

ADOL Valid Value Detail Pg 1

MAINTENANCE TYPE CODE (MTC's) (DN0002)		OTHER BENEFIT TYPE CODE (OBT's) (DN0216)	
FIRST REPORT:		300	Total Funeral Expenses
00	Original	310	Total Penalties
01	Cancel Entire Claim	311	Total Employee Penalties
02	Change	320	Total Interest
04	Denial	321	Total Employee Interest
AU	Acquired/Unallocated	330	Total Employer's Legal Expenses
SUBSEQUENT REPORT:		340	Total Claimant's Legal Expenses
02	Change	350	Total Payments to Physicians
04	Denial	360	Total Hospital Costs
AB	Add Concurrent Benefit Type	370	Total Other Medical
AC	Acquisition/Indemnity Ceased	380	Total Vocational Rehabilitation Evaluation
AP	Acquired/Payment	390	Total Vocational Rehabilitation Education
CA	Change in Benefit Amount	400	Total Other Vocational Rehabilitation
CB	Change in Benefit Type	420	Total Expert Witness Fees
CD	Compensable Death - No Known Dependents/Payees	421	Total Court Reporter Fees
CO	Correction	422	Total Private Investigator Fees
EP	Employer Paid	430	Total Unallocated Prior Indemnity Benefits
ER	Employer Reinstatement	440	Total Unallocated Prior Medical
FN	Final	450	Total Pharmaceutical Costs
IP	Initial Payment	455	Total Dental Expenses
NT	Narrative	460	Total Physical Therapy Costs
PD	Partial Denial	465	Total Chiropractic Expenses
PY	Payment Report	470	Total Durable Medical Costs
BENEFIT TYPE CODE (DN0085)		475	Total Medical Travel Expenses
REGULAR BENEFIT TYPES:		480	Total Employee Medical/Legal Costs
010	Fatal	485	Total Emplr/Cim Admin Med-Legal Costs
020	Permanent Total	490	Total Agreed Upon/Directed Med-Legal Costs
021	Permanent Total Supplemental	BENEFIT ADJUSTMENT CODE (DN0092)	
030	Permanent Partial/Scheduled	A	Apportionment/Contribution
040	Permanent Partial/Unscheduled	B	Subrogation
050	Temporary Total	E	Employer Provided Pension
051	Catastrophic Benefits	G	Age 65 Reduction
070	Temporary Partial	I	Intoxication/Drugs
080	Employer's Liability	J	Appeal Adjustment
090	Permanent Partial Disfigurement	L	Disability Insurance/Income
210	Employer Paid Fatal Benefits	N	Non-Cooperation: Rehab, Training, etc
220	Employer Paid Permanent Total Benefits	Q	Illegally Employed Minor
221	Employer Paid Permanent Total Supplemental Benefits	R	Social Security Retirement
230*	Employer Paid Permanent Partial Scheduled (see Valid Value Table)	S	Social Security Disability
240	Employer Paid (EP) Unspecified	T	Acceleration of Benefits
242	EP Voc Rehab Maintenance	U	Unemployment Compensation
250	EP Temporary Total	V	Safety Violation
251	EP Catastrophic Benefits	W	Partial Wage Continuation
270	EP Temporary Partial	X	Death Benefit Reduction
410	Voc Rehab Maintenance	Y	Partial Reimburse Clmt Atty Fees
CLAIM TYPE CODE (DN0074)		Z	2 Yrs Continuous Disability
N	Notification of an Incident Only	1	Cost of Living Adjustment
M	Medical Only	2	Fraud/Misrepresentation
W	Lost Time with No Paid Indemnity	3	Post Injury Wage Earning Capacity
P	Indemnity with No Lost Time Beyond Waiting Period	4	Withheld Attorney Fees
I	Indemnity for Lost Time	BENEFIT CREDIT CODE (DN0126)	
L	Became Lost Time/Indemnity for Lost Time	C	Overpayment Credit
B	Became Medical Only	M	Credit for Employer Provided Benefits in Excess of Covered Weekly Benefit
Collective Bargaining Agreement Code (DN0438)		P	Advance
Y	Yes	BENEFIT REDISTRIBUTION CODE (DN0130)	
N	No	H	Court-Ordered Lien against WC
U	Unknown	K	Clmt Attorney Fees
TYPE OF LOSS CODE (DN0290)		INITIAL TREATMENT CODE (DN0039)	
01	Traumatic Injury	0	No Medical Treatment
02	Occupational Disease	1	Minor On-Site Remedies by Employer
03	Cumulative Injury (other than disease)	2	Minor Clinic/Hosp Remedies/Diagnostics
WAGE PERIOD CODE (DN0063)		3	Emergency Evaluation, Diagnostic Testing, and Medical Procedures
FROM:	SRO:	4	Hospitalization > 24 hours
01 Weekly	01 Weekly	5	Future Major Med/Lost Time Anticipated
02 Bi-Weekly	04 Monthly	PARTIAL DENIAL CODE (DN0294)	
04 Monthly		A	Denying Indemnity in Whole, not Medical
06 Daily		B	Denying Indemnity in Part, not Medical
07 Hourly		C	Denying Medical in Whole, Not Indemnity
DEPENDENT EXTENT OF DEPENDENCY (DN0429)		D	Denying Medical in Part, Not Indemnity
F	Full dependency	E	Denying Indemnity in Whole, Medical in Part
P	Partial dependency	F	Denying Medical in Whole, Indemnity in Part
DEPENDENT/PAYEE RELATIONSHIP CODE (DN0097)		G	Denying Both Indemnity & Medical in Part
R	Relationship	REDUCED BENEFIT AMOUNT CODE (DN0202)	
2	Widow	R	Reclassification of Benefit
3	Widower	S	Claim Settled Under Another DOI
4	Son/Daughter	N	No Money Settlement
5	Brother/Sister	D	Decrease in Indemnity
6	Mother/Father	Z	Net to Zero
7	Disabled Child	Part of Body Injured Location Code (DN0421)	
8	Jurisdiction Fund/Estate	B	Bilateral
9	Other	L	Left
N Numerical Birth Order		R	Right
0	Jurisdiction Fund	Permanent Impairment Body Part Location Code (DN0432)	
1-9	1-9	F	15
A	10	G	16
B	11	H	17
C	12	I	18
D	13	J	19
E	14	K	20
INITIAL RTW TYPE CODE (DN0403)		Part of Body Injured Fingers/Toes Location Code (DN0422)	
A	Actual	1	Index Finger or 1st Toe
R	Release	2	Middle Finger or 2nd Toe
LATEST RTW TYPE CODE (DN0406)		3	Ring Finger or 3rd Toe
A	Actual	4	Little Finger or 4th (little) Toe
R	Release	Permanent Impairment Body Part Code (DN0083)	
CANCEL REASON CODE - (DN0400)		http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	
D	Duplicate/Combined Claim	PART OF BODY INJURED CODE (DN0036)	
J	Jurisdiction Wrong/Changed	http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	
N	Not Required By Jurisdiction	CAUSE OF INJURY CODE (DN0037)	
R	Disputed Request By Jurisdiction	http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	
Benefit Change Reason Code (DN0439)		CHANGE REASON CODE (DN0413)	
A	Independent Medical Exam (IME) or Claim Administrator Consultant	A	Add
B	Employee Treating Physician medical report	U	Update
C	Recalculation of Net Weekly Amount based on Wage Statement	R	Remove
D	Jurisdiction Directed	D	Delete
E	Stipulated or negotiated Net Weekly Amount(not jurisdiction directed)	NATURE OF INJURY CODE (DN0035)	
		http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	
		INSURED TYPE CODE (DN0184)	
		I	Insured
		S	Self-Insured
		U	Uninsured
		INSURER TYPE CODE (DN0185)	
		I	Insurer
		S	Self-Insurer
		G	Guarantee Fund
		LUMP SUM PAYMENT/SETTLEMENT CODE (DN0293)	
		SF	Settlement Full
		SP	Settlement Partial
		AS	Agreement Stipulated
		AW	Award
		AD	Advance
		NS	Non-Specified Lump Sum Payment
		NON-CONSECUTIVE PERIOD CODE (DN0212)	
		W	Waiting Period
		B	Benefit Period
		A	Adjustment/Credit/Redistribution
		INJURY SEVERITY TYPE CODE (DN0229)	
		J	Major/Medical Threshold
		M	Minor
		Suspension Reason Code - Full (DN0418)	
		S1	Suspension: RTW or Medically Determined/Qualified to RTW
		S2	Suspension: Medical Non-Compliance
		S3	Suspension: Administrative Non-Compliance
		S4	Suspension: Claimant Death
		S5	Suspension: Incarceration
		S6	Suspension: Claimant's Whereabouts Unknown
		S7	Suspension: Benefits Exhausted
		S8	Suspension: Jurisdiction Change
		S9	Suspended Pending Settlement Approval
		SD	Suspension, Directed By Jurisdiction
		SJ	Suspended Pending Appeal or Judicial Review
		Suspension Reason Code - Partial (DN0419)	
		P1	Partial Suspension, RTW or Med Determined/Qualified to RTW
		P2	Partial Suspension, Medical Non-Compliance
		P3	Partial Suspension, Administrative Non-Compliance
		P4	Partial Suspension, Employee Death
		P5	Partial Suspension, Incarceration
		P7	Partial Suspension, Benefits Exhausted
		P9	Partial Suspension Pending Settlement Approval
		PJ	Partial Suspension Pending Appeal or Judicial Review
		CAUSE OF INJURY CODE (DN0037)	
		http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx	

