Claims R3 Quick Code Reference List Revised 8/13/2019

### MAINTENANCE TYPE CODE (MTC's) (DN0002) FIRST REPORT:		Claims R3 Quick Code Reference List Rev					
Original AQ Acquired Claim				, , ,			
Cancel Co Cerrection Co Change Ul Under Investigation UR Upon Request							
O2 Change UII Under Investigation O4 Denial UR Upon Request AU Acquired/Unallocated SUBSEQUENT REPORT: O2 Change PD Partial Denial O4 Denial PY Payment Report AB Add Concurrent Benefit Type RB Reinstatement of Benefit AP Acquired/Payment RE Reduced Earnings CA Change in Benefit Amount CB Change in Benefit Type CD Compensable Death No Known Dependents/Payees CO Correction- EP Employer Paid S4 Suspension, Administrative No EP Employer Reinstatement S5 Suspension, Incarceration FN Final IP Initial Payment Partial Suspension, RTW or Med Determined/Qualified to RTW S8 Suspension, Claimant Death S9 Suspension, Incarceration S9 Suspension, Energits Exhausted Determined/Qualified to RTW S9 Suspension, Incarceration S9 Suspension, Payersion, Pay				·			
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SUBSEQUENT REPORT: 02 Change	04		UR	Upon Request			
02 Change PD Partial Denial 04 Denial PY Payment Report AB Add Concurrent Benefit Type RB Reinstatement of Benefit AP Acquired/Payment RE Reduced Earnings CA Change in Benefit Type Suspension, RTW or Medically CB Change in Benefit Type Suspension, RTW or Medical Non-Compliance CD Compensable Death - No Known Dependents/Payees S2 Suspension, Medical Non-Compliance CO Correction S3 Suspension, Medical Non-Compliance EP Employer Paid S4 Suspension, Claimant Death ER Employer Reinstatement S5 Suspension, Incarceration FN Final S6 Suspension, Claimant Death SE Employer Reinstatement S6 Suspension, Claimant Death FN Final S6 Suspension, Claimant's Whereabouts Unknown P4 Partial Suspension, RTW or Med Determined/Qualified to RTW S8 Suspension, Benefits Exhausted P2 Partial Suspension, RTW or Med Determined/Qualified to RTW S8 Suspension, Jurisdiction Change <	AU	•					
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Administrative Non-Compliance P4 Partial Suspension, Employee Death P5 Partial Suspension, Incarceration P7 Partial Suspension, Benefits Exhausted Partially Suspended Pending Settlement Approval Partially Suspended Pending Partially Suspended Pending Partially Suspended Pending QT Quarterly QT Quarterly	 Z	Medical Non-Compliance	SD	Suspension, Directed By Jurisdiction			
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Settlement Approval Partially Suspended Pending QT Quarterly		Partially Suspended Pending		-			
Partially Suspended Pending QT Quarterly	28			,			
		, ,					

BENEFIT TYPE CODE (DN0085)				
REGULAR BENEFIT TYPES:		P SUM PAYMENTS/SETTLEMENTS:		
010 Fatal	410	Voc Rehab Maintenance		
020 Permanent Total	500	Unspecified Lump Sum Pmt/Settlement		
021 Permanent Total Supplemental	501	Medical Lump Sum Pmt/Settlement		
030 Permanent Partial/Scheduled	510	Fatal Lump Sum Pmt/Settlement		
040 Permanent Partial/Unscheduled	520	Permanent Total Lump Sum Pmt/Settlement		
050 Temporary Total	521	Perm Total Supp Lump Sum Pmt/Settlement		
051 Temporary Total Catastrophic	524	Employer Paid Lump Sum Pmt/Settlement		
070 Temporary Partial	530	Perm Partial Sch Lump Sum Pmt/Settlement		
080 Employer's Liability	540	Perm Partial Unsch Lump Sum Pmt/Settlemen		
090 Permanent Partial Disfigurement	541	Voc Rehab Maint Lump Sum Pmt/Settlement		
210 Employer Paid Fatal Benefits	550	Temporary Total Lump Sum Pmt/Settlement		
220 Employer Paid Permanent Total	551	Temp Total Cat Lump Sum Pmt/Settlement		
221 Employer Paid Permanent Total Supplemental	570	Temporary Partial Lump Sum Pmt/Settlement		
230 Employer Paid Permanent Partial Scheduled	580	Emprs Liability Lump Sum Pmt/Settlement		
240 Employer Paid (EP) Unspecified	590	Perm Partl Disfigure Lump Sum Pmt/Settlemer		
242 EP Voc Rehab Maintenance		<u> </u>		
250 EP Temporary Total		INSURED TYPE CODE (DN0184)		
251 EP Temp Total Catastrophic	ĺ	I Insured		
270 EP Temporary Partial	ĺ	S Self-Insured		
	'	U Uninsured		
CLAIM TYPE CODE (DN0074)	•	·		
N Notification of an Incident Only		INCLIRED TYPE CODE (DN0185)		

	CLAIM TYPE CODE (DN0074)
N	Notification of an Incident Only
М	Medical Only
W	Lost Time with No Paid Indemnity
Р	Indemnity with No Lost Time Beyond Waiting Period
ı	Indemnity for Lost Time
L	Became Indemnity for Lost Time
В	Became Medical Only

	TYPE OF LOSS CODE (DN0290)	
01	Traumatic Injury	
02	Occupational Disease	
03	Cumulative Injury (other than disease)	

	WAGE PERIOD CODE (DN0063)		
FRO	FROI:		
01	Weekly	01	Weekly
02	Bi-Weekly	04	Monthly
04	Monthly		
06	Daily		
07	Hourly		

NATURE OF INJURY CODE (DN0035)

http://www.wcio.org/Document%20Library/InjuryDescri ptionTablePage.aspx

CAUSE OF INJURY CODE (DN0037)

http://www.wcio.org/Document%20Library/InjuryD NYS RESOTIDITION TABLEPAGE. ASPX

	Insured
S	Self-Insured
U	Uninsured
11	NSURER TYPE CODE (DN0185)
1	Insurer

Self-Insurer

Guarantee Fund

S

:	LUMP SUM PAYMENT/ SETTLEMENT CODE (DN0293)	
SF	Settlement Full	
SP	Settlement Partial	
AS	Agreement Stipulated	
AW	Award	
AD	Advance	
NS	Non-Specified Lump Sum Payment	

NON-CONSECUTIVE PERIOD CODE (DN0212)	
W	Waiting Period
В	Benefit Period
Α	Adjustment/Credit/Redistribution

PART OF BODY INJURED CODE (DN0036)

http://www.wcio.org/Document%20Library/InjuryD escriptionTablePage.aspx

IN	JURY SEVERITY TYPE CODE
J	Major/Medical Threshold
М	Minor

Optional

OTHER REVIEW TYPE GODE (ARTILLY (RAIGE (A)			
	HER BENEFIT TYPE CODE (OBT's) (DN0216)		
300	Total Funeral Costs		
310	Total Penalties		
311	Total Employee Penalties		
320	Total Interest		
321	Total Employee Interest		
330	Total Employer's Legal Expenses		
340	Total Claimant's Legal Expenses		
350	Total Payments to Physicians		
360	Total Hospital Costs		
370	Total Other Medical		
380	Total Vocational Rehabilitation Evaluation		
390	Total Vocational Rehabilitation Education		
400	Total Other Vocational Rehabilitation		
420	Total Expert Witness Fees		
421	Total Court Reporter Fees		
422	Total Private Investigator Fees		
430	Total Unallocated Prior Indemnity Benefits		
440	Total Unallocated Prior Medical		
450	Total Pharmaceutical Costs		
455	Total Dental Costs		
460	Total Physical Therapy Costs		
465	Total Chiropractic Costs		
470	Total Durable Medical Costs		
475	Total Medical Travel Costs		
480	Total Employee Medical-Legal Costs		
485	Total Emplr/Clm Admin Med-Legal Costs		
490	Total Agreed Upon/Directed Med-Legal Costs		
	-		

	BENEFIT ADJUSTMENT CODE (DN0092)
Α	Apportionment/Contribution
B	Subrogation
 	Employer Provided Pension
G	Age 65 Reduction
1	Intoxication/Drugs
J	Appeal Adjustment
Ł	Disability Insurance/Income
N	Non-Cooperation: Rehab, Training, etc
Q	Illegally Employed Minor
R	Social Security Retirement
S	Social Security Disability
T	Acceleration of benefits
Ų	Unemployment Compensation
¥	Safety Violation (see Dictionary)
W	Partial Wage Continuation
Х	Death Benefit Reduction
¥	Partial Reimburse Clmt Atty Fees
Z	2 Yrs Continuous Disability
1	Cost of Living Adjustment
2	Fraud/Misrepresentation
3	Post Injury Wage Earning Capacity

	BENEFIT CREDIT CODE (DN0126)	
С	Overpayment Credit	
М	Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit	
Р	Advance	

BENEFIT REDISTRIBUTION CODE (DN0130)	
Н	Court-Ordered Lien against WC
K	Clmt Attorney Fees

INITIAL TREATMENT CODE (DN0039)		
0	No Medical Treatment	
1	Minor On-Site Remedies by Employer	
2	Minor Clinic/Hosp Remedies/Diagnostics	
3	Emergency Evaluation, Diagnostic Testing,	
<u>ى</u>	and Medical Procedures	
4	Hospitalization > 24 hours	
5	Future Major Med/Lost Time Anticipated	

PARTIAL DENIAL CODE (DN0294)			
Α	Denying Indemnity in Whole, not Medical		
В	Denying Indemnity in Part, not Medical		
Ç	Denying Medical in Whole, Not Indemnity		
Đ	Denying Medical in Part, Not Indemnity		
E	Denying Indemnity in Whole, Medical in Part		
F	Denying Medical in Whole, Indemnity in Part		
G	Denying Both Indemnity & Medical in Part		

REDUCED BENEFIT AMOUNT CODE (DN0202)		
R	Reclassification of Benefit	
S	Claim Settled Under Another DOI	
N	No Money Settlement	
D	Decrease in Indemnity	

Claims R3 Quick Code Reference List

	FULL DENIAL REASON CODE (DN0198)		
1	No Co	mpensable Accident/Not in Course and Scope of Employment	
	Α	Coming and Going	
	В	Horseplay	
	С	Willful Intent To Injure Oneself	
	D	Not Statutory Definition of Accident	
	Е	Deviation From Employment	
	F	Recreational/Social Activity	
	G	Traveling Employee	
	H	Subsequent Intervening Accident	
	I	Presumption of compensability, as defined by juris., does not apply	
2	No Ca	usal Relationship	
	A	Idiopathic Condition	
	₽	Pre-existing Condition	
	С	Stress non-work related	
	D	No Medical Evidence of Injury	
	E	No Injury Per Statutory Definition	
	F	Accident not major contributing cause of injury	
3	No Co	verage	
	Α	No Employee/Employer Relationship	
	В	Independent Contractor	
	С	Not Statutory Definition of Employee	
	D	No Jurisdiction	
	E	No Policy in Effect On Date of Accident	
	F	Statute of Limitation Expired	
	G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc)	
	H	Elected Other Coverage (24 hr, Collective Bargaining, Opted Out)	
	1	Employee not reported to PEO	
4	Substa	ance Use/Abuse	
	A	Injury Primarily Occasioned by Intoxication or Use of Any Drug	
	₽	Substance Use/Abuse, Violation of Drug-Free Work Place Policy in	
5	Other	(Not Elsewhere Classified)	
	Α	Failure To Report Accident Timely	
	₽	Right To Reserve	
	C	Misrepresentation	

EMPLOYMENT STATUS CODE (DN0058)		
(In Hierarchical Order)		
С	Piece Worker	
9	Volunteer Worker	
8	Seasonal Worker	
Α	Apprenticeship Full-time	
В	Apprenticeship Part-time	
1	Regular/Full-time Employee	
2	Part-time Employee	
3	Unemployed/Not Employed	
6	Retired	
4	On Strike	
5	Disabled	
7	Other	

RETURN TO WORK TYPE CODE (DN0189)	
Α	Actual
R	Released

WORK WEEK TYPE CODE (DN0204)		
S	Standard Work Week	
F	Fixed Work Week	
V	Varied Work Week	

WORK DAYS SCHEDULED CODE (DN0205)		
S	Scheduled	
N	Not Scheduled	

	EMPLOYEE ID TYPE QUALIFIER (DN0270)		
Α	Employee ID Assigned by Jurisdiction		
E	Employee Employment Visa		
G	Employee Green Card		
₽	Employee Passport Number		
S	Employee Social Security Number		

	APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
	H	Batch Rejected
	TA	Transaction Accepted
	ŦE	Transaction Accepted with Error
	TN	Transaction Rejected by Service Provider
	TR	Transaction Rejected

TRANSACTION SET ID (DN0001)		
148	First Report	
R21	First Report Companion Record	
A49	Subsequent Report	
R22	Subsequent Report Companion Record	
AKC	Claims Acknowledgment Detail Record	
ARC	Claims Re-Acknowledgment Detail Record	
HD1	Transmission Header Record	
TR2	Transmission Trailer Record	

	LATE REASON CODE (DN0077)		
Delays			
	L1	No Excuse	
	L2	Late Notification, Employer	
	L3	Late Notification, Employee	
	L4	Late Notification, Jurisdiction Transfer	
	L5	Late Notification, Health Care Provider	
	L6	Late Notification, Assigned Risk	
	L7	Late Investigation	
	L8	Tech Processing Delay, Computer Failure	
	L9	Manual Processing Delay	
	LA	Intermittent Lost Time Prior To 1st Pymnt	
	LB	Late notification/payment due to a Natural Disaster	
	LC	Late notification/payment due to an act of Terrorism	
Coverag	е		
	C1	Coverage Lack Of Information	
Errors			
	E1	Wrongful Determination of No Coverage	
	E2	Errors From Employer	
	E3	Errors From Employee	
	E4	Errors From Jurisdiction	
	E5	Errors From Health Care Provider	
	E6	Errors From Other Claim Admin/IA/TPA	
Disputes	3		
	D1	Dispute Concerning Coverage	
	D2	Dispute Concern, Compensability in Whole	
	D3	Dispute Concern, Compensability in Part	
	D4	Dispute Concerning Disability in Whole	
	D5	Dispute Concerning Disability in Part	
	D6	Dispute Concerning Impairment	

ACCIDENT PREMISES CODE (DN0249)		
Е	Employer	
L	Lessee	
X	Other	

	EMPLOYEE GENDER CODE (DN0053)
М	Male
F	Female
U	Unknown

EMPLOYEE MARITAL STATUS CODE (DN0054)		
U	Unmarried, Widowed, Divorced, Single	
М	Married	
S	Separated	
K	Unknown	

PRE-EXISTING DISABILITY CODE (DN0069)		
Υ	Yes	
Ν	No	
J	Unknown	

RECOVERY CODE (DN0226)		
800	Special Fund Recovery	
810	Deductibles Recovery	
820	Subrogation Recovery	
830	Overpayment Recovery	
840	Unspecified Recovery	
845	Apportionment/Contribution Recovery	
850	Second Injury Fund	
860	Future Credit Amount	
865	Vocational Rehabilitation	
866	Uninsured Employer	
867	Silicosis, Dust & Logging Industry Fund	
868	Vocationally Handicapped Fund	
870	Other Funds	
880	Voided Indemnity Benefit Check Recovery	
890 Voided Other Benefit Check Recovery		

AGREEMENT TO COMPENSATE			
	CODE (DN0075)		
W Without Liability			
L With Liability			

CLAIM STATUS CODE (DN0073)		
0	Open	
C	Closed	
R	Re-Open	
X	Re-Open/Closed	

DEATH RESULT OF INJURY CODE (DN0146)		
Υ	Yes	
Ν	No	
U	Unknown	

EMPLOYEE TAX FILING		
STATUS CODE (DN0158)		
A	Single	
B	Single/Head of Household	
C	Married/Filing Joint	
Đ	Married/Filing Separate	

DEPENDENT/PAYEE			
F	RELATION	ONSHIP CODE (DN0097)	
R	Relatio	nship	
	2	Widow	
	3	Widower	
	4	Son/Daughter	
	5	Brother/Sister	
	6	Mother/Father	
	7	Disabled Child	
	8	Jurisdiction Fund/Estate	
	9	Other	
Ν	Numeri	cal Birth Order (0-9)	
	0	Jurisdiction Fund	

ACKNOWLEDGMENT TRANSACTION SET ID (DN0110)		
148	First Report	
A49	Subsequent Report	

INTERCHANGE VERSION ID (DN0105)		
14830	First Report of Injury; Release 3, Version 0	
A4930	Subsequent Report of Injury; Release 3, Version 0	
AKC30	Claims Acknowledgment Detail Record; Release 3, Version 0	
ARC30	Claims Re-Acknowledgment Detail Record; Release 3, Version 0	

TEST/PRODUCTION CODE (DN0104)		
Р	Production	
Т	Test (Pilot Parallel or Test)	

NYS_R3_Quick_Code_Ref (c) IAIABC

Index Quick Code Reference List

DN0249	Accident Premises Codes
DN0110	Acknowledgment Transaction Set ID
DN0075	Agreement to Compensate Codes
DN0111	Application Acknowledgment Code
DN0092	Benefit Adjustment Codes
DN0126	Benefit Credit Codes
DN0130	Benefit Redistribution Codes
DN0085	Benefit Type Codes
DN0073	Claim Status Codes
DN0074	Claim Type Codes
DN0146	Death Result of Injury Codes
DN0097	Dependent/Payee Relationship Codes
DN0053	Employee Gender Codes
DN0270	Employee ID Type Qualifier
DN0054	Employee Marital Status Codes
DN0158	Employee Tax Filing Status Codes
DN0058	Employment Status Codes
DN0198	Full Denial Reason Codes
DN0039	Initial Treatment Codes
DN0184	Insured Type Codes
DN0185	Insurer Type Codes
DN0105	Interchange Version ID
DN0077	Late Reason Codes
DN0293	Lump Sum Payment/Settlement Codes
DN0002	Maintenance Type Codes
DN0207	Managed Care Organization Codes
DN0212	Non-Consecutive Period Codes
DN0216	Other Benefit Type Codes
DN0294	Partial Denial Codes
DN0069	Pre-Existing Disability Codes
DN0226	Recovery Codes
DN0202	Reduced Benefit Amount Code
DN0189	Return to Work Type Codes
DN0104	Test/Production Code
DN0001	Transaction Set ID
DN0290	Type of Loss Codes
DN0063	Wage Period Codes
DN0205	Work Days Scheduled Code
DN0204	Work Week Type Code