

ADOL Valid Value Detail Pg 1

MAINTENANCE TYPE CODE (MTC's) (DN0002)			OTHER BENEFIT TYPE CODE (OBT's) (DN0216)			
<b>FIRST REPORT:</b>						
00	Original	AQ	Acquired Claim	300	Total Funeral Expenses	
01	Cancel Entire Claim	CO	Correction	310	Total Penalties	
02	Change	UI	Under Investigation	311	Total Employee Penalties	
04	Denial	UR	Upon Request (Grandfathered)	320	Total Interest	
AU	Acquired/Unallocated	UR	Update Report	321	Total Employee Interest	
<b>SUBSEQUENT REPORT:</b>						
02	Change	PX	Partial Suspension	330	Total Employer's Legal Expenses	
04	Denial	RB	Reinstatement of Benefit	340	Total Claimant's Legal Expenses	
AB	Add Concurrent Benefit Type	SU	Sync Up	350	Total Payments to Physicians	
AC	Acquisition/Indemnity Ceased	SX	Full Suspension	360	Total Hospital Costs	
AP	Acquired/Payment	UI	Under Investigation	370	Total Other Medical	
CA	Change in Benefit Amount	UR	Upon Request (Grandfathered)	380	Total Vocational Rehabilitation Evaluation	
CB	Change in Benefit Type	UR	Update Report	390	Total Vocational Rehabilitation Education	
CD	Compensable Death - No Known Dependents/Payees	VE	Volunteer	400	Total Other Vocational Rehabilitation	
CO	Correction	AN	Annual	420	Total Expert Witness Fees	
EP	Employer Paid	BM	Bi-Monthly	421	Total Court Reporter Fees	
ER	Employer Reinstatement	BW	Bi-Weekly	422	Total Private Investigator Fees	
FN	Final	MN	Monthly	430	Total Unallocated Prior Indemnity Benefits	
IP	Initial Payment	QT	Quarterly	440	Total Unallocated Prior Medical	
NT	Narrative	SA	Sub-Annual	450	Total Pharmaceutical Costs	
PD	Partial Denial			455	Total Dental Expenses	
PV	Payment Report			460	Total Physical Therapy Costs	
<b>BENEFIT TYPE CODE (DN0085)</b>						
<b>REGULAR BENEFIT TYPES:</b>			<b>LUMP SUM PAYMENTS/SETTLEMENTS:</b>			
010	Fatal	500	Unspecified Lump Sum Pmt/Settlement	300	Total Funeral Expenses	
020	Permanent Total	501	Medical Lump Sum Pmt/Settlement	310	Total Penalties	
021	Permanent Total Supplemental	510	Fatal Lump Sum Pmt/Settlement	311	Total Employee Penalties	
030	Permanent Partial/Scheduled	520	Permanent Total Lump Sum Pmt/Settlement	320	Total Interest	
040	Permanent Partial/Unscheduled	521	Perm Total Supp Lump Sum Pmt/Settlement	321	Total Employee Interest	
050	Temporary Total	524	Employer Paid Lump Sum Pmt/Settlement	330	Total Employer's Legal Expenses	
051	Catastrophic Benefits	530	Perm Partial Sch Lump Sum Pmt/Settlement	340	Total Claimant's Legal Expenses	
070	Temporary Partial	540	Perm Partial Unsch Lump Sum Pmt/Settlement	350	Total Payments to Physicians	
080	Employer's Liability	541	Voc Rehab Maint Lump Sum Pmt/Settlement	360	Total Hospital Costs	
090	Permanent Partial Disfigurement	550	Temporary Total Lump Sum Pmt/Settlement	370	Total Other Medical	
210	Employer Paid Fatal Benefits	551	Catastrophic Lump Sum Pmt/Settlement	380	Total Vocational Rehabilitation Evaluation	
220	Employer Paid Permanent Total Benefits	570	Temporary Partial Lump Sum Pmt/Settlement	390	Total Vocational Rehabilitation Education	
221	Employer Paid Permanent Total Supplemental Benefits	580	Emprs Liability Lump Sum Pmt/Settlement	400	Total Other Vocational Rehabilitation	
230*	Employer Paid Permanent Partial Scheduled (see Valid Value 1b)	590	Perm Part Disfigure Lump Sum Pmt/Settlement	420	Total Expert Witness Fees	
240	Employer Paid (EP) Unspecified			421	Total Court Reporter Fees	
242	EP Voc Rehab Maintenance			422	Total Private Investigator Fees	
250	EP Temporary Total			430	Total Unallocated Prior Indemnity Benefits	
251	EP Catastrophic Benefits			440	Total Unallocated Prior Medical	
270	EP Temporary Partial			450	Total Pharmaceutical Costs	
410	Voc Rehab Maintenance			455	Total Dental Expenses	
<b>CLAIM TYPE CODE (DN0074)</b>			<b>BENEFIT ADJUSTMENT CODE (DN0092)</b>			
N	Notification of an Incident Only			A	Apportionment/Contribution	
M	Medical Only			B	Subrogation	
W	Lost Time with No Paid Indemnity			E	Employer Provided Pension	
P	Indemnity with No Lost Time Beyond Waiting Period			G	Age 65 Reduction	
I	Indemnity for Lost Time			I	Intoxication/Drugs	
L	Became Lost Time/Indemnity for Lost Time			J	Appeal/Adjustment	
B	Became Medical Only			L	Disability Insurance/Income	
<b>Collective Bargaining Agreement Code (DN0438)</b>						
Y	Yes			N	Non-Cooperation: Rehab, Training, etc	
N	No			Q	Illegally Employed Minor	
U	Unknown			R	Social Security Retirement	
<b>TYPE OF LOSS CODE (DN0290)</b>						
01	Traumatic Injury			S	Social Security Disability	
02	Occupational Disease			T	Acceleration of Benefits	
03	Cumulative Injury (other than disease)			U	Unemployment Compensation	
<b>WAGE PERIOD CODE (DN0063)</b>			<b>INSURED TYPE CODE (DN0184)</b>			
FR01:	Weekly	01	Weekly	I	Insured	
02	Bi-Weekly	04	Monthly	S	Self-Insured	
04	Monthly			U	Uninsured	
06	Daily			<b>INSURER TYPE CODE (DN0185)</b>		
07	Hourly			I	Insurer	
<b>DEPENDENT EXTENT OF DEPENDENCY (DN0429)</b>						
F	Full dependency			S	Self-Insurer	
P	Partial dependency			G	Guarantee Fund	
<b>DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)</b>			<b>LUMP SUM PAYMENT/SETTLEMENT CODE (DN0293)</b>			
R	Relationship			SF	Settlement Full	
	2	Widow		SP	Settlement Partial	
	3	Widower		AS	Agreement Stipulated	
	4	Son/Daughter		AW	Award	
	5	Brother/Sister		AD	Advance	
	6	Mother/Father		NS	Non-Specified Lump Sum Payment	
	7	Disabled Child		<b>NON-CONSECUTIVE PERIOD CODE (DN0212)</b>		
	8	Jurisdiction Fund/Estate		W	Waiting Period	
	9	Other		B	Benefit Period	
<b>Numerical Birth Order</b>						
0	Jurisdiction Fund			A	Adjustment/Credit/Redistribution	
1-9	1-9	F	15	<b>INJURY SEVERITY TYPE CODE (DN0229)</b>		
A	10	G	16	J	Major/Medical Threshold	
B	11	H	17	M	Minor	
C	12	I	18	<b>Suspension Reason Code - Full (DN0418)</b>		
D	13	J	19	S1	Suspension, RTW or Medically Determined/Qualified to RTW	
E	14	K	20	S2	Suspension, Medical Non-Compliance	
<b>INITIAL RTW TYPE CODE (DN0403)</b>						
A	Actual			S3	Suspension, Administrative Non-Compliance	
R	Release			S4	Suspension, Claimant Death	
<b>LATEST RTW TYPE CODE (DN0406)</b>						
A	Actual			S5	Suspension, Incarceration	
R	Release			S6	Suspension, Claimant's Whereabouts Unknown	
<b>CANCEL REASON CODE - (DN0400)</b>						
D	Duplicate/Combined Claim			S7	Suspension, Benefits Exhausted	
J	Jurisdiction Wrong/Changed			S8	Suspension, Jurisdiction Change	
N	Not Required By Jurisdiction			S9	Suspended Pending Settlement Approval	
R	Disputed Request By Jurisdiction			SD	Suspension, Directed By Jurisdiction	
<b>Benefit Change Reason Code (DN0439)</b>						
A	Independent Medical Exam (IME) or Claim Administrator Consultant			SJ	Suspended Pending Appeal or Judicial Review	
B	Employee Treating Physician medical report			<b>Suspension Reason Code - Partial (DN0419)</b>		
C	Recalculation of Net Weekly Amount based on Wage Statement			P1	Partial Suspension, RTW or Med Determined/Qualified to RTW	
D	Jurisdiction Directed			P2	Partial Suspension, Medical Non-Compliance	
E	Stipulated or negotiated Net Weekly Amount(not jurisdiction directed)			P3	Partial Suspension, Administrative Non-Compliance	
<b>CHANGE REASON CODE (DN0413)</b>						
A	Add			P4	Partial Suspension, Employee Death	
U	Update			P5	Partial Suspension, Incarceration	
R	Remove			P7	Partial Suspension, Benefits Exhausted	
D	Delete			P9	Partial Suspension Pending Settlement Approval	
<b>NATURE OF INJURY CODE (DN0035)</b>						
<a href="https://www.wcio.org/sites/default/files/2022-10/Nature_of_Injury.pdf">https://www.wcio.org/sites/default/files/2022-10/Nature_of_Injury.pdf</a>						
<b>CAUSE OF INJURY CODE (DN0037)</b>						
<a href="https://www.wcio.org/sites/default/files/2022-10/Cause_of_Injury.pdf">https://www.wcio.org/sites/default/files/2022-10/Cause_of_Injury.pdf</a>						
<b>Part of Body Injured Location Code (DN0421)</b>						
B	Bilateral			<b>REDUCED BENEFIT AMOUNT CODE (DN0202)</b>		
L	Left			R	Reclassification of Benefit	
R	Right			S	Claim Settled Under Another DOI	
<b>Permanent Impairment Body Part Location Code (DN0432)</b>						
B	Bilateral			N	No Money Settlement	
L	Left			D	Decrease in Indemnity	
R	Right			Z	Net to Zero	
<b>Part of Body Injured Fingers/Toes Location Code (DN0422)</b>						
1	Index Finger or 1st Toe			<b>Part of Body Injured Code (DN0036)</b>		
2	Middle Finger or 2nd Toe			<a href="https://www.wcio.org/sites/default/files/2022-10/Part_of_Body.pdf">https://www.wcio.org/sites/default/files/2022-10/Part_of_Body.pdf</a>		
3	Ring Finger or 3rd Toe			<b>PART OF BODY INJURED CODE (DN0036)</b>		
4	Little Finger or 4th (little) Toe			<a href="https://www.wcio.org/sites/default/files/2022-10/Part_of_Body.pdf">https://www.wcio.org/sites/default/files/2022-10/Part_of_Body.pdf</a>		
<b>Permanent Impairment Body Part Code (DN0083)</b>						

ADOL Valid Value Detail Pg 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 effe
5	Other (Not Elsewhere Classified)
A	Failure To Report Accident Timely
B	Right To Reserve
C	Misrepresentation

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
R	Employee Residence
X	Other

CLAIM STATUS CODE (DN0073)	
O	Open
C	Closed
R	Re-Open
X	Re-Open/Closed

EMPLOYEE GENDER CODE (DN0053)	
M	Male
F	Female
U	Unknown

DEATH RESULT OF INJURY CODE (DN0146)	
Y	Yes
N	No
U	Unknown

EMPLOYEE MARITAL STATUS CODE (DN0054)	
U	Unmarried, Widowed, Divorced, Single
M	Married
S	Separated
K	Unknown

EMPLOYEE TAX FILING STATUS CODE (DN0158)	
A	Single
B	Single/Head of Household
C	Married/Filing Joint
D	Married/Filing Separate

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

WORK WEEK TYPE CODE (DN0204)	
S	Standard Work Week
F	Fixed Work Week
V	Varied Work Week

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

WORK DAYS SCHEDULED CODE (DN0205)	
S	Scheduled
N	Not Scheduled

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
T	Employee Individual Taxpayer Identification Number (ITIN)

DEPENDENT GENDER CODE (DN0428)	
M	Male
F	Female
U	Unknown

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

INTERCHANGE VERSION ID (DN0105)	
14831	First Report of Injury; Release 3.1, Version 0
A4931	Subsequent Report of Injury; Release 3.1, Version 0
AKC31	Claims Acknowledgment Detail Record; Release 3.1, Version 0
ARC31	Claims Re-Acknowledgment Detail Record; Release 3.1, Version 0

Payment Reason Code (DN0222)	
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
410	Vocational Rehabilitation Maintenance
450	Total Pharmaceutical Costs
455	Total Dental Expenses
460	Total Physical Therapy Costs
465	Total Chiropractic Expenses
470	Total Durable Medical Costs

500	Unspecified Lump Sum Pmt/Settlement
501	Medical Lump Sum Pmt/Settlement
510	Fatal Lump Sum Pmt/Settlement
520	Permanent Total Lump Sum Pmt/Settlement
521	Perm Total Supp Lump Sum Pmt/Settlement
524	Employer Paid Lump Sum Pmt/Settlement
530	Perm Partial Sch Lump Sum Pmt/Settlement
540	Perm Partial Unsch Lump Sum Pmt/Settlement
541	Voc Rehab Maint Lump Sum Pmt/Settlement
550	Temporary Total Lump Sum Pmt/Settlement
551	Catastrophic Lump Sum Pmt/Settlement
570	Temporary Partial Lump Sum Pmt/Settlement
580	Emprrs Liability Lump Sum Pmt/Settlement
590	Perm Partl Disfigure Lump Sum Pmt/Settlement

EMPLOYER PAID SALARY PRIOR TO ACQUISITION (DN0203)	
E	Only 2xx Benefit Type Codes paid prior to acquisition

ACKNOWLEDGMENT TRANSACTION SET ID (DN0110)	
148	First Report
A49	Subsequent Report

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

AGREEMENT TO COMPENSATE CODE (DN0075)	
W	Without Liability for Ind and Without Liability for Med
L	Accepting Liability for Ind and Accepting Liability for Med
S	Accepting Liability for Medical
T	Without Liability for Medical
U	Without Liability for Indemnity

010	Fatal
020	Permanent Total
021	Permanent Total Supplemental
030	Permanent Partial/Scheduled
040	Permanent Partial/Unscheduled
050	Temporary Total
051	Catastrophic Benefits
070	Temporary Partial
080	Employer's Liability
090	Permanent Partial Disfigurement
300	Total Funeral Expenses
310	Total Penalties
311	Total Employee Penalties

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)