

WCB Assembled Workers' Compensation Claims

Data Dictionary

Data Label	Data Type	Data Description
Accident	Text	A Yes/No indication of an injury due to a workplace accident (not an occupational disease) as determined by the WCB.
Accident Date	Date	Injury date of the claim.
Age at Injury	Numeric	Age of injured worker when the injury occurred.
Alternative Dispute Resolution	Text	Claims subject to adjudication processes external to the Board. Y=Yes; N=No; U=Unknown
ANCR Date	Date	The date when ANCR (Accident, Notice and Causal Relationship) was determined and the claim was established. Minimal conditions must be met before financial responsibility can be assigned to a claim for workers' compensation. Specifically, it must be established that <ol style="list-style-type: none"> a) a work-related accident covered by the Workers' Compensation Law has occurred; b) following the accident, the injured worker has notified her/his employer within the time limit required by the Workers' Compensation Law; and c) a causal relationship exists between the accident and the resulting injury or disability.
Assembly Date	Date	The date the claim was first assembled. The WCB "assembles" a claim in which an injured worker has lost more than one week of work, has a serious injury that may result in a permanent disability, is disputed by the carrier or employer, or receives a claim form from the injured worker (Form C-3).
Attorney/Representative	Text	Is the claim being represented by an Attorney/Representative? Y=Yes; N=No
Average Weekly Wage	Numeric	Wage used to calculate total disability benefit rates for most injured workers defined as 1/52nd of the Injured Worker's average annual earnings, based on the prior year's payroll data. Blank means data was not provided.
Birth Year	Numeric	The reported year of birth of the injured worker. Blank means data was not provided.

C-2 date	Date	<p>Date of receipt of the Employer's Report of Work-Related Injury/Illness or equivalent (formerly Form C-2). Blank indicates no form received.</p> <p>For data sets published prior to the first quarter of 2022, the C-2 Date is the date of receipt of the "Employer's Report of Work-Related Injury/Illness" for C-2. For data sets created in the first quarter of 2022 and forward, the C-2 Date is set to the earliest received date of equivalent injury/illness filings, including electronic data filed through the Board's eClaims process.</p>
C-3 date	Date	<p>Date Form C-3 was received. Blank indicates no form received.</p> <p>C-3 is the "Employee Claim" form.</p>
Carrier Name	Text	Name of primary insurance provider responsible for providing workers' compensation coverage to the injured worker's employer.
Carrier Type	Text	<p>Type of primary insurance provider responsible for providing workers' compensation coverage to the injured worker's employer (Private Carrier, State Insurance Fund, Self-insured, or Special Fund). (See FAQ for clarifications on carrier type)</p> <ul style="list-style-type: none"> • 1A. PRIVATE • 2A. SIF (NYS Insurance Fund) • 2B. ATF (Aggregate Trust Fund) • 3A. SELF PUBLIC • 4A. SELF PRIVATE • 5A. SPECIAL FUND - CONS. COMM. (SECT. 25-A) • 5B. SPECIAL FUND - CONS. COMM. (SECT. 15-8)) • 5C. SPECIAL FUND - POI CARRIER WCB MENANDS • 5D. SPECIAL FUND – UNKNOWN • UNKNOWN – Carrier Unknown/Undetermined
Claim Identifier	Numeric	Unique identifier for each claim, assigned by WCB.
Claim Injury Type	Text	<p>Describes the claim injury in terms of the benefits awarded by Board:</p> <ul style="list-style-type: none"> • NON-COMP – No indemnity benefits awarded for the claim • MED ONLY – Medical benefits only • TEMPORARY – Claim is awarded temporary total or partial benefits for lost time • PPD SCH LOSS – Claim is awarded a Permanent Partial Scheduled Loss of Use Disability benefit involving a scheduled part(s) of body • PPD NSL – Claim is awarded a Permanent Partial Non-Scheduled Loss Disability benefit for body part(s) such as neck or back • PTD – Claim is awarded benefits for a Permanent Total Disability • DEATH – Claim for death benefits filed under WCL

		<p>§16 as a result of the death of a worker</p> <ul style="list-style-type: none"> • CANCELLED – Claim is cancelled if assembled in error or determined to be a duplicate
Claim Type	Text	<p>This field indicates the Claim type:</p> <ul style="list-style-type: none"> • Non-WC • PFL Discrimination • PFL No Insurance • Vol Ambulance Worker WC Claim • Vol Fireman WC Claim • Workers Compensation Claim
Closed Count	Numeric	The number of times a claim was closed in its lifespan with a decision of, "No Further Action".
Controverted Date	Date	The controverted claim resolution process begins with the arrival of both a notice of controversy (C-7/FROI-04/SROI-04) and a “qualifying” medical report. At that time, the claim is scheduled for a Pre-Hearing Conference (PHC). For data sets published prior to the first quarter of 2022, the Controverted Date field was set to the PHC date captured by the Board’s Claims Information System. For data sets created in the first quarter of 2022 and forward, the Controverted Date may also be set to the later of the two received dates of the notice of controversy (C-7/FROI-04/SROI-04) or the “qualifying” medical report.
County of Injury	Text	Name of the New York County where the injury occurred.
COVID-19 Indicator	Text	<p>Indication that the claim may be associated with COVID-19. The indicator value is “Y” if the WCIO Nature of Injury Code is 83 <u>or</u> for dates of injury December 1, 2019 or later, the injury text description includes terms like “covid”, “19”, “corona” or “virus”. The indicator value is “N” if the claim does not appear to be associated with COVID-19.</p> <p>Y – Yes N – No</p>
Current Claim Status	Text	<p>Present status of the claim: (see FAQ for clarifications on claim status types)</p> <ul style="list-style-type: none"> • Administratively Closed • Argument Set • Board Restoral • Case Cancelled • Hearing Set • Hearing Unset • Motion Set • Newly Assembled • No Further Action • Re-Opened Administratively • Referee - Reserved Decision • Returned to Examining
District Name	Text	Name of the WCB district office that oversees claims for that region or area of the state.

First Appeal Date	Date	Date the claim was first appealed. A blank date means the claim has not yet been appealed.
First Hearing Date	Date	Date the first hearing was held on a claim at a WCB hearing location. A blank date means the claim has not yet had a hearing held.
Gender	Text	The reported gender of the injured worker: F – Female; M - Male, U – Unknown (gender not specified)
Hearing Count	Numeric	Number of WCB hearings held on the claim.
Highest Process	Text	The highest claim resolution process. (See FAQ for clarifications on resolution process types) 1. NO RESOLUTIONS 2. ADMINISTRATIVE DETERMINATION 3B. CONCILIATION – MEETING 4A. HEARING – JUDGE 4B. HEARING – APPEAL 4C. HEARING - SETTLEMENT
IME-4 count	Numeric	Number of IME-4 forms received per claim. The IME-4 form is the “Independent Examiner's Report of Independent Medical Examination” form.
Industry Code	Text	First two digits of NAICS industry code reported after the Board’s implementation of the IAIABC’s Electronic Data Interchange (EDI) Claims standard. The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. More details of NAICS code and descriptions are available at: https://www.naics.com/search-naics-codes-by-industry/ . Blank means it was not reported.
Industry Code Description	Text	2-digit NAICS industry code description used to classify businesses according to their economic activity. The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. More details of NAICS code and descriptions are available at: https://www.naics.com/search-naics-codes-by-industry/ . Blank means it was not reported.
Interval Assembled to ANCR	Numeric	The number of days from the WCB Claim Assembly date to the establishment of the claim. A claim is established when Accident Notice Causal Relationship (ANCR) or Occupational Disease Notice Causal Relationship (ODNCR) is found in the claim.
Medical Fee Region	Text	This is the approximate region where the injured worker would receive medical service based on a ZIP code mapping to NYS counties. A more accurate mapping is available for a fee in the New York State Workers’ Compensation Board’s

		<p>Medical Fee Schedule.</p> <ol style="list-style-type: none"> I. Region 1: Rural areas outside of Buffalo, Albany, Syracuse, Rochester, Utica & Binghamton. II. Region 2: Buffalo, Albany, Syracuse, Rochester, Utica & Binghamton. III. Region 3: Westchester, Rockland & most of Suffolk, Orange, & Putnam. IV. Region 4: New York City, Nassau, and Western Suffolk. <p>UK=Unknown</p>
Occupational Disease	Text	A Yes/No indication of the onset of disability, attributable to the occupation of the worker (not from a specific workplace accident), as determined by the WCB.
OIICS Event Exposure Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS event exposure codes & descriptions are available at https://www.bls.gov/iif/oiics_manual_2007.pdf . Blank means it does not apply to this claim. See FAQ for more information.
OIICS Event Exposure Description	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS event exposure codes & descriptions are available at https://www.bls.gov/iif/oiics_manual_2007.pdf . Blank means it does not apply to this claim. See FAQ for more information.
OIICS Injury Source Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS injury source codes & descriptions are available at https://www.bls.gov/iif/oiics_manual_2007.pdf . Blank means it does not apply to this claim. See FAQ for more information.
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OIICS Nature of Injury Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS nature of injury codes & descriptions are available at https://www.bls.gov/iif/oiics_manual_2007.pdf . Blank means it does not apply to this claim. See FAQ for more information.
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OIICS Part of Body Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS part of body codes & descriptions are available at https://www.bls.gov/iif/oiics_manual_2007.pdf . Blank means it does not apply to this claim. See FAQ for more information.

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OIICS Secondary SourceCode	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS secondary source codes & descriptions are available at https://www.bls.gov/iif/oiics_manual_2007.pdf . Blank means it does not apply to this claim. See FAQ for more information.
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PPD Non-Scheduled Loss Date	Date	Date the claim was classified with a PPD Non-Scheduled Loss injury. Permanent Partial Disability applies when part of the employee's wage-earning capacity has been permanently lost. There are two types of permanent partial disability benefits, depending on the body part affected and the nature of the permanent disability: schedule loss of use (SLU) and non-schedule. Non-schedule Permanent Partial Disability applies where the injury is to a body part or of a type other than one of those listed on the "schedule" that defines SLU injuries. The severity of the disability is measured when the employee has reached maximum medical improvement (MMI). MMI is presumed to occur no more than two years after the date of injury.
PPD Scheduled Loss Date	Date	Date the claim was determined to be of a PPD scheduled lossnature. Permanent Partial Disability applies when part of the employee's wage-earning capacity has been permanently lost. There are two types of permanent partial disability benefits, depending on the body part affected and the nature of the permanent disability: schedule loss of use (SLU) and non-schedule. Schedule Loss of Use Permanent Partial Disability applies when an employee has permanently lost use of an upper extremity (shoulder, arm, hand, wrist, finger), lower extremity (hip, leg, knee, ankle, foot, toe), or eyesight or hearing. Compensation is limited to a certain number of weeks based on the body part and severity of the disability, according to a schedule set by law. Temporary benefits that have been paid are deducted from the total SLU award.
PTD Date	Date	Date the claim was determined to be of a Permanent Total

		<p>disability nature.</p> <p>Permanent Total Disability (PTD) applies when the employee's wage-earning capacity is permanently and totally lost. There is no limit on the number of weeks payable. In certain instances, an employee may continue to engage in business or employment, if his/her wages, combined with the weekly benefit, do not exceed the maximums set by law.</p>
Section 32 Date	Date	The date when a Section 32 Waiver Agreement was duly filed in a claim.
WCIO Cause of Injury Code	Text	<p>WCIO is the Workers Compensation Insurance Organizations. The WCIO cause of injury codes & descriptions are available at https://www.wcio.org/Active%20PNC/WCIO_Cause_Table.pdf</p> <p>Blank means it does not apply to this claim. See FAQ for more information.</p>
WCIO Cause of Injury Description	Text	<p>WCIO is the Workers Compensation Insurance Organizations. The WCIO cause of injury codes & descriptions are available at https://www.wcio.org/Active%20PNC/WCIO_Cause_Table.pdf</p> <p>Blank means it does not apply to this claim. See FAQ for more information.</p>
WCIO Nature of Injury Code	Text	<p>WCIO is the Workers Compensation Insurance Organizations. The WCIO nature of injury codes & descriptions are available at https://www.wcio.org/Active%20PNC/WCIO_Nature_Table.pdf</p> <p>Blank means it does not apply to this claim. See FAQ for more information.</p>
WCIO Nature of Injury Description	Text	<p>WCIO is the Workers Compensation Insurance Organizations. The WCIO nature of injury codes & descriptions are available at https://www.wcio.org/Active%20PNC/WCIO_Nature_Table.pdf</p> <p>Blank means it does not apply to this claim. See FAQ for more information.</p>
WCIO Part of Body Code	Text	<p>WCIO is the Workers Compensation Insurance Organizations. The WCIO part of body codes & descriptions are available at https://www.wcio.org/Active%20PNC/WCIO_Part_Table.pdf</p> <p>Blank means it does not apply to this claim. See FAQ for more information.</p>
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ZIP Code	Numeric	The reported ZIP code of the injured worker's home address.