## WCB IAIABC change to version 3.1

Workers Compensation Board (WCB) has advised us that new requirements for Body Parts and a new value for Accident Premises "Employee Residence" are being added to <u>www.nysif.com</u> eFROI Employer's First Report of Injury effective 01/24/22 and to the Accident Reporting System (ARS) effective 01/21/2022.

Some of the "Body Parts" in ARS have been made inactive and replaced with new codes that contain (L) left and (R) right side in the description.

**Note:** Going forward users will no longer select "Side of Body" when choosing the body part as shown in the screenshot of ARS Body Parts (page).

Side of Body Injury

Screen shot of ARS Look Up Body Part (page) displaying the new body part code with the side of body included in the description.

Body Part	Description	Customize   Find   View All   🗮 Class	First 💽 1 o	
3416 🔍	Finger - Index, Left	Up limbs	Injury V	+ -
			Ŀ.	

ARS will have these body parts ready for ARS users to select on 01/21/2022 and up to 20 body part codes will be accepted.

The Body Part codes "identify the part of the body directly affected by the nature of injury or illness". Therefore, ARS recommends using "**contains**" in the "**Description**" drop down and then enter the body part to receive a complete list of all possible matches containing the body part.

SetID: Body Part (		ARSID	
Description	contains 🗸	Finger	
Body Part (	Classification: =		
Look Up	Clear Cancel Basic	Lookup	
Search R	esults		
View All		First 🖪 1-14 of 14 🕨 Last	
Body Part (	Code Description	Body Part Classification	
<u>3416</u>	Finger - Index, Left	Up limbs	
3417	Finger - Index, Right	Up limbs	
<u>3418</u>	Finger - Middle, Left	Up limbs	
<u>3419</u>	Finger - Middle, Right	Up limbs	
<u>3410</u>	Finger - Pinky, Left	Up limbs	
<u>3411</u>	Finger - Pinky, Right	Up limbs	
3412	Finger - Ring, Left	Up limbs	
<u>3413</u>	Finger - Ring, Right	Up limbs	
<u>3414</u>	Finger - Thumb, Left	Up limbs	
3415	Finger - Thumb, Right	Up limbs	
<u>3810</u>	Hand and finger(s), Left	Up limbs	
3811	Hand and finger(s), Right	Up limbs	
3300	Hand, except finger(s), Lef	t Up limbs	
	Hand, except finger(s), Rig		

**Note:** for **Death** related incidents only; the Body Part Code (000) Death Whole Body, can be used for an incident that meets the below criteria;

*Body Part Description Class Primary Injury   1 Doo Q Death Whole Body Body Syst Image: Class of the system	*Body Part Description Class Primary 	dy Parts		<u>Customize   Find</u>   View All   🛗	First 🖪 1 of 1 🕨 Last
1 Doo Q Death Whole Body Body Syst 🗹 🛨 🖃	1 100 Q Death Whole Body Body Syst 🗹 🛨 🖃	<u>*Body Part</u>	Description		Primary
		1 00	Death Whole Body	Body Syst	H H
		Please Note: Up t	o 20 Body Parts can be selected.		
Please Note: Up to 20 Body Parts can be selected.	Please Note: Up to 20 Body Parts can be selected.	OK Cance	a 1		

**Death- Whole Body** can be used to report a death claim where the particular body part injured is unknown. So, if all we know is that the claimant died but not sure of the particular body part(s), we can report Death-Whole Body.

Death- Whole Body can be used on Instant Death cases (Date of Accident = Date of Death).

**Death -Whole Body** can also be used on cases where the Date of Death is greater than the Date of Accident. If reporting that the claimant was injured and died perhaps a few days or so later on the same ARS file and we report Death-Whole Body for the death claim, we must also report a valid body part for the accident claim. Ex: Date of Accident = 12/10/21

Claimant died 12/23/21 ARS record reports both the accident date **and** death date. If you report Death-Whole Body for the death claim, you need to report a valid body part for the accident claim. Accident Premises selection "Employee Residence".

This new "Accident Premises" selection is supposed to be used for employer's first reports if the injured worker has had an incident occur during assigned business hours at the employee's residence.

Screenshot of ARS Injury Illness (page) labeled "C-2 Detail1" > Accident Premises:

NYBEAS		
lenu 🗖		
Workforce Monitoring		
Call Center Dincident Data	Summary Description Detail C-2 D	Detail1 C-2 Detail2 Medical
	C-2 Details	Find   View All First 🕙 1 of 1 🕑 Last
inger yn in 1999	Employee - Incident Information	
	EmplID:	Empl Rcd:
	Date of Birth: Date of Death:	: Gender:
	Incident Number: Incident Date:	Incident Type: Incident
	Notice of Injury to "Employer"	
	Notice was given to employer: Orally OIn	Writing O Both Notice of Injury Date
	Notice was given to "Name" of person:	
	Claimant information Packet	
	Have you given the employee a claimant inform	nation packet? O Yes O No
	Location	
	Was this the location the employee normally wo	orked? • Yes O No
	Accident Premises	
	Indicate the premises where the accident occur	rred
	· · · · · · · · · · · · · · · · · · ·	Employee Residence
		Other
	Supervisor Detail	
	Did Supervisor see the injury happen?	V
	Supervisor Name:	
	Save QReturn to Search @ Previous tab	Next tab
~		I2   Medical   Lost Time   Personnel   PESH SH900   Journal
	Canimary   Description   Detail   0-2 Detail   0-2 Detail	

