

WCB Assembled Claims Data Dictionary

Data Label	Data Type	Data Description
Claim Identifier	Numeric	Unique identifier for each claim, assigned by WCB.
Claim Type	Text	WC for a Workers Compensation claim, VF for a Volunteer Firefighter claim, VW for a Volunteer Ambulance worker claim.
District Name	Text	Name of the WCB district office that oversees claims for that region or area of the state.
Average Weekly Wage	Numeric	Wage used to calculate total disability benefit rates for most claimants 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.
Current Claim Status	Text	Present status of the claim whether newly assembled, re-opened, among several "in process" states, or closed.
Claim Injury Type	Text	Describes the Claim in terms of the type of award applicable: 1. NON-COMP – No compensation for the claim, 2. MED ONLY – The claims will pay out Medicals only, 3. TEMP TOTAL – Claim type involving loss of time, 4. PPD SCH LOSS – Scheduled Loss payment involving a part of body, 5. PPD NSL – Permanent Partial Non Scheduled Loss, 6. PTD – Permanent Total Disability 7. DEATH – A claim involving a deceased claimant. 8. UNKNOWN – information is not available or does not apply
Age at Injury	Numeric	Age of claimant when the injury occurred.
Assembly Date	Date	The date the claim was first assembled.
Accident Date	Date	Injury date of the claim.
ANCR date	Date	Date ANCR (Accident, Notice and Causal Relationship) was determined and claim was established. Minimal conditions that must be met before financial responsibility can be assigned to a claim for workers' compensation.
Controverted Date	Date	Date the carrier filed a notice of controversy (Form C-7).
Section 32 Date	Date	Date a Waiver Agreement was filed for the Claim.
PPD Scheduled Loss Date	Date	Date the claim was determined to be of a Permanent Partial Disability (PPD) scheduled loss nature – see http://www.wcb.ny.gov/content/main/onthejob/DisabilityClass.jsp for a definition.
PPD Non-Scheduled loss Date	Date	Date the claim was determined to be of a Permanent Partial Disability (PPD) non-scheduled loss nature– see http://www.wcb.ny.gov/content/main/onthejob/DisabilityClass.jsp for a definition.
PTD Date	Date	Date the claim was determined to be of a Permanent Total Disability (PTD) nature – see

		http://www.wcb.ny.gov/content/main/onthejob/DisabilityClass.jsp for a definition.
First Appeal Date	Date	Date the claim was first appealed. A blank date means the claim has not yet been appealed.
WCIO POB Code	Text	WCIO is the Workers Compensation Insurance Organizations. The WCIO part of body codes & descriptions are available at https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx . Blank means it does not apply to this claim.
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WCIO Nature of Injury Code	Text	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 . Blank means it does not apply to this claim.
WCIO Nature of Injury Description	Text	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 . Blank means it does not apply to this claim.
WCIO Cause of Injury Code	Text	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 . Blank means it does not apply to this claim.
WCIO Cause of Injury Description	Text	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 . Blank means it does not apply to this claim.
OIICS POB Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS part of body codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=BodyPart . Blank means it does not apply to this claim.
OIICS POB Description	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS part of body codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=BodyPart . Blank means it does not apply to this claim.
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 http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Nature .

		Blank means it does not apply to this claim.
OIICS Nature of Injury Description	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS nature of injury codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Nature . Blank means it does not apply to this claim.
OIICS Injury Source Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS injury source codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Source . Blank means it does not apply to this claim.
OIICS Injury Source Description	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS injury source codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Source . Blank means it does not apply to this claim.
OIICS Event Exposure Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS event exposure codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Event . Blank means it does not apply to this claim.
OIICS Event Exposure Description	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS event exposure codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Event . Blank means it does not apply to this claim.
OIICS Secondary Source Code	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS secondary source codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Source . Blank means it does not apply to this claim.
OIICS Secondary Source Description	Text	OIICS is the Occupational Injury and Illness Classification System. The OIICS secondary source codes & descriptions are available at http://wwwn.cdc.gov/wisards/oics/Trees/MultiTree.aspx?TreeType=Source . Blank means it does not apply to this claim
Alternative Dispute Resolution	Text	Claims subject to adjudication processes external to the Board.
Gender	Text	Injured worker's gender: F - Female, M -Male, U – Unknown (gender was not specified)
Birth Year	Numeric	Claimant's year of birth. Blank means data was not provided.
ZIP Code	Numeric	Zip code of the injured worker's current home address.

Medical Fee Region	Text	The New York State region the claimant would receive medical service from.
C-2 date	Date	C-2 is the "Employer's Report of Work-Related Injury/Illness". Date Form C-2 was received. Blank indicates no form received.
C-3 date	Date	C-3 is the "Employee Claim" form Date Form C-3 was received. Blank indicates no form received.
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.
Highest Process	Text	The highest adjudication process the claim is currently in.
Hearing Count	Numeric	Number of WCB hearings held on the claim.
Closed Count	Numeric	The number of times a claim was closed in its lifecycle with a "No further action" decision.
Attorney/Representative	Text	Is the claim being represented by an Attorney/Representative (Y) or not (N)?
Carrier Name	Text	Name of primary insurance provider whose coverage pertains to the injured worker.
Carrier Type	Text	Type of primary insurance provider whose coverage pertains to the injured worker (Private Carrier, State Insurance Fund, Selfinsured, or Special Fund).
IME-4 count	Numeric	IME-4 is the "Independent Examiner's Report of Independent Medical Examination" form. Number of IME-4s received for the claim.
Interval Assembled to ANCR	Numeric	The number of days taken 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.
Accident	Text	Indication of an injury due to a workplace accident (not an occupational disease) as determined by the WCB. Y – Yes N – No
Occupational Disease	Text	Indication of the onset of disability, attributable to the occupation of the worker (not from a specific workplace accident), as determined by the WCB. Y - Yes N - No
County of Injury	Text	Name of the NY County where the injury occurred.