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Changes in Monday Claims

INTRODUCTION

Sometimes, workers compensation (WC) pays claims for injuries that are reported as work related but are not, or are only partially, work related.

It is hypothesized that such claims are more likely to have a Monday accident date when compared with other days of the week, because nonwork-related injuries may be more likely to occur over the weekend rather than on weekdays.

There has been speculation that the Affordable Care Act (ACA) might reduce the number of nonwork-related claims paid by WC and, considering the previous hypothesis, that the share of claims that have accident dates on Monday would decline.

However, there are two potentially somewhat offsetting effects:

- 1. The number of nonwork-related claims might drop because newly insured workers can obtain treatment through their health plans.
- 2. Some of the health insurance policies obtained via the ACA have high deductibles (as do policies obtained through traditional channels, such as employer-sponsored programs). Thus, workers who have had health insurance might be incentivized to file WC claims for nonwork-related injuries to avoid paying a new, relatively large deductible.

This study will evaluate the change in the share of Monday claims before and after the ACA to see whether WC data supports the hypothesis that the share of Monday claims has declined as a result of the increase in the number of newly insured workers after the implementation of the ACA.

KEY FINDINGS

Our main findings are that:

- The share of claims with Monday accident dates is slightly higher than the share of claims with accident dates on any other single day of the week, both before and after the ACA took effect
- There is no noticeable impact of the ACA on the share of claims by day of the week
- The lack of impact holds even when we restrict the analysis to the states that had the largest decrease in those without health insurance prior to the ACA becoming effective

BACKGROUND

The main provisions of the ACA took effect on January 1, 2014. They included:

- Inception of healthcare coverage offered through state and federal insurance exchanges
- 2. Optional state Medicaid expansion
- 3. A tax penalty for those not having healthcare insurance

In this study, the *pre-ACA period* refers to claims with injury dates from January 1, 2012 to December 31, 2013, and the *post-ACA period* refers to claims with injury dates from January 1, 2014 to December 31, 2015.

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STUDY DATA

The Unit Statistical claim data included in this research paper represent states reported in accordance with NCCl's **Statistical Plan for Workers Compensation and Employers Liability Insurance** (AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, and WV), and North Carolina, which is reported in accordance with the **North Carolina Rate Bureau Workers Compensation Statistical Plan Manual**.

The data includes lost-time claims and medical-only claims for Accident Years 2012 to 2015 evaluated at first report, which is 18 months after the inception date of the policy. The entire week of claims is excluded when a major holiday occurs during that week, or where the week spans two accident years (e.g., the week starting Sunday, December 27, 2015 and ending Saturday, January 2, 2016).

The major holidays are: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Claims without a valid industry group code or a valid reported injury description code (Part of Body, Nature of Injury, Cause of Injury) are excluded from the following analyses:

- Part of Body
- Nature of Injury
- Cause of Injury
- Lost Time vs. Medical-Only
- Industry Group
- Top Five Class Codes

The data source for healthcare uninsured rates is U.S. Census Bureau: Current Population Survey, Annual Social and Economic Supplement.

CLAIM SHARE DISTRIBUTION BY INJURY DAY OF THE WEEK

Many of our analyses will compare the two-year period 2012 and 2013—the pre-ACA period for this study—to the two-year period 2014 and 2015—the post-ACA period for this study.

Countrywide average WC lost-time claim frequency over the post-ACA period 2014 and 2015 was about 7% lower than average claim frequency over the pre-ACA period 2012 and 2013. This is in line with the long-term decline in WC claim frequency that extends back several decades, prior to the ACA.

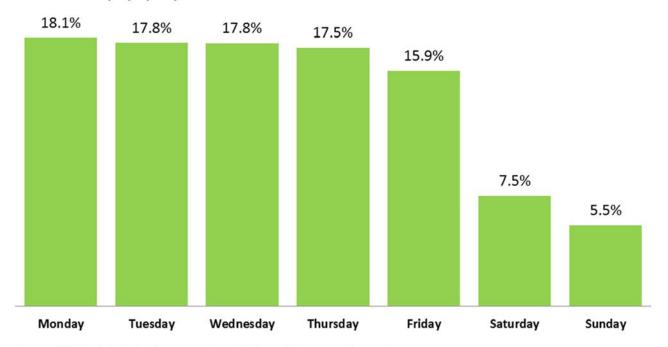
It is not sufficient to only look at frequency declines for claims occurring on a given day of the week—say Monday—because all workdays are experiencing the decline. However, if nonwork-related claims are more likely to occur on Mondays than other days of the week, and there is an effect because of the ACA, we might see a bigger drop in claim frequency on Mondays than on other days of the week. That would lead to a decline in the *share* of claims occurring on Mondays. We estimate that there were about 8 million workers newly covered by health insurance as a result of implementation of the ACA; this is about 5% of the workforce.

In the following exhibits, we will refer to all claims (medical-only claims as well as lost-time claims), unless otherwise noted. Exhibit 1 shows that, overall, Monday claims—claims with an accident date that occurs on a Monday—are a higher share of claims than claims occurring on other days of the week. These claim shares decrease over the week, with Friday to Sunday having the lowest shares.

One possible explanation for the higher share of claims on Mondays is that there might be more nonwork-related injuries that become WC claims on Mondays. Another possible explanation for the higher share of claims on Mondays may be that some workers have trouble adjusting to being back at work after the weekend. The most likely explanation is that the distribution of claims by day of the week might simply reflect the numbers of people working different days of the week. For example, a reason that Friday has the lowest claim share of weekdays may be that more people take time off on Fridays than on other weekdays.

¹ Derived from lost-time frequency changes given in NCCI's 2018 State of the Line Guide, page 92, available on ncci.com.

Monday Claims Have the Highest Claim Share Claim Shares by Injury Day

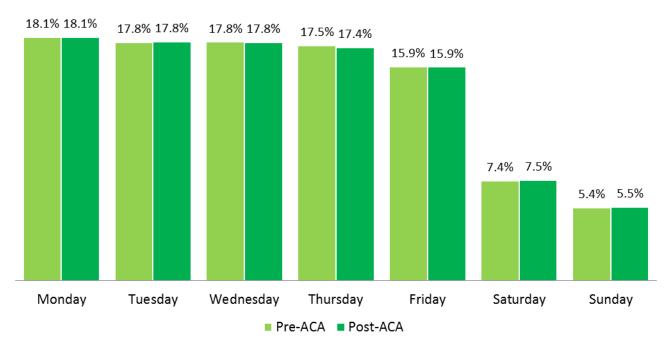


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays.

Exhibit 1

Monday claim shares are also the highest for both the pre-ACA and post-ACA periods, at just over 18%, as shown in Exhibit 2. The Saturday and Sunday claim shares are the lowest in both the pre-ACA and post-ACA periods. The slight changes shown in this exhibit suggest that the ACA has had no impact on WC claim frequency.

Claim Shares Are Not Impacted by the ACA Claim Shares by Injury Day—Pre-ACA vs. Post-ACA



Pre-ACA is Accident Years 2012 and 2013. Post-ACA is Accident Years 2014 and 2015.

Source: Unit Statistical data for states where NCCI provides ratemaking services.

Shares are based on lost-time and medical-only claims evaluated at 1st report; analysis excludes weeks with major holidays.

Exhibit 2

STATE EXPERIENCE

In 2013, the last year before the implementation of the ACA, 15.3% of the US population did not have healthcare insurance. By 2015, this share had dropped to 10.5%. Changes in the percentage of people without healthcare insurance varied substantially across states. Following the implementation of the ACA, some states had decreases of more than 5% in the share of their population without healthcare insurance, while others had much smaller decreases. Under the hypothesis that new healthcare coverage would decrease WC claim frequency, we might expect relatively larger changes in the share of Monday claims in states with relatively larger percentage declines in their uninsured population.

To test this, we divided the 38 NCCI states into three groups:

- High change in uninsured rate—10 states where the share of the population uninsured for healthcare dropped by more than 6% from 2013 to 2015
- Medium change in uninsured rate—14 states where the share of the population uninsured for healthcare dropped by less than 6% but more than 3.6%
- Low change in uninsured rate—14 states where the share of the population uninsured for healthcare dropped by less than 3.6% or increased

Exhibit 3 compares the average percentage point change in Monday claim shares to the average percentage point change in uninsured rates for three groups. The Monday claim share did not materially change post-ACA in any of the three state groups.

Changes in Monday Claim Shares Are Not Related to Changes in Uninsured Rate

	Δ Uninsured Rate	Δ Monday Claim Shares
High	-7.0%	+0.06%
Medium	-4.7%	-0.01%
Low	-2.2%	+0.01%
All NCCI States	-4.6%	+0.01%

Sources: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays.

U.S. Census Bureau: Current Population Survey, 2013 to 2015.

The percentage point changes in Monday claim shares and the percentage point changes in uninsured rates are compared by jurisdiction in Exhibit 4. At the state level, there is no apparent relationship between the changes in Monday claim shares and changes in the shares of the population uninsured for healthcare.

Monday Claims Are Not Affected by Decreases in the Uninsured Rate

Change in Monday Claim Shares vs. Change in Healthcare Uninsured Rate

		Uninsu	red Rate	Monday C	laim Shares	Change in	Change in	Medicaid
State	_	2013	2015	Pre-ACA	Post-ACA	Uninsured Rate	Monday Claims	Expansion Date
NV		22.0%	12.8%	17.30%	16.71%	-9.2%	-0.59%	01-Jan-14
KY		16.3%	7.2%	18.10%	18.32%	-9.1%	0.22%	01-Jan-14
NH		13.2%	6.0%	18.42%	18.49%	-7.2%	0.07%	15-Aug-14
AR		17.8%	10.7%	18.60%	18.52%	-7.1%	-0.07%	01-Jan-14
AZ	High	21.2%	14.3%	17.68%	17.65%	-6.8%	-0.03%	01-Jan-14
FL	iligii	22.0%	15.2%	17.61%	17.74%	-6.8%	0.13%	No Expansion
MT		19.0%	12.3%	18.35%	17.97%	-6.7%	-0.38%	01-Jan-16
wv		14.2%	7.7%	18.54%	18.38%	-6.6%	-0.16%	01-Jan-14
SC		18.9%	12.8%	17.78%	18.00%	-6.1%	0.21%	No Expansion
OR		14.2%	8.2%	17.88%	18.19%	-6.1%	0.31%	01-Jan-14
MD		13.3%	7.5%	17.65%	17.88%	-5.8%	0.23%	01-Jan-14
ME		11.3%	5.7%	18.42%	18.85%	-5.6%	0.44%	No Expansion
AL		17.8%	12.5%	18.48%	18.47%	-5.3%	-0.01%	No Expansion
RI		10.7%	5.6%	17.83%	17.36%	-5.2%	-0.47%	01-Jan-14
TX		22.8%	17.7%	18.40%	18.24%	-5.1%	-0.16%	No Expansion
NM		19.5%	14.4%	17.90%	17.82%	-5.1%	-0.08%	01-Jan-14
СТ	Medium	11.8%	7.0%	18.30%	18.48%	-4.8%	0.18%	01-Jan-14
IL	wealum	11.9%	7.2%	18.04%	18.29%	-4.6%	0.25%	01-Jan-14
NC		17.3%	12.7%	18.24%	18.15%	-4.6%	-0.09%	No Expansion
DC		8.9%	4.6%	17.67%	17.17%	-4.3%	-0.50%	01-Jan-14
LA		16.4%	12.4%	17.61%	17.61%	-3.9%	0.00%	12-Jan-16
CO		13.8%	10.1%	17.89%	18.01%	-3.8%	0.12%	01-Jan-14
ID		16.8%	13.0%	18.91%	17.89%	-3.7%	-1.02%	No Expansion
IN		14.6%	10.9%	18.49%	18.56%	-3.6%	0.06%	01-Feb-15
IA		9.5%	6.4%	19.05%	19.00%	-3.1%	-0.05%	01-Jan-14
ОК		18.1%	15.1%	18.68%	18.58%	-3.0%	-0.10%	No Expansion
VT		9.1%	6.2%	18.46%	18.76%	-3.0%	0.30%	01-Jan-14
GA		18.5%	15.8%	18.47%	18.17%	-2.7%	-0.30%	No Expansion
МО		13.1%	10.4%	18.33%	18.35%	-2.7%	0.02%	No Expansion
TN		15.2%	12.6%	17.88%	18.07%	-2.5%	0.19%	No Expansion
UT	Low	13.7%	11.2%	18.34%	18.40%	-2.4%	0.06%	No Expansion
VA	LOW	13.1%	10.7%	17.61%	17.37%	-2.4%	-0.25%	No Expansion
MS		16.4%	14.8%	18.97%	18.81%	-1.7%	-0.15%	No Expansion
AK		15.8%	14.3%	16.96%	17.37%	-1.5%	0.41%	01-Sep-15
SD		11.6%	10.4%	19.02%	19.89%	-1.2%	0.86%	No Expansion
NE		10.6%	9.8%	18.60%	18.46%	-0.8%	-0.14%	No Expansion
KS		11.5%	11.4%	18.23%	18.68%	-0.1%	0.46%	No Expansion
н		5.7%	5.9%	16.73%	17.34%	0.2%	0.61%	01-Jan-14

 $\label{eq:pre-ACA} \textit{Pre-ACA} is \textit{Accident Years 2012} \textit{ and 2013}. \textit{Post-ACA} is \textit{Accident Years 2014} \textit{ and 2015}.$

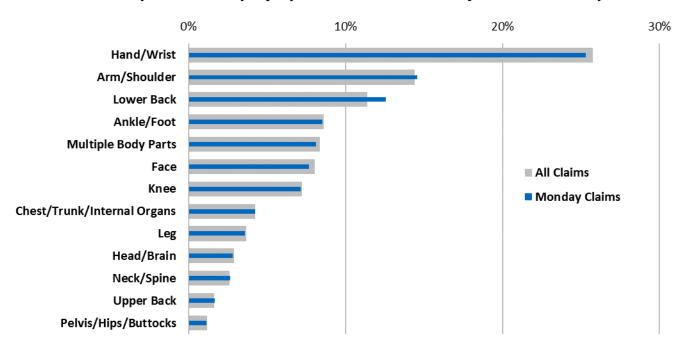
Sources: Unit Statistical data for states where NCCI provides ratemaking services; U.S. Census Bureau: Current Population Survey.

LOWER-BACK CLAIMS

Perhaps the *frequency* of certain types of claims may be relatively more impacted by the implementation of the major provisions of the ACA than others.

Exhibit 5 compares Monday claim shares to total claim shares for 13 part-of-body groups,² and shows that lower-back claims represent a larger share of Monday claims than of claims across all days of the week (12.6% vs. 11.4%). This raises the question as to whether lower-back claims might be affected by the implementation of the ACA.

Claim Shares by Part of Body Injury—More Lower Back Injuries on Mondays



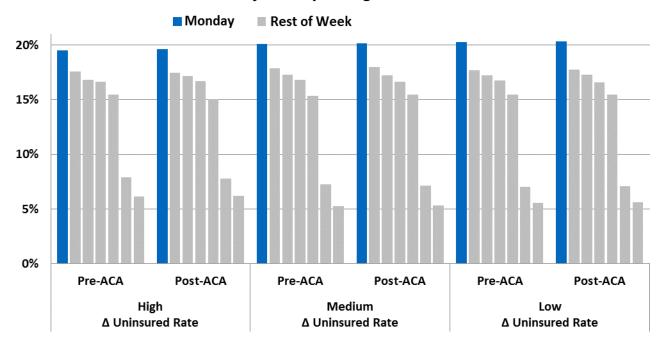
Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medicalonly claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded.

²

² See the Appendix for the definitions of the 10 cause-of-injury groups and certain other groupings.

Exhibit 6 shows that we do not see a meaningful change in the share of Monday claims for lower-back injuries. This exhibit looks at the state groups defined earlier according to the changes in the share of the population uninsured for healthcare. Even in the high state group—the group with the largest declines in their share of the population uninsured for healthcare—there is no notable change in the share of Monday claims for lower-back injuries.

Claim Shares for Lower-Back Injuries by Change in Uninsured Rate



Pre-ACA is Accident Years 2012 and 2013. Post-ACA is Accident Years 2014 and 2015.

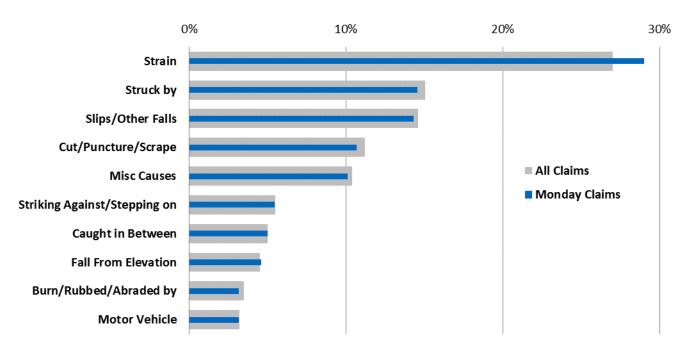
Sources: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded. U.S. Census Bureau: Current Population Survey, 2013 to 2015.

CLAIM SHARE DISTRIBUTION—ALL CLAIMS VS. MONDAY CLAIMS

Segments of claims may have day-of-the-week distributions that differ from the distribution for claims overall. Some claim types may have a higher share of Monday claims than of total claims.

Shares of Monday claims across 10 cause-of-injury groups are compared to shares for all claims (all days of the week) in Exhibit 7.3 Strains are a slightly higher share of Monday claims than of total claims. This is consistent with the higher share of lower-back injuries on Mondays, as noted earlier.

Claim Shares by Cause of Injury—More Strain Injuries on Mondays

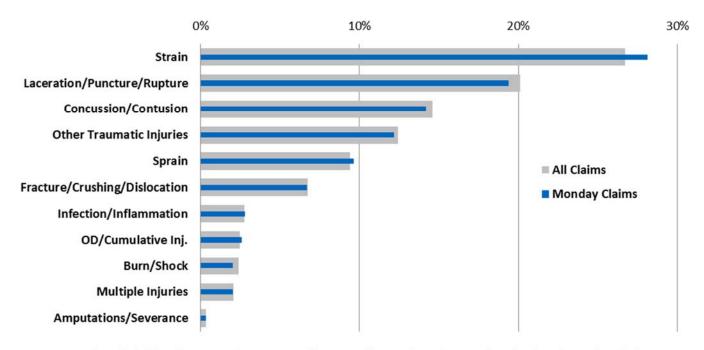


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medicalonly claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded.

³ See the Appendix for the definitions of the 10 cause-of-injury groups and certain other groupings.

Exhibit 8 compares the Monday claim shares to total claim shares for 11 nature-of-injury groups. Again, there is a slightly higher share of strain injuries on Mondays when compared with all days of the week combined.

Claim Shares by Nature of Injury—More Strain/Sprain Injuries on Mondays



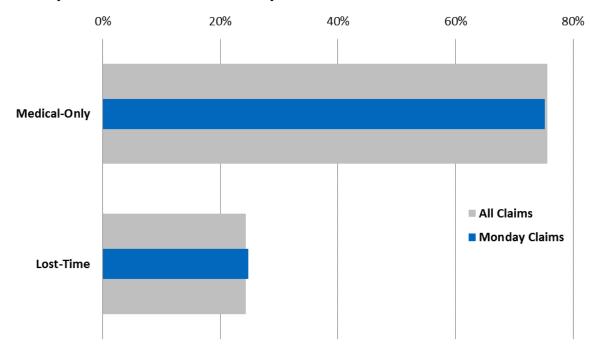
Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medicalonly claims evaluated at 1st report for Accident Years 2012—2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded.

Exhibit 8

⁴ See the Appendix for the definitions of the 10 cause-of-injury groups and certain other groupings.

Lost-time claims represent about 24% of all claims, while medical-only claims represent the remaining 76%. Exhibit 9 shows that lost-time claims are a slightly higher share (by 0.5%) of Monday claims when compared with all claims.

Claim Shares by Lost-Time vs. Medical-Only

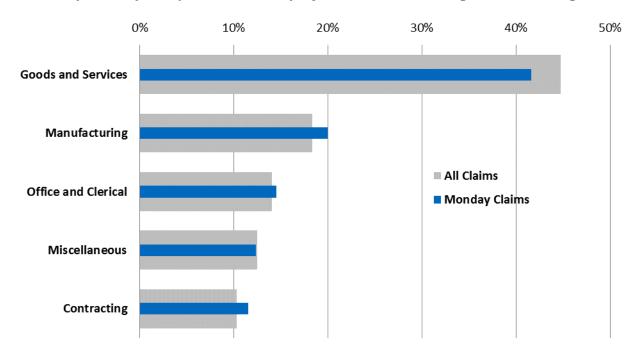


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded.

Exhibit 9

Exhibit 10 compares the Monday claim shares to total claim shares by industry groups. The Goods and Services industry group has a lower share of Monday claims and (not shown) a higher share of Sunday claims than of total claims, which reflects work patterns by day of the week for some of the industries in this group.

Claim Shares by Industry Group—More Monday Injuries in Manufacturing and Contracting

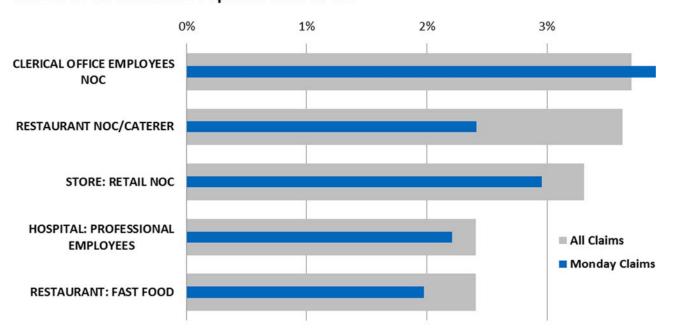


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded.

Exhibit 10

Distributions of claims by day of the week can vary from one class to another. Claim shares for the top five NCCI classes by claim count—which generate about 15% of total claims—are shown in Exhibit 11. Clerical Office Employees, the largest classification, has the largest share of both Monday claims and claims overall. The share of Monday claims for Clerical Office Employees is about 0.3 points higher than that for all claims—reflecting the fact that many in this class are relatively less likely to work on weekends when compared with employees in the overall workforce. Similarly, the Restaurant NOC/Caterer class has a lower share of Monday claims than overall claims, reflecting a relatively higher-than-average share of work performed on Fridays, Saturdays, and Sundays.

Shares of All Claims for Top Five Class Codes

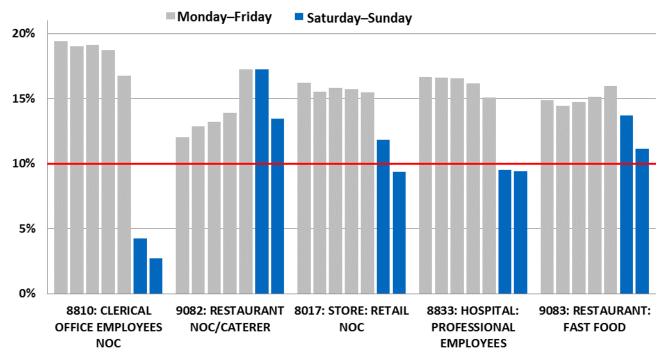


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded. Class Codes shown are 8810, 9082, 8017, 8833, and 9083.

Exhibit 11

We also look at the shares of claims by day of the week for these top five class codes. Across most class codes, the percentage of Saturday and Sunday claim shares are typically lowest when compared with other days of the week. However, three of the top five class codes have claim shares exceeding 10% on Saturdays and/or Sundays: two in the restaurant business and one in retail. These claim shares seem to be consistent with likely work patterns.

Claim Shares for the Top Five Classes by Day of Injury



Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury codes also excluded.

Exhibit 12

CONCLUSION

Even though WC claim frequency continues to improve—following a trend that began long before the ACA—this study has not found any effect on claim frequency that can be reasonably attributed to the implementation of the ACA. We found some interesting patterns of claim shares by day of the week, which probably reflect work patterns by industry.

FURTHER READING

Two other NCCI research studies on the impact of the ACA are:

- 1. Leonard F. Herk, Impacts of the Affordable Care Act on Workers Compensation, 2016, at ncci.com/Articles/Pages/II Research Brief Affordable Care Act.aspx
- Barry Lipton, Dan Corro, and John Robertson, Time From Injury to Treatment in Workers Compensation: Setting a
 Baseline to Monitor the Affordable Care Act, 2016, at_
 ncci.com/Articles/Pages/II NCCI Examines Time From Injury to Treatment.aspx

NCCI will continue to monitor possible impacts of the ACA on the WC system.

NCCI RESEARCH BRIEF

APPENDIX

Below are injury descriptions for the Injury Description Codes, showing the groupings used for Part of Body, Cause of Injury, and Nature of Injury. These code values are provided in NCCI's **Statistical Plan for Workers Compensation and Employers Liability Insurance** and the **North Carolina Rate Bureau Workers Compensation Statistical Plan Manual**.

	Part of Body Code - Injury Description	
Code	Description	Group Assigned
55	LOWER EXTREMITIES: ANKLE	Ankle / Foot
56	LOWER EXTREMITIES: FOOT	
58	LOWER EXTREMITIES: GREAT TOE	
57	LOWER EXTREMITIES: TOE(S)	
32	UPPER EXTREMITIES: ELBOW	Arm / Shoulder
33	UPPER EXTREMITIES: LOWER ARM	
30	UPPER EXTREMITIES: MULTIPLE UPPER EXTREMITIES	
38	UPPER EXTREMITIES: SHOULDER(S)	
31	UPPER EXTREMITIES: UPPER ARM (EXCLUDING: CLAVICLE AND SCAPULA)	
61	TRUNK: ABDOMEN EXCLUDING INJURY TO INTERNAL ORGANS INCLUDING GROIN	
44	TRUNK: CHEST (INCLUDING: RIBS, STERNUM AND SOFT TISSUE)	
49	TRUNK: HEART	Chest / Trunk /
48	TRUNK: INTERNAL ORGANS	Internal Organs
60	TRUNK: LUNG	
40	TRUNK: MULTIPLE TRUNK	
13	HEAD: EAR(S)	
14	HEAD: EYE(S)	
19	HEAD: FACIAL BONES	
17	HEAD: MOUTH	Face
15	HEAD: NOSE	
18	HEAD: OTHER FACIAL SOFT TISSUE	
16	HEAD: TEETH	
36	UPPER EXTREMITIES: FINGER(S)	
35	UPPER EXTREMITIES: HAND	
37	UPPER EXTREMITIES: THUMB	
34	UPPER EXTREMITIES: WRIST	
39	UPPER EXTREMITIES: WRIST(S) AND HAND(S)	Hand / Wrist
12	HEAD: BRAIN	
10	HEAD: MULTIPLE HEAD INJURY	
11	HEAD: SKULL	
53	LOWER EXTREMITIES: KNEE	Knee
54	LOWER EXTREMITIES: LOWER LEG	Leg
50	LOWER EXTREMITIES: MULTIPLE LOWER EXTREMITIES	
52	LOWER EXTREMITIES: UPPER LEG	
42	TRUNK: LOW BACK AREA (INCLUDING: LUMBAR AND LUMBO-SACRAL)	Lower Back
64	MULTIPLE BODY PARTS: ARTIFICIAL APPLIANCE (BRACES, ETC.)	
91	MULTIPLE BODY PARTS: BODY SYSTEM AND MULTIPLE BODY SYSTEM	
65	MULTIPLE BODY PARTS: INSUFFICIENT INFORMATION TO PROPERLY IDENTIFY - UNCLASSIFIED	Multiple
90	MULTIPLE BODY PARTS: MULTIPLE BODY PARTS	Body Parts
66	MULTIPLE BODY PARTS: NO PHYSICAL INJURY	
99	MULTIPLE BODY PARTS: WHOLE BODY	
22	NECK: DISC	
24	NECK: LARYNX	
20	NECK: MULTIPLE INJURY	
25	NECK: SOFT TISSUE	
23	NECK: SPINAL CORD	
26	NECK: TRACHEA	Neck / Spine
21	NECK: VERTEBRAE	trans, spine
43	TRUNK: DISC	
63	TRUNK: LUMBAR AND/OR SACRAL VERTEBRAE	
45	TRUNK: SACRUM AND COCCYX	
47	TRUNK: SPINAL CORD	
51	LOWER EXTREMITIES: HIP	
62	TRUNK: BUTTOCKS	Pelvis / Hips /
46	TRUNK: PELVIS	Buttocks
41		Honor Back
41	TRUNK: UPPER BACK AREA (THORACIC AREA)	Upper Back

BURN OR SCALD. HEAT OR COULD EXPOSURE CHEMICALS		Cause of Injury Code - Injury Description	
DURN OR SCALD - HATAT OR COLD EMPOSITE: HOT ORICETS OR SUBSTANCES DURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS DURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS DURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS BURN OR SCALD - HATAT OR COLD EMPOSITE: FARTAM OR HOT FALIUS CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN NOC CAUGHT IN OR RETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN, UNDER OR BETWEEN, NOC CAUGHT IN OR BETWEEN CAUGHT IN OR BETWEEN CHARACTER CUT, PUNCTURE, SCRAPE HUNDED BY CAUGHT, PUNCTURE, SCRAPE, NOC CUT, PUNCTURE, SCRAPE HUNDED BY CAUGHT, PUNCTURE, SCRAPE, NOC TO THE CAUGHT IN ORD BY COURT OR TO THE CAUGHT IN ORD BY CAUGHT IN ORD BY COURT OR TO THE CAUGHT IN ORD BY COURT O		•	Group Assigned
DURN OR SCALD - HEAT OR COLD EXPOSURE: TENER CO HEAVE DURN OR SCALD - HEAT OR COLD EXPOSURE: STEAN OR HOT FLUIDS DURN OR SCALD - HEAT OR COLD EXPOSURE: STEAN OR HOT FLUIDS DURN OR SCALD - HEAT OR COLD EXPOSURE: STEAN OR HOT FLUIDS DURN OR SCALD - HEAT OR COLD EXPOSURE: WELDING OPERATIONS DURN OR SCALD - HEAT OR COLD EXPOSURE: WELDING OPERATIONS DURN OR SCALD - HEAT OR COLD EXPOSURE: WELDING OPERATIONS DURN OR SCALD - HEAT OR COLD EXPOSURE: CANADITON DURN OR SCALD - HEAT OR COLD EXPOSURE: CANADITON DURN OR SCALD - HEAT OR COLD EXPOSURE: CANADITON BURN OR SCALD - HEAT OR COLD EXPOSURE: CANADITON RUBBED OR ABRADED BY: REPETITIVE MOTION CALGETT IN OR RETWEEN. MACHINE OR MACHINERY LOAGIST IN OR RETWEEN. DURCH HANDLED CALGETT IN OR RETWEEN. DURCH HANDLED CALLET HUNCTURE. SCARPE INJURED BY: REPETITIVE MOTION CUT; PUNCTURE. SCARPE INJURED BY: REPETITIVE MOTION CUT; PUNCTURE. SCARPE INJURED BY: REPETITIVE MORE OR BETWEEN, NOC CUT; PUNCTURE. SCARPE INJURED BY: REPETITIVE MORE OR BETWEEN, NOC CUT; PUNCTURE. SCARPE INJURED BY: REPETITIVE MORE OR BETWEEN, NOT POWERED CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, LUTENSI, NOT POWERED CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, LUTENSI, NOT POWERED CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, LUTENSI, NOT POWERED CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HAND TOOL, APPLIANCE CUT; PUNCTURE. SCARPE INJURED BY: ROWERD HA			
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Motor Vehicle: Crash of Airplane ### MOTOR VEHICLE: CHICLE UPSET ### MOTOR VEHICLE: WHOTOR VEHICLE ### MOTOR VEHICLE: MOTOR VEHICLE ### FALL OR SUP INJURY: BY MOTOR VEHICLE ### FALL OR SUP INJURY: INTO OPENINGS ### FALL OR SUP INJURY: INTO OPENINGS ### FALL OR SUP INJURY: ON SAME LEVEL ### FALL OR SUP INJURY: SON ICE OR SNOW ### FALL OR SUP INJURY: SON ICE OR SNOW ### STRAIN OR INJURY BY: CONTINUAL NOISE ### STRAIN OR INJURY BY: TWISTING ### STRAIN OR INJURY BY: HOLDING OR CARRYING ### STRAIN OR INJURY BY: LIFTING ### STRAIN OR INJURY BY: PUSHING OR PULLING ### STRAIN OR INJURY BY: REPETITIVE MOTION ### STRAIN OR INJURY BY: REPETITIVE MOTION ### STRAIN OR INJURY BY: REPETITIVE MOTION ### STRAIN OR STEPPING ON: STAPPING ON: SANDING, SCRAPING, CLEANING OPERATIONS ### STRIKING AGAINST OR STEPPING ON: STAINONARY OBJECT ### STRIKING AGAINST OR STEPPING ON: STRIKING AGAINST OR STEPPING ON. STRIKING AGAINST OR STEPPING ON: STRIKIN			
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68 STRIKING AGAINST OR STEPPING ON: STATIONARY OBJECT 69 STRIKING AGAINST OR STEPPING ON: STEPPING ON SHARP OBJECT 70 STRIKING AGAINST OR STEPPING ON: STRIKING AGAINST OR STEPPING ON, NOC 4 STRUCK OR INJURED BY: FELLOW WORKER, PATIENT 75 STRUCK OR INJURED BY: FALLING OR FLYING OBJECT 76 STRUCK OR INJURED BY: HAND TOOL OR MACHINE IN USE 78 STRUCK OR INJURED BY: MOVING PARTS OF MACHINE 79 STRUCK OR INJURED BY: OBJECT BEING LIFTED OR HANDLED 80 STRUCK OR INJURED BY: OBJECT HANDLED BY OTHERS 81 STRUCK OR INJURED BY: STRUCK OR INJURED, NOC 85 STRUCK OR INJURED BY: ANIMAL OR INSECT			
69 STRIKING AGAINST OR STEPPING ON: STEPPING ON SHARP OBJECT 70 STRIKING AGAINST OR STEPPING ON: STRIKING AGAINST OR STEPPING ON, NOC 74 STRUCK OR INJURED BY: FELLOW WORKER, PATIENT 75 STRUCK OR INJURED BY: FALLING OR FLYING OBJECT 76 STRUCK OR INJURED BY: HAND TOOL OR MACHINE IN USE 78 STRUCK OR INJURED BY: MOVING PARTS OF MACHINE 79 STRUCK OR INJURED BY: OBJECT BEING LIFTED OR HANDLED 80 STRUCK OR INJURED BY: OBJECT HANDLED BY OTHERS 81 STRUCK OR INJURED BY: STRUCK OR INJURED, NOC 85 STRUCK OR INJURED BY: ANIMAL OR INSECT			
70 STRIKING AGAINST OR STEPPING ON: STRIKING AGAINST OR STEPPING ON, NOC 74 STRUCK OR INJURED BY: FELLOW WORKER, PATIENT 75 STRUCK OR INJURED BY: FALLING OR FLYING OBJECT 76 STRUCK OR INJURED BY: HAND TOOL OR MACHINE IN USE 78 STRUCK OR INJURED BY: MOVING PARTS OF MACHINE 79 STRUCK OR INJURED BY: OBJECT BEING LIFTED OR HANDLED 80 STRUCK OR INJURED BY: OBJECT HANDLED BY OTHERS 81 STRUCK OR INJURED BY: STRUCK OR INJURED, NOC 85 STRUCK OR INJURED BY: ANIMAL OR INSECT			Stepping On
TRUCK OR INJURED BY: FELLOW WORKER, PATIENT STRUCK OR INJURED BY: FALLING OR FLYING OBJECT FINDER OR INJURED BY: HAND TOOL OR MACHINE IN USE STRUCK OR INJURED BY: MOVING PARTS OF MACHINE STRUCK OR INJURED BY: OBJECT BEING LIFTED OR HANDLED STRUCK OR INJURED BY: OBJECT HANDLED BY OTHERS STRUCK OR INJURED BY: STRUCK OR INJURED, NOC STRUCK OR INJURED BY: ANIMAL OR INSECT			
55 STRUCK OR INJURED BY: FALLING OR FLYING OBJECT 56 STRUCK OR INJURED BY: HAND TOOL OR MACHINE IN USE 578 STRUCK OR INJURED BY: MOVING PARTS OF MACHINE 59 STRUCK OR INJURED BY: OBJECT BEING LIFTED OR HANDLED 50 STRUCK OR INJURED BY: OBJECT HANDLED BY OTHERS 51 STRUCK OR INJURED BY: STRUCK OR INJURED, NOC 51 STRUCK OR INJURED BY: ANIMAL OR INSECT			
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79 STRUCK OR INJURED BY: OBJECT BEING LIFTED OR HANDLED 80 STRUCK OR INJURED BY: OBJECT HANDLED BY OTHERS 81 STRUCK OR INJURED BY: STRUCK OR INJURED, NOC 85 STRUCK OR INJURED BY: ANIMAL OR INSECT			
80 STRUCK OR INJURED BY: OBJECT HANDLED BY OTHERS 81 STRUCK OR INJURED BY: STRUCK OR INJURED, NOC 85 STRUCK OR INJURED BY: ANIMAL OR INSECT			Cameral Dec
81 STRUCK OR INJURED BY: STRUCK OR INJURED, NOC 85 STRUCK OR INJURED BY: ANIMAL OR INSECT			Struck By
85 STRUCK OR INJURED BY: ANIMAL OR INSECT			
86 STRUCK OR INJURED BY: EXPLOSION OR FLARE BACK			
	86	STRUCK OR INJURED BY: EXPLOSION OR FLARE BACK	

	Nature of Injury Code - Injury Description	
Code	Description	Group Assigned
02	SPECIFIC INJURY: AMPUTATION	Amputations / Severance
47	SPECIFIC INJURY: SEVERANCE	Amputations / Severance
04	SPECIFIC INJURY: BURN	Burn / Shock
19	SPECIFIC INJURY: ELECTRIC SHOCK	Builty Shock
07	SPECIFIC INJURY: CONCUSSION	Concussion / Contusion
10	SPECIFIC INJURY: CONTUSION	Compassion y Contasion
13	SPECIFIC INJURY: CRUSHING	Fracture / Crushing /
16	SPECIFIC INJURY: DISLOCATION	Dislocation
28	SPECIFIC INJURY: FRACTURE	
36	SPECIFIC INJURY: INFECTION	Infection / Inflammation
37	SPECIFIC INJURY: INFLAMMATION	
22	SPECIFIC INJURY: ENUCLEATION (TO REMOVE, EX:TUMOR, EYE, ETC.)	
34	SPECIFIC INJURY: HERNIA	Laceration / Puncture /
40	SPECIFIC INJURY: LACERATION	Rupture
43	SPECIFIC INJURY: PUNCTURE	
46	SPECIFIC INJURY: RUPTURE	
91	MULTIPLE INJURIES: MULTIPLE INJURIES INCLUDING BOTH PHYSICAL AND PSYCHOLOGICAL	Multiple Injuries
90	MULTIPLE INJURIES: MULTIPLE PHYSICAL INJURIES ONLY	Waterpie injuries
75	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: AIDS	
30	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: ALL OTHER CUMULATIVE INJURIES, NOC	
71	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: ALL OTHER OCCUPATIONAL DISEASE INJURY, NOC	
51	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: ASBESTOSIS	
52	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: BLACK LUNG	
53	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: BYSSINOSIS	
74	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: CANCER	
78	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: CARPAL TUNNEL SYNDROME	
73	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: CONTAGIOUS DISEASE	
68	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: DERMATITIS	
60	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: DUST DISEASE, NOC (ALL OTHER PNEUMOCONIOSIS)	Occupational Dis. /
79	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: HEPATITIS C	Cumulative Inj.
72	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: LOSS OF HEARING	
69	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: MENTAL DISORDER	
77	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: MENTAL STRESS	
66	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: POISONING - CHEMICAL (OTHER THAN METALS)	
57	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: POISONING - METAL	
70	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: RADIATION	
55	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: RESPIRATORY DISORDERS (GASES, FUMES, CHEMICALS, ETC.)	
54	OCCUPATIONAL DISEASE OR COMPONITY INJURY: SILICOSIS	
76	OCCUPATIONAL DISEASE OR COMPONITY SECONDS OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: VDT - RELATED DISEASE	
59		
03	SPECIFIC INJURY: ALL OTHER SPECIFIC INJURIES, NOC	
	SPECIFIC INJURY: ANGINA PECTORIS SPECIFIC INJURY: ASPLAYVIATION	
54	SPECIFIC INJURY: ASPHYXIATION SPECIFIC INJURY: FOREIGN PODY	
25	SPECIFIC INJURY: FOREIGN BODY	
30	SPECIFIC INJURY: FREEZING	
31	SPECIFIC INJURY: HEARING LOSS OR IMPAIRMENT (TRAUMATIC ONLY)	Other Tresses the let
32	SPECIFIC INJURY: HEAT PROSTRATION	Other Traumatic Injuries
41	SPECIFIC INJURY: MYOCARDIAL INFARCTION (HEART ATTACK)	
01	SPECIFIC INJURY: NO PHYSICAL INJURY	
42	SPECIFIC INJURY: POISONING - GENERAL (NOT OD OR CUMULATIVE INJURY)	
53	SPECIFIC INJURY: SYNCOPE	
55	SPECIFIC INJURY: VASCULAR	
58	SPECIFIC INJURY: VISION LOSS	
49	SPECIFIC INJURY: SPRAIN	Sprain