

DWC Available Data*

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DWC FORM-69, REPORT OF MEDICAL EVALUATION*

Date received	ICD-9
DOI	MMI reached (Y/N)
Claimant	MMI /estimated MMI date
Doctor name/license #	Impairment (a/b)/Impairment Rating
Type of HCP	Treating doctor
Doctor's signature (Y/N)	Agree with MMI (Y/N)/
Date of certification	Agree with IR (Y/N)
Insurance Carrier	Agree with no Impairment Rating(Y/N)
Date of exam	Narrative attached (Y/N)

DWC FORM-52, SIBS REQUEST*

DWC number	Order mail date
Claimant	Non-Entitlement code
DOI	1st quarter
Insurance Carrier name	7th day
Status	2nd quarter
Date DWC-52 received	37th day
MMI/IR dispute (Y/N)	3rd quarter
Contribution dispute (Y/N)	67th day
Income Benefit dispute (Y/N)	4th quarter
TRC Program Involvement (Y/N)	1st quarter monthly SIBs amount
Date processed	MMI Date/Impairment Rating
Entitled	SIBs calculation worksheet

CIS COMPLAINT DATA*

DOC ID	All names/addresses associated w/complaint
Priority (Y/N)	Complainant type code (A code)
DWC claim number	Subject type code (B code)
Current owner of complaint	Coverage type code (C code)
Previous owner of complaint	Reason for complaint code (D code)
Transfer date	Disposition code (E code)
How complaint was received (Mail/Fax)	File type code (F code)
Received date	Further administrative action code (G code)
Entered date	Restitution amount
Table 70 violation code	Restitution date
Status	Specialist name
Status date	Specialist date

INCOME DISPUTE DATA*

Dispute issues	CCH sessions held
Disputes received	Concluded CCH's
BRC sessions held	Appeal requests received
Concluded BRC's	

ACCIDENT PREVENTION SERVICES (APS) DATABASE TABLE AND FIELD DATA*

Insurance Carrier Contact Info

Date Company created in database
Company name/address
Group name if not stand alone Insurance Carrier
Company point of contact information
Company website
Assigned APS inspector
Company active/not actively writing WC premium in TX
Company point of contact information

Insurance Group Contact Info

Group name
Address information
Group point of contact information

Insurance Carrier (IC) inspection

Date next scheduled inspection is generated
Name of assigned APS inspector
Location of inspection (physical city, electronic, phone)
Actual date of inspection
Time inspection began
Date physical inspection completed
Letter to IC notifying of inspection due
Letter to IC notifying of inspection sent
Policyholders w/TX exposures due from IC
Policyholders w/TX exposures recvd from IC
Inspection confirmation letter due date
DWC 105 APS Worksheets due from IC
DWC 105 APS Worksheets received from IC
Inspection findings report due
Inspection findings report sent
Date all inspection activities completed
Date of next scheduled inspection
IC follow-up to recommendations due
IC recommendations follow-up received
Total # of policyholders w/ Texas exposure
Name of APS inspector completing inspection
of policyholder files inspected
Date Company created in database
Company name
Group name if not stand alone Insurance Carrier
Address information
Company website
Assigned APS inspector
Company active/not actively writing WC premium in TX
Company point of contact information

Annual Report Information

Insurance Carrier name
Date data entered into database
Reporting period year
\$ spent on APS
Total \$ premium written
Total # of policies
of policies < \$5k, between \$5k -\$25k and > \$25k
Date/Time
Date report received by DWC

Policyholder Visit Info

Date information entered into database
Policyholder contact information
Company FEIN #
Company NAICs code
\$ value of current policy premium
of employees at the location
Inspector conducting visit
Date of visit
Time of visit
Return to Work program (Y/N)
Written Safety Plan (Y/N)
WC carrier assistance requested (Y/N)
DWC resources requested (Y/N)
Policyholder point of contact data
Policyholder's insurance company
Policyholder's insurance group
Current policy year start/end date
First prior year policy start/end date
2nd prior year policy start/end date
Current policy year premium amount
1st prior year policy premium amount
2nd prior year policy premium amount
of claims in current policy year
of claims in 1st prior policy year
of claims in 2nd prior policy year
Loss ratio in current policy year
Loss ratio in 1st prior policy year
Loss ratio in 2nd prior policy year
of hazards found-regulatory non-compliance
of hazards found-other than serious
of hazards found-serious
of hazards found-dangerous

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MEDICAL DISPUTE DATA*

Claim ID	Insurance Carrier
Claimant name/SSN	Dispute treating doctor name/license #
Date of injury	Post mark date/MRD date stamp
MDR tracking #	Disputed DOS From/To
Requestor type/ID/contact name	Legal issue
Requestor FEIN #/name/phone	Amount billed/paid/disputed
Respondent FEIN #/name/phone	Dispute status

DWC FORMS PROCESSING*

DWC Form-22, RME

Date received
Date approved
Date denied

DWC Form-46, Acceleration of IIBs

Date received
Date approved
Date denied

PLN Forms

Document type
Date received
Filing date

DWC Form-53, Change Treating Doctor

Date received
Date approved
Date denied
Previous Treating Doctor Name
New Treating Doctor Name
Start Date
End Date

DWC Form-47, Advance

Date received
Date approved
Date denied
Amount of request

ELECTRONIC DATA*

Electronic data elements are available on the TDI-DWC website

Medical State Reporting (837) EDI Elements

For use prior to September 1, 2011

<http://www.tdi.texas.gov/wc/edi/index.html#medical>

For use on/after September 1, 2011

<http://www.tdi.texas.gov/wc/edi/index.html#med911>

Claims State Reporting (148 and A49) EDI Elements

<http://www.tdi.texas.gov/wc/edi/index.html#claims>

Detailed Claim Information (DCI)

<http://www.tdi.texas.gov/company/documents/dci-2010.pdf>

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