CARDS

Claims and Regulatory Data System

**Claims Indexing and
Claims History Request
Requirements**

Department of Business & Industry
Division of Industrial Relations
Workers' Compensation Section

Version 3.1 – 12/05/2018

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If you have any questions regarding the information contained within this manual, please contact CARDS@business.nv.gov or call 702-486-9080.

HISTORY & STATUTES

In 1991 the Nevada legislature passed NRS 616B.018 which required the Administrator of the Division of Industrial Relations to create a method of indexing claims for all workers' compensation claims in Nevada. Over the years there have been updates and changes to the statute regarding various elements of claims indexing and the requirements. In 2015 the Workers' Compensation Section (WCS) began working on the development of the new system with enhanced claims indexing. In April 2017, WCS launched their new Claims and Regulatory Data System (CARDS). The new system allows insurers and/or their TPAs to enter claims information directly into the system through a website portal. In the new system additional data elements have been included that will allow the Division of Industrial Relations to meet statutory requirements regarding claim payment information to the Department of Training, Employment and Rehabilitation (DETR) and provide insurers with a more detailed claims history report along with other industry comparison reports based on specific criteria. The system was designed to allow for additional functionality to be added with future enhancements and developments. This could include other reporting requirements for the Insurers and TPAs as well as data calls done by WCS.

NRS 616B.018 –Index of claims: Establishment; contents; format; use; fee; administrative fine for failure by insurer to provide information.
1. The Administrator shall establish a method of indexing claims for compensation that will make information concerning the claimants of an insurer available to other insurers and the Fraud Control Unit for Industrial Insurance established pursuant to NRS 228.420.
2. Every insurer shall provide the following information if required by the Administrator for establishing and maintaining the index of claims:
    (a) The first name, last name, middle initial, if any, date of birth and social security number of the injured employee;
    (b) The name and tax identification number of the employer of the injured employee;
    (c) If the employer of the injured employee is a member of an association of self-insured public or private employers, the name and tax identification number of that association;
    (d) The name and tax identification number of the insurer, unless the employer of the injured employee is self-insured and this requirement would duplicate the information required pursuant to paragraph (b);
    (e) The date upon which the employer's policy of industrial insurance that covers the claim became effective and the date upon which it will expire or must be renewed;
    (f) The number assigned to the claim by the insurer;
    (g) The date of the injury or of the sustaining of the occupational disease;
    (h) The part of the body that was injured or the occupational disease that was sustained by the injured employee;
    (i) The percentage of disability as determined by the rating physician or chiropractor;
    (j) Which part of the body was permanently impaired, if any;
    (k) What type of accident or occupational disease that is the subject of the claim;
    (l) The date, if any, that the claim was closed; and
    (m) If the claim has been closed, whether the closure was pursuant to the provisions of:
        (1) Subsection 2 of NRS 616C.235; or
        (2) Subsection 1 of NRS 616C.235,
    and what type of compensation was provided for the claim.
3. The Administrator shall require information provided pursuant to subsection 2 to be submitted:
    (a) In a format that is consistent with nationally recognized standards for the reporting of data regarding industrial insurance; and
    (b) Electronically or in another medium approved by the Administrator.

4. The Administrator shall ensure that the requirement for an insurer to provide information pursuant to subsection 2 is administered in a fair and equal manner so that an insurer is not required to provide more or a different type of information than another insurer similarly situated.

5. The provisions of this section do not prevent the Administrator from:
   (a) Conducting audits pursuant to the provisions of NRS 616B.003 and collecting information from such audits;
   (b) Receiving and collecting information from the reports that insurers must submit to the Administrator pursuant to the provisions of NRS 616B.009;
   (c) Investigating alleged violations of the provisions of chapters 616A to 617, inclusive, of NRS; or
   (d) Enforcing the provisions of chapters 616A to 617, inclusive, of NRS.

6. If an employee files a claim with an insurer, the insurer is entitled to receive from the Administrator a list of the prior claims of the employee. If the insurer desires to inspect the files related to the prior claims, the insurer must obtain the written consent of the employee.

7. Any information obtained from the index of claims may be admitted into evidence in any hearing before an appeals officer, a hearing officer or the Administrator.

8. The Division may assess and collect a reasonable fee for its services provided pursuant to this section. The fee must be payable monthly or at such other intervals as determined by the Administrator.

9. If the Administrator determines that an insurer has intentionally failed to provide the information required by subsection 2, the Administrator shall impose an administrative fine of $1,000 for the initial violation, and a fine of $2,000 for a second or subsequent violation.

10. As used in this section, "tax identification number" means the number assigned by the Internal Revenue Service of the United States Department of the Treasury for identification.

(Added to NRS by 1991, 352; A 1993, 702, 1859; 1995, 531, 539; 1997, 3216; 1999, 1038; 2001, 115, 123)

CLAIM DATA ELEMENTS

Claim Number*
Claim Type*

SUBMITTER INFORMATION

Date Claim Submitted to WCS*
Submitted First Name*(based on login)
Submitted Last Name*(based on login)
Submitter Phone*
Submitter Email*(based on login)

INJURED EMPLOYEE INFORMATION

First Name*
M.I.
Last Name*
Gender*
Date of Birth*
Zip Code*
Undocumented Injured Employee*
SSN*

CLAIM INFORMATION

Date of Injury/Date of Disablement*
Date C4 Received*
Date Accepted/Denied*
Accepted*
Type of Loss*
Catastrophic
Benefit Type
Benefit period start date
Benefit period through date
Nature of Injury*
Cause of Injury*
Permanent Impairment Percentage
Death Date**
Death Result of Injury**

RELATED ENTITIES

EMPLOYER
    Employer Name*
    Employer FEIN*
    Address Line 1*
    City*
    State*
    Address Line 2
    Postal Code*
    Phone*
INSURER*
TPA

CLAIM CLOSED/REOPENED

Date Closed
NRS Close Code
Total Cost at Closure
Reopen Effective Date
Reopen Request Date
Reopen Decision Date
Reopen Decision

PRIVATE CARRIER INFORMATION**

Policy Effective Date*
Policy Expiration Date*
Policy Number*

INJURY INFORMATION

Body Part* (must have one accepted)

*indicates a required field for create
**required/conditional

REPORTING TRIGGERS AND DEADLINES

INITIAL REPORTS:

Within 30 days of

- Claim Determination (Acceptance or Denial of Claim)

UPDATES:

Within 30 days of any of the following

- Benefit Start Date, End Date or Type Change (TTD, TPD, PPD, Rehab, PTD)
- Change in Claim Determination (Denial to Acceptance or vice versa)
- Claim Type Change (Med Only to Lost Time/Indemnity)
- Change to/from Catastrophic Claim status
- Finalized PPD rating and award
- Claim Closure
- Claim Reopening
- Injured Employee Death
- Any correction to or update of the Injured Employee's Information including name, gender, birthdate, SSN, employer, etc.
- Any correction to or update of the Claim Information including claim number, date of injury, nature of injury, cause of injury, type of loss, body parts involved, etc.

RULES FOR CLAIMS INDEXING

Claim Number* – Claim numbers should contain only letters and numbers. No special characters or spaces will be allowed. The claim number search will only result in an exact match. If the claim number changes the insurer/TPA is required to notify WCS and provide a list* of converted claim numbers to allow those numbers to be updated by a WCS employee prior to any claim indexing submissions. *Claim information must be submitted on the claim change spreadsheet.

Claim Type* – Medical only or Lost Time. **NOTES: Use Medical Only for denied claims. Lost time claims must include benefit payment information. Refer to
>   NAC 616B.016 (3) As used in this section:
>> (a) "Claim for accident benefits only" means a claim in which the benefits received by the injured employee or his or her dependents for the duration of the claim did not include benefits for a temporary total disability, temporary partial disability or permanent total disability.
>> (b) "Claim for benefits for lost time" means a claim in which the benefits received by the injured employee or his or her dependents for the duration of the claim included benefits for a **temporary total disability, temporary partial disability or permanent total disability.**

SUBMITTER INFORMATION

Date Claim Submitted to WCS* - (system generated)
Submitted First Name* - (based on login)
Submitted Last Name* - (based on login)
Submitter Phone* - free-form
Submitter Email* - (based on login)

INJURED EMPLOYEE INFORMATION

First Name*
M.I.
Last Name*
Gender*
Date of Birth*
Zip Code*
Undocumented Injured Employee* - For use only for undocumented workers. (Not available in flat file option.)
Injured Employee SSN*

CLAIM INFORMATION

Date of Injury/Date of Disablement* - Use date of injury for NRS 616 claims and date of disablement for NRS 617 claims.
Date C4 Received by Insurer/Claims Admin* - Must be on or after Date of Injury.
Date Accepted/Denied* - Must be on or after Date C4 Received.
Accepted* - yes/no. Accepted claims must have at least one accepted body part.
Type of Loss* - NRS 616- Traumatic Injury, NRS 617 – Occupational Disease, Cumulative Injury (Other than Disease).

Catastrophic – yes/no. refer to NRS 616A.077

Nature of Injury* - see addendum 2 code list.

Cause of Injury* - see addendum 3 code list.

Permanent Impairment Percentage – whole body percentage. Must have at least one body part rated if value is entered, including 0%

Death Date – Only if the injured worker is deceased otherwise leave blank (Death Result of Injury will also be required.)

Death Result of Injury – leave blank unless Death Date is completed. (Required with Death Date)

Benefit Type – see addendum 4 code list – Unlimited benefit types can be added to the claim. Most benefits types cannot overlap with the exception of Voc. Rehab Maintenance or Voc. Rehab Lump Sum.

Benefit period start date

Benefit period through date

For any Lump Payout use date the payment was issued for the period start date and the period through date.

RELATED ENTITIES

EMPLOYER

Employer Name*

Employer FEIN* - FEIN must be correct, employers are matched using this number. If we are unable to match the employer information provided with the policy number verified, the claim will be rejected. In very rare cases the WCS staff can manually enter and update claims without this information.

Address Line 1*

Address Line 2

City*

State*

Postal Code*

Phone*

INSURER* - In the portal this is populated based on chosen insurer and/or login. Must be included on all flat file and fillable PDF D-38 submissions. The FEIN must match with a licensed insurer in CARDS.

TPA – In the portal there is a drop down of related TPA's to choose from. Optional for the flat file and fillable PDF D-38. The FEIN must match with a licensed TPA in CARDS.

CLAIM CLOSED/REOPENED

Date Closed - *Required with NRS Close Code and Total Cost at Closure

NRS Close Code – NRS 616C.235 (1) or (2) *Required with Date Closed and Total Cost at Closure

Total Cost at Closure – per NAC 616B.707 *Required with Date Closed and NRS Close Code.

Claim closures will not be accepted on DENIED claims

Reopen Effective Date

Reopen Request Date - *Required with Reopen Effective Date.

Reopen Decision Date - *Required with Reopen Effective Date.

Reopen Decision - *Required with Reopen Effective Date.

PRIVATE CARRIER INFORMATION* (Required for private carriers only)

Policy Effective Date*

Policy Expiration Date*

Policy Number* - Policy Numbers should contain only letters and numbers. No special characters or spaces are allowed. The policy must list the same insurer and employer provided on the indexed claim. Submitters should use https://www.ewccv.com/cvs to search for policy numbers to confirm the information provided is accurate.

INJURY INFORMATION

Body Part* - See addendum 5 code list. Unlimited body parts can be added to the claim. (Accepted claims must have at least one accepted body part. If Permanent Impairment Percentage has a value, including 0%, must have at least one rated body part.)

*indicates a required filed.

Claims that do not meet the RULES FOR CLAIMS INDEXING will be rejected and the data will not be entered into the database.

CLAIM FILING OPTIONS

FLAT FILE using the FTP site

The flat file allows companies to submit claim information to the State of Nevada in large quantities with efficiency. The objective is to allow companies to submit claims, update claim records and request claim history for an individual(s) using the flat file format via the FTP site. Insurers or TPA's interested in submitting via flat file should contact CARDS@business.nv.gov for information regarding the flat file development, testing and submission processes.

Files

Claim and prior history report request information must be sent in files that have been compressed by a WinZip compatible utility that allows long file names. A "zipped" file may contain just data or it can be a container for one or more files. **All file names, zipped and unzipped, must adhere to the following naming convention. If the zip file contains data only, you cannot zip claim records and claim history report request records together into one file, they must be in separate zip files with the correct transaction code and header record type.**

File names must be in the following format.
* C-999999999-YYYYMMDD-99.XMT (New claim and claim update file)
* R-999999999-YYYYMMDD-99.XMT (Claim history report request file)

Pos. 01:   "C" for Claim File or "R" for Claim history Report File.
Pos. 02:   "-" dash separator for readability.
Pos. 03-11: FEIN of the company submitting the file. Must be all numeric.
Pos. 12:   "-" dash separator for readability.
Pos. 13-20: Date that the file was created.
Pos. 21:   "-" dash separator for readability.
Pos. 22-23: File Number. Default to "01". If more than one file from sender (FEIN) with the same Date(13-20), begin with "01" and increment by 1 for each file.

Every file must begin with a Header Record and end with a Trailer Record. The number of records in the file, excluding the header and trailer, must equal a record count that is submitted in the Trailer Record. If the counts do not match the entire file will be rejected.

Each detail record will be assigned a Record Sequence Number. This is a sequential number assigned to each record in the file, excluding the header and trailer record. In all files the Record Sequence Number should begin at 1 and be incremented by 1. The last number assigned should equal the record count of the Trailer Record.

The Header Record will identify the Sender of the file and file type. If more than one file of the same type ("C" claim or "R" report) is sent, increment the file number in the file name conventions from 1 and by 1 for each file. The Header Record carries a file number that should be incremented for each file if multiple files of the same type are sent with the same date. The file number in the Header Record should match the file number assigned in the file name. The Nevada software will use the Sender FEIN, Date Created and Sender File Number to determine if we had previously processed a file. Duplicate files will be rejected.

Claim Transaction Overview

Multiple transactions have been defined to perform specific claim related operations.   The transactions are identified by a combination of Transaction Code and Record Type date elements.

Operation Trans	Code Rec	Type
Create Claim	100	01
Update Claim	100	10
Close Claim	100	11
Reopen Claim	100	12
Body Part Injured	110	00
Claims History Request	200	50

All claim records can be submitted in the same file with the exception of Claims History Requests.

Add Claim Transactions

A new claim is registered by submitting a Create Claim transaction (100-01) immediately followed by one or more Body Part Injured transactions (110-00). At least one Body Part Injured transaction is required with a claim.

An employer will be added to the Nevada database from an Add Claim transaction if the following conditions are met.
- **An employer FEIN has been submitted.**
- The employer FEIN is not on our database.
- Employer data elements pass all edits.

If the employer FEIN is already in the Nevada database, employer name and address information submitted on a transaction will not be committed to the database but will still be viewable by a WCS user.

A claim will only be added to the Nevada database if it passes all edits identified by the attached Claim Submission File Edits.

Update Claim Transactions

Claim updates require that the entire claim is re-submitted with body part transactions. A claim update must pass all of the edits applied to a new claim.

An update, such as closing or reopening a claim can only be applied to claims that exist on the Nevada database and are in "open" status. If a claim had been closed and then re-opened, only the most recent copy of the claim will be updated. Refer to the Reopen Claim Transaction section.

A claim update will replace the current copy of a claim by deleting the claim from the database and adding back the claim with the update transaction(s).

A closed claim cannot be updated.

An employer can be added to the Nevada database in the same manner as specified for an add claim transaction. A claim update will not modify information for an employer that is already on the database. If the employer FEIN is on the Nevada database, employer name and address information is ignored.

New claims and claim updates can be sent together in one file or separately in different files.

Close Claim Transactions

A claim is closed by submitting a Close Claim transaction (100-11). The transaction must pass all edits identified in the attached Claim Submission File Edits.

Reopen Claim Transactions

A Reopen Claim transaction (100-12) will reopen a closed claim. The transaction must pass all edits identified in the attached Claim Submission File Edits.

The original content of a closed claim will be preserved in the Nevada database. A copy of the closed claim will be made in the Nevada database in "open" status. Claim updates can be applied against the "open" copy. This may result in multiple instances of the same claim. If for example a claim is closed and reopened two times there will be three instances of that claim on the database. The original claim submission (add claim) and two copies that result from two reopen claim transactions.

Body Part Injury Records

At least one Body Part Injury record (110-00) is required with every claim add and claim update transaction. Send one record for every body part injured. Injury records are sent in the same file as the claim and must immediately follow the claim and have the same claim number.

The body part code must be a valid code in the Nevada database. Refer to Addendum

Benefit Payment Type Records

When adding/updating a benefit payment type, benefit start date and/or benefit end date, the whole claim must be sent each time. Each update must be submitted as a separate record in the file. Multiple changes during one report period would be reported as a separate add/update record in the file.

Claim Records

Only one report type can be requested, Claim History by Claimant Social Security Number (200-50). Send one record for every injured worker report being requested. Requests must be in a separate file and not included with Claims add or updates.

Information provided on WCS web sites is intended to provide immediate access to public information. While all attempts are made to provide accurate, current and reliable information we recognize the possibility of human and/or mechanical error. Therefore, the State of Nevada, its employees, officers, and agencies expressly deny any warranty of the accuracy; reliability or timeliness of any information published by this system and shall not be held liable for any losses

caused by reliance upon the accuracy, reliability or timeliness of such information. Any person who relies upon such information obtained from this system does so at his or her own risk.

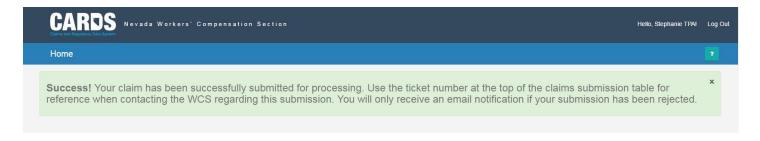| ERROR NO	ERROR DESCRIPTION
1	Rejected
5	Not Valid
10	Not Found
15	Is Greater Than Current Date
20	Is Greater Than Date Insurer Received Claim
25	Is Less Than Date Insurer Received Claim
30	Is Less Than Date of Injury
31	Is Greater than Date of Injury
35	Is Less Than Date Claim Opened
36	Policy Effective Date > Policy Expiration Date
40	Header Record Not Found
45	Trailer Record Not Found
50	Records Count Does Not Trailer Count
55	Claim Not Found
60	Claim is Closed
61	Claim is Open
65	Must Be Preceded By A Claim Record
70	Claim Already On File
75	Not Valid With Header File Type
80	Must Be Less Than Or Equal . . . From Date
81	Must be Greater Than Or Equip . . . To Date
82	Rejected Because Claim Rejected
83	Rejected Because Body Part(s) Rejected

How to get started with the Flat File

If an insurer or TPA is interested in developing the flat file they should contact CARDS@business.nv.gov for additional information and the most up to date information. Once the file is developed and ready for submissions the WCS will test the file submissions and return any corrections to the company developing the flat file. When all corrections have been made the WCS will obtain a login account to the FTP site. The submitter will load their files to the site for processing by the WCS. If there are any errors the submitter will receive an error report listing all the claims submissions that errored out with information regarding the errors. The submitter will also receive a claims history report if the submitter requested a separate claims history report.
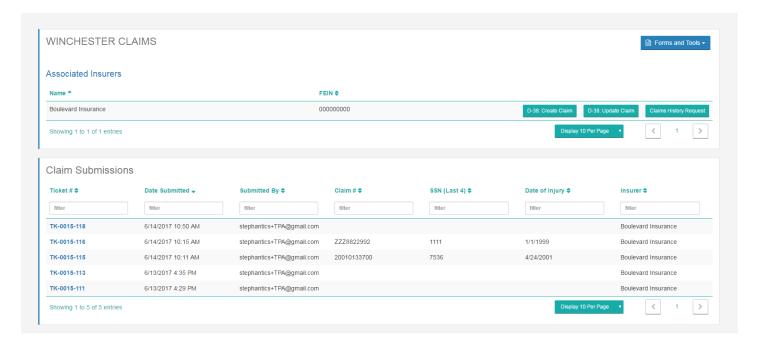
WEB PORTAL

To access the CARDS portal go to https://CARDS.nv.gov. The web portal allows companies to submit claims to the State of Nevada on an individual basis. The initial claim submission requires all necessary fields be completed according to the rules for indexing. When a claim is updated the information previously submitted is prepopulated in the web form making it easy for the submitter to simply change the information being updated. Additionally, once the submitted claim has been approved, companies can also request prior claims history for individuals as long as the insurer has a claim on file for that individual.

When the user submits a claim using the web portal a message will appear at the top of the page. The submitter will only receive an email if the submission was rejected. Each TPA user will only see submissions that TPA has submitted. Each insurer will see all submissions for that insurer.

The user will see the ticket number at the top of the claims submission table for the claim that was just submitted. The claim number, last 4 SSN and date of injury fields will be empty until the form is approved. Once the form is approved you will see this information appear in the table. Claims are processed in the order received. If an older submission does not have claim data the ticket may have been rejected by the indexing team because it did not comply with the Rules for Indexing.

FILLABLE PDF D-38

The fillable PDF D-38 claims indexing form is currently being accepted but will be phased out by mid-2018. The fillable PDF form requires the submitter to complete all information for each submission including updates. Completed fillable PDF D-38's can be saved and submitted to **indexing@business.nv.gov** or faxed to 775-687-6305. Forms that are incomplete or do not follow indexing rules and requirements will be returned to the submitter.

Any questions regard Claims Indexing should be directed to the Claims Indexing Coordinator at **indexing@business.nv.gov** or call (775) 684-7267

ADDENDUM 1
FLAT FILE FORMAT

Data Element		Length	Location	Required	Notes	Sample
HEADER						
001	Transaction Code	3	1-3	Y	001 - Header Record Must be the First record in every file.	001
002	Sender FEIN	9	4-12	Y	Must exist in Nevada Database	798884444
003	Date Created	8	13-20	Y	YYYYMMDD Must be less than or or equal to the date the file is submitted.	20170214
010	Filler	1	21	Y	Always 0	0
004	Sender File Number	2	22-23	Y	Leading Zeros	01
005	File Type	2	24-25	Y	01 = Claim; 50 = Report Request	01
006	Filler	2	26-27	Y	Always 0	00
007	Test/Production Indicator	1	28	Y	T = Test; P = Production	P
008	Sender email Address	75	29-103	Y		DarrinT@InsureOne.com
009	Filler	338	104-441	Y	Always Spaces	*Spaces*
TRAILER						
001	Transaction Code	3	1-3	Y	900 - Trailer Record Must be the Last record in every file.	900
901	Record Count	9	4-12	Y	Leading Zeros Must equal the number of Detail Transaction Records in the file.	000000002
902	Filler	429	13-441	Y	Always Spaces	*Spaces*
CLAIM DETAIL						
001	Transaction Code	3	1-3	Y	100 - Claim Record	100
008	Record Sequence Number	9	4-12	Y	Leading Zeros Sequential Record Number	000000001

102	Record Type	2	13-14	Y	01 = Add; A claim cannot be on file for the same Insurer FEIN, Claim Number and Injured Worker SSN. 10 = Change; A claim must be on file for the same Claim Number and Injured Worker SSN.	10
101	Claim Number	20	15-34	Y	Letters and Numbers only. No spaces or special characters.	DWT20170209
104	Employer FEIN	9	35-43	Y		795552222
108	Nevada Certificate Number	6	44-49	Y	Leading Zeros Insurer License Number issued by Nevada Division of Insurance	000000
105	Third-Party Administrator FEIN	9	50-58	N	Default to Spaces if not submitted	
106	ASIE/SIE FEIN	9	59-67	Y*	Default to Spaces if not submitted	
107	Private Insurer FEIN	9	68-76	Y*	Default to Spaces if not submitted	792227777
132	Policy Effective Date	8	77-84	N***	YYYYMMDD - Default to Spaces if not submitted Required if Private Insurer FEIN is submitted	20160101
133	Policy Expiration Date	8	85-92	N***	YYYYMMDD - Default to Spaces if not submitted Required if Private Insurer FEIN is submitted	20181231
109	Injured Worker Social Security Number	9	93-101	Y		322956007
110	Injured Worker Last Name	20	102-121	Y		Ragsdale
111	Injured Worker First Name	15	122-136	Y		Carl
112	Injured Worker Middle Initial	1	137	N	Default to Space if not submitted	B
113	Injured Worker Date of Birth	8	138-145	Y	YYYYMMDD	19700419
114	Injured Worker Gender	1	146	Y	M=Male; F=Female	M
115	Type of Claim	1	147	Y	L = Lost Time; M = Medical Only;	M
117	Date of Injury/Date of Disablement	8	148-155	Y	YYYYMMDD Must be <= Date C-4 recd by Insurer/Claims Admin	20160501
136	Date C-4 recd by Insurer/Claims Admin	8	156-163	Y	YYYYMMDD	20160504
137	Date Claim Accepted/Denied	8	164-171	Y	YYYYMMDD	20160515

138	Claim Accept/Deny	1	172	Y	A=Accepted; D=Denied;	A
139	Benefit Period Start Date	8	173-180	N	YYYYMMDD - Default to Spaces if not submitted	20170115
122	Employer Name	50	181-230	Y		DART Technology
123	Employer Address 1	40	231-270	Y		2304 Country Side Ave
124	Employer Address 2	40	271-310	N	Default to Spaces if not submitted	No Garage
125	Employer City	20	311-330	Y		Montgomery
126	Employer State	2	331-332	Y		IL
127	Employer Zip 5	5	333-337	Y		60538
128	Employer Zip 4	4	338-341	N	Default to Zeros if not submitted	1212
129	Employer Country	15	342-356	N	Default to Spaces if not submitted or USA	Spain
130	Foreign State/Province	10	357-366	N	Default to Spaces if not submitted	ESProvince
131	Foreign Zip Code	10	367-376	N	Default to Spaces if not submitted	99878
116	Policy Number	18	377-394	N***	Default to Spaces if not submitted. Must be letters and numbers only. No spaces or special characters. Required if Private Insurer FEIN is submitted	P679876
134	Injured Worker Zip code	5	395-399	Y		60538
135	Type of Loss Code	2	400-401	Y	01 = Traumatic Injury; 02 = Occ Disease; 03 = Cumulative;	01
140	Benefit Period Through Date	8	402-409	N	YYYYMMDD - Default to Spaces if not submitted	20170131
141	Benefit Type Code	3	410-412	N	See Table - Default to Spaces if not submitted	040
142	Nature of Injury Code	2	413-414	Y	See Table	25
143	Cause of Injury Code	2	415-416	Y	See Table	08
144	Date of Death	8	417-424	N**	YYYYMMDD - Default to Spaces if not submitted	
145	Death Result of Injury Code	1	425	N**	Default to Space if not submittedY=Yes; N=No; U=Unknown; Required if Date of Death is submitted	N
146	Catastrophic Claim	1	426	Y	Y=Yes; N=No;	N
147	Employer Contact phone number	10	427-436	Y	No Dashes	7024119111
204	Permanent Impairment Percentage	3	437-439	N	Default to Spaces if not submitted; Use Leading Zeros; 001-100	050 = 50%

205	Filler	2	440-441	Y	Always Spaces	*Spaces*
BODY PART INJURY						
001	Transaction Code	3	1-3	Y	110 - Body Part Record	110
008	Record Sequence Number	9	4-12	Y	Leading Zeros Sequential Record Number	000000002
102	Record Type	2	13-14	Y	Always 00	00
103	Filler	2	15-16	Y	Always 00	00
101	Claim Number	20	17-36	Y		DWT20170209
200	Body Part Code	4	37-40	Y	See Body Part Codes Table	0034
201	Injured Side	1	41	N	L=Left; R=Right; B=Both; Space if not submitted;	R
202	Accepted Y/N	1	42	N	Y=Yes; N=No;	Y
203	Rated Y/N	1	43	N	Y=Yes; N=No;	N
205	Filler	398	44-441	Y	Always Spaces	*Spaces*
CLOSE CLAIM RECORD						
001	Transaction Code	3	1-3	Y	100 - Close Claim Record	100
008	Record Sequence Number	9	4-12	Y	Leading Zeros Sequential Record Number	000000001
102	Record Type	2	13-14	Y	Always 11	11
103	Filler	2	15-16	Y	Always 00	00
101	Claim Number	20	17-36	Y		DWT20170209
109	Injured Worker Social Security Number	9	37-45	Y		322956007
119	Date Claim Closed	8	46-53	Y	YYYYMMDD Must be <= Date File is submitted	20170205
120	NRS Close Code	1	54	Y	1 = NRS 616C.235(1); 2 = NRS 616C.235(2)	1
148	Total Exp Paid on Claim at Closure	9	55-63	Y	Use Leading Zeros; Decimal point is implied (Format 7.2)	000014954 = 149.54
206	Filler	378	64-441	Y	Always Spaces	*Spaces*
REOPEN CLAIM						
001	Transaction Code	3	1-3	Y	100 - Reopen Record	100

008	Record Sequence Number	9	4-12	Y	Leading ZerosSequential Record Number	000000001
102	Record Type	2	13-14	Y	Always 12	12
103	Filler	2	15-16	Y	Always 00	00
101	Claim Number	20	17-36	Y		DWT20170209
109	Injured Worker Social Security Number	9	37-45	Y		322956007
121	Date Claim Reopened	8	46-53	Y*	YYYYMMDD Must be >= Date Claim Closed	20170208 *only required if Reopen Decision = Y
149	Date Reopening Requested	8	54-61	Y	YYYYMMDD	20170206
150	Date Reopening Decision	8	62-69	Y	YYYYMMDD	20170207
151	Reopen Decision	1	70	Y	Y=Yes; N=No;	Y
152	Filler	371	71-441	Y	Always Spaces	*Spaces*
CLAIM HISTORY by SSN REPORT						
001	Transaction Code	3	1-3	Y	200 - Request Record Only Valid with Header Record type 50	200
008	Record Sequence Number	9	4-12	Y	Leading Zeros Sequential Record Number	000000005
109	Injured Worker Social Security Number	9	13-21	Y		322956262
153	Insurer FEIN	9	22-30	Y		161016108
154	Filler	411	31-441	Y	Always Spaces	*Spaces*
					*Conditional requirement, must have one.	
					**Conditional requirement, must have none or both.	
					*** Required for Private Carriers	

ADDENDUM 2
NATURE OF INJURY CODES

Code	Name	Category	Description
01	No Physical Injury	Specific Injury	i.e., Glasses, contact lenses, artificial appliance, replacement of artificial appliance
02	Amputation	Specific Injury	Cut off extremity, digit, protruding part of body, usually by surgery, i.e. leg, arm
03	Angina Pectoris	Specific Injury	Chest Pain
04	Burn	Specific Injury	(Heat) Burns or scald. The effect of contact with hot substances. (Chemical) burns. tissue damage resulting from the corrosive action chemicals, fume, etc., (acids, alkalis)
07	Concussion	Specific Injury	Brain, Cerebral
10	Contusion	Specific Injury	Bruise - intact skin surface hematoma
13	Crushing	Specific Injury	To grind, pound or break into small bits
16	Dislocation	Specific Injury	Pinched nerve, slipped/ruptured disc, herniated disc, sciatica, complete tear, HNP subluxation, MD dislocation
19	Electric Shock	Specific Injury	Electrocution
22	Enucleation	Specific Injury	Removal of organ or tumor
25	Foreign Body	Specific Injury	
28	Fracture	Specific Injury	Breaking of a bone or cartilage
30	Freezing	Specific Injury	Frostbite and other effects of exposure to low temperature
31	Hearing Loss or Impairment	Specific Injury	Traumatic only. A separate injury, not the sequelae of another injury
32	Heat Prostration	Specific Injury	Heat stroke, sun stroke, heat exhaustion, heat cramps and other effects of environmental heat. Does not include sunburn
34	Hernia	Specific Injury	The abnormal protrusion of an organ or part through the containing wall of its cavity
36	Infection	Specific Injury	The invasion of a host by organisms such as bacteria, fungi, viruses, mold, protozoa or insects, with or without manifest disease.
37	Inflammation	Specific Injury	The reaction of tissue to injury characterized clinically by heat, swelling, redness and pain
40	Laceration	Specific Injury	Cut, scratches, abrasions, superficial wounds, calluses. wound by tearing

41	Myocardial Infarction	Specific Injury	Heart attack, heart conditions, hypertension. The inadequate blood flow to the muscular tissue of the heart.
42	Poisoning - General (Not OD or Cumulative Injury)	Specific Injury	A systemic morbid condition resulting from the inhalation, ingestion, or skin absorption of a toxic substance affecting the metabolic system, the nervous system, the circulatory system, the digestive system, the respiratory system, the excretory system, the musculoskeletal system, etc. includes chemical or drug poisoning, metal poisoning, organic diseases, and venomous reptile and insect bites. Does not include effects of radiation, pneumoconiosis, corrosive effects of chemicals; skin surface irritations, septicemia or infected wounds.
43	Puncture	Specific Injury	A hole made by the piercing of a pointed instrument
46	Rupture	Specific Injury	
47	Severance	Specific Injury	To separate, divide or take off
49	Sprain or Tear	Specific Injury	Internal derangement, a trauma or wrenching of a joint, producing pain and disability depending upon degree of injury to ligaments.
52	Strain or Tear	Specific Injury	Internal derangement, the trauma to the muscle or the musculotendinous unit from violent contraction or excessive forcible stretch.
53	Syncope	Specific Injury	Swooning, fainting, passing out, no other injury
54	Asphyxiation	Specific Injury	Strangulation, drowning
55	Vascular	Specific Injury	Cerebrovascular and other conditions of circulatory systems, NOC, excludes heart and hemorrhoids. Includes: strokes, varicose veins - non toxic
58	Vision Loss	Specific Injury	
59	All Other Specific Injuries, NOC	Specific Injury	
60	Dust Disease, NOC	Occupational Disease or Cumulative Injury	All other pneumoconiosis
61	Asbestosis	Occupational Disease or Cumulative Injury	Lung disease, a form of pneumoconiosis, resulting from protracted inhalation of asbestos particles.
62	Black Lung	Occupational Disease or Cumulative Injury	The chronic lung disease or pneumoconiosis found in coal miners
63	Byssinosis	Occupational Disease or Cumulative Injury	Pneumoconiosis of cotton, flax and hemp workers

64	Silicosis	Occupational Disease or Cumulative Injury	Pneumoconiosis resulting from inhalation of silica (quartz) dust.
65	Respiratory Disorders	Occupational Disease or Cumulative Injury	Gases, fumes, chemicals, etc.
66	Poisoning - Chemical, (Other Than Metals)	Occupational Disease or Cumulative Injury	Manmade or organic
67	Poisoning - Metal	Occupational Disease or Cumulative Injury	Man made
68	Dermatitis	Occupational Disease or Cumulative Injury	Rash, skin or tissue inflammation including boils, etc., generally resulting from direct contact with irritants or sensitizing chemicals such as drugs, oils, biologic agents, plants, woods or metals which may be in the form of solids, pastes, liquids or vapors and which may be contacted in the pure state or in compounds or in combination with other materials. Do not include skin tissue damage resulting from corrosive action of chemicals, burns from contact with hot substances, effects of exposure to radiation, effects of exposure to low temperatures or inflammation or irritation resulting from friction or impact
69	Mental Disorder	Occupational Disease or Cumulative Injury	A clinically significant behavioral or psychological syndrome or pattern typically associated with either a distressing symptom or impairment of function. i.e., acute anxiety, neurosis, stress, non-toxic depression
70	Radiation	Occupational Disease or Cumulative Injury	All forms of damage to tissue, bones or body fluids produced by exposure to radiation
71	All Other Occupational Disease Injury, NOC	Occupational Disease or Cumulative Injury	
72	Loss of Hearing	Occupational Disease or Cumulative Injury	
73	Contagious Disease	Occupational Disease or Cumulative Injury	

74	Cancer	Occupational Disease or Cumulative Injury	
75	AIDS	Occupational Disease or Cumulative Injury	
76	VDT - Related Diseases	Occupational Disease or Cumulative Injury	Video display terminal diseases other than carpal tunnel syndrome
77	Mental Stress	Occupational Disease or Cumulative Injury	
78	Carpal Tunnel Syndrome	Occupational Disease or Cumulative Injury	Soreness, tenderness and weakness of the muscles of the thumb caused by pressure on the median nerve at the point at which it goes through the carpal tunnel of the wrist
79	Hepatitis C	Occupational Disease or Cumulative Injury	
80	All Other Cumulative Injury, NOC	Occupational Disease or Cumulative Injury	
90	Multiple Physical Injuries Only	Multiple Injuries	
91	Multiple Injuries Including Both Physical and Psychological	Multiple Injuries	

ADDENDUM 3
CAUSE OF INJURY CODES

Code	Name	Category	Description
01	Chemicals	Burn or Scald – Heat or Cold Exposures– Contact With	Includes hydrochloric acid, sulfuric acid, battery acid, methanol, antifreeze.
02	Hot Objects or Substances	Burn or Scald – Heat or Cold Exposures– Contact With	
03	Temperature Extremes	Burn or Scald – Heat or Cold Exposures– Contact With	Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite.
04	Fire or Flame	Burn or Scald – Heat or Cold Exposures– Contact With	
05	Steam or Hot Fluids	Burn or Scald – Heat or Cold Exposures– Contact With	
06	Dust, Gases, Fumes or Vapors	Burn or Scald – Heat or Cold Exposures– Contact With	Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke.
07	Welding Operation	Burn or Scald – Heat or Cold Exposures– Contact With	Includes welder's flash (burns to skin or eyes as a result of exposure to intense light from welding.)
08	Radiation	Burn or Scald – Heat or Cold Exposures– Contact With	Includes effects of ionizing radiation found in Xrays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn.
09	Contact With, NOC	Burn or Scald – Heat or Cold Exposures– Contact With	Not otherwise classified in any other code. Includes cleaning agents and fertilizers.
11	Cold Objects or Substances	Burn or Scald – Heat or Cold Exposures– Contact With	

14	Abnormal Air Pressure	Burn or Scald – Heat or Cold Exposures– Contact With	
84	Electrical Current	Burn or Scald – Heat or Cold Exposures– Contact With	Includes electric shock, electrocution and lightning.
10	Machine or Machinery	Caught In, Under or Between	Running or meshing objects, a moving and a stationary object, two or more moving objects
12	Object Handled	Caught In, Under or Between	Includes medical hospital bed & parts, wheelchair, clothespin vise.
13	Caught In, Under or Between, NOC	Caught In, Under or Between	Not otherwise classified in any other code.
20	Collapsing Materials (Slides of Earth)	Caught In, Under or Between	Either man made or natural.
15	Broken Glass	Cut, Puncture, Scrape Injured By	
16	Hand Tool, Utensil; Not Powered	Cut, Puncture, Scrape Injured By	Includes needle, pencil, knife, hammer, saw, axe, screwdriver.
17	Object Being Lifted or Handled	Cut, Puncture, Scrape Injured By	Includes being cut, punctured or scraped by a person or object being lifted or handled.
18	Powered Hand Tool, Appliance	Cut, Puncture, Scrape Injured By	Includes drill, grinder, sander, iron, blender, welding tools, nail gun.
19	Cut, Puncture, Scrape, NOC	Cut, Puncture, Scrape Injured By	Not otherwise classified in any other code. Includes power actuated tools.
25	From Different Level (Elevation)	Fall, Slip or Trip Injury	Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.
26	From Ladder or Scaffolding	Fall, Slip or Trip Injury	
27	From Liquid or Grease Spills	Fall, Slip or Trip Injury	
28	Into Openings	Fall, Slip or Trip Injury	Includes mining shafts, excavations, floor openings, elevator shafts.
29	On Same Level	Fall, Slip or Trip Injury	
30	Slip, or Trip, Did Not Fall	Fall, Slip or Trip Injury	Slip or trip and did not come in contact with the floor or ground.

31	Fall, Slip or Trip, NOC	Fall, Slip or Trip Injury	Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified.
32	On Ice or Snow	Fall, Slip or Trip Injury	
33	On Stairs	Fall, Slip or Trip Injury	
40	Crash of Water Vehicle	Motor Vehicle	
41	Crash of Rail Vehicle	Motor Vehicle	
45	Collision or Sideswipe With Another Vehicle	Motor Vehicle	Vehicle collision, both vehicles in motion.
46	Collision with a Fixed Object	Motor Vehicle	Collision occurring with standing vehicle or stationary object.
47	Crash of Airplane	Motor Vehicle	
48	Vehicle Upset	Motor Vehicle	Includes overturned or jackknifed.
50	Motor Vehicle, NOC	Motor Vehicle	Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.
52	Continual Noise	Strain or Injury By	Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.
53	Twisting	Strain or Injury By	Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.
54	Jumping or Leaping	Strain or Injury By	
55	Holding or Carrying	Strain or Injury By	Applies to objects or people. Includes restraining a person.
56	Lifting	Strain or Injury By	Includes objects or people.
57	Pushing or Pulling	Strain or Injury By	Includes objects or people.
58	Reaching	Strain or Injury By	
59	Using Tool or Machinery	Strain or Injury By	
60	Strain or Injury By, NOC	Strain or Injury By	Not otherwise classified in any other code.
61	Wielding or Throwing	Strain or Injury By	Physical effort or overexertion from attempts to resist a force applied by an object being handled.
97	Repetitive Motion	Strain or Injury By	Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome.
65	Moving Part of Machine	Striking Against or Stepping On	
66	Object Being Lifted or	Striking Against or	

	Handled	Stepping On	
67	Sanding, Scraping, Cleaning Operation	Striking Against or Stepping On	Include scratches or abrasions caused by sanding, scraping, cleaning operations.
68	Stationary Object	Striking Against or Stepping On	
69	Stepping on Sharp Object	Striking Against or Stepping On	
70	Striking Against or Stepping On, NOC	Striking Against or Stepping On	Not otherwise classified in any other code.
74	Fellow Worker, Patient or Other Person	Struck or Injured By	Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them not in act of a crime.
75	Falling or Flying Object	Struck or Injured By	
76	Hand Tool or Machine in Use	Struck or Injured By	
77	Motor Vehicle	Struck or Injured By	Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes.
78	Moving Parts of Machine	Struck or Injured By	
79	Object Being Lifted or Handled	Struck or Injured By	Includes dropping object on body part.
80	Object Handled By Others	Struck or Injured By	Includes another person dropping object on injured person's body part.
81	Struck or Injured, NOC	Struck or Injured By	Not otherwise classified in any other code. Includes kicked, stabbed, bitten.
85	Animal or Insect	Struck or Injured By	Includes bite, sting or allergic reaction.
86	Explosion or Flare Back	Struck or Injured By	Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves upper heated air and combustible gases at temperatures just below the ignition temperature.
94	Repetitive Motion	Rubbed or Abraded By	Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister.
95	Rubbed or Abraded, NOC	Rubbed or Abraded By	Not otherwise classified in any other code. Includes foreign body in ears.
82	Absorption, Ingestion or Inhalation, NOC	Miscellaneous Causes	Not otherwise classified in any other code. Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances.
87	Foreign Matter (Body) in	Miscellaneous Causes	Injury to eyes resulting from foreign matter that is not otherwise classified in any

	Eye(s)		other code.
88	Natural Disasters	Miscellaneous Causes	Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.
89	Person in Act of a Crime	Miscellaneous Causes	Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault.
90	Other Than Physical Cause of Injury	Miscellaneous Causes	Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.
91	Mold	Miscellaneous Causes	Includes mildew.
93	Gunshot	Miscellaneous Causes	Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.
96	Terrorism	Miscellaneous Causes	An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion.
98	Cumulative, NOC	Miscellaneous Causes	Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time.
99	Other - Miscellaneous, NOC	Miscellaneous Causes	Not otherwise classified in any other code.

ADDENDUM 4
BENEFIT TYPE CODES

Code	Name	Category	Notes
010	Fatal	Other	
020	Permanent Total	Other	
030	Permanent Partial/Scheduled	Other	Used for teeth only based on payment schedule
040	Permanent Partial/Unscheduled	Other	all other payments including lump
050	Temporary Total	TTD	
070	Temporary Partial	TPD	
410	Voc Rehab Maintenance	Rehab	
510	Fatal Lump Sum Pmt/Settlement	Other	burial benefits up to
541	Voc Rehab Maint Lump Sum Pmt/Settlement	Rehab	

ADDENDUM 5
BODY PART CODES

Code	Name	Category	Narrative
0010	Multiple Head injury	Head	Any combination of below parts
0011	Skull	Head	
0012	Brain	Head	
0013	Ear(s)	Head	Includes hearing, inside eardrum
013A	Ear(s)	Head	Total deafness of both ears
013B	Ear(s)	Head	Total deafness of one ear
013C	Ear(s)	Head	Where worker prior to injury has suffered a total loss of hearing in one ear, and as a result of the accident loses total hearing in remaining ear
0014	Eye(s)	Head	Includes Optic nerves, vision, eye lids
014A	Eye(s)	Head	The loss of eye by enucleation (including disfigurement resulting therefrom)
014B	Eye(s)	Head	Total blindness in one eye
014C	Eye(s)	Head	Total blindness in both eyes

0015	Nose	Head	Includes nasal passage, sinus, sense of smell
0016	Teeth	Head	
0017	Mouth	Head	Includes lips, tongue, throat, taste
0018	Soft Tissue of head	Head	
0019	Facial Bones	Head	Includes jaw
0020	Multiple neck injury	Neck	
0021	Vertebrae	Neck	Includes cervical segment of spinal column
0022	Disc	Neck	Includes cervical segment of spinal column cartilage
0023	Spinal column	Neck	Includes cervical segment nerve tissue
0024	Larynx	Neck	Includes cervical segment cartilage and vocal cords
0025	Soft Tissue of neck	Neck	Other than larynx or trachea
0026	Trachea	Neck	
0030	Multiple upper extremities	Upper extremities	
0031	Upper arm	Upper extremities	
0032	Elbow	Upper extremities	
0033	Lower Arm	Upper extremities	Forearm
0034	Wrist	Upper extremities	
0035	Hand	Upper extremities	
0036	Finger(s)	Upper extremities	
036A	Finger(s)	Upper extremities	The loss of in index finger and metacarpal bone thereof
036B	Finger(s)	Upper extremities	The loss of an index finger at the proximal joint
036C	Finger(s)	Upper extremities	The loss of an index finger at the second joint
036D	Finger(s)	Upper extremities	The loss of an index finger at the distal joint

036E	Finger(s)	Upper extremities	The loss of a second finger and metacarpal bone thereof
036F	Finger(s)	Upper extremities	The loss of a middle finger at the proximal joint
036G	Finger(s)	Upper extremities	The loss of a middle finger at the second joint
036H	Finger(s)	Upper extremities	The loss of a middle finger at the distal joint
036I	Finger(s)	Upper extremities	The loss of a third ring finger and metacarpal bone thereof
036J	Finger(s)	Upper extremities	The loss of a ring finger at the proximal joint
036K	Finger(s)	Upper extremities	The loss of a ring finger at the second joint
036L	Finger(s)	Upper extremities	The loss of a ring finger at the distal joint
036M	Finger(s)	Upper extremities	The loss of a little finger and the metacarpal bone thereof
036N	Finger(s)	Upper extremities	The loss of a little finger at the proximal joint
036O	Finger(s)	Upper extremities	The loss of a little finger at the second joint
036P	Finger(s)	Upper extremities	The loss of a little finger at the distal joint
0037	Thumb	Upper extremities	
037A	Thumb	Upper extremities	The loss of a thumb and metacarpal bone thereof
037B	Thumb	Upper extremities	The loss of a thumb at the proximal joint
037C	Thumb	Upper extremities	The loss of a thumb at the second or distal joint
0038	Shoulder(s)	Upper extremities	Includes armpit, rotator cuff, trapezius, clavicle, scapula
0039	Wrist(s) & Hand(s)	Upper	

			extremities
0040	Multiple Trunk	Trunk	
0041	Upper Back	Trunk	Thoracic Area. Upper back muscles, excluding vertebrae, disc, spinal cord
0042	Lower Back	Trunk	Lumbar and Lumbo Sacral areas. Lower back muscles, excluding sacrum, coccyx, pelvis, vertebrae, disc, spinal cord
0043	Disc	Trunk	Spinal column cartilage other than cervical segment
0044	Chest	Trunk	Including ribs, sternum, soft tissue
0045	Sacrum and Coccyx	Trunk	Final nine vertebrae-fused
0046	Pelvis	Trunk	
0047	Spinal Cord	Trunk	Nerve tissue other than cervical segment
0048	Internal organs	Trunk	Other than heart and lungs
0049	Heart	Trunk	
0060	Lungs	Trunk	
0061	Abdomen, groin	Trunk	Excluding injury to internal organs
0062	Buttocks	Trunk	Soft tissue
0063	Lumbar or sacral vertebrae	Trunk	Bone portion of the spinal column
0050	Multiple Lower Extremities	Lower Extremities	Any combination of below parts
0051	Hip	Lower Extremities	
0052	Upper Leg	Lower Extremities	Femur and corresponding muscles
0053	Knee	Lower Extremities	Patella
0054	Lower Leg	Lower Extremities	Tibia, fibula and corresponding muscles
0055	Ankle	Lower Extremities	Tarsals
0056	Foot	Lower Extremities	Metatarsals, heel, Achilles tendon and corresponding muscles - excluding ankle or toes
0057	Toes	Lower Extremities	Excluding great toe
057A	Toes	Lower Extremities	Little toe metatarsal bone
057B	Toes	Lower Extremities	Little toe at distal joint
057C	Toes	Lower Extremities	The loss of any other toe with the metatarsal bone thereof
057D	Toes	Lower Extremities	The loss of any other toe at the proximal joint
057E	Toes	Lower Extremities	Other toe at middle joint
057F	Toes	Lower Extremities	The loss of any other toe at the second or distal joint
057G	Toes	Lower Extremities	Other toe at distal joint
0058	Great Toe	Lower Extremities	
058A	Great Toe	Lower Extremities	The loss of a great toe with the metatarsal bone thereof

058B	Great Toe	Lower Extremities	The loss of a great toe at the proximal joint
058C	Great Toe	Lower Extremities	The loss of a great toe at the second or distal joint
0064	Artificial appliance	Multiple Body Parts	Braces, etc.
0065	Insufficient info to properly identify - unclassified	Multiple Body Parts	Insufficient information to identify part affected
0066	No physical injury	Multiple Body Parts	Includes mental disorder
0090	Multiple body parts (including body systems and body parts)	Multiple Body Parts	Applies when more than one major body part has been affected, such as an arm and a leg and multiple internal organs
0091	Body System(s)	Body **systems** and Multiple Body **Systems**	Entire body system affected without specific injury to other body part (i.e. poisoning, corrosive action, inflammation, affecting internal organ, damage to nerve center. Excludes: systemic damage resulting from external injury affecting external body part such as back injury damaging spinal cord nerves.
0099	Whole Body	Multiple Body Parts	Whole body