

DN Reporting Requirements Specific to NYS Revised 10/16/2018

DN	DN Name	NYS Data Requirement
DN0006	Insurer FEIN	For most Insurers, the nine digit FEIN will be sent since they only registered one WCB assigned W# for that FEIN. When multiple WCB assigned W# are registered for the same FEIN, then WCB will inform the submitter to send the WCB assigned W# as the Insurer FEIN value. WCB will return the nine digit FEIN in the acknowledgement record.
DN0015	Claim Administrator Claim Number	Only the first 20 characters of the Claim Administrator Claim Number - DN0015 will appear in the Carrier Case Number field in eCase. Additional characters beyond the 20th will not be displayed.
DN0016	Employer FEIN	For Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims, use the FEIN of the Political Subdivision or the Fire/Ambulance District.
DN0017	Insured Name	For Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims, use the name of the Fire or Ambulance Company.
DN0018	Employer Name	For Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims, use the name of the Political Subdivision or the Fire/Ambulance District.
DN0025	Industry Codes	Must be sent as 2, 3, 4, 5, or 6 characters NAICS Code from 2002 or after. View list of Industry Codes
DN0031	Date of Injury	For death cases, the date of injury is equal to date of death.
DN0038	Accident/Injury Description Narrative	Every site of injury must be specifically detailed in Accident/Injury Description Narrative - DN0038. For extremities left or right must be detailed. Part of Body Injured Code - DN0036 does not provide information regarding more than one site of injury and does not specify left or right for extremities. This information must be provided in Accident/Injury Description Narrative - DN0038.
DN0056	Initial Date Disability Began	"Initial" date values must not ever change unless they were incorrectly reported and are being changed via MTC 02.

For more information, see the eClaims Implementation Guide, Section 4.5 Data Element Name (DN)

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DN	DN Name	NYS Data Requirement
DN0058	Employment Status Code	The value of 9 = Volunteer must be used for Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims. Use the value of 7 = Other for a per diem worker.
DN0059	Manual Classification Code	The value of 7711 must be used for Volunteer Firefighter (VF) claims and the value of 7370 must be used for Volunteer Ambulance Worker (VAW) claims.
DN0059	Manual Classification Code	Codes are listed on the New York Compensation Insurance Rating Board (NYCIRB) website. http://www.nycirb.org/ View complete list of Manual Classification Codes
DN0062	Wage	Wage - DN0062 is referenced on paper Form C-2.0 and is the estimate of the Average Weekly Wage provided by the employer. This is the gross wages of the claimant.
DN0065	Initial Date Last Day Worked	"Initial" date values must not ever change unless they were incorrectly reported and are being changed via MTC 02.
DN0068	Initial Return To Work	<p>"Initial" date values must not ever change unless they were incorrectly reported and are being changed via MTC 02. The Initial date should be:</p> <ul style="list-style-type: none"> • The date the claimant physically ("actual") returned to work at full wages. Or, • The date the claimant physically ("actual") returned to work at reduced earnings. Or, • The date the claimant received a full duty release ("released") but did not return to work as the employer did not have a position for the claimant and benefits have now stopped for the claimant. <p>Note: If the claimant is "released" to light duty but did not return to work as the employer could not accommodate the restrictions, RTW date should not be populated as that claimant has not returned to work and is paid at a "temporary partial disability" pending their return to work.</p>
DN0069	Pre-Existing Disability Code	Pre-Existing Disability Code - DN0069 is referenced on paper Form C-2.0 and is used to indicate that the claimant had a prior injury to the same body part or similar illness while working for the current employer.
DN0072	Latest Return to Work Status Date	"Current" data values must represent a <u>second</u> period of disability. They should be updated each time a new date is applicable to that field.

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DN	DN Name	NYS Data Requirement
DN0074	Claim Type Code	<p>For Dates of Accident prior to 1/1/2019 a code other than “N” is an acceptance of a claim. For dates of accident on or after 1/1/2019 this code represents the current classification of a claim. For dates of accident on or after 1/1/2019 the “acceptance” of a claim is indicated by Agreement to Compensate Code.</p> <p>o N = Notification of an Incident Only: Accident is reported but no medical report has been received. Therefore, an acceptance/denial is not required at this time. Can be used when Claim Administrator is unsure that they will be denying/accepting the claim at the time the FROI is filed. Please note that the Board should be notified of acceptance or denial within 18 days of the accident or 10 days of knowledge. If the Claim Administrator has no information concerning lost time or disability, it may wait and investigate before accepting or denying the claim. However, prompt investigation is needed as within 10 days of information from the employer that the claimant: (1) has lost time beyond the working day or shift (2) has returned to work; or (3) has medical treatment beyond ordinary first aid, an acceptance or denial must be filed. Under NYCRR §300.22(c) the Claim Administrator should not be waiting for indexing to file the initial acceptance or denial. However, the Claim Administrator retains the statutory right to controvert within 25 days of indexing. If the case is indexed, the Claim Administrator will not waive (25[2][b]) defenses when the denial is filed within 25 days of the date of indexing. NOTE: The date the medical bill is paid is unrelated to the Claims Administrator’s responsibility to file the FROI-02 or SROI. If a medical bill is disputed after acceptance of a claim, a Form C-8.1 should be filed to dispute the bill.</p>

For more information, see the eClaims Implementation Guide, Section 4.5 Data Element Name (DN)

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DN	DN Name	NYS Data Requirement
DN0074	Claim Type Code, continued	<ul style="list-style-type: none"> o M = Medical Only: No lost time beyond 7 days for standard workers or No lost time for VF/VAW workers o W= Lost Time with No Paid Indemnity: Medical benefits may or may not have been paid on this claim but there is no lost time beyond 7 days for standard workers; No lost time for VF/VAW workers; lost time is within the waiting period or exceeds the waiting period and no indemnity benefits (including BTC 2xx) have been paid on the claim. (Example: Case with lost time not paid due to controversy or partial denial due to IME/medical report with no disability; medical report indicates claimant will be out of work for seven days or less and no subsequent medical report of disability beyond the waiting period) o P=Indemnity with No Lost Time Beyond Waiting Period: Section 32, Schedule loss or disfigurement, but no loss of time from work at regular wages beyond waiting period o I=Indemnity for Lost Time: Lost time beyond 7 days for standard workers or any lost time for VF/VAW workers o L=Became Indemnity for Lost Time: If previously reported as "M" = Medical Only or "B" = Became Medical Only, "L" can be used to show change in current claim type to Became Indemnity for Lost Time o B=Became Medical Only: If previously reported as "I" = Indemnity for Lost Time or "L" = Became Indemnity for Lost Time, "B" can be used to show change in current claim type to Became Medical Only if the date of accident is prior to 1/1/2019. If the date of accident is on or after 1/1/2019 the Claim Type Code can be listed as Became Medical Only if it was later determined that no lost time has occurred. Once Claim Type Code has been reported as I or L, the only change to B can occur if there was a mistake.

For more information, see the eClaims Implementation Guide, Section 4.5 Data Element Name (DN)

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DN	DN Name	NYS Data Requirement
DN0075	Agreement to Compensate Code	<p>o Dates of Accident Prior to 1/1/2019 - For payment of benefits under Section 21-a or Section 25(1)(f), use Agreement to Compensate Code - DN0075 with a value of W = Without Liability for Indemnity cases. Please note that Section 21-a no longer applies once Accident, Notice, and Causal Relation (or Occupational Disease, Notice, and Causal Relation) has been established or 365 days have passed since Benefit Payment Issue Date reported on the SROI-IP.</p> <p>o Dates of Accident on or after 1/1/2019 - Agreement to Compensate Code will replace Claim Type Code as the “acceptance” of a case and used in addition to the payment of benefits under Section 21-a or Section 25(1)(f) as stated above.</p>
DN0085	Benefit Type Code	<ul style="list-style-type: none"> • 030 = PP Scheduled (use for SLU) • 040 = Permanent Partial Unscheduled (use for PPD with CCP) • 070 = Temporary Partial – (RE rate or partial when claimant is not working) • 090 = Permanent Partial Disfigurement (facial) • 500 = Lump Sum Unspecified - (This should be used to report Section 32 payments).
DN0089	Benefit Period Through Date	Benefit period should report THROUGH date. WCB decision notices will continue to list TO date for awards.
DN0092	Benefit Adjustment Code	When the Claim Administrator is paying Supplemental Benefits for a claim with a date of accident prior to January 1, 1979, use the value of 1 = Cost of Living Adjustment.
DN0097	Dependent/Payee Relationship Code	When the Claim Administrator is paying \$3000.00/\$2000.00 into the UEF/Vocational Rehabilitation Fund use the value of 8 = Jurisdiction Fund/Estate. (This code is new for the IAIABC standard in 2013.) For WTC claims when paying benefits to a domestic partner use the value of 2 or 3 = widow or widower.
DN0118	Accident Site County/Parish	Must be "Unknown", "Out of state", "Out-of-state", or in the following list of New York counties: "Albany", "Allegany", "Bronx", "Broome", "Cattaraugus", "Cayuga", "Chautauqua", "Chemung", "Chenango", "Clinton", "Columbia", "Cortland", "Delaware", "Dutchess", "Erie", "Essex", "Franklin", "Fulton", "Genesee", "Greene", "Hamilton", "Herkimer", "Jefferson", "Kings", "Lewis", "Livingston", "Madison", "Monroe", "Montgomery", "Nassau", "New York", "Niagara", "Oneida", "Onondaga", "Ontario", "Orange", "Orleans", "Oswego", "Otsego", "Putnam", "Queens", "Rensselaer", "Richmond", "Rockland", "Saratoga", "Schenectady", "Schoharie", "Schuyler", "Seneca", "St. Lawrence", "Steuben", "Suffolk", "Sullivan", "Tioga", "Tompkins", "Ulster", "Warren", "Washington", "Wayne", "Westchester", "Wyoming", and "Yates".

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DN	DN Name	NYS Data Requirement
DN0134	Calculated Weekly Compensation Amount	The statutory rate of compensation for the claimant. Calculated Weekly Compensation Amount - DN0134 is 2/3 of the Average Wage - DN0286 subject to the minimum and maximum rates of compensation defined by Section 15-6. Information regarding the rates is located at http://www.wcb.ny.gov/content/main/forms/C500.pdf Note: If the employee's wages at the time of injury are less than the minimum rate, he or she shall receive his or her full weekly wages (i.e. Date of Injury is 7/1/15 and Average Wage is \$143, then the Calculated Weekly Compensate Amount is \$143 since the minimum rate for this date of injury is \$150)
DN0144	Current Date Disability Began	"Current" data values must represent a <u>second</u> period of disability. They should be updated each time a new date is applicable to that field.
DN0145	Current Date Last Day Worked	"Current" data values must represent a <u>second</u> period of disability. They should be updated each time a new date is applicable to that field.
DN0146	Death Result of Injury Code	If it is a subsequent death, enter "N" for the current claim since it is not related to the old injury and is in fact a new injury that it is related to.
DN0154	Employee ID Assigned by Jurisdiction	If Employee Social Security Number is not available, Claim Administrator may submit Employee ID Assigned by Jurisdiction by combining other DNs in the following format: (a) first 6 characters being DN0052 (Employee Date of Birth) in YYMMDD format or 6 nines if it is not known, (b) followed by the first character of DN0044 (Employee First Name). (c) followed by up to the first 8 characters of DN0043 (Employee Last Name), if available.
DN0159	Employer Contact Business Phone Number	Must be the phone number of the direct Supervisor of the claimant.
DN0160	Employer Contact Name	Must be the direct Supervisor of the claimant.
DN0168	Employer Mailing Primary Address	Only the first 30 characters of the Employer Mailing Primary Address - DN0168 will appear in the Employer Address field in eCase. Additional characters beyond the 30th will be displayed in the 2nd Employer Address field.
DN0187	Claim Administrator FEIN	For most Claim Administrators, the nine digit FEIN will be sent since they only registered one WCB assigned T#/W# for that FEIN. When multiple WCB assigned T#/W# are registered for the same FEIN, then WCB will inform the submitter to send the WCB assigned T#/W# as the Claim Administrator FEIN value. WCB will return the nine digit FEIN in the acknowledgement record.

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DN	DN Name	NYS Data Requirement
DN0189	Return to Work Type Code	If claimant physically returned to work, should reflect "Actual". If claimant was released to full duty (0% disability), should reflect "Released".
DN0198	Full Denial Reason Code	Please see the Full Denial Reason Code Mapping worksheet in this spreadsheet.
DN0207	Managed Care Organization Code	The following list gives the Organization Codes for Managed Care Organizations and the required format: The claim is not administered by an approved/certified Managed Care Organization = 00 The claim's medical losses are administered by a Preferred Provider Organization = 03
DN0208	Managed Care Organization Identification Number	The following list gives the Identification Numbers for Managed Care Organizations and the required format: First Niagara Risk Management = 000000002 Metra Comp = 000000003 Magna Care = 000000004 United Health Services Hospitals = 000000015 Corvel = 000000018 Aetna Workers' Comp Access = 000000033
DN0216	Other Benefit Type Code	In accordance with NYCRR §300.22 report the total amount of all penalties that have been <u>paid for a claim</u> with the value of 310 Total Penalties. This amount includes assessments made to the Board. Report the total amount of all penalties that have been <u>paid directly to the claimant</u> with the value of 311 Total Employee Penalties. Report the total amount of all interest that has been <u>paid for a claim</u> with the value of 320 Total Interest. Report the total amount of all interest that has been <u>paid directly to the claimant</u> with the value of 321 Total Employee Interest.
DN0220	Payment Covers Period Through Date	Payment made should report THROUGH date. WCB decision notices will continue to list TO date for awards.

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DN	DN Name	NYS Data Requirement
DN0226	Recovery Code	800 - Special Fund Recovery - can be used for Special Funds 14-6 recoveries. 820 - Subrogation Recovery - can be used for Third Party Action recoveries 850 - Second Injury Fund - can be used for Special Funds 15-8 recoveries 860 - Future Credit Amount - can be used to note Deficiency Comp recoveries Note: Reporting of these Recovery Codes is <i>optional</i> .
DN0249	Accident Premises Code (for VF/VA cases)	For Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims, use the value of E = Employer when the claimant was injured working in an official capacity for the volunteer organization the claimant was a member of. Use the value of X = Other when the claimant was injured working in an official capacity for a volunteer organization other than the one the claimant was a member of.
DN0249	Accident Premises Code (for all other cases)	Location code L, "occurred on premises of lessee" is appropriate when the injured worker is a temporary or loaned employee, and the injury occurs at the site of the temp assignment, or the site of the lessee's business. It would not be appropriate to use location code X ("other") for temp employees or leased employees who are injured at the assignee's or lessee's premises. Of course, if the employee is assigned by the lessor to a lessee, or by a temp agency to an assignment, and the injury occurs at a difference location than the assignee's or lessee's premises, then code X would be appropriate.
DN0286	Average Wage	This is the statutory Average Weekly Wage of the claimant. Average Wage - DN0286 must be calculated using the proper multiple as defined by Section 14 and using the instructions on Form C-240. Wages from concurrent employment as defined by Section 14-6 should be included.
DN0290	Type of Loss Code	When completing Type of Loss Code - DN0290, the value of 02 = Occupational Disease should be used for illnesses involving exposure to harmful conditions such as asbestosis. The value of 03 = Cumulative Injury should be used for injuries resulting from repeated stress like carpal tunnel syndrome.
DN0299	Award/Order Date	This should be the date: - Notice of Decision was duly filed if decision is from a hearing, Reserved Decision, or Board Panel Decision. - If Notice of Decision directs ATF deposit the date deposit is due should be listed as the Award/Order Date. (i.e., Notice of Decision filed on 10/30/13 directing an ATF deposit due on 12/9/13. In this situation the Award/Order Date should be listed as 12/9/13) - If decision is from an Administrative Decision or Proposed Decision, the Award/Order Date should be the date the decision became final.

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DN	DN Name	NYS Data Requirement
DN0314	Insured FEIN	For Volunteer Firefighter (VF) and Volunteer Ambulance Worker (VAW) claims, use the FEIN of the Fire or Ambulance Company.

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