

Pennsylvania R3 Quick Reference List

Maintenance Type Code (MCT's) (DN0002)

First Report

00	Original	AQ	Acquired Claim
01	Cancel	AU	Acquired/Unallocated
02	Change	UR	Update Report
04	Denial		

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
CB	Change in Benefit Type		Determined/Qualified to RTW
EP	Employer Paid	S3	Suspension, Administrative
ER	Employer Reinstatement		Non-Compliance
FN	Final	S4	Suspension, Claimant Death
IP	Initial Payment	S5	Suspension, Incarceration
P1	Partial Suspension, RTW or Med	S7	Suspension, Benefits Exhausted
	Determined/Qualified to RTW	S8	Suspension, Jurisdiction Change
P4	Partial Suspension, Emp Death	SD	Suspension, Directed by
P7	Partial Suspension,		Jurisdiction
	Benefits Exhausted	SJ	Suspended Pending Appeal or
PJ	Partially Suspended Pending		Judicial Review
	Appeal or Judicial Review	UR	Update Report

Benefit Type Code (DN0085)

	Regular Benefit Types	501	Medical Lump Sum
010	Fatal		Pmt/Settlement
020	Permanent Total	510	Fatal Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	520	Permanent Total Lump Sum
050	Temporary Total		Pmt/Settlement
070	Temporary Partial	524	Employer Paid Lump Sum
080	Employer's Liability		Pmt/Settlement
090	Permanent Partial Disfigurement	530	Perm Partial Sch Lump Sum
	Employer Paid		Pmt/Settlement
210	Employer Paid Fatal Benefits	550	Temporary Total Lump Sum
230	Employer Paid Permanent Partial		Pmt/Settlement
240	Employer Paid Unspecified	570	Temporary Partial Lump Sum
250	Employer Paid Temporary Total		Pmt/Settlement
270	Employer Paid Temporary Partial	580	Employers Liability Lump Sum
	Lump Sum		Pmt/Settlement
500	Unspecified Lump Sum	590	Perm Partial Disfigure Lump Sum
	Pmt/Settlement		Pmt/Settlement

Insured Type Code (DN0184)

M	Medical Only	I	Insured
I	Indemnity	S	Self-Insured
B	Became Medical Only	U	Uninsured

Type of Loss Code (DN0290)

Wage Period Code (DN0063)

01	Traumatic Injury	FROI: N/A	
02	Occupational Disease	SROI	
03	Cumulative Injury (other than disease)	01	Weekly

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 Employee'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 Emplr/Clm Admin Med-Legal Costs
490	Total Agreed Upon/Directed Med-Legal Costs

Benefit Adjustment Code (DN0092)

A	Apportionment/Contribution
B	Subrogation
E	Employer Provided Pension
J	Appeal Adjustment
L	Disability Insurance/Income
Q	Illegally Employed Minor
R	Social Security Retirement
T	Acceleration of Benefits
U	Unemployment Compensation
W	Partial Wage Continuation
X	Death Benefit Reduction
Y	Partial Reimburse Clmt Atty Fees
2	Fraud/Misrepresentation

Insurer Type Code (DN0185)

I	Insurer
S	Self-Insured
G	Guarantee Fund

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 Pmt
LB	Late notification/pmt due to Natural Disaster
LC	Late Notification/pmt due to 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 Professional
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

Reduced Benefit Amount Code (DN0202)	
R	Reclassification of Benefit
S	Claim Settled Under Another DOI
N	No Money Settlement
D	Decrease in Indemnity

Benefit Credit Code (DN0126)	
C	Overpayment Credit
M	Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit
P	Advance

Non-Consecutive Period Code (DN0212)	
W	Waiting Period
B	Benefit Period
A	Adjustment/Credit/Redistribution

Full Denial Reason Code (DN0198)	
1	No Compensable Accident
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
H	Subsequent Intervening Accident
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 Limitations Expired
G	Statutory Exemptions (Sole Proprietor, Corporate Officer, etc.)
H	Elected Other Coverage (24hr, 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

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

Benefit Redistribution Code (DN0130)	
H	Court-Ordered Lien Against WC
K	Claimant Attorney Fees

Partial Denial Code (DN0294)	
A	Denying Indemnity in Whole, not Medical

Employment Status Code (DN0058)	
9	Volunteer Worker
8	Seasonal Worker
1	Regular/Full Time Employee
2	Part-Time Employee

Return To Work Code (DN0189)	
A	Actual
R	Released

Employee ID Type Qualifier Code (DN0270)	
A	Employee ID Assigned by Jurisdiction
S	Employee Social Security Number

Employee Gender Code (DN0053)	
M	Male
F	Female
U	Unknown

Employee Marital Status Code (DN0054)	
U	Unmarried, Widowed, Divorced, Single
M	Married
S	Separated
K	Unknown

Agreement to Compensate Code (DN0075)	
W	Without Liability
L	With Liability

Claim Status Code (DN0073)	
O	Open
C	Closed
R	Re-Open
X	Re-Open/Closed

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

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	

Part of Body Injured Code (DN0036)	
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

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

Acknowledgment Transaction Set ID (DN0110)	
148	First Report
A49	Subsequent Report

Application Acknowledgment Code (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
TN	Transaction Rejected by Service Provider
TR	Transaction Rejected

Test/Production Code (DN0104)	
P	Production
T	Test (Pilot Parallel or Test)

Death Result of Injury Code (DN0146)	
Y	Yes
N	No
U	Unknown

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)
0-9	Numerical Birth Order