

PENNSYLVANIA BUREAU OF WORKERS' COMPENSATION
CLAIMS EDI - RELEASE 3
Crosswalk of the LIBC-501
“NOTICE OF TEMPORARY COMPENSATION PAYABLE”

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.

	LIBC-501FORM ELEMENT NAME	DATA ELEMENT NAME	DATA # (DN)	RECORD
<i>HEADING INFORMATION</i>				
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
<i>EMPLOYEE INFORMATION</i>				
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
<i>EMPLOYER INFORMATION</i>				
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
THIRD PARTY ADMINISTRATOR INFORMATION				
13	Name	Claim Administrator Name	0188	R21; R22
14	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
15	Telephone		N/A	
16	Insurer Code		N/A	
17	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22
18	FEIN	Claim Administrator FEIN	0187	R21; R22
INSURER INFORMATION (Address fields populated only if Self-Insured Employer)				
19	Name	Insurer Name	0007	R21
20	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
21	Telephone		N/A	
22	Insurer Code		N/A	
23	Claim #	Claim Administrator Claim Number	0015	148; R21; A49; R22
24	FEIN	Insurer FEIN	0006	148; A49
INJURY INFORMATION				
25	Body Part(s) affected	Part of Body Injured Code	0036	148
26	Nature of Injury	Nature of Injury Code	0035	R21
27	Description of Injury	Accident/Injury Description Narrative	0038	R21
28	Check if Occupational Disease	Type of Loss	0290	R21; R22
29	County	Accident Site County/Parrish	0118	R21
COMPENSATION PAYABLE INFORMATION				
30	Claim Type	Claim Type Code	0074	R21
31	Estimated Gross Weekly Amount Checkbox	Estimated Gross Weekly Amount Indicator	0172	R22
32	Employer Paid Salary In lieu Of Comp Checkbox	Employer Paid Salary in Lieu of Compensation	0273	R22
33	Weekly compensation rate	Calculated Weekly Compensation Amount	0134	R22
34	Average weekly wage	Average Wage	0286	R22

35	Ninety-day period begins on	Date of Injury (If Claim type code = 'M') (OR) Initial Date Disability began (If Claim type code = 'I')	0031 0056	148; A49 148; A49
36	Ninety-day period ends on	Calculated off Date of Injury (Medical Only Claims) Calculated off Initial Date Disability Began (Indemnity Claims)	0031 0056	148; A49 148; A49
<i>CLAIM REPRESENTATIVE INFORMATION</i>				
37	Name of Claims Representative	Claim Administrator Claim Representative Name	0140	R22
38	Phone Number	Claim Administrator Claim Representative Business Phone Number	0137	R22
39	Date Of Notice	Maintenance Type Code Date	0003	148; A49