

CLAIMS RELEASE 3.1 IMPAIRMENT REPORTING GUIDANCE

October 2024



Reporting the correct Permanent Impairment Body Part Code (rated body part)

The EDI Standard References page of the IAIABC website www.iaiaabc.org contains a link to the **WCIO Part of Body/Nature of Injury/Cause of Injury Tables**.

[WCIO InjuryDescriptionTableandHistory-4dadd33c.xls \(live.com\)](#)

The Part of Body Codes worksheet contains all reportable body parts that may be listed as the Part of Body Injured Code [DN0036] *or* the Permanent Impairment Body Part Code [DN0083]. One exception is that Code 99 – Whole Body may not be used to report the Injured Body Part.

Typically, the Permanent Impairment Body Part Code will not be the same as the Part of Body Injured Code due to the way impairments are calculated.

Common Permanent Impairment Body Part Codes in Idaho (rated body part)

Physicians evaluating claimant's impairment generally rate on **Upper Extremity** (arm), **Lower Extremity** (leg), **Hand, Finger, Eye** or **Whole Person**.

All ratings may also be converted to an exact whole person impairment – the percentage of disability to the entire body.

What to Report for EDI...

The *payable* rating should be reported in the Permanent Impairment Segment in the SROI record and the body part rated closest to the injured body part should be paid.

EXAMPLE: Claimant injured his knee, and physician issued a 12% lower extremity rating then calculated the rating to the whole person at 3%.

While the EDI reporting indicated the Body Part Code Injured as *knee*, the physician did not rate the knee; instead, they rated the **lower extremity** and whole person. The lower extremity rating is closer to the knee than the whole person, so the lower extremity rating is paid and reported.

How the Impairment Rated Body Part Codes for Reporting are Determined...

The WCIO Impairment Rated Body Part Codes have been applied to Idaho's permanent impairment scheduled loss statute.

The following schedule has been matched to the WCIO table codes and corresponds with the scheduled number of weeks as a basis for determining what to report.

Title 72 Chapter 4

72-428. Scheduled income benefits for loss or losses of use of bodily members. An employee who suffers a permanent disability less than total and permanent shall, in addition to the income benefits payable during the period of recovery, be paid income benefits for such permanent disability in an amount equal to fifty-five percent (55%) of the average weekly state wage stated against the following scheduled permanent impairments respectively:

	Weeks	
(1)Amputations of Upper Extremities		
Forequarter amputation	350	
Disarticulation at shoulder joint	300	WCIO Code 38-Shoulder
Amputation of arm above deltoid insertion	300	
Amputation of arm between deltoid insertion and elbow joint	285	
Disarticulation at elbow joint	285	
Amputation of forearm below elbow joint proximal to insertion of biceps tendon	285	
Amputation of forearm below elbow joint distal to insertion of biceps tendon	270	
Disarticulation at wrist joint	270	WCIO Code 34-Wrist (if rated)
Midcarpal or mid-metacarpal amputation of hand	270	



Title 72 Chapter 4

Amputation of all fingers except thumb at metacarpophalangeal joints	Weeks 160	
Amputation of thumb		
At metacarpophalangeal joint or with resection of carpometacarpal bone	110	WCIO Codes 37A
At interphalangeal joint	80	37B
Amputation of index finger		
At metacarpophalangeal joint or with resection of metacarpal bone	70	36A
At proximal interphalangeal joint	55	36B
At distal interphalangeal joint	30	36D
Amputation of middle finger		
At metacarpophalangeal joint or with resection of metacarpal bone	55	36E
At proximal interphalangeal joint	45	36F
At distal interphalangeal joint	25	36H
Amputation of ring finger		
At metacarpophalangeal joint or with resection of metacarpal bone	25	36I
At proximal interphalangeal joint	20	36J
At distal interphalangeal joint	12	36L
Amputation of little finger		
At metacarpophalangeal joint or with resection of metacarpal bone	15	36M
At proximal interphalangeal joint	10	36N
At distal interphalangeal joint	5	36P

Title 72 Chapter 4

(2) Amputations of Lower Extremities	Weeks	
Hemipelvectomy	250	
Disarticulation at hip joint	200	WCIO Code 51-Hip
Amputation above knee joint with short thigh stump (3" or less below tuberosity of ischium)	200	
Amputation above knee joint with functional stump	180	
Disarticulation at knee joint	180	WCIO Code 53-Knee (if rated)
Gritti-Stokes amputation	180	
Amputation below knee joint with short stump (3" or less below intercondylar notch)	180	
Amputation below knee joint with functional stump	140	
Amputation at ankle (Syme)	140	WCIO Code 56-Foot (if rated)
Partial amputation of foot (Chopart's)	105	
Mid-metatarsal amputation	70	
Amputation of all toes		
At metatarsophalangeal joints	42	
Amputation of great toe		
With resection of metatarsal bone	42	
At metatarsophalangeal joint	25	
At interphalangeal joint	25	
Amputation of lesser toe (2nd-5th)		
With resection of metatarsal bone	7	
At metatarsophalangeal joint	4	
At proximal interphalangeal joint	3	
At distal interphalangeal joint	1	

Finger Impairments

A **percentage of loss of the digit** is reported as the **full digit body part**

Example: 18% of the little finger is reported as 18% Code 36M

[15 weeks * 18% = 2.7 weeks payable]

A **partial amputation of the digit** is reported at the amputation point

Example: Complete loss of the index finger at the proximal joint is reported as 100% Code 36B

[55 weeks * 100% = 55 weeks payable]

IDAPA Chapter 17.01.01.403

RULE GOVERNING COMPENSATION FOR DISABILITY DUE TO LOSS OF TEETH.

01. Compensation for Disability. A Claimant under the Worker's Compensation Law shall be entitled to compensation for permanent disability for the loss of each tooth other than wisdom teeth at the rate of one tenth of one percent (.1%) of the whole man. The loss of wisdom teeth shall not constitute any permanent disability. Compensation hereunder shall be in addition to payments for medical services including dental appliances and bridgework necessitated by the injury and any income benefits during the period of Claimant's recovery to which the Claimant be entitled.

Report each compensable tooth in a single segment as:

100% **WCIO Code 16-Teeth**

Impairment Ratings

Apportionment – only report the rating attributed to the subject injury

10% Upper Extremity with 2% apportioned to pre-existing injuries

Report and pay 8% UE

Averaging – report the average of the two ratings

10% Upper Extremity and 17% Upper Extremity

Report and pay 13.5% UE

Combined Ratings – report the final whole person rating

10% Lower Extremity combined with 16% Upper Extremity

Report and pay 14% WP

Impairment Ratings

Multiple Ratings – may report up to ten (10) occurrences

NUMBER OF PERMANENT IMPAIRMENTS		02		
SEQ NBR	PERM IMPAIRMENT BODY PART	PERM IMPAIRMENT PERCENT	PERM IMPAIRMENT BODY PART LOCATION	
1	38 – SHOULDER(S)	5.00	L – LEFT	
2	51 – HIP	2.00	L – LEFT	

Multiple Teeth – report one (1) occurrence for each affected tooth

NUMBER OF PERMANENT IMPAIRMENTS		02		
SEQ NBR	PERM IMPAIRMENT BODY PART	PERM IMPAIRMENT PERCENT	PERM IMPAIRMENT BODY PART LOCATION	
1	16 – TEETH	100.00		
2	16 – TEETH	100.00		

Report **rated** body part code – not *injured* body part code

Impairment Ratings

Body Part Location Code [DN0432] is now required when reporting Impairment where the location may be:

B = Bilateral

L = Left

R = Right



Example: *eye, ear, arm, leg*

Impairment Ratings

Single lump payment may be submitted with SROI PY

NUMBER OF BENEFITS		01										
SEQ NBR	BENEFIT TYPE	BENEFIT MTC	BENEFIT PERIOD START DATE	BENEFIT PERIOD THROUGH DATE	BENEFIT TYPE CLAIM WEEKS	BENEFIT TYPE CLAIM DAYS	BENEFIT TYPE AMT PAID	BENEFIT PAYMENT ISSUE DATE	GROSS WEEKLY EFF DATE	GROSS WEEKLY AMT	NET WEEKLY EFF DATE	NET WEEKLY AMT
1	030 – Permanent Partial Scheduled	PY - Payment Report	03/05/2024	5/13/24	10	0	\$5,318.50	03/22/2024	03/05/2024	\$531.85	03/05/2024	\$531.85

LUMP SUMP PAYMENT/SETTLEMENT CODE	MAX MEDICAL IMPROV. DATE
NS – Non-Specified	03/05/2024

Report actual number of weeks and days

DO NOT REPORT ONE DAY

File RB after PY if payments continue after the lump payment of benefits

File SX after PY if paid in full or after RB when paid in full

only use NS – Settlement Code [DN0293] in this scenario



Impairment v Disability – Benefit Type Codes

BTC X30 *Statutory rating or physician rated impairment*

BTC X40 *Disability based on loss of wage-earning capacity*

BTC 030 - PPI not paid by settlement

BTC 530 - PPI paid by settlement

BTC 040 - PPD not paid by settlement

BTC 540 - PPD paid by settlement

530 is not used when PPI advanced or paid in a single lump payment

Questions...

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