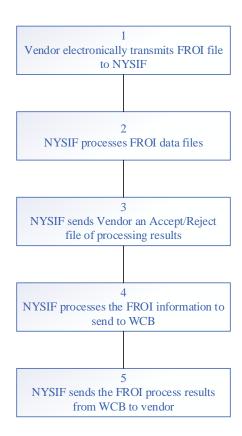


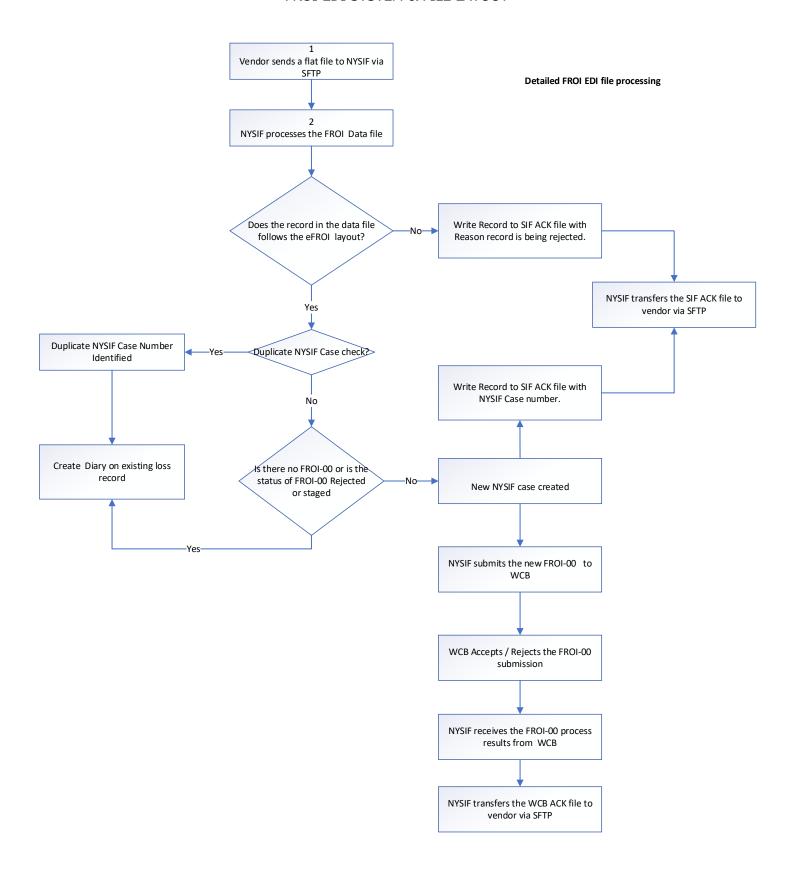
NEW YORK STATE INSURANCE FUND ELECTRONIC RECEIPT OF FIRST REPORT OF INJURY PROJECT PLAN (Draft Version)

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High Level Process

NYSIF/Vendor Electronic Submission of FROI Process





Vendor FROI EDI Process:

Technical Specifications for FROI EDI Process:

Purpose:

This process will ensure that the vendor electronically submits to NYSIF only those First Report of Injury data that are in accordance with the defined NYSIF business rules for electronic Data Exchange.

- Create a FROI data file for any received First Report of Injury with eFROI File layout
- Name the FROI data file using the eFROI File Naming Convention as defined below.
- Encrypt eFROI file using an agreed upon encryption methodology.
- Transmit the eFROI file via sftp.
- Transmit the eFROI file daily at a to be determined time.
- Send an empty data file with no FROI data when there are no FROI to process for that day.

NYSIF shall:

- Reject the entire file back to vendor if the file is not valid.
- Process the eFROI file in accordance with NYSIF business rules.
- Create an Accept/Reject Report file indicating the results of the processing of the vendor eFROI file in the form of CSV file.
- Create the CSV file using the Accept/reject Report file layout as defined on page 29.
- Name the CSV file using the Accept/Reject Report File Naming Convention defined on page 29.
- Encrypt the Accept/Reject Report file using an agreed upon encryption methodology.
- Transmit the Accept/Reject Report file via sftp.
- Transmit Accept/Reject Report file daily at a to be determined time.
- If NYSIF receives an empty data file, no FROI data, an email will be sent out to vendor and NYSIF contacts.

 O Please note NYSIF has received an empty data file, indicating that there are no FROI data records to be processed today.

Vendor eFROI data File Naming Convention

<VENDORNAME>_<YYYYMMDD>_eFROI_<YYYYMMDDHIMMSS>_<FILENUM>.TXT

Name	Type & Length	Description
Vendor Name	Char(10)	<vendor_name></vendor_name>
8 Digit Date	Char(8)	YYYYMMDD - Date of eFROI txt file creation and submission
Constant - eFROI	Char(5)	eFROI
Timestamp Digit Date	Char(14)	Timestamp of the eFROI file submission
File Number or Unique Number	Char(3)	Sequence number of file
Extension	Char	TXT

Sample File Name: VENDORNAME_20210714_eFROI_20210714070101_01.TXT

eFROI File Layout

Rec	DN	Data Element Name	Format	Length	Beg	End	Notes	Requirement
	1	48 Data Elements						
148	0001	Transaction Set ID	A/N	3	1	3	148	F
148	0002	Maintenance Type Code	A/N	2	4	5	00	F
148	0003	Maintenance Type Code Date	DATE	8	6	13	Date report sent to carrier (NYSIF)	F
148	0004	Jurisdiction Code	A/N	2	14	15		F
148	0005	Jurisdiction Claim Number	A/N	25	16	40		IA
148	0006	Insurer FEIN	A/N	9	41	49		F
148	n/a	Vendor Unique Claim Number	A/N	129	50	178	Vendor Unique Claim Number	М
148	0012	Claim Administrator City	A/N	15	179	193	New York City	М
148	0013	Claim Administrator State Code	A/N	2	194	195	NY	М
148	0014	Claim Administrator Postal Code	A/N	9	196	204	100071100	F
148	0015	Claim Administrator Claim Number	A/N	25	205	229	NYSIF Unique Claim Number	F
148	0016	Employer FEIN	A/N	9	230	238		MC
148	n/a	Filler (Not for Use)	A/N	120	239	358		
148	0021	Employer Physical City	A/N	15	359	373		MC
148	0022	Employer Physical State Code	A/N	2	374	375		МС
148	0023	Employer Physical Postal Code	A/N	9	376	384		МС

148	n/a	Filler (Not for Use)	A/N	1	385	385		
148	0025	Industry Code	A/N	6	386	391	NAIC code	МС
148	n/a	Filler (Not for Use)	A/N	10	392	401	14/10/0000	
148	0027	Insured Location Identifier	A/N	15	402	416		IA
148	0028	Policy Number Identifier	A/N	18	417	434		МС
148	n/a	Filler (Not for Use)	A/N	12	435	446		
148	0029	Policy Effective Date	DATE	8	447	454		IA
148	0030	Policy Expiration Date	DATE	8	455	462		IA
148	0031	Date of Injury	DATE	8	463	470		М
148	0032	Time of Injury	TIME	4	471	474		IA
148	0033	Accident Site Postal Code	A/N	9	475	483		МС
148	n/a	Filler (Not for Use)	A/N	1	484	484	Leave blank	
148	0035	Nature of Injury Code	A/N	4	485	488	Refer the NCCI	МС
		Filler (Not for Use)	A/N	4	489	492	Code	0
148	n/a 0037	Cause of Injury Code	A/N	4	493	496	Leave blank Refer the NCCI	
148							Code	MC
148	n/a	Filler (Not for Use)	A/N	150	497	646	Leave blank	
148	0039	Initial Treatment Code	A/N	2	647	648	0, 1, 2, 3, 4, 5 (Quick Code Ref. List)	МС
148	0040	Date Employer Had Knowledge of the Injury	DATE	8	649	656		М
148	0041	Date Claim Administrator Had Knowledge of the Injury	DATE	8	657	664	Date report sent to carrier (NYSIF)	М
148	n/a	Filler (Not for Use)	A/N	39	665	703	Leave blank	
148	0044	Employee First Name	A/N	30	704	733	Leave Dialik	M
148	n/a	Filler (Not for Use)	A/N	61	734	794	Leave blank	
148	0048	Employee Mailing City	A/N	20	795	814		М
148	0049	Employee Mailing State Code	A/N	2	815	816		MC
148	0050	Employee Mailing Postal Code	A/N	9	817	825		М
148	n/a	Filler (Not for Use)	A/N	10	826	835	Leave blank	
148	0052	Employee Date of Birth	DATE	8	836	843	-	MC
148	0053	Employee Gender Code	A/N	1	844	844		М
148	0054	Employee Marital Status Code	A/N	1	845	845	Leave blank	NA
148	0055	Employee Number of Dependents	N	2	846	847	Leave blank	IA
148	0056	Initial Date Disability Began	DATE	8	848	855		МС
148	0057	Employee Date of Death	DATE	8	856	863		МС
148	0058	Employment Status Code	A/N	2	864	865	1, 2, 7, 8, 9 (Quick Code Ref. List)	МС
	0059	Manual Classification Code	A/N	4	866	869	,	М
148	n/a	Filler (Not for Use)	A/N	30	870	899	Leave blank	
	11/ a	•	DATE	8	900	907		IA
148	0061	Employee Date of Hire	DATE	0	000			I/A
148 148	-	Employee Date of Hire Wage	\$9.20	11	908	918		MC
148 148 148 148	0061	• •						

148	0065	Initial Date Last Day Worked	DATE	8	922	929		IA
148	0066	Full Wages Paid for Date of Injury Indicator	A/N	1	930	930		MC
148	n/a	Filler (Not for Use)	A/N	1	931	931	Leave blank	
148	0068	Initial Return to Work Date	DATE	8	932	939	Loave blank	МС
		End 148 Elements						
		R21 Data Elements						
R21	0001	Transaction Set ID	A/N	3	1	3		F
KZI	0295	Maintenance Type Correction	A/N	2	4	5	R21	
R21	0293	Code	, , , ,				00	Х
R21	0296	Maintenance Type Correction Code Date	DATE	8	6	13	Date report sent to carrier (NYSIF)	х
R21	n/a	Filler - Future Defined Usage	A/N	8	14	21	Leave blank	
R21	0186	Jurisdiction Branch Office Code	A/N	2	22	23	Leave blank	NA
R21	0015	Claim Administrator Claim Number	A/N	25	24	48	Unique Case ID from Vendor	F
R21	0187	Claim Administrator FEIN	A/N	9	49	57		F
R21	0188	Claim Administrator Name	A/N	40	58	97	New York State Insurance Fund	М
R21	0135	Claim Administrator Information/Attention Line	A/N	50	98	147		IA
R21	0010	Claim Administrator Primary Address	A/N	40	148	187	Leave blank 199 Church St	M
R21	0011	Claim Administrator Secondary Address	A/N	40	188	227	Leave blank	IA
R21	0136	Claim Administrator Country Code	A/N	3	228	230	USA	МС
R21	0270	Employee ID Type Qualifier	A/N	1	231	231	S	М
R21	*	Employee ID	A/N	15	232	246	Employee SSN	
R21	0255	Employee Last Name Suffix	A/N	4	247	250	Leave blank	IA
R21	0150	Employee Authorization to Release Medical Records	A/N	1	251	251		NA
R21	0157	Employee Social Security Number Release Indicator	A/N	1	252	252	Leave blank	NA
R21	0043	Employee Last Name	A/N	40	253	292	Leave blank	M
R21	0045	Employee Middle Name/Initial	A/N	15	293	307		IA
R21	0046	Employee Mailing Primary Address	A/N	40	308	347		M
R21	0047	Employee Mailing Secondary Address	A/N	40	348	387		IA
R21	0155	Employee Mailing Country Code	A/N	3	388	390		МС
R21	0051	Employee Phone Number	A/N	15	391	405		IA

R21	0290	Type of Loss Code	A/N	2	407	408	01, 02, 03 (Quick Code Ref.	MC
	0228	Return To Work With Same	A/N	1	409	409	List)	
R21	0228	Employer Indicator	7/11		403	403		МС
P24	0189	Return To Work Type Code	A/N	1	410	410	Y or N If the return to work date (DN 68) is not blank set this field to	MO
R21							"A" for Actual otherwise leave blank.	MC
R21	0224	Physical Restrictions Indicator	A/N	1	411	411	Y or N	MC
R21	0314	Insured FEIN	A/N	9	412	420		MC
R21	0017	Insured Name	A/N	40	421	460		MC
R21	0184	Insured Type Code	A/N	1	461	461		MC
R21	0026	Insured Report Number	A/N	25	462	486	Leave blank	NA
R21	0204	Work Week Type Code	A/N	1	487	487	S, F or V	
R21	0205	Work Days Scheduled Code	A/N	7	488	494	(N for Not Scheduled & S for Scheduled)	
R21	n/a	Filler - Future Defined Usage	A/N	1	495	495	Leave blank	
R21	0007	Insurer Name	A/N	40	496	535	New York State Insurance Fund	М
R21	0185	Insurer Type Code	A/N	1	536	536		IA
R21	0292	Insolvent Insurer FEIN	A/N	9	537	545	Leave blank	NA
R21	0200	Claim Administrator Alternate Postal Code	A/N	9	546	554		M
R21	n/a	Filler - Future Defined Usage	A/N	23	555	577	100071100	
R21	0249	Accident Premises Code	A/N	1	578	578	E, L, X (Quick Code	MC
R21	0118	Accident Site County/Parish	A/N	30	579	608	Ref. List)	MC
R21	0119	Accident Site Location Narrative	A/N	50	609	658		MC
R21	0120	Accident Site Organization Name	A/N	50	659	708		MC
R21	0121	Accident Site City	A/N	15	709	723		MC
R21	0122	Accident Site Street	A/N	40	724	763		MC
R21	0123	Accident Site State Code	A/N	2	764	765		MC
R21	0280	Accident Site Country Code	A/N	3	766	768		МС
R21	0281	Date Employer Had Knowledge of Date of Disability	DATE	8	769	776		MC
R21	n/a	Filler - Future Defined Usage	A/N	1	777	777	Leave blank	
R21	0018	Employer Name	A/N	40	778	817		М
1121	0329	Employer UI Number	A/N	15	818	832		IA
R21		E . D D.	A/N	40	833	872		
	0019	Employer Physical Primary Address						MC
R21	0019		A/N	40	873	912		IA

			1 3131LI				,	
R21	0159	Employer Contact Business Phone Number	A/N	15	916	930		MC
R21	0160	Employer Contact Name	A/N	40	931	970		MC
R21	n/a	Filler - Future Defined Usage	A/N	90	971	1060	Leave blank	
R21	0163	Employer Mailing Information/Attention Line	A/N	50	1061	1110		IA
R21	0165	Employer Mailing City	A/N	15	1111	1125		М
R21	0166	Employer Mailing Country Code	A/N	3	1126	1128		MC
R21	0167	Employer Mailing Postal Code	A/N	9	1129	1137		М
R21	0168	Employer Mailing Primary Address	A/N	40	1138	1177		М
R21	0169	Employer Mailing Secondary Address	A/N	40	1178	1217		IA
R21	0170	Employer Mailing State Code	A/N	2	1218	1219		M
R21	n/a	Filler - Future Defined Usage	A/N	50	1220	1269		
R21	0060	Occupation Description	A/N	50	1270	1319	Leave blank	M
	0199	Full Denial Effective Date	DATE	8	1320	1327		
R21		Filler - Future Defined Usage	A/N	163	1328	1490	Leave blank	X
R21	n/a	Filler - Future Defined Osage	A/IN	163	1320	1490	Leave blank	
R21	0073	Claim Status Code	A/N	1	1491	1491	Leave blank	NA
R21	0074	Claim Type Code	A/N	1	1492	1492	leave blank NYSIF will set value on their side.	М
R21	0077	Late Reason Code	A/N	2	1493	1494	their side.	IA
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	A/N	1	1495	1495		IA
R21	n/a	Filler - Future Defined Usage	A/N	105	1496	1600	L agua blank	
		Variable Segment Counters					Leave blank	
R21	0274	Number of Accident/Injury Description Narratives	N	2	1601	1602		F
R21	0277	Number of Full Denial Reason Codes	N	2	1603	1604		F
R21	0276	Number of Denial Reason Narratives	N	2	1605	1606		F
R21	0278	Number of Managed Care Organizations	N	2	1607	1608		F
R21	0279	Number of Witnesses NYSIF Required Fields	N	2	1609	1610		F
R21	n/a	Filler - Future Defined Usage	A/N	8	1611	1618	Leave blank	
R21	n/a	Insurance_Agent_Last_Name	A/N	30	1619	1648	Leave blank	IA
R21	n/a	Insurance_Agent_First_Name	A/N	30	1649	1678	Leave blank	MC
R21	n/a	Insurance_Agent_Phone_Number	A/N	15	1679	1693	Leave blank	MC
		·	<u> </u>			1		1

			I SISILI	. •	• •	•	
R21	n/a	Time Employee Began Work	N	4	1694	1697	IA
R21	n/a	Time Began Work AM	N	1	1698	1698	IA
R21	n/a	Time Began Work PM	N	1	1699	1699	IA
R21	n/a	Oral Notice Given	A/N	1	1700	1700	IA
R21	n/a	Written Notice Given	A/N	1	1701	1701	IA
	n/a				1702	1702	
R21	1., 4	Gave Claimant Info Packet Yes	A/N	1			IA
R21	n/a	Gave Claimant Info Packet No	A/N	1	1703	1703	IA
R21	n/a	Date Gave Claimant Info Packet	N	8	1704	1711	IA
R21	n/a	Supervisor Witness Yes	A/N	1	1712	1712	М
R21	n/a	Supervisor Witness No	A/N	1	1713	1713	М
R21	n/a	Supervisor Witness Unknown	A/N	1	1714	1714	М
R21	n/a	Witness to Injury Yes	A/N	1	1715	1715	
R21	n/a	Witness to Injury No	A/N	1	1716	1716	l
R21	n/a	Witness to Injury Unknown	A/N	1	1717	1717	M
R21	n/a	Object Involved Yes	A/N	1	1718	1718	
R21	n/a	Object Involved No	A/N	1	1719	1719	M
R21	n/a	Object Involved	A/N	50	1720	1769	IA
	n/a			_	1770	1770	
R21		Injury Result of Motor Vehicle Yes	Α	1			
R21	n/a	Injury Result of Motor Vehicle No	А	1	1771	1771	M
R21	n/a	Vehicle Owned By Employee	А	1	1772	1772	MC
R21	n/a	Vehicle Owned By Employer	А	1	1773	1773	MC
	n/a				1774	1774	
R21	1., 4	Vehicle Owned By Other	Α	1			MC
R21	n/a	Vehicle License Plate Number	A/N	12	1775	1786	IA
R21	n/a	Auto Ins Carrier Name	A/N	30	1787	1816	IA
R21	n/a	Auto Ins Carrier Addr1	A/N	30	1817	1846	IA
R21	n/a	Auto Ins Carrier Addr2	A/N	30	1847	1876	IA
R21	n/a	Auto Ins Carrier City	A/N	20	1877	1896	IA
R21	n/a	Auto Ins Carrier State	A/N	2	1897	1898	IA
R21	n/a	Auto Ins Carrier Zip	A/N	9	1899	1907	IA
R21	n/a	Auto Ins Carrier Country	A/N	3	1908	1910	IA
	,				1011	1940	
R21	n/a	Nearest Relative Last Name	A/N	30	1911	1940	IA
R21	n/a	Nearest Relative First Name	A/N	30	1941	1970	IA
R21	n/a	Nearest Relative Mail Addr 1	A/N	30	1971	2000	IA
R21	n/a	Nearest Relative Mail Addr 2	A/N	30	2001	2030	IA
R21	n/a	Nearest Relative Mail City	A/N	20	2031	2050	IA
R21	n/a	Nearest Relative Mail State	A/N	2	2051	2052	IA
R21	n/a	Nearest Relative Mail Zip	A/N	9	2053	2061	IA
R21	n/a	Nearest Relative Mail Country	A/N	3	2062	2064	IA
					1		

R21	n/a	Treated By Name	A/N	60	2065	2124		IA
R21	n/a	Treated At Place	A/N	60	2125	2184		IA
R21	n/a	Treatment Continuing Yes	A/N	1	2185	2185		МС
R21	n/a	Treatment Continuing No	A/N	1	2186	2186		МС
R21	n/a	Treatment Continuing Unknown	A/N	1	2187	2187		МС
R21	n/a	Doctor Last Name	A/N	30	2188	2217		IA
R21	n/a	Doctor First Name	A/N	30	2218	2247		IA
R21	n/a	Doc mail Addr1	A/N	30	2248	2277		IA
R21	n/a	Doc mail Addr2	A/N	30	2278	2307		IA
R21	n/a	Doc mail City	A/N	20	2308	2327		IA
R21	n/a	Doc mail State	A/N	2	2328	2329		IA
R21	n/a	Doc mail Zip	A/N	9	2330	2338		IA
R21	n/a	Doc mail Country	A/N	3	2339	2341		IA
R21	n/a	Doctor2 Last Name	A/N	30	2342	2371		IA
R21	n/a	Doctor2 First Name	A/N	30	2372	2401		IA
R21	n/a	Doc2 mail Addr1	A/N	30	2402	2431		IA
R21	n/a	Doc2 mail Addr2	A/N	30	2432	2461		IA
R21	n/a	Doc2 mail City	A/N	20	2462	2481		IA
R21	n/a	Doc2 mail State	A/N	2	2482	2483		IA
R21	n/a	Doc2 mail Zip	A/N	9	2484	2492		IA
R21	n/a	Doc2 mail Country	A/N	3	2493	2495		IA
R21	n/a	Doctor3 Last Name	A/N	30	2496	2525		IA
R21	n/a	Doctor3 First Name	A/N	30	2526	2555		IA
R21	n/a	Doc3 mail Addr1	A/N	30	2556	2585		IA
R21	n/a	Doc3 mail Addr2	A/N	30	2586	2615		IA
R21	n/a	Doc3 mail City	A/N	20	2616	2635		IA
R21	n/a	Doc3 mail State	A/N	2	2636	2637		IA
R21	n/a	Doc3 mail Zip	A/N	9	2638	2646		IA
R21	n/a	Doc3 mail Country	A/N	3	2647	2649		IA
R21	n/a	Previous Injury Illness Yes	A/N	1	2650	2650		, , , , , , , , , , , , , , , , , , ,
R21	n/a	Previous Injury Illness No	A/N	1	2651	2651		M
R21	n/a	Previous Injury Treated by Doctor Info	A/N	200	2652	2851		IA
R21	n/a	Return to work Gross Pay	N	9	2852	2860		IA
R21	n/a	Activity Other Description	A/N	200	2861	3060		IA
R21	n/a	Addition to Pay Yes	A/N	1	3061	3061		
	n/a	. addition to Lay 100	, 414	+	3062	3062		
R21	li, a	Addition to Pay No	A/N	1				M
R21	n/a	Addition to Pay Description	A/N	100	3063	3162		IA
R21	n/a	Affirmation	A/N	1	3163	3163		М
R21	n/a	Prepared by Last Name	A/N	30	3164	3193		IA
R21	n/a	Prepared by First Name	A/N	30	3194	3223		IA
R21	n/a	Prepared by Middle Initial	A/N	1	3224	3224		IA
R21	n/a	Prepared by Date	N	8	3225	3232		IA
R21	n/a	Prepared by Title	A/N	30	3233	3262		IA
R21	n/a	Preparer Phone Number	A/N	15	3263	3277		MC
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R21	n/a	Third Party Contact Last Name	A/N	30	3278	3307		IA
R21	n/a	Third Party Contact First Name	A/N	30	3308	3337		IA
R21	n/a	Third Party Contact Middle Initial	A/N	1	3338	3338		IA
R21	n/a	Third Party Contact Date	N	8	3339	3346		IA
R21	n/a	Third Party Contact Title	A/N	30	3347	3376		IA
R21	n/a	Third Party Contact Phone Number	A/N	15	3377	3391		MC
R21	n/a	Third Party Company Name	A/N	30	3392	3421		MC
R21	n/a	Third Party Company Addr1	A/N	30	3422	3451		MC
R21	n/a	Third Party Company Addr2	A/N	30	3452	3481		IA
R21	n/a	Third Party Company City	A/N	20	3482	3501		MC
R21	n/a	Third Party Company State	A/N	2	3502	3503		MC
R21	n/a	Third Party Company Zip	A/N	9	3504	3512		MC
R21	n/a	Third Party Company Country	A/N	3	3513	3515		MC
R21	n/a	Provider Of Form Info Last Name	A/N	30	3516	3545		IA
R21	n/a	Provider Of Form Info First Name	A/N	30	3546	3575		IA
R21	n/a	Date Stamp	A/N	8	3576	3583		M
R21	n/a	Time Stamp	N	4	3584	3587		М
R21	n/a	User ID	A/N	40	3588	3627		
R21	n/a	Benefit Unit	A/N	2	3628	3629		
R21	n/a	Employee Entity Number	N	5	3630	3634		
R21	n/a	Claimant Mail Addr 1	A/N	30	3635	3664		
R21	n/a	Claimant Mail Addr 2	A/N	30	3665	3694		
R21	n/a	Claimant Mail City	A/N	20	3695	3714		
R21	n/a	Claimant Mail State	A/N	2	3715	3716		
R21	n/a	Claimant Mail Zip	N	9	3717	3725		
R21	n/a	Seasonal Worker Indicator	A/N	1	3726	3726		
R21	n/a	Multiple Body parts Indicator	A/N	1	3727	3727		
R21	n/a	Still Hospitalized	A/N	1	3728	3728		
R21	n/a	Claimant Mail Country	A/N	3	3729	3731		
R21	n/a	Date Employee Removed from Payroll	N	8	3732	3739		
R21	n/a	Employee Disputes Claim	A/N	1	3740	3740		
R21	n/a	Benefit Plan	A/N	3	3741	3743		
R21	n/a	Benefit Plan Description	A/N	13	3744	3756		
R21	n/a	Employee lose more than one week of work	A/N	1	3757	3757	Employee lose more than or is anticipated to lose more than one week of work	MC

			1313161					
R21	n/a	Filler - Future Defined Usage	A/N	200	3758	3957		М
R21	n/a	Filler - Future Defined Usage	A/N	200	3958	4157		М
R21	n/a	Parts-Body	A/N	400	4158	4557	At least one body part to report.	M
R21	n/a	Filler - Future Defined Usage	A/N	9	4558	4566		
		Variable Segments						
		Accident/Injury Description Narratives Occur Number of Accident/Injury Description Narratives Times	Occ 10					
R21	0038	Accident/Injury Description Narrative	A/N	500	4567	5057		M
		Full Denial Reason Codes Occur Number of Full Denial Reason Codes Times	Occ 5					
R21	0198	Full Denial Reason Code	A/N	10	5058	5067		Х
		Denial Reason Narratives Occur Number of Denial Reason Narratives Times	Occ 3					
R21	0197	Denial Reason Narrative	A/N	150	5068	5217		x
		Managed Care Organizations Occur Number of Managed Care Organizations Times	Occ 2					
R21	0207	Managed Care Organization Code	A/N	4	5218	5221		
								IA
R21	0209	Managed Care Organization Name	A/N	80	5222	5301		NA
R21	0208	Managed Care Organization Identification Number	A/N	18	5302	5319		МС
R21	n/a	Filler - Future Defined Usage	A/N	40	5320	5359	Leave blank	
		Witnesses Occur Number of Witnesses Times	Occ 5					
R21	0238	Witness Name	A/N	200	5360	5559		IA
R21	0237	Witness Business Phone Number	A/N	75	5560	5634		IA
R21	n/a	Filler - Future Defined Usage	A/N	100	5635	5734	Leave blank	
		End R21 Elements						
	1	Frankrij 12		1				
Valuee	DN	Employee ID		1				
S	0042	Employee SSN Employee Passport Number	<u> </u>	1				
Р	0156	Employee i assport Number						
	1	T. Control of the con	1	1	1	1	1	1

E	0152	Employee Employment Visa			
G	0153	Employee Green Card			
А	0154	Employee ID Assigned by Jurisdiction			

EFROI File Layout -Header

Field Name	Туре	Length	Begin	End	Description / Example
Transaction Set ID	Char(3)	3	1	3	Fixed value:"HD1"
Sender FEIN	Char(9)	9	4	12	Fixed value:"146013200"
Filler - Future Defined Usage	Char(7)	7	13	19	
Sender Postal Code	Char(9)	9	20	28	Fixed value:"12201"
Receiver FEIN	Char(9)	9	29	37	Fixed value:"146013200"
Filler - Future Defined Usage	Char(7)	7	38	44	
Receiver Postal Code	Char(9)	9	45	53	Fixed value:"100071100"
Date Transmission Sent	Date	8	54	61	MMDDYYYY
Time Transmission Sent	Time	6	62	67	HHMMSS
Original Transmission Date	Date	8	68	75	MMDDYYYY
Original Transmission Time	Time	6	76	81	HHMMSS
Test/Production Code	Char(1)	1	82	82	P for Production or T for Test
Interchange Version ID	Char(5)	5	83	87	
Batch Type Code	Char(3)	3	88	90	
Release Number	Char(1)	1	91	91	
Version Number	Char(1)	1	92	92	

Sample Header Line:

1000711000518202110302105182021092012P1234512311 HD1146013200 12201 146013200

EFROI File Layout -Footer

Field Name	Туре	Length	Begin	End	Description / Example
Transaction Set ID	Char(3)	3	1	3	Fixed value:"TR2"
Detail Record Count	Char(9)	9	4	12	Record count
Transaction Count	Char(9)	9	13	21	Transaction Count

Sample Footer Line:

TR2500 750

Data Dictionary

Reference EDI Claims Implementation Guide for eClaims Data Element (DN)
Data Dictionary for NYSIF Required Data Elements

REC	Data Element Name	Format	Length	Description	Requi reme nt	Conditional Requirement	Note
R21	Insurance_Agent_Last_N ame	A/N	30	Last name of insurance agent	IA	Required if the employer is not individually self-insured and Carrier-Name is blank	

R21	Insurance_Agent_First_ Name	A/N	30	First name of insurance agent	МС	Required if Insurance Agent Name is not blank	
R21	Insurance_Agent_Phone _Number	A/N	15	Phone Number of Insurance Agent	МС	Required if Insurance Agent Name is not blank	
R21	Time Employee Began Work	N	4	Time Employee began work	IA		
R21	Time Began Work AM	N	1	Indicates that time of worked started was AM	IA	Either 'Time began work AM' or 'Time began Work PM' is required if 'Time employee began work' is provided	Indicated with X in file
R21	Time Began Work PM	N	1	Indicates that time of worked started was PM	IA		Indicated with X in file
R21	Oral Notice Given	A/N	1	Indicator that oral notice of accident was given	IA		Indicated with X in file
R21	Written Notice Given	A/N	1	Indicator that written notice of accident was given	IA		Indicated with X in file
R21	Gave Claimant Info Packet Yes	A/N	1	Indicator that Claimant was provided copy of Claimant info packet	IA		Indicated with X in file
R21	Gave Claimant Info Packet No	A/N	1	Indicator that Claimant was not provided copy of Claimant info packet	IA		Indicated with X in file
R21	Date Gave Claimant Info Packet	N	8	Date Claimant info packet is given to claimant	IA		
R21	Supervisor Witness Yes	A/N	1	Supervisor Witness Yes	М	Either Supervisor Witness Yes or Supervisor Witness No or Supervisor Witness Unknown is required	Indicated with X in file
R21	Supervisor Witness No	A/N	1	Supervisor Witness No	М		Indicated with X in file
R21	Supervisor Witness Unknown	A/N	1	Supervisor Witness Unknown	M		Indicated with X in file
R21	Witness to Injury Yes	A/N	1	Someone other than the supervisor did witness the injury	М	Either 'Witness to injury Yes' or 'Witness to injury Yes' or 'Witness to injury unknown' is required	Indicated with X in file
R21	Witness to Injury No	A/N	1	No one other than the Supervisor witnessed the injury	М		Indicated with X in file
R21	Witness to Injury Unknown	A/N	1	Unknown if anyone else	М		Indicated with X in file
R21	Object Involved Yes	A/N	1	Indicates an object was involved in accident (I.E. Knife)	М	Must send either 'Object Involved Yes' or 'Object Involved No'	Indicated with X in file

R21		A/N	1	Indicates no object was involved in the	M		
	Object Involved No			accident.			Indicated with X in file
R21	Object Involved	A/N	50	Description of object involved in accident.	IA	If 'Object involved Yes' sent, then this value Is required.	
R21	Injury Result of Motor Vehicle Yes	A	1	Indicates Motor vehicle involved in accident	М	Either 'Injury result of motor vehicle yes' or 'Injury result of motor vehicle no' must be sent on a record	Indicated with X in file
R21	Injury Result of Motor Vehicle No	А	1	Indicates Motor Vehicle was not involved in the accident	М		Indicated with X in file
R21	Vehicle Owned By Employee	А	1	Indicates Vehicle involved in accident was owned by the employee	MC	Either 'Vehicle Owned by Employee' or 'Vehicle Owned by Employer' or 'Vehicle Owned By Other' is required if 'Injury Result of Motor Vehicle Yes' is Sent	Indicated with X in file
R21	Vehicle Owned By Employer	A	1	Indicates Vehicle involved in accident was owned by the employer	MC		Indicated with X in file
R21	Vehicle Owned By Other	А	1	Indicates Vehicle involved in accident was owned by someone other than the employer or employee	MC		Indicated with X in file
R21	Vehicle License Plate Number	A/N	12	License plate number of vehicles involved in accident.	IA		
R21	Auto Ins Carrier Name	A/N	30	Name of auto insurance carrier	IA		
R21	Auto Ins Carrier Addr1	A/N	30	Address line 1 of Auto Insurance carrier	IA		
R21	Auto Ins Carrier Addr2	A/N	30	Address line 2 of Auto Insurance carrier	IA		
R21	Auto Ins Carrier City	A/N	20	Auto Insurance carrier City	IA		
R21	Auto Ins Carrier State	A/N	2	Auto Insurance carrier State (I.E. NY)	IA		
R21	Auto Ins Carrier Zip	A/N	9	Auto Insurance carrier Zip Code	IA		
R21	Auto Ins Carrier Country	A/N	3	Auto Insurance Carrier Country (I.E USA)	IA		
R21	Nearest Relative Last Name	A/N	30	Last name of nearest living relative to claimant	IA		
R21	Nearest Relative First Name	A/N	30	First name of nearest Living relative to claimant	IA		

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R21	Nearest Relative Mail Addr 1	A/N	30	Address Line 1 of nearest living relative to claimant	IA		
R21	Nearest Relative Mail Addr 2	A/N	30	Address Line 2 of nearest living relative to claimant	IA		
R21	Nearest Relative Mail City	A/N	20	City of nearest living relative to claimant	IA		
R21	Nearest Relative Mail State	A/N	2	State of nearest living relative to claimant (IE NY)	IA		
R21	Nearest Relative Mail Zip	A/N	9	Zip Code of nearest living relative to claimant	IA		
R21	Nearest Relative Mail Country	A/N	3	Country of nearest living relative to claimant (IE USA)	IA		
R21	Treated By Name	A/N	60	Name of person who treated the Claimant	IA		
R21	Treated At Place	A/N	60	Name and address of where claimant was treated (IE Urgent Medical Ctr 1 Medical Circle, ALBANY, NY 12239)	IA		
R21	Treatment Continuing Yes	A/N	1	Indicates Claimant is still receiving treatment	MC	If First Treatment Date provided, one of this fields is required	Indicated with X in file
R21	Treatment Continuing No	A/N	1	Indicates Claimant is no longer receiving treatment	MC		Indicated with X in file
R21	Treatment Continuing Unknown	A/N	1	Indicates Claimant received first treatment but is unknown if treatment is continuing	MC		Indicated with X in file
R21	Doctor Last Name	A/N	30	Last name of doctor who is continuing Claimant's treatment	IA		
R21	Destro Fig. 13	A/N	30	First name of doctor who is continuing Claimant's treatment	IA		
L	Doctor First Name	<u> </u>	<u> </u>	<u> </u>			

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R21	Doc mail Addr1	A/N	30	Address Line 1 of doctor who is continuing Claimant's treatment	IA		
R21	Doc mail Addr2	A/N	30	Address Line 2 of doctor who is continuing Claimant's treatment	IA		
R21	Doc mail City	A/N	20	City of Doctor who is continuing Claimant's treatment	IA		
R21	Doc mail State	A/N	2	State of Doctor who is continuing Claimant's treatment (IE NY)	IA		
R21	Doc mail Zip	A/N	9	Zip code of doctor who is continuing Claimant's treatment	IA		
R21	Doc mail Country	A/N	3	Country of Doctor who is continuing Claimant's treatment (IE USA)	IA		
R21	Doctor2 Last Name	A/N	30	Last name of 2nd Doctor who is continuing Claimant's treatment	IA		
R21	Doctor2 First Name	A/N	30	First name of 2nd Doctor who is continuing Claimant's treatment	IA		
R21	Doc2 mail Addr1	A/N	30	Address Line 1 of 2nd Doctor who is continuing Claimant's treatment	IA		
R21	Doc2 mail Addr2	A/N	30	Address Line 2 of 2nd Doctor who is continuing Claimant's treatment	IA		
R21	Doc2 mail City	A/N	20	City of 2nd Doctor who is continuing Claimant's treatment	IA		
R21	Doc2 mail State	A/N	2	State of 2nd Doctor who is continuing Claimant's treatment (IE NY)	IA		

R21 Doc2 mail Zip AN 3 Country And Doctor who is continuing Claimann's treatment (E USA) Doc2 mail Country AN 1 Indicates injury Illness Previous Illness Injury Illness Previous Injury Illness Pr			_			_		
R21 Doc2 mail Country R21 Doc2 mail Country R21 Previous Injury Illness Previous Injury Illness No R21 Previous Injury Illness No R21 Previous Injury Illness No R21 Ann R21 Previous Injury Illness No R21 Ann R22 Previous Injury Illness No R23 Indicates Injury is not due to a previous illness/injury is not due to a previous illness/injury or in not due to a previous illness/injury or in not due to a previous illness/injury or in not due to a previous injury illness No is required on a record indicated with X in file R21 Ann R22 R21 Ann R23 Ann R24 Activity Other Description R25 Ann R26 Ann R27 Activity Other Description R27 Ann R28 Indicates enployee gates projected and indicates enployee gates projected and incidented with X in file R29 Addition to Pay Yes R21 Addition to Pay No R22 Addition to Pay No R23 Ann R24 Addition to Pay No R25 Addition to Pay No R26 Ann R27 Addition to Pay No R28 Either Previous Injury Illness No is required on a record indicated with X in file R29 Addition to Pay No R29 Addition to Pay No R21 Ann R22 Addition to Pay No R23 Ann R24 Addition to Pay No R25 Addition to Pay No R26 Either Addition to Pay No R27 Addition to Pay No R28 Either Previous Injury Illness No is required indicated with X in file R29 Addition to Pay No R21 Ann R22 Addition to Pay No R23 Ann R24 Ann R25 Addition to Pay No R25 Ann R26 Either Addition to Pay No R27 Ann R28 Either Previous Injury Illness No is required indicated with X in file R29 Addition to Pay No R21 Ann R22 Addition to Pay No R23 Ann R24 Ann R25 Addition to Pay No R25 Either Previous Injury Illness No is required indicated with X in file R26 Either Previous Injury Illness No is required indicated with X in file R27 Addition to Pay No R28 Either Previous Injury Illness No is required on a record Previous Injury Illness No is required on a record Previous Injury Illness No is required on a record Previous Injury Illness No is required on a record Previous Injury Illness No is required on a record	R21	Doc2 mail Zip	A/N	9	2nd Doctor who is continuing Claimant's	IA		
R21 Previous Injury Illness A/N 1 Indicates Injury Indicates Indicates Injury Indicates Indicate	R21		A/N	3	Doctor who is continuing Claimant's treatment (IE	IA		
R21	R21	Previous Injury Illness	A/N	1	is due to a previous	М	Yes' or 'Previous Injury Illness	
R21	R21	Previous Injury Illness No	A/N	1	is not due to a previous	М		
R21 Return to work Gross Pay R21 Activity Other Description R21 Activity Other Description A/N 200 Description of Employee gets pay other than normal pay. R21 Addition to Pay Yes A/N Indicates employee gets pay other than normal pay. R21 Addition to Pay No A/N Indicates employee description of additional pay the employee gets gets pay other than normal pay. R21 Addition to Pay No A/N Indicates employee gets employee gets pay other than normal pay. R21 Addition to Pay No A/N Indicates employee gets employee gets employee gets doesn't get pay other than normal pay. R21 Addition to Pay No A/N Indicates employee gets employee gets doesn't get pay other than normal pay. R22 Addition to Pay No A/N Indicated with X in file Become required if 'Addition to Pay Yes' is being sent. Become required if 'Addition to Pay Yes' is being sent. Become required if 'Addition to Pay Yes' is being sent. Bether these two fields or Third Party Contact Last Name and First Name are required. R24 Afgree that Data entered is accurate and truthful	R21		A/N	200	Doctor who treated claimant for previous injury, such as Name, address,	IA		
R21 Activity Other Description A/N 200 Employees job IA Either 'Addition to Pay Yes' or 'Addition to Pay No' is required on the record on	R21	Return to work Gross	N	9	of pay the claimant returned to	IA		
R21 A/N Indicates employee gets pay other than normal pay. Addition to Pay Yes or 'Addition to Pay No' is required on the record R21	Activity Other Description	A/N	200		IA			
R21 Addition to Pay No A/N Addition to Pay No A/N A/N A/N A/N A/N A/N A/N A	R21		A/N		employee gets pay other than	М	'Addition to Pay No' is required	
R21 Addition to Pay Description A/N Addition to Pay Description A/N A/N A/N A/N A/N A/N A/N A/	R21		A/N		employee doesn't get pay other than	М		Indicated
R21 A/N Agree that Data entered is accurate and truthful M Party Contact Last Name and First Name are required. Indicated	R21		A/N	100	additional pay the employee	IA	Pay Yes' is being sent	
	R21	Affirmation	A/N	1	Data entered is accurate and	М	Party Contact Last Name and	Indicated with X in file

R21	Prepared by Last Name	A/N	30	Last name of person who entered the information for this claim	IA		
R21	Prepared by First Name	A/N	30	First name of person who entered the information for this claim	IA		
R21	Prepared by Middle Initial	A/N	1	Middle initial of person who entered the information for this claim	IA		
R21	Prepared by Date	N	8	Date Information for claim was collected	IA		
R21	Preparer Phone Number	A/N	15	Phone number of Person who entered info for claim.	MC	Required if Prepared By Last Name is completed.	
R21	Third Party Contact Last Name	A/N	30	Last name of third party that entered info for claim	IA		
R21	Third Party Contact First Name	A/N	30	First name of third party that entered info for claim	IA		
R21	Third Party Contact Middle Initial	A/N	1	Middle Initial of third party that entered info for claim	IA		
R21	Third Party Contact Date	N	8	Date third party entered information for the claim	IA		
R21	Third Party Contact Title	A/N	30	Title of third party who entered information for the claim	IA		
R21	Third Party Company Name	A/N	30	Name of company of third party that entered information for the claim	MC	Required if Third Party Last Name is completed.	
R21	Third Party Company Addr1	A/N	30	Address line 1 of Third party that entered information for the claim	MC	Required if Third Party Last Name is completed.	
R21	Third Party Company Addr2	A/N	30	Address line 2 of Third party that entered information for the claim	IA	Required if Third Party Last Name is completed.	

R21	Third Party Company City	A/N	20	City of Third party that entered information for the claim	MC	Required if Third Party Last Name is completed.	
R21	Third Party Company State	A/N	2	State of Third party that entered information for the claim (IE NY)	MC	Required if Third Party Last Name is completed and the country is USA.	
R21	Third Party Company Zip	A/N	9	Zip code of Third party that entered information for the claim	MC	If Third Party Last Name is completed, required for US and Canada	
R21	Third Party Company Country	A/N	3	Country of Thirst Party that entered information for the claim (IE USA)	МС	If Third Party Last Name is completed, required for US and Canada	
R21	Provider Of Form Info Last Name	A/N	30	Last name of person who provided information to file claim	IA		
R21	Provider Of Form Info First Name	A/N	30	First name of person who provided information to file claim	IA		
R21	Date Stamp	A/N	8	Date record is written to file	М		
R21	Time Stamp	N	4	Time record is written to file	М		
R21	Employee lose more than one week of work	A/N	1	Employee lost more than or is anticipated to lose more than one week of work	MC	Required if Loss Time = Yes	Indicated with Y or N in file
R21	Cause-of-Injury	A/N	200	Text description of Cause of injury Code	М		
R21	Nature-Of-Injury	A/N	200	Text description of nature of injury code	М		
R21	Parts-Body	A/N	400	NCCI body part codes separated by \	М		Ex: (22\36\255\0 4)

SIF Accept/Reject Report File Layout

Purpose:
The purpose of the SIF ACK (Acknowledgement) Process is to let the vendor know that data sent by vendor is accepted or rejected by NYSIF.

NYSIF shall:

- Create a report of the accepted / rejected cases based on the business rules defined by the NYSIF Claims Department.
- Transmit the ACK file via sftp to vendor.
- Transmit the ACK file daily at a to be determined time.
- For every eFROI data file sent to NYSIF from vendor, an Accept/Reject file is created and sent to vendor of the results of the file processed.
- No ACK file will be sent if there are no cases to process for that day from vendor.
- The ACK file will contain the vendor unique claim number and NYSIF unique number,

Accept/Reject Report File Naming Convention

<VENDORNAME>_<YYYYMMDD>_eFROI_<YYYYMMDDHIMMSS>_ACK_SIF.CSV

Field Name	Туре	Null	Description / Example
Vendor Name	Char(10)	Not null	Vendor name
8 Digit Date	Char(8)	Not Null	YYYYMMDD
Constant - eFROI	Char(5)	Not null	eFROI
Timestamp Digit Date	Char(14)	Not Null	Timestamp of the ACK file
Constant – ACK_SIF	Char(6)	Not Null	ACK_SIF

Sample File Name: <VendorName>_20210721_eFROI_20210721090101_ACK_SIF.csv

Accept/Reject Report File Data Layout

Header Record:

Field Name	Туре	Null	Description / Example
File Name	Char(50)	Not null	Input File name received from vendor – <vendorname><yyyymmdd><filenum>eFROI.txt</filenum></yyyymmdd></vendorname>
8 Digit Date	Char(8)	Not Null	YYYYMMDD
Total Records	Char(4)	Not null	Total number of records in the input file

Detail Record:

Detail Record.			
Field Name	Туре	Null	Description / Example
Vendor Unique Claim Number	Char(129)	Not null	Vendor unique number
Claim Administrator Claim Number (NYSIF Unique Claim Number)	Char(25)	Not null	NYSIF unique number
Record status	Char(100)	Not Null	Accepted / Rejected by NYSIF
Status Description	Char(250)	Null	Record status description – Rejected reason

Possible File Rejection Reasons:

- Vendor record fails the NYSIF edits.
- New record not in a new line or wrong data format.

WCB Accept/Reject Report File Layout

Purpose.

The purpose of the WCB ACK (Acknowledgement) Process is to let the vendor know that cases sent by vendor is accepted or rejected by WCB.

NYSIF shall:

- Create a report of the accepted / rejected cases from WCB.
- Transmit the ACK file via sftp to vendor.
- Transmit the ACK file daily at a to be determined time.
- For every eFROI data file sent to NYSIF from vendor, an Accept/Reject file is created and sent to vendor of the results of the file processed.
- No ACK file will be sent if there are no cases to process for that day from vendor.
- The ACK file will contain the vendor unique claim number, NYSIF unique number,

WCB Accept/Reject Report File Naming Convention

<VENDORNAME>_<YYYYMMDD>_FROI_<YYYYMMDDHIMMSS>_ACK_WCB.CSV

Field Name	Туре	Null	Description / Example
Vendor Name	Char(10)	Not null	Vendor name
8 Digit Date	Char(8)	Not Null	YYYYMMDD
Constant - FROI	Char(4)	Not null	FROI
Timestamp Digit Date	Char(14)	Not Null	Timestamp of the ACK file
Constant – ACK_WCB	Char(6)	Not Null	ACK_WCB

Sample File Name: <VendorName>_20210721_FROI_20210721090101_ACK_WCB.csv

WCB Accept/Reject Report File Data Layout

Header Record:

Field Name	Туре	Null	Description / Example
File Name	Char(50)	Not null	Input File name received from vendor – <vendorname><yyyymmdd><filenum>eFROI.txt</filenum></yyyymmdd></vendorname>
8 Digit Date	Char(8)	Not Null	YYYYMMDD
Total Records	Char(4)	Not null	Total number of records in the input file

Detail Record:

Field Name	Туре	Null	Description / Example
Vendor Unique Claim Number	Char(129)	Not null	Vendor unique number
Claim Administrator Claim Number (NYSIF Unique Claim Number)	Char(25)	Not null	NYSIF unique number
Record status	Char(100)	Not Null	Accepted / Rejected by NYSIF
Status Description	Char(250)	Null	Record status description – Rejected reason

Possible data Rejection Reasons:

- Vendor record fails the wcb edits. Data elements might be missing.

APPENDIX

Body Parts Code

	NCCI_CODE	NCCITEXT
1	10	Head - Multiple Head Injury
2	11	Skull
3	12	Brain
4	13	Ear(s) [Includes: hearing, inside eardrum]
5	14	Eye(s) [Includes: optic nerves, vision, eye lids]
6	15	Nose [Includes: Nasal passage, Sinus, Sense of Smell]
7	16	Teeth
8	17	Mouth [Includes: Lips, Tongue, Throat, Taste]
9	18	Soft Tissue
10	19	Facial Bones [Includes: Jaw]
11	20	Neck - Multiple Neck Injury
12	21	Vertebrae [Includes: Spinal Column Bone, "Cervical Segment"
13	22	Disc [Includes: Spinal Column Cartilage, "Cervical Segment"
14	23	Spinal Cord [Includes: Nerve, Nerve Tissue, "Cervical Segment"
15	24	Larynx [Includes: Cartilage and Vocal Cords]
16	25	Soft Tissue (other than Larynx or Trachea)
17	26	Trachea
18	30	Upper Extremities - Multiple Upper Extremities, excluding hands and wrists.
19	31	Upper Arm [Humerus and corresponding muscles, excluding clavicle and scapula]
20	32	Elbow [Radial Head]
21	33	Lower Arm [Fore Arm - Radius, Ulna and Corresponding muscles]

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22	34	Wrist [Carpals and Corresponding Muscles]
23	35	Hand [Metacarpals and corresponding muscles - excluding wrist or fingers]
24	36	Finger(s) [other than Thumb and corresponding muscles]
25	37	Thumb
26	38	Shoulder(s) [Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula]
27	39	Wrist and Hand
28	39	Wrist(s) and Hand(s)
29	41	Upper Back Area [(Thoracic Area) Upper Back Muscles, Excluding Vertebrae, Disc, Spinal]
30	42	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]
31	43	Disc [Spinal Column Cartilage other than Cervical Segment]
32	44	Chest [Including Ribs, Sternum, Soft Tissue]
33	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]
34	46	Pelvis
35	47	Spinal Cord [Nerve Tissue other than Cervical Segment]
36	48	Internal Organs [Other than Heart and Lungs]
37	49	Heart
38	50	Lower Extremities - Multiple Lower Extremities
39	51	Hip
40	52	Upper Leg [Femur and corresponding muscles]
41	53	Knee [Patella]
42	54	Lower Leg [Tibia, Fibula and Corresponding Muscles]
43	55	Ankle [Tarsals]
44	56	Foot [Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes]
45	57	Toes
46	58	Great Toe
47	60	Lungs
48	61	Abdomen [Including Groin; excluding injury to Internal Organs]
49	62	Buttocks Soft Tissue
50	63	Lumbar &/or Sacral Vertebrae [Vertebra NOC Trunk; Bone Portion of the Spinal Column]
51	64	Artificial Appliance [Braces, etc.]
52	65	Insufficient information to properly identify - Unclassified
53	66	No Physical Injury [Mental Disorder]
54	91	Body Systems and Multiple Body Systems

Nature of Injury Code

	NCCI_CODE	NCCITEXT
1	1	No Physical Injury (i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance)
2	10	Contusion (Bruise - intact skin surface. Hematoma.)
3	13	Crushing (To grind, pound or break into small bits.)
4	16	Dislocation (Pinched nerve, slipped/ruptured disc, herniated disc, sciatica, complete tear, HNP subluxation, MD dislocation.)
5	17	Dislocation (of joint such as shoulder, elbow, etc.)
6	19	Electric Shock (Electrocution)
7	2	Amputation (Cut-off Extremity, Digit, Protruding Part of Body, usually by surgery, i.e., leq, arm)
8	22	Enucleation (Removal of organ or tumor)
9	25	Foreign Body
10	28	Fracture (Breaking of a bone or cartilage.)
11	3	Angina Pectoris (Chest Pain)
12	30	Freezing (Frostbite and other effects or exposure to low temperature.)
13	31	Hearing Loss or Impairment (Traumatic only. A separate injury, not the sequelae of another injury.)
14	32	Heat Prostration (Heat stroke, sun stroke, heat exhaustion, heat cramps and other effects of environmental heat.)
15	34	Hernia
16	34	Hernia (Organ or part through the containing wall of its cavity.)
17	34	Hernia Bilateral
18	36	Infection (The invasion of a host by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease
19	36	Infection (The invasion of a host by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.

20	36	тв
24	27	Inflammation (The reaction of tisue of injury characterized clinically by heat,
21	37	swelling, redness and pain.)
		Burn (Heat - burns or scalding; the effect of contact with hot substances. Chemical - tissue damage resulting from the corrosive action of chemicals, fumes,
22	4	i.e., acids, alkalies.)
23	4	Burn (Heat)
24	4	Chemical Burn
25	4	Scald
26	40	Laceration (Cut, scratches, abrasions, superficial wounds, calluses. Wound by tearing.)
27	41	Myocardial Infarction
28	41	Myocardial Infarction (Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.)
		Poisoning - General (Not OD or Cumulative Injury) (A systemic morbid condition
		resulting from the inhalation, ingestion, or skin absorption of a toxic substance
29	42	affecting the metabolic system, the nervous system, the circulatory system, the digestive syst
30	43	Puncture (A hole made by the piercing of a pointed instrument.)
31	46	Rupture
32	47	Severance (To separate, divide or take off.)
		Sprain (A trauma or wrenching of a joint, producing pain and disability
33	49	depending upon degree of injury of ligaments.)
34	52	Strain (Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.)
35	53	Syncope (Swooning, fainting, passing out; no other injury)
36	54	Asphyxiation (Strangulation, Drowning)
		Vascular (Cerebrovascular and other conditions of circulatory systems, NOC.
37	55	Excludes heart and hemorrhoids. Includes strokes, varicose veins - non-toxic.)
38	58	Vision Loss
39	59	All other specific injuries, NOC
40	60	Dust Disease, NOC (All other pneumoconiosis)
41	61	Asbestosis (Lung disease, a form of pneumoconiosis, resulting from protracted inhalation of asbestos particles.)
42	62	Black Lung (The chronic lung disease or pneumoconiosis found in coal miners.)
43	63	Byssinosis (Pneumoconiosis of cotton, flax and hemp workers.)
44	64	Silicosis (Pneumoconiosis resulting from inhalation of Silica [Quartz] dust.)
45	65	Respiratory Disorders (Gasses, fumes, chemicals, etc.)
46	66	Poisoning (Chemical, other than metals, man made or organic)
47	67	Poisoning (metals, man made)
		Dermatitis (Rash, skin or tissue inflammation including boils, etc. Generally
		resulting from direct contact with irritants or sensitizing chemicals such as drugs,
48	68	oils, biologic agents, plants, woods or metals which may be in the form of solids, pastes,
		Mental Disorder (A clinically significant behavioral or psychological syndrome or
		pattern typically associated with either a distressing symptom or impairment of
49	69	funciton i.e., acute anxiety, neurosis, stress, non-toxic depression.)
50	7	Concussion (Brain, cerebral)
[1	70	Radiation (All forms of damage to tissue, bones or body fluids produced by
51 52	70 71	exposure to radiation.) All other occupational disease injury, NOC
53	72	Loss of Hearing
54	73	Contagious Disease
55	74	Cancer
56	75	AIDS
		VDT - Related Diseases (Video display terminal diseases other than Carpal Tunnel
57	76	Syndrome)
58	77	Mental Stress
		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
59	78	through the carpal tunnel of the wrist.)
60	79	Hepatitus C
61	80	All other cumulative injury, NOC
62	90	Multiple Physical Injuries Only
63	91	Multiple Injuries including both physical and physiological

Cause of Injury

	NCCI_CODE	NCCITEXT
1	1	Contact with Chemicals
2	10	Machine or Machinery
3	11	Contact with Cold Objects or Substances
4	12	Object Handled
5	13	Caught in, under or between, NOC
6	14	Abnormal Air Pressure
7	15	Broken Glass
8	16	Hand tool, utensil; not powered
9	17	Object being lifted or handled
10	18 19	Powered hand tool, appliance
12	2	Caught, puncture, scrape, NOC Contact with Hot Objects or Substances
12		Collapsing Materials, either man made or
13	20	natural (i.e., slides of earth)
		From different level elevation (off wall,
14	25	catwalk, bridge, etc.)
15	26	From ladder or scaffolding
16	27	From liquid or grease spills
17	28	Into openings (shafts, excavations, floor openings, etc.)
18	29	On same level
19	3	Contact with Temperature Extremes
20	30	Slipped, do not fall
21	31	Fall, Slip or Trip, NOC
22	32	On ice or snow
23	33	On Stairs
24	4	Contact with Fire or Flame
25	40	Crash of water vehicle
26	41	Crash of rail vehicle
27	45	Collision or sideswipe with another vehicle (both vehicles in motion)
21	45	Collision with a fixed object (standing vehicle
28	46	or stationary object)
29	47	Crash of Airplane
30	48	Vehicle Upset (overturned or jackknifed)
31	5	Contact with Steam or Hot Fluids
32	50	Motor vehicle, NOC
33	52	Continual noise
34	53	Twisting
35	54	Jumping
36	55 56	Holding or carrying Lifting
38	57	Pushing or pulling
39	58	Reaching
40	59	Using tool or machinery
41	6	Contact with Dust, Gasses, Fumes or Vapors
42	60	Strain or injury by, NOC
43	61	Wielding or throwing
44	65	Moving part of machine
45	66	Object being lifted or handled
46	67	Sanding, scraping, cleaning operation
47	68	Stationary object
48	69	Stepping on sharp object
49	7	Contact with Welding Operation
50	70	Striking against or stepping on, NOC
51	74	Fellow worker; patient (not in act of a crime)
52	75 76	Falling or flying object
53 54	76 77	Hand tool or machine in use Motor vehicle
55	78	Moving parts of machine
56	79	Object being lifted or handled
57	8	Contact with Radiation
58	80	Object handled by others
		Struck or injured, NOC (includes kicked,
59	81	stabbed, bit, etc.)
60	82	Absorption, Ingestion or Inhalation, NOC
61	83	Pandemic

62	84	Electrical Current
63	85	Animal or insect
64	86	Explosion or flare back
65	87	Foreign Matter (body) in eyes
66	88	Natural Disasters
		Person in act of a crime (robbery or criminal
67	89	assault)
68	9	Contact with, NOC
69	90	Other than physical cause of injury
70	91	Mold
71	93	Gunshot
72	94	Repetitive motion (callous, blister, etc.)
73	95	Rubbed or abraded, NOC
74	96	Terrorism
75	97	Repetitive motion (Carpel Tunnel Syndrome)
76	98	Cumulative, NOC (all other)
77	99	Other - miscellaneous, NOC

Quick Code Ref. List

eClaims WCB quick reference code lists:

A – Go to WCB eClaims – NY Requirements Tables – EDI R3.1

http://www.wcb.ny.gov./content/ebiz/eclaims/edi-r3-1/ny-requirement-tables.jsp

B – Locate and open Edit Matrix

NYS R3.1 Edit Matrix Rev. 03/08/2021 (MS Excel): This table defines the edits that will be applied to the data elements and events defined in the Event and Element Requirements Tables. Edits will be applied to individual data elements as well as the sequence or order in which FROI and SROI submissions are received. The Edit Matrix also provides the standard error messages associated with these edits.

Quick Reference Codes list are on tabs – Valid Value Detail Page 1 and Valid Value Detail Page 2

	А	В	С	D	E	F	G	Н	J	K
1	1 - FROI	-00 File	Layout							
2	Rec	DN	Data Element Name	Format	Length	Beg	End	Notes	Requirement	Conditionally Required Fields
3			148 Data Elements							
4	148 148	0001 0002	Transaction Set ID Maintenance Type Code	A/N A/N	3	4	3 5	148 00	F F	
6	148	0003	Maintenance Type Code Date	DATE	8	6	13	Date report sent to carrier (NYSIF)	F	
7	148	0004	Jurisdiction Code	A/N	2	14	15		F	
9	148 148	0005 0006	Jurisdiction Claim Number Insurer FEIN	A/N A/N	25 9	16 41	40 49		IA F	
10	148	n/a	Vendor Unique Claim Number	A/N	129	50	178	Vendor Unique Claim Number	M	
11	148	0012	Claim Administrator City	A/N	15	179	193	New York City	М	
12	148 148	0013 0014	Claim Administrator State Code Claim Administrator Postal Code	A/N A/N	2 9	194 196	195 204	NY 100071100	M F	
14	148	0015	Claim Administrator Claim Number	A/N	25	205	229	Carrier Unique Claim Number	F	
15	148	0016	Employer FEIN	A/N	9	230	238		MC	
16 17	148 148	n/a 0021	Filler (Not for Use) Employer Physical City	A/N A/N	120 15	239 359	358 373	Employer-Location-City (20)	MC	
18	148	0022	Employer Physical State Code	A/N	2	374	375	Employer-Location-State (21)	MC	
19 20	148 148	0023 n/a	Employer Physical Postal Code Filler (Not for Use)	A/N A/N	9	376 385	384 385	Employer-Location-Zip (22)	MC	
21	148	0025	Industry Code	A/N	6	386	391	NAIC code	MC	
22	148	n/a	Filler (Not for Use)	A/N	10	392	401			
23	148 148	0027 0028	Insured Location Identifier Policy Number Identifier	A/N A/N	15 18	402 417	416 434		IA MC	
25	148	n/a	Filler (Not for Use)	A/N	12	435	446		IVIC	
26	148	0029	Policy Effective Date	DATE	8	447	454		IA	
27	148 148	0030 0031	Policy Expiration Date Date of Injury	DATE DATE	8	455 463	462 470	Accident-Date (7)	IA M	
29	148	0031	Time of Injury	TIME	4	403	474	INCIDENT_TIME from PS_INCIDENT_DATA	IA	
30	148	0033	Accident Site Postal Code	A/N	9	475	483	POSTAL from PS_INCIDENT_DATA	MC	
31	148 148	n/a 0035	Filler (Not for Use) Nature of Injury Code	A/N A/N	4	484 485	484 488	Leave blank	MC	
33	148	n/a	Filler (Not for Use)	A/N A/N	4	489	488	Leave blank	IVIC	
34	148	0037	Cause of Injury Code	A/N	4	493	496		MC	
35 36	148 148	n/a 0039	Filler (Not for Use) Initial Treatment Code	A/N A/N	150 2	497 647	646 648	Leave blank 0, 1, 2, 3, 4, 5 (Quick Code Ref. List)	MC	
37	148	0040	Date Employer Had Knowledge of the Injury	DATE	8	649	656	Date-Notice-of-Injury-Given-to-Employer (62)	M	
	148	0041	Date Claim Administrator Had Knowledge of the Injury	DATE	8	657	664	Date report sent to carrier (NYSIF)	М	
38	148	n/a	Filler (Not for Use)	A/N	39	665	703	Leave blank		
40	148	0044	Employee First Name	A/N	30	704	733	Claimant-First-Name (37)	М	
41	148	n/a	Filler (Not for Use)	A/N	61	734	794	Leave blank		
42	148 148	0048 0049	Employee Mailing City Employee Mailing State Code	A/N A/N	20	795 815	814 816	Claimant-City (42) Claimant-State (43)	M MC	
44	148	0050	Employee Mailing Postal Code	A/N	9	817	825	Claimant-State (45)	M	
45	148	n/a	Filler (Not for Use)	A/N	10	826	835	Leave blank		
46 47	148 148	0052 0053	Employee Date of Birth Employee Gender Code	DATE A/N	8	836 844	843 844	Date-of-Birth (39) Sex-Male (48) or Sex-Female (49)	MC M	
48	148	0054	Employee Marital Status Code	A/N	1	845	845	Leave blank	NA	
49	148	0055	Employee Number of Dependents	N	2	846	847	Leave blank	IA	
50	148 148	0056 0057	Initial Date Disability Began Employee Date of Death	DATE	8	848 856	855 863	Disability-Begin-Date (153) Date-of-Death (101)	MC MC	
52	148	0058	Employment Status Code	A/N	2	864	865	1, 2, 7, 8, 9 (Quick Code Ref. List)	MC	
53	148	0059	Manual Classification Code	A/N	4	866	869	NYSO	М	
55	148 148	n/a 0061	Filler (Not for Use) Employee Date of Hire	A/N DATE	30 8	870 900	899 907	Leave blank Date-Hired (160)	IA	
	148	0062	Wage	\$9.20	11	908	918	doesn't include \$ or decimal sign Avg-Weekly-	MC	
56 57		0063	Wage Period Code	A/N	2	919	920	Wage (163) 01 = Weekly	MC	
58	148 148	0064	Number of Days Worked Per Week	N N	1	921	921	Work-Week (173-179)	IA	
59	148	0065	Initial Date Last Day Worked	DATE	8	922	929	Disability-Begin-Date (153)	IA	
60 61	148 148		Full Wages Paid for Date of Injury Indicator Filler (Not for Use)	A/N A/N	1	930 931	930 931	N" on current C-2 Full-Wages-Paid-for-Day (1 Leave blank	MC	
62	148		Initial Return to Work Date	DATE	8	932	939	RTW-Date (156)	MC	
63			End 148 Elements							
64 65			R21 Data Elements							
66	R21	0001	Transaction Set ID	A/N	3	1	3	R21	F	
67 68	R21 R21	0295 0296	Maintenance Type Correction Code Maintenance Type Correction Code Date	A/N DATE	2 8	4 6	5 13	00 Date report sent to carrier (NYSIF)	X	
69	R21	n/a	Filler - Future Defined Usage	A/N	8	14	21	Leave blank	Α.	
70	R21	0186	Jurisdiction Branch Office Code	A/N	2	22	23	Leave blank	NA	
71 72	R21 R21	0015 0187	Claim Administrator Claim Number Claim Administrator FEIN	A/N A/N	25 9	24 49	48 57	Unique Case ID from Vendor	F F	
73	R21	0187	Claim Administrator PEIN Claim Administrator Name	A/N A/N	40	58	97	New York State Insurance Fund	M	
74	R21	0135	Claim Administrator Information/Attention Line	A/N	50	98	147	Leave blank	IA	
75 76	R21 R21	0010 0011	Claim Administrator Primary Address Claim Administrator Secondary Address	A/N A/N	40 40	148 188	187 227	199 Church St	M IA	
77	R21	0136	Claim Administrator Secondary Address Claim Administrator Country Code	A/N A/N	3	228	230	Leave blank USA	MC	
78	R21	0270	Employee ID Type Qualifier	A/N	1	231	231	S	М	
79 80	R21	* 0255	Employee ID Employee Last Name Suffix	A/N A/N	15 4	232 247	246 250	Employee SSN	10	
δU	R21	0255	Employee Last Name Suffix Employee Authorization to Release Medical Records	A/N A/N	1	251	250	Leave blank	IA	
81	R21							Leave blank	NA	
82	R21	0157	Employee Social Security Number Release Indicator	A/N	1	252	252	Leave blank	NA	
83	R21	0043	Employee Last Name	A/N	40	253	292	Claimant-Last-Name (36)	М	
84	R21		Employee Middle Name/Initial	A/N	15	293	307	Claimant-Middle-Initial (38)	IA	
85 86	R21 R21	0046 0047	Employee Mailing Primary Address Employee Mailing Secondary Address	A/N A/N	40 40	308 348	347 387	Claimant-Addr1 (40) Claimant-Addr2 (41)	M IA	
87	R21	0155	Employee Mailing Secondary Address Employee Mailing Country Code	A/N	3	388	390	Claimant-Addr2 (41) Claimant-Country (45)	MC	
88	R21	0051	Employee Phone Number	A/N	15	391	405	Employee-Phone-Number (47)	IA NAC	
89 an	R21 R21	0146 0290	Death Result of Injury Code Type of Loss Code	A/N A/N	2	406 407	406 408	Injury-Result-In-Death (99-100) 01, 02, 03 (Quick Code Ref. List)	MC MC	
σU	nZ1	U2JU	. , , , , , , , , , , , , , , , , , , ,	A) N		407	700	oz, oz, oz (Quick Code Rei. List)	IVIC	

_										
\vdash	Α	B	C	D	E	F	G	Н	J	К
91	R21	0228	Return To Work With Same Employer Indicator	A/N	1	409	409	Y or N	MC	
	224	0189	Return To Work Type Code	A/N	1	410	410	If the return to work date (DN 68) is not blank	мс	
92	R21							set this field to "A" for Actual otherwise leave blank.	IVIC	
93	R21	0224	Physical Restrictions Indicator	A/N	1	411	411	Y or N based on PS_WORK_RESTRICTN	MC	
94	R21	0314	Insured FEIN	A/N	9	412	420		MC	
95	R21	0017	Insured Name	A/N	40	421	460		MC	
96	R21	0184	Insured Type Code	A/N	1	461	461		MC	
97	R21	0026	Insured Report Number	A/N	25	462	486	Leave blank	NA	
98	R21	0204	Work Week Type Code	A/N	1	487	487	S, F or V		
99	R21	0205	Work Days Scheduled Code	A/N	7	488	494	DDDDDD (N for Not Scheduled & S for Scheduled	i)	
100	R21	n/a	Filler - Future Defined Usage	A/N	1	495	495	Leave blank		
101	R21	0007	Insurer Name	A/N	40	496	535	New York State Insurance Fund	М	
102	R21	0185	Insurer Type Code	A/N	1	536	536		IA	
103	R21	0292	Insolvent Insurer FEIN	A/N	9	537	545	Leave blank	NA	
104	R21	0200	Claim Administrator Alternate Postal Code	A/N	9	546	554	100071100	М	
105	R21	n/a	Filler - Future Defined Usage	A/N	23	555	577	Leave blank		
106	R21	0249	Accident Premises Code	A/N	1	578	578	E, L, X (Quick Code Ref. List)	MC	
107	R21 R21	0118 0119	Accident Site County/Parish	A/N A/N	30 50	579 609	608 658	Use field county off incident data	MC MC	
100	K21	0119	Accident Site Location Narrative Accident Site Organization Name	A/N	50	659	708	PS_INCIDENT_DATA.EXACT_LOCATION		
109	R21	0120	Accident Site Organization Name	7/11	30	033	700	Use field location_name off incident data	MC	
110	R21	0121	Accident Site City	A/N	15	709	723	Use field city off incident data	MC	
111	R21	0122	Accident Site Street	A/N	40	724	763	Use field address1 off incident data	MC	
112	R21	0123	Accident Site State Code	A/N	2	764	765	Use field state off incident data	MC	
113	R21	0280	Accident Site Country Code	A/N	3	766	768	Use field country off incident data	MC	
	R21	0281	Date Employer Had Knowledge of Date of Disability	DATE	8	769	776	Date-Notice-of-Injury-Given-to-Employer (62)	MC	
114									0	
115	R21	n/a	Filler - Future Defined Usage	A/N	1	777	777	Leave blank		
116	R21	0018	Employer Name	A/N	40	778	817	Employer-Name1 (9)	M	
117	R21	0329	Employer Ul Number	A/N	15	818	832	Employer-UI-Number (27)	IA MC	
118	R21	0019	Employer Physical Primary Address Employer Physical Secondary Address	A/N A/N	40 40	833 873	872 912	Employer-Location-Addr1 (18)	MC	
119	R21	0020 0164	Employer Physical Secondary Address Employer Physical Country Code	A/N A/N	3	873 913	912 915	Employer-Location-Addr2 (19)	IA MC	
120	R21 R21	0159	Employer Physical Country Code Employer Contact Business Phone Number	A/N A/N	15	913	915	Employer-Location-Country (23) Employer-Phone-Number (24)	MC	
122	R21	0159	Employer Contact Business Priorie Number Employer Contact Name	A/N A/N	40	931	930	Prepared-by (186-188)	MC	
123	R21	n/a	Filler - Future Defined Usage	A/N	90	971	1060	Leave blank		
124	R21	0163	Employer Mailing Information/Attention Line	A/N	50	1061	1110	Ecore Marin	IA	
125	R21	0165	Employer Mailing City	A/N	15	1111	1125	Employer-Mail-City (14)	М	
126	R21	0166	Employer Mailing Country Code	A/N	3	1126	1128	Employer-Mail-Country (17)	MC	
127	R21	0167	Employer Mailing Postal Code	A/N	9	1129	1137	Employer-Mail-Zip (16)	М	
128	R21	0168	Employer Mailing Primary Address	A/N	40	1138	1177	Employer-Mail-Addr1 (12)	М	
129	R21	0169	Employer Mailing Secondary Address	A/N	40	1178	1217	Employer-Mail-Addr2 (13)	IA	
130	R21	0170	Employer Mailing State Code	A/N	2	1218	1219	Employer-Mail-State (15)	М	
131	R21	n/a	Filler - Future Defined Usage	A/N	50	1220	1269	Leave blank		
132	R21	0060	Occupation Description	A/N	50	1270	1319	Occupation-Job-Title (161)	М	
133	R21	0199	Full Denial Effective Date	DATE	8	1320	1327	Leave blank	Х	
134	R21	n/a	Filler - Future Defined Usage	A/N	163	1328	1490	Leave blank		
	R21	0073	Claim Status Code	A/N	1 1		1491		NA	
135	NZI					1491		Leave blank	INA	
П	R21	0074	Claim Type Code	A/N	1	1491	1492		M	
136	R21	0074	Claim Type Code	A/N	1	1492	1492	leave blank NYSIF will set value on their side.	М	
П	R21	0074 0077	Claim Type Code Late Reason Code	A/N A/N	1 2	1492	1492		M IA	
136	R21	0074	Claim Type Code	A/N	1	1492	1492		М	
136	R21	0074 0077	Claim Type Code Late Reason Code	A/N A/N	1 2	1492	1492	leave blank NYSIF will set value on their side.	M IA	
136	R21 R21 R21	0074 0077 0273	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator	A/N A/N A/N	2	1492 1493 1495	1492 1494 1495	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184)	M IA	
136	R21 R21 R21	0074 0077 0273	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage	A/N A/N A/N	2	1492 1493 1495 1496	1492 1494 1495 1600	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184)	M IA	
136 137 138 139 140	R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Full Denial Reason Codes	A/N A/N A/N A/N A/N N	1 2 1 105	1492 1493 1495 1496 1601 1601 1603	1492 1494 1495 1600 1600 1602 1604	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this	M IA IA	
136 137 138 139 140	R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives	A/N A/N A/N A/N N N	1 2 1 105 2 2 2 2	1492 1493 1495 1496 1601 1601 1603 1605	1492 1494 1495 1600 1600 1602 1604 1606	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this	M IA IA F F F	
136 137 138 139 140 141 142 143 144	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Full Denial Reason Codes Number of Denial Reason Marratives Number of Managed Care Organizations	A/N A/N A/N A/N N N N	1 2 1 1 105 2 2 2 2 2 2 2	1492 1493 1495 1496 1601 1601 1603 1605 1607	1492 1494 1495 1600 1600 1602 1604 1606 1608	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this	M IA IA F F F F	
136 137 138 139 140	R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Jul Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Managed Care Organizations	A/N A/N A/N A/N N N	1 2 1 105 2 2 2 2	1492 1493 1495 1496 1601 1601 1603 1605 1607	1492 1494 1495 1600 1600 1602 1604 1606 1608	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this	M IA IA F F F	
136 137 138 139 140 141 142 143 144	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields	A/N A/N A/N A/N N N N N N N N	1 2 1 105 2 2 2 2 2 2	1492 1493 1495 1496 1601 1601 1603 1605 1607 1609	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78)	M IA IA F F F F	
136 137 138 139 140 141 142 143 144	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Jul Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Managed Care Organizations	A/N A/N A/N A/N N N N	1 2 1 1 105 2 2 2 2 2 2 2	1492 1493 1495 1496 1601 1601 1603 1605 1607 1609 1611	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1610	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this	M IA IA F F F F	
136 137 138 139 140 141 142 143 144	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Pull Denial Reason Codes Number of Denial Reason Arratives Number of Denial Reason Sarratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage	A/N A/N A/N A/N N N N N N N N N N N N N	1 1 2 1 105 2 2 2 2 2 2 2 2 8	1492 1493 1495 1496 1601 1601 1603 1605 1607 1609	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78)	M IA IA F F F F	Required if the employer (#5, A1) is not individually
136 137 138 139 140 141 142 143 144	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields	A/N A/N A/N A/N N N N N N N N	1 2 1 105 2 2 2 2 2 2	1492 1493 1495 1496 1601 1601 1603 1605 1607 1609 1611	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1610	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78)	M IA IA F F F F F F	Required if the employer (#8, A1) is not individually self-insured and Carrier-Name (#28, B2) is blank
136 137 138 139 140 141 142 143 144	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name	A/N A/N A/N A/N N N N N N A/N A/N A/N A/	1 2 1 105 2 2 2 2 2 2 2 2 8 30	1492 1493 1495 1496 1601 1603 1605 1607 1609 1611 1611	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1610 1618 1648	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank	M IA IA IA IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	1 2 1 105 2 2 2 2 2 2 2 2 2 30 30	1492 1493 1495 1496 1601 1603 1605 1607 1609 1611 1611 1619	1492 1494 1495 1600 1602 1604 1606 1610 1610 1618 1648	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank	M IA IA IA IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0276 0278 0279 n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Full Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_First_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 2 2 30 30	1492 1493 1495 1496 1601 1601 1603 1607 1609 1611 1611 1611 1619	1492 1494 1495 1600 1602 1604 1606 1608 1610 1610 1618 1648	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank Leave blank	M IA IA IA IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Fuelai Reason Narratives Number of Fuelai Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 2 2 30 30 15 4	1492 1493 1495 1496 1601 1601 1603 1607 1609 1611 1611 1611 1619	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1618 1648	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank	M IA IA IA IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Employee Began Work Time Began Work AM	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 3 8 30 30 15 4 1 1	1492 1493 1495 1496 1601 1601 1603 1605 1607 1607 1611 1611 1619 1649 1679 1698	1492 1494 1495 1600 1602 1604 1606 1610 1610 1610 1618 1648	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank Leave blank Time-Employee-Began-Work (50) Time-Began-Work-AM (51)	M IA IA IA IA MC MC IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Pull Denial Reason Codes Number of Pull Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Began Work AM Time Began Work PM	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 3 8 30 30 15 4 1 1 1	1492 1493 1495 1496 1601 1601 1603 1607 1609 1611 1611 1619 1649 1679 1694 1698	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1618 1648 1678 1693 1697 1699	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank Leave blank Time-Employee-Began-Work (50) Time-Began-Work-AM (51) Time-Began-Work-PM (52)	M IA IA IA IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a n/a n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Full Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIR Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Began Work AM Time Began Work PM Oral Notice Given	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 2 30 30 15 4 1 1	1492 1493 1495 1496 1601 1601 1603 1607 1609 1611 1611 1619 1649 1679 1694 1698 1699 1700	1492 1494 1495 1600 1600 1602 1604 1610 1610 1610 1618 1648 1678 1693 1697 1698 1699 1700	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank Leave blank Time-Employee-Began-Work (50) Time-Began-Work-AM (51) Time-Began-Work-PM (52) Orall-Notice-Given (60)	M IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a n/a n/a n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Acident/Injury Description Narratives Number of Pull Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Began Work AM Time Began Work PM Oral Notice Given Written Notice Given	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 3 8 30 30 15 4 1 1 1	1492 1493 1495 1496 1601 1601 1603 1605 1607 1601 1611 1611 1619 1649 1679 1698 1698 1699 1701	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1610 1618 1648 1648 1678 1693 1697 1698 1699 1701	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank Leave blank Time-Began-Work (50) Time-Began-Work-AM (51) Time-Began-Work-PM (52) Orall-Notice-Given (60) Written-Notice-Given (61)	M IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives Number of Denial Reason Narratives Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Began Work AM Time Began Work PM Oral Notice Given Written Notice Given Gave Claimant Info Packet Yes	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 3 8 30 30 15 4 1 1 1 1 1 1 1	1492 1493 1495 1496 1601 1601 1603 1607 1609 1611 1611 1619 1649 1679 1698 1699 1700 1701 1702	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1618 1648 1678 1693 1697 1698 1699 1700 1701	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank Leave blank Time-Employee-Began-Work (50) Time-Began-Work-AM (51) Time-Began-Work-PM (52) Orall-Notice-Given (60) Writter-Notice-Given (61) Gave-Claimant-Info-Packet-Yes (63)	M IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0277 0278 0279 n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Pull Denial Reason Codes Number of Denial Reason Narratives Number of Managed Care Organizations Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Began Work PM Oral Notice Given Written Notice Given Gave Claimant Info Packet Vs Gave Claimant Info Packet No	A/N A/N A/N A/N N N N N A/N A/N A/N A/N	2 1 105 2 2 2 2 2 2 2 2 30 30 15 4 1 1	1492 1493 1495 1496 1601 1601 1603 1607 1609 1611 1611 1611 1619 1649 1679 1694 1698 1699 1700 1701 1702 1703	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1610 1618 1648 1648 1678 1693 1697 1698 1699 1701	Continued-Pay-After-Injury (183-184) Leave blank Leave blank	M IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank Required if Insurance Agent Name is not blank cruired if Insurance Agent Name is not blank
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0279 n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Denial Reason Codes Number of Denial Reason Narratives Number of Denial Reason Narratives Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Began Work AM Time Began Work PM Oral Notice Given Written Notice Given Gave Claimant Info Packet Yes	A/N A/N A/N N N N N N A/N A/N A/N A/N A/	2 1 105 2 2 2 2 2 2 2 3 30 30 15 4 1 1 1 1 1 1 1 1 1	1492 1493 1495 1496 1601 1601 1603 1607 1609 1611 1611 1619 1649 1679 1698 1699 1700 1701 1702	1492 1494 1495 1600 1600 1602 1604 1606 1608 1610 1610 1618 1648 1678 1693 1697 1698 1700 1701 1702 1703	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank (50 char segment) based on How-Injury-Occurre 00 we won't know this 00 we won't know this 00 we won't know this 00-05 (75 char segments) based on Witness (78) Leave blank Leave blank Leave blank Leave blank Time-Employee-Began-Work (50) Time-Began-Work-AM (51) Time-Began-Work-PM (52) Orall-Notice-Given (60) Writter-Notice-Given (61) Gave-Claimant-Info-Packet-Yes (63)	M IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank Required if Insurance Agent Name is not blank required if Insurance Agent Name is not blank returner supervisor-witness-tes or supervisor- Witness-No or Supervisor-Witness-Unknown is
136 137 138 139 140 141 142 143 144 145 146 147	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	0074 0077 0273 n/a 0274 0277 0276 0278 0278 0279 n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Claim Type Code Late Reason Code Employer Paid Salary in Lieu of Compensation Indicator Filler - Future Defined Usage Variable Segment Counters Number of Accident/Injury Description Narratives Number of Pail Denial Reason Codes Number of Denial Reason Narratives Number of Witnesses NYSIF Required Fields Filler - Future Defined Usage Insurance_Agent_Last_Name Insurance_Agent_First_Name Insurance_Agent_First_Name Insurance_Agent_Phone_Number Time Employee Began Work Time Began Work PM Oral Notice Given Written Notice Given Gave Claimant Info Packet No Date Gave Claimant Info Packet	A/N A/N A/N A/N N N N N N A/N A/N A/N A/	2 1 105 2 2 2 2 2 2 2 2 3 30 30 15 4 1 1 1 1 1 1 1 1 8	1492 1493 1495 1496 1601 1601 1603 1605 1607 1611 1611 1619 1649 1698 1698 1699 1700 1701 1702 1703	1492 1494 1495 1600 1600 1600 1602 1604 1606 1610 1610 1610 1618 1648 1693 1697 1698 1699 1700 1701 1702 1703	leave blank NYSIF will set value on their side. Continued-Pay-After-Injury (183-184) Leave blank Time-Employee-Began-Work (50) Time-Began-Work-PM (52) Orall-Notice-Given (61) Gave-Claimant-Info-Packet-No (64) Date-Gave-Claimant-Info-Packet-No (64) Date-Gave-Claimant-Info-Packet (65)	M IA IA IA IA IA IA IA IA IA IA IA IA	self-insured and Carrier-Name (#28, B2) is blank Required if Insurance Agent Name is not blank Required if Insurance Agent Name is not blank cruired if Insurance Agent Name is not blank
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177	A					1877	G 1896		IA.	K
177	R21	n/a	Auto Ins Carrier City	A/N	20	1897	1898	Auto-Ins-Carrier-City (95)	IA IA	
178	R21 R21	n/a	Auto Ins Carrier State	A/N	9	1899	1907	Auto-Ins-Carrier-State (96)	IA IA	
		n/a	Auto Ins Carrier Zip	A/N				Auto-Ins-Carrier-Zip (97)		
180	R21	n/a	Auto Ins Carrier Country	A/N	3	1908	1910	Auto-Ins-Carrier-Country (98)	IA	
181	R21	n/a	Nearest Relative Last Name	A/N	30	1911	1940	Nearest-Relative-Last-Name (102)	IA	
182	R21	n/a	Nearest Relative First Name	A/N	30	1941	1970	Nearest-Relative-First-Name (103)	IA	
183	R21	n/a	Nearest Relative Mail Addr 1	A/N	30	1971	2000	Nearest-Relative-Mail-Addr1 (104)	IA	
184	R21	n/a	Nearest Relative Mail Addr 2	A/N	30	2001	2030	Nearest-Relative-Mail-Addr2 (105)	IA	
185	R21	n/a	Nearest Relative Mail City	A/N	20	2031	2050	Nearest-Relative-Mail-City (106)	IA	
186	R21	n/a	Nearest Relative Mail State	A/N	2	2051	2052	Nearest-Relative-Mail-State (107)	IA	
187	R21	n/a	Nearest Relative Mail Zip	A/N	9	2053	2061	Nearest-Relative-Mail-Zip (108)	IA	
188	R21	n/a	Nearest Relative Mail Country	A/N	3	2062	2064	Nearest-Relative-Mail-Country (109)	IA	
189	R21	n/a	Treated By Name	A/N	60	2065	2124	Treated-by-Name (119)	IA	
190	R21	n/a	Treated At Place	A/N	60	2125	2184	Treated-At-Place (120)	IA	
		_			- 00					
191	R21	n/a	Treatement Continuing Yes	A/N	1	2185	2185	Treatment-Continuing-Yes (121)	MC	-
192	R21	n/a	Treatement Continuing No	A/N	1	2186	2186	Treatment-Continuing-No (122)	MC	If First-Treatment-Date provided, one of theis fields
193	R21	n/a	Treatement Continuing Unknown	A/N	1	2187	2187	Treatment-Continuing-Unknown (123)	MC	is required
194	R21	n/a	Doctor Last Name	A/N	30	2188	2217	Doctor-Last-Name (124)	IA	
195	R21	n/a	Doctor First Name	A/N	30	2218	2247	Doctor-First-Name (125)	IA	
196	R21	n/a	Doc mail Addr1	A/N	30	2248	2277	Doc-Mail-Addr1 (126)	IA	
197	R21	n/a	Doc mail Addr2	A/N	30	2278	2307	Doc-Mail-Addr2 (127)	IA	
198	R21	n/a	Doc mail City	A/N	20	2308	2327	Doc-Mail-City (128)	IA	
199	R21	n/a	Doc mail State	A/N	2	2328	2329	Doc-Mail-State (129)	IA	
200	R21	n/a	Doc mail Zip	A/N	9	2330	2338	Doc-Mail-Zip (130)	IA	
201	R21	n/a	Doc mail Country	A/N	3	2339	2341	Doc-Mail-Country (131)	IA IA	i
201		_	· · · · · · · · · · · · · · · · · · ·							
202	R21	n/a	Doctor2 Last Name	A/N	30	2342	2371	Doctor2-Last-Name (132)	IA.	
203	R21	n/a	Doctor2 First Name	A/N	30	2372	2401	Doctor2-First-Name (133)	IA	ļ
204	R21	n/a	Doc2 mail Addr1	A/N	30	2402	2431	Doc2-Mail-Addr1 (134)	IA	
205	R21	n/a	Doc2 mail Addr2	A/N	30	2432	2461	Doc2-Mail-Addr2 (135)	IA	
206	R21	n/a	Doc2 mail City	A/N	20	2462	2481	Doc2-Mail-City (136)	IA	
207	R21	n/a	Doc2 mail State	A/N	2	2482	2483	Doc2-Mail-State (137)	IA	
208	R21	n/a	Doc2 mail Zip	A/N	9	2484	2492	Doc2-Mail-Zip (138)	IA	
209	R21	n/a	Doc2 mail Country	A/N	3	2493	2495	Doc2-Mail-Country (139)	IA	
210	R21	n/a	Doctor3 Last Name	A/N	30	2496	2525	Doctor3-Last-Name (140)	IA	i
211						2526	2555		IA IA	l
211	R21	n/a	Doctor3 First Name	A/N	30			Doctor3-First-Name (141)		
212	R21	n/a	Doc3 mail Addr1	A/N	30	2556	2585	Doc3-Mail-Addr1 (142)	IA	ļ
213	R21	n/a	Doc3 mail Addr2	A/N	30	2586	2615	Doc3-Mail-Addr2 (143)	IA	
214	R21	n/a	Doc3 mail City	A/N	20	2616	2635	Doc3-Mail-City (144)	IA	
215	R21	n/a	Doc3 mail State	A/N	2	2636	2637	Doc3-Mail-State (145)	IA	
216	R21	n/a	Doc3 mail Zip	A/N	9	2638	2646	Doc3-Mail-Zip (146)	IA	
217	R21	n/a	Doc3 mail Country	A/N	3	2647	2649	Doc3-Mail-Country (147)	IA	
218	R21	n/a		A/N	1	2650	2650	Previous-Injury-Illness-Yes (148)		Fither Previous-Injury-Illness-Ves or Previous-Injury-
210		_	Previous Injury Illness Yes		_	2651	2651		М	Either Previous-Injury-Illness-Yes or Previous-Injury- Illness-No is required to be non-blank
219	R21	n/a	Previous Injury Illness No	A/N	1			Previous-Injury-Illness-No (149)	1.	miness-no is required to be non-bldffk
220	R21	n/a	Previous Injury Treated by Doctor Info	A/N	200	2652	2851	Prev-Injury-Treated-By-Doctor-Info (150)	IA	
221	R21	n/a	Return to work Gross Pay	N	9	2852	2860	RTW-Gross-Pay (159)	IA	
222	R21	n/a	Activity Other Description	A/N	200	2861	3060	Activity-Other-Description (162)	IA	
223	R21	n/a	Addition to Pay Yes	A/N	1	3061	3061	Additions-To-Pay-Yes (164)	М	Either Additions-to-Pay-Yes or Additions-to-Pay-No
224	R21	n/a	Addition to Pay No	A/N	1	3062	3062	Additions-To-Pay-No (165)		is required to be non-blank
225	R21	n/a	Addition to Pay Description	A/N	100	3063	3162	Additions-To-Pay-Description (166)	IA	If Additions-To-Pay-Yes, then this is required
226	R21	n/a	Affirmation	A/N	1	3163	3163	Affirmation (185)	M	Either these two fields or Third-Party-Contact-Last-
227	R21	n/a	Prepared by Last Name	A/N	30	3164	3193	Prepared-by-Last-Name (186)	IA	Name and First-Name are required.
228	R21	n/a	Prepared by First Name	A/N	30	3194	3223	Prepared-by-First-Name (187)	IA	·
220	R21	n/a		A/N	1	3224	3224		IA	
229		_	Prepared by Middle Initial					Prepared-by-Middle-Initial (188)		
230	R21	n/a	Prepared by Date	N	8	3225	3232	Prepared-by-Date (189)	IA	
231	R21	n/a	Prepared by Title	A/N	30	3233	3262	Prepared-by-Title (190)	IA	
	R21	n/a	Preparer Phone Number	A/N	15	3263	3277	Preparer-Phone-Num (191)	MC	Required if Prepared-By-Last-Name is completed.
232		.,.						.,		
233	R21	n/a	Thrid Party Contact Last Name	A/N	30	3278	3307		IA	Either these two fields or Prepared-By-Last-Name
234	R21	n/a	Thrid Party Contact First Name	A/N	30	3308	3337		IA	and First-Name are required.
235	R21	n/a	Thrid Party Contact Middle Initial	A/N	1	3338	3338		IA	l
236	R21	n/a	Thrid Party Contact Date	N	8	3339	3346		IA	1
237	R21	n/a	Thrid Party Contact Title	A/N	30	3347	3376		IA	I
П		n/a	I			3377	3391			
238	R21	I	Thrid Party Contact Phone Number	A/N	15	· · · · ·			MC	Required if Third-Party-Last-Name is completed.
H	$\overline{}$	n/a				3392	3421			
239	R21	I	Third Party Company Name	A/N	30	l			MC	Required if Third-Party-Last-Name is completed.
H	$\overline{}$	n/a				3422	3451			
240	R21		Third Party Company Addr1	A/N	30	l			MC	Required if Third-Party-Last-Name is completed.
_			minu i urcy company nauri							
241	R21	n/a		· ·	30	3452	3481		IA	
241	R21	_	Third Party Company Addr2	A/N	30		3481 3501		IA	
241	R21	n/a n/a		· ·	30 20	3452 3482				Required if Third-Party-Last-Name is completed.
241 242	R21	n/a	Third Party Company Addr2 Third Party Company City	A/N A/N	20	3482			IA MC	
242		_	Third Party Company Addr2	A/N			3501		IA	Required if Third-Party-Last-Name is completed and
241 242 243	R21	n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State	A/N A/N A/N	20	3482 3502	3501 3503		IA MC MC	Required if Third-Party-Last-Name is completed and the country is USA.
241 242 243	R21	n/a	Third Party Company Addr2 Third Party Company City	A/N A/N	20	3482	3501		IA MC	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for
242 243 244	R21	n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State	A/N A/N A/N	20	3482 3502 3504	3501 3503 3512		IA MC MC	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada
242 243 244	R21 R21 R21	n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip	A/N A/N A/N	20 2 9	3482 3502	3501 3503		MC MC	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and
241 242 243 244	R21	n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State	A/N A/N A/N	20	3482 3502 3504	3501 3503 3512		IA MC MC	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245	R21 R21 R21	n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country	A/N A/N A/N A/N A/N	20 2 9	3482 3502 3504 3513	3501 3503 3512 3515		MC MC MC	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and
242 243 244 245 246	R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name	A/N A/N A/N A/N A/N A/N	20 2 9 3	3482 3502 3504 3513 3516	3501 3503 3512 3515		MC MC MC	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247	R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name	A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30	3482 3502 3504 3513 3516 3546	3501 3503 3512 3515 3545 3575		MC MC MC IA IA	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248	R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8	3482 3502 3504 3513 3516 3546 3576	3501 3503 3512 3515 3545 3575 3583	Date stamp (208)	MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247	R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp	A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4	3482 3502 3504 3513 3516 3546 3576 3584	3501 3503 3512 3515 3545 3575 3583 3587	Date stamp (208) Time Stamp (209)	MC MC MC IA IA	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248	R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8	3482 3502 3504 3513 3516 3546 3576	3501 3503 3512 3515 3545 3575 3583		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248	R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4	3482 3502 3504 3513 3516 3546 3576 3584	3501 3503 3512 3515 3545 3575 3583 3587		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4	3482 3502 3504 3513 3516 3546 3576 3584 3588 3628	3501 3503 3512 3515 3545 3575 3583 3587 3627 3629		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5	3482 3502 3504 3513 3516 3546 3576 3588 3588 3628 3630	3501 3503 3512 3515 3545 3575 3583 3587 3627 3629 3634		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5 30	3482 3502 3504 3513 3516 3546 3576 3584 3588 3628 3630 3635	3501 3503 3512 3515 3515 3545 3575 3583 3587 3627 3627 3623 3634 3664		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248 249 250 251 252 253 254	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 1	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5 30 30	3482 3502 3504 3513 3516 3546 3576 3588 3628 3630 3635 3635 3635	3501 3503 3512 3515 3515 3545 3575 3583 3587 3627 3627 3629 3634 3664 3664		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail Addr 2 Claimant Mail City	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5 30 30 20	3482 3502 3504 3513 3516 3546 3576 3584 3588 3628 3630 3635 3665 3665 3695	3501 3503 3512 3515 3515 3545 3575 3583 3587 3627 3629 3634 3694 3694 3714		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248 249 250 251 252 253 254	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail City Claimant Mail City Claimant Mail City Claimant Mail City Claimant Mail State	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 8 4 40 2 5 30 30 30 20 20 2	3482 3502 3504 3513 3516 3546 3576 3584 3588 3628 3630 3635 3665 3695 3715	3501 3503 3512 3515 3515 3545 3575 3583 3587 3629 3634 3664 3694 3714 3716		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248 249 250 251 252 253 254	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail Addr 2 Claimant Mail City	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5 30 30 20	3482 3502 3504 3513 3516 3546 3576 3584 3588 3628 3630 3635 3665 3665 3695	3501 3503 3512 3515 3515 3545 3575 3583 3587 3627 3629 3634 3694 3694 3714		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248 249 250 251 252 253 254	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail City Claimant Mail City Claimant Mail City Claimant Mail City Claimant Mail State	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 8 4 40 2 5 30 30 30 20 20 2	3482 3502 3504 3513 3516 3546 3576 3584 3588 3628 3630 3635 3665 3695 3715	3501 3503 3512 3515 3515 3545 3575 3583 3587 3629 3634 3664 3694 3714 3716		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248 249 250 251 252 253 254	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 1 Claimant Mail State Claimant Mail State Claimant Mail State Claimant Mail State	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5 30 30 30 2 2 9	3482 3502 3504 3513 3516 3546 3576 3588 3628 3633 3635 3665 3695 3715 3717	3501 3503 3512 3515 3515 3575 3587 3627 3629 3634 3664 3694 3716 3725		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248 249 250 251 252 253 254	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company State Third Party Company Zip Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail City Claimant Mail City Claimant Mail State Claimant Mail State Claimant Mail Zip Seasonal Worker Indicator Multiple Body parts Indicator	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 4 40 2 5 30 20 20 20 20 1	3482 3502 3504 3513 3516 3546 3576 3584 3588 3630 3635 3635 3695 3715 3717 3717 3726 3727	3501 3503 3512 3515 3545 3575 3587 3627 3627 3629 3634 3664 3694 3714 3716 3725 3725 3725		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 248 249 250 251 252 253 254	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail City Claimant Mail State Claimant Mail Zip Seasonal Worker Indicator Multiple Body parts Indicator Still Hospitalized	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5 30 30 20 2 9 1 1	3482 3502 3504 3513 3516 3546 3576 3588 3628 3630 3635 3665 3695 3715 3717 3726 3727 3728	3501 3503 3512 3515 3515 3575 3583 3587 3627 3629 3634 3664 3694 3716 3725 3726 3727 3728		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 250 251 252 253 254 255 256 257 258 259 260	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company State Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail Addr 2 Claimant Mail State Claimant Mail State Claimant Mail Zip Seasonal Worker Indicator Multiple Body parts Indicator Still Hospitalized Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Zip Claimant Mail Country	A/N A/N A/N A/N A/N A/N A/N A/N A/N N A/N N A/N N A/N N A/N N A/N A/	20 2 9 3 30 30 8 4 4 40 2 5 30 20 2 2 2 9 1 1 1 1 3	3482 3502 3504 3513 3516 3546 3576 3584 3588 3628 3633 3633 3635 3695 3715 3727 3726 3727 3727 3727	3501 3503 3512 3515 3515 3545 3575 3583 3587 3629 3634 3664 3714 3716 3725 3726 3727 3728 3732		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the
242 243 244 245 246 247 250 251 252 253 254 255 256 257 258 259 260	R21 R21 R21 R21 R21 R21 R21 R21 R21 R21	n/a n/a n/a n/a n/a n/a n/a n/a	Third Party Company Addr2 Third Party Company City Third Party Company State Third Party Company Zip Third Party Company Zip Third Party Company Country Provider Of Form Info Last Name Provider Of Form Info First Name Date Stamp Time Stamp User ID Benefit Unit Employee Entity Number Claimant Mail Addr 1 Claimant Mail Addr 1 Claimant Mail Addr 2 Claimant Mail City Claimant Mail State Claimant Mail Zip Seasonal Worker Indicator Multiple Body parts Indicator Still Hospitalized	A/N A/N A/N A/N A/N A/N A/N A/N A/N A/N	20 2 9 3 30 30 8 4 40 2 5 30 30 20 2 9 1 1	3482 3502 3504 3513 3516 3546 3576 3588 3628 3630 3635 3665 3695 3715 3717 3726 3727 3728	3501 3503 3512 3515 3515 3575 3583 3587 3627 3629 3634 3664 3694 3716 3725 3726 3727 3728		MC MC MC IA IA M	Required if Third-Party-Last-Name is completed and the country is USA. If Third-Party-Last-Name is completed, required for US and Canada Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the

	Α	В	C	D	E	F	G	Н	J	K
264	R21	n/a	Benefit Plan	A/N	3	3741	3743			1
265	R21	n/a	Benefit Plan Description	A/N	13	3744	3756			†
203	III.I	n/a	benefit full bescription	7411		3757	3757			
11	R21	, 0	Employee lose more than one week of work	A/N	1	5757	3737	Employee lose more than or is anticipated to	MC	Based on loss time = Yes
266			Employee lose more than one week of work	74.1	1 -		l	lose more than one week of work		
267	R21	n/a	Filler - Future Defined Usage	A/N	200	3758	3957		М	
268	R21	n/a	Filler - Future Defined Usage	A/N	200	3958	4157		M	
269	R21	n/a	Parts-Body	A/N	400	4158	4557	At least one body part to report.	M	
270	R21	n/a	Filler - Future Defined Usage	A/N	9	4558	4566	Acreast one body part to report.	IVI	
271	142.1	11/4	Variable Segments	Zyn		4558	4557			
2/1			Accident/Injury Description Narratives Occur Number of			4558	4557			
- 1			Accident/Injury Description Narratives Times			4330	4337			
272			Accident, injury Description Harratives Times	Occ 10						
273	R21	0038	Accident/Injury Description Narrative	A/N	500	4567	5057		М	1
H			Full Denial Reason Codes Occur Number of Full Denial			5058	5057			
274			Reason Codes Times	Occ 5						
275	R21	0198	Full Denial Reason Code	A/N	10	5058	5067		Х	
H			Denial Reason Narratives Occur Number of Denial Reason			5068	5067			
276			Narratives Times	Occ 3						
277	R21	0197	Denial Reason Narrative	A/N	150	5068	5217		Х	
H			Managed Care Organizations Occur Number of Managed			5218	5217			•
278			Care Organizations Times	Occ 2						
279	R21	0207	Managed Care Organization Code	A/N	4	5218	5221		IA	
280	R21	0209	Managed Care Organization Name	A/N	80	5222	5301		NA	
281	R21	0208	Managed Care Organization Identification Number	A/N	18	5302	5319	Leave blank	MC	1
282	R21	n/a	Filler - Future Defined Usage	A/N	40	5320	5359			
283				Occ 5		5360	5359			
284	R21	0238	Witness Name	A/N	200	5360	5559	Witness (78)	IA	
285	R21	0237	Witness Business Phone Number	A/N	75	5560	5634	, ,	IA	
286	R21	n/a	Filler - Future Defined Usage	A/N	100	5635	5734	Leave blank		
287										
288					<u> </u>					1
289			End R21 Elements							
290							l e			
291										
292	Value	DN	Employee ID							
293	S	0042	Employee SSN							
294	P	0156	Employee Passport Number				1			
295	E	0150	Employee Employment Visa		-	—	 			
295	G	0153	Employee Green Card		-		 			
290	A	0154	Employee ID Assigned by Jurisdiction		—		 			
297	м	0134	employee to Assigned by Jurisdiction							•
298		F (Fatal)								
300		M (Manda	atory)							
301			datory/Conditional)							
302 303 304		E (Expect								
303			cted/Conditional)							
304		IA (if Appl								
305			licable/Available Transaction Accepted)							
306			olicable/Available Transaction Accepted with Errors)							
307			olicable/Available Transaction Rejected)							
308 309			Applicable)							
309		X (Exclud	e)							

	Α	В	С	D	Е	F	G
1	2 - FRO	I-00 File Header Layout					
2		Data Element Name	Format	Length	Beg	End	Notes
3		HD1 Data Elements					
4	0001	Transaction Set ID	A/N	3	1	3	Fixed value:"HD1"
5	0098	Sender ID	A/N	25	4	28	
6		Sender FEIN	A/N	9			Fixed value:"146013200"
7		Filler - Future Defined Usage	A/N	7			
8		Sender Postal Code	A/N	9			Fixed value:"12201"
9	0099	Receiver ID	A/N	25	29	53	
10		Receiver FEIN	A/N	9			Fixed value:"146013200"
11		Filler - Future Defined Usage	A/N	7			
12		Receiver Postal Code	A/N	9			Fixed value:"100071100"
13	0100	Date Transmission Sent	DATE	8	54	61	
14	0101	Time Transmission Sent	TIME	6	62	67	
15	0102	Original Transmission Date	DATE	8	68	75	
16	0103	Original Transmission Time	TIME	6	76	81	
17	0104	Test/Production Code	A/N	1	82	82	P for Production or T for Test
18	0105	Interchange Version ID	A/N	5	83	87	
19		Batch Type Code	A/N	3			
20		Release Number	A/N	1			1
21		Version Number	A/N	1			1
22							
23							
24							
25				87			

	Α	В	С	D	Е	F	G						
1	3 - FROI-00 File Footer												
2		Data Element Name	Format	Length	Beg	End	Notes						
3		TR2 Data Elements											
4	0001	Transaction Set ID	A/N	3	1	3	Fixed value:"TR2"						
5	0106	Detail Record Count	N	9	4	12							
6	0191	Transaction Count	N	9	13	21							

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\vdash	A Doto Di	stionany	С	D	E	F	G	Н
2	4 - Data Di							
3	4	ionary for standard eClaims Data Elements Claims Implementation Guide for Data Dictiona						
4		ionary for NYSIF Required Data Elements	·					
5	Rec:	Data Element Name Insurance_Agent_Last_Name	Format	Length	Desciption	Requirement	Conditional Requirment Required if the employer (#8, A1)	Note
6	R21	misurance_ngent_tast_vame	Alphanumeric	30	Last name of insurance agent	IA	is not individually self-insured and Carrier-Name (#28, B2) is blank	
7	R21	Insurance_Agent_First_Name	Alphanumeric	30	Last name of insurance agent	MC	Required if Insurance Agent Name is not blank	
8	R21	Insurance_Agent_Phone_Number	Alphanumeric	15	Phone Number of Insurnce Agent	MC	Required if Insurance Agent Name is not blank	
9	R21	Time Employee Began Work	Numeric	4	Time Employee began work	IA	Ethod Ethod Add a	ماهان معمد استا
10	R21	Time Began Work AM	Numeric	1	Indicates that time of worked started was AM	IA	Either 'Time began work AM' or 'Time began Work PM' is required	Indicated with X in file
11	R21	Time Began Work PM	Numeric	1	Indicates that time of worked started was PM	IA	if 'Time employee began work' is provided	Indicated with X in file
12	R21	Oral Notice Given	Alphanumeric	1	Indicator that oral notice of accident was given	IA		Indicated with X in file
13	R21	Written Notice Given	Alphanumeric	1	Indicator that written notice of accident was given	IA		Indicated with X in file
14	R21	Gave Claimant Info Packet Yes	Alphanumeric	1	Indicatior that Claimant was provided copy of Claimant info packet	IA		Indicated with
15	R21	Gave Claimant Info Packet No	Alphanumeric	1	Indicatior that Claimant was not provided copy of Claimant info packet	IA		Indicated with
16	R21	Date Gave Claimant Info Packet	Numeric	8	Date Claiamnt info packet is given to claimant	IA		
17	R21	Supervisor Witness Yes	Alphanumeric	1	Supervisor Witness Yes	М	Either Supervisor-Witness-Yes or Supervisor-Witness-No or	Indicated with X in file
18	R21	Supervisor Witness No	Alphanumeric	1	Supervisor Witness No	М	Supervisor-Witness-Unknown is required	Indicated with X in file
19	R21	Supervisor Witness Unknown	Alphanumeric	1	Supervisor Witness Unknown	М		Indicated with X in file
20	R21	Witness to Injury Yes	Alphanumeric	1	Someone other than the supervisor did witness the injury	М	Either 'Witness to injury Yes' or 'Witness to injury Yes' or 'Witness to injury unknown' is required	Indicated with
21	R21	Witness to Injury No	Alphanumeric	1	No one other than the Supervisor witnessed the injury	М		Indicated with
22	R21	Witness to Injury Unknown	Alphanumeric	1	Unknown if anyone else	М		Indicated with X in file
23	R21	Object Involved Yes	Alphanumeric	1	Indicates an object was involved in accident (I.E. Knife)	М	Must send either 'Object Involved Yes' or 'Object Involved No'	Indicated with X in file
24	R21	Object Involved No	Alphanumeric	1	Indicates no object was involved in the accident.	М		Indicated with X in file
25	R21	Object Involved	Alphanumeric	50	Desription of object involved in accident.	IA	If 'Object invloved Yes' sent then this value Is required.	
26	R21	Injury Result of Motor Vehicle Yes	Alpha	1	Indicates Motor vihicle involved in accident	М	Either 'Injury result of motor vehicle yes' or 'Injury result of	Indicated with X in file
27	R21	Injury Result of Motor Vehicle No	Alpha	1	Indicates Motor Vehicle was not involved in the accident	М	motor vehicle no' must be sent on a record	Indicated with X in file
28	R21	Vehicle Owned By Employee	Alpha	1	Indicates Vehicle involved in accident was owned by the employee	MC	Either 'Vehicle Owned By Employee' or 'Vehicle Owned By Employer' or 'Vehicle Owned By Other' is required if 'Injury Result	Indicated with X in file
29	R21	Vehicle Owned By Employer	Alpha	1	Indicates Vehicle involved in accident was owned by the employer	MC	of Motor Vehcile Yes' is Sent	Indicated with X in file
	R21		Alpha	1	Indicates Vehicle involved in accident was owned by someone other then the employer or employee	MC		Indicated with
30		Vehicle Owned By Other			. , . , , . , . , . , . , . , . , .			X in file

	A	В	С	D	E	F	G	Н
	R21		Alphanumeric	12	License plate number of vehicle invloved in	IA		
31		Vehicle License Plate Number	/ upriditation		accident.	.,,		
	R21		Alphanumeric	30	Name of auto insurance	IA		
32		Auto Ins Carrier Name	· ·		carrier Address line 1 of Auto			
33	R21	Auto Ins Carrier Addr1	Alphanumeric	30	Insurance carrier	IA		
24	R21	Auto Inc Coming Adds 3	Alphanumeric	30	Address line 2 of Auto	IA		
34		Auto Ins Carrier Addr2			Insurance carrier			
35	R21	Auto Ins Carrier City	Alphanumeric	20	Auto Insurance carrier City	IA		
36	R21	Auto Ins Carrier State	Alphanumeric	2	Auto Insurance carrier State (I.E. NY)	IA		
30	R21	Auto ins currer state	Alphanumeric	9	Auto Insurance carrier Zip	10		
37	NZ1	Auto Ins Carrier Zip	Aiphanumenc	9	Code	IA		
38	R21	Auto Ins Carrier Country	Alphanumeric	3	Auto Insurance Carrier Country (I.E USA)	IA		
		, and the country			Last name of nearest living			
20	R21	Nooroot Polatii o Loot Nooro	Alphanumeric	30	realtive to claimant	IA		
39		Nearest Relative Last Name						
	R21		Alphanumeric	30	First name of nearest Living realtive to claimant	IA		
40		Nearest Relative First Name			realitive to diaminant			
	R21		Alphanumeric	30	Adress Line 1 of neareast	IA		
41		Nearest Relative Mail Addr 1	1		living realative to claimant			
	R21		Alphanumeric	30	Adress Line 2 of neareast	IA		
42		Nearest Relative Mail Addr 2			living realative to claimant			
42	R21	Name of Bulletine Maril City	Alphanumeric	20	City of neareast living	IA		
43		Nearest Relative Mail City			realative to claimant			
	R21		Alphanumeric	2	State of neareast living realative to claimant (IE NY)	IA		
44		Nearest Relative Mail State			reductive to claimant (iz ivi)			
	R21		Alphanumeric	9	Zip Code of neareast living	IA		
45		Nearest Relative Mail Zip			realative to claimant			
	R21		Alphanumeric	3	Country of neareast living realative to claimant (IE	IA		
46		Nearest Relative Mail Country	,		USA)			
47	R21	Treated By Name	Alphanumeric	60	Name of person who treated the Claimant	IA		
47		Treated By Name						
					Name and address of where claimant was			
	R21		Alphanumeric	60	treated (IE Urgent Medical	IA		
					Ctr 1 Medical Circle,			
48		Treated At Place			ALBANY, NY 12239)			Landing to the state of the
49	R21	Treatement Continuing Yes	Alphanumeric	1	Indicates Cliamant is still reciving treatment	MC		Indicated with X in file
П		Ŭ			Indicates Cliamant is no			
50	R21	Treatement Continuing No	Alphanumeric	1	longer reciving treatment	MC		Indicated with X in file
30		Treatement continuing NO			Indicates Cliamant recivied			A III IIIC
	R21		Alphanumeric	1	first treatment but is	MC	MEDICAL TOP A STATE OF THE STAT	Landing to 100
51		Treatement Continuing Unknown			unknown if teatment is continuing		If First-Treatment-Date provided, one of theis fields is required	Indicated with X in file
П					Last name of Doctor who is			-
52	R21	Doctor Last Name	Alphanumeric	30	continuing Claimants treatment	IA		
32		DOCTOL FAST MAILLE			First name of Doctor who is			
_	R21		Alphanumeric	30	continuing Claimants	IA		
53		Doctor First Name	1		treatment			
	R21		Alphanumeric	30	Address Line 1 of Doctor who is continuing	IA		
[,	UZI	Doc mail Addr1	Aiphanumenc	30	Claimants treatment	IA		
54		Doc mail Addr1						
	R21		Alphanumeric	30	Address Line 2 of Doctor who is continuing	IA		
55		Doc mail Addr2			Claimants treatment	•		
35		555			City of Doctor who is			
	R21	Dan mail City	Alphanumeric	20	continuing Claimants	IA		
56		Doc mail City	1		treatment State of Doctor who is			
	R21		Alphanumeric	2	continuing Claimants	IA		
57		Doc mail State	<u> </u>		treatment (IE NY)			

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\vdash	A	В	С	D	E Zip code of Doctor who is	F	G	Н
	R21		Alphanumeric	9	continuing Claimants	IA		
58		Doc mail Zip			treatment			
	D24		Alabaaaaaaa	,	Country of Doctor who is	14		
59	R21	Doc mail Country	Alphanumeric	3	continuing Claimants treatment (IE USA)	IA		
33		Doc man country			Last name of 2nd Doctor			
	R21		Alphanumeric	30	who is continuing	IA		
60		Doctor2 Last Name			Claimants treatment			
					First name of 2nd Doctor			
	R21		Alphanumeric	30	who is continuing	IA		
61		Doctor2 First Name			Claimants treatment			
					Address Line 1 of 2nd			
	R21		Alphanumeric	30	Doctor who is continuing	IA		
62		Doc2 mail Addr1			Claimants treatment			
					Address Line 2 of 2nd			
	R21		Alphanumeric	30	Doctor who is continuing	IA		
63		Doc2 mail Addr2			Claimants treatment			
					City of 2nd Doctor who is			
ا ,	R21	David Site	Alphanumeric	20	continuing Claimants	IA		
64		Doc2 mail City			treatment State of 2nd Doctor who is			
	R21		Alphanumeric	2	continuing Claimants	IA		
65		Doc2 mail State			treatment (IE NY)			
	D24		Alphan		Zip code of 2nd Doctor who	1.6		
66	R21	Doc2 mail Zip	Alphanumeric	9	is continuing Claimants treatment	IA		
Ť								
	R21		Alphanumeric	3	Country of 2nd Doctor who is continuing Claimants	IA		
c7		Dani country			treatment (IE USA)			
67		Doc2 mail Country					Either 'Previous Injury Illness Yes'	
	R21		Alphanumeric	1	Indicates Injury is do to a	M	or 'Previous Injury Illness No' is	Indicated with
68		Previous Injury Illness Yes			previous illness/Injury		required on a record	X in file
	R21		Alphanumeric	1	Indicates Injury is not do to	M		Indicated with
69	WEI	Previous Injury Illness No	Alphanamene	_	a previous illness/Injury			X in file
					Information for Doctor who			
	D24		Alabaaaaaaa	200	treated claimant for	14		
	R21		Alphanumeric	200	previous injury, such as Name, address, contact	IA		
70		Previous Injury Treated by Doctor Info			info			
					Gross amount of pay the			
71	R21	Return to work Gross Pay	Numeric	9	cliamant returned to work for	IA		
	D24	neturn to work gross ray	Alabaaaaaa	200	Description of Employees	10		
72	R21	Activity Other Description	Alphanumeric	200	job	IA		
	R21		Alphanumeric		Indicates employee gets	М	Either 'Addition to Pay Yes' or	Indicated with
73	UZI	Addition to Pay Yes	Aiphanument		pay other than normal pay.	IVI	'Addition to Pay No' is required on the record	X in file
Ħ			1		Indicates employee doesn't			-
_	R21	Address to Book	Alphanumeric		get pay other than normal	M		Indicated with
74		Addition to Pay No	+		pay			X in file
	R21		Alphanumeric	100	Description of additional	IA	Become required if 'Addition to	
75		Addition to Pay Description			pay the employee gets		Pay Yes' is being sent	
	R21		Alphanumaria	1	Agree that Data entered is	N.4	Either these two fields or Third-	Indicated with
76	L/T1	Affirmation	Alphanumeric		acurate and truthful	М	Party-Contact-Last-Name and First- Name are required.	X in file
П					Last name of person who		·	
	R21		Alphanumeric	30	entered the information for	IA		
77		Prepared by Last Name			this claim			
					First name of name			
	R21		Alphanumeric	30	First name of person who entered the information for	IA		
78		Prepared by First Name			this claim			
, 0		. repured by rinst Hame			Middle initial of person			
	R21		Alphanumeric	1	who entered the inforation	IA		
79		Prepared by Middle Initial			for this claim Date Information for claim			
80	R21	Prepared by Date	Numeric	8	was collected	IA		
					Phone number of Person			
<u></u>	R21	Drawan Dhana Marahan	Alphanumeric	15	who entered info for claim.	MC	Required if Prepared-By-Last-	
81		Preparer Phone Number					Name is completed.	

	А	В	С	D	E	F	G	Н
82	R21	Thrid Party Contact Last Name	Alphanumeric	30	Last name of third party that entered info for claim	IA		
83	R21	Thrid Party Contact First Name	Alphanumeric	30	First name of third party that entered info for claim	IA		
84	R21	Thrid Party Contact Middle Initial	Alphanumeric	1	Middle Intial of third party that entered info for claim	IA		
85	R21	Thrid Party Contact Date	Numeric	8	Date third party entered information for the claim	IA		
86	R21	Thrid Party Contact Title	Alphanumeric	30	Title of third party who entered information for the claim	IA		
87	R21	Third Party Company Name	Alphanumeric	30	Name of company of third party that entered information for the claim	MC	Required if Third-Party-Last-Name is completed.	
88	R21	Third Party Company Addr1	Alphanumeric	30	Address line 1 of Third party that entered information for the claim	MC	Required if Third-Party-Last-Name is completed.	
89	R21	Third Party Company Addr2	Alphanumeric	30	Address line 2 of Third party that entered information for the claim	IA	Required if Third-Party-Last-Name is completed.	
90	R21	Third Party Company City	Alphanumeric	20	City of Third party that entered information for the claim	MC	Required if Third-Party-Last-Name is completed.	
91	R21	Third Party Company State	Alphanumeric	2	State of Third party that entered information for the claim (IE NY)	MC	Required if Third-Party-Last-Name is completed and the country is USA.	
92	R21	Third Party Company Zip	Alphanumeric	9	Zip code of Third party that enterted inforatmatin for the claim	MC	If Third-Party-Last-Name is completed, required for US and Canada	
93	R21	Third Party Company Country	Alphanumeric	3	Country of Thirst Party that entered information for the claim (IE USA)	MC	If Third-Party-Last-Name is completed, required for US and Canada	
94	R21	Provider Of Form Info Last Name	Alphanumeric	30	Last name of person who provided infomartion to file claim	IA		
95	R21	Provider Of Form Info First Name	Alphanumeric	30	First name of person who provided infomartion to file claim	IA		
06	R21	Date Stamp	Alphanumeric	8	Date record is written to file	М		
96	R21	Time Stamp	Numeric	4	Time record is written to file	М		
98	R21	Employee lose more than one week of work	Alphanumeric	1	Employee lost more than or is anticipated to lose more than one week of work	MC	Requried if Loss Time = Yes	Indicated with
99	R21	Cause-of-Injury	Alphanumeric	200	Text description of Cause of injury Code	М		
100	R21	Nature-Of-Injury	Alphanumeric	200	Text description of nature of injury code	М		
101	R21	Parts-Body	Alphanumeric	400	NCCI body part codes seperated by \	М		IE (22\36\255\04)

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1 5	- Body	Part Look U	0	D	E	, r	ď	n
2 11	· ·	CODE	LONGTEXT	SHORTTEXT	NCCI_CODE	NCCITEXT	WCIO_CODE	WCIO_TEXT
4		110	Skull Brain	Skull Brain	11 12		11	Skull Brain
5		131	Ear - Right	Ear, Right	13	-	13	Ear(s), Includes: hearing, inside eardrum
6		132	Ear - Left	Ear, Left	13		13	Ear(s), Includes: hearing, inside eardrum
8		133	Ears - Binaural Hg Loss Eye - Right	Ears - Binaural Hg Loss Eye, Right	13 14	Ear(s) [Includes: hearing, inside eardrum] Eye(s) [Includes: optic nerves, vision, eye lids]	13 14	Ear(s), Includes: hearing, inside eardrum Eye(s) [Includes: optic nerves, vision, eye lids]
9		142	Eye - Left	Eye, Left	14		14	Eye(s) [Includes: optic nerves, vision, eye lids]
			Nose [Includes: Nasal passage, Sinus,					
10		150 160	Sense of Smell] Teeth	Nose	15 16	Nose [Includes: Nasal passage, Sinus, Sense of Smell] Teeth	15 16	Includes: Nasal passage, Sinus, Sense of Smell Teeth
12		170	Mouth (part unknown)	Mouth (part unknown)	17		17	Includes : lips, tongue, throat, taste
13		171	Lips	Lips	17		17	Includes : lips, tongue, throat, taste
14		172 173	Tongue Throat	Tongue Throat	17 17		17	Includes : lips, tongue, throat, taste Includes : lips, tongue, throat, taste
16	17	174	Taste	Taste	17	Mouth [Includes: Lips, Tongue, Throat, Taste]	17	Includes : lips, tongue, throat, taste
17	18	180	Head - Soft tissue	Head - Soft tissue	18	Soft Tissue	18	Soft Tissue
18	19	190	Facial Bones [Includes: Jaw]	Facial Bones (which ones are unknown)	19	Facial Bones [Includes: Jaw]	19	Facial Bones [Includes: Jaw]
19		191	Jaw (includes Chin)		19		19	Facial Bones [Includes: Jaw]
20		192	Cheek		19		19	Facial Bones [Includes: Jaw]
22		193 194	Orbit Forehead	Orbit Forehead	19 19	Facial Bones [Includes: Jaw] Facial Bones [Includes: Jaw]	19 19	Facial Bones [Includes: Jaw] Facial Bones [Includes: Jaw]
23		195	Other Facial Bone	Other Facial Bone	19	Facial Bones [Includes: Jaw]	19	Facial Bones [Includes: Jaw]
			Vertebrae [Includes: Spinal Column Bone,			Vertebrae [Includes: Spinal Column Bone, "Cervical		L
24	26	210	"Cervical Segment"	Vertebrae	21	Segment"	21	Vertebrae [Includes: Spinal Column Bone, Cervical Segment
			Disc [Includes: Spinal Column Cartilage,	Disc [Spinal Column Cartilage,				
25	27	220	"Cervical Segment"]	"Cervical Segment"]	22	Disc [Includes: Spinal Column Cartilage, "Cervical Segment"	22	Disc [Includes: Spinal Column Cartilage, "Cervical Segment"
26	20	230	Spinal Cord [Includes: Nerve Tissue,	Spinal Cord [Nerve Tissue, "Cervical Segment"]	23	Spinal Cord [Includes: Nerve, Nerve Tissue, "Cervical Segment"	23	Spinal Cord [Includes: Nerve, Nerve Tissue, "Cervical Segment"
20	28	-30	"Cervical Segment"] Larynx [Includes: Cartilage and Vocal	cervical segment j		Segment		- Segmett
27		240	Cords]	Larynx	24	Larynx [Includes: Cartilage and Vocal Cords]	24	Larynx [Includes: Cartilage and Vocal Cords]
28	30	250	Neck - Soft tissue	Neck - Soft tissue	25		25	Soft Tissue (other than Larynx or Trachea)
29	33	311	Upper Arm - Right	Arm, Upper Right	31	Upper Arm [Humerus and corresponding muscles, excluding clavicle and scapula]	31	Upper Arm [Humerus and corresponding muscles, excluding clavicle and scapula]
\sqcap						Upper Arm [Humerus and corresponding muscles,		Upper Arm [Humerus and corresponding muscles, excluding
30		312	Upper Arm - Left	Arm, Upper Left	31	excluding clavicle and scapula]	31	clavicle and scapula]
32		321 322	Elbow - Right Elbow - Left	Elbow, Right Elbow, Left	32 32	Elbow [Radial Head] Elbow [Radial Head]	32 32	Elbow [Radial Head] Elbow [Radial Head]
M						Lower Arm [Fore Arm - Radius, Ulna and Corresponding		Lower Arm [Fore Arm - Radius, Ulna and Corresponding
33	39	331	Lower Arm - Right	Arm, Lower Right	33	muscles]	33	muscles]
34	40	332	Lower Arm - Left	Arm, Lower Left	33	Lower Arm [Fore Arm - Radius, Ulna and Corresponding muscles]	33	Lower Arm [Fore Arm - Radius, Ulna and Corresponding muscles]
35	42	341	Wrist - Right	Wrist, Right	34	Wrist [Carpals and Corresponding Muscles]	34	Wrist [Carpals and Corresponding Muscles]
36	43	342	Wrist - Left	Wrist, Left	34		34	Wrist [Carpals and Corresponding Muscles]
37	45	351	Hand - Right	Hand, Right	35	Hand [Metacarpals and corresponding muscles - excluding wrist or fingers]	35	Hand [Metacarpals and corresponding muscles - excluding wrist or fingers]
H	43					Hand [Metacarpals and corresponding muscles - excluding		Hand [Metacarpals and corresponding muscles - excluding
38	46	352	Hand - Left	Hand, Left	35	wrist or fingers]	35	wrist or fingers]
39	40	361	Finger - Index. Right	Finger - Index Right	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
23	48	201	Finger - Index, Right	Finger - Index, Right	30	inger(a) [outer trial) multip and corresponding muscles]	30	ringer(a) [outer triali mumb and corresponding muscles]
40	49	362	Finger - Index, Left	Finger - Index, Left	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
L"T		262	Einger Middle Di-La	Finger Middle Dietr	26	Finger(c) fether than Thursday	26	Einger(c) (ether than Thursday
41	50	363	Finger - Middle, Right	Finger - Middle, Right	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
42	51	364	Finger - Middle, Left	Finger - Middle, Left	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
П								
43	52	365	Finger - Ring, Right	Finger - Ring, Right	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
44	53	366	Finger - Ring, Left	Finger - Ring, Left	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
П								
45	54	367	Finger - Pinky, Right	Finger - Pinky, Right	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
46	55	368	Finger - Pinky, Left	Finger - Pinky, Left	36	Finger(s) [other than Thumb and corresponding muscles]	36	Finger(s) [other than Thumb and corresponding muscles]
47	57	371	Finger - Thumb, Right	Finger - Thumb, Right	37	Thumb	37	Thumb
48	58	372	Finger - Thumb, Left	Finger - Thumb, Left	37	Thumb Shoulder(s) [Armpit, Rotator Cuff, Trapezius, Clavicle,	37	Thumb
49	60	381	Shoulder - Right	Shoulder, Right	38	Scapula]	38	Shoulders
П				0		Shoulder(s) [Armpit, Rotator Cuff, Trapezius, Clavicle,		
50	61	382	Shoulder - Left	Shoulder, Left	38	Scapula]	38	Shoulders Linner Back Area (Therasis Area) Linner Back Mussles
51	64	410	Back, Upper Area (Thoracic)	Back, Upper Area (Thoracic)	41	Upper Back Area [(Thoracic Area) Upper Back Muscles, Excluding Vertebrae, Disc, Spinal]	41	Upper Back Area [(Thoracic Area) Upper Back Muscles, Excluding Vertebrae, Disc, Spinal]
Ħ			Lower Back Area [(Lumbar Area and			5		5
H			Lumbo Sacral) Lower Back Muscles,	Doob Lawrence Control		Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower		Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower
52	65	420	Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]	Back, Lower Area (which part is unknown)	42	Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord	42	Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord
Ħ				,		Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower		Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower
, .		424			42	Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae,	42	Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae,
25	66	421	Lumbar	Lumbar	42	Disc, Spinal Cord] Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower	42	Disc, Spinal Cord] Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower
						Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae,		Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae,
54	67	422	Lumbo Sacral	Lumbo Sacral	42	Disc, Spinal Cord]	42	Disc, Spinal Cord]
H			Disc [Spinal Column Cartilage other than	Disc [Spinal Column Cartilage				
55	68	430	Cervical Segment]	other than Cervical Segment]	43	Disc [Spinal Column Cartilage other than Cervical Segment]	43	Disc [Spinal Column Cartilage other than Cervical Segment]
	-	440	Chest(part unknown or Ribs lt/rt is	Chest(part unknown or Ribs lt/rt	**	Chart Harladia Billia Charana C. C. W.		Chart final diag Bile Charter C C 7
56 57		440 441	unknown) Ribs - Right	is unknown) Ribs, Right	44	Chest [Including Ribs, Sternum, Soft Tissue] Chest [Including Ribs, Sternum, Soft Tissue]	44	Chest [Including Ribs, Sternum, Soft Tissue] Chest [Including Ribs, Sternum, Soft Tissue]
58	71	442	Ribs - Left	Ribs, Left	44	Chest [Including Ribs, Sternum, Soft Tissue]	44	Chest [Including Ribs, Sternum, Soft Tissue]
59		443	Sternum Chost, Soft tissue	Sternum Chart Soft tissue	44		44	Chest [Including Ribs, Sternum, Soft Tissue]
60	/3	444	Chest - Soft tissue Sacrum and Coccyx [Final Nine Vertebrae-	Chest - Soft tissue	44	Chest [Including Ribs, Sternum, Soft Tissue]	44	Chest [Including Ribs, Sternum, Soft Tissue]
61		450	Fused]	Sacrum and Coccyx	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]
62		451	Sacrum		45		45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]
63 64		452 460	Coccyx Pelvis	Coccyx Pelvis	45 46		45 46	Sacrum and Coccyx [Final Nine Vertebrae-Fused] Pelvis
Ħ	.,,							
[_ [_	470	Spinal Cord [Nerve Tissue other than	Spinal Cord [Nerve Tissue other	47	Calcul Coul Discuss Ties and the Country of the Cou	47	Calcul Gard Numer The Co. 1. 1. 1. 1. 1.
65		470 481	Cervical Segment] Liver	than Cervical Segment] Liver	47 48	Spinal Cord [Nerve Tissue other than Cervical Segment] Internal Organs [Other than Heart and Lungs]	47	Spinal Cord [Nerve Tissue other than Cervical Segment] Internal Organs [Other than Heart and Lungs]
67		481	Kidney(s)	Kidney(s)	48		48	Internal Organs [Other than Heart and Lungs]
68	82	483	Gastro Intestinal	Gastro Intestinal	48	Internal Organs [Other than Heart and Lungs]	48	Internal Organs [Other than Heart and Lungs]
69 70	83	484 485	Stomach Spleen	Stomach Spleen	48		48	Internal Organs [Other than Heart and Lungs] Internal Organs [Other than Heart and Lungs]
71	85	486	Gall Bladder	Gall Bladder	48		48	Internal Organs [Other than Heart and Lungs]
72	86	487	Pancreas	Pancreas	48	Internal Organs [Other than Heart and Lungs]	48	Internal Organs [Other than Heart and Lungs]
73 74		488 489	Other Internal Organ	Bladder Other Internal Organ	48 48		48	Internal Organs [Other than Heart and Lungs] Internal Organs [Other than Heart and Lungs]
75		490	Heart Heart	Heart Heart	49	Heart Heart and Lungs	49	Heart Heart
76		600	Lungs	Lungs	60	Lungs	60	Lungs
77	00	611	Abdomen [excluding injury to internal	Abdomen [excluding injury to	61	Abdomen [Including Groin; excluding injury to Internal	61	Abdomen [Including Groin; excluding injury to Internal
11	92	011	organs]	internal organs]	01	Organs]	101	Organs]

_	Α	В	С	D	E	E	G	Н
-	А	В			E	Abdomen [Including Groin; excluding injury to Internal	G	Abdomen [Including Groin; excluding injury to Internal
78	02	612		Groin [excluding injury to internal organs]	61	Organs]	61	Organs]
79		620			62	Buttocks Soft Tissue	62	Buttocks Soft Tissue
79	94	620		Buttocks Soft Tissue	62	Buttocks Soft Tissue	62	Buttocks Soft Hissue
			Lumbar and/or Sacral Vertebrae					Lumber 8 / Constitution By the NOC Tourist Born
			[Vertebra NOC Trunk; Bone Portion of			Lumbar &/or Sacral Vertebrae [Vertebra NOC Trunk; Bone		Lumbar &/or Sacral Vertebrae [Vertebra NOC Trunk; Bone
80		630	the Spinal Column]	Lumbar and/or Sacral Vertebrae		Portion of the Spinal Column]	63	Portion of the Spinal Column]
	98				51	Hip 51 Hip 51		Hip
82		512		Hip, Left	51		51	Hip
83	101			Leg, Upper Right	52	Upper Leg [Femur and corresponding muscles]	52	Upper Leg [Femur and corresponding muscles]
84	102		Upper Leg - Left	Leg, Upper Left	52	Upper Leg [Femur and corresponding muscles]	52	Upper Leg [Femur and corresponding muscles]
85	104			Knee, Right	53	Knee [Patella]	53	Knee [Patella]
86	105	532	Knee - Left	Knee, Left	53	Knee [Patella]	53	Knee [Patella]
87	107	541	Lower Leg - Right	Leg, Lower Right	54	Lower Leg [Tibia, Fibula and Corresponding Muscles]	54	Lower Leg [Tibia, Fibula and Corresponding Muscles]
						l	L.	l
88	108		Lower Leg - Left	Leg, Lower Left	54	Lower Leg [Tibia, Fibula and Corresponding Muscles]	54	Lower Leg [Tibia, Fibula and Corresponding Muscles]
89	110			Ankle, Right	55	Ankle [Tarsals]	55	Ankle [Tarsals]
90	111	552	Ankle - Left	Ankle, Left	55	Ankle [Tarsals]	55	Ankle [Tarsals]
						Foot [Metatarsals, Heel, Achilles Tendon and		Foot [Metatarsals, Heel, Achilles Tendon and Corresponding
91	113	561	Foot - Right	Foot, Right	56	Corresponding Muscles - Excluding Ankle or Toes]	56	Muscles - Excluding Ankle or Toes]
						Foot [Metatarsals, Heel, Achilles Tendon and		Foot [Metatarsals, Heel, Achilles Tendon and Corresponding
92	114		Foot - Left	Foot, Left	56	Corresponding Muscles - Excluding Ankle or Toes]	56	Muscles - Excluding Ankle or Toes]
93	119		Toe - Great Right	Toe - Great Right	58	Great Toe	58	Great Toe
94	120	582	Toe - Great Left	Toe - Great Left	58	Great Toe	58	Great Toe
95	121	640		Artificial Appliance [Braces, etc.]	64	Artificial Appliance [Braces, etc.]	64	Artificial Appliance [Braces, etc.]
			Insufficient information to properly					
96	122	650	identify - Unclassified	Insufficient information	65	Insufficient information to properly identify - Unclassified	65	Insufficient information to properly identify - Unclassified
				No Physical Injury [Mental				
97	123	660	No Physical Injury [Mental Disorder]	Disorder]	66	No Physical Injury [Mental Disorder]	66	No Physical Injury [Mental Disorder]
			Body Systems and Multiple Body Systems					
			[Applies to the functioning of an entire					
			body system. Does not apply when the					
			systemic damage results from an external					
98	125				91	Body Systems and Multiple Body Systems	91	Body Systems and Multiple Body Systems
99	126		Trachea	Trachea	26	Trachea	26	Trachea
100	128			Lung, Right	60	Lungs	60	Lungs
101	129		Lung - Left	Lung, Left	60	Lungs	60	Lungs
102	130		Toe - 1st, Left	Toe - 1st, Left	57	Toes	57	Toes
103	131		Toe - 1st, Right	Toe - 1st, Right	57	Toes	57	Toes
104	132		Toe - 2nd, Left	Toe - 2nd, Left	57	Toes	57	Toes
105		586	Toe - 2nd, Right	Toe - 2nd, Right	57	Toes 57		Toes
106	134	587	Toe - 3rd, Left	Toe - 3rd, Left	57	Toes 57		Toes
107	135	588	Toe - 3rd, Right	Toe - 3rd, Right	57	Toes 57		Toes
108	136		Toe - 4th (Little), Left	Toe - 4th (Little), Left	57	Toes 57		Toes
109	137	590	Toe - 4th (Little), Right	Toe - 4th (Little), Right	57	Toes	57	Toes
110	138	621	Buttocks - Left	Buttocks - Left	62	Buttocks Soft Tissue	62	Buttocks Soft Tissue
111	139	622	Buttocks - Right	Buttocks - Right	62	Buttocks Soft Tissue	62	Buttocks Soft Tissue

	Α	В	С	D	E	F	G	Н
1	6 - N	latur	e of Injury Loo	k Up				
2	ID	CODE	LONGTEXT	SHORTTEXT	NCCI_CODE	NCCITEXT	WCIO_CODE	WCIO_TEXT
3	1	10	No Physical Injury (i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance)	No Physical Injury	1	No Physical Injury (i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance)	01	No Physical Injury ([.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance.]
		10	Аррианесу	injury	_	[Аррианес]	01	Artificial Appliance.
4	2	20	Amputation (Cut- off Extremity, Digit, Protruding Part of Body, usually by surgery, i.e., leg, arm)	Amputation	2	Amputation (Cut-off Extremity, Digit, Protruding Part of Body, usually by surgery, i.e., leg, arm)	02	Amputation [Cut-off Extremity, Digit, Protruding Part of Body, usually by surgery, i.e., leg, arm]
			Ameira Dantaria	America Dantania				
5	3	30	Angina Pectoris (Chest Pain) Asphyxiation (Strangulation,	Angina Pectoris (Chest Pain) Asphyxiation (Strangulation,	3	Angina Pectoris (Chest Pain) Asphyxiation (Strangulation,	03	Angina Pectoris [Chest Pain] Asphyxiation [Strangulation,
6	4	540	Drowning)	Drowning)	54	Drowning)	54	Drowning]
7	5	40	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.)	Burn (Heat and Chemical)	4	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	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.] Burn [Heat - burns or scalding; the effect of contact with hot
8	6	41	Burn (Heat)	Burn (Heat)	4	Burn (Heat)	04	substances. Chemical - tissue damage resulting from the corrosive action of chemicals, fumes, i.e., acids, alkalies.] Burn [Heat - burns or scalding; the effect of contact with hot substances. Chemical - tissue damage resulting from the
9	7	42	Burn Chemical	Burn Chemical	4	Chemical Burn	04	corrosive action of chemicals, fumes, i.e., acids, alkalies.]
10		43	Burn (Scald)	Burn (Scald)	4	Scald	04	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.]
11	9	70	Concussion (Brain, cerebral)	Concussion	7	Concussion (Brain, cerebral)	07	Concussion [Brain, cerebral]
m				Contusion		Contusion (Bruise - intact skin		Contusion [Bruise - intact skin
12	10	100	Contusion (Bruise)	(Bruise)	10	surface. Hematoma.)	10	surface. Hematoma.]

	Α	В	С	D	E	F	G	Н
	- / (C			·		
			Crushing (To grind,					
			pound or break			Crushing (To grind, pound or		Crushing [To grind, pound or break
13	11	130	into small bits.)	Crushing	13	break into small bits.)	13	into small bits.]
								,
			Dislocation	Dislocation				
			(Pinched nerve,	(Pinched nerve,				
			slipped/ruptured,	slipped/ruptured		Dislocation (Pinched nerve,		
			herniated disc,	, herniated disc,		slipped/ruptured disc,		Dislocation [Pinched nerve,
			sciatica, complete	sciatica,		herniated disc, sciatica,		slipped/ruptured disc, herniated
			tear, HNP	complete tear,		complete tear, HNP		disc, sciatica, complete tear, HNP
14	12	160	subluxation)	HNP subluxation)	16	subluxation, MD dislocation.)	16	subluxation, MD dislocation.]
								, , , , , , , , , , , , , , , , , , , ,
			Dislocation (of					Dislocation [Pinched nerve,
			joint such as					slipped/ruptured disc, herniated
			shoulder, elbow,	Dislocation		Dislocation (of joint such as		disc, sciatica, complete tear, HNP
15	13	170	etc.)	(Joint)	17	shoulder, elbow, etc.)	16	subluxation, MD dislocation.]
			Electric Shock	7	·	, , ,	_	,
16	14	190	(Electrocution)	Electric Shock	19	Electric Shock (Electrocution)	19	Electric Shock [Electrocution]
			,,		_		_	
			Enucleation	Enucleation				
			(Removal of organ	(Removal of		Enucleation (Removal of		Enucleation [Removal of organ or
17	15	220	or tumor)	organ or tumor)	22	organ or tumor)	22	tumor]
18		250	Foreign Body	Foreign Body	25	Foreign Body	25	Foreign Body
								· · · · · · · · · · · · · · · · · · ·
			Fracture (Breaking					
			of a bone or			Fracture (Breaking of a bone		Fracture [Breaking of a bone or
19	17	280	cartilage.)	Fracture	28	or cartilage.)	28	cartilage.]
			<i>O</i> ,		_	<u> </u>		0 1
			Freezing (Frostbite					
			and other effects			Freezing (Frostbite and other		Freezing [Frostbite and other
			or exposure to low			effects or exposure to low		effects or exposure to low
20	18	300	temperature.)	Freezing	30	temperature.)	30	temperature.]
				J				
			Hearing Loss or					
			Impairment					
			(Traumatic only. A			Hearing Loss or Impairment		Hearing Loss or Impairment
			separate injury,			(Traumatic only. A separate		[Traumatic only. A separate injury,
			not the sequelae	Hearing Loss or		injury, not the sequelae of		not the sequelae of another
21	19	310	of another injury.)	Impairment	31	another injury.)	31	injury.]
			Heat Prostration	Heat Prostration				
			(heat stroke, sun	(heat stroke, sun				
			stroke, heat	stroke, heat				
			exhaustion, heat	exhaustion, heat				
			cramps and other	cramps and		Heat Prostration (Heat stroke,		Heat Prostration [Heat stroke, sun
			affects of	other affects of		sun stroke, heat exhaustion,		stroke, heat exhaustion, heat
			environmental	environmental		heat cramps and other effects		cramps and other effects of
22	20	320	heat)	heat)	32	of environmental heat.)	32	environmental heat.]
			Hernia (Organ or	Hernia				
			part through the	(Protrusion		Hernia (Organ or part through		Hernia [The abnormal protrusion
			containing wall of	through the		the containing wall of its		of an organ or part through the
23	21	340	its cavity.)	containing wall)	34	cavity.)	34	containing wall of its cavity.]
								Hernia [The abnormal protrusion
								of an organ or part through the
24	22	341	Hernia	Hernia	34	Hernia	34	containing wall of its cavity.]
	_						_	

	Α	В	С	D	E	F	G	Н
25	23	342	Hernia Bilateral	Hernia Bilateral	34	Hernia Bilateral	34	Hernia [The abnormal protrusion of an organ or part through the containing wall of its cavity.]
26	24	360	Infection by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.	Infection by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.	36	Infection (The invasion of a host by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.	36	Infection (The invasion of a host by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.
27	25	361	Tuberculosis	Tuberculosis	36	ТВ	36	Infection (The invasion of a host by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.
28		370	Inflammation (The reaction of tisue of injury characterized clinically by heat, swelling, redness and pain.)	Inflammation	37	Inflammation (The reaction of tisue of injury characterized clinically by heat, swelling, redness and pain.)	37	Inflammation [The reaction of tisue of injury characterized clinically by heat, swelling, redness and pain.]
29	27	400	Laceration (Cut, scratches, abrasions, superficial wounds, calluses. Wound by tearing.)	Laceration	40	Laceration (Cut, scratches, abrasions, superficial wounds, calluses. Wound by tearing.)	40	Laceration [Cut, scratches, abrasions, superficial wounds, calluses. Wound by tearing.]
30 31		410 412	Myocardial Infarction (Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.) Hypertension	Myocardial Infarction Hypertension	41 41	Myocardial Infarction (Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.)	41 41	Myocardial Infarction [Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.] Myocardial Infarction
32		420	Poisoning -	Poisoning - General (not OD or cumulative injury) incl venomous retile and insect bites	42	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	"Poisoning - General (Not OD or Cumulative Injury) [A systemic morbid condition resulting from the inhalation, ingestion, or skin absorption of a toxics ubstance and insect bites.
33 34	31	430 460	Puncture (A hole made by the piercing of a pointed instrument.)	Puncture Rupture	43 46	Puncture (A hole made by the piercing of a pointed instrument.)	43 46	Puncture [A hole made by the piercing of a pointed instrument.] Rupture

	Α	В	С	D	E	F	G	Н
			Severance (To	Severance (To				
			separate, divide or	separate, divide		Severance (To separate,		
35	33	470	take off)	or take off)	47	divide or take off.)	47	Rupture
			c : /a :					
			Sprain (A trauma					
			or wrenching of a			Court A August and		Court in the control of
			joint, producing			Sprain (A trauma or wrenching of a joint,		Sprain or tear [trauma or wrenching of a joint, producing
			pain and disability depending upon			producing pain and disability		pain and disability depending
			degree of injury of			depending upon degree of		upon degree of injury of
36	34		ligaments.)	Sprain	49	injury of ligaments.)	49	ligaments.]
			gee	<u> </u>		injery ex ngerment,		
			Strain (Internal					
			derangement, the					
			trauma to the					
			muscle or the					
			musculotendinous			Strain (Internal derangement,		Strain or tear [Internal
			unit from violent			the trauma to the muscle or		derangement, the trauma to the
			contraction or excessive forcible			the musculotendinous unit from violent contraction or		muscle or the musculotendinous unit from violent contraction or
37	35		stretch.)	Strain	52	excessive forcible stretch.)	52	excessive forcible stretch.]
31	35		Syncope	Syncope	32	CACCOSIVE IOICIDIC SUELLII.	32	CACCOSIVE FOI CIDIC SUPELLING
			(swooning,	(swooning,				
			fainting, passing	fainting, passing		Syncope (Swooning, fainting,		Syncope [Swooning, fainting,
38	36	530	out)	out)	53	passing out; no other injury)	53	passing out; no other injury]
			_	Vascular				
			Vascular	(Cerebrovascular				
			(Cerebrovascular	and other		Vacantar (Carabrana and a		
			and other conditions of	conditions of circulatory		Vascular (Cerebrovascular and other conditions of		
			circulatory	systems, NOC.		circulatory systems, NOC.		Vascular [Cerebrovascular and
			systems, NOC.	Excludes heart		Excludes heart and		other conditions of circulatory
			, ,	and		hemorrhoids. Includes		systems, NOC. Excludes heart and
			hemorrhoids.	hemorrhoids.		strokes, varicose veins - non-		hemorrhoids. Includes strokes,
39	37	550	Includes strokes)	Includes strokes)	55	toxic.)	55	varicose veins - non-toxic.]
40	38	580	Vision Loss	Vision Loss	58	Vision Loss	58	Vision Loss
			NOC. All ath an	NOC. All attention				
41	20	590	NOC: All other specific injuries	NOC: All other specific injuries	59	All other specific injuries, NOC	50	All other specific injuries, NOC
41	39	J30	specific injuries	specific injuries	JJ	An other specific injuries, NOC	J3	An other specific injuries, NOC
			Dust Disease, NOC	Dust Disease,				
			(All other	NOC (All other		Dust Disease, NOC (All other		Dust Disease, NOC [All other
42	40	600	pneumoconiosis)	pneumoconiosis)	60	pneumoconiosis)	60	pneumoconiosis]
			Asbestosis (Lung					
			disease, a form of			A a la a a ta a i a / L		
			pneumoconiosis,			Asbestosis (Lung disease, a		Achostosis [Lung disease a ferror of
			resulting from protracted			form of pneumoconiosis, resulting from protracted		Asbestosis [Lung disease, a form of pneumoconiosis, resulting from
			inhalation of			linhalation of asbestos		protracted inhalation of asbestos
43	41		asbestos particles.)	Asbestosis	61	particles.)	61	particles.]
.,,			Black Lung (The	3.2.2.2.00.0	-	pr		I
			chronic lung					
			disease or					
			pneumoconiosis			Black Lung (The chronic lung		Black Lung [The chronic lung
			found in coal			disease or pneumoconiosis		disease or pneumoconiosis found
44	42	620	miners.)	Black Lung	62	found in coal miners.)	62	in coal miners.]

	Λ.	В	С	D	E	F	G	11
_	Α	В	C		E	F	G	Н
				Byssinosis				
			Byssinosis	(Pneumoconiosis				
			(Pneumoconiosis	of cotton, flax		Byssinosis (Pneumoconiosis of		
			of cotton, flax and	and hemp		cotton, flax and hemp		Byssinosis [Pneumoconiosis of
45	43	630	hemp workers.)	workers.)	63	workers.)	63	cotton, flax and hemp workers.]
.5		030	nemp workers.	Workersij	03	Workers.,	03	ection, nax and nemp workers.
			Silicosis					
			(Pneumoconiosis					
			resulting from			Silicosis (Pneumoconiosis		Silicosis [Pneumoconiosis resulting
			inhalation of Silica			resulting from inhalation of		from inhalation of Silica [Quartz]
46	44	640	[Quartz] dust.)	Silicosis	64	Silica [Quartz] dust.)	64	dust.]
			Respiratory					
			Disorders (Gasses,					
			fumes, chemicals,	Respiratory		Respiratory Disorders (Gasses,		Respiratory Disorders [Gasses,
47	45	650	etc.)	Disorders	65	fumes, chemicals, etc.)	65	fumes, chemicals, etc.]
77	-73	030	ctc.)	Districts	03	Turres, criefficals, etc.,	03	runes, enemicals, etc.j
				Doisoning				
				Poisoning				
			Poisoning	(chemical, other				
			(chemical, other	than metals,		Poisoning (Chemical, other		
			than metals, man	man made or		than metals, man made or		Poisoning [Chemical, other than
48	46	660	made or organic)	organic)	66	organic)	66	metals, man made or organic]
				Poisoning				
			Poisoning (metals,	(metals, man		Poisoning (metals, man made		
49	47	670	man made)	made)	67	<u></u>	67	Poisoning [metals, man made]
			,	,		<u>'</u>		r coording (coording)
50	48	680	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,	Dermatitis	68	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	Dermatitis. [Rash, skin or tissue inflammation including boils, etc., generally resulting from direct contact with irritants or sensitizing chemicals
51	49	690	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	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	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.]

	Α	В	С	D	E	F	G	Н
\vdash	A	D	Radiation (All	D	E	F	<u> </u>	П
			forms of damage					
			to tissue, bones or					
			body fluids			Dadiation (All farms of		Radiation [All forms of damage to
			,			Radiation (All forms of		
			produced by			damage to tissue, bones or		tissue, bones or body fluids
		700	exposure to	5 II II	70	body fluids produced by	70	produced by exposure to
52	50	700	radiation.)	Radiation	70	exposure to radiation.)	70	radiation.]
			NOC: All other	NOC: All other		l		
			-	occupational		All other occupational disease		All other occupational disease
53	51	710	disease injury	disease injury	71	injury, NOC	71	injury, NOC
			Loss of Hearing					
			(OD) (Use 310 for					
			Traumatic loss, i.e.					
			a separate injury,					
			not the sequelae					
54	52	720	of another injury)	Loss of Hearing	72	Loss of Hearing	72	Loss of Hearing
			Contagious	Contagious				[
55		730	Disease	Disease	73	Contagious Disease	73	Contagious Disease
56	54	740	Cancer	Cancer	74	Cancer	74	Cancer
				VDT 0 1				
			VDT 0 1	VDT - Related				
				Diseases (Video				
			,	display terminal				
			display terminal	diseases other		VDT - Related Diseases (Video		
				than Carpal		display terminal diseases		VDT - Related Diseases (Video
			than Carpal Tunnel			other than Carpal Tunnel		display terminal diseases other
57		760		Syndrome)	76	Syndrome)	76	than Carpal Tunnel Syndrome)
58	56	770	Mental Stress	Mental Stress	77	Mental Stress	77	Mental Stress
			Carpal Tunnel					
			Syndrome (Soreness,					
			,					
			tenderness and					
			weakness of the			Connel Tononel Condessor		
			muscles of the			Carpal Tunnel Syndrome		Compat Towns of Comp
			thumb caused by			(Soreness, tenderness and		Carpal Tunnel Syndrome
			pressure on the			weakness of the muscles of		[Soreness, tenderness and
			median nerve at			the thumb caused by pressure		weakness of the muscles of the
			the point at which			on the median nerve at the		thumb caused by pressure on the
			it goes through the	Commod T		point at which it goes through		median nerve at the point at
١؞؞		700	carpal tunnel of the wrist.)	Carpal Tunnel	70	the carpal tunnel of the wrist.)	70	which it goes through the carpal
59		780	,	Syndrome	78	,	78	tunnel of the wrist.]
60	58	790	Hepatitus C	Hepatitus C	79	Hepatitus C	79	Hepatitus C
			NOC: All other	NOC: All other		All other cumulative injury,		
61	E0	800		cumulative injury	80	NOC	80	All other cumulative injury, NOC
01	29	500	camanative ilijui y	camalative injuly	00		00	, an other cumulative injury, NOC
			Multiple Physical	Multiple Injuries				
62	60	900	Injuries Only	(Physical)	90	Multiple Physical Injuries Only	90	Multiple Physical Injuries Only
02	- 00	J00	Multiple Injuries	(i ilysicul)	50	in analysis i mysical injuries Only	50	matapic i frysicai frijuries Offry
				Multiple Injuries		Multiple Injuries including		
			physical and	(physical and		both physical and		Multiple Injuries including both
63	61	910		physiological)	91	physiological	91	physical and physiological
64		750		AIDS	75	AIDS	75	AIDS
65		752		HIV	75	AIDS	75	AIDS
0,5	U +	, ,,		v	, ,	1, 1100	, ,	, 1100

	Α	В	С	D	E	F	G	Н
			Coronavirus					
			disease 2019			Infection (The invasion of a		
			(COVID-19) is a			host by organisms such as		
			respiratory disease			bacteria, fungi, viruses,		
			caused by a	COVID-19 -		protozoa or insects, with or		
66	65	79	coronavirus	Coronavirus	36	without manifest disease	83	COVID-19 - Coronavirus

	Α	В	С	D	E	F	G	Н
1	7 - C	ause d	of Injury Look Up					
	ID	CODE	LONGTEXT	SHORTTEXT	NCCI_CODE	NCCITEXT	WCIO_CODE	WCIO_TEXT
	-		Contact with Chemicals	Contact with Chemicals				Contact with Chemicals
		10	(includes hydrochloric, sulfuric, battery acid;	(includes hydrochloric, sulfuric, battery acid;		Contact with	04	[Includes hydrochloric acid, sulfuric acid, battery acid,
3	1	10	methanol, antifreeze) Contact with Hot	methanol, antifreeze) Contact with Hot Objects	1	Contact with Hot Objects or	01	methanol, antifreeze.] Contact with Hot Objects or
4	2	20	Objects or Substances	or Substances	2	Substances	02	Substances
5	3	30	Contact with Temperature Extremes	Contact with Temperature Extremes	3	Contact with Temperature Extremes	03	Contact with Temperature Extremes [Non-impact injuries resulting in a burn due to hot orcold temperature extremes. Includes freezing or frostbite.]
6	4	40	Contact with Fire or Flame	Contact with Fire or Flame	1	Contact with Fire or Flame	04	Contact with Fire or Flame
7		50	Contact with Steam or Hot Fluids	Contact with Steam or Hot Fluids	5	Contact with Steam or Hot Fluids	05	Contact with Steam or Hot Fluids
8		60	Contact with Dust, Gases, Fumes or Vapors	Contact with Dust, Gases, Fumes or Vapors	6	Contact with Dust, Gasses, Fumes or Vapors	06	Contact with Dust, Gasses, Fumes or Vapors [Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz),asbestos dust and smoke]
			Contact with Welding Operation. Includes welder's flash (burns to skin or eyes due to intense light from	Contact with Welding Operation. Includes welder's flash (burns to skin or eyes due to intense		Contact with		Contact with Welding Operation [Includes welders flash (burns to skin or eyes as aresult of exposure to intense
10		80	Contact with Radiation (includes xrays, microwaves, nuclear and sunburn)	Contact with Radiation (includes xrays, microwaves, nuclear and sunburn)	8	Welding Operation Contact with Radiation	07	light from welding.)] Contact with Radiation [Includes effects of ionizing radiation found in Xrays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn.]
11	9	90	Contact with, NOC	Contact with, NOC	9	Contact with, NOC	99	Contact with, NOC [Includes cleaning agents and fertilizers.]
12	10	110	Contact with Cold Objects or Substances	Contact with Cold Objects or Substances	11	Contact with Cold Objects or Substances	11	Contact with Cold Objects or Substances
13	11	140	Contact with Abnormal Air Pressure	Contact with Abnormal Air Pressure	14	Abnormal Air Pressure	14	Contact with Abnormal Air Pressure
14	12	840	Contact with Electrical	Contact with Electrical Current	84	Electrical Current	84	Contact with Electrical Current [Includes electric shock, electrocution and lightning]
15	14	100	Caught in, under or between Machine or Machinery	Caught in, under or between Machine or Machinery	10	Machine or Machinery	10	Caught in, under or between Machine or Machinery [Running or meshing objects, a moving and astationary object, two or more moving objects]

	Α	В	С	D	E	F	G	Н
16	15	120	Caught in, under or between Object Handled	Caught in, under or between Object Handled	12	Object Handled	12	Caught in, under or between Object Handled [Includes medical hospital bed & parts, wheelchair, clothespin vise]
17	16	130	Caught in, under or between, NOC	Caught in, under or between, NOC	13	Caught in, under or between, NOC	13	Caught in, under or between,
18	17	200	Caught in, under or between Collapsing Materials	Caught in, under or between Collapsing Materials	20	Collapsing Materials, either man made or natural (i.e., slides of earth)	20	Collapsing Materials, either man made or natural (i.e., slides of earth) either man- made or natural.
19	19	150	Cut, Puncture, Scrape, Injured by Broken Glass	Cut, Puncture, Scrape, Injured by Broken Glass	15	Broken Glass	15	Cut, Puncture, Scrape, Injured by Broken Glass
20	20	160	Cut, Puncture, Scrape, Injured by Hand tool, utensil (not powered)	Cut, Puncture, Scrape, Injured by Hand tool, utensil (not powered)	16	Hand tool, utensil; not powered	16	Cut, Puncture, Scrape, Injured by Hand tool, utensil [not powered, Includes needle, pencil, knife, hammer, saw, axe, screwdriver]
21	21	170	Cut, Puncture, Scrape, Injured by Object being lifted or handled	Cut, Puncture, Scrape, Injured by Object being lifted or handled	17	Object being lifted or handled	17	Cut, Puncture, Scrape, Injured by a person or object being lifted or handled
22	22	180	Cut, Puncture, Scrape, Injured by Powered hand tool, appliance	Cut, Puncture, Scrape, Injured by Powered hand tool, appliance	18	Powered hand tool, appliance	18	Cut, Puncture, Scrape, Injured by Powered hand tool, appliance [Includes drill, grinder, sander, iron, blender, welding tools, nail gun.]
23	23	190	Cut, puncture, scrape,	Cut, puncture, scrape, NOC	19	Caught, puncture, scrape, NOC	19	Cut, puncture, scrape, NOC [power actuated tools.]
24	24	191	Puncture by needle,	Puncture by needle, stick	19	Caught, puncture, scrape, NOC	19	Cut, puncture, scrape, NOC [power actuated tools.]
25	25	250	Fall, Slip or Trip From different level (elevation), includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.	Fall, Slip or Trip From different level (elevation), includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.	25	From different level elevation (off wall, catwalk, bridge, etc.)	25	Fall, Slip or Trip From different level elevation [Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.]
26	26	200	Fall, slip or trip from	Fall, slip or trip from	26	From ladder or	26	Fall, slip or trip from ladder or
26		260 270	ladder or scaffolding Fall, slip or trip from liquid or grease spills	ladder or scaffolding Fall, slip or trip from liquid or grease spills	26	scaffolding From liquid or grease spills	26 27	scaffolding Fall, slip or trip from liquid or grease spills
28	28	280	Slip or Trip or Fall into openings Slip or Trip or Fall on	Slip or Trip or Fall into openings Slip or Trip or Fall on same	28	Into openings (shafts, excavations, floor openings, etc.)	28	Fall, slip or trip into openings [Includes mining shafts, excavations, flooropenings, elevator shafts.]
29	29	290	same level	level	29	On same level	29	Fall, slip or trip on same level
20	20	200	in contact with the floor	or trip and did not come in contact with the floor	20	Climand de cos C.V.	20	Slipped, did not fall [Slip or trip and did not come in contact
30	30	300	or ground.)	or ground.)	30	Slipped, do not fall	Jou	with the floor or ground.]

	Α	В	С	D	Е	F	G	Н
								Fall, slip or trip , NOC [Includes
								tripping over object, slipping on
						Fall, Slip or Trip,		organicmaterial, slip but fall not
31	31	310	Fall, slip or trip , NOC	Fall, slip or trip , NOC	31	NOC	31	specified.]
			Fall, slip or trip on ice or	Fall, slip or trip on ice or				
32	32	320	snow	snow	32	On ice or snow	32	Fall, slip or trip on ice or snow
			Slip or Trip or Fall on					
33	33	330	Stairs	Slip or Trip or Fall on Stairs	33	On Stairs Crash of water	33	Fall, slip or trip on stairs
34	24	400	Crash of water vehicle	Crash of water vehicle	40	vehicle	40	Crash of water vehicle
34	34	400	Clasif of water vehicle	Crash of water vehicle	40	Crash of rail	140	Crash of water vehicle
35	35	410	Crash of rail vehicle	Crash of rail vehicle	41	vehicle	41	Crash of rail vehicle
						Collision or		
						sideswipe with		Collision or sideswipe with
			Crash of Motor Vehicle:	Crash of Motor Vehicle:		another vehicle		another vehicle [Vehicle
			Collision or sideswipe	Collision or sideswipe with		(both vehicles in		collision, both vehicles in
36	36	450	with another vehicle	another vehicle	45	motion)	45	motion.]
						Collision with a		
						fixed object		Collision with a fixed object
			Collision with a fixed	Collision with a fixed		(standing vehicle		[Collision occuring with
_			object (standing vehicle	object (standing vehicle or		or stationary		standing vehicle or stationary
37	37	460	or stationary object)	stationary object)	46	object)	46	object.]
38	20	470	Crash of Airplane	Crash of Airplana	47	Crash of Airplane	47	Crash of Airplane
30	30	470	Crash of Motor Vehicle:	Crash of Airplane	4/	Crasii oi Airpiane	47	Crasii oi Ali piarie
			Vehicle Upset	Crash of Motor Vehicle:		Vehicle Upset		
			(overturned or	Vehicle Upset (overturned		(overturned or		Vehicle Upset [Includes
39	39	480	jackknifed)	or jackknifed)	48	jackknifed)	48	overturned or jackknifed]
40	40	500	Motor vehicle, NOC	Motor vehicle, NOC	50	Motor vehicle,	50	Motor vehicle, NOC [Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.]
70	70	300	Wotor vernere, woe	Wotor vernere, woe	50	NOC	30	agamst occupants.j
41	41	520	Strain or injury by continual noise	Continual noise	52	Continual noise	52	Continual noise [Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.]
42	42	530	Strain or injury by twisting	Strain or injury by twisting	53	Twisting	53	Twisting [Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.]
			Strain or injury by			l	<u> </u>	
43	43	540	jumping	Strain or injury by jumping	54	Jumping	54	Jumping
44	44	550	Strain or injury by holding or carrying	Strain or injury by holding or carrying	55	Holding or carrying	55	Holding or carrying [Applies to objects or people. Includes restraining a person.] Lifting [Includes objects or
45	45	560	Strain or injury by lifting	Strain or injury by lifting	56	Lifting	56	people.]
	.5		Strain or injury by	Strain or injury by pushing	- -	6		Lifting [Includes objects or
46	46	570	pushing or pulling	or pulling	57	Pushing or pulling	57	people.]
			Strain or injury by	Strain or injury by				
47	47	580	reaching	reaching	58	Reaching	58	Reaching

	Α	В	С	D	E	F	G	Н
H								
			Strain or injury by using	Strain or injury by using		Using tool or		
48	18	590	tool or machinery	tool or machinery	59	machinery	59	Using tool or machinery
40	40	330	tool of machinery	tool of machinery	33		33	Oshing tool or machinery
40	40	600	Ctrain or injury by NCC	Ctrain or injury by NOC	60	Strain or injury by,	60	Strain or injury by NOS
49	49	600	Strain or injury by, NOC	Strain or injury by, NOC	60	NOC	60	Strain or injury by, NOC
								l
								Wielding or throwing [Physical
								effort or overexertion from
								attempts to resist a force
			Strain or injury by	Strain or injury by wielding		Wielding or		applied by an object being
50	50	610	wielding or throwing	or throwing	61	throwing	61	handled.]
								Repetitive motion [Cumulative
								injury or condition caused by
			Strain or injury by					continual, repeated motions;
			Repetitive motion			Repetitive motion		strain by excessive use.
			(Carpel Tunnel	Strain or injury by		(Carpel Tunnel		Includes Carpel Tunnel
г1	г1	070	, ,		07	1	0.7	· · · · · · · · · · · · · · · · · · ·
51	21	970	Syndrome) Striking against or	Repetitive motion	97	Syndrome)	97	Syndrome.]
			0 0	Striking against or		Moving part of		Striking against as standing
		CEC	stepping on moving part		65	Moving part of	C.	Striking against or stepping on
52	52	650	of machine	of machine	65	machine	65	moving part of machine
			Cuality of the	Cutting and the				
			Striking against or	Striking against or				
				stepping on object being		Object being lifted		Striking against or stepping on
53	53	660	lifted or handled	lifted or handled	66	or handled	66	object being lifted or handled
								Sanding, scraping, cleaning
								operation [Include scratches or
								abrasions caused by
			Sanding, scraping,	Sanding, scraping,		Sanding, scraping,		sanding,scraping, cleaning
54	54	670	cleaning operation	cleaning operation	67	cleaning operation	67	operations]
			Striking against or	Striking against or				
			stepping on stationary	stepping on stationary				Striking against or stepping on
55	55	680	object	object	68	Stationary object	68	stationary object
			-	•				
			Striking against or	Striking against or		Stepping on sharp		Striking against or stepping on
56	56	690	0 0	stepping on sharp object	69	object	69	sharp object
			11 0 1 7	11 0 1 7				, ,
			Striking against or	Striking against or		Striking against or		Striking against or stepping on,
57	57	700	stepping on, NOC	stepping on, NOC	70	stepping on, NOC	70	NOC
				,		, , , , , , , , , , , , , , , , , , ,		Struck or injured by fellow
								worker; patient or other
1								person[Struck by co-worker,
								either on purpose or
								' '
			Struck or injured by	Struck or injured by fellow		Follow weeker:		accidentally. Includes being
			• •	• •		Fellow worker;		struck by a patient while lifting
		746	fellow worker; patient	worker; patient (not in act		patient (not in act		or moving them not in act of a
58	58	740	(not in act of a crime)	of a crime)	74	of a crime)	74	crime.]
			, ,	Struck or injured by falling		Falling or flying		Struck or injured by falling or
59	59	750	falling or flying object	or flying object	75	object	75	flying object
			Struck or injured by					
				Struck or injured by hand		Hand tool or		Struck or injured by hand tool
60	60	760	use	tool or machine in use	76	machine in use	76	or machine in use
								Struck or injured by motor
								vehicle [Applies when a person
			Crash of Motor Vehicle:	Crash of Motor Vehicle:				is struck by a motor vehicle,
			Struck or injured by	Struck or injured by motor				including rail vehicles, water
61	61	770	motor vehicle	vehicle	77	Motor vehicle	77	vehicles, airplanes.]
			Struck or injured by					-
			moving parts of	Struck or injured by		Moving parts of		Struck or injured by moving
62	62	780	machine		78	machine	78	parts of machine
		_		5.			Ĺ	

	Α	В	С	D	E	F	G	Н
63		790	Struck or injured by object being lifted or handled	Struck or injured by object being lifted or handled		Object being lifted	79	Struck or injured by object being lifted or handled [Includes dropping object on body part.]
64		800	Struck or injured by object handled by others	Struck or injured by object handled by others	80	Object handled by others	80	Struck or injured by object handled by others [Includes another person dropping object on injured persons body part.]
65	65	810	Struck or injured, NOC (includes kicked, stabbed, bit, etc.)	Struck or injured, NOC	81	Struck or injured, NOC (includes kicked, stabbed, bit, etc.)	81	Struck or injured, NOC [includes kicked, stabbed, bitten.] Struck or injured by animal or
66	66	850	Animal or Insect - Injuried by or Struck by	Animal or Insect - Injuried by or Struck by	85	Animal or insect	85	insect [Includes bite, sting or allergic reaction.]
67	67	860	Struck or injured by explosion or flare back	Struck or injured by explosion or flare back	86	Explosion or flare back	86	Struck or injured by explosion or flare back [Rapid expansion, outbreak, bursting, or upheaval includes explosion of cars, bottles, aerosol cans, or buildings.]
68	68	940	Rubbed or abraded by repetitive motion (callous, blister, etc.)	Rubbed or abraded by repetitive motion	94	Repetitive motion (callous, blister, etc.)	94	Rubbed or abraded by repetitive motion [Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury.
69	69	950	Rubbed or abraded, NOC	Rubbed or abraded, NOC	95	Rubbed or abraded, NOC	95	Rubbed or abraded, NOC [includes foreign body in ears]
70	70	820	Absorption, Ingestion or Inhalation, NOC	Absorption, Ingestion or Inhalation, NOC	82	Absorption, Ingestion or Inhalation, NOC	82	Absorption, Ingestion or Inhalation, NOC [Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances]
71	71	870	Foreign Matter (body) in eyes	Foreign Matter in eyes	87	Foreign Matter (body) in eyes	87	Foreign Matter (body) in eye(s) [Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.]
72	72	880	Natural Disasters	Natural Disasters	88	Natural Disasters	88	Natural Disasters [Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.] Person in act of a crime
73	73	890	Person in act of a crime (robbery or criminal assault)	Person in act of a crime (robbery or criminal assault)	89	Person in act of a crime (robbery or criminal assault)	89	[Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault]

	Α	В	С	D	Е	F	G	Н
74	74	900	Other than physical cause of injury (includes Stress, Shock, Psychological trauma)	Other than physical cause of injury (includes Stress, Shock, Psychological trauma)	90	Other than physical cause of injury	90	Other than physical cause of injury [Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.]
75	75	910	Mold (includes mildew)	Mold (includes mildew)	91	Mold	91	Mold [includes mildew]
76	76	960	Terrorism	Terrorism	96	Terrorism	96	Terrorism [An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion]
77	77	980	Cumulative, NOC (all other)	Cumulative, NOC	98	Cumulative, NOC (all other)	98	Cumulative, NOC [Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time]
			Other - miscellaneous,	Other - miscellaneous,		Other - miscellaneous,		
78	78	990	NOC	NOC	99	NOC	99	Other - miscellaneous, NOC
79	79	93	Gunshot	Gunshot	93	Gunshot	93	Gunshot [Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.]
80	80	79	Includes disease epidemic that has spread across a large region	Pandemic	83	Pandemic	83	Pandemic

A B C D E F G

1 8 - Quick Code Ref. List

eClaims WCB quick reference code lists:

A – Go to WCB eClaims – NY Requirements Tables – EDI R3.1

http://www.wcb.ny.gov./content/ebiz/eclaims/edi-r3-1/ny-requirement-tables.jsp

B – Locate and open Edit Matrix

NYS R3.1 Edit Matrix Rev. 03/08/2021 (MS Excel): This table defines the edits that will be applied to the data elements and events defined in the Event and Element Requirements Tables. Edits will be applied to individual data elements as well as the sequence or order in which FROI and SROI submissions are received. The Edit Matrix also provides the standard error messages associated with these edits.

2 Quick Reference Codes list are on tabs – Valid Value Detail Page 1 and Valid Value Detail Page 2