



**NYCIRB**

New York Compensation  
Insurance Rating Board

733 Third Avenue  
New York, NY 10017  
Tel: (212) 697-3535

November 30, 2021

R.C. 2549

Re: New York Workers' Compensation Statistical Plan Rule Revisions  
Effective January 1, 2022

Members of the Rating Board:

I write to inform you that the New York State Department of Financial Services ("DFS") approved amendments to the Rating Board's New York Workers' Compensation Statistical Plan ("Stat Plan") which are detailed herein, attached hereto, and are effective on January 1, 2022.

Specifically, DFS approved rule revisions to Part IV of the Stat Plan: (a) an amendment to Item (20) Injury Description Code and, (b) the addition of new Item (21) Occupation Description.

The modified and final pages from the Stat Plan reflecting the approved amendments, pages R-56 and R-56a, are attached for your convenience.

If you have any questions or concerns, please do not hesitate to contact Mr. David Knight, Vice President of the Operations Department, at (212) 697-3535, ext. 122 or at [operations@nycirb.org](mailto:operations@nycirb.org).

Very truly yours,

A handwritten signature in blue ink, appearing to read "JA", is written over a light blue horizontal line.

Jeremy Attie  
President and CEO

Enclosures

	<p>(2) Report Catastrophe Number 12 for all claims occurring on or after December 1, 2019 that are due to the COVID-19 pandemic.</p> <p><b>Note:</b> Catastrophe Number 12 will apply to both single and multiple claims.</p>
--	---

**19. MANAGED CARE ORGANIZATION TYPE**

	<p>Report the code that corresponds to the type of organization, if any, that administers the applicable medical loss on the claim.</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;">Code</th> <th style="text-align: center;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">00</td> <td>Not Administered by an approved Managed Care or Preferred Provider Organization</td> </tr> <tr> <td style="text-align: center;">01</td> <td>Administered by an approved Managed Care Organization</td> </tr> <tr> <td style="text-align: center;">03</td> <td>Administered by an approved Preferred Provider Organization</td> </tr> </tbody> </table>	Code	Description	00	Not Administered by an approved Managed Care or Preferred Provider Organization	01	Administered by an approved Managed Care Organization	03	Administered by an approved Preferred Provider Organization
Code	Description								
00	Not Administered by an approved Managed Care or Preferred Provider Organization								
01	Administered by an approved Managed Care Organization								
03	Administered by an approved Preferred Provider Organization								

**20. INJURY DESCRIPTION CODE**

	<p>Report the 3 two-digit codes that represent respectively, the Part of Body, Nature of Injury and Cause of Injury for each claim.</p> <ul style="list-style-type: none"> <li>★ <u>• <b>Part of Body:</b> Report the code that identifies the injured body part for a given claim. The part of body that is injured and expected to be the most significant contributor to the cost of the claim.</u></li> <li>★ <u>• <b>Nature of Injury:</b> Report the code that represents the nature of injury for a given claim.</u></li> <li>★ <u>• <b>Cause of Injury:</b> Report the code that represents the cause of injury for a given claim.</u></li> </ul> <p>Refer to Part VI of this Plan for the applicable codes.</p>
--	--

**21. OCCUPATION DESCRIPTION**

★	<p><u>Report the narrative description of the regular occupation of the claimant.</u></p>
---	---

**22. NEW YORK STATE WORKERS' COMPENSATION BOARD CASE NUMBER**

Report the unique alphanumeric Case Number assigned to each claim by the New York State Workers' Compensation Board.

**Note:** The Case Number must be reported for every claim to which a number has been assigned by the New York State Workers' Compensation Board.

Case numbers are **not** required for:

- Jurisdiction State is not New York
- Medical-only claims
- Claims subject to the Volunteer Firefighters' Benefit Law
- Claims subject to the Volunteer Ambulance Workers' Law
- Claims that are only Employers' Liability – Type of Claim 02
- Claims that are only Liability-Over – Type of Claim 04
- Claims that are subject to Federal Coverage
- ALAE-only claims when no Case Number has been assigned

(2) Report Catastrophe Number 12 for all claims occurring on or after December 1, 2019 that are due to the COVID-19 pandemic.

**Note:** Catastrophe Number 12 will apply to both single and multiple claims.

### 19. MANAGED CARE ORGANIZATION TYPE

Report the code that corresponds to the type of organization, if any, that administers the applicable medical loss on the claim.

Code	Description
00	Not Administered by an approved Managed Care or Preferred Provider Organization
01	Administered by an approved Managed Care Organization
03	Administered by an approved Preferred Provider Organization

### 20. INJURY DESCRIPTION CODE

Report the 3 two-digit codes that represent respectively, the Part of Body, Nature of Injury and Cause of Injury for each claim.

- ★ • **Part of Body:** Report the code that identifies the injured body part for a given claim. The part of body that is injured and expected to be the most significant contributor to the cost of the claim.
- ★ • **Nature of Injury:** Report the code that represents the nature of injury for a given claim.
- ★ • **Cause of Injury:** Report the code that represents the cause of injury for a given claim.

Refer to Part VI of this Plan for the applicable codes.

### 21. OCCUPATION DESCRIPTION

- ★ Report the narrative description of the regular occupation of the claimant.

## 22. NEW YORK STATE WORKERS' COMPENSATION BOARD CASE NUMBER

Report the unique alphanumeric Case Number assigned to each claim by the New York State Workers' Compensation Board.

**Note:** The Case Number must be reported for every claim to which a number has been assigned by the New York State Workers' Compensation Board.

Case numbers are **not** required for:

- Jurisdiction State is not New York
- Medical-only claims
- Claims subject to the Volunteer Firefighters' Benefit Law
- Claims subject to the Volunteer Ambulance Workers' Law
- Claims that are only Employers' Liability – Type of Claim 02
- Claims that are only Liability-Over – Type of Claim 04
- Claims that are subject to Federal Coverage
- ALAE-only claims when no Case Number has been assigned