



## 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:

1. 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 NCCI'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.<sup>1</sup> 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.

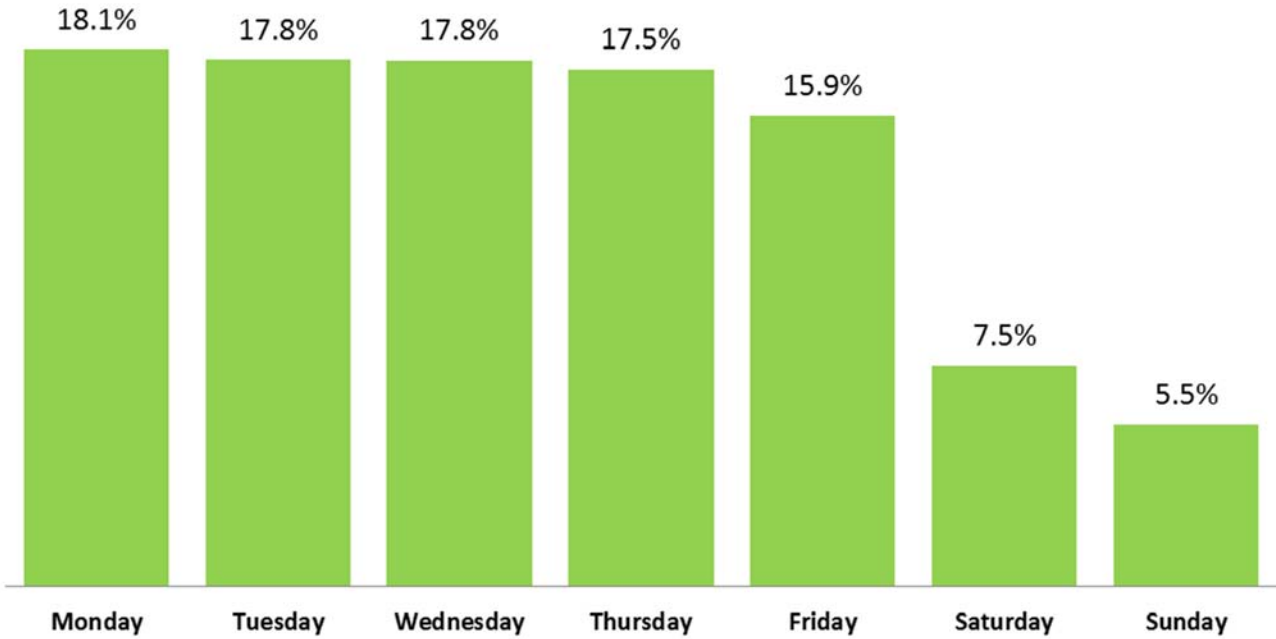
One possible explanation for the higher share of claims on Mondays is that there might be more nonwork-related injuries that become WC claims on Mondays. Another possible explanation for the higher share of claims on Mondays may be that some workers have trouble adjusting to being back at work after 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.

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<sup>1</sup> Derived from lost-time frequency changes given in NCCI's *2018 State of the Line Guide*, page 92, available on [ncci.com](http://ncci.com).

### Monday Claims Have the Highest Claim Share

#### Claim Shares by Injury Day



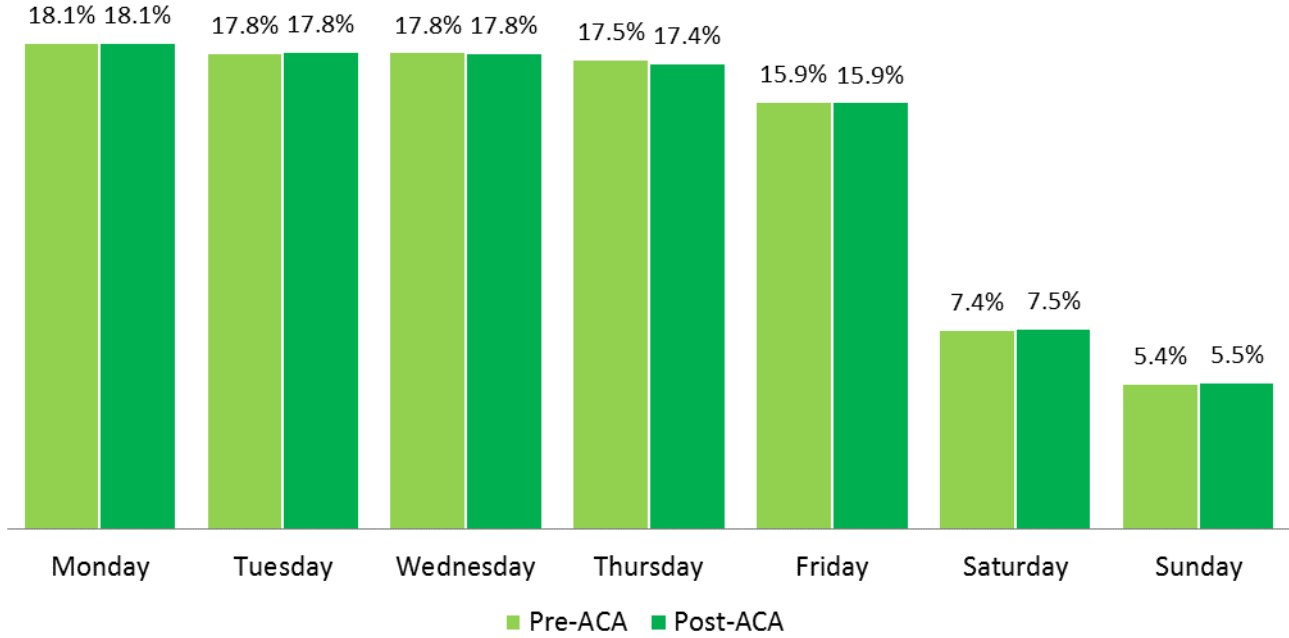
Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays.

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

	<b>Δ Uninsured Rate</b>	<b>Δ Monday Claim Shares</b>
<b>High</b>	-7.0%	+0.06%
<b>Medium</b>	-4.7%	-0.01%
<b>Low</b>	-2.2%	+0.01%
<b>All NCCI States</b>	-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.

#### Exhibit 3

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**

State	Uninsured Rate		Monday Claim Shares		Change in Uninsured Rate	Change in Monday Claims	Medicaid Expansion Date
	2013	2015	Pre-ACA	Post-ACA			
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	21.2%	14.3%	17.68%	17.65%	-6.8%	-0.03%	01-Jan-14
FL	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
CT	11.8%	7.0%	18.30%	18.48%	-4.8%	0.18%	01-Jan-14
IL	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
OK	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
MO	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	13.7%	11.2%	18.34%	18.40%	-2.4%	0.06%	No Expansion
VA	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
HI	5.7%	5.9%	16.73%	17.34%	0.2%	0.61%	01-Jan-14

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; U.S. Census Bureau: Current Population Survey.

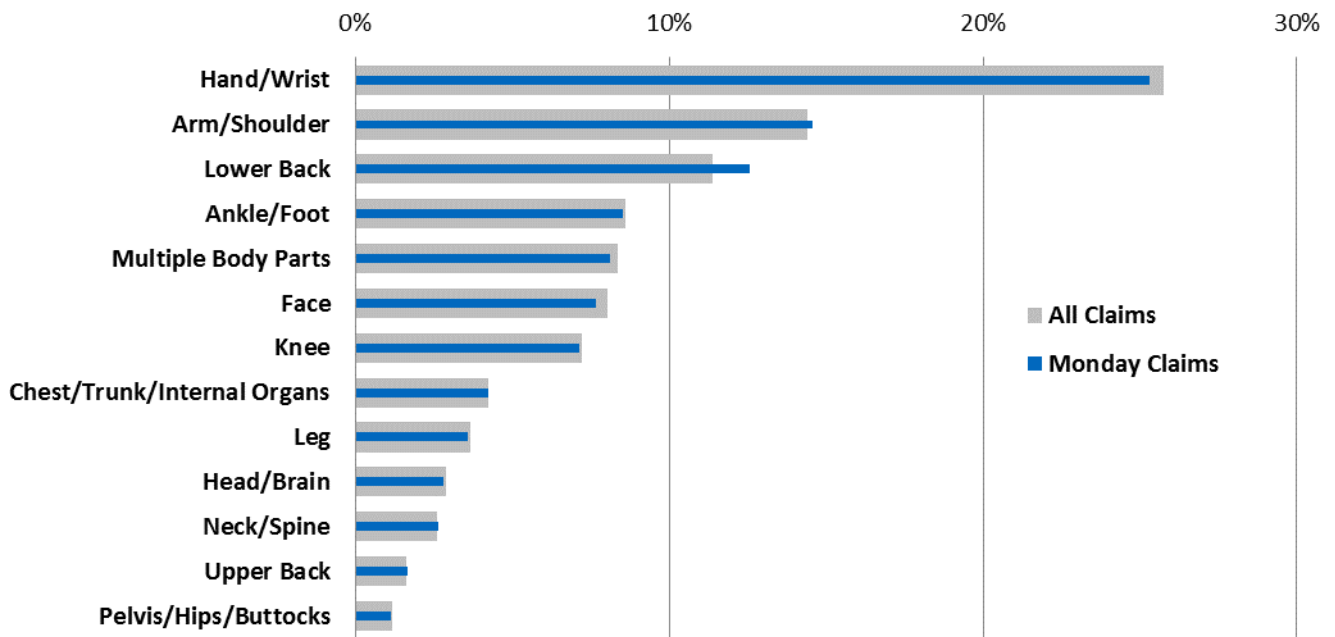
**Exhibit 4**

## 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,<sup>2</sup> 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



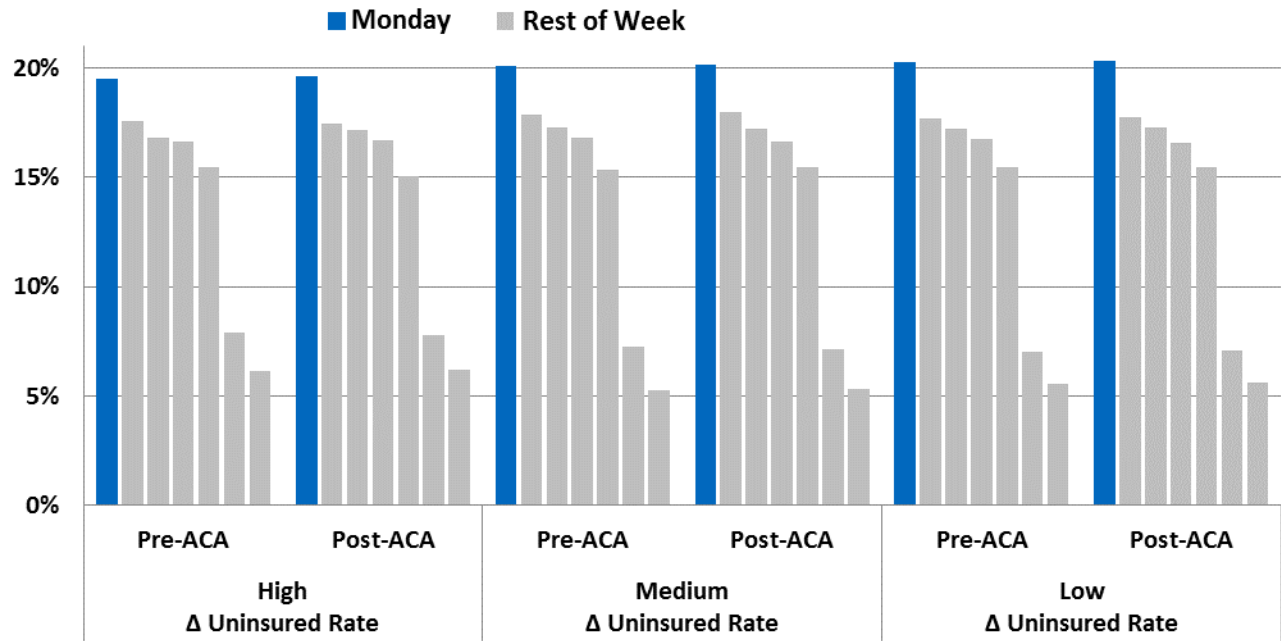
Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury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

Exhibit 5

<sup>2</sup> 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.

Exhibit 6

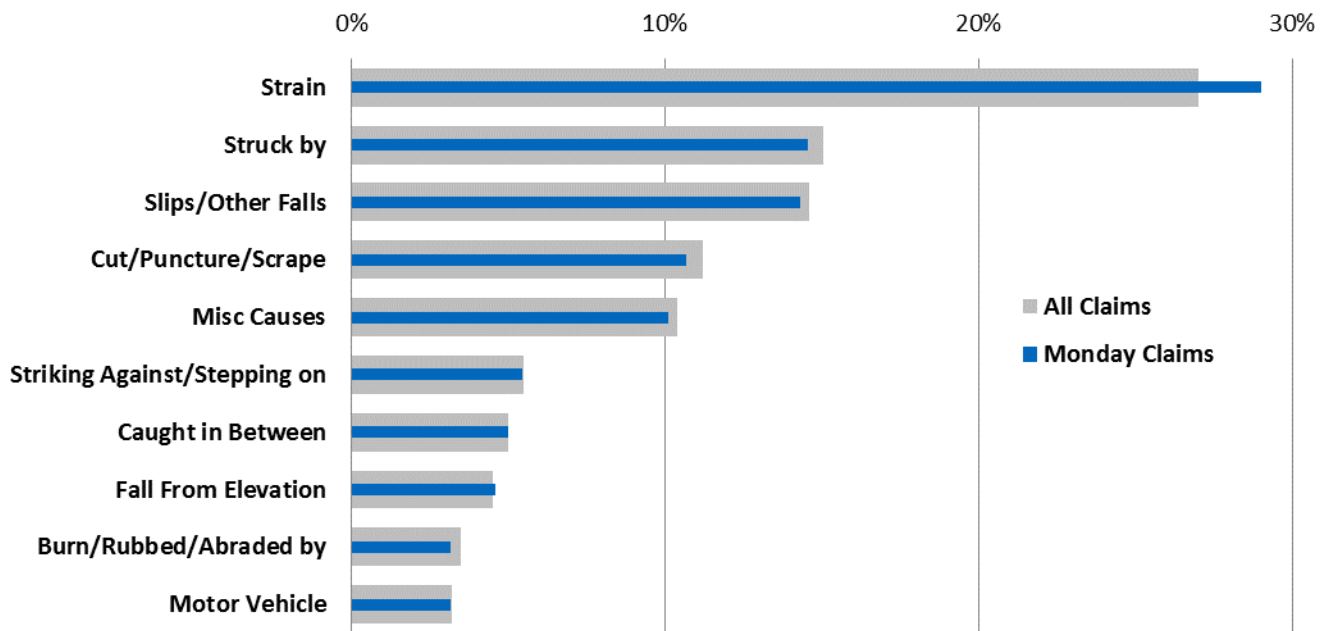


### CLAIM SHARE DISTRIBUTION—ALL CLAIMS VS. MONDAY CLAIMS

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.<sup>3</sup> 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



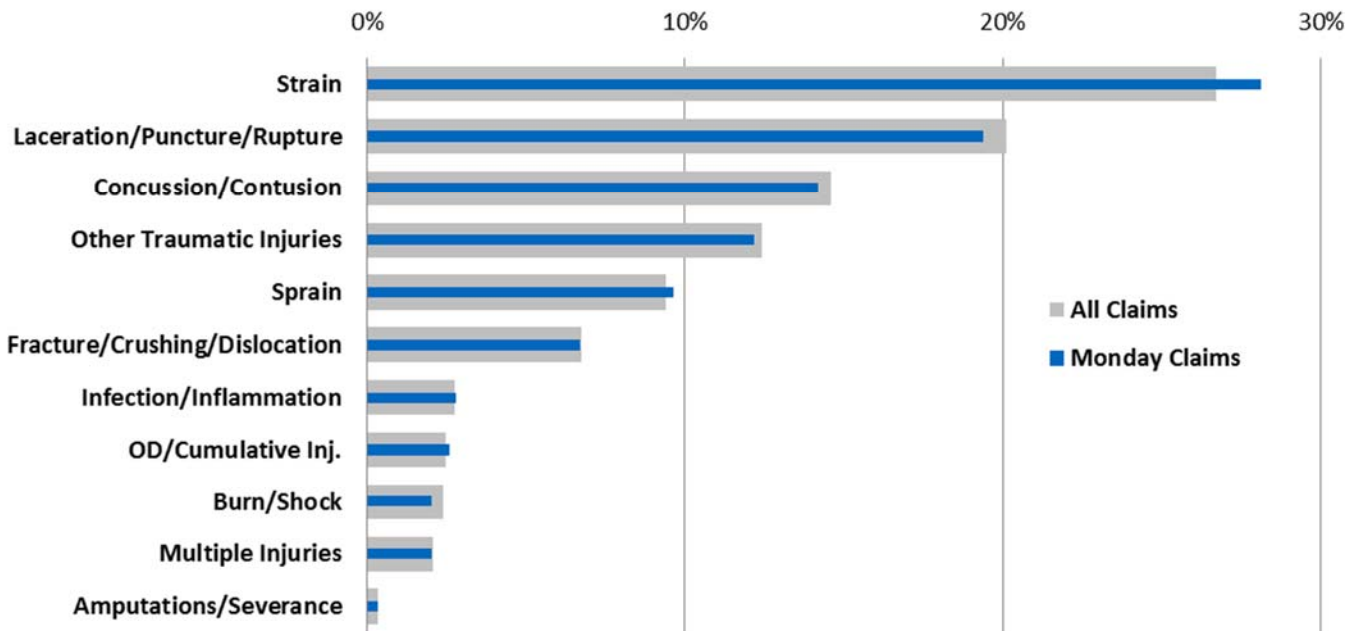
Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury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

Exhibit 7

<sup>3</sup> 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.<sup>4</sup> 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



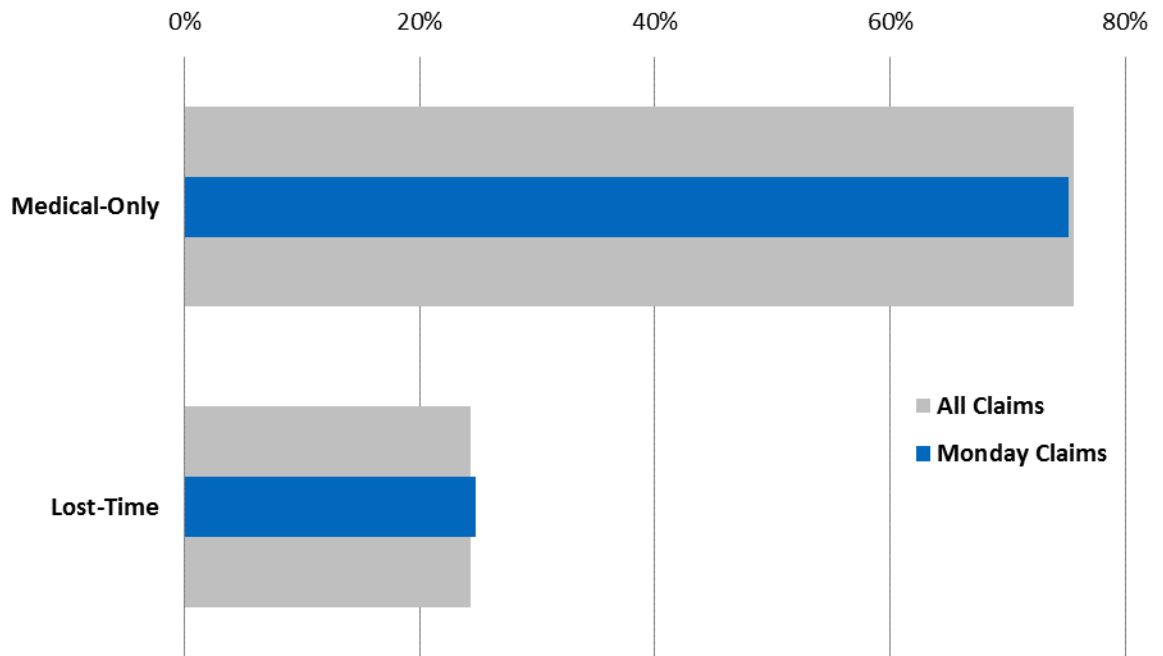
Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury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

**Exhibit 8**

<sup>4</sup> 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

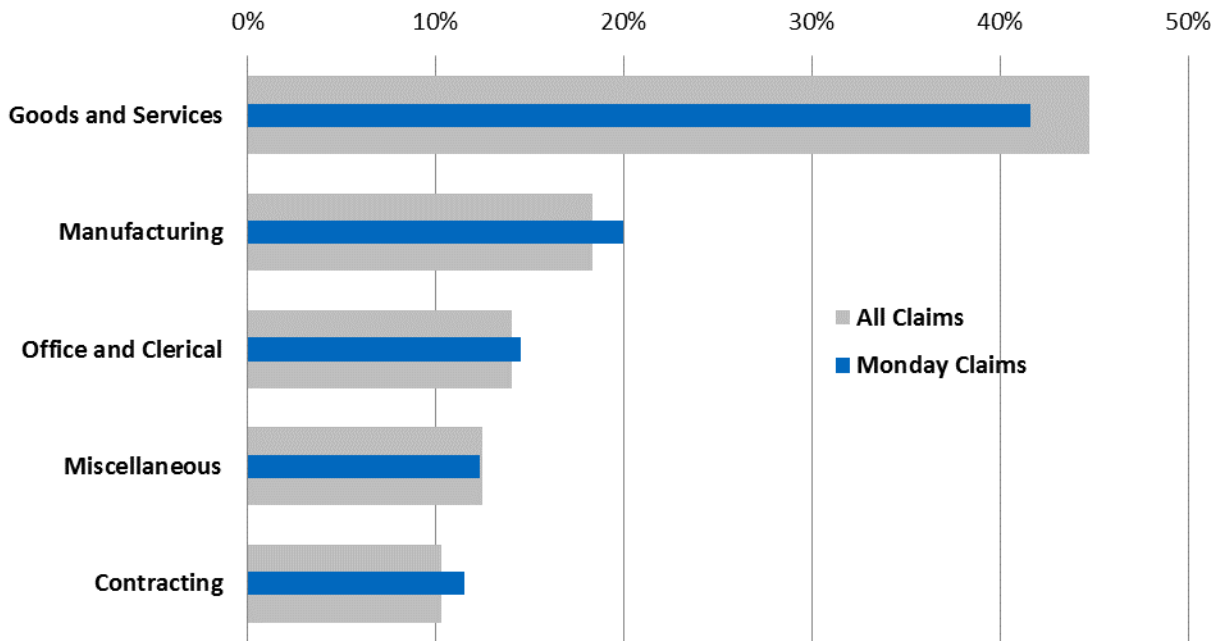


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury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

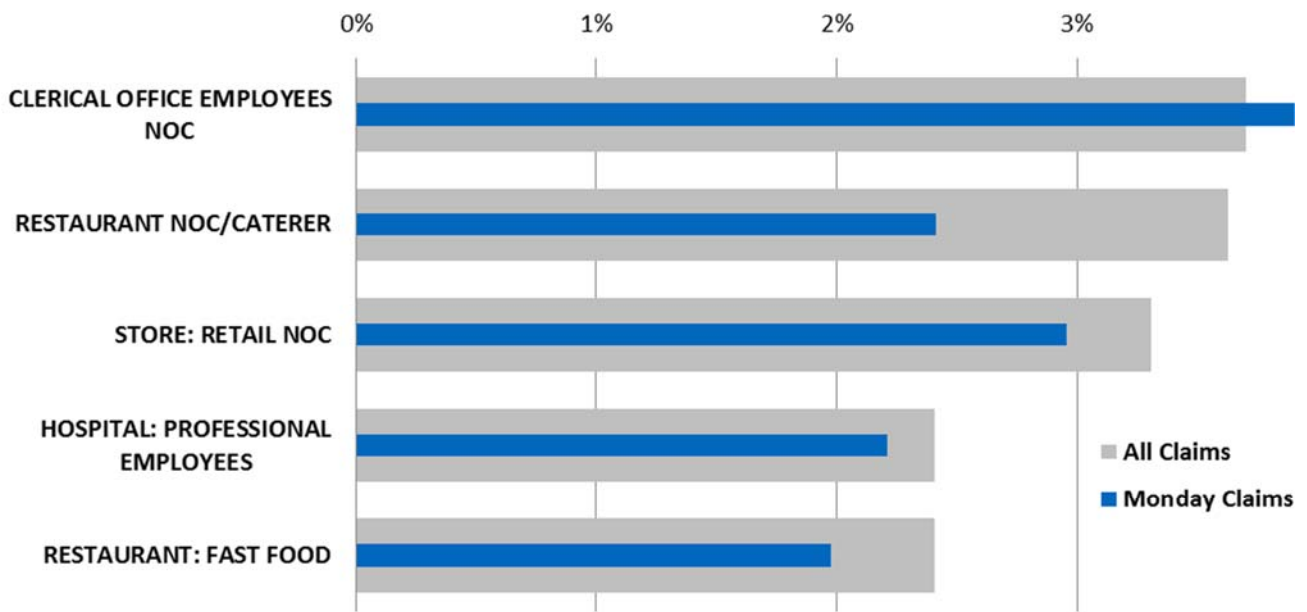


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury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

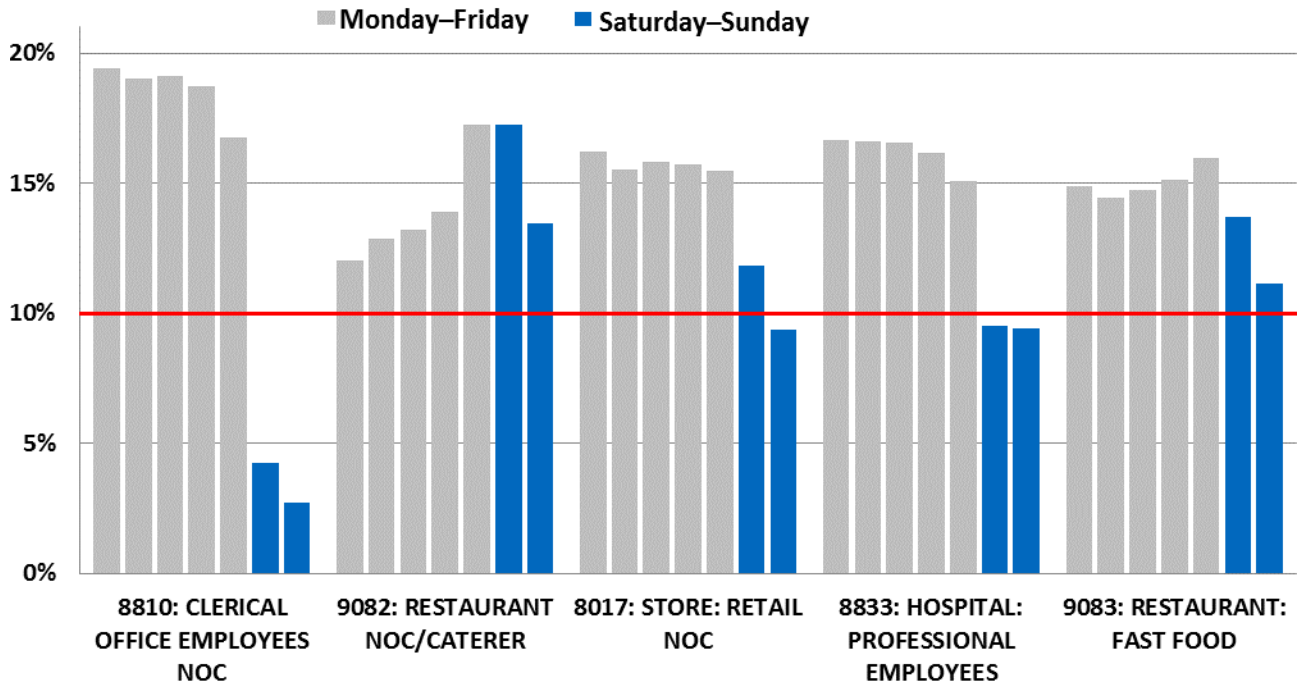


Source: Unit Statistical data for states where NCCI provides ratemaking services. Shares are based on lost-time and medical-only claims evaluated at 1st report for Accident Years 2012–2015; analysis excludes weeks with major holidays, claims with unknown or invalid cause, nature, and part of body injury 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](http://ncci.com/Articles/Pages/II_Research_Brief_Affordable_Care_Act.aspx)
2. 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](http://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.

## **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	Chest / Trunk / Internal Organs
44	TRUNK: CHEST (INCLUDING: RIBS, STERNUM AND SOFT TISSUE)	
49	TRUNK: HEART	
48	TRUNK: INTERNAL ORGANS	
60	TRUNK: LUNG	
40	TRUNK: MULTIPLE TRUNK	
13	HEAD: EAR(S)	Face
14	HEAD: EYE(S)	
19	HEAD: FACIAL BONES	
17	HEAD: MOUTH	
15	HEAD: NOSE	
18	HEAD: OTHER FACIAL SOFT TISSUE	
16	HEAD: TEETH	
36	UPPER EXTREMITIES: FINGER(S)	Hand / Wrist
35	UPPER EXTREMITIES: HAND	
37	UPPER EXTREMITIES: THUMB	
34	UPPER EXTREMITIES: WRIST	
39	UPPER EXTREMITIES: WRIST(S) AND HAND(S)	
12	HEAD: BRAIN	
10	HEAD: MULTIPLE HEAD INJURY	Knee
11	HEAD: SKULL	
53	LOWER EXTREMITIES: KNEE	Leg
54	LOWER EXTREMITIES: LOWER 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.)	Multiple Body Parts
91	MULTIPLE BODY PARTS: BODY SYSTEM AND MULTIPLE BODY SYSTEM	
65	MULTIPLE BODY PARTS: INSUFFICIENT INFORMATION TO PROPERLY IDENTIFY - UNCLASSIFIED	
90	MULTIPLE BODY PARTS: MULTIPLE BODY PARTS	
66	MULTIPLE BODY PARTS: NO PHYSICAL INJURY	
99	MULTIPLE BODY PARTS: WHOLE BODY	Neck / Spine
22	NECK: DISC	
24	NECK: LARYNX	
20	NECK: MULTIPLE INJURY	
25	NECK: SOFT TISSUE	
23	NECK: SPINAL CORD	
26	NECK: TRACHEA	
21	NECK: VERTEBRAE	
43	TRUNK: DISC	
63	TRUNK: LUMBAR AND/OR SACRAL VERTEBRAE	
45	TRUNK: SACRUM AND COCCYX	Pelvis / Hips / Buttocks
47	TRUNK: SPINAL CORD	
51	LOWER EXTREMITIES: HIP	
62	TRUNK: BUTTOCKS	Upper Back
46	TRUNK: PELVIS	
41	TRUNK: UPPER BACK AREA (THORACIC AREA)	

Cause of Injury Code - Injury Description		
Code	Description	Group Assigned
01	BURN OR SCALD - HEAT OR COLD EXPOSURE: CHEMICALS	
02	BURN OR SCALD - HEAT OR COLD EXPOSURE: HOT OBJECTS OR SUBSTANCES	
03	BURN OR SCALD - HEAT OR COLD EXPOSURE: TEMPERATURE EXTREMES	
04	BURN OR SCALD - HEAT OR COLD EXPOSURE: FIRE OR FLAME	
05	BURN OR SCALD - HEAT OR COLD EXPOSURE: STEAM OR HOT FLUIDS	
06	BURN OR SCALD - HEAT OR COLD EXPOSURE: DUST, GASES, FUMES OR VAPORS	
07	BURN OR SCALD - HEAT OR COLD EXPOSURE: WELDING OPERATIONS	Burn / Rubbed /
08	BURN OR SCALD - HEAT OR COLD EXPOSURE: RADIATION	Abraded By
09	BURN OR SCALD - HEAT OR COLD EXPOSURE: CONTACT WITH, NOC	
11	BURN OR SCALD - HEAT OR COLD EXPOSURE: COLD OBJECTS OR SUBSTANCES	
14	BURN OR SCALD - HEAT OR COLD EXPOSURE: ABNORMAL AIR PRESSURE	
84	BURN OR SCALD - HEAT OR COLD EXPOSURE: ELECTRICAL CURRENT	
94	RUBBED OR ABRADED BY: REPETITIVE MOTION	
95	RUBBED OR ABRADED BY: RUBBED OR ABRADED, NOC	
10	CAUGHT IN OR BETWEEN: MACHINE OR MACHINERY	
12	CAUGHT IN OR BETWEEN: OBJECT HANDLED	Caught in Between
13	CAUGHT IN OR BETWEEN: CAUGHT IN, UNDER OR BETWEEN, NOC	
20	CAUGHT IN OR BETWEEN: COLLAPSING MATERIALS (SLIDES OF EARTH)	
15	CUT, PUNCTURE, SCRAPE INJURED BY: BROKEN GLASS	
16	CUT, PUNCTURE, SCRAPE INJURED BY: HAND TOOL, UTENSIL, NOT POWERED	
17	CUT, PUNCTURE, SCRAPE INJURED BY: OBJECT BEING LIFTED OR HANDLED	Cut / Puncture / Scrape
18	CUT, PUNCTURE, SCRAPE INJURED BY: POWERED HAND TOOL, APPLIANCE	
19	CUT, PUNCTURE, SCRAPE INJURED BY: CAUGHT, PUNCTURE, SCRAPE, NOC	
25	FALL OR SLIP INJURY: FROM DIFFERENT LEVEL (ELEVATION)	
26	FALL OR SLIP INJURY: FROM LADDER OR SCAFFOLDING	Fall from Elevation
33	FALL OR SLIP INJURY: ON STAIRS	
82	MISCELLANEOUS CAUSES: ABSORPTION, INGESTION OR INHALATION, NOC	
87	MISCELLANEOUS CAUSES: FOREIGN MATTER (BODY) IN EYE(S)	
88	NATURAL DISASTER	
89	MISCELLANEOUS CAUSES: PERSON IN ACT OF A CRIME	
90	MISCELLANEOUS CAUSES: OTHER THAN PHYSICAL CAUSE OF INJURY	Misc Causes
91	MOLD	
93	GUNSHOT	
96	LOSSES DUE TO ACT OF TERRORISM (FOR USE WITH AN ASSIGNED CATASTROPHE CODE ONLY)	
98	MISCELLANEOUS CAUSES: CUMULATIVE, NOC	
99	MISCELLANEOUS CAUSES: OTHER-MISCELLANEOUS, NOC	
40	MOTOR VEHICLE: CRASH OF WATER VEHICLE	
41	MOTOR VEHICLE: CRASH OF RAIL VEHICLE	
45	MOTOR VEHICLE: COLLISION OR SIDESWIPE WITH ANOTHER VEHICLE	
46	MOTOR VEHICLE: COLLISION WITH A FIXED OBJECT	Motor Vehicle
47	MOTOR VEHICLE: CRASH OF AIRPLANE	
48	MOTOR VEHICLE: VEHICLE UPSET	
50	MOTOR VEHICLE: MOTOR VEHICLE, NOC	
77	STRUCK OR INJURED BY: MOTOR VEHICLE	
27	FALL OR SLIP INJURY: FROM LIQUID OR GREASE SPILLS	
28	FALL OR SLIP INJURY: INTO OPENINGS	
29	FALL OR SLIP INJURY: ON SAME LEVEL	Slips / Other Falls
30	FALL OR SLIP INJURY: SLIPPED, DID NOT FALL	
31	FALL OR SLIP INJURY: FALL, SLIP OR TRIP, NOC	
32	FALL OR SLIP INJURY: ON ICE OR SNOW	
52	STRAIN OR INJURY BY: CONTINUAL NOISE	
53	STRAIN OR INJURY BY: TWISTING	
54	STRAIN OR INJURY BY: JUMPING	
55	STRAIN OR INJURY BY: HOLDING OR CARRYING	
56	STRAIN OR INJURY BY: LIFTING	
57	STRAIN OR INJURY BY: PUSHING OR PULLING	Strain
58	STRAIN OR INJURY BY: REACHING	
59	STRAIN OR INJURY BY: USING TOOL OR MACHINERY	
60	STRAIN OR INJURY BY: STRAIN OR INJURY BY, NOC	
61	STRAIN OR INJURY BY: WIELDING OR THROWING	
97	STRAIN OR INJURY BY: REPETITIVE MOTION	
65	STRIKING AGAINST OR STEPPING ON: MOVING PARTS OF MACHINE	
66	STRIKING AGAINST OR STEPPING ON: OBJECT BEING LIFTED OR HANDLED	Striking Against /
67	STRIKING AGAINST OR STEPPING ON: SANDING, SCRAPING, CLEANING OPERATIONS	Stepping On
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	
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	Struck By
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	
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	
04	SPECIFIC INJURY: BURN	Burn / Shock
19	SPECIFIC INJURY: ELECTRIC SHOCK	
07	SPECIFIC INJURY: CONCUSSION	Concussion / Contusion
10	SPECIFIC INJURY: CONTUSION	
13	SPECIFIC INJURY: CRUSHING	Fracture / Crushing / Dislocation
16	SPECIFIC INJURY: 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.)	Laceration / Puncture / Rupture
34	SPECIFIC INJURY: HERNIA	
40	SPECIFIC INJURY: LACERATION	
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	
75	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: AIDS	Occupational Dis. / Cumulative Inj.
80	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: ALL OTHER CUMULATIVE INJURIES, NOC	
71	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: ALL OTHER OCCUPATIONAL DISEASE INJURY, NOC	
61	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: ASBESTOSIS	
62	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: BLACK LUNG	
63	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)	
79	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: HEPATITIS C	
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)	
67	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: POISONING - METAL	
70	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: RADIATION	
65	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: RESPIRATORY DISORDERS (GASES, FUMES, CHEMICALS, ETC.)	
64	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: SILICOSIS	
76	OCCUPATIONAL DISEASE OR CUMULATIVE INJURY: VDT - RELATED DISEASE	
59	SPECIFIC INJURY: ALL OTHER SPECIFIC INJURIES, NOC	Other Traumatic Injuries
03	SPECIFIC INJURY: ANGINA PECTORIS	
54	SPECIFIC INJURY: ASPHYXIATION	
25	SPECIFIC INJURY: FOREIGN BODY	
30	SPECIFIC INJURY: FREEZING	
31	SPECIFIC INJURY: HEARING LOSS OR IMPAIRMENT (TRAUMATIC ONLY)	
32	SPECIFIC INJURY: HEAT PROSTRATION	
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
52	SPECIFIC INJURY: STRAIN	Strain