

**PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION**  
**CLAIMS EDI - RELEASE 3**  
**Crosswalk of the LIBC-496**  
**“NOTICE OF WORKERS’ COMPENSATION DENIAL”**

**Note:** This document is for reference purposes only and is not intended to replace Pennsylvania’s Element Requirement Table (ERT). Please refer to the ERT for all requirements.

	<b>LIBC-496 FORM ELEMENT NAME</b>	<b>DATA ELEMENT NAME</b>	<b>DATA # (DN)</b>	<b>RECORD</b>
<b><i>HEADING INFORMATION</i></b>				
1	Employee Social Security Number	Employee SSN	0042	R21 ;R22
2	WC ID Number	Employee ID Assigned by Jurisdiction	0154	R21;R22
3	Date of Injury	Date of Injury	0031	148; A49
4	WCAIS Claim Number	Jurisdiction Claim Number	0005	148; A49
<b><i>EMPLOYEE INFORMATION</i></b>				
5	First Name	Employee First Name	0044	148; R22
	Last Name	Employee Last Name	0043	R21; R22
6	Date of Birth	Employee Date of Birth	0052	148; R22
7	Address	Employee Mailing Primary Address	0046	R21
	Address	Employee Mailing Secondary Address	0047	R21
	City/Town	Employee Mailing City	0048	148
	State	Employee Mailing State Code	0049	148
	Zip	Employee Mailing Postal Code	0050	148
8	Telephone	Employee Phone Number	0051	R21
<b><i>EMPLOYER INFORMATION</i></b>				
9	Name	Employer Name	0018	R21
10	Address	Employer Mailing Primary Address	0168	R21
	Address	Employer Mailing Secondary Address	0169	R21
	City/Town	Employer Mailing City	0165	R21
	State	Employer Mailing State Code	0170	R21
	Zip	Employer Mailing Postal Code	0167	R21
11	Telephone	Employer Phone Number	0159	R21
12	FEIN	Employer FEIN	0016	148; R22

<b>ALLEGED INJURY INFORMATION</b>				
13	Body Part(s) affected	Part of Body Injured Code	0036	R21
14	Nature of Injury	Nature of Injury Code	0035	148
15	Description of Injury	Accident/Injury Description Narrative	0038	R21
16	Check if Occupational Disease	Type of Loss	0290	R21; R22
17	County	Accident Site County/Parrish	0118	R21
<b>THIRD PARTY ADMINISTRATOR INFORMATION</b>				
18	Name	Claim Administrator Name	0188	R21; R22
19	Address	Claim Administrator Primary Address	0010	R21
	Address	Claim Administrator Secondary Address	0011	R21
	City/Town	Claim Administrator City	0012	148
	State	Claim Administrator State Code	0013	148
	Zip	Claim Administrator Postal Code	0014	148; A49
20	Telephone		NA	
21	Insurer Code		N/A	
22	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22
23	FEIN	Claim Administrator FEIN	0187	R21; R22
<b>INSURER INFORMATION (Address fields populated only if Self-Insured Employer)</b>				
24	Name	Insurer Name	0007	R21
25	Address	Employer Mailing Primary Address	0168	R21
	Address	Employer Mailing Secondary Address	0169	R21
	City/Town	Employer Mailing City	0165	R21
	State	Employer Mailing State Code	0170	R21
	Zip	Employer Mailing Postal Code	0167	R21
26	Telephone		NA	
27	Insurer Code		N/A	
28	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22
29	FEIN	Insurer FEIN	0006	148; A49
30	Date Employer knew of alleged injury	Date Employer Had Knowledge of Date of Disability	0281	R21; R22
31	Date Employer Received Notice	Date Employer Had Knowledge of the Injury	0040	148
32	Name of Claims Representative	Claim Administrator Claim Representative Name	0140	R22
33	Phone Number	Claim Administrator Claim Representative Business Phone Number	0137	R22
34	Date Of Notice	Maintenance Type Code Date	0003	148; A49
35	#1	Full Denial Reason Code	0198- 1D, 2A, 2B, 2C, 2D, 2E, 2F	R21; R22

36	#2	Full Denial Reason Code	0198- 1A, 1B, 1C, 1E, 1F	R21; R22
37	#3	Full Denial Reason Code	0198- 3A, 3B, 3C, 3I	R21; R22
38	#4	Full Denial Reason Code	0198- 5A	R21; R22
39	#5	Full Denial Reason Code Partial Denial Code	-0198- 1H, 3D, 3E, 3F, 3G, 3H, 4A, 4B, 5B, 5C  -0294	R21; R22
<b>REMARKS</b>				
40	Other good cause explanation	Denial Reason Narrative Partial Denial Code	0197 0294	R21; R22