

Instructions for How to Use the Quick Code Reference List

The Quick Code Reference List was compiled as a convenient resource to let EDI jurisdictions and their trading partners know what codes were valid for each Maintenance Type Code.

As new codes are added to the standard, they are also included in the Quick Code Reference List. Jurisdictions are free to use the standard Quick Code Reference List, but it is important that they not delete lines in the document but merely gray out the lines they don't use. There are three reasons for this directive:

1. The Quick Code Reference List is in Excel and the formatting is very precise and easily disrupted by deleting or adding fields.
2. Using the full list will assure trading partners that the jurisdiction has considered the use of all the codes and is not overlooking some.
3. The jurisdiction may want to add some existing codes in the future and all it will need to do is to restore the original color of the cell by removing the gray shading.

IAIABC Claims Release 3.1
Change Log

WorkSheet Changed	Change Description	Change Reason/Purpose	IAIABC Release	Publication Date	Change Number	Revision Date	Earliest Implementation Date
Valid Value Detail	Added DN0229 Injury Severity Type Code	CLM793R3.0	3.0	1/1/2016	QCR1	1/1/2016	
Valid Value Detail	Added new Claim Type Codes W and P to DN0074 Claim Type Code	CLM785R3.0	3.0	1/1/2016	QCR2	1/1/2016	
Valid Value Detail	Revised codes for DN0085 Benefit Type Code (220, 221) Add Employer Paid BTCs 220 (Employer Paid Permanent Total Benefits) and	CLM770R3.0	3.0	1/1/2016	QCR3	1/1/2016	
Valid Value Detail	Revised codes for DN0092 Benefit Adjustment Code (3). Added new Benefit Adjustment Code (DN0092) value of 3 (Post Injury Wage Earning	IRR767R3.0	3.0	1/1/2016	QCR4	1/1/2016	
Valid Value Detail	Employer Paid BTCs (2xx) and Acquired OBTs (430 and 440) were removed from Payment Reason Code (DN0222)	SYS778R3.0	3.0	1/1/2016	QCR5	1/1/2016	
The changes below are for Release 3.1							
Valid Value Detail	Add new Maintenance Type Code DN0002: SU Sync Up	IRR838	3.1	8/15/2017	QCR6	8/15/2017	8/15/2018
Valid Value Detail	Add new Maintenance Type Code DN0002 for SROI: AC Acquisition/Indemnity Ceased	IRR760	3.1	8/15/2017	QCR7	8/15/2017	8/15/2018
Valid Value Detail	Add new Maintenance Type Code DN0002 for SROI: MTC: NT NARRATIVE	IRR771	3.1	8/15/2017	QCR8	8/15/2017	8/15/2018
Valid Value Detail	New DN: INITIAL RTW TYPE CODE – DN0403 Add Values: A = Actual R = Released	IRR823	3.1	8/15/2017	QCR9	8/15/2017	8/15/2018
Valid Value Detail	New DN: LATEST RTW TYPE CODE – DN0406 Add Values: A = Actual R = Released	IRR823	3.1	8/15/2017	QCR10	8/15/2017	8/15/2018
Valid Value Detail	New DN: CHANGE REASON CODE - DN0413 Add Values: A = (Add) A data element was previously blank/null in the database and has been changed to a value. U = (Update) A data element was previously a value in the database and has been changed to another value. R = (Remove) A data element was previously a value in the database and has been changed to blank/null. D = (Delete) A variable segment occurrence has been removed in its entirety. Data elements within the segment are not required to be identified in the change variable segment as Remove.	IRR772	3.1	8/15/2017	QCR11	8/15/2017	8/15/2018

IAIABC Claims Release 3.1
Change Log

WorkSheet Changed	Change Description	Change Reason/Purpose	IAIABC Release	Publication Date	Change Number	Revision Date	Earliest Implementation Date
Valid Value Detail	DEPENDENT/PAYEE RELATIONSHIP CODE – DN0097 Add Values: N = Numerical Birth Order A = 10 B = 11 C = 12 D = 13 E = 14 F = 15 G = 16 H = 17 I = 18 J = 19 K = 20	IRR848	3.1	8/15/2017	QCR12	8/15/2017	8/15/2018
Valid Value Detail	Add new DN: CANCEL REASON CODE - DN0400 Values: D = Duplicate/Combined Claim J = Jurisdiction Wrong/Changed N = Not Required By Jurisdiction R= Disputed Request By Jurisdiction	IRR814	3.1	8/15/2017	QCR13	8/15/2017	8/15/2018
Valid Value Detail	Add New DN DEPENDENT EXTENT OF DEPENDENCY – DN0429 Add Values: F = Full dependency P = Partial dependency	IRR808	3.1	8/15/2017	QCR14	8/15/2017	8/15/2018
Valid Value Detail	Add New DN SUSPENSION REASON CODE – FULL - DN0418 Values : refer to IRR for detailed list DP Rule: Suspension Reason Code – Partial is required when MTC is Px	IRR815	3.1	8/15/2017	QCR15	8/15/2017	8/15/2018
Valid Value Detail	Add New DN SUSPENSION REASON CODE - PARTIAL - DN0419 Values: refer to IRR for detailed list DP Rule: <i>Suspension Reason Code – Partial</i> is required when MTC is Px	IRR815	3.1	8/15/2017	QCR16	8/15/2017	8/15/2018
Valid Value Detail	Maintenance Type Code (DN0002) for SROI: Remove Values: S1,S2,S3,S4,S5,S6,S7,S8,S9,SD,SJ	IRR815	3.1	8/15/2017	QCR17	8/15/2017	8/15/2018
Valid Value Detail	Maintenance Type Code (DN0002) for SROI: Remove Values: P1,P2,P3,P4,P5,P7,P9,PJ	IRR815	3.1	8/15/2017	QCR18	8/15/2017	8/15/2018
Valid Value Detail	New DN: PART OF BODY INJURED LOCATION CODE – DN0421 Add Values: B-Bilateral L-Left R-Right	IRR813	3.1	8/15/2017	QCR19	8/15/2017	8/15/2018

IAIABC Claims Release 3.1
Change Log

WorkSheet Changed	Change Description	Change Reason/Purpose	IAIABC Release	Publication Date	Change Number	Revision Date	Earliest Implementation Date
Valid Value Detail	New DN: PART OF BODY INJURED FINGERS/TOES LOCATION CODE – DN0422 Add Values: 1-Index Finger or 1st Toe 2- Middle Finger or 2nd Toe 3 –Ring Finger or 3rd Toe 4 –Little Finger or 4th (little) Toe	IRR813	3.1	8/15/2017	QCR20	8/15/2017	8/15/2018
Valid Value Detail	New DN: PERMANENT IMPAIRMENT BODY PART LOCATION CODE – DN0432 Add Values: B-Bilateral L-Left R-Right	IRR806	3.1	8/15/2017	QCR21	8/15/2017	8/15/2018
Valid Value Detail	Add Maintenance Type Code (DN0002) for SROI: MTC PX and SX	IRR815	3.1	8/15/2017	QCR22	8/15/2017	8/15/2018
Valid Value Detail	Remove Maintenance Type Code (DN0002) for SROI: MTC P1 through PJ and S1 through SJ	IRR815	3.1	8/15/2017	QCR23	8/15/2017	8/15/2018
Valid Value Detail	Add/Revise Maintenance Type Code (DN0002) for FROI and SROI: UR Update Report vs UR Upon Request	IRR839	3.1	8/15/2017	QCR24	8/15/2017	8/15/2018
Valid Value Detail	Remove RTW DN- no longer used: RETURN TO WORK TYPE CODE – DN0189 RETURN TO WORK WITH SAME EMPLOYER INDICATOR – DN0228 PHYSICAL RESTRICTIONS INDICATOR – DN0224	IRR843	3.1	8/15/2017	QCR25	8/15/2017	8/15/2018
Valid Value Detail	Payment Reason Code (DN0222): Sync up the codes based on what the Dictionary says: See Benefit Type Code and Other Benefit Type Code values for medical (350, 360, 370, 450, 455, 460, 465, 470), funeral (300), penalty (310, 311), and attorney fees (330 & 340). RE: Change Number EM15: Employer Paid BTCs (2xx) and Acquired OBTs (430 and 440) were removed from Payment Reason Codes		3.1	8/15/2017	QCR26	8/15/2017	8/15/2018

Valid Value Detail Page 1

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	UR	Update Report
SUBSEQUENT REPORT:			
02	Change	PX	Partial Suspension
04	Denial	RB	Reinstatement of Benefit
AB	Add Concurrent Benefit Type	RE	Reduced Earnings
AC	Acquisition/Indemnity Ceased	SU	Sync Up
AP	Acquired/Payment	SX	Full Suspension
CA	Change in Benefit Amount	UI	Under Investigation
CB	Change in Benefit Type	UR	Upon Request
CD	Compensable Death - No Known Dependents/Payees	UR	Update Report
CO	Correction	VE	Volunteer
EP	Employer Paid	AN	Annual
ER	Employer Reinstatement	BM	Bi-Monthly
FN	Final	BW	Bi-Weekly
IP	Initial Payment	MN	Monthly
NT	Narrative	QT	Quarterly
PD	Partial Denial	SA	Sub-Annual
PY	Payment Report		

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 Emplr/Clm 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
021	Permanent Total Supplemental	510	Fatal Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	520	Permanent Total Lump Sum Pmt/Settlement
040	Permanent Partial/Unscheduled	521	Perm Total Supp Lump Sum Pmt/Settlement
050	Temporary Total	524	Employer Paid Lump Sum Pmt/Settlement
051	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	541	Voc Rehab Maint Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	550	Temporary Total Lump Sum Pmt/Settlement
210	Employer Paid Fatal Benefits	551	Temp Total Cat Lump Sum Pmt/Settlement
220	Employer Paid Permanent Total Benefits	570	Temporary Partial Lump Sum Pmt/Settlement
221	Employer Paid Permanent Total Supplemental Benefits	580	Emprs Liability Lump Sum Pmt/Settlement
230	Employer Paid Permanent Partial Scheduled	590	Perm Partl Disfigure Lump Sum Pmt/Settlement
240	Employer Paid (EP) Unspecified		
242	EP Voc Rehab Maintenance		
250	EP Temporary Total		
251	EP Temp Total Catastrophic		
270	EP Temporary Partial		
410	Voc Rehab Maintenance		

BENEFIT ADJUSTMENT CODE (DN0092)	
A	Apportionment/Contribution
B	Subrogation
E	Employer Provided Pension
G	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
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

CLAIM TYPE CODE (DN0074)	
N	Notification of an Incident Only
M	Medical Only
W	Lost Time with No Paid Indemnity
P	Indemnity with No Lost Time Beyond Waiting Period
I	Indemnity for Lost Time
L	Became Lost Time/Indemnity for Lost Time
B	Became Medical Only

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

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

TYPE OF LOSS CODE (DN0290)	
01	Traumatic Injury
02	Occupational Disease
03	Cumulative Injury (other than disease)

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

WAGE PERIOD CODE (DN0063)			
FROI:		SROI:	
01	Weekly	01	Weekly
02	Bi-Weekly	04	Monthly
04	Monthly		
06	Daily		
07	Hourly		

NON-CONSECUTIVE PERIOD CODE (DN0212)	
W	Waiting Period
B	Benefit Period
A	Adjustment/Credit/Redistribution

BENEFIT REDISTRIBUTION CODE (DN0130)	
H	Court-Ordered Lien against WC
K	Clmt Attorney Fees

DEPENDENT EXTENT OF DEPENDENCY (DN0429)	
F	Full dependency
P	Partial dependency

INJURY SEVERITY TYPE CODE (DN0229)	
J	Major/Medical Threshold
M	Minor

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

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	Jurisdiction Fund		
1-9	1-9	F	15
A	10	G	16
B	11	H	17
C	12	I	18
D	13	J	19
E	14	K	20

Suspension Reason Code - Full (DN0418)	
S1	Suspension, RTW or Medically Determined/Qualified to RTW
S2	Suspension, Medical Non-Compliance
S3	Suspension, Administrative Non-Compliance
S4	Suspension, Claimant Death
S5	Suspension, Incarceration
S6	Suspension, Claimant's Whereabouts Unknown
S7	Suspension, Benefits Exhausted
S8	Suspension, Jurisdiction Change
S9	Suspended Pending Settlement Approval
SD	Suspension, Directed By Jurisdiction
SJ	Suspended Pending Appeal or Judicial Review

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

INITIAL RTW TYPE CODE (DN0403)	
A	Actual
R	Release

Suspension Reason Code - Partial (DN0419)	
P1	Partial Suspension, RTW or Med Determined/Qualified to RTW
P2	Partial Suspension, Medical Non-Compliance
P3	Partial Suspension, Administrative Non-Compliance
P4	Partial Suspension, Employee Death
P5	Partial Suspension, Incarceration
P7	Partial Suspension, Benefits Exhausted
P9	Partial Suspension Pending Settlement Approval
PJ	Partial Suspension Pending Appeal or Judicial Review

REDUCED BENEFIT AMOUNT CODE (DN0202)	
R	Reclassification of Benefit
S	Claim Settled Under Another DOI
N	No Money Settlement
D	Decrease in Indemnity

LATEST RTW TYPE CODE (DN0406)	
A	Actual
R	Release

CHANGE REASON CODE (DN0413)	
A	Add
U	Update
R	Remove
D	Delete

Part of Body Injured Location Code (DN0421)	
B	Bilateral
L	Left
R	Right

CANCEL REASON CODE - (DN0400)	
D	Duplicate/Combined Claim
J	Jurisdiction Wrong/Changed
N	Not Required By Jurisdiction
R	Disputed Request By Jurisdiction

Permanent Impairment Body Part Location Code (DN0432)	
B	Bilateral
L	Left
R	Right

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

NATURE OF INJURY CODE (DN0035)	
http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

Part of Body Injured Fingers/Toes Location Code (DN0422)	
1	Index Finger or 1st Toe
2	Middle Finger or 2nd Toe
3	Ring Finger or 3rd Toe
4	Little Finger or 4th (little) Toe

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

Valid Value Detail Page 2

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

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

APPLICATION ACKNOWLEDGMENT CODE (DN0111)	
HD	Batch Rejected
TA	Transaction Accepted
TE	Transaction Accepted with Error
TN	Transaction Rejected by Service Provider
TR	Transaction Rejected

TEST/PRODUCTION CODE (DN0104)	
P	Production
T	Test (Pilot Parallel or Test)

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

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

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

MANAGED CARE ORGANIZATION (MCO) CODE (DN0207)	
00	The claim is not administered by an approved/certified
01	The claim's medical losses are administered by an
02	The claim's medical losses are administered by a Health
03	The claim's medical losses are administered by a Preferred
04	The claim's medical losses are administered by an Exclusive
05	The claim's medical losses are administered by an
06	The claim is totally or partially covered by a Managed Care
07	The claim's medical losses are administered by a Certified

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

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

DEATH RESULT OF INJURY CODE (DN0146)	
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

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

Payment Reason Code (DN0222)					
010	Fatal	330	Total Employer's Legal Expenses	510	Fatal Lump Sum Pmt/Settlement
020	Permanent Total	340	Total Claimant's Legal Expenses	520	Permanent Total Lump Sum Pmt/Settlement
021	Permanent Total Supplemental	350	Total Payments to Physicians	521	Perm Total Supp Lump Sum Pmt/Settlement
030	Permanent Partial/Scheduled	360	Total Hospital Costs	524	Employer Paid Lump Sum Pmt/Settlement
040	Permanent Partial/Unscheduled	370	Total Other Medical	530	Perm Partial Sch Lump Sum Pmt/Settlement
050	Temporary Total	450	Total Pharmaceutical Costs	540	Perm Partial Unsch Lump Sum Pmt/Settlement
051	Temporary Total Catastrophic	455	Total Dental Expenses	541	Voc Rehab Maint Lump Sum Pmt/Settlement
070	Temporary Partial	460	Total Physical Therapy Costs	550	Temporary Total Lump Sum Pmt/Settlement
080	Employer's Liability	465	Total Chiropractic Expenses	551	Temp Total Cat Lump Sum Pmt/Settlement
090	Permanent Partial Disfigurement	470	Total Durable Medical Costs	570	Temporary Partial Lump Sum Pmt/Settlement
300	Total Funeral Expenses	500	Unspecified Lump Sum Pmt/Settlement	580	Emprs Liability Lump Sum Pmt/Settlement
310	Total Penalties	501	Medical Lump Sum Pmt/Settlement	590	Perm Partl Disfigure Lump Sum Pmt/Settlement
311	Total Employee Penalties				

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

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, Ver
ARC30	Claims Re-Acknowledgment Detail Record; Release 3,