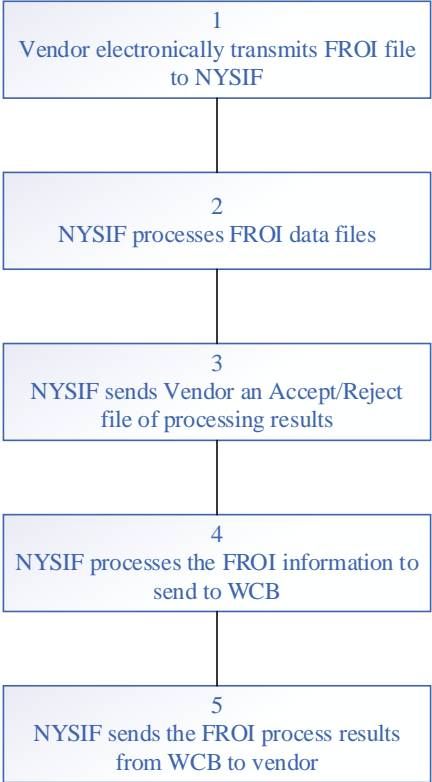**NYSIF**
New York State Insurance Fund

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

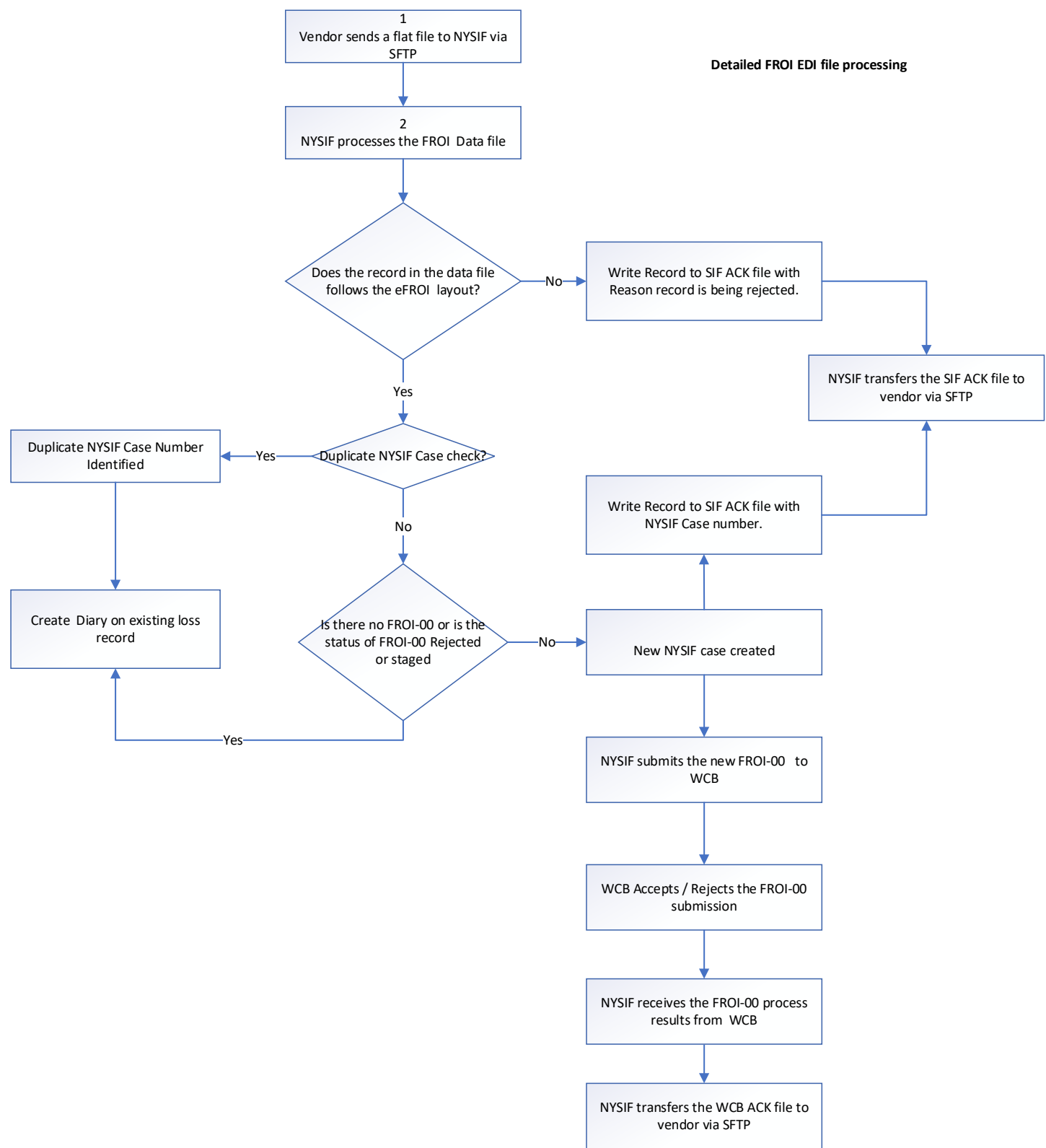**NYSIF/Vendor
Electronic Submission of
FROI Process**

High Level Process

```
┌─────────────────────────────────┐
│               1                 │
│ Vendor electronically transmits │
│        FROI file to NYSIF       │
└─────────────────────────────────┘
                 │
┌─────────────────────────────────┐
│               2                 │
│   NYSIF processes FROI data     │
│             files               │
└─────────────────────────────────┘
                 │
┌─────────────────────────────────┐
│               3                 │
│ NYSIF sends Vendor an Accept/   │
│ Reject file of processing       │
│            results              │
└─────────────────────────────────┘
                 │
┌─────────────────────────────────┐
│               4                 │
│ NYSIF processes the FROI        │
│ information to send to WCB      │
└─────────────────────────────────┘
                 │
┌─────────────────────────────────┐
│               5                 │
│ NYSIF sends the FROI process    │
│ results from WCB to vendor      │
└─────────────────────────────────┘
```

Detailed FROI EDI file processing

```
┌─────────────────────────────┐
│ 1                           │
│ Vendor sends a flat file to │
│ NYSIF via SFTP              │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│ 2                           │
│ NYSIF processes the FROI    │
│ Data file                   │
└─────────────────────────────┘
              │
              ▼
     ◇ Does the record in the data file
       follows the eFROI layout? ◇ ──No──► ┌──────────────────────────────┐
              │                             │ Write Record to SIF ACK file │
             Yes                            │ with Reason record is being  │
              │                             │ rejected.                    │
              ▼                             └──────────────────────────────┘
     ◇ Duplicate NYSIF Case check? ◇                      │
              │        │                                   ▼
    Yes ──────┘        No                   ┌──────────────────────────────┐
     │                 │                     │ NYSIF transfers the SIF ACK  │
     ▼                 │                     │ file to vendor via SFTP      │
┌──────────────────┐   │                     └──────────────────────────────┘
│ Duplicate NYSIF  │   │                                   ▲
│ Case Number      │   │                                   │
│ Identified       │   │         ┌──────────────────────────────┐
└──────────────────┘   │         │ Write Record to SIF ACK file │
     │                 ▼         │ with NYSIF Case number.      │
     │       ◇ Is there no       └──────────────────────────────┘
     │         FROI-00 or is the            ▲
     ▼         status of FROI-00            │
┌──────────────────┐  Rejected ──No──► ┌──────────────────────┐
│ Create Diary on  │  or staged ◇      │ New NYSIF case       │
│ existing loss    │        │          │ created              │
│ record           │       Yes         └──────────────────────┘
└──────────────────┘        │                   │
     ▲                      │                    ▼
     │                      │          ┌──────────────────────┐
     └────── Yes ───────────┘          │ NYSIF submits the    │
                                       │ new FROI-00 to WCB   │
                                       └──────────────────────┘
                                                 │
                                                 ▼
                                       ┌──────────────────────┐
                                       │ WCB Accepts /        │
                                       │ Rejects the FROI-00  │
                                       │ submission           │
                                       └──────────────────────┘
                                                 │
                                                 ▼
                                       ┌──────────────────────┐
                                       │ NYSIF receives the   │
                                       │ FROI-00 process      │
                                       │ results from WCB     │
                                       └──────────────────────┘
                                                 │
                                                 ▼
                                       ┌──────────────────────┐
                                       │ NYSIF transfers the  │
                                       │ WCB ACK file to      │
                                       │ vendor via SFTP      │
                                       └──────────────────────┘
```

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.

The vendor shall:
- 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.
    - 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>
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
		148 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	M
148	0012	Claim Administrator City	A/N	15	179	193	New York City	M
148	0013	Claim Administrator State Code	A/N	2	194	195	NY	M
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		MC
148	0023	Employer Physical Postal Code	A/N	9	376	384		MC

148	n/a	Filler (Not for Use)	A/N	1	385	385		
148	0025	Industry Code	A/N	6	386	391	NAIC code	MC
148	n/a	Filler (Not for Use)	A/N	10	392	401		
148	0027	Insured Location Identifier	A/N	15	402	416		IA
148	0028	Policy Number Identifier	A/N	18	417	434		MC
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		M
148	0032	Time of Injury	TIME	4	471	474		IA
148	0033	Accident Site Postal Code	A/N	9	475	483		MC
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 Code	MC
148	n/a	Filler (Not for Use)	A/N	4	489	492	Leave blank	
148	0037	Cause of Injury Code	A/N	4	493	496	Refer the NCCI 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)	MC
148	0040	Date Employer Had Knowledge of the Injury	DATE	8	649	656		M
148	0041	Date Claim Administrator Had Knowledge of the Injury	DATE	8	657	664	Date report sent to carrier (NYSIF)	M
148	n/a	Filler (Not for Use)	A/N	39	665	703	Leave blank	
148	0044	Employee First Name	A/N	30	704	733		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		M
148	0049	Employee Mailing State Code	A/N	2	815	816		MC
148	0050	Employee Mailing Postal Code	A/N	9	817	825		M
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		M
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		MC
148	0057	Employee Date of Death	DATE	8	856	863		MC
148	0058	Employment Status Code	A/N	2	864	865	1, 2, 7, 8, 9 (Quick Code Ref. List)	MC
148	0059	Manual Classification Code	A/N	4	866	869		M
148	n/a	Filler (Not for Use)	A/N	30	870	899	Leave blank	
148	0061	Employee Date of Hire	DATE	8	900	907		IA
148	0062	Wage	$9.20	11	908	918		MC
148	0063	Wage Period Code	A/N	2	919	920		MC
148	0064	Number of Days Worked Per Week	N	1	921	921		IA

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		MC
		End 148 Elements						
		R21 Data Elements						
R21	0001	Transaction Set ID	A/N	3	1	3	R21	F
R21	0295	Maintenance Type Correction Code	A/N	2	4	5	00	X
R21	0296	Maintenance Type Correction Code Date	DATE	8	6	13	Date report sent to carrier (NYSIF)	X
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	M
R21	0135	Claim Administrator Information/Attention Line	A/N	50	98	147	Leave blank	IA
R21	0010	Claim Administrator Primary Address	A/N	40	148	187	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	MC
R21	0270	Employee ID Type Qualifier	A/N	1	231	231	S	M
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	Leave blank	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		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		MC
R21	0051	Employee Phone Number	A/N	15	391	405		IA
R21	0146	Death Result of Injury Code	A/N	1	406	406		MC

R21	0290	Type of Loss Code	A/N	2	407	408	01, 02, 03 (Quick Code Ref. List)	MC
R21	0228	Return To Work With Same Employer Indicator	A/N	1	409	409	Y or N	MC
R21	0189	Return To Work Type Code	A/N	1	410	410	If the return to work date (DN 68) is not blank set this field to "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	M
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	100071100	M
R21	n/a	Filler - Future Defined Usage	A/N	23	555	577	Leave blank	
R21	0249	Accident Premises Code	A/N	1	578	578	E, L, X (Quick Code Ref. List)	MC
R21	0118	Accident Site County/Parish	A/N	30	579	608		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		MC
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		M
R21	0329	Employer UI Number	A/N	15	818	832		IA
R21	0019	Employer Physical Primary Address	A/N	40	833	872		MC
R21	0020	Employer Physical Secondary Address	A/N	40	873	912		IA
R21	0164	Employer Physical Country Code	A/N	3	913	915		MC

	0159	Employer Contact Business Phone Number	A/N	15	916	930		
R21								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		M
R21	0166	Employer Mailing Country Code	A/N	3	1126	1128		MC
R21	0167	Employer Mailing Postal Code	A/N	9	1129	1137		M
R21	0168	Employer Mailing Primary Address	A/N	40	1138	1177		M
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	Leave blank	
R21	0060	Occupation Description	A/N	50	1270	1319		M
R21	0199	Full Denial Effective Date	DATE	8	1320	1327	Leave blank	X
R21	n/a	Filler - Future Defined Usage	A/N	163	1328	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.	M
R21	0077	Late Reason Code	A/N	2	1493	1494		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	Leave blank	
		Variable Segment Counters						
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	N	2	1609	1610		F
		NYSIF Required Fields						
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

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
R21	n/a	Gave Claimant Info Packet Yes	A/N	1	1702	1702			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			M
R21	n/a	Supervisor Witness No	A/N	1	1713	1713			M
R21	n/a	Supervisor Witness Unknown	A/N	1	1714	1714			M
R21	n/a	Witness to Injury Yes	A/N	1	1715	1715			
R21	n/a	Witness to Injury No	A/N	1	1716	1716			M
R21	n/a	Witness to Injury Unknown	A/N	1	1717	1717			
R21	n/a	Object Involved Yes	A/N	1	1718	1718			M
R21	n/a	Object Involved No	A/N	1	1719	1719			
R21	n/a	Object Involved	A/N	50	1720	1769			IA
R21	n/a	Injury Result of Motor Vehicle Yes	A	1	1770	1770			M
R21	n/a	Injury Result of Motor Vehicle No	A	1	1771	1771			
R21	n/a	Vehicle Owned By Employee	A	1	1772	1772			MC
R21	n/a	Vehicle Owned By Employer	A	1	1773	1773			MC
R21	n/a	Vehicle Owned By Other	A	1	1774	1774			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
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

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		MC
R21	n/a	Treatment Continuing No	A/N	1	2186	2186		MC
R21	n/a	Treatment Continuing Unknown	A/N	1	2187	2187		MC
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		M
R21	n/a	Previous Injury Illness No	A/N	1	2651	2651		
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		M
R21	n/a	Addition to Pay No	A/N	1	3062	3062		
R21	n/a	Addition to Pay Description	A/N	100	3063	3162		IA
R21	n/a	Affirmation	A/N	1	3163	3163		M
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

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			M
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

R21	n/a	Filler - Future Defined Usage	A/N	200	3758	3957		M
R21	n/a	Filler - Future Defined Usage	A/N	200	3958	4157		M
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		X
		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		MC
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						
Valuee	*DN*	*Employee ID*						
S	0042	Employee SSN						
P	0156	Employee Passport Number						

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

EFROI File Layout -Header

Field Name	Type	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:

HD1146013200   12201   146013200   1000711000518202110302105182021092012P1234512311

EFROI File Layout -Footer

Field Name	Type	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	Requirement	Conditional Requirement	Note
R21	Insurance_Agent_Last_Name	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	MC	Required if Insurance Agent Name is not blank	
R21	Insurance_Agent_Phone_Number	A/N	15	Phone Number of Insurance Agent	MC	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	M	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	M		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	M	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	M		Indicated with X in file
R21	Witness to Injury Unknown	A/N	1	Unknown if anyone else	M		Indicated with X in file
R21	Object Involved Yes	A/N	1	Indicates an object was involved in accident (I.E. Knife)	M	Must send either 'Object Involved Yes' or 'Object Involved No'	Indicated with X in file

R21	Object Involved No	A/N	1	Indicates no object was involved in the accident.	M		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	M	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	A	1	Indicates Motor Vehicle was not involved in the accident	M		Indicated with X in file
R21	Vehicle Owned By Employee	A	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	A	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		

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	Doctor First Name	A/N	30	First name of doctor who is continuing Claimant's treatment	IA		

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	A/N	9	Zip code of 2nd Doctor who is continuing Claimant's treatment	IA		
R21	Doc2 mail Country	A/N	3	Country of 2nd Doctor who is continuing Claimant's treatment (IE USA)	IA		
R21	Previous Injury Illness Yes	A/N	1	Indicates Injury is due to a previous illness/Injury	M	Either 'Previous Injury Illness Yes' or 'Previous Injury Illness No' is required on a record	Indicated with X in file
R21	Previous Injury Illness No	A/N	1	Indicates Injury is not due to a previous illness/Injury	M		Indicated with X in file
R21	Previous Injury Treated by Doctor Info	A/N	200	Information for Doctor who treated claimant for previous injury, such as Name, address, contact info	IA		
R21	Return to work Gross Pay	N	9	Gross amount of pay the claimant returned to work for	IA		
R21	Activity Other Description	A/N	200	Description of Employees job	IA		
R21	Addition to Pay Yes	A/N		Indicates employee gets pay other than normal pay.	M	Either 'Addition to Pay Yes' or 'Addition to Pay No' is required on the record	Indicated with X in file
R21	Addition to Pay No	A/N		Indicates employee doesn't get pay other than normal pay	M		Indicated with X in file
R21	Addition to Pay Description	A/N	100	Description of additional pay the employee gets	IA	Become required if 'Addition to Pay Yes' is being sent	
R21	Affirmation	A/N	1	Agree that Data entered is accurate and truthful	M	Either these two fields or Third Party Contact Last Name and First Name are required.	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)	MC	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	M		
R21	Time Stamp	N	4	Time record is written to file	M		
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	M		
R21	Nature-Of-Injury	A/N	200	Text description of nature of injury code	M		
R21	Parts-Body	A/N	400	NCCI body part codes separated by \	M		Ex: (22\36\255\04)

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	Type	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	Type	Null	Description / Example
File Name	Char(50)	Not null	Input File name received from vendor – <VendorName><YYYYMMDD><FILENUM>eFROI.txt
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	Type	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	Type	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	Type	Null	Description / Example
File Name	Char(50)	Not null	Input File name received from vendor – <VendorName><YYYYMMDD><FILENUM>eFROI.txt
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	Type	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]

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., leg, 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	TB
21	37	Inflammation (The reaction of tisue of injury characterized clinically by heat, swelling, redness and pain.)
22	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.)
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.)
29	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
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.)
33	49	Sprain (A trauma or wrenching of a joint, producing pain and disability 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)
37	55	Vascular (Cerebrovascular and other conditions of circulatory systems, NOC. 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)
48	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,
49	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.)
50	7	Concussion (Brain, cerebral)
51	70	Radiation (All forms of damage to tissue, bones or body fluids produced by exposure to radiation.)
52	71	All other occupational disease injury, NOC
53	72	Loss of Hearing
54	73	Contagious Disease
55	74	Cancer
56	75	AIDS
57	76	VDT - Related Diseases (Video display terminal diseases other than Carpal Tunnel Syndrome)
58	77	Mental Stress
59	78	Carpal Tunnel Syndrome (Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist.)
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	Powered hand tool, appliance
11	19	Caught, puncture, scrape, NOC
12	2	Contact with Hot Objects or Substances
13	20	Collapsing Materials, either man made or natural (i.e., slides of earth)
14	25	From different level elevation (off wall, 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)
28	46	Collision with a fixed object (standing vehicle 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	Holding or carrying
37	56	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	Falling or flying object
53	76	Hand tool or machine in use
54	77	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
59	81	Struck or injured, NOC (includes kicked, 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
67	89	Person in act of a crime (robbery or criminal 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

1 - FROI-00 File Layout

Rec	DN	Data Element Name	Format	Length	Beg	End	Notes	Requirement	Conditionally Required Fields
		148 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	M	
148	0012	Claim Administrator City	A/N	15	179	193	New York City	M	
148	0013	Claim Administrator State Code	A/N	2	194	195	NY	M	
148	0014	Claim Administrator Postal Code	A/N	9	196	204	100071100	F	
148	0015	Claim Administrator Claim Number	A/N	25	205	229	Carrier 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	Employer-Location-City (20)	MC	
148	0022	Employer Physical State Code	A/N	2	374	375	Employer-Location-State (21)	MC	
148	0023	Employer Physical Postal Code	A/N	9	376	384	Employer-Location-Zip (22)	MC	
148	n/a	Filler (Not for Use)	A/N	1	385	385			
148	0025	Industry Code	A/N	6	386	391	NAIC code	MC	
148	n/a	Filler (Not for Use)	A/N	10	392	401			
148	0027	Insured Location Identifier	A/N	15	402	416		IA	
148	0028	Policy Number Identifier	A/N	18	417	434		MC	
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	**Accident-Date (7)**	M	
148	0032	Time of Injury	TIME	4	471	474	**INCIDENT_TIME** from PS_INCIDENT_DATA	IA	
148	0033	Accident Site Postal Code	A/N	9	475	483	**POSTAL** from PS_INCIDENT_DATA	MC	
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		MC	
148	n/a	Filler (Not for Use)	A/N	4	489	492	**Leave blank**		
148	0037	Cause of Injury Code	A/N	4	493	496		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)**	MC	
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)**	M	
148	n/a	Filler (Not for Use)	A/N	39	665	703	**Leave blank**		
148	0044	Employee First Name	A/N	30	704	733	**Claimant-First-Name (37)**	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	**Claimant-City (42)**	M	
148	0049	Employee Mailing State Code	A/N	2	815	816	**Claimant-State (43)**	MC	
148	0050	Employee Mailing Postal Code	A/N	9	817	825	**Claimant-Zip (44)**	M	
148	n/a	Filler (Not for Use)	A/N	10	826	835	**Leave blank**		
148	0052	Employee Date of Birth	DATE	8	836	843	**Date-of-Birth (39)**	MC	
148	0053	Employee Gender Code	A/N	1	844	844	**Sex-Male (48) or Sex-Female (49)**	M	
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	**Disability-Begin-Date (153)**	MC	
148	0057	Employee Date of Death	DATE	8	856	863	**Date-of-Death (101)**	MC	
148	0058	Employment Status Code	A/N	2	864	865	**1, 2, 7, 8, 9 (Quick Code Ref. List)**	MC	
148	0059	Manual Classification Code	A/N	4	866	869	NYSO	M	
148	n/a	Filler (Not for Use)	A/N	30	870	899	**Leave blank**		
148	0061	Employee Date of Hire	DATE	8	900	907	**Date-Hired (160)**	IA	
148	0062	Wage	$9.20	11	908	918	doesn't include $ or decimal sign **Avg-Weekly-Wage (163)**	MC	
148	0063	Wage Period Code	A/N	2	919	920	**01 = Weekly**	MC	
148	0064	Number of Days Worked Per Week	N	1	921	921	**Work-Week-…. (173-179)**	IA	
148	0065	Initial Date Last Day Worked	DATE	8	922	929	**Disability-Begin-Date (153)**	IA	
148	0066	Full Wages Paid for Date of Injury Indicator	A/N	1	930	930	N" on current C-2 **Full-Wages-Paid-for-Day-… (1**	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	**RTW-Date (156)**	MC	
		End 148 Elements							
		R21 Data Elements							
R21	0001	Transaction Set ID	A/N	3	1	3	R21	F	
R21	0295	Maintenance Type Correction Code	A/N	2	4	5	00	X	
R21	0296	Maintenance Type Correction Code Date	DATE	8	6	13	Date report sent to carrier (NYSIF)	X	
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	M	
R21	0135	Claim Administrator Information/Attention Line	A/N	50	98	147	**Leave blank**	IA	
R21	0010	Claim Administrator Primary Address	A/N	40	148	187	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	MC	
R21	0270	Employee ID Type Qualifier	A/N	1	231	231	S	M	
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	**Leave blank**	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	**Claimant-Last-Name (36)**	M	
R21	0045	Employee Middle Name/Initial	A/N	15	293	307	**Claimant-Middle-Initial (38)**	IA	
R21	0046	Employee Mailing Primary Address	A/N	40	308	347	**Claimant-Addr1 (40)**	M	
R21	0047	Employee Mailing Secondary Address	A/N	40	348	387	**Claimant-Addr2 (41)**	IA	
R21	0155	Employee Mailing Country Code	A/N	3	388	390	**Claimant-Country (45)**	MC	
R21	0051	Employee Phone Number	A/N	15	391	405	**Employee-Phone-Number (47)**	IA	
R21	0146	Death Result of Injury Code	A/N	1	406	406	**Injury-Result-In-Death-… (99-100)**	MC	
R21	0290	Type of Loss Code	A/N	2	407	408	**01, 02, 03 (Quick Code Ref. List)**	MC	

	A	B	C	D	E	F	G	H	J	K
91	R21	0228	Return To Work With Same Employer Indicator	A/N	1	409	409	Y or N	MC	
92	R21	0189	Return To Work Type Code	A/N	1	410	410	If the return to work date (DN 68) is not blank set this field to "A" for Actual otherwise leave blank.	MC	
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)		
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	M	
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	M	
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	0118	Accident Site County/Parish	A/N	30	579	608	Use field county off incident data	MC	
108	R21	0119	Accident Site Location Narrative	A/N	50	609	658	PS_INCIDENT_DATA.EXACT_LOCATION	MC	
109	R21	0120	Accident Site Organization Name	A/N	50	659	708	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	
114	R21	0281	Date Employer Had Knowledge of Date of Disability	DATE	8	769	776	Date-Notice-of-Injury-Given-to-Employer (62)	MC	
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 UI Number	A/N	15	818	832	Employer-UI-Number (27)	IA	
118	R21	0019	Employer Physical Primary Address	A/N	40	833	872	Employer-Location-Addr1 (18)	MC	
119	R21	0020	Employer Physical Secondary Address	A/N	40	873	912	Employer-Location-Addr2 (19)	IA	
120	R21	0164	Employer Physical Country Code	A/N	3	913	915	Employer-Location-Country (23)	MC	
121	R21	0159	Employer Contact Business Phone Number	A/N	15	916	930	Employer-Phone-Number (24)	MC	
122	R21	0160	Employer Contact Name	A/N	40	931	970	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		IA	
125	R21	0165	Employer Mailing City	A/N	15	1111	1125	Employer-Mail-City (14)	M	
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)	M	
128	R21	0168	Employer Mailing Primary Address	A/N	40	1138	1177	Employer-Mail-Addr1 (12)	M	
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)	M	
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)	M	
133	R21	0199	Full Denial Effective Date	DATE	8	1320	1327	Leave blank	X	
134	R21	n/a	Filler - Future Defined Usage	A/N	163	1328	1490	Leave blank		
135	R21	0073	Claim Status Code	A/N	1	1491	1491	Leave blank	NA	
136	R21	0074	Claim Type Code	A/N	1	1492	1492	leave blank NYSIF will set value on their side.	M	
137	R21	0077	Late Reason Code	A/N	2	1493	1494		IA	
138	R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	A/N	1	1495	1495	Continued-Pay-After-Injury-... (183-184)	IA	
139	R21	n/a	Filler - Future Defined Usage	A/N	105	1496	1600	Leave blank		
140			*Variable Segment Counters*			1601	1600			
141	R21	0274	Number of Accident/Injury Description Narratives	N	2	1601	1602	(50 char segment) based on How-Injury-Occurre	F	
142	R21	0277	Number of Full Denial Reason Codes	N	2	1603	1604	00 we won't know this	F	
143	R21	0276	Number of Denial Reason Narratives	N	2	1605	1606	00 we won't know this	F	
144	R21	0278	Number of Managed Care Organizations	N	2	1607	1608	00 we won't know this	F	
145	R21	0279	Number of Witnesses	N	2	1609	1610	00-05 (75 char segments) based on Witness (78)	F	
146			NYSIF Required Fields			1611	1610			
147	R21	n/a	Filler - Future Defined Usage	A/N	8	1611	1618	Leave blank		
148	R21	n/a	Insurance_Agent_Last_Name	A/N	30	1619	1648	Leave blank	IA	Required if the employer (#8, A1) is not individually self-insured and Carrier-Name (#28, B2) is blank
149	R21	n/a	Insurance_Agent_First_Name	A/N	30	1649	1678	Leave blank	MC	Required if Insurance Agent Name is not blank
150	R21	n/a	Insurance_Agent_Phone_Number	A/N	15	1679	1693	Leave blank	MC	Required if Insurance Agent Name is not blank
151	R21	n/a	Time Employee Began Work	N	4	1694	1697	Time-Employee-Began-Work (50)	IA	
152	R21	n/a	Time Began Work AM	N	1	1698	1698	Time-Began-Work-AM (51)	IA	
153	R21	n/a	Time Began Work PM	N	1	1699	1699	Time-Began-Work-PM (52)	IA	
154	R21	n/a	Oral Notice Given	A/N	1	1700	1700	Orall-Notice-Given (60)	IA	
155	R21	n/a	Written Notice Given	A/N	1	1701	1701	Written-Notice-Given (61)	IA	
156	R21	n/a	Gave Claimant Info Packet Yes	A/N	1	1702	1702	Gave-Claimant-Info-Packet-Yes (63)	IA	
157	R21	n/a	Gave Claimant Info Packet No	A/N	1	1703	1703	Gave-Claimant-Info-Packet-No (64)	IA	
158	R21	n/a	Date Gave Claimant Info Packet	N	8	1704	1711	Date-Gave-Claimant-Info-Packet (65)	IA	Either Supervisor-Witness-Yes or Supervisor-Witness-No or Supervisor-Witness-Unknown is required
159	R21	n/a	Supervisor Witness Yes	A/N	1	1712	1712	Supervisor-Witness-Yes (72)	M	
160	R21	n/a	Supervisor Witness No	A/N	1	1713	1713	Supervisor-Witness-No (73)	M	
161	R21	n/a	Supervisor Witness Unknown	A/N	1	1714	1714	Supervisor-Witness-Unknown (74)	M	
162	R21	n/a	Witness to Injury Yes	A/N	1	1715	1715	Witness-to-Injury-Yes (75)	M	
163	R21	n/a	Witness to Injury No	A/N	1	1716	1716	Witness-to-Injury-No (76)		
164	R21	n/a	Witness to Injury Unknown	A/N	1	1717	1717	Witness-to-Injury-Unknown (77)		
165	R21	n/a	Object Involved Yes	A/N	1	1718	1718	Object-Involved-Yes (83)	M	required
166	R21	n/a	Object Involved No	A/N	1	1719	1719	Object-Involved-No (84)		
167	R21	n/a	Object Involved	A/N	50	1720	1769	Object-Involved (85)	IA	If Object-Involved-Yes=Y then this field is required
168	R21	n/a	Injury Result of Motor Vehicle Yes	A	1	1770	1770	Injury-Result-of-Motor-Vehicle-Yes (86)	M	Either Injury-Result-of-Motor-Vehicle-Yes or Injury-Result-of-Motor-Vehicle-No is required
169	R21	n/a	Injury Result of Motor Vehicle No	A	1	1771	1771	Injury-Result-of-Motor-Vehicle-No (87)		
170	R21	n/a	Vehicle Owned By Employee	A	1	1772	1772	Vehicle-Owned-By-Employee (88)	MC	One of these is required if Injury-Result-of-Motor-Vehicle-Yes = "Y"
171	R21	n/a	Vehicle Owned By Employer	A	1	1773	1773	Vehicle-Owned-By-Employer (89)	MC	
172	R21	n/a	Vehicle Owned By Other	A	1	1774	1774	Vehicle-Owned-By-Other (90)	MC	
173	R21	n/a	Vehicle License Plate Number	A/N	12	1775	1786	Vehicle-License-Plate-Number (91)	IA	
174	R21	n/a	Auto Ins Carrier Name	A/N	30	1787	1816	Auto-Ins-Carrier-Name (92)	IA	
175	R21	n/a	Auto Ins Carrier Addr1	A/N	30	1817	1846	Auto-Ins-Carrier-Addr1 (93)	IA	
176	R21	n/a	Auto Ins Carrier Addr2	A/N	30	1847	1876	Auto-Ins-Carrier-Addr2 (94)	IA	

	A	B	C	D	E	F	G	H	J	K
177	R21	n/a	Auto Ins Carrier City	A/N	20	1877	1896	**Auto-Ins-Carrier-City (95)**	IA	
178	R21	n/a	Auto Ins Carrier State	A/N	2	1897	1898	**Auto-Ins-Carrier-State (96)**	IA	
179	R21	n/a	Auto Ins Carrier Zip	A/N	9	1899	1907	**Auto-Ins-Carrier-Zip (97)**	IA	
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	
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	
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	
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	
211	R21	n/a	Doctor3 First Name	A/N	30	2526	2555	**Doctor3-First-Name (141)**	IA	
212	R21	n/a	Doc3 mail Addr1	A/N	30	2556	2585	**Doc3-Mail-Addr1 (142)**	IA	
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	Previous Injury Illness Yes	A/N	1	2650	2650	**Previous-Injury-Illness-Yes (148)**	M	Either Previous-Injury-Illness-Yes or Previous-Injury-
219	R21	n/a	Previous Injury Illness No	A/N	1	2651	2651	**Previous-Injury-Illness-No (149)**		Illness-No is required to be non-blank
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)**	M	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	
229	R21	n/a	Prepared by Middle Initial	A/N	1	3224	3224	**Prepared-by-Middle-Initial (188)**	IA	
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	
232	R21	n/a	Preparer Phone Number	A/N	15	3263	3277	**Preparer-Phone-Num (191)**	MC	Required if Prepared-By-Last-Name is completed.
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	
236	R21	n/a	Thrid Party Contact Date	N	8	3339	3346		IA	
237	R21	n/a	Thrid Party Contact Title	A/N	30	3347	3376		IA	
238	R21	n/a	Thrid Party Contact Phone Number	A/N	15	3377	3391		MC	Required if Third-Party-Last-Name is completed.
239	R21	n/a	Third Party Company Name	A/N	30	3392	3421		MC	Required if Third-Party-Last-Name is completed.
240	R21	n/a	Third Party Company Addr1	A/N	30	3422	3451		MC	Required if Third-Party-Last-Name is completed.
241	R21	n/a	Third Party Company Addr2	A/N	30	3452	3481		IA	
242	R21	n/a	Third Party Company City	A/N	20	3482	3501		MC	Required if Third-Party-Last-Name is completed.
243	R21	n/a	Third Party Company State	A/N	2	3502	3503		MC	Required if Third-Party-Last-Name is completed and the country is USA.
244	R21	n/a	Third Party Company Zip	A/N	9	3504	3512		MC	If Third-Party-Last-Name is completed, required for US and Canada
245	R21	n/a	Third Party Company Country	A/N	3	3513	3515		MC	Required if Third-Party-Last-Name is completed and field 112 is blank. This field can be blank if the country is USA
246	R21	n/a	Provider Of Form Info Last Name	A/N	30	3516	3545		IA	
247	R21	n/a	Provider Of Form Info First Name	A/N	30	3546	3575		IA	
248	R21	n/a	Date Stamp	A/N	8	3576	3583	**Date stamp (208)**	M	
249	R21	n/a	Time Stamp	N	4	3584	3587	**Time Stamp (209)**	M	
250	R21	n/a	User ID	A/N	40	3588	3627			
251	R21	n/a	Benefit Unit	A/N	2	3628	3629			
252	R21	n/a	Employee Entity Number	N	5	3630	3634			
253	R21	n/a	Claimant Mail Addr 1	A/N	30	3635	3664			
254	R21	n/a	Claimant Mail Addr 2	A/N	30	3665	3694			
255	R21	n/a	Claimant Mail City	A/N	20	3695	3714			
256	R21	n/a	Claimant Mail State	A/N	2	3715	3716			
257	R21	n/a	Claimant Mail Zip	N	9	3717	3725			
258	R21	n/a	Seasonal Worker Indicator	A/N	1	3726	3726			
259	R21	n/a	Multiple Body parts Indicator	A/N	1	3727	3727			
260	R21	n/a	Still Hospitalized	A/N	1	3728	3728			
261	R21	n/a	Claimant Mail Country	A/N	3	3729	3731			
262	R21	n/a	Date Employee Removed from Payroll	N	8	3732	3739			
263	R21	n/a	Employee Disputes Claim	A/N	1	3740	3740			

	A	B	C	D	E	F	G	H	J	K
264	R21	n/a	Benefit Plan	A/N	3	3741	3743			
265	R21	n/a	Benefit Plan Description	A/N	13	3744	3756			
266	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	Based on loss time = Yes
267	R21	n/a	Filler - Future Defined Usage	A/N	200	3758	3957		M	
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			
271	*Variable Segments*					4558	4557			
272			*Accident/Injury Description Narratives Occur Number of Accident/Injury Description Narratives Times*	*Occ 10*		4558	4557			
273	R21	0038	Accident/Injury Description Narrative	A/N	500	4567	5057		M	
274			*Full Denial Reason Codes Occur Number of Full Denial Reason Codes Times*	*Occ 5*		5058	5057			
275	R21	0198	Full Denial Reason Code	A/N	10	5058	5067		X	
276			*Denial Reason Narratives Occur Number of Denial Reason Narratives Times*	*Occ 3*		5068	5067			
277	R21	0197	Denial Reason Narrative	A/N	150	5068	5217		X	
278			*Managed Care Organizations Occur Number of Managed Care Organizations Times*	*Occ 2*		5218	5217			
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	
282	R21	n/a	Filler - Future Defined Usage	A/N	40	5320	5359			
283			*Witnesses Occur Number of Witnesses Times*	*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										
289			*End R21 Elements*							
290										
291	*									
292	*Value*	*DN*	*Employee ID*							
293	S	0042	Employee SSN							
294	P	0156	Employee Passport Number							
295	E	0152	Employee Employment Visa							
296	G	0153	Employee Green Card							
297	A	0154	Employee ID Assigned by Jurisdiction							
298										
299			F (Fatal)							
300			M (Mandatory)							
301			MC (Mandatory/Conditional)							
302			E (Expected)							
303			EC (Expected/Conditional)							
304			IA (if Applicable)							
305			AA (If Applicable/Available Transaction Accepted)							
306			AE (If Applicable/Available Transaction Accepted with Errors)							
307			AR (If Applicable/Available Transaction Rejected)							
308			NA (Not Applicable)							
309			X (Exclude)							

	A	B	C	D	E	F	G
1	**2 - FROI-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			

	A	B	C	D	E	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	

4 - Data Dictionary

4.1 - Data Dictionary for standard eClaims Data Elements

Reference EDI Claims Implementation Guide for Data Dictionary at section 6

4.2 - Data Dictionary for NYSIF Required Data Elements

Rec:	Data Element Name	Format	Length	Desciption	Requirement	Conditional Requirment	Note
R21	Insurance_Agent_Last_Name	Alphanumeric	30	Last name of insurance agent	IA	Required if the employer (#8, A1) is not individually self-insured and Carrier-Name (#28, B2) is blank	
R21	Insurance_Agent_First_Name	Alphanumeric	30	Last name of insurance agent	MC	Required if Insurance Agent Name is not blank	
R21	Insurance_Agent_Phone_Number	Alphanumeric	15	Phone Number of Insurnce Agent	MC	Required if Insurance Agent Name is not blank	
R21	Time Employee Began Work	Numeric	4	Time Employee began work	IA		
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 if 'Time employee began work' is provided	Indicated with X in file
R21	Time Began Work PM	Numeric	1	Indicates that time of worked started was PM	IA		Indicated with X in file
R21	Oral Notice Given	Alphanumeric	1	Indicator that oral notice of accident was given	IA		Indicated with X in file
R21	Written Notice Given	Alphanumeric	1	Indicator that written notice of accident was given	IA		Indicated with X in file
R21	Gave Claimant Info Packet Yes	Alphanumeric	1	Indicatior that Claimant was provided copy of Claimant info packet	IA		Indicated with X in file
R21	Gave Claimant Info Packet No	Alphanumeric	1	Indicatior that Claimant was not provided copy of Claimant info packet	IA		Indicated with X in file
R21	Date Gave Claimant Info Packet	Numeric	8	Date Claiamnt info packet is given to claimant	IA		
R21	Supervisor Witness Yes	Alphanumeric	1	Supervisor Witness Yes	M	Either Supervisor-Witness-Yes or Supervisor-Witness-No or Supervisor-Witness-Unknown is required	Indicated with X in file
R21	Supervisor Witness No	Alphanumeric	1	Supervisor Witness No	M		Indicated with X in file
R21	Supervisor Witness Unknown	Alphanumeric	1	Supervisor Witness Unknown	M		Indicated with X in file
R21	Witness to Injury Yes	Alphanumeric	1	Someone other than the supervisor did witness the injury	M	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	Alphanumeric	1	No one other than the Supervisor witnessed the injury	M		Indicated with X in file
R21	Witness to Injury Unknown	Alphanumeric	1	Unknown if anyone else	M		Indicated with X in file
R21	Object Involved Yes	Alphanumeric	1	Indicates an object was involved in accident (I.E. Knife)	M	Must send either 'Object Involved Yes' or 'Object Involved No'	Indicated with X in file
R21	Object Involved No	Alphanumeric	1	Indicates no object was involved in the accident.	M		Indicated with X in file
R21	Object Involved	Alphanumeric	50	Desription of object involved in accident.	IA	If 'Object invloved Yes' sent then this value Is required.	
R21	Injury Result of Motor Vehicle Yes	Alpha	1	Indicates Motor vihicle involved in accident	M	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	Alpha	1	Indicates Motor Vehicle was not involved in the accident	M		Indicated with X in file
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 of Motor Vehcile Yes' is Sent	Indicated with X in file
R21	Vehicle Owned By Employer	Alpha	1	Indicates Vehicle involved in accident was owned by the employer	MC		Indicated with X in file
R21	Vehicle Owned By Other	Alpha	1	Indicates Vehicle involved in accident was owned by someone other then the employer or employee	MC		Indicated with X in file

	A	B	C	D	E	F	G	H
31	R21	Vehicle License Plate Number	Alphanumeric	12	License plate number of vehicle invloved in accident.	IA		
32	R21	Auto Ins Carrier Name	Alphanumeric	30	Name of auto insurance carrier	IA		
33	R21	Auto Ins Carrier Addr1	Alphanumeric	30	Address line 1 of Auto Insurance carrier	IA		
34	R21	Auto Ins Carrier Addr2	Alphanumeric	30	Address line 2 of Auto Insurance carrier	IA		
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		
37	R21	Auto Ins Carrier Zip	Alphanumeric	9	Auto Insurance carrier Zip Code	IA		
38	R21	Auto Ins Carrier Country	Alphanumeric	3	Auto Insurance Carrier Country (I.E USA)	IA		
39	R21	Nearest Relative Last Name	Alphanumeric	30	Last name of nearest living realtive to claimant	IA		
40	R21	Nearest Relative First Name	Alphanumeric	30	First name of nearest Living realtive to claimant	IA		
41	R21	Nearest Relative Mail Addr 1	Alphanumeric	30	Adress Line 1 of neareast living realative to claimant	IA		
42	R21	Nearest Relative Mail Addr 2	Alphanumeric	30	Adress Line 2 of neareast living realative to claimant	IA		
43	R21	Nearest Relative Mail City	Alphanumeric	20	City of neareast living realative to claimant	IA		
44	R21	Nearest Relative Mail State	Alphanumeric	2	State of neareast living realative to claimant (IE NY)	IA		
45	R21	Nearest Relative Mail Zip	Alphanumeric	9	Zip Code of neareast living realative to claimant	IA		
46	R21	Nearest Relative Mail Country	Alphanumeric	3	Country of neareast living realative to claimant (IE USA)	IA		
47	R21	Treated By Name	Alphanumeric	60	Name of person who treated the Claimant	IA		
48	R21	Treated At Place	Alphanumeric	60	Name and address of where claimant was treated (IE Urgent Medical Ctr. - 1 Medical Circle, ALBANY, NY 12239)	IA		
49	R21	Treatement Continuing Yes	Alphanumeric	1	Indicates Cliamant is still reciving treatment	MC		Indicated with X in file
50	R21	Treatement Continuing No	Alphanumeric	1	Indicates Cliamant is no longer reciving treatment	MC		Indicated with X in file
51	R21	Treatement Continuing Unknown	Alphanumeric	1	Indicates Cliamant recivied first treatment but is unknown if teatment is continuing	MC	If First-Treatment-Date provided, one of theis fields is required	Indicated with X in file
52	R21	Doctor Last Name	Alphanumeric	30	Last name of Doctor who is continuing Claimants treatment	IA		
53	R21	Doctor First Name	Alphanumeric	30	First name of Doctor who is continuing Claimants treatment	IA		
54	R21	Doc mail Addr1	Alphanumeric	30	Address Line 1 of Doctor who is continuing Claimants treatment	IA		
55	R21	Doc mail Addr2	Alphanumeric	30	Address Line 2 of Doctor who is continuing Claimants treatment	IA		
56	R21	Doc mail City	Alphanumeric	20	City of Doctor who is continuing Claimants treatment	IA		
57	R21	Doc mail State	Alphanumeric	2	State of Doctor who is continuing Claimants treatment (IE NY)	IA		

	A	B	C	D	E	F	G	H
58	R21	Doc mail Zip	Alphanumeric	9	Zip code of Doctor who is continuing Claimants treatment	IA		
59	R21	Doc mail Country	Alphanumeric	3	Country of Doctor who is continuing Claimants treatment (IE USA)	IA		
60	R21	Doctor2 Last Name	Alphanumeric	30	Last name of 2nd Doctor who is continuing Claimants treatment	IA		
61	R21	Doctor2 First Name	Alphanumeric	30	First name of 2nd Doctor who is continuing Claimants treatment	IA		
62	R21	Doc2 mail Addr1	Alphanumeric	30	Address Line 1 of 2nd Doctor who is continuing Claimants treatment	IA		
63	R21	Doc2 mail Addr2	Alphanumeric	30	Address Line 2 of 2nd Doctor who is continuing Claimants treatment	IA		
64	R21	Doc2 mail City	Alphanumeric	20	City of 2nd Doctor who is continuing Claimants treatment	IA		
65	R21	Doc2 mail State	Alphanumeric	2	State of 2nd Doctor who is continuing Claimants treatment (IE NY)	IA		
66	R21	Doc2 mail Zip	Alphanumeric	9	Zip code of 2nd Doctor who is continuing Claimants treatment	IA		
67	R21	Doc2 mail Country	Alphanumeric	3	Country of 2nd Doctor who is continuing Claimants treatment (IE USA)	IA		
68	R21	Previous Injury Illness Yes	Alphanumeric	1	Indicates Injury is do to a previous illness/Injury	M	Either 'Previous Injury Illness Yes' or 'Previous Injury Illness No' is required on a record	Indicated with X in file
69	R21	Previous Injury Illness No	Alphanumeric	1	Indicates Injury is not do to a previous illness/Injury	M		Indicated with X in file
70	R21	Previous Injury Treated by Doctor Info	Alphanumeric	200	Information for Doctor who treated claimant for previous injury, such as Name, address, contact info	IA		
71	R21	Return to work Gross Pay	Numeric	9	Gross amount of pay the cliamant returned to work for	IA		
72	R21	Activity Other Description	Alphanumeric	200	Description of Employees job	IA		
73	R21	Addition to Pay Yes	Alphanumeric		Indicates employee gets pay other than normal pay.	M	Either 'Addition to Pay Yes' or 'Addition to Pay No' is required on the record	Indicated with X in file
74	R21	Addition to Pay No	Alphanumeric		Indicates employee doesn't get pay other than normal pay	M		Indicated with X in file
75	R21	Addition to Pay Description	Alphanumeric	100	Description of additional pay the employee gets	IA	Become required if 'Addition to Pay Yes' is being sent	
76	R21	Affirmation	Alphanumeric	1	Agree that Data entered is acurate and truthful	M	Either these two fields or Third-Party-Contact-Last-Name and First-Name are required.	Indicated with X in file
77	R21	Prepared by Last Name	Alphanumeric	30	Last name of person who entered the information for this claim	IA		
78	R21	Prepared by First Name	Alphanumeric	30	First name of person who entered the information for this claim	IA		
79	R21	Prepared by Middle Initial	Alphanumeric	1	Middle initial of person who entered the inforation for this claim	IA		
80	R21	Prepared by Date	Numeric	8	Date Information for claim was collected	IA		
81	R21	Preparer Phone Number	Alphanumeric	15	Phone number of Person who entered info for claim.	MC	Required if Prepared-By-Last-Name is completed.	

	A	B	C	D	E	F	G	H
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		
96	R21	Date Stamp	Alphanumeric	8	Date record is written to file	M		
97	R21	Time Stamp	Numeric	4	Time record is written to file	M		
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 Y or N in file
99	R21	Cause-of-Injury	Alphanumeric	200	Text description of Cause of injury Code	M		
100	R21	Nature-Of-Injury	Alphanumeric	200	Text description of nature of injury code	M		
101	R21	Parts-Body	Alphanumeric	400	NCCI body part codes seperated by \	M		IE (22\36\255\04)

	A	B	C	D	E	F	G	H
1	5 - Body Part Look Up							
2	ID	CODE	LONGTEXT	SHORTTEXT	NCCI CODE	NCCITEXT	WCIO CODE	WCIO TEXT
3	2	110	Skull	Skull	11	Skull	11	Skull
4	3	120	Brain	Brain	12	Brain	12	Brain
5	5	131	Ear - Right	Ear, Right	13	Ear(s) [Includes: hearing, inside eardrum]	13	Ear(s), Includes: hearing, inside eardrum
6	6	132	Ear - Left	Ear, Left	13	Ear(s) [Includes: hearing, inside eardrum]	13	Ear(s), Includes: hearing, inside eardrum
7	7	133	Ears - Binaural Hg Loss	Ears - Binaural Hg Loss	13	Ear(s) [Includes: hearing, inside eardrum]	13	Ear(s), Includes: hearing, inside eardrum
8	9	141	Eye - Right	Eye, Right	14	Eye(s) [Includes: optic nerves, vision, eye lids]	14	Eye(s) [Includes: optic nerves, vision, eye lids]
9	10	142	Eye - Left	Eye, Left	14	Eye(s) [Includes: optic nerves, vision, eye lids]	14	Eye(s) [Includes: optic nerves, vision, eye lids]
10	11	150	Nose [Includes: Nasal passage, Sinus, Sense of Smell]	Nose	15	Nose [Includes: Nasal passage, Sinus, Sense of Smell]	15	Includes: Nasal passage, Sinus, Sense of Smell
11	12	160	Teeth	Teeth	16	Teeth	16	Teeth
12	13	170	Mouth (part unknown)	Mouth (part unknown)	17	Mouth [Includes: Lips, Tongue, Throat, Taste]	17	Includes: lips, tongue, throat, taste
13	14	171	Lips	Lips	17	Mouth [Includes: Lips, Tongue, Throat, Taste]	17	Includes: lips, tongue, throat, taste
14	15	172	Tongue	Tongue	17	Mouth [Includes: Lips, Tongue, Throat, Taste]	17	Includes: lips, tongue, throat, taste
15	16	173	Throat	Throat	17	Mouth [Includes: Lips, Tongue, Throat, Taste]	17	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	20	191	Jaw (includes Chin)	Jaw	19	Facial Bones [Includes: Jaw]	19	Facial Bones [Includes: Jaw]
20	21	192	Cheek	Cheek	19	Facial Bones [Includes: Jaw]	19	Facial Bones [Includes: Jaw]
21	22	193	Orbit	Orbit	19	Facial Bones [Includes: Jaw]	19	Facial Bones [Includes: Jaw]
22	23	194	Forehead	Forehead	19	Facial Bones [Includes: Jaw]	19	Facial Bones [Includes: Jaw]
23	24	195	Other Facial Bone	Other Facial Bone	19	Facial Bones [Includes: Jaw]	19	Facial Bones [Includes: Jaw]
24	26	210	Vertebrae [Includes: Spinal Column Bone, "Cervical Segment"	Vertebrae	21	Vertebrae [Includes: Spinal Column Bone, "Cervical Segment"	21	Vertebrae [Includes: Spinal Column Bone, Cervical Segment
25	27	220	Disc [Includes: Spinal Column Cartilage, "Cervical Segment"]	Disc [Spinal Column Cartilage, "Cervical Segment"]	22	Disc [Includes: Spinal Column Cartilage, "Cervical Segment"]	22	Disc [Includes: Spinal Column Cartilage, "Cervical Segment"]
26	28	230	Spinal Cord [Includes: Nerve Tissue, "Cervical Segment"]	Spinal Cord [Nerve Tissue, "Cervical Segment"]	23	Spinal Cord [Includes: Nerve, Nerve Tissue, "Cervical Segment"	23	Spinal Cord [Includes: Nerve, Nerve Tissue, "Cervical Segment"
27	29	240	Larynx [Includes: Cartilage and Vocal 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	Soft Tissue (other than Larynx or Trachea)	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]
30	34	312	Upper Arm - Left	Arm, Upper Left	31	Upper Arm [Humerus and corresponding muscles, excluding clavicle and scapula]	31	Upper Arm [Humerus and corresponding muscles, excluding clavicle and scapula]
31	36	321	Elbow - Right	Elbow, Right	32	Elbow [Radial Head]	32	Elbow [Radial Head]
32	37	322	Elbow - Left	Elbow, Left	32	Elbow [Radial Head]	32	Elbow [Radial Head]
33	39	331	Lower Arm - Right	Arm, Lower Right	33	Lower Arm [Fore Arm - Radius, Ulna and Corresponding muscles]	33	Lower Arm [Fore Arm - Radius, Ulna and Corresponding 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	Wrist [Carpals and Corresponding Muscles]	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]
38	46	352	Hand - Left	Hand, Left	35	Hand [Metacarpals and corresponding muscles - excluding wrist or fingers]	35	Hand [Metacarpals and corresponding muscles - excluding wrist or fingers]
39	48	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]
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]
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]
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]
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	37	Thumb
49	60	381	Shoulder - Right	Shoulder, Right	38	Shoulder(s) [Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula]	38	Shoulders
50	61	382	Shoulder - Left	Shoulder, Left	38	Shoulder(s) [Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula]	38	Shoulders
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]
52	65	420	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]	Back, Lower Back (which part is unknown)	42	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]	42	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]
53	66	421	Lumbar	Lumbar	42	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]	42	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]
54	67	422	Lumbo Sacral	Lumbo Sacral	42	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]	42	Lower Back Area [(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord]
55	68	430	Disc [Spinal Column Cartilage other than Cervical Segment]	Disc [Spinal Column Cartilage other than Cervical Segment]	43	Disc [Spinal Column Cartilage other than Cervical Segment]	43	Disc [Spinal Column Cartilage other than Cervical Segment]
56	69	440	Chest(part unknown or Ribs lt/rt is unknown)	Chest(part unknown or Ribs lt/rt is unknown)	44	Chest [Including Ribs, Sternum, Soft Tissue]	44	Chest [Including Ribs, Sternum, Soft Tissue]
57	70	441	Ribs - Right	Ribs, Right	44	Chest [Including Ribs, Sternum, Soft Tissue]	44	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	72	443	Sternum	Sternum	44	Chest [Including Ribs, Sternum, Soft Tissue]	44	Chest [Including Ribs, Sternum, Soft Tissue]
60	73	444	Chest - Soft tissue	Chest - Soft tissue	44	Chest [Including Ribs, Sternum, Soft Tissue]	44	Chest [Including Ribs, Sternum, Soft Tissue]
61	74	450	Sacrum and Coccyx [Final Nine Vertebrae-Fused]	Sacrum and Coccyx	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]
62	75	451	Sacrum	Sacrum	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]
63	76	452	Coccyx	Coccyx	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]	45	Sacrum and Coccyx [Final Nine Vertebrae-Fused]
64	77	460	Pelvis	Pelvis	46	Pelvis	46	Pelvis
65	78	470	Spinal Cord [Nerve Tissue other than Cervical Segment]	Spinal Cord [Nerve Tissue other than Cervical Segment]	47	Spinal Cord [Nerve Tissue other than Cervical Segment]	47	Spinal Cord [Nerve Tissue other than Cervical Segment]
66	80	481	Liver	Liver	48	Internal Organs [Other than Heart and Lungs]	48	Internal Organs [Other than Heart and Lungs]
67	81	482	Kidney(s)	Kidney(s)	48	Internal Organs [Other than Heart and Lungs]	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	83	484	Stomach	Stomach	48	Internal Organs [Other than Heart and Lungs]	48	Internal Organs [Other than Heart and Lungs]
70	84	485	Spleen	Spleen	48	Internal Organs [Other than Heart and Lungs]	48	Internal Organs [Other than Heart and Lungs]
71	85	486	Gall Bladder	Gall Bladder	48	Internal Organs [Other than Heart and Lungs]	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	87	488	Bladder	Bladder	48	Internal Organs [Other than Heart and Lungs]	48	Internal Organs [Other than Heart and Lungs]
74	88	489	Other Internal Organ	Other Internal Organ	48	Internal Organs [Other than Heart and Lungs]	48	Internal Organs [Other than Heart and Lungs]
75	89	490	Heart	Heart	49	Heart	49	Heart
76	90	600	Lungs	Lungs	60	Lungs	60	Lungs
77	92	611	Abdomen [excluding injury to internal organs]	Abdomen [excluding injury to internal organs]	61	Abdomen [Including Groin; excluding injury to Internal Organs]	61	Abdomen [Including Groin; excluding injury to Internal Organs]

	A	B	C	D	E	F	G	H
78	93	612	Groin [excluding injury to internal organs]	Groin [excluding injury to internal organs]	61	Abdomen [Including Groin; excluding injury to Internal Organs]	61	Abdomen [Including Groin; excluding injury to Internal Organs]
79	94	620	Buttocks Soft Tissue	Buttocks Soft Tissue	62	Buttocks Soft Tissue	62	Buttocks Soft Tissue
80	95	630	Lumbar and/or Sacral Vertebrae [Vertebra NOC Trunk; Bone Portion of the Spinal Column]	Lumbar and/or Sacral Vertebrae	63	Lumbar &/or Sacral Vertebrae [Vertebra NOC Trunk; Bone Portion of the Spinal Column]	63	Lumbar &/or Sacral Vertebrae [Vertebra NOC Trunk; Bone Portion of the Spinal Column]
81	98	511	Hip - Right	Hip, Right	51	Hip	51	Hip
82	99	512	Hip - Left	Hip, Left	51	Hip	51	Hip
83	101	521	Upper Leg - Right	Leg, Upper Right	52	Upper Leg [Femur and corresponding muscles]	52	Upper Leg [Femur and corresponding muscles]
84	102	522	Upper Leg - Left	Leg, Upper Left	52	Upper Leg [Femur and corresponding muscles]	52	Upper Leg [Femur and corresponding muscles]
85	104	531	Knee - Right	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]
88	108	542	Lower Leg - Left	Leg, Lower Left	54	Lower Leg [Tibia, Fibula and Corresponding Muscles]	54	Lower Leg [Tibia, Fibula and Corresponding Muscles]
89	110	551	Ankle - Right	Ankle, Right	55	Ankle [Tarsals]	55	Ankle [Tarsals]
90	111	552	Ankle - Left	Ankle, Left	55	Ankle [Tarsals]	55	Ankle [Tarsals]
91	113	561	Foot - Right	Foot, Right	56	Foot [Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes]	56	Foot [Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes]
92	114	562	Foot - Left	Foot, Left	56	Foot [Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes]	56	Foot [Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes]
93	119	581	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.]	Artificial Appliance [Braces, etc.]	64	Artificial Appliance [Braces, etc.]	64	Artificial Appliance [Braces, etc.]
96	122	650	Insufficient information to properly identify - Unclassified	Insufficient information	65	Insufficient information to properly identify - Unclassified	65	Insufficient information to properly identify - Unclassified
97	123	660	No Physical Injury [Mental Disorder]	No Physical Injury [Mental Disorder]	66	No Physical Injury [Mental Disorder]	66	No Physical Injury [Mental Disorder]
98	125	910	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 injury affecting an external part.]	Body Systems (lymph system, blood)	91	Body Systems and Multiple Body Systems	91	Body Systems and Multiple Body Systems
99	126	260	Trachea	Trachea	26	Trachea	26	Trachea
100	128	601	Lung - Right	Lung, Right	60	Lungs	60	Lungs
101	129	602	Lung - Left	Lung, Left	60	Lungs	60	Lungs
102	130	583	Toe - 1st, Left	Toe - 1st, Left	57	Toes	57	Toes
103	131	584	Toe - 1st, Right	Toe - 1st, Right	57	Toes	57	Toes
104	132	585	Toe - 2nd, Left	Toe - 2nd, Left	57	Toes	57	Toes
105	133	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	589	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

	A	B	C	D	E	F	G	H
1	**6 - Nature of Injury Look 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.]
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]
5	3	30	Angina Pectoris (Chest Pain)	Angina Pectoris (Chest Pain)	3	Angina Pectoris (Chest Pain)	03	Angina Pectoris [Chest Pain]
6	4	540	Asphyxiation (Strangulation, Drowning)	Asphyxiation (Strangulation, Drowning)	54	Asphyxiation (Strangulation, Drowning)	54	Asphyxiation [Strangulation, 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.]
8	6	41	Burn (Heat)	Burn (Heat)	4	Burn (Heat)	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.]
9	7	42	Burn Chemical	Burn Chemical	4	Chemical Burn	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.]
10	8	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]
12	10	100	Contusion (Bruise)	Contusion (Bruise)	10	Contusion (Bruise - intact skin surface. Hematoma.)	10	Contusion [Bruise - intact skin surface. Hematoma.]

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

	A	B	C	D	E	F	G	H
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	TB	36	Infection (The invasion of a host by organisms such as bacteria, fungi, viruses, protozoa or insects, with or without manifest disease.
28	26	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	28	410	Myocardial Infarction (Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.)	Myocardial Infarction	41	Myocardial Infarction (Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.)	41	Myocardial Infarction [Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.]
31	29	412	Hypertension	Hypertension	41	Myocardial Infarction	41	Myocardial Infarction
32	30	420	Poisoning - General (not OD or cumulative injury) incl venomous retile and insect bites	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	31	430	Puncture (A hole made by the piercing of a pointed instrument.)	Puncture	43	Puncture (A hole made by the piercing of a pointed instrument.)	43	Puncture [A hole made by the piercing of a pointed instrument.]
34	32	460	Rupture	Rupture	46	Rupture	46	Rupture

	A	B	C	D	E	F	G	H
35	33	470	Severance (To separate, divide or take off)	Severance (To separate, divide or take off)	47	Severance (To separate, divide or take off.)	47	Rupture
36	34	490	Sprain (A trauma or wrenching of a joint, producing pain and disability depending upon degree of injury of ligaments.)	Sprain	49	Sprain (A trauma or wrenching of a joint, producing pain and disability depending upon degree of injury of ligaments.)	49	Sprain or tear [trauma or wrenching of a joint, producing pain and disability depending upon degree of injury of ligaments.]
37	35	520	Strain (Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.)	Strain	52	Strain (Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.)	52	Strain or tear [Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.]
38	36	530	Syncope (swooning, fainting, passing out)	Syncope (swooning, fainting, passing out)	53	Syncope (Swooning, fainting, passing out; no other injury)	53	Syncope [Swooning, fainting, passing out; no other injury]
39	37	550	Vascular (Cerebrovascular and other conditions of circulatory systems, NOC. Excludes heart and hemorrhoids. Includes strokes)	Vascular (Cerebrovascular and other conditions of circulatory systems, NOC. Excludes heart and hemorrhoids. Includes strokes)	55	Vascular (Cerebrovascular and other conditions of circulatory systems, NOC. Excludes heart and hemorrhoids. Includes strokes, varicose veins - non-toxic.)	55	Vascular [Cerebrovascular and other conditions of circulatory systems, NOC. Excludes heart and hemorrhoids. Includes strokes, varicose veins - non-toxic.]
40	38	580	Vision Loss	Vision Loss	58	Vision Loss	58	Vision Loss
41	39	590	NOC: All other specific injuries	NOC: All other specific injuries	59	All other specific injuries, NOC	59	All other specific injuries, NOC
42	40	600	Dust Disease, NOC (All other pneumoconiosis)	Dust Disease, NOC (All other pneumoconiosis)	60	Dust Disease, NOC (All other pneumoconiosis)	60	Dust Disease, NOC [All other pneumoconiosis]
43	41	610	Asbestosis (Lung disease, a form of pneumoconiosis, resulting from protracted inhalation of asbestos particles.)	Asbestosis	61	Asbestosis (Lung disease, a form of pneumoconiosis, resulting from protracted inhalation of asbestos particles.)	61	Asbestosis [Lung disease, a form of pneumoconiosis, resulting from protracted inhalation of asbestos particles.]
44	42	620	Black Lung (The chronic lung disease or pneumoconiosis found in coal miners.)	Black Lung	62	Black Lung (The chronic lung disease or pneumoconiosis found in coal miners.)	62	Black Lung [The chronic lung disease or pneumoconiosis found in coal miners.]

	A	B	C	D	E	F	G	H
45	43	630	Byssinosis (Pneumoconiosis of cotton, flax and hemp workers.)	Byssinosis (Pneumoconiosis of cotton, flax and hemp workers.)	63	Byssinosis (Pneumoconiosis of cotton, flax and hemp workers.)	63	Byssinosis [Pneumoconiosis of cotton, flax and hemp workers.]
46	44	640	Silicosis (Pneumoconiosis resulting from inhalation of Silica [Quartz] dust.)	Silicosis	64	Silicosis (Pneumoconiosis resulting from inhalation of Silica [Quartz] dust.)	64	Silicosis [Pneumoconiosis resulting from inhalation of Silica [Quartz] dust.]
47	45	650	Respiratory Disorders (Gasses, fumes, chemicals, etc.)	Respiratory Disorders	65	Respiratory Disorders (Gasses, fumes, chemicals, etc.)	65	Respiratory Disorders [Gasses, fumes, chemicals, etc.]
48	46	660	Poisoning (chemical, other than metals, man made or organic)	Poisoning (chemical, other than metals, man made or organic)	66	Poisoning (Chemical, other than metals, man made or organic)	66	Poisoning [Chemical, other than metals, man made or organic]
49	47	670	Poisoning (metals, man made)	Poisoning (metals, man made)	67	Poisoning (metals, man made)	67	Poisoning [metals, man made]
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.)	Mental Disorder	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.]

	A	B	C	D	E	F	G	H
52	50	700	Radiation (All forms of damage to tissue, bones or body fluids produced by exposure to radiation.)	Radiation	70	Radiation (All forms of damage to tissue, bones or body fluids produced by exposure to radiation.)	70	Radiation [All forms of damage to tissue, bones or body fluids produced by exposure to radiation.]
53	51	710	NOC: All other occupational disease injury	NOC: All other occupational disease injury	71	All other occupational disease injury, NOC	71	All other occupational disease injury, NOC
54	52	720	Loss of Hearing (OD) (Use 310 for Traumatic loss, i.e. a separate injury, not the sequelae of another injury)	Loss of Hearing	72	Loss of Hearing	72	Loss of Hearing
55	53	730	Contagious Disease	Contagious Disease	73	Contagious Disease	73	Contagious Disease
56	54	740	Cancer	Cancer	74	Cancer	74	Cancer
57	55	760	VDT - Related Diseases (Video display terminal diseases other than Carpal Tunnel Syndrome)	VDT - Related Diseases (Video display terminal diseases other than Carpal Tunnel Syndrome)	76	VDT - Related Diseases (Video display terminal diseases other than Carpal Tunnel Syndrome)	76	VDT - Related Diseases (Video display terminal diseases other than Carpal Tunnel Syndrome)
58	56	770	Mental Stress	Mental Stress	77	Mental Stress	77	Mental Stress
59	57	780	Carpal Tunnel Syndrome (Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist.)	Carpal Tunnel Syndrome	78	Carpal Tunnel Syndrome (Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist.)	78	Carpal Tunnel Syndrome [Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist.]
60	58	790	Hepatitus C	Hepatitus C	79	Hepatitus C	79	Hepatitus C
61	59	800	NOC: All other cumulative injury	NOC: All other cumulative injury	80	All other cumulative injury, NOC	80	All other cumulative injury, NOC
62	60	900	Multiple Physical Injuries Only	Multiple Injuries (Physical)	90	Multiple Physical Injuries Only	90	Multiple Physical Injuries Only
63	61	910	Multiple Injuries including both physical and physiological	Multiple Injuries (physical and physiological)	91	Multiple Injuries including both physical and physiological	91	Multiple Injuries including both physical and physiological
64	62	750	AIDS	AIDS	75	AIDS	75	AIDS
65	64	752	HIV	HIV	75	AIDS	75	AIDS

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

	A	B	C	D	E	F	G	H
1	**7 - Cause of Injury Look Up**							
2	ID	CODE	LONGTEXT	SHORTTEXT	NCCI_CODE	NCCITEXT	WCIO_CODE	WCIO_TEXT
3	1	10	Contact with Chemicals (includes hydrochloric, sulfuric, battery acid; methanol, antifreeze)	Contact with Chemicals (includes hydrochloric, sulfuric, battery acid; methanol, antifreeze)	1	Contact with Chemicals	01	Contact with Chemicals [Includes hydrochloric acid, sulfuric acid, battery acid, methanol, antifreeze.]
4	2	20	Contact with Hot Objects or Substances	Contact with Hot Objects or Substances	2	Contact with Hot Objects or Substances	02	Contact with Hot Objects or 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	4	Contact with Fire or Flame	04	Contact with Fire or Flame
7	5	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	6	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]
9	7	70	Contact with Welding Operation. Includes welder's flash (burns to skin or eyes due to intense light from welding)	Contact with Welding Operation. Includes welder's flash (burns to skin or eyes due to intense light from welding)	7	Contact with Welding Operation	07	Contact with Welding Operation [Includes welders flash (burns to skin or eyes as aresult of exposure to intense light from welding.)]
10	8	80	Contact with Radiation (includes xrays, microwaves, nuclear and sunburn)	Contact with Radiation (includes xrays, microwaves, nuclear and sunburn)	8	Contact with Radiation	08	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 Current	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]

	A	B	C	D	E	F	G	H
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, NOC
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, NOC	Cut, puncture, scrape, NOC	19	Caught, puncture, scrape, NOC	19	Cut, puncture, scrape, NOC [power actuated tools.]
24	24	191	Puncture by needle, stick	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	260	Fall, slip or trip from ladder or scaffolding	Fall, slip or trip from ladder or scaffolding	26	From ladder or scaffolding	26	Fall, slip or trip from ladder or scaffolding
27	27	270	Fall, slip or trip from liquid or grease spills	Fall, slip or trip from liquid or grease spills	27	From liquid or grease spills	27	Fall, slip or trip from liquid or grease spills
28	28	280	Slip or Trip or Fall into openings	Slip or Trip or Fall into openings	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	Slip or Trip or Fall on same level	Slip or Trip or Fall on same level	29	On same level	29	Fall, slip or trip on same level
30	30	300	Slipped, did not fall (Slip or trip and did not come in contact with the floor or ground.)	Slipped, did not fall (Slip or trip and did not come in contact with the floor or ground.)	30	Slipped, do not fall	30	Slipped, did not fall [Slip or trip and did not come in contact with the floor or ground.]

	A	B	C	D	E	F	G	H
31	31	310	Fall, slip or trip , NOC	Fall, slip or trip , NOC	31	Fall, Slip or Trip, NOC	31	Fall, slip or trip , NOC [Includes tripping over object, slipping on organicmaterial, slip but fall not specified.]
32	32	320	Fall, slip or trip on ice or snow	Fall, slip or trip on ice or snow	32	On ice or snow	32	Fall, slip or trip on ice or snow
33	33	330	Slip or Trip or Fall on Stairs	Slip or Trip or Fall on Stairs	33	On Stairs	33	Fall, slip or trip on stairs
34	34	400	Crash of water vehicle	Crash of water vehicle	40	Crash of water vehicle	40	Crash of water vehicle
35	35	410	Crash of rail vehicle	Crash of rail vehicle	41	Crash of rail vehicle	41	Crash of rail vehicle
36	36	450	Crash of Motor Vehicle: Collision or sideswipe with another vehicle	Crash of Motor Vehicle: Collision or sideswipe with another vehicle	45	Collision or sideswipe with another vehicle (both vehicles in motion)	45	Collision or sideswipe with another vehicle [Vehicle collision, both vehicles in motion.]
37	37	460	Collision with a fixed object (standing vehicle or stationary object)	Collision with a fixed object (standing vehicle or stationary object)	46	Collision with a fixed object (standing vehicle or stationary object)	46	Collision with a fixed object [Collision occuring with standing vehicle or stationary object.]
38	38	470	Crash of Airplane	Crash of Airplane	47	Crash of Airplane	47	Crash of Airplane
39	39	480	Crash of Motor Vehicle: Vehicle Upset (overturned or jackknifed)	Crash of Motor Vehicle: Vehicle Upset (overturned or jackknifed)	48	Vehicle Upset (overturned or jackknifed)	48	Vehicle Upset [Includes overturned or jackknifed]
40	40	500	Motor vehicle, NOC	Motor vehicle, NOC	50	Motor vehicle, NOC	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.]
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.]
43	43	540	Strain or injury by 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.]
45	45	560	Strain or injury by lifting	Strain or injury by lifting	56	Lifting	56	Lifting [Includes objects or people.]
46	46	570	Strain or injury by pushing or pulling	Strain or injury by pushing or pulling	57	Pushing or pulling	57	Lifting [Includes objects or people.]
47	47	580	Strain or injury by reaching	Strain or injury by reaching	58	Reaching	58	Reaching

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

	A	B	C	D	E	F	G	H
63	63	790	Struck or injured by object being lifted or handled	Struck or injured by object being lifted or handled	79	Object being lifted or handled	79	Struck or injured by object being lifted or handled [Includes dropping object on body part.]
64	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.]
66	66	850	Animal or Insect - Injuried by or Struck by	Animal or Insect - Injuried by or Struck by	85	Animal or insect	85	Struck or injured by animal or 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.]
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	Person in act of a crime [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]

	A	B	C	D	E	F	G	H
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]
78	78	990	Other - miscellaneous, NOC	Other - miscellaneous, NOC	99	Other - miscellaneous, 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						