

WCB Assembled Workers' Compensation Claims

Data Dictionary

Data Label	Data Type	Data Description
Claim Identifier	Numeric	Unique identifier for each claim, assigned by WCB.
Claim Type	Text	<p>Workers' compensation benefits are different for certain classifications of volunteer worker. This field indicates the category for the worker in each claim.</p> <p>WC for a Workers Compensation claim, VF for a Volunteer Firefighter claim, VW for a Volunteer Ambulance worker claim.</p>
District Name	Text	Name of the WCB district office that oversees claims for that region or area of the state.
Average Weekly Wage	Numeric	<p>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.</p> <p>Blank means data was not provided.</p>
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	<p>Describes the Claim in terms of the type of award applicable:</p> <ol style="list-style-type: none"> 1. NON-COMP – No compensation for the claim, 2. MED ONLY – The claims will pay out Medical 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.
Age at Injury	Numeric	Age of claimant when the injury occurred.
Assembly Date	Date	<p>The date the claim was first assembled.</p> <p>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).</p>
Accident Date	Date	Injury date of the claim.

ANCR date	Date	<p>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.</p> <p>An “established claim” is one where the WCB has made a finding of a work-related accident or injury. Established Claims with indemnity award: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; (3) there is a causal relationship between the work injury or illness and a consequent disability; and (4) the claimant received a monetary award.</p>
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	<p>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.</p> <p>Date the claim was determined to be of a PPD scheduled loss nature.</p>
PPD Non-Scheduled loss Date	Date	<p>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.</p> <p>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.</p> <p>Date the claim was determined to be of a PPD non-scheduled loss</p>

		nature.
PTD Date	Date	<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> <p>Date the claim was determined to be of a Permanent Total disability nature.</p>
First Appeal Date	Date	Date the claim was first appealed. A blank date means the claim has not yet been appealed.
WCIO Part of Body 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.
WCIO Part of Body Description	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.
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 Part of Body 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 Part of Body 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/oiics/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/oiics/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/oiics/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/oiics/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/oiics/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/oiics/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/oiics/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/oiics/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/oiics/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 region the claimant would receive medical service within as laid out in the workers' compensation medical fee schedule.
C-2 date	Date	Date Form C-2 was received. Blank indicates no form received. C-2 is the "Employer's Report of Work-Related Injury/Illness".
C-3 date	Date	Date Form C-3 was received. Blank indicates no form received. C-3 is the "Employee Claim" form.
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, Self-insured, 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.
COVID-19 Indicator	Text	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.

		Y – Yes N – No
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