**The fields listed below are checked to determine whether a bill received is a duplicate bill:**

**For the DWC-9 (Revision F):**

1 SSN

2 Date of Accident

3 Insurer ID

4 Claim Administrator Code Number

5 Date Insurer Received

6 Date Insurer Paid

7 Provider License Number

8 ICD Diagnosis Code A

9 First Date of Service (earliest date)

10 List of CPT Codes listed on all detail records

11 Total Paid

**For the DWC-10 (Revision F):**

1 SSN

2 Date of Accident

3 Insurer ID

4 Date Insurer Received

5 Date Insurer Paid

6 Total Paid Pharmacy

7 Total Paid Supplies

8 First Date Filled or Rented/Purchased (earliest date)

9 List of NDC Numbers and HCPCS Codes listed on all detail records

**For the DWC-11 (Revision F):**

1 SSN

2 Date of Accident

3 Insurer ID

4 Claim Administrator Code Number

5 Date Insurer Received

6 Date Insurer Paid

7 Provider License Number

8 First Date of Service (earliest date)

9 List of CDT Codes listed on all detail records

10 Total Paid

**DWC-90 (Revision F):**

1 SSN

2 Date of Accident

3 Insurer ID

4 Claim Administrator Code Number

5 Date Insurer Received

6 Date Insurer Paid

7 Provider License Number

8 ICD Diagnosis Code A

9 Service Bill Date From

10 List of Revenue Codes listed on all detail records

11 Total Paid