Re-Naming Imaged Documents Guidelines INSTRUCTIONS:

- The system generated Document Type Description field should be changed to reflect the Standard Description information where indicated.
- Where the Standard Description indicates, "Optional", **the system generated Document Type Description should not be changed** however, additional information may be added.
- For exceptions, where the Standard Description does not apply to the document type, re-naming the document must be recognizable to anyone who can electronically view a claim file.

Type	Document Type Description	Standard Description	Example
ADRPAC	Alternative Dispute Resolution	Delete" Resolution " & add Dispute #	Alternative Dispute #00984
A-53	IW Pre-Pay Travel Log	Optional	
C-1	Pmt of Comp & Med Benefits	Optional	
C-101	Auth to Release Medical Info	Optional	
C-11	Request to appeal an MCO	ADR Appeal to MCO Decision	
C-19	Service Invoice	Indexed by MB&A only	
C-123	%PPD Worksheet/10 Year	Optional	
C-140	Wage Loss Application	Optional	
C-141	Job Search Form	Optional	
C-158	Request for Action	Optional	
C-161	Request for Authorization	Change description to "C-9"	C-9 2/wk x 6wks 1/12/2000; or C-9 MRI 1/12/2000
C-167-T	Appeal to C92 or C92-A	Type of Appeal and Appealing party	Appeal C92 by Empl
C-196	Amputation Chart Hand	Optional	
C-1A	Attending Physician Report	Optional	
C-2	App. for Death Benefits	Optional	
C-23	Change of Physician Notice	Status of request	i.e.,auth.,denied,refer to MCO
C-230	Power of Attorney	POA, ID # Type of comp.	POA, 11784-1, TT
C-240	LSS Application	Optional	
C-241	Amended Settlement Agreemt	Optional	
C-3	App. for Medical Benefits Only	Optional	
C-30	Request for Medical Information	Optional	
C-32	App. Lump Sum Advancement	Optional	Replaces IC-32-Still need to index IC-32 if they come in
C-39	Annual Death Benefits Questio	Optional	
C-5	Death Benefits	Optional	
C-50	SI Claim Application	Optional	
C-55	Salary Continuation Agreement	Optional	
C-6	Accrued Compensation	Optional	
C-60	Travel Expense Statement	Add status: Date:	Approved/denied: 2/02/00
C-63	Addt'l Information Request	From: Date:	IW; 8/14/1999
C-77	Change of Address Notice	No change until address updated	Updated 1/20/00
C-84	Physician's Supplement Rpt.	Change to: Request for TT	Request of TT; ERTW 2/1/00
C-85A	App to Reactivate Claim	Optional	
C-86	Motion	Filing party; reason for motion	IW; Set AWW
C-88	App. for Reconsideration	Filing party	Index as IC-88
C-9	Request for Authorization	Indicate if Proactive Allow or Reactivation	
C-92	Determination of % PPD	Optional	
C-92A	Increase in % PPD	Optional	
C-92EXA	C92/C92A Exams	Exam date; physician; %	07/21/99; Smith; 10%
C-94A	Wage Statement	Add reason for submission	Set f/AWW <u>or</u> Pay WL
CHP4-A	Application for Handicap Reimbursement	Optional	
CMPLAN	MCO Case Management Plan	Optional	
CONFID	Confidential Document	Optional	This document will be treated like a deleted document type
DELETED	Deleted Document	Input the type of document deleted	i.e., deleted fax cover letter
DW-RF	Disabled Workers Relief Fund	Optional	
DWRX	DW RX Profile	Optional	
EMPCERT	Employer Certification Letter	Delete the word "letter" ;add status	Certified, rejected, clarification
EMPINFO	Employer Information	Optional	Job description; misc. corr.
FAMILY	Family Support Order	Optional	
FRI	First Report of Injury	Optional	
HCFA	Medical Bill	Indexed by MB&A only	
Hearing	No longer available for the initial indexing)	Optional	Use ICORDR or Notice, unless misc. hearing issue i.e.PT App.Ack. letter
IC-10	Settlement of VSSR Award	Optional	
IC-12	Notice of Appeal	By: To: Date:	By: IW; To: DHO of 1/20/00

Revised: 11/21/05/ *See reverse side for additional documents

Re-Naming Imaged Documents Guidelines

- **INSTRUCTIONS: See reverse side for further instructions.**

Type	Document Type Description	Standard Description	Example
IC-13	Request for corrected IC Order	Optional	By BWC To: DHO of 9/9/05
IC-2	Application for PTD	Optional	
IC-32	App for Lump Sum Advancement	Optional	
IC-32A	App for Lump Sum Advanc-Atty Fee	Optional	
IC-51	Request for Continuance	Optional	
IC-52	Request for .522-.52 Relief	Optional	
IC8-9	Application for VSSR Award	Optional	
IC-88	Application for Reconsideration	Optional	C-88 should not be used
ICFACTS	Statement of Facts	Optional	
ICLTRS	IC Letters	IC will name the specific letter	
ICNOTIC	Notice of Hearing Commission	Optional	
ICORDR	All Hearing Orders	Outcome; Issue, date of order	Allow/Deny; BWC Order;C-86,4/1/01
ICRD12	Auth of pmt. Deduct or Term(Rehab)	Optional	
INDEX	Index System Match	Optional	
LGLREP	Letter from legal rep.	Specify issue; Date of Letter	
LSAOPT	Lump Sum Advancement Option	Optional	
LSSMISC	Lump Sum Settlement Misc	Optional	
LSSPAC	Lump Sum Settlement Evaluation	LSS Packet Auth By IC	
MCOLTS	Misc. Letters from MCO	Optional	
MED	Medical Documents	Specify type of report; date of report	Office Notes; 6/1-7/15/99
MEDCO14	Return to Work Report	Optional	Return with restrictions, etc.
MEDCO21	Physician Review	Physician name; date of review	Jones; 1/30/99
MEDEXA	BWC Generated Medical Exm	Dr. Name, type of exam; report date	Jones; 90-Day; 2/02/00
MISC	Miscellaneous(any other form)	Specify issue/ type of document	Fax cover with RTW Date
Notice	Notice of Hearing	Type of Hearing; date, location	DHO;2/20/01, IC Logan
OD-1	Occupational Disease App	Optional	
OD-122	SI Occupational Disease App	Optional	
OVERPD	Overpaid Comp. Worksheet	Optional	
PBM	PBM Correspondence	Optional	
PBM-PA	PBM PA Requests/Authorizations	Optional	
PHYSPAC	Physician Review Packet	Optional	
PRNOTE	Progress Note	Optional	
PTD LTR	BWC Annual Contact Letter	Optional	
PTD-MSC	PTD Miscellaneous	Optional	
PTD RPT	Employability Assmt-Report-PTD	Optional	(Note: This is an IC form)
PTD-SOF	PTD Statement of Facts	Optional	(Note: This is an IC form)
PTD VOC	Vocational Letter-PTD	Optional	(Note: This is an IC form)
Purge	Purge Packet	Optional	
R-1	Auth. Of Rep. Of employer	Optional	
R-2	Auth. Of Rep. Of claimant (IW)	Optional	
REHAB	Rehabilitation Notes	Indicate the specific form and date	RH1-signed 8/30/02
	Rehab Report	OJT,EMP Incentive, Voc Eval, etc.	
RH-12	ICRD12/LM Payment	Payment type; period covered or $$$	Empl Incentive; $500.00 **or** LM; 1/1/99 to 1/14/99
RH-18	Auth. For LMWL	Period covered	1/01/00 to 6/30/99
RMAIL	Return Mail	Specify addressee	IW, provider, Empl
SCBILLS	Special Claims Bills	029-Special Claims	
SI-42	Joint Settlement Agreement	Optional	
SI-43	Acknowledgement of Settlmnt	Optional	
SIBC	Bankrupt Employer Misc Documents	SI Bankrupt Emp Documents	Used by SI Bankrupt Only
SIBC-EB	Bankrupt Employer bills paid	Optional	Used by SI Bankrupt Only
SIBC-EW	Bankrupt Employer wages & comp	Optional	Used by SI Bankrupt Only
SIU	Special Investigation Document	SIU Motion/ROI 1st 50 pages SIU ROI - Part 2-2nd 50 pages SIU ROI – Part 3-3rd 50 pages	If document contains more than 150 pages, Part 4, etc. etc.
SUBP	Subpoena	Optional	
SUBRPAC	Subrogation Packet	Optional	
SVIU	Safety Violation Investigation Unit	Do not use; see VSSRINF	
VSSRINF	Safety Violation Investigation Unit	Optional	
WAGES	Wage Information	Specify document name	Payroll sheet, W2
WAIVER	Waiver/Appeal Request	Wavier of appeal	Index only waivers. Appeals should be indexed under IC-12).
WARRANT	BWC Warrant	WARRANT (add warrant Number)	
WRKSHT	Hearing Worksheet	Optional	

Revised 11/21/05 *See reverse side for additional documents