric	8		Date that claimant returned to work, if applicable
Accident Description	Alpha	250	R	Description of the accident (free text)
Filler	Alpha	249		
Total Size:		850		

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

Claimant Mailing Address Record (006):

Type of Record	Numeric	3	R	CLAIMANT MAILING ADDRESS RECORD = 006
TPA Claim Number	Alpha	15	R	The Claim number issued by the TPA
Street Address 1	Alpha	35	R	Street Address 1
Street Address 2	Alpha	35		Street Address 2
Secondary Address Unit Indicator	Numeric	2		Apartment/Suite, etc. - See Code Decode (Secondary Address Indicator)
Secondary Address Unit Indicator Text	Alpha	10		If Secondary Add Indicator = 7 (other); must specify
Secondary Address Unit Value	Alpha	10		Apartment/Suite, etc. number
City	Alpha	30		City
State	Alpha	2		State - See Code Decode (State and Possessions)
ZIP Code	Alpha	5		ZIP Code
ZIP Plus	Alpha	4		ZIP Plus 4
Country	Alpha	30		Country - See Code Decode (Countries)
Province Name	Alpha	2		Province Name - See Code Decode (Canadian Provinces)
Foreign Postal Code	Alpha	10		Foreign Postal Code
Filler		657		
Total Size:		**850**		

Transaction Record (020): — **See Transaction Matrix for additional explanation**

Type of Record	Numeric	3	see matrix	TRANSACTION RECORD = 020
TPA Claim Number	Alpha	15	see matrix	The Claim number issued by the TPA
Sequence Number	Numeric	3	see matrix	Sequence number in case of more than one record for a claim
Transaction Date	Numeric	8	see matrix	Date transaction was done by TPA
Payee Id	Numeric	2	see matrix	- See NYSIF Codes
Policy Number	Numeric	8	see matrix	In case there is more than one policy number
Claim Status	Numeric	1	see matrix	- See NYSIF Codes
Transaction Code	Numeric	3	see matrix	Transaction Payment Codes: 40=CA (Claim Adjustment=Claim Expense), 41=Med, 42=Comp
Pay Code	Alpha	3	see matrix	- See NYSIF Codes
Credit Flag	Alpha	2	see matrix	- See Trans Decode
Type of Payment (Bill Class)	Numeric	1	see matrix	- See Trans Decode
Payment Description (Bill Analysis Code)	Numeric	2	see matrix	- See Trans Decode
Supplemental Comp	Numeric	1	see matrix	Indicator if the payment being made is a supplemental payment
Payment Amount Sign	Alpha	1	see matrix	- See Trans Decode
Payment Amount	Numeric	9.2	see matrix	Amount of Draft
Aggregate Payment Amount Sign	Alpha	1	see matrix	- See Trans Decode
Aggregate Payment Amount	Numeric	9.2	see matrix	Total of all payments including this payment
Degree of Disability used for Reserve	Alpha	3	see matrix	- See NYSIF Codes [Under Record Type 20]
Start Date	Numeric	8	see matrix	Start date of the comp payment being made
End Date	Numeric	8	see matrix	End date of the comp payment being made
Number of Weeks Sign	Alpha	1	see matrix	- See Trans Decode
Number of Weeks	Numeric	8.4	see matrix	Number of weeks for which the payment is being made
Weekly Rate	Numeric	6.2	see matrix	Weekly rate for the payment
Begin Date of service for Med.	Numeric	8	see matrix	Begin Date of service for medical payment
End Date of service for Med.	Numeric	8	see matrix	End Date of service for medical payment
Check Number	Numeric	8	see matrix	TPA's check number
Date of Check	Numeric	8	see matrix	Date of check
Authorization Code	Alpha	1	see matrix	TPA authorization code if one is available
Authorization Number	Numeric	9	see matrix	TPA authorization number if one is available
Bill Number	Numeric	8	see matrix	Reference number from provider
Payee Name	Alpha	15	see matrix	Name of the person being paid
Filler		669		
Total Size:		**850**		

Notes:

Decimal position is assumed. For e.g.: If size is 4.2, then 1200.75 would appear as 120075.

R in column D = Required Field.

All Dates are formatted as YYYYMMDD

All Numeric fields should be zero filled regardless if required.

		Code Decode
Name	**Code**	**Decode**
Gender	1	Male
	2	Female
	3	Unknown
Secondary Address Indicator	1	Apartment
	2	Building
	3	Floor
	4	Suite
	5	Room
	6	Department
	7	Other
Canadian Provinces	AB	Alberta
	BC	British Columbia
	MB	Manitoba
	NB	New Brunswick
	NF	Newfoundland
	NT	Northwest Territories and Nunavut
	NS	Nova Scotia
	ON	Ontario
	PE	Prince Edward Island
	QC	Quebec
	SK	Saskatchewan
	YT	Yukon
States and Possessions	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA

	FM	FEDERATED STATES OF MICRONESIA
	GA	GEORGIA
	HI	HAWAII
	IA	IOWA
	ID	IDAHO
	IL	ILLINOIS
	IN	INDIANA
	KS	KANSAS
	KY	KENTUCKY
	LA	LOUISIANA
	MA	MASSACHUSETTS
	MD	MARYLAND
	ME	MAINE
	MH	MARSHALL ISLANDS
	MI	MICHIGAN
	MN	MINNESOTA
	MO	MISSOURI
	MP	NORTHERN MARIANA ISLANDS
	MS	MISSISSIPPI
	MT	MONTANA
	NC	NORTH CAROLINA
	ND	NORTH DAKOTA
	NE	NEBRASKA
	NH	NEW HAMPSHIRE
	NJ	NEW JERSEY
	NM	NEW MEXICO
	NV	NEVADA
	NY	NEW YORK
	OH	OHIO
	OK	OKLAHOMA
	OR	OREGON
	PA	PENNSYLVANIA
	PR	PUERTO RICO
	PW	PALAU
	RI	RHODE ISLAND
	SC	SOUTH CAROLINA
	SD	SOUTH DAKOTA
	TN	TENNESSEE
	TX	TEXAS
	UT	UTAH
	VA	VIRGINIA
	VI	VIRGIN ISLANDS
	VT	VERMONT
	WA	WASHINGTON

	WI	WISCONSIN
	WV	WEST VIRGINIA
	WY	WYOMING
Countries	ALBANIA	ALBANIA
	ALDERNEY	ALDERNEY
	ALGERIA	ALGERIA
	ANDORRA	ANDORRA
	ANGOLA	ANGOLA
	ANGUILLA	ANGUILLA
	ANTIGUA & BARBUDA	ANTIGUA & BARBUDA
	ARGENTINA	ARGENTINA
	ARMENIA	ARMENIA
	ARUBA	ARUBA
	ASCENSION	ASCENSION
	AUSTRALIA	AUSTRALIA
	AUSTRIA	AUSTRIA
	AZERBAIJAN	AZERBAIJAN
	AZORES	AZORES
	BAHAMAS	BAHAMAS
	BAHRAIN	BAHRAIN
	BANGLADESH	BANGLADESH
	BARBADOS	BARBADOS
	BELARUS	BELARUS
	BELGIUM	BELGIUM
	BELIZE	BELIZE
	BENIN	BENIN
	BERMUDA	BERMUDA
	BHUTAN	BHUTAN
	BOLIVIA	BOLIVIA
	BONAIRE	BONAIRE
	BOSNIA-HERZEGOVINA	BOSNIA-HERZEGOVINA
	BOTSWANA	BOTSWANA
	BRAZIL	BRAZIL
	BRITISH VIRGIN ISLANDS	BRITISH VIRGIN ISLANDS
	BRUNEI DARUSSALAM	BRUNEI DARUSSALAM
	BULGARIA	BULGARIA
	BURKINA FASO	BURKINA FASO
	BURMA	BURMA
	BURUNDI	BURUNDI
	CAMBODIA	CAMBODIA
	CAMEROON	CAMEROON

	CANADA	CANADA
	CANARY ISLANDS	CANARY ISLANDS
	CAPE VERDE	CAPE VERDE
	CAYMAN ISLANDS	CAYMAN ISLANDS
	CENTRAL AFRICAN REPUBLIC	CENTRAL AFRICAN REPUBLIC
	CHAD	CHAD
	CHILE	CHILE
	CHINA	CHINA
	COLOMBIA	COLOMBIA
	COMOROS	COMOROS
	COOK ISLANDS	COOK ISLANDS
	CORSICA	CORSICA
	COSTA RICA	COSTA RICA
	COTE D'IVOIRE	COTE D'IVOIRE
	CROATIA	CROATIA
	CUBA	CUBA
	CURACAO	CURACAO
	CYPRUS	CYPRUS
	CZECH REPUBLIC	CZECH REPUBLIC
	DEMOCRATIC REPUBLIC OF CONGO	DEMOCRATIC REPUBLIC OF CONGO
	DENMARK	DENMARK
	DJIBOUTI	DJIBOUTI
	DOMINICA	DOMINICA
	DOMINICAN REPUBLIC	DOMINICAN REPUBLIC
	EAST TIMOR	EAST TIMOR
	ECUADOR	ECUADOR
	EGYPT	EGYPT
	EL SALVADOR	EL SALVADOR
	ENGLAND	ENGLAND
	EQUATORIAL GUINEA	EQUATORIAL GUINEA
	ERITREA	ERITREA
	ESTONIA	ESTONIA
	ETHIOPIA	ETHIOPIA
	FALKLAND ISLANDS	FALKLAND ISLANDS
	FAROE ISLANDS	FAROE ISLANDS
	FIJI	FIJI

	FINLAND	FINLAND
	FRANCE	FRANCE
	FRENCH GUIANA	FRENCH GUIANA
	FRENCH POLYNESIA	FRENCH POLYNESIA
	GABON	GABON
	GAMBIA	GAMBIA
	GERMANY	GERMANY
	GHANA	GHANA
	GIBRALTAR	GIBRALTAR
	GREECE	GREECE
	GREENLAND	GREENLAND
	GRENADA	GRENADA
	GUADELOUPE	GUADELOUPE
	GUATEMALA	GUATEMALA
	GUERNSEY	GUERNSEY
	GUINEA	GUINEA
	GUINEA-BISSAU	GUINEA-BISSAU
	GUYANA	GUYANA
	HAITI	HAITI
	HONDURAS	HONDURAS
	HONG KONG	HONG KONG
	HUNGARY	HUNGARY
	ICELAND	ICELAND
	INDIA	INDIA
	INDONESIA	INDONESIA
	IRAN	IRAN
	IRAQ	IRAQ
	IRELAND	IRELAND
	ISLE OF MAN	ISLE OF MAN
	ISRAEL	ISRAEL
	ITALY	ITALY
	JAMAICA	JAMAICA
	JAPAN	JAPAN
	JERSEY	JERSEY
	JORDAN	JORDAN
	KAZAKHSTAN	KAZAKHSTAN
	KENYA	KENYA
	KIRIBATI	KIRIBATI
	KUWAIT	KUWAIT
	KYRGYZSTAN	KYRGYZSTAN
	LAOS	LAOS
	LATVIA	LATVIA
	LEBANON	LEBANON
	LESOTHO	LESOTHO

		LIBERIA	LIBERIA
		LIBYA	LIBYA
		LIECHTENSTEIN	LIECHTENSTEIN
		LITHUANIA	LITHUANIA
		LUXEMBOURG	LUXEMBOURG
		MACAO	MACAO
		MACEDONIA	MACEDONIA
		MADAGASCAR	MADAGASCAR
		MADEIRA ISLANDS	MADEIRA ISLANDS
		MALAWI	MALAWI
		MALAYSIA	MALAYSIA
		MALDIVES	MALDIVES
		MALI	MALI
		MALTA	MALTA
		MARTINIQUE	MARTINIQUE
		MAURITANIA	MAURITANIA
		MAURITIUS	MAURITIUS
		MEXICO	MEXICO
		MOLDOVA	MOLDOVA
		MONACO	MONACO
		MONGOLIA	MONGOLIA
		MONTSERRAT	MONTSERRAT
		MOROCCO	MOROCCO
		MOZAMBIQUE	MOZAMBIQUE
		NAMIBIA	NAMIBIA
		NAURU	NAURU
		NEPAL	NEPAL
		NETHERLANDS	NETHERLANDS
		NETHERLANDS ANTILLES	NETHERLANDS ANTILLES
		NEW CALEDONIA	NEW CALEDONIA
		NEW ZEALAND	NEW ZEALAND
		NICARAGUA	NICARAGUA
		NIGER	NIGER
		NIGERIA	NIGERIA
		NIUE	NIUE
		NORTH KOREA	NORTH KOREA
		NORTHERN IRELAND	NORTHERN IRELAND
		NORWAY	NORWAY
		OMAN	OMAN
		PAKISTAN	PAKISTAN
		PANAMA	PANAMA

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

	PAPUA NEW GUINEA	PAPUA NEW GUINEA
	PARAGUAY	PARAGUAY
	PERU	PERU
	PHILIPPINES	PHILIPPINES
	PITCAIRN ISLAND	PITCAIRN ISLAND
	POLAND	POLAND
	PORTUGAL	PORTUGAL
	QATAR	QATAR
	REPUBLIC OF GEORGIA	REPUBLIC OF GEORGIA
	REPUBLIC OF THE CONGO	REPUBLIC OF THE CONGO
	REUNION	REUNION
	ROMANIA	ROMANIA
	RUSSIA	RUSSIA
	RWANDA	RWANDA
	SABA	SABA
	SAN MARINO	SAN MARINO
	SAO TOME & PRINCIPE	SAO TOME & PRINCIPE
	SARK	SARK
	SAUDI ARABIA	SAUDI ARABIA
	SCOTLAND	SCOTLAND
	SENEGAL	SENEGAL
	SERBIA-MONTENEGRO	SERBIA-MONTENEGRO
	SEYCHELLES	SEYCHELLES
	SIERRA LEONE	SIERRA LEONE
	SINGAPORE	SINGAPORE
	SLOVAK REPUBLIC	SLOVAK REPUBLIC
	SLOVENIA	SLOVENIA
	SOLOMON ISLANDS	SOLOMON ISLANDS
	SOMALIA	SOMALIA
	SOUTH AFRICA	SOUTH AFRICA
	SOUTH KOREA	SOUTH KOREA
	SPAIN	SPAIN
	SRI LANKA	SRI LANKA
	ST. BARTHOLOMEW	ST. BARTHOLOMEW
	ST. EUSTATIUS	ST. EUSTATIUS
	ST. HELENA	ST. HELENA

	ST. KITTS & NEVIS	ST. KITTS & NEVIS
	ST. LUCIA	ST. LUCIA
	ST. MARTEEN	ST. MARTEEN
	ST. PIERRE & MIQUELON	ST. PIERRE & MIQUELON
	ST. VINCENT AND GRENADINES	ST. VINCENT AND GRENADINES
	SUDAN	SUDAN
	SURINAME	SURINAME
	SWAZILAND	SWAZILAND
	SWEDEN	SWEDEN
	SWITZERLAND	SWITZERLAND
	SYRIA	SYRIA
	TAIWAN	TAIWAN
	TAJIKISTAN	TAJIKISTAN
	TANZANIA	TANZANIA
	THAILAND	THAILAND
	TOGO	TOGO
	TONGA	TONGA
	TRINIDAD & TOBAGO	TRINIDAD & TOBAGO
	TRISTAN DA CUNHA	TRISTAN DA CUNHA
	TUNISIA	TUNISIA
	TURKEY	TURKEY
	TURKMENISTAN	TURKMENISTAN
	TURKS & CAICOS ISLANDS	TURKS & CAICOS ISLANDS
	TUVALU	TUVALU
	UGANDA	UGANDA
	UKRAINE	UKRAINE
	UNITED ARAB EMIRATES	UNITED ARAB EMIRATES
	URUGUAY	URUGUAY
	USA	USA
	UZBEKISTAN	UZBEKISTAN
	VANUATU	VANUATU
	VATICAN CITY	VATICAN CITY
	VENEZUELA	VENEZUELA
	VIETNAM	VIETNAM
	WALES	WALES
	WALLIS & FUTUNA ISLANDS	WALLIS & FUTUNA ISLANDS

	WESTERN SAMOA	WESTERN SAMOA
	YEMEN	YEMEN
	ZAMBIA	ZAMBIA
	ZIMBABWE	ZIMBABWE

		Trans Decode
Sign:		
+		Symbol to be used if the amount being reported is a positive number
-		Symbol to be used if the amount being reported is a negative number
Credit Flag:		
1		Reimbursement of supplemental payments made
15		Reimbursement of comp or med payments made under section 15-8
CC		Cancelled checks
SP		Stop payments
FO		Forgery
CR		Other credits
S1		Salvage - "N" Jurisdiction
S2		Salvage - "V" Jurisdiction
S3		Salvage - "U" Jurisdiction
S4		Salvage - 1B
S5		Salvage - ET (Extra Territorial)
CE		14-6; Concurrent Employment Recovery
25		25-a Repayment
2		Transfer of payments from a claim to another claim.
3		Transfers from suspense account 01 (also used to identify suspense account 01 transaction into and out of suspense that match (offset within suspense account 01)
4		used to identify suspense account 01 transactions "out of" suspense that do not have a match in suspense account 01 on the payments dataset 51, 52, 53 - salvage
Type of Payment (Bill Class):		
1		Medical and surgical treatment by claimant's Physician
2		Hospital bills -emergency room and outpatient services only
3		Hospital bills - in-patient services only
4		Surgical appliances, when provided by surgical appliance dealers other than a pharmacy
5		Drug store and pharmacy charges -paid directly to Provider
6		Nursing Services
7		All other medical services
8		DRG Bills

9	Claim Adjustment (Expense [Trans = 40])
Payment Description (Bill Analysis Code):	
0	NO CLASSIFICATION AVAILABLE
1	SURGICAL/MEDICAL FEES TO DOCTORS AND OTHERS
5	DRUG STORE & PHARMACY CHARGES-PAID PROVIDER
7	SPECIAL NURSING, HEALTH CARE & ATTENDANTS
8	D.R.G. HOSPITAL PAYMENT
9	ALL OTHER MEDICAL SERVICES
12	PAY CODE DESCRIPTION NOT AVAILABLE
21	COST OF MEDICAL EXAMINATIONS BY STATE FUND CONSULTANTS
22	COST OF TESTIMONY AT HEARINGS BY PHYSICIANS FOR STATE FUND
23	CLAIMANT PHYSICIAN FEES AT HEARINGS APPEARANCE REQ BY SIF
24	COST OF IMPARTIAL SPECIALISTS EXAMS AND TESTIMONY
25	FLD MED INSPECTIONS (CLAIMANTS HOME, HOSPITAL, DR OFFICE)
26	MEDICAL EXAMINATIONS IN SIF MEDICAL DEPT "."(SESSION DOCTORS)
27	FEES OF PHYSICIANS WHO EXAMINE CLAIMANTS FOR SIF "."AT HEARINGS
28	COST OF PERFORMING AUTOPSIES
61	CAR-FARE AND INCIDENTAL COSTS INCURRED BY CLAIMANTS "."SIF MED EXAMS
62	CLAIMANTS SHARE OF EXCESS RECOVERY IN SUBROGATED 3RD PARTY ACTION".
70	HEARING REPRESENTATIVE FEES BY OUTSIDE ATTORNEYS
71	ROUTINE CONTRACT INVESTIG. BY RETAIL CREDIT, HOOPER HOLMES ETC
72	SPECIAL INVESTIG. OR SPECIAL AUDIT OF CLAIMANT'S BOOKS
73	MED. ARB. FEES INCURRED UNDER SEC. 13-G OF THE WCL
74	REIMBURSEMENT TO WITNESS APPEARING ON BEHALF OF STATE FUND
75	SUBPOENA FEES-PAID FOR SERVING OF SUBPOENA
76	COSTS INCURRED FOR BIRTH, DEATH OR MARRIAGE CERTIFICATES
77	COST OF MINUTES OF HEARINGS
78	COST OF PHOTOCOPYING HOSPITAL OR OTHER RECORDS
79	PENALTIES OR FINES IMPOSED BY LAW PAYABLE TO OTHER THAN CLAIMANT
81	FEES TO OUTSIDE COUNSEL IN SUBROGATED CASES
82	COURT COSTS IN SUBROGATED CASES
83	STENOGRAPHIC, PHOTOSTATIC COSTS IN SUBROGATED CASES
84	FEES TO OUTSIDE COUNSEL IN APPEALS CASES
85	COURT COSTS IN APPEALS CASES
86	STENOGRAPHIC, PHOTOSTATIC COSTS IN APPEALS CASES
87	COURT COSTS IN SUBROGATED CASES
88	FEES TO OUTSIDE COUNSEL IN IMPLEADER CASES
89	LEGAL FEES AND EXPENSES TO OUTSIDE COUNSEL
91	MISCELLANEOUS DISBURSEMENTS

92	REIMBURSABLE FEES AND COSTS
99	MISCELLANEOUS

		NYSIF Codes
		Record Types 02 or 03
	Disability Types:	
	1	Death Case
	2	Dismemberment Case
	3	Fracture
	4	Other Loss Time Case
	5	No Compensable Loss Time Case (Loss time < 7 days)
	6	No Compensable Loss Time Case (Medical)
	7	No Compensable Loss Time Case (Other)
	Jurisdiction:	**Default =N. Hierarchy applies. E.g.: E will overwrite O, but C will not overwrite E**
	E	Employer's liability
	O	Other State Laws
	C	Concurrent Employment
	N	New York Worker's Compensation Law
	Catastrophe:	NYCIRB Definition=any occurrence involving two or more claimants.
		All claims relating to the first such
		occurrence on a given policy in a given policy year are assigned cat code 1;
		claims relating to the 2nd such occurrence, cat code 2; etc.
		Only exception is for WTC (World Trade Ctr) Code 48=All claims
		directly arising form the commercial airline hijackings of September 11,
		2001 through September 14, 2001.(Ref R.C.1989NYCIRB11-21-01).
	Kind of Injury:	
	B	No Coverage (Not NYSIF case)
	D	Death
	E	Duplicate Case
	M	Other Major Perm. Partial (No Lifetime Reserve; i.e. SLUs, 15-8 Full, Temp Payments of more than 1 year
	P	Permanent Total
	S	Special Values
	T	Temporary Total (Temp payments less than 1 year)
	V	Lifetime Reserve; Major Perm. Partial Classified by WCB
	W	Lifetime Reserve; Major Perm. Partial Not Classified by WCB
	X	Medical Only [Disability Type = "NC"]
	Z	Zero Comp and Med [Disability Type = "ZERO"]

	Special Conditions:	**Hierarchy Applies. E.g.: D will not be overwritten by S, S will be overwritten by D**
	D	15.8 case -- Dust
	F	15.8 case -- (No Dust)
	G	Hearing Loss
	A	Occupational disease - casual relationship established
	R	Radiation
	S	Salvage -- aka Subrogation (3rd party settlement, legal recovery, etc.)
	O	No special condition established
	Claim Status:	
	0	Retired= Case closed by the TPA
	1	Open case
	Legal Status:	
	1	SIF" Impleader no Hold-harmless alleged
	2	SIF: Impleader Hold-harmless alleged
	3	SIF: Direct Action
	4	More than one PLTF-Employee
	5	SIF: Discovery and Inspection Proceeding
	7	SIF: Declaratory Judgment
	8	SIF: Vouch in or loss share
	9	SIF: Miscellaneous (Small Claims, etc.)
	11	Two separate Impleader files, one claimant
	12	1 Pltf, 2 3PTY Pltfs, 1 H/H & 1-H/H
	13	2 Separate Lawsuits, 1 Direct and 1 Impleader
	14	Two direct Actions, Same Clt
	40	Disclaim: Did not Insure at time of Acc
	41	Discl. Cause of action for Hold-harmless only
	42	Discl. Cause of action for Non-comp. injury
	43	Disc. In direct Action Plntf not an employee
	44	Discl. In direct Action Def. not employer
	45	Discl. In Impleader 3rd Party Def. not empl.
	46	Discl. In Impleader Plaintiff not an employee
	47	Discl. SIF not insure 3rd party defendant
	48	Discl. Request by Def. that insured defend
	49	Dir. Action, Cmplnt silent, Comp case - Establish
	51	Abey. Impleader
	52	Abey. Hld-Hrmlss Ins. SIF to Ackn Co Insurance
	53	Abey.Liab. Ins. SIF to Ackn. Co-insurance
	54	Abey. SIF Disclaimed but SIF to be Impleaded
	55	Abey. Waiting for Disc. & Insp. Papers
	56	Abey. Waiting for Direct Action papers

	57	Abey. Waiting for Decl. judgment papers
	58	Abey.Investigation
	59	Abey. Waiting for Miscellaneous papers
	61	They Defend impleader No Hold-harmless alleged
	62	They Defend impleader Hold-harmless alleged
	63	Other: Direct Action
	65	Other: Discovery and Inspection
	69	Assigned to Make up file: Abeyance code
	71	Mult. Decl. Judgment when impleader pending
	72	Declaratory Action; impleader closed
	73	Mult. Decl. Judgment when Dir. Action pending
	74	Declaratory judgment: closed direct action
	91	LT. Graphic Arts Money recovery lawsuit
	Initiating Documents:	
	1	Employer's first report of injury (C-2 long form)
	2	Employee's claim for compensation (C-3)
	3	Attending physician's supplementary report (C-4)
	4	Notice by Workers Compensation Board of indexing of a claim, and request to carrier to submit specified forms (EC-84)
	5	No coverage (C-316)
	6	Political subdivision's report of injury to volunteer fireman (VF-2)
	7	Volunteer fireman's claim for benefits (VF-3)
	16	Telephone
	Pay Codes:	
	TPD	Temporary Partial Disability
	TTD	Temporary Total Disability
	PPD	Permanent Partial Disability
	PTD	Permanent Total Disability
	DBF	Death Benefit
	SSO	Social Security Offset
	INT	Interest Payment
	LSS	Lump sum Payment
	PNL	Penalty
	S32	Section 32 Settlement
	SLS	Special Lump sum (Death cases)
	ADV	Advance Pay
	ARE	Actual Reduced Earnings
	CON	Reimbursement for Concurrent AWW Payment
	EAF	Equitable Attorney Fee
	FDA	Facial Disfigurement Award
	FNB	Funeral Benefit
	REI	Reissue
	SUP	Supplemental Payment

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

	1BP	1B Payment
	158	15-8 Reimbursement
	25A	25-A Reimbursement
	PAY	Pay & Deduct a Lien
		Record Type 20
	Payee Id (Account #)	Payment to:
	00	Claimant
	01-40	Lien (Any type of lien)
	49	Employer Reimbursement
	51-70	Children
	71-79	Parents & Grandparents
	80-89	Others (including siblings)
	90	Funeral Home
	94 & 95	Special Funds
	98	Estate
	99	Spouse
	Degree of Disability used for Reserve	**This field is used for computing Estimates / Reserves**
	PTD	Permanent Total Disability
	PPD	Permanent Partial Disability
	TTD	Temporary Total Disability
	TPD	Temporary Partial Disability
	SPT	Statutory Permanent Total (set by WCB)
	DEA	Death case related to the accident (not posthumous)
	The following types must have a $0.00 Comp Incurred Cost:	
	NC	Non-comp cases (medical only)
	ZER	No comp or medical (zero)
	NSF	Non State Insurance Fund case (no liability found by WCB)
	DUP	Duplicate cases

NCCI Codes	
Body Parts	**Code**
I. Head	
Multiple Head Injury (any Combination of Parts Below)	10
Skull	11
Brain	12
Ear(s) [Includes: Hearing, inside eardrum]	13
Eye(s) [Includes: Optic nerves, vision, eye lids]	14
Nose [Includes: Nasal passage, Sinus, Sense of Smell]	15
Teeth	16
Mouth [Includes: Lips, Tongue, Throat, Taste]	17
Soft Tissue	18
Facial Bones [Includes: Jaw]	19
II. Neck	
Multiple Neck Injury (any combination of parts below)	20
Vertebrae [Includes: Spinal Column Bone, "Cervical Segment"	21
Disc [Includes: Spinal Column Cartilage, "Cervical Segment"	22
Spinal Cord [Includes: Nerve, Nerve Tissue, "Cervical Segment"	23
Larynx [Includes: Cartilage and Vocal Cords]	24
Soft Tissue (other than Larynx or Trachea)	25
Trachea	26
III. Upper Extremities	
Multiple Upper Extremities (any combination of parts below, excluding hands and wrists combined.)	30
Upper Arm [Humerus and corresponding muscles, excluding clavicle and scapula]	31
Elbow [Radial Head]	32
Lower Arm [Fore Arm - Radius, Ulna and Corresponding muscles]	33
Wrist [Carpals and Corresponding Muscles]	34
Hand [Metacarpals and corresponding muscles - excluding wrist or fingers]	35
Finger(s) [other than Thumb and corresponding muscles]	36
Thumb	37
Shoulder(s) [Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula]	38
Wrist(s) and Hand(s)	39
IV. Trunk	
Multiple Trunk (Any combination of Parts Below)	40
Upper Back Area [(Thoracic Area) Upper Back Muscles, Excluding Vertebrae, Disc, Spinal]	41
Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]	42
Disc [Spinal Column Cartilage other than Cervical Segment]	43
Chest [Including Ribs, Sternum, Soft Tissue]	44
Sacrum and Coccyx [Final Nine Vertebrae-Fused]	45
Pelvis	46
Spinal Cord [Nerve Tissue other than Cervical Segment]	47
Internal Organs [Other than Heart and Lungs]	48
Heart	49
Lungs	60

Abdomen [Including Groin; excluding injury to internalorgans]	61
Buttocks Soft Tissue	62
Lumbar &/or Sacral Vertebrae [Vertebra NOC Trunk; Bone portion of the Spinal Column]	63
V. Lower Extremities Multiple Lower Extremities (any combination of parts below)	50
Hip	51
Upper Leg [Femur and corresponding muscles]	52
Knee [Patella]	53
Lower Leg [Tibia, Fibula and Corresponding Muscles]	54
Ankle [Tarsals]	55
Foot [Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes]	56
Toes	57
Great Toe	58
Artificial Appliance [Braces, etc.]	64
Insufficient information to properly identify - Unclassified	65
No Physical Injury [Mental Disorder]	66
Multiple Body Parts (Including Body Systems & Body Parts) [Applies when more than one major body part has been affected, such as an arm and a leg and multiple internal organs]	90
Body Systems and Multiple Body Systems [Applies to the functioning of an entire body system. Has been affected without specific injury to any other part, as in the case of poisoning, corrosive action, inflammation, affecting internal organs, damage to nerve centers, etc. Does not apply when the systemic damage results from an external injury affecting an external part such as a back injury which includes damage to the nerves of the spinal cord.	91

NCCI Codes Type of Injury	Code
I. Specific Injury	
No Physical Injury (i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance)	01
Amputation (Cut-off Extremity, Digit, Protruding Part of Body, usually by surgery, i.e., leg, arm)	02
Angina Pectoris (Chest Pain)	03
Asphyxiation (Strangulation, Drowning)	54
Burn (Heat - burns or scalding; the effect of contact with hot substances. Chemical - tissue damage resulting from the corrosive action of chemicals, fumes, i.e., acids, alkalies.)	04
Concussion (Brain, cerebral)	07
Contusion (Bruise - intact skin surface. Hematoma.)	10
Crushing (To grind, pound or break into small bits.)	13
Dislocation (Pinched nerve, slipped/ruptured disc, herniated disc, sciatica, complete tear, HNP subluxation, MD dislocation.)	16
Dislocation (of joint such as shoulder, elbow, etc.)	17
Electric Shock (Electrocution)	19
Enucleation (Removal of organ or tumor)	22
Foreign Body	25
Fracture (Breaking of a bone or cartilage.)	28
Freezing (Frostbite and other effects or exposure to low temperature.)	30
Hearing Loss or Impairment (Traumatic only. A separate injury, not the sequelae of another injury.)	31
Heat Prostration (Heat stroke, sun stroke, heat exhaustion, heat cramps and other effects of environmental heat.)	32
Hernia (Organ or part through the containing wall of its cavity.)	34
Infection (The invasion of a host by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.	36
Inflammation (The reaction of tissue of injury characterized clinically by heat, swelling, redness and pain.)	37
Laceration (Cut, scratches, abrasions, superficial wounds, calluses. Wound by tearing.)	40
Myocardial Infarction (Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.)	41
Poisoning - General (Not OD or Cumulative Injury) (A systemic morbid condition resulting from the inhalation, ingestion, or skin absorption of a toxic substance affecting the metabolic system, the nervous system, the circulatory system, the digestive syst	42
Puncture (A hole made by the piercing of a pointed instrument.)	43
Rupture	46
Severance (To separate, divide or take off.)	47
Sprain (A trauma or wrenching of a joint, producing pain and disability depending upon degree of injury of ligaments.)	49
Strain (Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.)	52
Syncope (Swooning, fainting, passing out; no other injury)	53
Vascular (Cerebrovascular and other conditions of circulatory systems, NOC. Excludes heart and hemorrhoids. Includes strokes, varicose veins - non-toxic.)	55
Vision Loss	58

All other specific injuries, NOC	59
II. Occupational Disease orCumulative Injury	
Dust Disease, NOC (All other pneumoconiosis)	60
Asbestosis (Lung disease, a form of pneumoconiosis, resulting from protracted inhalation of asbestos particles.)	61
Black Lung (The chronic lung disease or pneumoconiosis found in coal miners.)	62
Byssinosis (Pneumoconiosis of cotton, flax and hemp workers.)	63
Silicosis (Pneumoconiosis resulting from inhalation of Silica [Quartz] dust.)	64
Respiratory Disorders (Gasses, fumes, chemicals, etc.)	65
Poisoning (Chemical, other than metals, man made or organic)	66
Poisoning (metals, man made)	67
Dermatitis (Rash, skin or tissue inflammation including boils, etc. Generally resulting from direct contact with irritants or sensitizing chemicals such as drugs, oils, biologic agents, plants, woods or metals which may be in the form of solids, pastes)	68
Mental Disorder (A clinically significant behavioral or psychological syndrome or pattern typically associated with either a distressing symptom or impairment of funciton i.e., acute anxiety, neurosis, stress, non-toxic depression.)	69
Radiation (All forms of damage to tissue, bones or body fluids produced by exposure to radiation.)	70
All other occupational disease injury, NOC	71
Loss of Hearing	72
Contagious Disease	73
Cancer	74
AIDS	75
VDT - Related Diseases (Video display terminal diseases other than Carpal Tunnel Syndrome)	76
Mental Stress	77
Carpal Tunnel Syndrome (Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist.)	78
Hepatitis C	79
All other cumulative injury, NOC	80
III. Multiple Injuries	
Multiple Physical Injuries Only	90
Multiple Injuries including both physical and physiological	91

NCCI Codes Cause of Injury	Code
I. Burn or Scald, Heat or Cold Exposures **Contact with:**	
Chemicals	01
Hot Objects or Substances	02
Temperature Extremes	03
Fire or Flame	04
Steam or Hot Fluids	05
Dust, Gasses, Fumes or Vapors	06
Welding Operation	07
Radiation	08
Contact with, NOC	09
Cold Objects or Substances	11
Abnormal Air Pressure	14
Electrical Current	84
II. Caught in, under or between:	
Machine or Machinery	10
Object Handled	12
Caught in, under or between, NOC	13
Collapsing Materials, either man made or natural (i.e., slides of earth)	20
III. Cut, Puncture, Scrape, **Injured by:**	
Broken Glass	15
Hand tool, utensil; not powered	16
Object being lifted or handled	17
Powered hand tool, appliance	18
Caught, puncture, scrape, NOC	19
IV. Fall, Slip or Trip Injury	
From different level elevation (off wall, catwalk, bridge, etc.)	25
From ladder or scaffolding	26
From liquid or grease spills	27
Into openings (shafts, excavations, floor openings, etc.)	28
On same level	29
Slipped, do not fall	30
Fall, Slip or Trip, NOC	31
On ice or snow	32
On Stairs	33
V. Motor Vehicle	
Crash of water vehicle	40
Crash of rail vehicle	41
Collision or sideswipe with another vehicle (both vehicles in motion)	45

Collision with a fixed object (standing vehicle or stationary object)	46
Crash of Airplane	47
Vehicle Upset (overturned or jackknifed)	48
Motor vehicle, NOC	50
VI. Strain or Injury by	
Continual noise	52
Twisting	53
Jumping	54
Holding or carrying	55
Lifting	56
Pushing or pulling	57
Reaching	58
Using tool or machinery	59
Strain or injury by, NOC	60
Wielding or throwing	61
Repetitive motion (Carpel Tunnel Syndrome)	97
VII. Striking Against or Stepping On	
Moving part of machine	65
Object being lifted or handled	66
Sanding, scraping, cleaning operation	67
Stationary object	68
Stepping on sharp object	69
Striking against or stepping on, NOC	70
VIII. Struck or Injured by (includes kicked, stabbed, bit, etc.)	
Fellow worker; patient (not in act of a crime)	74
Falling or flying object	75
Hand tool or machine in use	76
Motor vehicle	77
Moving parts of machine	78
Object being lifted or handled	79
Object handled by others	80
Struck or injured, NOC (includes kicked, stabbed, bit, etc.)	81
Animal or insect	85
Explosion or flare back	86
IX. Rubbed or Abraded By	
Repetitive motion (callous, blister, etc.)	94
Rubbed or abraded, NOC	95
X. Miscellaneous Causes	
Absorption, Ingestion or Inhalation, NOC	82
Foreign Matter (body) in eyes	87
Natural Disasters	88
Person in act of a crime (robbery or criminal assault)	89

Other than physical cause of injury	90
Mold	91
Terrorism	96
Cumulative, NOC (all other)	98
Other - miscellaneous, NOC	99

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

Transaction Matrix						
Field Name	**Data Type**	**Size**	— **If Required (R), Required if applicable (RA), Optional (O) or Not Applicable (NA)**			**Comments**
Transaction Record (020):						
Type of Record	Numeric	3	R	R	R	TRANSACTION RECORD = 020
TPA Claim Number	Alpha	15	R	R	R	The Claim number issued by the TPA
Sequence Number	Numeric	3	R	R	R	Sequence number, if more than one record for a claim
Transaction Date	Numeric	8	R	R	R	Date transaction was done by TPA
Payee Id	Numeric	2	NA	NA	R	- See NYSIF Codes
Policy Number	Numeric	8	R	R	R	In case there is more than one policy number
Claim Status	Numeric	1	R	R	R	- See NYSIF Codes
Transaction Code	**Numeric**	**3**	40	41	42	**Transaction Payment Codes: 40=CA (Claim Adjustment=Claim Expense), 41=Med, 42=Comp**
Pay Code	Alpha	3	NA	NA	R	- See NYSIF Codes
Credit Flag	Alpha	2	RA	RA	RA	- See Trans Decode (for any credit transactions 40, 41, or 42)
Type of Payment (Bill Class)	Numeric	1	R	R	NA	- See Trans Decode (For Transaction Code 40, send hardcoded value of 9)
Payment Description (Bill Analysis Code)	Numeric	2	R	R	NA	- See Trans Decode (40 must be > 9, 41 must be < 10)
Supplemental Comp	Numeric	1	NA	NA	R	Indicator if the payment being made is a supplemental payment (0 = no supp, 1 = supp)
Payment Amount Sign	Alpha	1	R	R	R	- See Trans Decode
Payment Amount	Numeric	9.2	R	R	R	Amount of Draft
Aggregate Payment Amount Sign	Alpha	1	O	O	O	- See Trans Decode
Aggregate Payment Amount	Numeric	9.2	O	O	O	Total of all payments including this payment
Degree of Disability used for Reserve	Alpha	3	R	R	R	- See NYSIF Codes [Under Record Type 20]
Start Date	Numeric	8	NA	NA	R	Start date of comp disability payment (See Note 3)
End Date	Numeric	8	NA	NA	R	End date of comp disability payment (See Note 3)
Number of Weeks Sign	Alpha	1	NA	NA	RA	- See Trans Decode and Note 3
Number of Weeks	Numeric	8.4	NA	NA	RA	Number of weeks for comp disability payment (See Note 3)
Weekly Rate	Numeric	6.2	NA	NA	RA	Weekly rate for comp disability payment (See Note 3)
Begin Date of service for Med	Numeric	8	NA	R	NA	Begin Date of service for medical payment
End Date of service for Med	Numeric	8	NA	R	NA	End Date of service for medical payment
Check Number	Numeric	8	R	R	R	TPA's check number
Date of Check	Numeric	8	R	R	R	Date of check
Authorization Code	Alpha	1	RA	RA	NA	TPA authorization code if one is available
Authorization Number	Numeric	9	RA	RA	NA	TPA authorization number if one is available
Bill Number	Numeric	8	RA	RA	NA	Reference number from provider
Payee Name	Alpha	15	R	R	R	Name of the person being paid
Filler		669				
Total Size:		850				

Notes:

1. Decimal position is assumed. For e.g.: If size is 4.2, then 1200.75 would appear as 120075.

2. **Column D, E & F:**
   R = Required.
RA = Required if Applicable
   O = Optional. Default is zeroes for numeric, spaces for alpha.
   NA= Not Applicable.

3. **For Transaction Code 42**, if Pay Code = TPD, TTD, PPD, PTD, DBF or SSO, the following are Required fields:
   Start Date
   End Date
   Number of Weeks Sign
   Number of Weeks
   Weekly Rate

4. All numeric fields should be zero filled

B) Weekly CMS process
Naming convention: <ccyymmdd>_CMS_<VendorName>.txt
Description: Used to update NYSIF tables to generate the required CMS file. This file is cumulative, with all claims needing to be reported to the CMS office
Notes: File needs to be sent as a text file, with fields in specific positions
Layout:

Field #	Field Name	Required	Extract Positions	Format	Size	Comments	CMS File Layout Field #	TPA Required Data for Mandatory Reporting
1	Section 111 Reporter ID	R	1-9	numeric	9	CMS: TIN Reference Detail Record	T2	**Yes**
2	UCN	R	10-39	a/n	30	Unique Control Number for TPA	A2/C2	
3	Injured Party HICN	S	40-51	a/n	12	Cannot be reported as an H0 or HO	A3/C4	**Yes**
4	Injured Party SSN	S	52-60	numeric	9		A4/C5	**Yes**
5	Injured Party Last Name	R	61-100	alpha	40		A5/C6	**Yes**
6	Injured Party First Name	R	101-130	alpha	30		A6/C7	**Yes**
7	Injured Party Gender	R	131-131	numeric	1		C9	**Yes**
8	Indured Party DOB	R	132-139	date	8		C10	**Yes**
9	Injured Party Middle Initial	No	140-140	alpha	1		C8	**Yes**
10	CMS date of loss (DOI)	R	141-148	date	8	CMS date of Incident (DOI)	C12	**Yes**
11	Industry Date of Incident (DOI)		149-156	date	8	Same as (DOI)	C13	**Yes**
12	Alleged Cause of Injury, Incident or illness	S	157-161	a/n	5	ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) External Cause of Injury Code describing the alleged cause of injury/illness. See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-9 must begin with the letter "E." Must NOT be on the list of Excluded ICD-9 Diagnosis Codes found in Appendix I. Optional.	C15	**Yes if exist.**
13	State of Venue	R	162-163	alpha	2	Hard coded value "NY"	C17	**Yes**

14	ICD-9-10 DIAGNOSIS CODE 1	R	164-168	a/n		5	ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) Diagnosis Code describing the alleged injury/illness.1 invalid code rejects entire claim record. Left justify,include leading zeroes. Do not include decimal point. Must exactly match a code on the list of valid ICD-9 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at http://www.section111.cms.hhs.gov. See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-9 cannot begin with the letter "E" and cannot begin with the letter "V." Must NOT be on the list of Excluded ICD-9 Diagnosis Codes found in Appendix I. Required.	C19	**Yes**
15	ICD-9-10 DIAGNOSIS CODE 2	S	169-173	a/n		5	See explanation for Field 14. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 14. Required when multiple body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C21	**Yes**
16	ICD-9 DIAGNOSIS CODE 3	S	174-178	a/n		5	See explanation for Field 14. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 14. Required when 3 or more body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C23	**Yes**
17	ICD-9-10 DIAGNOSIS CODE 4	S	179-183	a/n		5	See explanation for Field 14. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 14. Required when 4 or more body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C25	**Yes**
18	ICD-9-10 DIAGNOSIS CODE 5	S	184-188	a/n		5	See explanation for Field 14. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 14. Required when 5 or more body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C27	**Yes**

19	ICD-9-10 DIAGNOSIS CODE 6	S	189-193	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C29	**Yes**
20	ICD-9-10 DIAGNOSIS CODE 7	S	194-198	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C31	**Yes**
21	ICD-9-10 DIAGNOSIS CODE 8	S	199-203	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C33	**Yes**
22	ICD-9-10 DIAGNOSIS CODE 9	S	204-208	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C35	**Yes**
23	ICD-9-10 DIAGNOSIS CODE 10	S	209-213	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C37	**Yes**
24	ICD-9-10 DIAGNOSIS CODE 11	S	214-218	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C39	**Yes**
25	ICD-9-10 DIAGNOSIS CODE 12	S	219-223	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C41	**Yes**
26	ICD-9-10 DIAGNOSIS CODE 13	S	224-228	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C43	**Yes**
27	ICD-9-10 DIAGNOSIS CODE 14	S	229-233	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C45	**Yes**
28	ICD-9-10 DIAGNOSIS CODE 15	S	234-238	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C47	**Yes**
29	ICD-9-10 DIAGNOSIS CODE 16	S	239-243	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C49	**Yes**
30	ICD-9-10 DIAGNOSIS CODE 17	S	244-248	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C51	**Yes**
31	ICD-9-10 DIAGNOSIS CODE 18	S	249-253	a/n	5	See explanation for Field 14. Provide if available/applicable.1 invalid code rejects entire claim record.	C53	**Yes**
32	ICD-9-10 DIAGNOSIS CODE 19	S	254-258	a/n	5	See explanation for Field 14. Provide if available/applicable. 1 invalid code rejects entire claim record.	C55	**Yes**
33	Decription of Illness/Injury	S	259-308	a/n	50		C57	
34	Product Liability Indicator	R	309-309	a/n	1		C58	
35	Product Generic Name	S	310-349	a/n	40		C59	
36	Product Brand Name	S	350-389	a/n	40		C60	

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

37	Product Manufacturer	S	390-429	a/n	40		C61	
38	Product Alleged Harm	S	430-629	a/n	200		C62	
39	Self-Insured Indicator	S	630-630	a/n	1	Hard coded "N".	C64	**Yes**
40	Self-insured Type	S	631-631	a/n	1		C65	
41	Policyholder Last Name	S	632-671	alpha	40		C66	
42	Policyholder First Name	S	672-701	alpha	30		C67	
43	DBA Name	S	702-771	a/n	70		C68	
44	Legal Name	S	772-841	a/n	70		C69	
45	Plan Insurance Type	R	842-842	a/n	1	"E" (Workers' Comp)	C71	**Yes**
46	TIN	R	843-851	numeric	9		T3/C72	**Yes**
47	Office/Site ID	R	852-860	a/n	9		T4/C73	**Yes**
48	TIN/Office Code Mailing Name	R	861-930	a/n	70		T5	
49	TIN/Office Code Mailing Add 1	R	931-980	a/n	50		T6	
50	TIN/Office Code Mailing Add 2		981-1030	a/n	50		T7	
51	TIN/Office Code City	R	1031-1060	a/n	30		T8	
52	TIN/Office State	R	1061-1062	a/n	2		T9	
53	TIN/Office Code Zip	R	1063-1067	numeric	5		T10	
54	TIN/Office Code Zip+4	No	1068-1071	numeric	4		T11	
55	Policy Number	R	1072-1101	a/n	30		C74	**Yes**
56	Claim Number	R	1102-1131	a/n	30		C75	**Yes**
57	Plan Contact Department Name	R	1132-1201	a/n	70	Hard coded TPA Contact Info	C76	**Yes**
58	Plan Contact Last Name	R	1202-1241	a/n	40	Hard coded TPA Contact Info	C77	**Yes**
59	Plan Contact First Name	R	1242-1271	a/n	30	Hard coded TPA Contact Info	C78	**Yes**
60	Plan Contact Phone	R	1272-1281	numeric	10	Hard coded TPA Contact Info	C79	**Yes**
61	Plan Contact Phone Extension	No	1282-1286	a/n	5	Optional.	C80	

62	No-Fault Insurance Limit	S	1287-1297	numeric	11		C81	
63	Exhaust Date for Dollar Limit for No-Fault Insurance	S	1298-1305	date	8	Fill with zeroes	C82	
64	Injured Party Representative Indicator	S	1306-1306	a/n	1	Valid values are "A" or Space. Enter "A" if clt has an attorney **and data is available** for Fields 65, 66, 67, 68, 69, 71, 72, 73, and 75 otherwise leave blank. Field 67- Required if Attorney is associated with or a member of a firm.	C84	**Yes if value "A"**
65	Representative Last Name	S	1307-1346	a/n	40	Injured Party rep. Need first/last name OR firm name OR **spaces**.	C85	**Yes if exist**
66	Representative First Name	S	1347-1376	a/n	30	Need first/last name OR firm name OR **spaces**.	C86	**Yes if exist**
67	Representative Firm	S	1377-1446	a/n	70	Value "A". Required if Attorney/rep. Need first/last name OR firm name. Prefer all 3.	C87	**Yes if value "A"**
68	Representative TIN	S	1447-1455	numeric	9	Optional if Attorney/representative.	C88	**Yes if exist**
69	Representative Mailing Address 1	S	1456-1505	a/n	50	Value "A". Required if Attorney/representative. If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	C89	**Yes if value "A"**
70	Representative Mailing Address 2	No	1506-1555	a/n	50	Value "A". If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.	C90	**Yes if value "A"**
71	Representative City	S	1556-1585	a/n	30	Value "A". Required if Attorney/representative	C91	**Yes if value "A"**
72	Representative State	S	1586-1587	a/n	2	Value "A". Required if Attorney/representative	C92	**Yes if value "A"**
73	Representative Mail Zip Code	S	1588-1592	numeric	5	Value "A". Required if Attorney/representative	C93	**Yes if value "A"**
74	Representative Mail Zip+4	No	1593-1596	numeric	4	Value "A". Provide if exist.	C94	**Yes if exist**
75	Representative Phone	S	1597-1606	numeric	10	Value "A". Required if Attorney/representative	C95	**Yes if value "A"**
76	Representative Phone Extension		1607-1611	a/n	5	Must be numeric, left-justified and any unused bytes filled with spaces. Optional. If Value "A", provide if exist.	C96	**Yes if exist**
77	ORM Indicator		1612-1612	a/n	1		C98	**Yes**
78	ORM Termination date		1613-1620	date	8	See rules for ORM termination date and ORM term date is on or before 1/1/2010. **ORM termination date should be > 20100101.**	C99	**Yes**
79	TPOC 1 Date		1621-1628	date	8	Initial date that total payment obligation for Claimant was established.	C100	**Yes**

						TPOC date should be > 20100101.		
80	TPOC 1 Amount		1629-1639	numeric	11	If non-zero, TPOC Date 1 must be non-zero. **Money amount, no commas and period.**	C101	**Yes**
81	Funding Delayed beyond TPOC 1 Start Date		1640-1647	date	8	If delayed, actual or estimated date funding to start.	C102	
82	TPOC 2 Date		1648-1655	date	8	If non-zero, TPOC Amount 1 must be non-zero.		
83	TPOC 2 Amount		1656-1666	numeric	11	If non-zero, TPOC Date 1 must be non-zero.		
84	Funding Delayed beyond TPOC 2 Start Date		1667-1674	date	8	If delayed again, actual or estimated date funding to start		
85	TPOC 3 Date		1675-1682	date	8	If non-zero, TPOC Amount 1 must be non-zero.		
86	TPOC 3 Amount		1683-1693	numeric	11	If non-zero, TPOC Date 1 must be non-zero.		
87	Funding Delayed beyond TPOC 3 Start Date		1694-1701	date	8	If delayed again, actual or estimated date funding to start		
88	TPOC 4 Date		1702-1709	date	8	If non-zero, TPOC Amount 1 must be non-zero.		
89	TPOC 4 Amount		1710-1720	numeric	11	If non-zero, TPOC Date 1 must be non-zero.		
90	Funding Delayed beyond TPOC 4 Start Date		1721-1728	date	8	If delayed again, actual or estimated date funding to start		
91	TPOC 5 Date		1729-1736	date	8	If non-zero, TPOC Amount 1 must be non-zero.		
92	TPOC 5 Amount		1737-1747	numeric	11	If non-zero, TPOC Date 1 must be non-zero.		
93	Funding Delayed beyond TPOC 5 Start Date		1748-1755	date	8	If delayed again, actual or estimated date funding to start		
94	C1 Relationship		1756-1756	a/n	1		C104	
95	C1 TIN		1757-1765	numeric	9	Claimant info, only used if claimant is NOT injured party.	C105	
96	C1 Last Name		1766-1805	alpha	40		C106	
97	C1 First Name		1806-1835	alpha	30		C107	
98	C1 Middle Initial		1836-1836	alpha	1		C108	
99	C1 Mail Address 1		1837-1886	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	C109	
100	C1 Mail Address 2		1887-1936	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2	C110	

							is blank.	
101	C1 Mail City		1937-1966	alpha	30			C111
102	C1 Mail State		1967-1968	alpha	2			C112
103	C1-Mail Zip		1969-1973	numeric	5			C113
104	C1 Mail Zip+4		1974-1977	numeric	4			C114
105	C1 Phone		1978-1987	numeric	10			C115
106	C1 Phone Extension		1988-1992	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.		C116
107	C1 Representative Indicator		1993-1993	a/n	1	Claimant representative, only used if claimant is NOT injured party. Eg. Beneficiary's estate		C118
108	C1 Representative Last Name		1994-2033	alpha	40	If C1 Rep Indicator, need first/last name OR firm name. Prefer all 3.		C119
109	C1 Representative First Name		2034-2063	alpha	30	If C1 Rep Indicator, need first/last name OR firm name. Prefer all 3.		C120
110	C1 Representative Firm Name		2064-2133	a/n	70	If C1 Rep Indicator, need first/last name OR firm name. Prefer all 3.		C121
111	C1 Representative TIN		2134-2142	numeric	9	If C1 Rep Indicator, Optional. Otherwise spaces/zeroes.		C122
112	C1 Representative Mailing Add 1		2143-2192	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1		C123
113	C1 Representative Mailing Add 2		2193-2242	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.		C124
114	C1 Representative City		2243-2272	alpha	30			C125
115	C1 Representative State		2273-2274	alpha	2			C126
116	C1 Representative Zip		2275-2279	numeric umeric	5			C127
117	C1 Representative Zip+4		2280-2283	numeric	4			C128
118	C1 Representative Phone		2284-2293	numeric	10			C129
119	C1 Representative Phone Extension		2294-2298	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.		C130
120	C2 Relationship		2299-2299	a/n	1	Claim Input File Auxiliary Record		A7

121	C2 TIN		2300-2308	numeric	9	Claimant 2 info, only used if there is more than 1 claimant listed.	A8	
122	C2 Last Name		2309-2348	alpha	40		A9	
123	C2 First Name		2349-2378	alpha	30		A10	
124	C2 Middle Initial		2379-2379	alpha	1		A11	
125	C2 Mail Address 1		2380-2429	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	A12	
126	C2 Mail Address 2		2430-2479	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.	A13	
127	C2 Mail City		2480-2509	alpha	30		A14	
128	C2 Mail State		2510-2511	alpha	2		A15	
129	C2-Mail Zip		2512-2516	numeric	5		A16	
130	C2 Mail Zip+4		2517-2520	numeric	4		A17	
131	C2 Phone		2521-2530	numeric	10		A18	
132	C2 Phone Extension		2531-2535	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.	A19	
133	C2 Representative Indicator		2536-2536	a/n	1	Claimant 2 representative, only used if claimant 2 is represented.	A21	
134	C2 Representative Last Name		2537-2576	alpha	40	If C2 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A22	
135	C2 Representative First Name		2577-2606	alpha	30	If C2 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A23	
136	C2 Representative Firm Name		2607-2676	a/n	70	If C2 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A24	
137	C2 Representative TIN		2677-2685	numeric	9	If C2 Rep Indicator, Optional. Otherwise spaces/zeroes.	A25	
138	C2 Representative Mailing Add 1		2686-2735	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	A26	
139	C2 Representative Mailing Add 2		2736-2785	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.	A27	
140	C2 Representative City		2786-2815	alpha	30		A28	

141	C2 Representative State		2816-2817	alpha	2		A29
142	C2 Representative Zip		2818-2822	numeric	5		A30
143	C2 Representative Zip+4		2823-2826	numeric	4		A31
144	C2 Representative Phone		2827-2836	numeric	10		A32
145	C2 Representative Phone Extension		2837-2841	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.	A33
146	C3 Relationship		2842-2842	a/n	1		A35
147	C3 TIN		2843-2851	numeric	9	Claimant 3 info, only used if there is more than 2 claimants listed.	A36
148	C3 Last Name		2852-2891	alpha	40		A37
149	C3 First Name		2892-2921	alpha	30		A38
150	C3 Middle Initial		2922-2922	alpha	1		A39
151	C3 Mail Address 1		2923-2972	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	A40
152	C3 Mail Address 2		2973-3022	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.	A41
153	C3 Mail City		3023-3052	alpha	30		A42
154	C3 Mail State		3053-3054	alpha	2		A43
155	C3-Mail Zip		3055-3059	numeric	5		A44
156	C3 Mail Zip+4		3060-3063	numeric	4		A45
157	C3 Phone		3064-3073	numeric	10		A46
158	C3 Phone Extension		3074-3078	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.	A47
159	C3 Representative Indicator		3079-3079	a/n	1	Claimant 3 representative, only used if claimant 3 is represented.	A49
160	C3 Representative Last Name		3080-3119	alpha	40	If C3 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A50
161	C3 Representative First Name		3120-3149	alpha	30	If C3 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A51

162	C3 Representative Firm Name		3150-3219	a/n	70	If C3 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A52	
163	C3 Representative TIN		3220-3228	numeric	9	If C3 Rep Indicator, Optional. Otherwise spaces/zeroes.	A53	
164	C3 Representative Mailing Add 1		3229-3278	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	A54	
165	C3 Representative Mailing Add 2		3279-3328	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.	A55	
166	C3 Representative City		3329-3358	alpha	30		A56	
167	C3 Representative State		3359-3360	alpha	2		A57	
168	C3 Representative Zip		3361-3365	numeric	5		A58	
169	C3 Representative Zip+4		3366-3369	numeric	4		A59	
170	C3 Representative Phone		3370-3379	numeric	10		A60	
171	C3 Representative Phone Extension		3380-3384	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.	A61	
172	C4 Relationship		3385-3385	a/n	1		A63	
173	C4 TIN		3386-3394	numeric	9	Claimant 4 info, only used if there is more than 3 claimants listed.	A64	
174	C4 Last Name		3395-3434	alpha	40		A65	
175	C4 First Name		3435-3464	alpha	30		A66	
176	C4 Middle Initial		3465-3465	alpha	1		A67	
177	C4 Mail Address 1		3466-3515	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	A68	
178	C4 Mail Address 2		3516-3565	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.	A69	
179	C4 Mail City		3566-3595	alpha	30		A70	
180	C4 Mail State		3596-3597	alpha	2		A71	
181	C4-Mail Zip		3598-3602	numeric	5		A72	

182	C4 Mail Zip+4		3603-3606	numeric	4		A73	
183	C4 Phone		3607-3616	numeric	10		A74	
184	C4 Phone Extension		3617-3621	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.	A75	
185	C4 Representative Indicator		3622-3622	a/n	1	Claimant 4 representative, only used if claimant 4 is represented.	A77	
186	C4 Representative Last Name		3623-3662	alpha	40	If C4 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A78	
187	C4 Representative First Name		3663-3692	alpha	30	If C4 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A79	
188	C4 Representative Firm Name		3693-3792	a/n	70	If C4 Rep Indicator, need first/last name OR firm name. Prefer all 3.	A80	
189	C4 Representative TIN		3763-3771	numeric	9	If C4 Rep Indicator, Optional. Otherwise spaces/zeroes.	A81	
190	C4 Representative Mailing Add 1		3772-3821	a/n	50	If extraneous info (apt, fl, etc) exists, put separate on Address Line 1	A82	
191	C4 Representative Mailing Add 2		3822-3871	a/n	50	If extraneous info exists, put number/street address on Address Line 2, else number/street address on Address Line 1 and Address Line 2 is blank.	A83	
192	C4 Representative City		3872-3901	alpha	30		A84	
193	C4 Representative State		3902-3903	alpha	2		A85	
194	C4 Representative Zip		3904-3908	numeric	5		A86	
195	C4 Representative Zip+4		3909-3912	numeric	4		A87	
196	C4 Representative Phone		3913-3922	numeric	10		A88	
197	C4 Representative Phone Extension		3923-3927	numeric	5	Must be numeric, left-justified and any unused bytes filled with spaces.	A89	
198	Filler		3928-3940	a/n	13			
199	Input Action Type		3941-3941	numeric	1		C3	
200	Filler		3942-4042	a/n	101			
201	Claimant 1 Enitity/Organization Name		4043-4113	alpha	71			
202	Claimant 2 Enitity/Organization Name		4114-4184	alpha	71			
203	Claimant 3 Enitity/Organization Name		4185-4255	alpha	71			
204	Claimant 4		4256-4326	alpha	71			

	Enitity/Organization Name							
205	C7 filed date		4327-4334	date	8	tied into CMS query, only report W/E to CMS.		**Yes**
206	C7 Status		4335-4335	alpha	1	Key: Space/blank = Active C7, D = Disallowed, N = Not Adjudicated, A = Appealed, W = Withdrawn, E = Established.		**Yes**
207	SSDB Flag		4336-4336	alpha	1	(Y/N/U) Yes, No, or Unknown		
208	SSDB Effective Date		4337-4344	date	8			
209	Section 25-a Effective Date		4345-4352	date	8			**Yes**
210	Section 25-1f Discharge Date		4353-4360	date	8			**Yes**
211	Death Date		4361-4368	date	8			**Yes**
212	Third Party Case Settlement Date		4369-4376	date	8			**Yes**
213	Third Party Case Settlement Amount		4377-4385	numeric	9			**Yes**
214	Burns Case Indicator		4386-4386	alpha	1	(Y/N)		
215	Section 32 Settlement Date		4387-4394	date	8			**Yes**
216	Section 32 Settlement Amount		4395-4403	numeric	9			**Yes**
217	Section 32 with Medical Payments Continuing		4404-4404	alpha	1	(Y/N) – required if given date		**Yes**
218	Fraud Effective Date		4405-4412	date	8			**Yes**
219	Medical payments suspended		4413-4413	alpha	1	(Y/N) – required, If Y then = ORM Termination Date.		
220	Medicare Eligible Status	R	4414-4414	alpha	1	(Y/N/U) - required Yes, No, or Unknown		
221	Medicare Effective Date		4415-4422	date	8			
222	CMS Claimant Name	R	4423-4429	alpha	7	(1st 6 chars of Last Name + 1st char of First Name) – required		
223	MSP Effective Date		4430-4437	date	8	optional.		
224	MSP Termination Date		4438-4445	date	8	optional.		

225	2nd Alleged Cause of Injury, Incident or illness		4446-4450	alpha	5	required if available.		
226	ICD-10 Alleged Cause of Injury, Incident, or Illness	S	4451-4457	a/n	7	ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) External Cause of Injury Code describing the alleged cause of injury/illness. See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-10 must begin with "V," "W," "X," or "Y."Must NOT be on the list of Excluded ICD-10 Diagnosis Codes found in Appendix I. Optional.	C15	**Yes if exist.**
227	ICD-10 Diagnosis Code 1	R	4458-4464	a/n	7	ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) Diagnosis Code describing the alleged injury/illness.1 invalid code rejects entire claim record. Left justify,include leading zeroes. Do not include decimal point. Must exactly match a code on the list of valid ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at http://www.section111.cms.hhs.gov. See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-10 cannot begin with the letter "V," "W," "X," or "Y." Must NOT be on the list of Excluded ICD-10 Diagnosis Codes found in Appendix I. Required.	C19	**Yes**
228	ICD-10 Diagnosis Code 2	S	4465-4471	a/n	7	See explanation for Field 227. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 227. Required when multiple body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C21	**Yes**
229	ICD-10 Diagnosis Code 3	S	4472-4478	a/n	7	See explanation for Field 227. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 227. Required when 3 or more body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C23	**Yes**

230	ICD-10 Diagnosis Code 4	S	4479-4485	a/n	7	See explanation for Field 227. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 227. Required when 4 or more body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C25	**Yes**
231	ICD-10 Diagnosis Code 5	S	4486-4492	a/n	7	See explanation for Field 227. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 227. Required when 5 or more body parts are affected. Provide if available/applicable. 1 invalid code rejects entire claim record.	C27	**Yes**
232	ICD-10 Diagnosis Code 6	S	4493-4499	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C29	**Yes**
233	ICD-10 Diagnosis Code 7	S	4500-4506	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C31	**Yes**
234	ICD-10 Diagnosis Code 8	S	4507-4513	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C33	**Yes**
235	ICD-10 Diagnosis Code 9	S	4514-4520	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C35	**Yes**
236	ICD-10 Diagnosis Code 10	S	4521-4527	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C37	**Yes**
237	ICD-10 Diagnosis Code 11	S	4528-4534	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C39	**Yes**
238	ICD-10 Diagnosis Code 12	S	4535-4541	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C41	**Yes**
239	ICD-10 Diagnosis Code 13	S	4542-4548	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C43	**Yes**
240	ICD-10 Diagnosis Code 14	S	4549-4555	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C45	**Yes**
241	ICD-10 Diagnosis Code 15	S	4556-4562	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C47	**Yes**
242	ICD-10 Diagnosis Code 16	S	4563-4569	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C49	**Yes**
243	ICD-10 Diagnosis Code 17	S	4570-4576	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C51	**Yes**

244	ICD-10 Diagnosis Code 18	S	4577-4583	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C53	**Yes**
245	ICD-10 Diagnosis Code 19	S	4584-4590	a/n	7	See explanation for Field 227. Provide if available/applicable. 1 invalid code rejects entire claim record.	C55	**Yes**

C) Monthly control file
   Naming convention: <VendorName>_CONTROL_FILE_FOR<mm>-<ccyy>.xls
   Description: Used to reconcile payment notification received from Vendor with what NYSIF has internally in our system
   Notes: File needs to be sent as a tab delimited excel file
   Layout:
   Account number
   Claimant Name
   Location- claim
   Site – claim
   Accident Date
   Status – claim
   State – claim
   Policy number
   Claim number
   Payment date
   Pay code
   Pay description
   Transaction amount
   Check number – payment
   From date – payment
   Thru date – payment
   Vendor code – payment
   Payee name
   Claim – vendor payee address 1
   Claim – vendor city
   Claim – vendor state
   Claim – vendor zip code
   Entry date – payment
   Claim – vendor IRS number
   Sequence number

D) NCCI file
   Naming convention: <VendorName>_<YYYY>_<MonthAbbreviation>_<Date Sent
   MMDDYYYY>.txt
   Description: NCCI file
   Notes: File needs to be sent as a tab delimited excel file
   Layout:

NCCI Medical Layout

Detail Record Layout

Field No.	Field Title/Description	Data Type	Position	Length	Corresponds to NCCI Data Element**
1	Carrier Code*	Numeric	1-5	5	Yes
2	Policy Number Identifier	Alphanumeric	6-23	18	Yes
3	Policy Effective Date	Numeric	24-31	8	Yes
4	Claim Number Identifier*	Alphanumeric	32-43	12	Yes
5	Transaction Code	Numeric	44-45	2	Yes
6	Jurisdiction State Code	Numeric	46-47	2	Yes
7	Claimant Gender Code	Alphanumeric	48-48	1	Yes
8	Birth Year	Numeric	49-52	4	Yes
9	Accident Date	Numeric	53-60	8	Yes
10	Transaction Date	Numeric	61-68	8	Yes
11	Bill Identification Number*	Alphanumeric	69-98	30	Yes
12	Line Identification Number*	Alphanumeric	99-128	30	Yes
13	Service Date	Numeric	129-136	8	Yes
14	Service From Date	Numeric	137-144	8	Yes
15	Service To Date	Numeric	145-152	8	Yes
16	Paid Procedure Code	Alphanumeric	153-177	25	Yes
17a	First Paid Procedure Code Modifier	Alphanumeric	178-181	4	Yes
17b	Second Paid Procedure Code Modifier	Alphanumeric	182-185	4	Yes
18	Amount Charged By Provider	Numeric	186-196	11	Yes
19	Paid Amount	Numeric	197-207	11	Yes
20	Primary ICD9 Diagnostic Code	Alphanumeric	208-221	14	Yes
21	Secondary ICD9 Diagnostic Code	Alphanumeric	222-235	14	Yes
22	Provider Taxonomy Code	Alphanumeric	236-255	20	Yes
23	Provider Identification Number	Alphanumeric	256-270	15	Yes
24	Provider Postal (ZIP) Code	Alphanumeric	271-273	3	Yes
25	Network Service Code	Alphanumeric	274-274	1	Yes
26	Quantity/Number of Units per Procedure Code	Numeric	275-281	7	Yes
27	Place of Service Code	Alphanumeric	282-289	8	Yes
28	Secondary Procedure Code	Alphanumeric	290-314	25	Yes
29	Reserved for Future Use	Alphanumeric	315-350	36	Yes
30	TPA Claim Number	Alphanumeric	351-365	15	

* This data element is considered a key field and must be reported the same as on the original record for all records related to a medical transaction (line). Refer to Key Fields in the NCCI Medical Data Call Guidebook Structure section (Part 3).

** See NCCI Medical Data Call Reporting Guidebook for specific data dictionary details related to how each data element should be populated as well as format. Refer to Place of service Crosswalk on ncci.com.

Control Record Layout

Field No.	Field Title/Description	Data Type	Position	Length	
	Date Time the Control record was loaded				
1	**Record Type** Report "SUBCTRLREC" One Submission Control Record is required for each submission.	Alpha	1-10	10	
2	**Submission File Type Code** Report the code that identifies the type of file being submitted. O=Original R=Replacement This field cannot be blank.	Alpha	11	1	
3	**Carrier Group Code*** Report the NCCI Carrier Group Code that corresponds to the Reporting Group for which the data provider has been certified to report on its behalf.	Numeric	12-16	5	NYSIF Carrier Group Code: 19941
4	**Reporting Quarter Code*** Report the code that corresponds to the quarter when the medical transactions being reported occurred. 1 = First Quarter 2 = Second Quarter 3 = Third Quarter 4 = Fourth Quarter Note for monthly submissions the same quarter code would be sent for all monthly transmissions in that quarter	Numeric	17	1	
5	**Reporting Year*** Report the year that corresponds to the year when the medical transactions being reported occurred. Format: YYYY	Numeric	18-21	4	

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

Field No.	Field Title/Description	Data Type	Position	Length	
6	**Submission File Identifier*** Report the unique identifier created by the data provider to distinguish the file being submitted from previously submitted files. Format: A/N 30, this field must be left justified and contain blanks in all spaces to the right of the last character if the Submission File Identifier is less than 30 bytes. It is the responsibility of the vendor to provide a unique value in this field. Any duplicate values will cause the file to be rejected.	Alphanumeric	22-51	30	
7	**Submission Date**** Report the date the file was generated. Format: YYYYMMDD	Numeric	52-59	8	
8	**Submission Time**** Report the time the file was generated in military time. Format: HHMMSS (HH = Hours, MM = Minutes, SS = Seconds)	Numeric	60-65	6	
9	**Record Total** Report the total number of records in the file, excluding the Submission Control Record. Note: Blank rows will be removed during processing and not counted. If blank rows are included in the Record Total, the file will appear out of balance and reject. This field must be right justified and left zero-filled	Numeric	66-76	11	
10	**Filler** - Reserved for future use	Alpha	77-350	274	

ATTACHMENT 5
NYSIF FILE LAYOUT – WORKERS COMPENSATION CLAIMS

E) Daily process error file
Naming convention: <ccyymmdd>_<VendorName>.csv
Description: Any errors found from processing the input file from vendor results in an error report, which NYSIF will send every day.
Notes: File will be sent as a tab delimited excel file.
Layout:

Field Name	Data Type	Comments
Claim Number	Alpha	The Claim number issued by the TPA
Record Type	Numeric	Record type which contains the error, 001, 002, 003 or 020.
Original Value	Alpha	Contains the value of the field that contains the error
Error Message	Alpha	Description of error
Note:		
The Daily Error Return file is a comma delimited file. If there are no errors, it will contain only the header information.		

F) Weekly CMS process error file
Naming convention: <ccyymmdd>_<VendorName>_CMS_WEEKLY_ERROR.xls
Description: Any errors found from processing the input file from vendor results in an error report, which NYSIF will send every week. This report contains errors that were found during NYSIF's weekly CMS validation process.
Notes: File will be sent to TPA vendor as a tab delimited excel file.
Layout:

Field Name	Length	Type	Description
RECEIVE_DATE	8	Number	File date - Required Field
FILE_REC_NO	up to 38 digits	Number	Sequence # in Weekly Input file - Required Field
FIELD_NAME	30	Alphanumeric	Field name in CMS_CLAIM_tbl - weekly table
FIELD_NUMBER	up to 38 digits	Number	Field # in Weekly record layout - Required Field
FIELD_VALUE	1000	Alphanumeric	Field value in Weekly Input file
ERROR_CODE	4	Alphanumeric	Error code from CMS manual
ERROR_DESCRIPTION	1000	Alphanumeric	Error description from CMS manual
CLAIM_NUMBER	30	Alphanumeric	TPA Claim Number. Example 00890FJPMON131887.
CMS_QUERY_FIELD	1	Alphanumeric	Value 'Y' or 'N'. flag shows if claim passed monthly validation process or not.
CMS_CLAIM_INPUT_FIELD	1	Alphanumeric	Value 'Y' or 'N'. flag shows if claim passed quarterly validation process or not.

G) Monthly CMS query response file
Naming convention: CMS_<VendorName>_RESPONSE_REPORT_<ccyymmddhhmmss>.csv
Description: Any differences found in processing by CMS results in an error report, returned to NYSIF. NYSIF will forward this error report to TPA vendor once a month. This report contains differences that were found during the CMS monthly response validation process between CMS and vendor data provided to NYSIF.
Notes: File will be sent to TPA vendor, as comma delimited excel file.
Layout:

Field Name	Type	Length	Description
TPA_CLAIM_NUM	Alphanumeric	30	TPA Claim Number. Example 00890FJPMON131887.
CMS_HICN	Alphanumeric	12	Health Insurance Claim Number. Provides by CMS office.
TPA_HICN	Alphanumeric	12	Health Insurance Claim Number. Provides by TPA office.
CMS_LAST_NAME	Alphanumeric	6	First 6 characters of the Last name. Provides by CMS office.
TPA_LAST_NAME	Alphanumeric	6	name. Only first 6 characters of the Last name sends to CMS
CMS_FIRST_INITIAL	Alphanumeric	1	First Initial of the first name. Provided by CMS office.
TPA_FIRST_INITIAL	Alphanumeric	1	First Initial of the first name. TPA office provides full first name. Only first Initial of the first name sent to CMS office
CMS_DOB	Alphanumeric	8	CMS office Date of Birth.
TPA_DOB	Alphanumeric	8	TPA office Date of Birth.
CMS_GENDER	Alphanumeric	1	CMS office gender.
TPA_GENDER	Alphanumeric	1	TPA office gender.
CMS_MED_ELEG_STATUS	Alphanumeric	1	Value 'Y' or 'N'. 'Y' claim is eligible for MMS services.
TPA_MED_ELEG_STATUS	Alphanumeric	1	Value 'Y' or 'N'. 'Y' claim is eligible for MMS services.
PROCESS_DT	Alphanumeric	8	Date when Monthly Response file was processed.

H) Quarterly CMS claim response file
Naming convention:
CMS_<VendorName>_RESPONSE_REPORT_DISP_CODE_SP_51_50_<ccyymmddhhmmss>.csv
Description: Any errors found from processing the CMS claim's response information results in an error report, which NYSIF will send every quarterly. This report contains differences and errors that were found during the CMS quarterly response validation process between DMS and vendor data.
Notes: File will be sent to TPA vendor as comma delimited excel file.
Layout:

Field	Type	Length	Description
NYSIF_CLM_NUM	Alphanumeric	15	NYSIF claim number. Example 66655533.
ACTION_TYPE	Alphanumeric	11	Value 0, 1, and 2. Add, delete, and update.
TPA_HICN	Alphanumeric	12	Health Insurance Claim Number. Provides by TPA office.
TPA_SSN	Alphanumeric	9	SSN provides by TPA office. Contain only numbers.
TPA_LAST_NAME	Alphanumeric	40	Full last name. Provides by TPA office. Cannot contain special characters except apostrophe.
TPA_FIRST_NAME	Alphanumeric	30	Full first name. Provides by TPA office. Cannot contain any special characters.
TPA_MI_NAME	Alphanumeric	12	Middle Init name. Provides by TPA office. Cannot contain special characters
TPA_GENDER	Alphanumeric	11	Gender provides by TPA office. Value 1, or 2. 1- male. 2 - female.
TPA_DOB	Alphanumeric	8	Date of birth provides by TPA office.
TPA_TIN	Alphanumeric	9	TIN provides by NYSIF Claims deportment.
TPA_OFFICE_ID	Alphanumeric	14	Office ID provides by NYSIF Claims deportment.
TPA_POLICY_NUM	Alphanumeric	30	Policy number provides by TPA office. Compare against NYSIF policy number.
TPA_CLAIM_NUM	Alphanumeric	30	TPA Claim Number. Example 00890FJPMON131887
CMS_HICN	Alphanumeric	12	Health Insurance Claim Number. Provides by CMS office.
CMS_LAST_NAME	Alphanumeric	40	Full last name. Provides by CMS office.
CMS_FIRST_NAME	Alphanumeric	30	Full first name. Provides by CMS office.
CMS_MI_NAME	Alphanumeric	11	Middle Init name. Provides by CMS office.
CMS_GENDER	Alphanumeric	10	Gender provides by CMS office.
CMS_DOB	Alphanumeric	8	Date of birth provides by CMS office.
CMS_MSP_DATE	Alphanumeric	12	Medicare Secondary Payer date.
CMS_MSP_TERM_DATE	Alphanumeric	17	Medicare Secondary Payment termination date.
CMS_MSP_IND	Alphanumeric	11	Medicare Secondary Payer type..
CMS_DISP_CODE	Alphanumeric	13	2 digit code indicating how the record was processed.
CMS_ERR_CD_1	Alphanumeric	12	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error.

CMS_ERR_CD_2	Alphanumeric	12	
CMS_ERR_CD_3	Alphanumeric	12	
CMS_ERR_CD_4	Alphanumeric	12	
CMS_ERR_CD_5	Alphanumeric	12	
CMS_ERR_CD_6	Alphanumeric	12	
CMS_ERR_CD_7	Alphanumeric	12	
CMS_ERR_CD_8	Alphanumeric	12	
CMS_ERR_CD_9	Alphanumeric	12	
CMS_ERR_CD_10	Alphanumeric	13	
CMS_COMP_FL_1	Alphanumeric	13	Code indicating compliance issue found with record.
CMS_COMP_FL_2	Alphanumeric	13	
CMS_COMP_FL_3	Alphanumeric	13	
CMS_COMP_FL_4	Alphanumeric	13	
CMS_COMP_FL_5	Alphanumeric	13	
CMS_COMP_FL_6	Alphanumeric	13	
CMS_COMP_FL_7	Alphanumeric	13	
CMS_COMP_FL_8	Alphanumeric	13	
CMS_COMP_FL_9	Alphanumeric	13	
CMS_COMP_FL_10	Alphanumeric	14	
PROCESS_DT	Alphanumeric	10	Process date.