

Claims R3 Quick Code Reference List for Rhode Island

MAINTENANCE TYPE CODE (MTC's) (DN0002)		
FIRST REPORT:		
00	Original	AQ Acquired Claim
01	Cancel	CO Correction
02	Change	UI Under Investigation
04	Denial	UR Upon Request
AU	Acquired/Unallocated	
SUBSEQUENT REPORT:		
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 Amount	S1 Suspension, RTW or Medically Determined/Qualified to RTW
CB	Change in Benefit Type	S2 Suspension, Medical Non-Compliance
CD	Compensable Death - No Known Dependents/Payees	S3 Suspension, Administrative Non-Compliance
CO	Correction	S4 Suspension, Claimant Death
EP	Employer Paid	S5 Suspension, Incarceration
ER	Employer Reinstatement	S6 Suspension, Claimant's Whereabouts Unknown
FN	Final	S7 Suspension, Benefits Exhausted
IP	Initial Payment	S8 Suspension, Jurisdiction Change
P1	Partial Suspension, RTW or Med. Determined/Qualified to RTW	S9 Suspended Pending Settlement Approval
P2	Partial Suspension, - Medical Non-Compliance	SD Suspension, Directed By Jurisdiction
P3	Partial Suspension, - Administrative Non-Compliance	SJ Suspended Pending Appeal or Judicial Review
P4	Partial Suspension, - Employee Death	UI Under Investigation
P5	Partial Suspension, - Incarceration	UR Upon Request
P6	Partial Suspension, - Benefits Exhausted	VE Volunteer
P7	Partial Suspension Pending Settlement Approval	AN Annual
P8	Partial Suspension Pending Appeal or Judicial Review	BM Bi-Monthly
		BW Bi-Weekly
		MN Monthly
		QT Quarterly
		SA Sub-Annual

OTHER BENEFIT TYPE CODE (OBT's) (DN0216)	
300	Total Funeral Expenses
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 Expenses
460	Total Physical Therapy Costs
465	Total Chiropractic Expenses
470	Total Durable Medical Costs
475	Total Medical Travel Expenses
480	Total Employee Medical-Legal Costs
485	Total Empl/Clim Admin Med-Legal Costs
490	Total Agreed Upon/Directed Med-Legal Costs

BENEFIT TYPE CODE (DN0085)		
REGULAR BENEFIT TYPES:	LUMP SUM PAYMENTS/SETTLEMENTS:	
010	Fatal	500 Unspecified Lump Sum Pmt/Settlement
020	Permanent Total	501 Medical Lump Sum Pmt/Settlement
024	Permanent Total Supplemental	510 Fatal Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	520 Permanent Total Lump Sum Pmt/Settlement
040	Permanent Partial/Unscheduled	524 Perm Total Supp Lump Sum Pmt/Settlement
050	Temporary Total	524 Employer Paid Lump Sum Pmt/Settlement
064	Temporary Total Catastrophic	530 Perm Partial Sch Lump Sum Pmt/Settlement
070	Temporary Partial	540 Perm Partial Unsch Lump Sum Pmt/Settlement
080	Employer's Liability	544 Voc Rehab Maint Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	550 Temporary Total Lump Sum Pmt/Settlement
224	Employer Paid Permanent Total Supplemental	554 Temp Total Cat Lump Sum Pmt/Settlement
210	Employer Paid Fatal Benefits	570 Temporary Partial Lump Sum Pmt/Settlement
230	Employer Paid Permanent Partial Schedule	580 Emprs Liability Lump Sum Pmt/Settlement
240	Employer Paid (EP) Unspecified	590 Perm Part Disfigure Lump Sum Pmt/Settlement
242	EP Voc Rehab Maintenance	
250	EP Temporary Total	
254	EP Temp Total Catastrophic	
270	EP Temporary Partial	
440	Voc Rehab Maintenance	

INSURED TYPE CODE (DN0184)	
I	Insured
S	Self-Insured
U	Uninsured

INSURER TYPE CODE (DN0185)	
I	Insurer
S	Self-Insurer
G	Guarantee Fund

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
B	Benefit Period
A	Adjustment/Credit/Redistribution

PART OF BODY INJURED CODE (DN0036)	
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

CLAIM TYPE CODE (DN0074)	
M	Medical Only
I	Indemnity
N	Notification Only
B	Became Medical Only
L	Became Lost Time
W	Lost Time with No Paid Indemnity
P	Indemnity with No Lost Time Beyond Waiting
TYPE OF LOSS CODE (DN0290)	
01	Traumatic Injury
02	Occupational Disease
03	Cumulative Injury (other than disease)

WAGE PERIOD CODE (DN0063)			
FROI:	SROI:		
04	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/InjuryDescriptionTablePage.aspx	

CAUSE OF INJURY CODE (DN0037)	
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

BENEFIT ADJUSTMENT CODE (DN0092)	
A	Apportionment/Contribution
B	Subrogation
E	Employer Provided Pension
Q	Age 65 Reduction
I	Intoxication/Drugs
J	Appeal Adjustment
L	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
U	Unemployment Compensation
V	Safety Violation (see Dictionary)
W	Partial Wage Continuation
X	Death Benefit Reduction
Y	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)	
C	Overpayment Credit
M	Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit
P	Advance

BENEFIT REDISTRIBUTION CODE (DN0130)	
H	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, and Medical Procedures
4	Hospitalization > 24 hours
5	Future Major Med/Lost Time Anticipated

PARTIAL DENIAL CODE (DN0294)	
A	Denying Indemnity in Whole, not Medical
B	Denying Indemnity in Part, not Medical
C	Denying Medical in Whole, Not Indemnity
D	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

Payment Reason Code (DN0222)		
REGULAR BENEFIT TYPES:	LUMP SUM PAYMENTS/SETTLEMENTS:	
010	Fatal	500 Unspecified Lump Sum Pmt/Settlement
020	Permanent Total	501 Medical Lump Sum Pmt/Settlement
024	Permanent Total Supplemental	510 Fatal Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	520 Permanent Total Lump Sum Pmt/Settlement
040	Permanent Partial/Unscheduled	524 Perm Total Supp Lump Sum Pmt/Settlement
050	Temporary Total	524 Employer Paid Lump Sum Pmt/Settlement
064	Temporary Total Catastrophic	530 Perm Partial Sch Lump Sum Pmt/Settlement
070	Temporary Partial	540 Perm Partial Unsch Lump Sum Pmt/Settlement
080	Employer's Liability	544 Voc Rehab Maint Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	550 Temporary Total Lump Sum Pmt/Settlement
440	Voc Rehab Maintenance	554 Temp Total Cat Lump Sum Pmt/Settlement
		570 Temporary Partial Lump Sum Pmt/Settlement
		580 Emprs Liability Lump Sum Pmt/Settlement
		590 Perm Part Disfigure Lump Sum Pmt/Settlement

Claims R3 Quick Code Reference List for Rhode Island

FULL DENIAL REASON CODE (DN0198)	
1	No Compensable Accident/Not in Course and Scope of Employment
A	Coming and Going
B	Horseplay
C	Willful Intent To Injure Oneself
D	Not Statutory Definition of Accident
E	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 Causal Relationship
A	Idiopathic Condition
B	Pre-existing Condition
C	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 Coverage
A	No Employee/Employer Relationship
B	Independent Contractor
C	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)
I	Employee not reported to PEO
4	Substance Use/Abuse
A	Injury Primarily Occasioned by Intoxication or Use of Any Drug
B	Substance Use/Abuse, Violation of Drug-Free Work Place Policy in effect
5	Other (Not Elsewhere Classified)
A	Failure To Report Accident Timely
B	Right To Reserve
C	Misrepresentation

EMPLOYMENT STATUS CODE (DN0058) (In Hierarchical Order)	
C	Piece Worker
9	Volunteer Worker
8	Seasonal Worker
A	Apprenticeship Full-time
B	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)	
A	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)	
A	Employee ID Assigned by Jurisdiction
E	Employee Employment Visa
G	Employee Green Card
P	Employee Passport Number
S	Employee Social Security Number

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
TE	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	
Coverage		
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		
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)	
E	Employer
L	Lessee
X	Other

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

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

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

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

DEATH RESULT OF INJURY CODE (DN0146)	
Y	Yes
N	No
U	Unknown

PRE-EXISTING DISABILITY CODE (DN0069)	
Y	Yes
N	No
U	Unknown

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

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

DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)		
R	Relationship	
2	Widow	
3	Widower	
4	Son/Daughter	
5	Brother/Sister	
6	Mother/Father	
7	Disabled Child	
8	Jurisdiction Fund/Estate	
9	Other	
N	Numerical Birth Order (0-9)	
0	Jurisdiction Fund	

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)	
http://www.wcio.org/Document%20Library/DataSpecificationsManualPage.aspx	

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)	
P	Production
T	Test (Pilot Parallel or Test)

Revised January 5, 2015

Code	Code is valid
Code	Code is not valid