

## NATIONAL CASE MANAGEMENT FILE DATA DICTIONARY

NAME	START	END	FIELD TYPE	FIELD NAME	DESCRIPTION	VALUES
Case Number	1	9	\$9	CASE-NUMBER	Unique identifier for each case assigned by the responsible District Office	
Case Type	10	10	\$1	CASE-TYPE	Indicates the relationship between this case and any other cases in the file.	I = Independent M = Master S = Subsidiary D = Duplicate
Case Pointer	11	19	\$9	CASE-PTR	Uses the Case Type field to map cases to the master case	If Case Type = M; Case Pointer = total number of subsidiary cases associated with this master case. If Case Type = S; Case pointer = Master Case Number
Employee Name	20	62	\$43	EMP-NAME	Employee's \$Claimant Name	Last Name 20-39 First Name 40-49 Middle Name 50-59 Title 60-62
Priority Correspondence	63	63	\$1	PRTY-INQUIRY-TYPE	Indicates type of priority correspondence	blank
Sex	64	64	\$1	EMP-SEX	Employee's Gender	M,F
Social Security Number	65	73	\$9	EMP-SSN	Employee's SSN	
Date of Birth	74	81	\$8	EMP-DOB	Employee's Date of Birth	YYYYMMDD
Date of Death	82	89	\$8	EMP-DOD	Employee's Date of Death	YYYYMMDD
Address	90	124	\$35	ADDR	Claimant's Street Address	
City	125	144	\$20	CITY	Claimant's City Address	
State	145	146	\$2	STATE	Claimant's State	
Zip Code	147	155	\$9	ZIP	Claimant's Zip Code	Zip Zip Reserve
Telephone Number	156	165	\$10	TELENO	Claimant's Telephone Number	Area Code Phone #
Date of Injury	166	173	\$8	EMP-DOI	Claimant's Date of Injury	YYYYMMDD
Date Received	174	181	\$8	DATE-RECEIVED	Date initial claim form was received \$date stamped	YYYYMMDD
Date Created	182	189	\$8	DATE-CASE-CREATED	Date the case was created in the District Office \$case number assigned	YYYYMMDD
Case Review Date	190	197	\$8	DATE-REVIEWED	Date that the case was most recently reviewed	YYYYMMDD
Last Change Date	198	205	\$8	DATE-LAST-CHANGE	Date the case status was most recently changed	YYYYMMDD
Third Party Indicator	206	206	\$1	3 <sup>RD</sup> -PARTY-IND	Indicator of third party status	0 = no 3 <sup>RD</sup> party insurance 1 = not referred to SOL 2 = referred to SOL 4 = closed; minor, not economical to pursue 5 = closed; other 6 = settled; no refund due 7 = settled; refund not received

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						8 = settled; refund received, no credit due 9 = settled; refund received, credit due against future compensation
Third Party Date	207	214	\$8	3 <sup>RD</sup> -PARTY-DATE	Date the 3 <sup>rd</sup> Party Indicator was Entered	YYYYMMDD
Date Closed	215	222	\$8	DATE CLOSED	Date the case was closed	YYYYMMDD
Date Reopened	223	230	\$8	DATE-REOPEN	Date the case was reopened	YYYYMMDD
Adjudication Status	231	232	\$2	ADJUD-STATUS	Current Adjudication Status	AC = Accepted as compensable; COP only, medical benefits authorized AD = Accepted as compensable; daily roll & medical benefits authorized AF = Death accepted as compensable; dependent on periodic roll, no medical benefits AL = Accepted as compensable; leave elected medical benefits authorized AM = Accepted as compensable; only medical benefits authorized AO = Case previously accepted; no benefits payable AP = Accepted as compensable; periodic roll and medical benefits authorized AT = Accepted as work-related; wage loss compensation denied, medical benefits authorized  DO = Denied; case on appeal/reconsideration D1 = Denied; untimely D2 = Denied; not civil service employee D3 = Denied; no fact of injury D4 = Denied: not in performance of duty D5 = Denied; no casual relationship D6 = Denied; burden of proof D7 = Denied: case on appeals remand D8 = Denied; case on hearing remand D9 = Denied; case in reconsideration SU = Suspended
Adjudication Date	233	240	\$8	AJUD-DATE	Date of most recent adjudication	YYYYMMDD
Case Status	241	242	\$2	CURR-CASE-STATUS	Current case pay status	PI/PR = Case on Intermediate Roll PV/PR = Periodic Roll; in Vocational Rehab C1= Closed, no time lost C2 = Closed, leave elected C3 = Closed, benefits denied C4 = Closed, COP covered all time lost C5 = Closed, other - all benefits paid RT = Case retired or awaiting retirement
Current Status	243	250	\$8	CURR-STATUS-DATE	Current status date	YYYYMMDD
Previous Case Status	251	252	\$2	PREV-CASE-STATUS	Previous case status	See Case Status Values

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Previous Case Date	253	260	\$8	PREV-STATUS-DATE	Date of previous status	YYYYMMDD
Current Case Location	261	263	\$3	CURR-CASE-LOCN	Current location of case file	
Current Case Location Date	264	271	\$8	CURR-CASE-LOCN-DATE	Date of current case file location	YYYYMMDD
Previous Case Location	272	274	\$3	PREV-CASE-LOCN	Previous location of case file	
Previous Location Date	275	282	\$8	PREV-CASE-LOCN-DATE	Date file to previous location	YYYYMMDD
Accepted Condition	283	327	\$45	REP-ACCPT-COND	Accepted condition or diagnosis	Narrative or ICD-9, up to 6 times
Accepted Condition Flag	328	328	\$1	REP-ACC-CONF-FLAG	Indicates whether reported diagnosis was accepted as compensable	N = not accepted as compensable Y = accepted as compensable
Rehab Indicator	329	329	\$1	REHAB-IND	Indicates vocational rehabilitation status	1 = Closed on referral 2 = Closed Rehabilitated 3 = Closed Rehabilitated, New Employer 4 = Closed Rehabilitated, Previously Reemployed 5 = Closed, not rehabilitated, 6 = Closed with post employment services 7 = Returned to work, nurse intervention 8 = Returned to work, without VR assistance A = Initial Interview held B = Nurse Intervention C = Returned to CE D = Plan Development E = Employed G = Placement Assisted Reemployment I = Plan Approved L= Part time Light Duty M = Medical Rehabilitation N = Placement previous. employer P = Placement, new employer Q = Screened R = Referred to RS \$default add status S = Self-employed T = Training U = Closed by nurse, not RTW V = Employed, assisted reemployment W = Placement previous. employer with other services. Y = Closed on referral Z = Post employment services
Rehab Date	330	337	\$8	REHAB-DATE	Date entered current rehabilitation status	YYYYMMDD
COP Type	338	338	\$1	COP-TYPE	Indicates whether claimant used continuation of pay \$COP benefits	N = COP benefit not used Y = COP benefit used Blank
Agency Code	339	344	\$6	DEPT-AGENCY-CODE	Employing agency Chargeback code	

NAME	START	END	FIELD TYPE	FIELD NAME	DESCRIPTION	VALUES
Injury Zip	345	349	\$5	INJ-ZIP	Zip Code of location where injury occurred	
Extent of Injury	350	350	\$1	EXTENT-OF-INJ	Indicates seriousness of injury	1 = no time lost 2 = first aid 8 = inoculation X = non-fatal, lost time 0 = fatal
Status of Injury	351	351	\$1	STATUS-OF-INJ	Indicates fatal or not	0 = non-fatal 1 = fatal
Location of injury	352	353	\$2	ANAT-LOCN-CODE	Indicates the anatomical location of the injury/accepted condition	C1 = Single Ear Internal C2 = Both Ears Internal C3 = Single Eye Internal C4 = Both Eyes Internal CB = Brain CC = Cranial Bones CD =Teeth CJ = Jaw CI = Throat; Larynx CM = Mouth CN = Nose CR = Throat; Other CT = Tongue CZ = Not Otherwise Classified H1 = Single Eye External H2 = Both Eyes External H3 = Single Ear External H4 = Both Ears External HC = Chin HF = Face HK = Neck/Throat HM = Mouth/Lips HN = Nose HS = Scalp BL = Lower Back BU = Upper Back B1 = Single Breast B2 = Both Breasts B3 = Single Testicle B4 = Both Testicles BA = Abdomen BC = Chest BP = Penis BS = Side BW = Waist BX = Undefined BZ = Not Otherwise Classified R1 = Single Clavical Collar Bone R2 = Both Clavicles Collar Bones R3 = Single Scapula Shoulder Blade

NAME	START	END	FIELD TYPE	FIELD NAME	DESCRIPTION	VALUES
						R4 = Both Scapula Shoulder Blades RB = Rib RS = Sternum Breast Bone RV = Vertebrae Spine; Disc RZ =Trunk, Bones Unclassified VH = Heart V1 = Lung, Single V2 = Lung, Both V3 = Kidney, Single V4 = Kidney, Both VL = Liver VS = Stomach VI = Inguinal Hernia VV = Intestines VR = Reproductive Organs VZ = Trunk, Internal Unclassified AB = Arm And Wrist AS = Arm Or Wrist EB = Both Elbows ES = Single Elbow F1 = Single First Finger F2 = Both First Fingers F3 = Single Second Finger F4 = Both Second Fingers F5 = Single Third Finger F6 = Both Third Fingers F7 = Single Fourth Finger F8 = Both Fourth Fingers MB = Both Hands MS = Single Hand SB = Both Shoulders SS = Single Shoulder TB = Both Thumbs TS = Single Thumb G1 = Single Great Toe G2 = Both Great Toes G3 = Single Other Toes G4 = Multiple Other Toes KB = Both Knees KS = Single Knee LB = Both Legs/Hips/Ankles/Buttocks LS = Single Leg/Hip/Ankle/Buttock Pb = Both Feet PS = Single Foot 99 = Old Converted 00 = Mis-Coded 98 = Mis-Coded 98/All Other
Nature of Injury	354	355	\$2	NATURE-CODE	Nature of Injury Code	C = Cardiovascular/circulatory

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						D = Non-traumatic R = Respiratory disease S = Skin disease or condition T = Traumatic V = Virological, Infective
Cause of Injury	356	357	\$2	CAUSE-CODE	Indicates cause of injury Pre-OSHA coding system	
Forms Received	358	359	\$2	FORMS-RECVD	Indicates the type of claim form used at case create	1 = CA-1      6 = CA-6 2 = CA-2      7 = CA-7 5 = CA-5
Responsible Examiner ID	360	362	\$2	RESP-EXMNR-ID	Identifies the CE responsible for the claim	
Comp Claim Ind.	363	363	\$1	CMP-CLM-IND	Indicates whether a CA-7 is on file	7 = CA-7 form is on file
Comp Claim Date	364	371	\$8		CA-7 claim date	YYYYMMDD
Pay Disposition	372	372	\$1	PAY-DISP	Indicates whether agency has reported to OWCP that pay has been terminated.	N = pay not terminated Y = pay terminated
Controversion Ind,	373	373	\$1	CNTRVTD-IND	Indicates if claim was controverted	N = not controverted Y = controverted
Wage Loss Date	374	381	\$8	WAGE-LOSS	Indicates the date wage loss began	YYYYMMDD
QCM Flag	382	382	\$1	QCM-FLAG	Indicates if a QCM case.	
Recurrence Number	383	384	\$2	REOCURRENCE-NO	Counter the increments 1 with each claim for recurrence	Any integer from 1 - 99
RTW Code	385	386	\$2	RETURN-TO-WORK-CODE	Indicates return to work information	blank = no RTW F4 = Full duty, 4 hr/day F6 = Full duty/ 6 hr/day FF = Full duty, full time FP = Full duty., part time L4 = Light duty, 4 hr/day L6 = Light duty, 6 hr/day LF = Light duty, full time, w/out wage loss LP = Light duty, Part time L\$ = Light duty, Full time, wage loss NL = No lost time PS = RTW, private sector XX = Final decision w/no RTW
RTW date	387	394	\$8	RETURN-TO-WORK-DATE	Date RTW code entered	YYYYMMDD
PRMS Flag	395	395	\$1	PRMS-FLAG	Indicates if case is included in Periodic Roll Management \$PRM	N Y BLANK
Lost Time/No Lost Time OPN Code	396	396	\$1	LT-NLT-OPN-CODE	Lost Time/No Lost Time open code	1 - reopened short form closure: medical bills exceed \$1500 2 - reopened short form closure: compensation claim received 3 - reopened short form closure: case controverted 4 - reopened short form closure: other reason

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						5 - no lost time, no medical expense indicated in item 38 of ca-1 \$generated at case create 6 - reopened no lost time, no medical expense: medical bills exceed \$1500 7 - reopened no lost time, no medical expense: compensation claim received 8 - reopened no lost time, no medical expense: case controverted 9 - reopened no lost time, no medical expense: other reason 0 - reopened no lost time, no medical expense: "referred" cop/rtw case with no rtw C - reopened short form closure: "referred" cop/rtw case with no rtw
Lost Time/No Lost Time OPN Date	397	404	\$8	LT-NLT-OPN-DATE	Date LT-NLT code entered	YYYYMMDD
Accession Number	405	416	\$12	ACCESSION-NO	Indicates accession to which case would be retired	
Fatal Indicator	417	417	\$1	FATAL-IND	Indicates relationship between claimant's death and claimed injury	<i>For Death Cases only:</i> 0 = Immediate Death with Injury 1 = Not Related to Injury 2 = Relate to Injury
Occupational Code	418	422	\$5	OCC-CODE	Indicates claimants occupation code at Date of Injury	
Type of Injury	423	425	\$3	TYPE-INJURY	Indicates type of injury	100 = Struck 110 = Struck by 111 - struck by falling object 120 = Struck against 200 = Fall, Slip, Trip 210 = Fell, same level 220 = Fell, different level 230 = Slip, trip, no fall 300 = Caught 310 = Caught on 320 = Caught in 330 = Caught between 400 = Punctured, Lacerated 410 = Punctured by 420 = Cut by 430 = Stung by 440 = Bitten by 500 = Contact 510 = Contact with 511 = Rubbed, abraded 520 = contact by 600 = Exertion 610 = Lifted, strained by 620 = Stressed by

NAME	START	END	FIELD TYPE	FIELD NAME	DESCRIPTION	VALUES
						700 = Exposure 710 = inhalation 720 = Ingestion 730 = Absorption 800 = Traveling in 999 = Unclassified
Source of Injury	426	429	\$3	SOURCE-INJURY	Indicates source of Injury; OSHA	
Site of Injury	430	438	\$9	OSHA-SITE-CODE	Indicates injury site; OSHA	
Date case was retired	439	446	\$8	CASE-RETIRE-DATE	Date file was retired	YYYYMMDD
Assigned Number	447	456	\$10	CASE-RETIRE-NO	FRC location number	
CA1 signature	457	464	\$8	CA1-2-SIG-DATE	Date CA1 was signed	YYYYMMDD
Previous Adjudication Date	465	472	\$8	PREV-ADJUD-DATE	Previous date file was adjudicated	YYYYMMDD
Previous Adjudication Status	473	474	\$2	PREV-ADJUD-STATUS	Previous Adjudication Status	see <i>Adjudication Status</i>
Current Adjudication	475	477	\$3	CURR-ADJ-RCE	Responsible Examiner at the time of initial adjudication	
Adjudication Status	478	479	\$2	ADJ-ST-POST-UD	The status of adjudication after case has been reopened	see <i>Adjudication Status</i>
Post Ud Adjud. Status	480	487	\$8	ADJ-DT-POST-UD	The date of the first adjudication after the case has been reopened	YYYYMMDD
Initial Adjudication Date	488	495	\$8	INIT-ADJUD-DATE	Initial adjudication date	YYYYMMDD
Initial Adjudication Status	496	497	\$2	INIT-ADJUD-STATUS	Status at initial adjudication	see <i>Adjudication Status</i>
Initial Adjudicating ID	498	500	\$2	INIT-ADJUD-EXMNR-ID	Examiner at initial adjudication	
Service date	501	508	\$8	SVC-COMP-DATE	The date employee entered federal service	YYYYMMDD
Filler	509	525	\$17			Blank
Adjud status number	526	527	\$2	ADJUD_STATUS_NUM		01 = A0 02 = AC 03 = AD 04 = AL 05 = AM 06 = AP 07 = AF 08 = AT 09 = D0 10 = D1 11 = D2 12 = D3 13 = D4 14 = D5 16 = D7 17 = D8 18 = D9 20 =SU



NAME	START	END	FIELD TYPE	FIELD NAME	DESCRIPTION	VALUES
						99 =all other values
Case Status Number	528	529	\$2	CASE_STATUS_NUM		01 = UN 02 = UD 03 = MC 04 = DR 05 = PR 06 = PN 07 = PW 08 = PS 09 = DE 11 = OP 12 = CL 13 = C1 14 = C2 15 = C3 16 = C4 17 = C5 18 = RT 19 = XX 20 = ON 99 = all other values
Case Location Number	530	532	\$3	CASE_LOCN_NUM		001 = ADD 004 = DDD 005 = DDO 006 = DES 007 = FRC 008 = RDO 030 = XIN 032 = DCO 003 = location codes start with C 002 = location codes start with BP 007 = location codes start with DM 008 = location codes start with DP 009 = location codes starts with FA 010 = location codes start with FI 013 = location codes start with IG 014 = location codes start with IQ 015 = location codes start with MR 016 = location codes start with NA 017 = location codes start with NB 018 = location codes start with NP 020 = location codes start with NS 021 = location codes start with OL 022 = location codes start with PY 025 = location codes start with RH 026 = location codes start with SO 027 = location codes start with TA

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						028 = location codes start with TC 029 = location codes start with WP 031 = location codes start with SN 023 = P48 to P57 999 = all other values
District Office sequence number	533	534	\$2	District Office sequence number	District Office number	01 = 01 02 = 02 03 = 03 04 = 06 06 = 09 07 = 10 08 = 11 09 = 12 10 = 13 11 = 14 13 = 16 15 = 25 16 = 50 or 51 or 52
Central Delete Date	535	542	\$8	CENT_DELETE_DT		00000000
District Office Alpha code	543	543	\$1	CENT-DIST-OWNERS		A = 01 B = 02 C = 03 D = 06 F = 09 G = 10 H = 11 I = 12 J = 13 K = 14 M = 25 N = 50 or 51 or 52 P = 16
Filler	543	549	\$6			000000
Central Retire Date	550	557	\$8	CENT-RET-DATE		00000000
Central Retire FRC Location	558	560	\$3	CENT-RET-FRC-LOCN		000
Central FRC Box	561	567	\$7	CENT-FRC-BOX		0000000
Central Error Date	568	575	\$8	CENT_ERROR_DATE		00000000

