CHARGEBACK DATA DICTIONARY

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
CB AGENCY KEY	1	7	NUM/7	PREFIX	Department indicator and accounting code	
ROLLUP CODE	8	11	NUM/4	AGENCY-ROLLUP-CODE	Chargeback agency rollup code	
CASE NUMBER	12	20	NUM/9	CASE-NO	Unique numeric identifier for each case	
RECORD TYPE	21	21	NUM/1	REC TYPE	Appropriate record type	1 – SUMMARY 2 – DETAIL
DISTRICT OFFICE	22	23	NUM/2	LAST-PYMT-DIST	Owning district office	
LAST PAYMENT DATE	24	31	DATE/8	LAST-PYMT-DATE	Date of the latest transaction	YYYYMMDD
LAST SERVICE INDICATOR	32	32	CHAR/1	SRCE-CP-OR-BP	Latest transaction's service type.	B - MEDICAL C - COMPENSATION X – CANCELLED CHECK (COMPENSATION)
LAST ROLL	33	33	CHAR/1	SRCE-CP-LAST-ROLL	Latest roll type for which the claimant was last paid	S - SUPPLEMENTAL P – PERIODIC D – DEATH
PAYMENT TYPE	34	34	CHAR/1	SRCE-PYMT-TYPE	Type of transaction for a case when it is a bill pay or compensation. This is dependent upon the last service indicator	If Last Service Indicator is 'B', then payment type could be either: B - NORMAL MEDICAL BILLS PAID BY THE SYSTEM C - CANCELLED CHECK D - CASH DEPOSIT M - MANUAL PAYMENT
						If Last Service Indicator is 'C', then payment type could be either: 0 = ADJUSTMENT 1 = DISABILITY 2 = LEAVE BUY BACK 3 = WEC 4 = DIRECT PAYMENT 5 = INCARCERATED 6 = DEATH EXPENSES 7 = DEATH 8 = MANUAL PAYMENT 9 = SCHEDULED AWARD A = DEATH LUMP SUM B = CASH RECEIPT C = FECS PAYMENTS ADJUSTMENT
SUMMARY RECORD						
CASE NUMBER	35	43	NUM/9	CBSUM-CASE-	Use the case type field to map the cases	

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
				PTR	to the master case number. By default, if no master case number exists, then this section shall be blank. If the case type is 'S' or 'M', then this section shall indicate the master case number.	
CASE TYPE	44	44	CHAR/1	CASE-PTR-TYPE	Relationship between this case and any other cases in the file	I = INDEPENDENT M = MASTER S = SUBSIDIARY
CLAIMANT NAME	45	87	CHAR/43	CLM-NAME	Claimant's full name	LAST NAME 45 – 64 FIRST NAME 65 – 74 MIDDLE NAME 75 – 84
SOCIAL SECURITY	88	96	NUM/9	SSAN	Claimant's social security number	
GENDER	97	97	CHAR/1	SEX	Claimant's gender	M – MALE F – FEMALE
DATE OF BIRTH	98	105	DATE/8	DOB	Claimant's date of birth	YYYYMMDD
CLAIMANT'S ADDRESS	106	167	CHAR/50	CLM-ADDR	Claimant's full address	CLM-ADDR-STREET 106 – 140 CLM-ADDR-CITY 141 – 160 CLM-ADDR-STATE 161 – 162 CLM-ADDR-ZIP 163 – 167
OCCUPATIONAL CODE	168	172	CHAR/5	OCC-CODE	Claimant's job at the time of injury	
AGENCY CODE	173	176	NUM/4	AGENCY-CODE	Employing agency code	
BUILDING CODE	177	178	NUM/2	AGENCY-BLDG	Building location code	INTERNAL TO OWCP
GEOGRAPHIC LOCATION	179	187	CHAR/9	GEO-LOC	Geographic location where the injury or death took place	
DATE OF INJURY	188	195	DATE/8	DOI	Employee's date of injury	YYYYMMDD
DATE OF DEATH	196	203	DATE/8	DOD	Employee's date of death	YYYYMMDD
INJURY OF ZIP	204	208	NUM/5	INJ-ZIP	Zip code where the injury took place	
EXTENT OF INJURY	209	209	CHAR/1	EXTENT-INJ	Seriousness of the injury	1 = NO TIME LOST 2 = FIRST AID 8 = INOCULATION X = NON-FATAL, LOST TIME 0 = FATAL
STATUS OF INJURY	210	210	NUM/1	STATUS-INJ	Status of injury	0 = NON-FATAL 1 = FATAL
FATAL INDICATOR	211	211	NUM/1	FATAL-IND	Relationship between the employee's death and the claimed injury	BLANK = NO DEATH 0 = DEATH NOT WORK RELATED 1 = DEATH RELATED TO WORK 2 = DEATH RELATED TO WORK, INITIALLY NOT SEVERE
ANATOMICAL LOCATION	212	213	CHAR/2	ANAT-LOC	Anatomical location of the injury	

FIELD NAME	LOCATION START	END	FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
NATURE OF INJURY	214	215	CHAR/2	NATURE	Nature of injury	
CAUSE OF INJURY	216	217	NUM/2	CAUSE	Cause of injury	
PREVIOUS OWNERS	218	224	NUM/7	CURR-PREV-OWNERS	NO LONGER USED	BLANK
DATE RECEIVED	225	232	DATE/8	DATE-REC	Date the initial claim form was received (date stamped)	YYYYMMDD
FORMS RECEIVED	233	234	NUM/2	FORMS-RECVD	Type of claim form used at the time the case was created	1 = CA-1 2 = CA-2 5 = CA-5
DATE CASE CREATED	235	242	DATE/8	DATE-CASE-CREATED	Date the case was created in the district office	YYYYMMDD
ADJUDICATED STATUS	243	244	CHAR/2	ADJUD-STATUS	Case's current adjudication status code	00 = NO STATUS A0 = ACCEPTED - NO BENEFITS PAYABLE AC = ACCEPTED AS COMPENSABLE - COP ONLY, MED BENEFITS AUTHORIZED AD = ACCEPTED AS COMPENSABLE - DAILY ROLL & MED BENEFITS AUTHORIZED AF = ACCEPTED AS COMPENSABLE – FATAL, DEPENDENT ON PERIODIC ROLL, NO MED BENEFITS AL = ACCEPTED AS COMPENSABLE - LEAVE ELECTED MED BENEFITS AUTHORIZED AM = ACCEPTED AS COMPENSABLE - MED BENEFITS ONLY AUTHORIZED AP = ACCEPTED AS COMPENSABLE - PERIODIC ROLL AND MED. BENEFITS AUTHORIZED AR = ADMINISTRATIVE REVIEW AT = ACCEPTED AS WORK-RELATED - WAGE LOSS COMP DENIED, MED BENEFITS AUTHORIZED DO = DENIED; CASE ON APPEAL/RECON 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 (**NO LONGER USED)** D7 = DENIED: CASE ON APPEALS REMAND D8 = DENIED; CASE ON HEARING REMAND

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
						D9 = DENIED; CASE IN RECONSIDERATION SU = SUSPENDED UD = LEGACY CASES ONLY UN = UNADJUDICATED
ADJUDICATED STATUS DATE	245	252	DATE/8	ADJUD-STATUS-DATE	Date of the most recent adjudication status.	YYYYMMDD
CURRENT CASE STATUS	253	254	ALPHNUM/2	CURR-CASE-STATUS	Current case pay status	AR = ADMINISTRAVE REVIEWED 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 CL = CLOSED, ADMINISTRATIVE DE = DEATH ROLL DR = DAILY ROLL MC = MEDICAL PAYMENTS ONLY N = PERIODIC ROLL W NO RE-EMPLOYMENT POTENTIAL (**NO LONGER USED**) ON = OVERPAYMENT, NOT IN RECEIPT OF COMP OP = OVERPAYMENT, CASE ON COMP ROLL PI = CASE ON INTERMEDIATE ROLL (USE PR) (**NO LONGER USED**) PN = PERIODIC ROLL, NO WAGE EARNING CAPACITY PR = PERIODIC ROLL PS = SCHEDULE AWARD PW = PERIODIC ROLL, LWEC IN PLACE PV = PERIODIC ROLL; IN VOC REHAB (USE PR) (**NO LONGER USED**) RH = NO LONGER USED RO = REOPEN (LEGACY DATA) RT = CASE RETIRED OR AWAITING RETIREMENT UD = CLAIM UNDER DEVELOPMENT UN = CLAIM UNREVIEWED, PRIMARY XX = DESTROYED
CURRENT CASE DATE	255	262	DATE/8	CURR-STATUS-DATE	Case's current pay status date	YYYYMMDD
EARLY REFERENCE	263	264	CHAR/2	EARLY-REF	NO LONGER USED	BLANK
CMF CODE	265	265	CHAR/1	CMF-CODE	NO LONGER USED	BLANK
REP. ACCEPTANCE	266	300	CHAR/35	REP-ACCPT-COND	NO LONGER USED	BLANK

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
CONDITION						
SOURCE OF INJURY	301	304	NUM/4	SOURCE-INJURY	OSHA injury site	
CA1 SIGNATURE DATE	305	312	DATE/8	CA1-2-SIG-DATE	Date the submitted claim (CA1, CA2, or CA5) was signed	YYYYMMDD
ACCEPTED CONDITION FLAG	313	313	CHAR/1	REP-ACCPT-COND-FLAG	Whether the reported diagnosis was accepted as compensable	N = NOT ACCEPTED AS COMPENSABLE Y = ACCEPTED AS COMPENSABLE
THIRD PARTY INDICATOR	314	314	CHAR/1	3RD-PARTY-IND	Latest third party insurance, if present	0 = NO 3RD 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 8 = SETTLED; REFUND RECEIVED, NO CREDIT DUE 9 = SETTLED; REFUND RECEIVED, CREDIT DUE AGAINST FUTURE COMPENSATION
REHABILITATION INDICATOR	315	315	CHAR/1	REHAB-IND	Case's vocational rehabilitation status	1 = CLOSED ON REFERRAL 2 = CLOSED REHABILITATED 3 = CLOSED REHABILITATED, NEW EMPLOYER 4 = CLOSED REHABILITATED, PREV. REEMP 5 = CLOSED, NOT REHABILITATED, 6 = CLOSED WITH POST EMPLOYMENT SERVICES 7 = RETURNED TO WORK, NURSE INTERVENTION 8 = RETURNED TO WORK, W/OUT VR ASSISTANCE 9 = COP CLOSURE A = INITIAL INTERVIEW HELD B = NURSE INTERVENTION C = RETURNED TO CE D = PLAN DEVELOPMENT E = EXTENSION F = WORKING PART TIME OR TEMPORARY G = PLACEMENT ASST. REEMPLOYMENT H = EMPLOYED BY NURSE I = PLAN APPROVED K = NOT RTW, NI, WORK LIMITS ON FILE L = LIGHT DUTY M = MEDICAL REHABILITATION N = PLACEMENT PREV. EMPLOYER

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
						O = NO RTW, NI, RETURNED TO CE 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, ASST. REEMPLOYMENT W = PLACEMENT PREV. EMPLOYER W/OTHER SERV. X = SERVICES INTERRUPTED Y = NURSE INTERRUPT Z = POST EMPLOYMENT SERVICES
REHABILITATION DATE	316	323	DATE/8	REHAB-DATE	Case's current vocational rehabilitation status date	YYYYMMDD
PAY DISPOSITION	324	324	CHAR/1	PYMT-DISP	Whether the agency has reported to OWCP that pay has been terminated	N = PAY NOT TERMINATED Y = PAY TERMINATED
CONTINUATION OF PAY	325	325	CHAR/1	COP-TYPE	Whether the claimant used COP benefits	N = COP BENEFIT NOT USED Y = COP BENEFIT USED
CONTROVERSION IND,	326	326	CHAR/1	CNTRVTD-IND	If the claim was controverted	N = NOT CONTROVERTED Y = CONTROVERTED
COMP CLAIM IND.	327	327	CHAR/1	CMP-CLM-IND	Whether a CA-7 is on file	Y = CA-7 FORM IS ON FILE N = CA-7 FORM IS NOT ON FILE
COMP CLAIM DATE	328	335	DATE/8	CMP-CLM-DATE	Latest date when the compensation claim was received	YYYYMMDD
ACTIVITY CODE	336	337	NUM/2	ACTIVITY-CODE	Whether coverage was by FECA or the FRINGE ACTS	01 = FEDERAL CIVILIAN 02 = RESERVISTS(NO MINS, NO CPI'S) 03 = CIVIL AIR PATROL 04 = RESERVE OFFICER TRAINING 05 = MARITIME WAR RISK 06 = EMERGENCY RELIEF WORKERS – FIRE HAZZARD 07 = WAR – CONNECTED 08 = CIVILIAN WAR BENEFITS 09 = TOTAL BENEFITS, WAR CLAIMS 10 = POVERTY PROGRAMS 11 = LAW ENFORCEMENT OFFICERS 12 = COAST GUARD AUX 13 = JOB CORPS 14 = NEIGHBORHOOD YOUTH ENROLLEES 15 = MILITARY RESERVISTS SURVIVORS 16 = MEMBERS OF THE WOMAN'S ARMY AUXILIARY CORPS 17 = PEACE CORP VOLUNTEERS LEADERS 99 = OTHER
RESPONSIBLE	338	340	CHAR/3	RESP-EXAM	Claims Examiner responsible for the	

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
EXAMINER					claim	
PRMS INDICATOR	341	341	CHAR/1	PRMS-IND	If a case is part of the Periodic Roll Management System (PRMS)	N = DEFAULT VALUE AT CASE CREATE, NOT PART OF PRMS Y = PART OF THE PRMS UNIVERSE
TYPE INJURY	342	344	NUM/3	TYPE-INJURY	The type of OSHA injury	100 = STRUCK 110 = STRUCK BY 111 = STRUCK BY FALLING OBJECT 120 = STRUCK AGAINST 200 = FELL, SLIPPED, TRIPPED 210 = FELL, SAME LEVEL 220 = FELL, DIFFERENT LEVEL 230 = SLIPPED, TRIPPED, 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 520 = CONTACT BY 600 = EXERTION 610 = LIFTED, STRAINED BY 620 = STRESSED BY 700 = EXPOSURE 710 = INHALATION 720 = INGESTION 730 = ABSORPTION 800 = TRAVELING IN 999 = UNCLASSIFIED
BILLABLE FLAG	345	345	CHAR/1	BILLABLE-FLAG	INTERNAL USE ONLY	
ERROR CODE COUNTER	346	347	NUM/2	ERROR-CODE-CNTR	INTERNAL USE ONLY	
ERROR CODES	348	373	CHAR/26	ERRORS-CODES	INTERNAL USE ONLY	
HBI OLI FLAG	374	374	CHAR/1	HBI-OLI-FLAG	INTERNAL USE ONLY	
CANCELLED CHECK FLAG	375	375	CHAR/1	CANCEL-CK-FLAG	Whether the compensation check has or will be cancelled	Y = CANCELLATION ENTRY(LATER CHECK DATE)
DUPLICATE FLAG	376	376	CHAR/1	DUP-FLAG	INTERNAL USE ONLY	
HBI/OLI ADJUSTMENTS	377	378	NUM/2	HBI-OLI-ADJ-CNT	INDICATES NUMBER OF HBI/OLI ADJUSTMENTS	No longer valid
CANCELLED CHECKS ADJUSTMENTS	379	380	NUM/2	CANCEL-CK-ADJ-CNT	Number of compensation cancelled check adjustments	

FIELD NAME	LOCATION START	END	FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
DUPLICATE ADJUSTMENTS	381	382	NUM/2	DUP-ADJ-CNT	INDICATES NUMBER OF DUPLICATE ADJUSTMENTS	No longer valid
HBI/OLI ADJUSTMENTS	383	392	NUM/10	HBI-OLI-ADJ-AMT	INDICATES AMOUNT OF HBI/OLI ADJUSTMENTS	No longer valid
CANCELLED CHECKS	393	402	NUM/10	CANCEL-CK-ADJ-AMT	This section shall indicate the amount of cancelled checks (Compensation only)	
DUPLICATE ADJUSTMENTS	403	412	NUM/10	DUP-ADJ-AMT	INDICATES AMOUNT OF DUPLICATE ADJUSTMENTS	No longer valid
TOTAL AMOUNT PAID	413	421	NUM/9	TOTAL-AMT	Total Chargeback amount paid for bill pay and compensation payments	
MEDICAL BILLS	422	426	NUM/5	BPS-NO	Total number of medical bills paid	
MEDICAL BILLS PAID	427	435	NUM/9	BPS-AMT	Total amount of medical bills paid	
COMPENSATION PAYMENTS	436	440	NUM/5	CP-NO	Total amount of compensation payments, fatal and non-fatal	
COMPENSATION PAYMENTS PAID	441	449	NUM/9	CP-AMT	Total amount of compensation paid, fatal and non-fatal	
COMPENSATION FLAG	450	450	CHAR/1	CP-FLAG	Whether the compensation payment was issued for a case	Y = Compensation Payment Was Issued
DETAIL RECORD						
PAYING DISTRICT	35	36	NUM/2	PAYING-DIST	District office that made the payment	
PAYMENT DATE	37	44	DATE/8	PYMT-DATE	Payment date	YYYYMMDD
PAYMENT AMOUNT	45	52	NUM/8	PYMT-AMT	Chargeback amount paid	
PAYMENT FROM DATE	53	60	DATE/8	PYMT-FROM-DATE	Starting date of the payment	YYYYMMDD
PAYMENT TO DATE	61	68	DATE/8	PYMT-TO-DATE	Ending date of the payment	YYYYMMDD
SSN	69	77	NUM/9	PAYEE-SSN-EIN	Payee's social security number or EIN number	
PAYEE NAME	78	112	CHAR/35	PAYEE-NAME	Payee's name	
PAYEE ADDRESS	113	245	CHAR/133	PAYEE-ADDR	Payee's address or the EFT/account routing number	PAYEE ADDRESS LINE 1,2,3 = 113-218 PAYEE CITY = 219-238 PAYEE STATE = 239-240 PAYEE ZIP = 241-245
PAYMENT TYPE	246	246	CHAR/1	CB-PAY-TYPE	Type of transaction for a case when it is a bill pay or compensation	If Service Indicator is 'B', then payment type could be either: B - NORMAL MEDICAL BILLS PAID BY THE SYSTEM C - CANCELLED CHECK D - CASH DEPOSIT M - MANUAL PAYMENT

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
						If Service Indicator is 'C', then payment type could be either: 0 = ADJUSTMENT 1 = DISABILITY 2 = LEAVE BUY BACK 3 = WEC 4 = DIRECT PAYMENT 5 = INCARCERATED 6 = BURIAL, TRANSPORTATION 7 = DEATH 8 = MANUAL PAYMENT 9 = SCHEDULED AWARD A = DEATH LUMP SUM B = CASH RECEIPT C = FECS PAYMENTS ADJUSTMENT
BILL PAY REIMBURSEMENT CODE	247	247	CHAR/1	BP-REIMB-CODE	If payment has been made to the provider or claimant (Medical payments only)	P = PROVIDER C = CLAIMANT
ADJUSTMENT INDICATOR	248	248	CHAR/1	ADJ-IND	Whether the record is an adjustment record	N = NO Y = YES
TYPE INJURY	249	251	NUM/3	TYPE-INJURY	Type of injury	100 = STRUCK 110 = STRUCK BY 111 = STRUCK BY FALLING OBJECT 120 = STRUCK AGAINST 200 = FELL, SLIPPED, TRIPPED 210 = FELL, SAME LEVEL 220 = FELL, DIFFERENT LEVEL 230 = SLIPPED, TRIPPED, 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 520 = CONTACT BY 600 = EXERTION 610 = LIFTED, STRAINED BY 620 = STRESSED BY 700 = EXPOSURE 710 = INHALATION 720 = INGESTION 730 = ABSORPTION

FIELD NAME	LOCATION START END		FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
						800 = TRAVELING IN 999 = UNCLASSIFIED
SOURCE OF INJURY	252	255	NUM/3	SOURCE-INJURY	OSHA source of the injury	
OSHA SITE CODE	256	264	CHAR/9	OSHA-SITE-CODE	OSHA injury site	
PROCEDURE CODE	265	272	CHAR/8	PROC-CODE	Billed procedure code	
BILL NUMBER	273	275	NUM/3	BILL-ID-NO	Sequential number of the medical bill.	
BILL ITEM NUMBER	276	279	NUM/4	BILL-LINE-ITEM-NO	Sequential number of medical bill line item	
AGENCY CODE	280	285	NUM/6	AGENCY-CODE	Agency code	
FILLER	286	451	CHAR/137	UNUSED-DATA-AREA		