


# WORKERS COMPENSATION MEDICAL DATA

# REPORTING SPECIFICATIONS (WCMED)

## SECTION 1

## RECORD LAYOUT

**October 6, 2026**

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| Field No. | Field Title/Description | Class | Position | Bytes |
|---|---|---|---|---|
| **I. MEDICAL DATA CALL RECORD** | | | | |
| 1 | **CARRIER CODE**<br>Report the 5-digit NCCI assigned Carrier Code. Do not report the NCCI Group Code unless it is the same as the Carrier Code. Do not report the NAIC Carrier Code. | (N) | 1-5 | 5 |
| 2 | **POLICY NUMBER IDENTIFIER**<br>Report the unique set of numbers and/or letters that identify the policy under which the claim occurred.<br><br>Policy Number Identifier must match the Unit Statistical data Policy Number Identifier reported for this claim, including any prefixes or suffixes. The Policy Number Identifier can neither be all zeros nor all blanks nor a combination of zeros and blanks. | (AN) | 6-23 | 18 |
| 3 | **POLICY EFFECTIVE DATE**<br>Report the effective date that corresponds to the date shown on the Policy Information Page or to endorsements attached. The Policy Effective Date reported must be before or the same as Accident Date (Positions 53-60).<br><br>Format: CCYYMMDD | (N) | 24-31 | 8 |
| 4 | **CLAIM NUMBER IDENTIFIER**<br>Report the unique set of numbers and/or letters that identify the specific claim.<br><br>The Claim Number Identifier must match the Unit Statistical data Claim Number Identifier reported for this claim. This number must be used consistently for all future reporting of the claim transactions. The Claim Number Identifier can neither be all zeros nor all blanks nor a combination of zeros and blanks. | (AN) | 32-43 | 12 |
| 5 | **TRANSACTION CODE**<br>Report the code that identifies the type of transaction of the record being submitted.<br><br>**Code** **Description**<br>01 Original – the initial report of the record to the Bureau. Only one original (Transaction Code 01) may be submitted for a given transaction.<br>0 Cancellation – cancels (deletes) a previously submitted (Transaction Code 01 or 03) record.<br>0 Replacement – replaces (changes) a previously submitted (Transaction Code 01 or 03) record.<br><br>**NOTE**: An Original (01) must be in the same submission or on the Bureau's database before a Cancellation (02) or a Replacement (03) can be submitted. | (N) | 44-45 | 2 |

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| 6 | **JURISDICTION STATE CODE**<br>Report the code that corresponds to the state under whose Workers Compensation Act or Employers Liability Act the claimant's benefits are being paid. The Jurisdiction State must be one of the states included in the list of applicable Medical Data Call states or Federal Act (Jurisdiction State Code 59). Report the code that corresponds to the state workers compensation law, the employer's liability law, or the federal law under which the claimant's benefits are being paid.<br><br>Refer to the User's Guide of the appropriate DCO for additional information and/or examples.<br><br>**NOTE**: When the jurisdiction state is an applicable state, all qualifying medical transactions for that state must be reported even when the compliance state (IAIABC State Compliance Code) is not an applicable state. | (N) | 46-47 | 2 |
| 7 | **CLAIMANT GENDER CODE**<br>Report the code that corresponds to the claimant's gender. Leave blank if unknown.<br><br>**Code** **Description**<br>1 Male<br>2 Female<br>3 Other | (AN) | 48 | 1 |
| 8 | **BIRTH YEAR**<br>Report the year the claimant was born. The Birth Year must be before Accident Date (Positions 53-60).<br><br>Format: YYYY | (N) | 49-52 | 4 |
| 9 | **ACCIDENT DATE**<br>Report the date the claimant was injured.<br><br>The Accident Date must be the same as or after Policy Effective Date (Positions 24-31), and before or the same as Service Date (Positions 129-136) or Service From Date (Positions 137-144) and Service to Date (Positions 145-152).<br><br>In the case of occupational disease or cumulative injury, use the last day that the claimant worked without the disability or the last day of coverage, whichever is earlier.<br><br>Format: CCYYMMDD | (N) | 53-60 | 8 |
| 10 | **TRANSACTION DATE**<br>Report the date corresponding to the Transaction Code (Positions 44-45) of the record being submitted.<br><br>Refer to the User's Guide of the appropriate DCO for additional information and/or examples. | (N) | 61-68 | 8 |

Format: CCYYMMDD

| Code | Description |
|---|---|
| 01- Original | The date the information was originally processed by the administering entity. |
| 02- Cancellation | The date the cancellation was performed in the system of the administering entity. |
| 03- Replacement | The date that the information was changed or corrected in the system of the administering entity. |

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| 11 | **BILL IDENTIFICATION NUMBER**<br>Report the unique number assigned to the bill that corresponds to this transaction. | (AN) | 69-98 | 30 |
| 12 | **LINE IDENTIFICATION NUMBER**<br>Report the unique number assigned to the line associated with the Bill Identification Number (Positions 69-98) and for which this record applies. | (AN) | 99-128 | 30 |
| 13 | **SERVICE DATE**<br>Report the date the service related to Line Identification Number (Positions 99-129) was performed. If an in-patient hospital payment spanning multiple days was made and the specific service date (line item) detail is unavailable, zero-fill this field and report in Service From Date (Positions 137-144) and Service To Date (Positions 145-152).<br><br>Service Date must be the same as or after Accident Date (Positions 53-60).<br><br>Format: CCYYMMDD | (N) | 129-136 | 8 |
| 14 | **SERVICE FROM DATE**<br>Use this field for the starting date of service if an in-patient hospital payment spanning multiple days was made and the specific service date (line item) detail is unavailable. In all other cases, zero-fill this field and report the date of service in Service Date (Positions 129-136).<br><br>This field is the first date of a date range and must be accompanied by a Service To Date (Positions 145-152).<br><br>Service From Date must be the same as or after Accident Date (Positions 53-60).<br>Format: CCYYMMDD | (N) | 137-144 | 8 |
| 15 | **SERVICE TO DATE**<br>Use this field for the ending date of service if an in-patient hospital payment spanning multiple days was made and the specific service date (line item) detail is unavailable. In all other cases, zero-fill this field and report the date of service in | (N) | 145-152 | 8 |

Service Date (Positions 129-136).

This field is the last date of a date range and must be accompanied by a Service From Date (Positions 137-144).

Service To Date must be after Service From Date (Positions 137-144).

Format: CCYYMMDD

16 **PAID PROCEDURE CODE** (AN) 153-177 25

Report the Paid Procedure Code from the jurisdiction approved code table (refer to the Procedure Code List Type table within this description) that corresponds to the Line Identification Number (Positions 99-128 of this record) as it relates to the reimbursement reported in Paid Amount (Positions 197-207 of this record).

The Paid Procedure Code must be populated with correct code values, including leading zeros.

If the bill reflects a procedure code other than the procedure code associated with the reimbursement, report the Paid Procedure code associated with the reimbursement in this field and the billed procedure code in Secondary Procedure Code field (Positions 290-314 of this record).

Report an APC or DRG code as the Paid Procedure Code if it is the basis of the reimbursement; otherwise, report the CPT, CDT, HCPCS, or NDC code.
Refer to the User's Guide of the appropriate DCO for additional information and/or examples.

When a state requires that a repackaged drug be reimbursed based on the underlying NDC code from the original manufacturer of the repackaged drug dispensed, report the original NDC code as the Paid Procedure Code and the repackaged NDC code as the Secondary Procedure Code (Positions 290-314 of this record).

| **PROCEDURE CODE LIST TYPE** | | |
|---|---|---|
| **Code List Type*** | **Code Length (Bytes)** | **Description/Formatting** |
| CPT – Current Procedural Terminology | 5 | • Codes are either 5 numbers or 4 numbers followed by a single alpha character<br>• Left justify and blank-fill all spaces to the right of the last number<br>• Must include leading zeros when part of the code** |

| PROCEDURE CODE LIST TYPE | | |
|---|---|---|
| **Code List Type*** | **Code Length (Bytes)** | **Description/Formatting** |
| CDT – Current Dental Terminology | 5 | • Codes are either 5 numbers or a single alpha character followed by 4 numbers<br>• Left justify and blank-fill all spaces to the right of the last number<br>• Must include leading zeros when part of the code** |
| Compound Drugs | 1 | Option 1:<br>• Report as S9430 in the Paid Procedure Code field with:<br>○ The total billed amount in the Amount Charged by Provider field<br>○ The total paid amount in the Paid Amount field<br>○ The total number of ingredients in the Quantity/Number of Units per Procedure Code field<br>AND<br>• Report the NDC code in the Paid Procedure Code field on subsequent records with:<br>○ Zero dollars in the Amount Charged by Provider field<br>○ Zero dollars in the Paid Amount field<br>○ The quantity of the ingredients used in the Quantity/Number of Units per Procedure Code field<br><br>OR<br><br>Option 2:<br>• Report as J7999 in the Paid Procedure Code field with all ingredients rolled up<br>• Left justify and blank fill Positions 164-177<br><br>OR<br><br>Option 3:<br><br>• Report each NDC code included in the compound drug in the Paid Procedure Code field. Compound drugs can be reported by listing each ingredient included in the compound drug and separately reporting the Amount Charged by Provider and Paid Amount for each ingredient drug, based on national drug codes (NDC). Report amounts for each ingredient of compound drugs using national drug codes (NDC) as listed line-by-line on the bill. N/A: CA<br><br>**NOTE**: Option 1 is preferred. |
| HCPCS – Healthcare Common Procedure Coding System | 5 | • Codes are either 5 numbers or a single alpha character followed by 4 numbers<br>• Level 1 uses the CPT codes while level 2 adds alphanumeric codes for other services such as ambulance or prosthetics<br>• Left justify and blank-fill all spaces to the right of the last number or character when less than 25 bytes<br>• Must include leading zeros when part of the code** |

| PROCEDURE CODE LIST TYPE | | |
|---|---|---|
| **Code List Type*** | **Code Length (Bytes)** | **Description/Formatting** |
| NDC – National Drug Codes | 10 or 11 | • 11-byte HIPAA (Health Insurance Portability and Accountability Act) standard codes or 10-byte FDA (Food and Drug Administration) codes<br>• Left justify and blank-fill all spaces to the right of the last number<br>• Do not include dashes<br>• Must include leading zeros when part of the code** |
| APC – Ambulatory Payment Classification | 4 | • Numeric codes classify procedures into related groups for outpatient services<br>• Left justify and blank-fill all spaces to the right of the last number<br>• Must include leading zeros when part of the code** |
| DRG – Diagnostic Related Group | 3 | • Numeric codes classify procedures into related groups for inpatient services<br>• Left justify and blank-fill all spaces to the right of the last number<br>• Must include leading zeros when part of the code** |
| Revenue Codes | 4 | • Left justify and blank-fill all spaces to the right of the last number<br>• Must include leading zeros when part of the code** |
| State-Specific | Varied | • Byte length dependent on state rules<br>• Left justify and blank-fill all spaces to the right of the last number or character when less than 25 bytes<br>• Must include leading zeros when part of the code** |
| NCCI Proprietary – Per Diem | 8 | • Report as PER-DIEM<br>• Capitalize and include dash<br>• Left justify and blank-fill Positions 161–177<br>• Refer to Section V – Reporting Rules Part F – Per Diem Hospital Charges for instructions on using this code |
| NCCI Proprietary – Medical Marijuana | 5 | • Codes are two alpha characters followed by three numbers<br>• Left justify and blank-fill all spaces to the right of the last number |
| NCCI Proprietary—DSFEE | 5 | • Report as DSFEE***<br>• Left justify and blank-fill Position 158-177 |
| * Report an APC or DRG code as the Paid Procedure Code if it is the basis of the reimbursement; otherwise, report the CPT, CDT, HCPCS, or NDC code. | | |
| ** If converting codes from a system that does not store leading zeros, ensure that the leading zero(s) is inserted correctly. For example, if the system stores 360 for Revenue Code 0360, then insert a zero to the left of the 3 when reporting to the WCIO. | | |
| ***Dispensing fees should only be reported as a separate transaction if state regulations require it. | | |

17 **PAID PROCEDURE CODE MODIFIER** (AN) 178-185 8

Report the Paid Procedure Code Modifier(s) related to the Paid Procedure Code (Positions 153-177). If there are more than two modifiers, report only the modifier(s) that impacts the reimbursement.

If only one Paid Procedure Code Modifier applies, report in Positions 178–181 and leave Positions 182–185 blank.

**FIRST PAID PROCEDURE CODE MODIFIER** 178-181 4

| | | | | |
|---|---|---|---|---|
| | **SECOND PAID PROCEDURE CODE MODIFIER** | | 182-185 | 4 |
| 18 | **AMOUNT CHARGED BY PROVIDER**<br>Report the total amount per line that was billed by the service provider for the applicable line. This amount is reported prior to any adjustments but includes corrections. If a change to the Amount Charged by Provider occurs to a previously reported record, submit a replacement transaction, Transaction Code 03 (Positions 44-45), and report the current cumulative amount (original amount plus or minus changes) for the applicable line.<br><br>There is an assumed decimal point between positions 194 - 195. If the reported amount does not include digits after the decimal, add two zeros to the right of the reported amount.<br><br>**NOTE**: This field should never be a negative value since the total amount charged rather than the change in charged dollars is to be reported. | (N) | 186-196 | 11 |

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| 19 | **PAID AMOUNT**<br>Report the total amount that was paid by the coverage provider for the applicable line. If a change to the Paid Amount occurs to a previously reported record, submit a replacement transaction, Transaction Code 03 (Positions 44-45), and report the current cumulative amount (original amount plus or minus changes) for the applicable line.<br><br>There is an assumed decimal point between positions 205-206. If the reported amount does not include digits after the decimal, add two zeros to the right of the reported amount.<br><br>**NOTE**: This field should never be a negative value since the total amount paid rather than the change in paid dollars is to be reported. | (N) | 197-207 | 11 |
| 20 | **PRIMARY ICD DIAGNOSTIC CODE**<br>Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD code that identifies the primary diagnosis associated with the medical service rendered. Refer to NCHS or CMS for the ICD Diagnostic Code listing.<br><br>**NOTE**: The WCIO does ***not*** recognize code 999.9 (complication of medical care not elsewhere classified) as a valid code.<br><br>**NOTE**: Both ICD-9 and ICD-10 codes are acceptable in this field. | (AN) | 208-221 | 14 |
| 21 | **SECONDARY ICD DIAGNOSTIC CODE**<br>Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD code that identifies the secondary diagnosis associated with the medical service rendered. Refer to NCHS or CMS for the ICD Diagnostic Code listing.<br><br>Leave blank if a secondary diagnosis has not been identified.<br><br>**NOTE**: The WCIO does **not** recognize code 999.9 (complication of medical care not elsewhere classified) as a valid code.<br><br>**NOTE**: Both ICD-9 and ICD-10 codes are acceptable in this field. | (AN) | 222-235 | 14 |
| 22 | **PROVIDER TAXONOMY CODE**<br>Report the taxonomy code that identifies the type of provider that billed for and is being paid for the medical service.<br><br>Refer to the User's Guide of the appropriate DCO for additional information and/or examples. | (AN) | 236-255 | 20 |

**NOTE**: In cases where a billing house bills the payer, report the Provider Taxonomy Code associated with the medical service provider for whom the billing house is submitting the bill.

Use the Provider Taxonomy list of standard codes maint ained by the National Uniform Claim Committee-Code Subcommittee (available on www.nucc.org or The Washington Publishing Company).

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| 23 | **PROVIDER IDENTIFICATION NUMBER** | (AN) | 256-270 | 15 |

Report the number that uniquely identifies the medical/service provider (i.e., state-required number, unique carrier coding scheme, Federal Employer Identification Number, or National Provider Identification) that performed the service.

Refer to the User's Guide of the appropriate DCO for additional information and/or examples.

**NOTE**: In cases where a billing house bills the payer, re ort the Provider Identification Number of the medica service provider for whom the billing house is submitting the bill.

The National Provider Identification (NPI) Numb r is required for reporting. Refer to the User's Guide of the appropriate DCO for additional information. Not Applicable: MA, NJ, NY, WI.

The National Provider Identification Number is th preferred code for reporting, when applicable. Not Applicable: CA, DE, MA, MI, MN, NJ, NCCI, NC, PA, WI

For facility bills, report the National Provider Identification Number for the service facility.

For hospitals billing from a centralized location, report the National Provider Identification Number of th service facility.

A unique carrier coding scheme may be used in lieu of a state required number when reporting to the different DCO's. However, the unique carrier coding scheme must be us ed consistently. N/A: NCCI

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| 24 | **PROVIDER POSTAL (ZIP) CODE** | (AN) | 271-273 | 3 |

Report only the first three digits/characters of the postal (ZIP) code for the medical/service provider address where the service was performed. In states where the postal (ZIP) code impacts the reimbursement, report the postal (ZIP) code associated with the reimbursement.

If unavailable, report only the first three digits of the postal (ZIP) code of the provider's billing address unless it is a billing house. When the billing address is a billing house and the postal (ZIP) code for the medical/service provider address where the service was performed is not available, leave this field blank.

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| 25 | **NETWORK SERVICE CODE**<br>Report the code that indicates whether the service is provided through a provider network regardless of whether a network discount was applied. | (A) | 274 | 1 |

| Code | Description |
|---|---|
| B | Pharmacy Benefit Manager |
| H | HMO – the medical service provider belongs to a Health Maintenance Organization agreement |
| N | No Agreement – the medical service provider does not belong to a provider network |
| P | Participation Agreement – the medical service provider is part of an agreement that is not an HMO or PPO |
| Y | PPO Agreement – the medical service provider belongs to a Preferred Provider Organization agreement |

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| 26 | **QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE**<br>Report the number of units of service performed or the quantity of drugs dispensed that are related to the Paid Procedure Code. (Positions 153-177). Use the base quantity specified by the applicable procedure code to determine the quantity or number to report. | (AN) | 275-281 | 7 |
| 27 | **PLACE OF SERVICE CODE**<br>Report the Place of Service Code from the Place of Service list that indicates where the medical service was performed.<br><br>Do not report Place of Service Code 99 (Other Place of Service) when the place of service is unavailable. Instead, leave this field blank.<br><br>For facility and hospital services, a Place of Service Crosswalk was developed to provide a mapping of the Type of Bill Code to the Place of Service Code. Refer to your DCO for additional information. | (AN) | 282-289 | 8 |

| Code | Description | Code | Description |
|---|---|---|---|
| 01 | Pharmacy | 33 | Custodial Care Facility |
| 02 | Telehealth Provided Other than in Patient's Home | 34 | Hospice |
| 03 | School | 35-40 | Unassigned – Not valid for WCIO |
| 04 | Homeless Shelter | 41 | Ambulance-Land |
| 05 | Indian Health Service-Free Standing Facility | 42 | Ambulance-Air or Water |
| 06 | Indian Health Service Provider-Based Facility | 43-48 | Unassigned – Not valid for WCIO |
| 07 | Tribal 638 Free-Standing Facility | 49 | Independent Clinic |
| 08 | Tribal 638 Provider-Based Facility | 50 | Federally Qualified Health Center |
| 09 | Prison-Correctional Facility | 51 | Inpatient Psychiatric Facility |

| Code | Description | Code | Description |
|---|---|---|---|
| 10 | Telehealth Provided in Patient's Home | 52 | Psychiatric Facility-Partial Hospitalization |
| 11 | Office | 53 | Community Mental Health Center |
| 12 | Home | 54 | Intermediate Care Facility/Individuals with Intellectual Disabilities |
| 13 | Assisted Living Facility | 55 | Residential Substance Abuse Treatment Facility |
| 14 | Group Home | 56 | Psychiatric Residential Treatment Center |
| 15 | Mobile Unit | 57 | Non-Residential Substance Abuse Treatment Facility |
| 16 | Temporary Lodging | 58 | Non-residential Opioid Treatment Facility |
| | | 59 | Unassigned – Not valid for WCIO |
| 17 | Walk-In Retail Health Clinic | 60 | Mass Immunization Center |
| 18 | Place of Employment - Worksite | 61 | Comprehensive Inpatient Rehabilitation Facility |
| 19 | Off-Campus Outpatient Hospital | 62 | Comprehensive Outpatient Rehabilitation Facility |
| 20 | Urgent Care Facility | 63-64 | Unassigned – Not valid for WCIO |
| 21 | Inpatient Hospital | 65 | End-Stage Renal Disease Treatment Facility |
| 22 | On-Campus Outpatient Hospital | 66-70 | Unassigned – Not valid for WCIO |
| 23 | Emergency Room-Hospital | 71 | Public Health Clinic |
| 24 | Ambulatory Surgical Center | 72 | Rural Health Clinic |
| 25 | Birthing Center | 73-80 | Unassigned – Not valid for WCIO |
| 26 | Military Treatment Facility | 81 | Independent Laboratory |
| 27-30 | Unassigned – Not valid for WCIO | 82-98 | Unassigned – Not valid for WCIO |
| 31 | Skilled Nursing Facility | 99 | Other Place of Service |
| 32 | Nursing Facility | DS | Dispensary** |

* *Source: Centers for Medicare & Medicaid Services (www.cms.hhs.gov)*
*** This is an NCCI assigned value. CMS does not have a code for dispensary.*

28 **SECONDARY PROCEDURE CODE** (AN) 290-314 25

Report the Secondary Procedure Code from the jurisdiction-approved code table (refer to the Procedure Code List Type table in Positions 153-177 of this record) if the bill reflects a procedure code other than the procedure code associated with the reimbursement.

Refer to the User's Guide of the appropriate DCO for additional information and/or examples.

The Secondary Procedure Code must be populated with correct code values, including leading zeros.

When a state requires that a repackaged drug be reimbursed based on the underlying NDC code from the original manufacturer of the repackaged drug dispensed, report the original NDC code as the Paid Procedure Code (Positions

153–177 of this record) and the repackaged NDC code as the Secondary Procedure Code.

Leave blank if the Secondary Procedure Code is the same as the Paid Procedure Code (Positions 153–177 of this record).

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|---|---|---|---|---|
| 29 | **PROVIDER POSTAL (ZIP+4) CODE**<br>N/A: CA | AN | 315-323 | 9 |

The standard 5-digit Zone Improvement Plan (ZIP) code with the appended 4-digit code (ZIP+4) assigned by the postal service (USPS or other) to the medical/service provider address where the service was performed.

If the 9-digit ZIP+4 code is known, report the 9-digit ZIP+4 code. If only the standard 5-digit ZIP code is known, report the 5-digit ZIP code.

If the service facility or dispensing pharmacy ZIP code is unavailable, report only the postal (ZIP+4) code of the provider's billing address unless it is a billing house. When the billing address is a billing house and ZIP+4 code for the medical/service provider address where the service was performed is not available, leave this field blank.

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|---|---|---|---|---|
| 30 | **RESERVED FOR FUTURE USE** | AN | 324-350 | 27 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|---|---|---|---|
| **II. FILE CONTROL RECORD** | | | | |
| 1 | **RECORD TYPE CODE**<br>Report "SUBCTRLREC"<br><br>One File Control Record is required for each submission. | (A) | 1-10 | 10 |
| 2 | **SUBMISSION FILE TYPE CODE**<br>Report the code that identifies the type of file being submitted.<br><br>This field cannot be blank.<br><br>**Code** **Description**<br>O Original<br>R Replacement | (A) | 11 | 1 |
| 3 | **CARRIER GROUP CODE**<br>Report the NCCI Carrier Group Code that corresponds to the Reporting Group for which the data provider has been certified to report on its behalf. | (N) | 12-16 | 5 |
| 4 | **REPORTING QUARTER CODE**<br>Report the code that corresponds to the quarter when the medical transactions being reported occurred.<br><br>**Code** **Description**<br>1 First Quarter<br>2 Second Quarter<br>3 Third Quarter<br>4 Fourth Quarter | (N) | 17 | 1 |
| 5 | **REPORTING YEAR**<br>Report the year that corresponds to the year when the medical transactions being reported occurred.<br><br>Format: YYYY | (N) | 18-21 | 4 |
| 6 | **SUBMISSION FILE IDENTIFIER**<br>Report the unique identifier created by the data provider to distinguish the file being submitted from previously submitted files.<br><br>This field must be left justified and contain blanks in all spaces to the right of the last character if the Submission File Identifier is less than 30 bytes. | (AN) | 22-51 | 30 |
| 7 | **SUBMISSION DATE**<br>Report the date the file was generated.<br><br>Format: CCYYMMDD | (N) | 52-59 | 8 |

| Field No. | Field Title/Description | Class | Position | Bytes |
|---|---|---|---|---|
| 8 | **SUBMISSION TIME**<br>Report the time the file was generated in military time.<br><br>Format: HHMMSS (HH = Hours, MM = Minutes, SS = Seconds) | (N) | 60-65 | 6 |
| 9 | **RECORD TOTAL**<br>Report the total number of records in the file, **excluding** the File Control Record.<br><br>**NOTE**: Blank rows will be removed during processing and not counted. If blank rows are included in the Record Total, the file will appear out of balance and reject.<br><br>This field must be right justified and left zero-filled. | (N) | 66-76 | 11 |
| 10 | **RESERVED FOR FUTURE USE** | | 77-350 | 274 |

## III. KEY FIELD CHANGE RECORD

| | | | | |
|---|---|---|---|---|
| 1 | **PREVIOUS CARRIER CODE**<br>Report the previously reported Carrier Code whether or not it is being changed by the Key Field Change record. | (N) | 1-5 | 5 |
| 2 | **PREVIOUS POLICY NUMBER IDENTIFIER**<br>Report the previously reported Policy Number Identifier whether or not it is being changed by the Key Field Change record. | (AN) | 6-23 | 18 |
| 3 | **PREVIOUS POLICY EFFECTIVE DATE**<br>Report the previously reported Policy Effective Date whether or not it is being changed by the Key Field Change record.<br><br>Format: CCYYMMDD | (N) | 24-31 | 8 |
| 4 | **PREVIOUS CLAIM NUMBER IDENTIFIER**<br>Report the previously reported Claim Number Identifier whether or not it is being changed by the Key Field Change record. | (AN) | 32-43 | 12 |
| 5 | **TRANSACTION CODE**<br>Report the code that identifies the type of transaction of the record being submitted. | (N) | 44-45 | 2 |
| 6 | **CARRIER CODE**<br>Report the 5-digit NCCI assigned Carrier Code. Do not report the NCCI Group Code unless it is the same as the Carrier Code. Do not report the NAIC Carrier Code. | (N) | 46-50 | 5 |
| 7 | **POLICY NUMBER IDENTIFIER**<br>Report the unique set of numbers and/or letters that identify the policy under which the claim occurred.<br><br>Policy Number Identifier must match the Unit Statistical data Policy Number Identifier reported for this claim, including any prefixes or suffixes. The Policy Number Identifier can neither be all zeros nor all blanks nor a combination of zeros and blanks. | (AN) | 51-68 | 18 |
| 8 | **POLICY EFFECTIVE DATE**<br>Report the effective date that corresponds to the date shown on the Policy Information Page or to endorsements attached.<br><br>Format: CCYYMMDD | (N) | 69-76 | 8 |

| **Code** | **Description** |
|---|---|
| 04 | Key Field Change record<br><br>Key Field Change transactions should only be included in Key Field Change files. |

| | | | | |
|---|---|---|---|---|
| 9 | **CLAIM NUMBER IDENTIFIER**<br>Report the unique set of numbers and/or letters that identify the specific claim.<br><br>The Claim Number Identifier must match the Unit Statistical data Claim Number Identifier reported for this claim. This number must be used consistently for all future reporting of the claim transactions. The Claim Number Identifier can neither be all zeros nor all blanks nor a combination of zeros and blanks. | (AN) | 77-88 | 12 |
| 10 | **RESERVED FOR FUTURE USE** | | 89-350 | 262 |

# WORKERS COMPENSATION MEDICAL DATA

# REPORTING SPECIFICATIONS (WCMED)

## SECTION 2

## ELECTRONIC RECORD LAYOUTS

## I. MEDICAL DATA CALL RECORD LAYOUT

| Field No. | Field Title/Description | Class | Position | Bytes | Header/ Detail | Source |
|---|---|---|---|---|---|---|
| 1 | Carrier Code* | N | 1-5 | 5 | H | Payer |
| 2 | Policy Number Identifier* | AN | 6-23 | 18 | H | CMS 11 |
| 3 | Policy Effective Date* | N | 24–31 | 8 | H | |
| 4 | Claim Number Identifier* | AN | 32–43 | 12 | H | Payer |
| 5 | Transaction Code | N | 44–45 | 2 | D | Payer |
| 6 | Jurisdiction State Code | N | 46–47 | 2 | H | Payer |
| 7 | Claimant Gender Code | AN | 48 | 1 | H | CMS 3 UB 11 |
| 8 | Birth Year | N | 49–52 | 4 | H | CMS 3 UB 10 |
| 9 | Accident Date | N | 53–60 | 8 | H | CMS 14 |
| 10 | Transaction Date | N | 61–68 | 8 | D | Payer |
| 11 | Bill Identification Number* | AN | 69–98 | 30 | H | Payer |
| 12 | Line Identification Number* | AN | 99–128 | 30 | D | Payer |
| 13 | Service Date | N | 129–136 | 8 | D | CMS 24A UB 45 |
| 14 | Service From Date | N | 137–144 | 8 | H | CMS 18 UB 6 |
| 15 | Service To Date | N | 145–152 | 8 | H | CMS 18 UB 6 |
| 16 | Paid Procedure Code | AN | 153–177 | 25 | D | CMS 24D UB 42 or Payer |
| 17 | Paid Procedure Code Modifier | AN | 178–185 | 8 | D | CMS 24D UB 44 or Payer |
| | First Paid Procedure Code Modifier | | (178-181) | (4) | | |
| | Second Paid Procedure Code Modifier | | (182-185) | (4) | | |
| 18 | Amount Charged by Provider | N | 186–196 | 11 | D | CMS 24F UB 47 |
| 19 | Paid Amount | N | 197–207 | 11 | D | Payer |
| 20 | Primary ICD Diagnostic Code | AN | 208–221 | 14 | H/D | CMS 21-1 (D) UB 67 (H) |
| 21 | Secondary ICD Diagnostic Code | AN | 222–235 | 14 | H/D | CMS 21-2 (D) UB 67A (H) |
| 22 | Provider Taxonomy Code | AN | 236-255 | 20 | H | Provider or Payer |
| 23 | Provider Identification Number | AN | 256–270 | 15 | H | CMS 33A UB 56 |
| 24 | Provider Postal (ZIP) Code | AN | 271–273 | 3 | H | CMS 32 UB 1 |
| 25 | Network Service Code | A | 274 | 1 | H | Provider or Payer |

| Field No. | Field Title/Description | Class | Position | Bytes | Header/ Detail | Source |
|---|---|---|---|---|---|---|
| 26 | Quantity/Number of Units per Procedure Code | N | 275–281 | 7 | D | CMS 24G<br>UB 46 |
| 27 | Place of Service Code | AN | 282–289 | 8 | H | CMS 24B<br>UB 4** |
| 28 | Secondary Procedure Code | AN | 290–314 | 25 | D | UB 42 |
| 29 | Postal (ZIP+4) Code | AN | 315–323 | 9 | H | CMS 32 UB 1 |
| 30 | RESERVED FOR FUTURE USE | AN | 324-350 | 27 | | |

* This data element is considered a key field and must be reported the same as on the original record for all records related to a medical transaction (line).

** Refer to Place of Service Crosswalk.

Source Notes:

CMS Data is located on form CMS-1500. The field number on the form where the data is located is also provided.

Payer Data is not on a form; it is provided by the entity that pays the bill.

Provider Data is not on a form; it is provided by the healthcare provider.

UB Data is located on form UB-04. The field number on the form where the data is located is also provided.

## II. FILE CONTROL RECORD LAYOUT

| Field No. | Field Title/ Description | Class | Position | Bytes |
|---|---|---|---|---|
| 1 | Record Type | A | 1-10 | 10 |
| 2 | Submission File Type Code | A | 11 | 1 |
| 3 | Carrier Group Code * | N | 12-16 | 5 |
| 4 | Reporting Quarter Code * | N | 17 | 1 |
| 5 | Reporting Year * | N | 18-21 | 4 |
| 6 | Submission File Identifier | AN | 22-51 | 30 |
| 7 | Submission Date ** | N | 52-59 | 8 |
| 8 | Submission Time ** | N | 60-65 | 6 |
| 9 | Record Total*** | N | 66-76 | 11 |
| 10 | Reserved for Future Use | | 77-350 | 274 |

* If this is a replacement submission (Submission File Type Code, Position 11 is R-Replacement), then this field must be reported the same as the submission being replaced.

** For replacements (Submission File Type Code R), the combination of Submission Date and Submission Time must be after that of the file being replaced.

***If this is a replacement submission (File Type 'R' in Position 11), for the purpose of deleting all transactions previously reported in a file, the Record Total should be reported as zero.

## III. KEY FIELD CHANGE RECORD LAYOUT

| Field No. | Field Title/ Description | Class | Position | Bytes |
|---|---|---|---|---|
| 1 | Previous Carrier Code | N | 1-5 | 5 |
| 2 | Previous Policy Number Identifier | AN | 6-23 | 18 |
| 3 | Previous Policy Effective Date | N | 24-31 | 8 |
| 4 | Previous Claim Number Identifier | AN | 32-43 | 12 |
| 5 | Transaction Code | N | 44-45 | 2 |
| 6 | Carrier Code | N | 46-50 | 5 |
| 7 | Policy Number Identifier | AN | 51-68 | 18 |
| 8 | Policy Effective Date | N | 69-76 | 8 |
| 9 | Claim Number Identifier | AN | 77-88 | 12 |
| 10 | Reserved for Future Use | | 89-350 | 262 |