

WORKERS' COMPENSATION LOSS RECORD SPECIFICATIONS:

<u>No.</u>	<u>Field Name</u>	<u>Format</u>	<u>Description</u>
1	Evaluation Date	mm/dd/yyyy	The date the loss data was evaluated, which should always be the last day of the month being reported
2	Entity Name	text (80)	Name of the member entity, district, or employer. For members of a JPA or group, this field should contain the member/entity name, not the name of the JPA or group. The individual employer/entity name will be used to determine the group
3	Location Name	text (80)	Name of the claimant's assigned location, building, facility, school, or division (if the same as Department Name, then leave blank). Do not include location numbers
4	Department Name	text (80)	Name of the claimant's department. Do not include department numbers
5	Claim Number	text (40)	Claim or file number
6	Original Claim Number	text (40)	If the claim has been transferred from another TPA or entity, or is the excess or pool layer loss amount on another associated claim, include the original claim or file number. Otherwise code the same as 5 (Claim Number) above
7	Claimant First Name	text (40)	First name of the claimant. Must be mixed case and only include the claimant's first name
8	Claimant Last Name	text (40)	Last name of the claimant. Must be mixed case and not include the claimant's first name
9	Date of Birth	mm/dd/yyyy	Claimant's date of birth
10	Gender	text (1)	Claimant's gender. Code F for female or M for male
11	Occupation	text (40)	Job title of claimant at time of injury/illness

12	Safety Flag	text (1)	Code "Y" if the claimant is eligible for full salary benefits under Labor Codes (LC) 4850 and 4856 or "N" if not
13	Class Code	text (4)	WCIRB standard class code based on claimant's occupation at time of injury/illness. (If the code is not captured, then leave blank.)
14	Date of Hire	mm/dd/yyyy	Claimant's hire date
15	Avg. Weekly Wages	\$z,zz9.99	Average weekly wages at time of injury/illness. If unknown, code \$0.00
16	Claim Type	text (2)	Code as IO = Incident (or Record or Notice) Only, FA = First Aide, MO = Medical Only, TD = Temporary Disability, PP = Permanent Partial Disability, PT = Permanent Total Disability (100%), DC = Death Claim, or FM = Future Medical. No other codes will be accepted
17	PD Rating	zz9.99	Percentage of rating established by the TPA, State, or independent rater
18	PD Amount	\$z,zz9.99	Amount of PD associated with percentage of rating established by the TPA, State, or independent rater
19	Settlement Type	text (2)	Code as CR = Compromise and Release, FA = Findings and Award, ST = Stipulated Award, OS = Other Settlement Type, NS = Not Settled. No other codes will be accepted
20	Settlement Amount	\$z,zz9.99	Amount of settlement agreed by all parties and approved by a WCAB judge
21	Settlement Date	mm/dd/yyyy	Date judge approved settlement
22	FM Award Flag	text (1)	Code "Y" if the claim will remain open to monitor future medical care or "N" if the claimant is not entitled to future medical care
23	Cause of Loss Code	text (3)	Alphanumeric Cause of Loss code
24	Cause Description	text (80)	Ex.: Fall. Only include description (no codes accepted)

25	EDI Cause of Injury Code	text (3)	This is the DN37 code from Section N of the California EDI implementation guide (pages 90-92)
26	Nature of Injury Code	text (3)	Alphanumeric Nature of Injury code
27	Injury Description	text (80)	Ex.: Sprain. Only include description (no codes accepted)
28	EDI Nature of Injury Code	text (3)	This is the DN35 code from Section N of the California EDI implementation guide (pages 85-86)
29	Body Part Code	text (3)	Alphanumeric Body Part code
30	Body Part Description	text (80)	Ex.: Foot. Only include description (no codes accepted)
31	EDI Parts of Body Code	text (3)	This is the DN36 or SN83 code from Section N of the California EDI implementation guide (pages 87-89)
32	Text Description	text (255)	Free form text description of the claim. This field should list the actual description of the injury or event as listed by the employer. Do not include quotes ('), double quotes ("), or carriage return or end-of-line characters (CRLF)
33	Fatality Flag	text (1)	Code "Y" if the injury or illness caused or allegedly caused the claimant's death or "N" if it did not
34	Litigated Flag	text (1)	Code "Y" if the claimant is or was represented by an attorney or the employer retained legal representation at any time or "N" if there are no attorneys involved
35	Accepted Date	mm/dd/yyyy	Date the claim or a portion of the claim is accepted
36	Delayed Date	mm/dd/yyyy	Date the claim or a portion of the claim was once or is currently delayed

37	Denied Date	mm/dd/yyyy	Date the claim or a portion of the claim is denied
38	Date of Loss	mm/dd/yyyy	Date the incident, injury, or illness occurred or was alleged. If cumulative trauma is alleged, the date of injury shall be listed as the last date of the injurious exposure
39	Date Reported	mm/dd/yyyy	Date claim was reported by the claimant to his or her employer. Also known as date of knowledge
40	Date Received	mm/dd/yyyy	Date claim was received/reported to the claims administrator/adjuster
41	Date Entered	mm/dd/yyyy	Date claim was entered into the risk management/claims information system. Also known as system date, add date, open date, or registration date
42	Date Closed	mm/dd/yyyy	Date this claim was closed (if not closed then leave blank)
43	Status	text (2)	Code as follows: OP = Open, CL = Closed, RO = Re-opened, RC = Re-closed. No other codes will be accepted
44	Paid TD	\$z,zz9.99	Amount paid to date on the claim for temporary benefits (does not include amount paid per LC 4850 and 4856 or Vocational Rehabilitation (VR)/supplemental job displacement benefits (SJDB)
45	Paid PD	\$z,zz9.99	Amount paid to date on the claim for permanent benefits
46	Paid 4850	\$z,zz9.99	Amount paid to date for losses/injuries to public safety officers per LC 4850 and 4856. Do not include amount in field 41 (Paid TD)
47	Paid Other Indemnity	\$z,zz9.99	Amount paid to date for other indemnity benefits not including TD, PD, or LC 4850 benefits. This includes death benefits and/or penalties

48	Paid Medical	\$z,zz9.99	Amount paid to date for medical benefits and medical management fees (bill review, nurse case management, utilization review incurred prior to 07/01/12)
49	Paid VR/SJDB	\$z,zz9.99	Amount paid to date for VR/SJDB
50	Paid ALAE	\$z,zz9.99	Amount paid to date for all non-legal expenses (fees for copy service, surveillance/sub rosa, interpreters, indexing, witnesses, investigations, and expenses incurred after 06/30/12 for bill review, nurse case management, and utilization review services)
51	Paid Legal Expense	\$z,zz9.99	Amount paid to date for legal expenses (fees for defense attorney and depositions)
52	Total Paid	\$z,zz9.99	Total paid on this claim to date. Must total the sum of fields 44+45+46+47+48+49+50+51
53	Reserved TD	\$z,zz9.99	Current case reserve for only temporary benefits (does not include amount reserved per LC 4850 and 4856 or VR/SJDB)
54	Reserved PD	\$z,zz9.99	Current case reserve for only permanent benefits (does not include amount reserved per LC 4850 and 4856 or VR/SJDB)
55	Reserved 4850	\$z,zz9.99	Current case reserves for losses/injuries to public safety officers per LC 4850 and 4856. Do not include this amount in field 50 (Reserved TD)
56	Reserved Other Indemnity	\$z,zz9.99	Current case reserves for other indemnity benefits not including TD, PD, or LC 4850 and 4856 benefits. This includes death benefits and/or penalties
57	Reserved Medical	\$z,zz9.99	Current case reserve for medical benefits and medical management fees (bill review, nurse case management, utilization review incurred prior to 07/01/12)
58	Reserved VR/SJDB	\$z,zz9.99	Current case reserve amount for VR/SJDB

59	Reserved ALAE	\$z,zz9.99	Current case reserves for non-legal expenses (fees for copy service, surveillance/sub rosa, interpreters, indexing, witnesses, investigations, and expenses incurred after 06/30/12 for bill review, nurse case management, and utilization review services)
60	Reserved Legal Expense	\$z,zz9.99	Current case reserves for legal expenses (fees for depositions and defense attorney)
61	Total Reserved	\$z,zz9.99	Total current case reserves on this claim. Must total the sum of fields 53+54+55+56+57+58+59+60
62	Total Incurred	\$z,zz9.99	Total Incurred losses for this claim. This amount shall be exclusive of any subrogation or excess recovery amounts. Must total the sum of fields 52 (Total Paid) and 61 (Total Reserved)
63	Subrogation Recovery	-\$z,zz9.99	Amount recovered for subrogation recovery on this claim file. This amount shall not be deducted from the paid to date, reserve, or total incurred amounts. Recoveries should be reported as negative loss amounts.
64	Excess Recovery	-\$z,zz9.99	Amount recovered from excess carrier on this claim file. This amount shall not be deducted from the paid to date, reserve, or total incurred amounts. Recoveries should be reported as negative loss amounts.
65	4850 Days Paid	z,zz9	Number of LC 4850/4856 days paid. Code as "0" if none has been paid. This field will contain the number of days and <u>not</u> the amount of benefits paid to the claimant per LC 4850 and 4856
66	Mod. Duty Days Worked	z,zz9	Number of modified duty days claimant worked. Code as "0" if none worked. This field will contain the number of days and <u>not</u> the amount of salary paid to the claimant
67	OSHA Days Paid	z,zz9	Number of OSHA days paid. Code as "0" if none paid. This field will contain the number of days and <u>not</u> the amount of temporary disability benefits paid to the claimant

68 **TD Days Paid** z,zz9 Number of temporary disability days paid. Code as "0" if none paid. This field will contain the number of days and not the amount of TD benefits paid

69 **Examiner** text (80) Current Examiner or Adjuster Full Name