CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11754	Date: December 21, 2022
	Change Request 12916

SUBJECT: Electronic Correspondence Referral System (ECRS) Restoration of Patient Relationship Code 18, Update to Medicare Secondary Payer (MSP) Inquiry Transactions for Deceased Beneficiaries, and Clarification of Existing ECRS User Guide Policy Based on the Medicare Administrative Contractors Feedback

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform the Medicare Administrative Contractors (MACs) of various modifications to the Electronic Correspondence Referral System (ECRS) Web User Guide. Changes made cover restoring the usage of Patient Relationship Code (18) defined as Parent; clarifying when a Medicare Secondary Payer (MSP) inquiry transaction for a deceased beneficiary may be added; and clarifying the usage of specific reason and action codes, hierarchy, MSP Type G (Disabled), MSP Type B (End Stage Renal Disease (ESRD)), and matching criteria for inquiries and transactions.

EFFECTIVE DATE: January 23, 2023
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 23, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/10/10.2/Attachment 2 - ECRS Web Quick Reference Card, Version 2022/11 July
R	5/10/10.2/Attachment 1 - ECRS Web User Guide, Software Version 6.9

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-05	Transmittal: 11754	Date: December 21, 2022	Change Request: 12916

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EFFECTIVE DATE: January 23, 2023
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I.   GENERAL INFORMATION

A.   Background: This Change Request (CR) informs all Medicare Administrative Contractors (MACs) of modifications to the (ECRS) Web application. CMS has determined that due to the historical use of Patient Relationship Code 18 (Parent), this code will be reinstated as valid for certain MSP types. (Note: CMS applied changes to Sections 3.3, 4.3, 5.2, CWF Assistance Request Detail Record, Prescription Drug Assistance Request Detail Record, and MSP Inquiry Detail Record accordingly).

Medicare Secondary Payer (MSP) inquiry transactions may no longer be added for deceased beneficiaries without a representative payee on file. If a representative payee is not on file when the MSP inquiry is initiated, the Benefits Coordination & Recovery Contractor (BCRC) will close the inquiry with Reason Code 65 (Deceased, used with CMS Status). (Section 4.2.1 and Table G-13).

As a result of discussions with the MACs, CMS has provided clarification and additional information regarding the following existing policies, procedures and requirements.

- Guidance for the Common Working File (CWF) and Prescription Drug Assistance requests for approved requests and using automated action codes has been updated (Sections 3.8 and 5.7).
- The CMS hierarchy requirements around transaction updates or deletions have been updated (Section 3.1.3).
- Additional information around Reason and Action codes definitions have been clarified. All action codes have been moved to an appendix, and a new table has been created for automated action codes (Sections 3.3 and 5.2; Appendix E).
- Clarification around the use of action codes DT (Develop for termination) and TD (Add termination date) has been provided (Appendix E, Table E-2).
- CWF and Prescription Drug Patient Relationship codes for MSP Type G (Disabled) and MSP Type B (ESRD) have been re-validated and updated where needed (Sections 3.3, 5.2, and 6.2; Table G-8, Table G-13, Table G-18).
- Clarification has been provided around matching criteria for inquiries and transactions and why some requests are rejected or closed as duplicates (Section 3.1.4).

B.   Policy: All A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) shall use the 6.9 version of the ECRS Web User Guide when submitting ECRS requests.

II.   BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12916.1	All MACs shall use the 6.9 version of the ECRS Web User Guide once released.	X	X	X	X					BCRC, BCRS, ECRS, MSPIC, MSPSC, RRB-SMAC
12916.2	All MACs shall be aware that with the version 6.9 update, the Patient Relationship Code (18) Parent has been restored as valid for several reference lists for certain MSP types.	X	X	X	X					BCRC, BCRS, CRC, MSPIC, MSPSC, RRB-SMAC
12916.3	All MACs shall be aware that with the version 6.9 users can no longer add MSP Inquiry transactions for deceased beneficiaries, unless a representative payee is on file; otherwise, the BCRC will close the inquiry with Reason Code 65: Deceased.	X	X	X	X					BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC
12916.4	All MACs shall be aware that version 6.9 provides updates and clarification for action and reason codes, hierarchy, CWF and Prescription Drug Assistance Requests Relationship Codes and matching criteria. (Note: These updates were a result of collaborative discussion with the A/B MACs and DME MACs).	X	X	X	X					BCRC, BCRS, CRC, ECRS, MSPIC, MSPSC, RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vanessa Jackson, 667-290-9603 or Vanessa.Jackson@cms.hhs.gov ,
Brian Pabst, 410-786-2487 or Brian.Pabst@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Electronic Correspondence Referral System on the Web (ECRS Web) User Guide

Version 6.9

Rev. 2022/11 July
COBR-Q3-2022-v6.9

Confidentiality Statement

The collection of this information is authorized by Section 1862(b) of the Social Security Act (codified at 42 U.S.C 1395y(b)) (see also 42, C.F.R. 411.24). The information collected will be used to identify and recover past conditional and mistaken Medicare primary payments and to prevent Medicare from making mistaken payments in the future for those Medicare Secondary Payer situations that continue to exist. The Privacy Act (5 U.S.C. 552a(b)), as amended, prohibits the disclosure of information maintained by the Centers for Medicare & Medicaid Services (CMS) in a system of records to third parties, unless the beneficiary provides a written request or explicit written consent/authorization for a party to receive such information. Where the beneficiary provides written consent/proof of representation, CMS will permit authorized parties to access requisite information.

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Chapter 1: Summary of Version 6.*9* Updates

The following updates have been made in Version 6.*9* of the Electronic Correspondence Referral System (ECRS) Web User Guide:

Patient Relationship code 18 (Parent) has been restored to the following web and batch lists for records with accretion dates prior to 4/4/2011: Sections 3.3, 5.2, CWF Assistance Request Detail Record, and Prescription Drug Assistance Request Detail Record.

Users can no longer add MSP Inquiry transactions for deceased beneficiaries, unless that beneficiary has a representative payee on file. Otherwise, the inquiry will be closed with Reason Code 65: Deceased, used with CMS Status (Section 4.2.1 and Table G-13).

The following information has been provided at the request of the Medicare Administrative Contractors (MACs):

- *Additional information has been provided about adding comments to Common Working File (CWF) and Prescription Drug Assistance requests, particularly for approved requests and when using automated action codes (Sections 3.8 and 5.7).*

- *The CMS hierarchy requirements have been provided around transaction updates or deletions (Section 3.1.3).*

- *To clarify and provide additional information around Reason and Action codes, definitions have been clarified, all action codes have been moved to an appendix, and a new table has been created for automated action codes (Sections 3.3 and 5.2; Appendix E).*

- *Clarification around the use of action codes DT (Develop for termination) TD (Add termination date) has been provided (Appendix E, Table E-2).*

- *CWF and Prescription Drug Patient Relationship codes for MSP Type G (Disabled) and MSP Type B (ESRD) have been verified and updated where needed (Sections 3.3, 5.2, and 6.2; Table G-8, Table G-13, Table G-18).*

- *Clarification has been provided around matching criteria for inquiries and transactions and why some requests are rejected or closed as duplicates (Section 3.1.4).*

Chapter 2: Introduction

This chapter contains an introduction to the Electronic Correspondence Referral System (ECRS) Web User Guide.

2.1   What is ECRS?

Note: Please see the Confidentiality and Disclosure of Information statement on the inside of the title page regarding the appropriate handling of information contained in ECRS.

ECRS allows authorized users at Medicare contractor sites and authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing *Common Working File (*CWF*)* MSP information, and inquiries concerning possible MSP coverage. Transactions are automatically stored on the Coordination of Benefits (COB) contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status of each transaction is updated as it moves through the system.

Transactions are entered and viewed in ECRS by contractor number. An organization with more than one contractor number must determine how it wants to group its activity. If the organization wants to see all records together, it should use only one contractor number for all ECRS activities. If the organization wants to distinguish the transactions by contract, it should use its different contractor numbers.

2.2   ECRS Web CBTs

Register for Computer-Based Training (CBT) courses by sending an email to LMS@nhassociates.com. Specify that you are requesting the ECRS Web CBT curriculum. Once your request is processed, an email notification containing the instructions for accessing the course will be sent to you.

2.3   About this Guide

This guide was written to help you understand the Electronic Correspondence Referral System (ECRS) for the web. Chapter 1, Summary of User Guide Updates, provides an overview of all significant revisions to this version of the ECRS Web User Guide.

Chapter 2: *Introduction*, is the section you are reading now. It contains information about how to use the guide. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire introduction before reading the rest of the guide.

Chapter 3: *CWF Assistance Request Transactions*, contains step-by-step instructions for performing CWF assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 4: *MSP Inquiry Transactions*, contains step-by-step instructions for performing MSP inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 5: *Prescription Drug Assistance Request Transactions*, contains step-by-step instructions for performing prescription drug assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 6: *Prescription Coverage Inquiry Transactions*, contains step-by-step instructions for performing Prescription Coverage inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 7: *Workload Tracking Reports*, details how to run and display the tracking report for Medicare contractors, as well as CMS and Regional Office (RO) users.

Chapter 8: *Uploading & Downloading Files*, contains step-by-step instructions for uploading assistance request and inquiry files to ECRS Web, as well as downloading response files.

Chapter 9: *Remote ID Proofing (RIDP) and Multi-Factor Authentication (MFA)*, contains step-by-step instructions for completing these identity verification processes.

Appendices A, B, C, and D are *Required Data Reference* tables that provide a quick way to determine the data required for completing assistance requests and inquiries.

Appendix E: *Reason and Action Codes*, lists all possible reason *and action* codes that are available in ECRS Web.

Appendix F: *CWF Remark Codes*, lists all possible remark codes that can be entered on the first page of CWF assistance requests.

Appendix G contains *File Layouts*, which outlines how files must be formatted to be successfully uploaded to ECRS Web.

Appendix H lists all possible error codes that may be returned on a transaction response file, along with their descriptions.

Appendix I: *Frequently Asked Questions*, contains a list of common questions about ECRS Web, along with the corresponding answers.

Appendix J: Excluded Diagnosis Codes for No-Fault Plan Type D, contains a list of excluded ICD-9 diagnosis codes for the No-Fault Plan Insurance Type D.

Appendix K defines terms and acronyms associated with ECRS.

Appendix L describes the changes made to previous releases.

2.4   How to Use the Required Data Reference Tables

The reference tables in Appendices A, B, C, and D list the page names associated with completing an assistance request or inquiry. Below each page name are the data fields on the page. Across from each field, there is a Y or N, indicating if the field is required. The *Notes* column dictates when that field is required, if applicable. If the field is marked as required, and the *Notes* column is blank, then the field is required in all circumstances. If the field is marked as required, and there is information in the *Notes* column, that indicates that the field is only required in the situations listed.

2.5   User Guide Conventions

This section explains how information appears in the guide. Understanding the conventions will help you to better understand the tasks and web page explanations.

Information that links/navigates to other information within the application appears in bold typeface. For example, in the following instruction, "click **Continue**," continue is in bold typeface because you must click on that link to go to the next page.

System messages appear in CAPITAL LETTERS. For example: The system shows the message, "SSN NOT ENTERED."

Application web page examples are representative of the pages that you see within the ECRS web. The actual information may not be the same, unless otherwise noted in the guide.

Pointers throughout the guide can help you locate information. The guide includes a master Table of Contents in the front, and smaller Tables of Contents at the beginning of the chapters. In addition, headers and footers can be used to determine where you are in the guide.

2.6   Basic Functions

2.6.1   IDM Registration and ECRS Access

Individuals who require access to the ECRS web must first register and create an account through the CMS Identity Management (IDM) system on the CMS Enterprise Portal: https://portal.cms.gov. Additionally, new users must complete the Remote Identity Proofing (RIDP) process and set up Multi-Factor Authentication (MFA) (see Chapter 9). Once these steps are done, you can then log in and request access to the ECRS application and role.

Former EIDM users with an active ECRS account (valid login ID, password, and an application role) and who have completed RIDP can go directly to the CMS Enterprise Portal and log in. You will need to authenticate initially (using MFA) by email (system default) and then set up one challenge question and answer. This allows you access to the self-service account recovery features. See Chapter 9 for details.

2.6.2   ECRS Login

To log into ECRS, you must have completed registration and the RIDP process as described above. You will also need to have a contractor number and access code. If you have a contractor number but need assistance obtaining an access code, please contact ECRSHELP@ehmedicare.com.

1. Go to the ECRS URL: https://www.cob.cms.hhs.gov/ECRS

    The CMS Portal login page appears (Figure 2-1).

2. Enter your user ID and password.

3. Click and read the **Terms & Conditions**; then click the **Agree to our Terms & Conditions** checkbox.

    Note: If you forgot your password or need to unlock your account, see Chapter 9 for details.

    The MFA verification page appear (Figure 2-2).

Figure 2-1: IDM Login with Terms and Conditions

Figure 2-2: IDM Login with Multi-Factor Authentication

4. If you have more than one security device registered, select your device from the *MFA* drop-down menu.

5. Click the button to send the security code **(**example: **Send email)**.

6. Enter the code in the text box.

7. Check (or uncheck) "Do not challenge me on this device…."

Checking this option allows you to log out, close your browser, and log back in using only your username and password. No MFA is required for 30 minutes.

8. Click **Verify** to continue.

    The ECRS *Federal Systems Login Warning* page appears.

9. Read the Federal Systems Login Warning and click **I Accept** at the bottom of the page.

    The system displays the *ECRS Contractor Sign In* page.

Figure 2-3: ECRS Federal Systems Login Warning
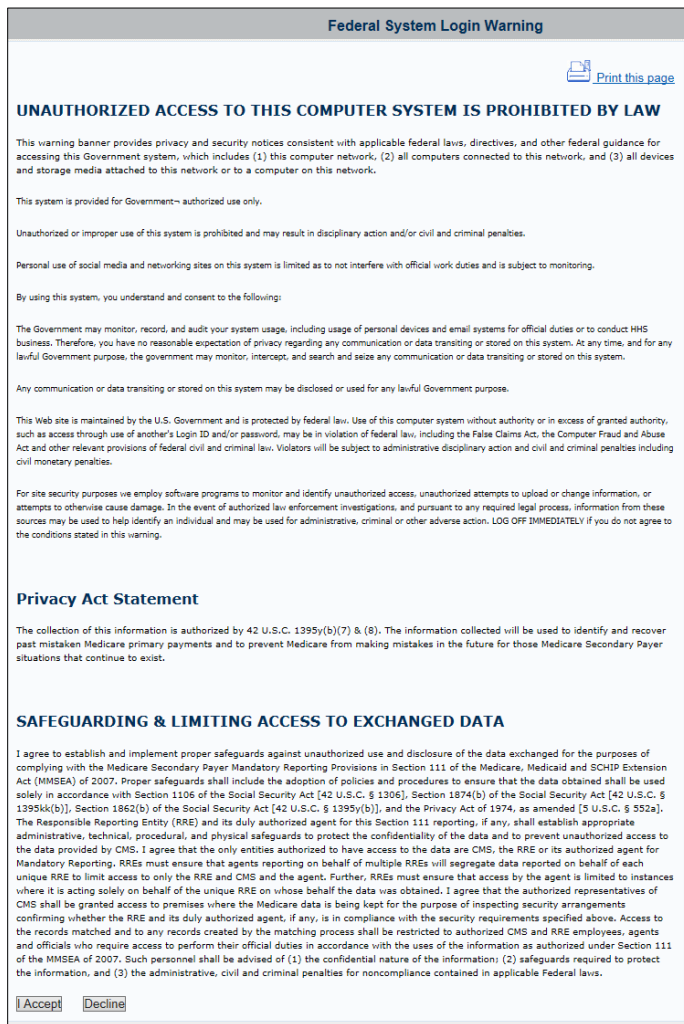
Figure 2-4: Contractor Lookup/Sign In Page
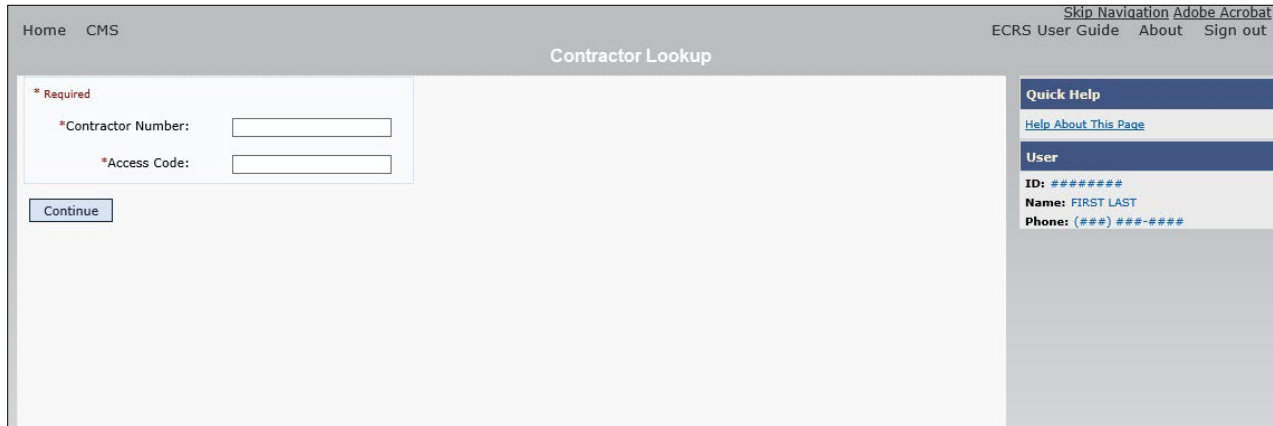
Table 2-1: Navigation

Link	Description
HOME	Click to return to the *Main Menu* page.
CMS	Click to link to the CMS website https://www.cms.gov.
Adobe Acrobat	Click to open a link to download Acrobat Reader.
ECRS User Guide	Click to access this user guide.
ABOUT	Click to see information about the ECRS Web menu options.
SIGN OUT	Click to leave the ECRS Web application. The system returns you to the *CMS Access Management Logon* page.

Table 2-2: Contractor Lookup

Field	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. *Required field* for contractors. Or Group Health Incorporated (GHI), CMS, or Regional Office (RO) identification number. *Required field* for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by the BCRC. *Required field* for contractors. Or Five-character authorization code for GHI, CMS, and RO users. *Required field* for GHI, CMS, and RO users.
SUBMITTER TYPE	Type of submitter. Select "Part C" or "Part D." **Note:** This field appears for users who can submit Part C or Part D data, after the CONTRACTOR NUMBER and ACCESS CODE fields have been populated.
ECRS MESSAGES	Location of messages for ECRS web users to keep them informed of upcoming events, maintenance, or other system-specific information.
CONTINUE	Command button. Click to navigate to the *Main Menu* page.

Contractor Lookup Page - Right Side Bar

The right side bar of the *Contractor Lookup* Page is divided into two sections: Quick Help and User.

1. Enter the appropriate values in the CONTRACTOR NUMBER and ACCESS CODE fields.

   For users who can submit Part C or Part D data, the *Contractor Sign-In* page reappears, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field shown and enabled.

2. Select a Submitter Type.

3. Click the **Continue** button. The *Main Menu* page appears (Figure 2-5).

Table 2-3: Right Side Bar – Quick Help

Quick Help	Description
Help About This Page	Click to see helpful information for completing the page.

Table 2-4: Right Side Bar – User

Field	Description
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with the user ID. (*protected field*)
PHONE	Phone number associated with the user ID. (*protected field*)

2.6.3   Main Menu

The *Main Menu* page is the home page for the ECRS Web application. Select the tasks you want to perform from this page. Click on a link to access information in ECRS.

The ECRS *Main Menu* is divided into four sections: Create Requests or Inquiries, Search for Requests or Inquiries, Reports, and Files. Each section includes various navigation links that will direct you to the applicable ECRS web page (Table 2-5).

Figure 2-5: Main Menu
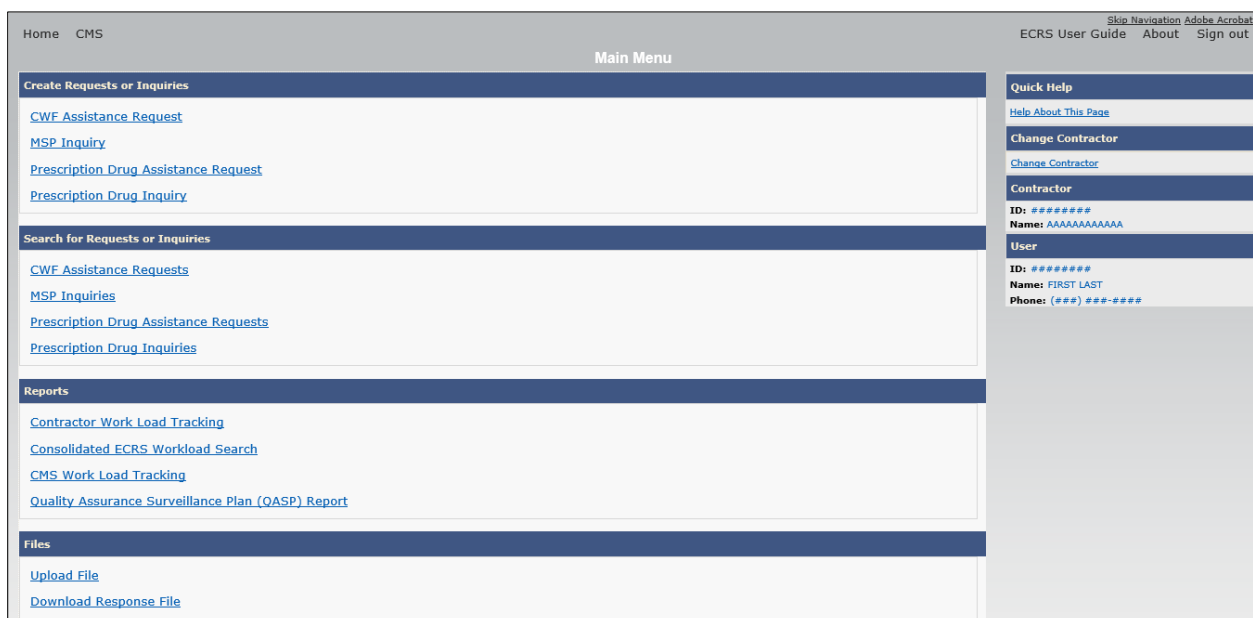
Table 2-5: Main Menu

Link	Description
CREATE REQUESTS OR INQUIRIES	-
CWF ASSISTANCE REQUEST	Click **CWF Assistance Request** to enter a new CWF Assistance Request.
MSP INQUIRY	Click **MSP Inquiry** to enter a new MSP Inquiry.
PRESCRIPTION DRUG ASSISTANCE REQUEST	Click **Prescription Drug Assistance Request** to enter a new Prescription Drug Assistance Request. **Note**: This field appears for users who can submit Part C or Part D data.
PRESCRIPTION DRUG INQUIRY	Click **Prescription Drug Inquiry** to enter a new Prescription Drug Inquiry.
SEARCH FOR REQUESTS AND INQUIRIES	-
CWF ASSISTANCE REQUESTS	Click **CWF Assistance Requests** to enter search criteria to locate a CWF Assistance Request.
MSP INQUIRIES	Click **MSP Inquiries** to enter search criteria to locate an MSP Inquiry.
PRESCRIPTION DRUG ASSISTANCE REQUESTS	Click **Prescription Drug Assistance Requests** to enter search criteria to locate a Prescription Drug Assistance Request.
PRESCRIPTION DRUG INQUIRIES	Click **Prescription Drug Inquiries** to enter search criteria to locate a Prescription Drug Inquiry.
REPORTS	-
CONTRACTOR WORKLOAD TRACKING	Click **Contractor Workload Tracking** to select criteria and view the workload tracking report for your contractor.
CONSOLIDATED ECRS WORKLOAD SEARCH	Click the **Consolidated ECRS Workload Search** to enter search criteria to verify receipt and status of all submitted requests.
CMS WORKLOAD TRACKING	Click **CMS Workload Tracking** to select criteria and view the workload tracking report for contractors. **Note:** Restricted to CMS and Regional Offices
QUALITY ASSURANCE SURVEILLANCE PLAN (QASP) REPORT	Click **Quality Assurance Surveillance Plan (QASP) Report** to select criteria and view the QASP report. **Note**: Restricted to CMS and Regional Offices
FILES	-
UPLOAD FILE	Click **Upload File** to upload ECRS transaction files. **Note:** File Upload and Download are restricted to selected users. Contact the EDI Help Desk at (646) 458-6740 for additional information.
DOWNLOAD RESPONSE FILE	Click **Download Response File** to download the ECRS response files. **Note:** File Upload and Download are restricted to selected users. Contact the EDI Help Desk at (646) 458-6740 for additional information.

2.6.4   Navigation Links

The following navigation links appear on each page that is opened from the *Main Menu*.

Table 2-6: Navigation

Link	Description
HOME	Returns to the *Main Menu* page.
CMS	Links to the CMS website https://www.cms.gov/.
ABOUT	Shows information about the ECRS Web menu options.
SIGN OUT	Exits the ECRS web application.

Table 2-7: Left Side Bar

Link	Description
ACTION REQUESTED	Goes to the *Action Requested* page.
CWF AUXILIARY RECORD INFORMATION	Goes to the *CWF Auxiliary Record Data* page.
INFORMANT INFORMATION	Goes to the *Informant Information* page.
INSURANCE INFORMATION	Goes to the *Insurance Information* page.
EMPLOYMENT INFORMATION	Goes to the *Employment Information* page.
ADDITIONAL INFORMATION	Goes to the *Additional Information* page.
COMMENTS/REMARKS	Goes to the *Comments/Remarks* page.
SUMMARY	Goes to the *Summary* page.

The right side bar shows four to six sections of links and fields, as well as different link combinations, depending on the page.

For some pages, beneficiary and DCN Information is retrieved from the system using the Medicare ID entered on the *Action Requested* page (Section 3.2). The Medicare ID can be either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI). This information is then carried forward on subsequent pages opened from the *Main Menu*, and it will appear on the right side bar. This information will not be editable.

Table 2-8: Right Side Bar

Link	Description
QUICK HELP	-
Help About This Page	Click **Help About this Page** to see helpful information for completing the page.
CHANGE CONTRACTOR	-
Change Contractor	Click the link to change the contractor number and access code on the *Contractor Sign In* page. **Note:** You will lose all unsubmitted data for the current contractor.
CONTRACTOR	-
ID	Contractor number or CMS ID entered on *Contractor Sign In* page *(protected field)*.
Name	Name of contractor associated with the contractor number, or Regional Office associated with the CMS ID *(protected field)*.

Link	Description
USER	-
ID	User ID of person logged in *(protected field)*.
Name	Name of person associated with user ID *(protected field)*.
Phone	Phone number associated with the user ID *(protected field)*.
BENEFICIARY	-
Medicare ID	HICN or MBI of the beneficiary *(protected field)*.
SSN	Social Security Number of the beneficiary *(protected field)*.
Name	Name of the beneficiary *(protected field)*.
Address	Street address of the beneficiary *(protected field)*.
City, State	City and State associated with the street address of the beneficiary *(protected field)*.
Zip	ZIP code associated with street address of beneficiary *(protected field)*.
Sex	Gender of the beneficiary *(protected field)*.
DOB	Date of birth of the beneficiary *(protected field)*.
DCN	-
ID	Document control number (DCN) assigned by the contractor to correspondence or paperwork associated with a transaction *(protected field)*.
Origin Date	Date CWF Assistance Request transaction was submitted *(protected field)*.
Status	Two-character code explaining where the CWF Assistance Request transaction is in the COB system process *(protected field)*. CM: Completed DE: Delete (do not process ECRS CWF Assistance Request) HD: Hold, individual not yet a Medicare beneficiary IP: In process, being edited by COB NW: New, not yet read by COB **Note:** STATUS will always be NW until the transaction is processed.
Reason	Two-character code explaining why the CWF Assistance Request is in a particular status *(protected field)*. **Note:** REASON will always be 01 until the transaction is processed.

Chapter 3: CWF Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a CWF assistance request. Examples and explanations are provided for each page in ECRS. If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the CWF assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

3.1 Adding a CWF Assistance Request Transaction

Use the **CWF Assistance Request** link under Create Requests or Inquiries on the *Main Menu*, to add CWF Assistance Request transactions for existing CWF MSP auxiliary occurrences.

To submit an inquiry to the Benefits Coordination & Recovery Center (BCRC) about a new or possible MSP situation not yet documented at CWF, use the **MSP Inquiry** link on the *Main Menu*.

3.1.1 Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when the Medicare ID (HICN or MBI) and other required data is entered and saved on the first page of the CWF Assistance Request (Action Requested page). The information appears on the right side bar, and is carried forward on the CWF Assistance Request transaction.

3.1.2 *About* Action Codes

Note: See Appendix E for a complete list of available action codes for all transaction types.

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP auxiliary occurrence. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF.

For CWF Assistance Request transactions, you are required to enter at least one ACTION, but you have the ability to enter a maximum of four codes. For MSP inquiries, you are not required to enter any ACTIONs.

If you type information in a field (for example, TERMINATION DATE), but you do not type the corresponding ACTION (for example, TD) in the ACTION field, the system will not update that information on the MSP auxiliary occurrence at CWF.

Finally, selected action codes have been automated to prevent you from requesting updates to current records on the *CWF Assistance Request Auxiliary Record* and the *Prescription Drug Assistance Request* pages (either via flat file or online data entry), if certain conditions are met. If these codes are used, you will receive an immediate reply and the update request will be denied. See Sections 3.3.1 and 5.2.2.

3.1.3 About CMS Hierarchy Requirements

The following applies to MSP records only.

CMS has ranked all of the possible sources of an update/delete request from the highest level (first) to the lowest level (fifth). When an update or delete transaction is received that matches an existing MSP occurrence, the source of that information and its associated hierarchy ranking will be compared to the source and hierarchy ranking of the existing occurrence. The following table illustrates the hierarchy rank associated to each source. When an update/delete transaction is received, the BCRC will compare the source of the incoming transaction to the source of the existing transaction. The decision to apply the update or delete will be based on the hierarchy ranking of each source. If the hierarchy ranking of the source on the incoming transaction is greater than or equal to the hierarchy ranking of the source on the existing transaction, the update/delete transaction will be allowed. If the hierarchy ranking of the source on the incoming transaction is lower than the hierarchy ranking of the source on the existing transaction, the update/delete transaction will NOT be allowed.

These access guidelines will not allow multiple changes to any record field, including the patient relationship field, for example. The patient relationship field is meant to identify the policy holder and that is unlikely to change from claim to claim.

Table 3-1: Hierarchy Requirements

Hierarchy Ranking	Source of Update/Delete Request
First	BCRC Analyst (**Note**: the BCRC Analyst will have the authority to **manually lock** an MSP occurrence from any subsequent changes except those made by the BCRC).
Second	• BCRC Call Center • BCRC CSR • Commercial Repayment Center (CRC) • Beneficiary Call Center (1-800-Medicare)
Third	• Section 111 RRE • Medicare Advantage (MA) / (Part C Plan)
Fourth	• Employer Voluntary Data Sharing Agreements (VDSAs) • Employer response to IRS/SSA/CMS Data Match Questionnaire
Fifth	• Other Medicare Contractors (i.e., A/B & DME MACs) • All others

3.1.4 About Matching Criteria for Inquiries and Transactions

When submitting inquiries or update transactions, how the CWF retrieves records depends on the criteria entered, or not entered. In some cases, depending on the type of request, your submission may be considered a duplicate, which will be rejected or closed. The following are examples of when this may occur:

> **Example #1:** A contractor submits an MSP Inquiry request but the contractor does not provide an MSP effective date of coverage. In this case, the system will attempt to create an MSP record using the Medicare Part A date as the effective date. If a record already exists with an effective date that matches the Part A date, the request will be rejected as a duplicate.

Example #2: A contractor receives a claim with a paying Explanation of Benefits (EOB) from another insurance company for a date of service of 8/15/2021. The contractor submits an inquiry but does not know the new insurance effective date. The system will attempt to create the record using the Part A entitlement date. Since a record already exists, the request will be rejected as a duplicate.

Example #3: A contractor submits a CWF assistance request on 10/11/2021 to change an insurance policy number. The contractor receives additional correspondence that indicates the insurance name is different. They submit a new request on 10/17/2021 to change the insurance name. The request is rejected as a duplicate because of the previous request has not completed processing.

Note: The insurer name and address are not a matching field to CWF, therefore an additional field needs to be different for the CWF to not match an existing ECRS record.

3.2   Action Requested Page

The *Action Requested* page is the first page to appear when adding a new CWF Assistance Request. The information entered on this page determines required information on subsequent pages.

1. From the *Main Menu* page, click the **CWF Assistance Request** link under Create Requests or Inquiries. The *Action Requested* page and navigation links appear (Figure 3-1).

2. Type/select data in all of the required fields on the *Action Requested* page, and click the **Continue** button. Required fields are noted with a red asterisk (*) and are as follows:

   - DCN
   - MEDICARE ID
   - ACTIVITY CODE
   - ACTION
   - SOURCE

   Notes: For information on importing HIMR MSP Data for CWF Assistance Requests, see Figure 3-2. If beneficiary information is not found for the Medicare ID you have entered, you will not be able to continue the CWF Assistance Request.

3. After all relevant fields have been entered, click **Continue** to go to the *CWF Auxiliary Record Data* page, or select a page link from the left side bar.

4. If you selected to import HIMR MSP data, clicking **Continue** shows the *HIMR MSP Data List* (Figure 3-2).

5. To exit the *CWF Assistance Request Detail* pages, click the **Home** link to return to the *Main Menu* or click **Sign Out** to exit the application.

Figure 3-1: CWF Assistance Request Action Requested

Table 3-2: CWF Assistance Request Action Requested

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with transaction (*required field*). The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN) of the beneficiary (*required field*). Enter the ID without dashes, spaces, or other special characters.

ACTIVITY CODE	Activity of the contractor (*required field*). Valid values are:
	  C Claims (Pre-Payment)
	  D Debt Collection/Referral
	  G Group Health Plan
	  I General Inquiries
	  N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act

ACTION	Two-character code defining the action to take on the MSP auxiliary occurrence at CWF (*required field*). *See Appendix E for a complete list of action codes and definitions.* **Notes:** Enter up to four Actions unless the CWF Assistance Request is to: • *Mark Occurrence for Deletion* (DO) • *Investigate Closed or Deleted Record* (DR) • Investigate/Possible Duplicate for Deletion (ID) • *Update A Record For A Vow Of Poverty* (VP) • Develop for Employer Information (DE) • Develop for Insurer Information (DI) You cannot combine these six Actions with any other Actions. Action MT only applies when supplemental type is Primary. *Note: DE and DI Actions are developed to the beneficiary only.*

Field	Description
SOURCE	Four-character code identifying source of the information (*required field*). Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey
IMPORT HIMR MSP DATA	Defaults to Yes, but can be changed to No. See the next section for more information.
CONTINUE	Command button. Click to go to the next page. **Note**: All required fields must be populated before clicking **Continue**.
CANCEL	Command button. Click to return to the *Main Menu*.

3.2.1   Importing HIMR MSP Information for CWF Assistance Requests

Importing HIMR MSP data allows you to retrieve HIMR BENA and MSPD screens at each host site. The system then transfers that information to the *CWF Assistance Request Detail* pages and populates the associated fields.

Follow the steps below to import HIMR MSP data for a new CWF Assistance Request.

Note: The HIMR application may be inconsistent after 5 p.m. EST.

1. From the *Action Requested* page, which is the first page of the CWF Assistance Request, type/select all relevant fields, set Import HIMR MSP Data to "Yes," and click **Continue**.

    The system retrieves all aux record numbers associated with the Medicare ID, and shows their MSP data on the *HIMR MSP Data List*.

2. To select HIMR MSP data and transfer it to the *CWF Assistance Request Detail* pages, click the AUX REC # link next to that record. Note: Only records with a validity indicator of Y can be selected.

    The system pre-populates certain fields through the CWF assistance request process.

Figure 3-2: HIMR MSP Data List
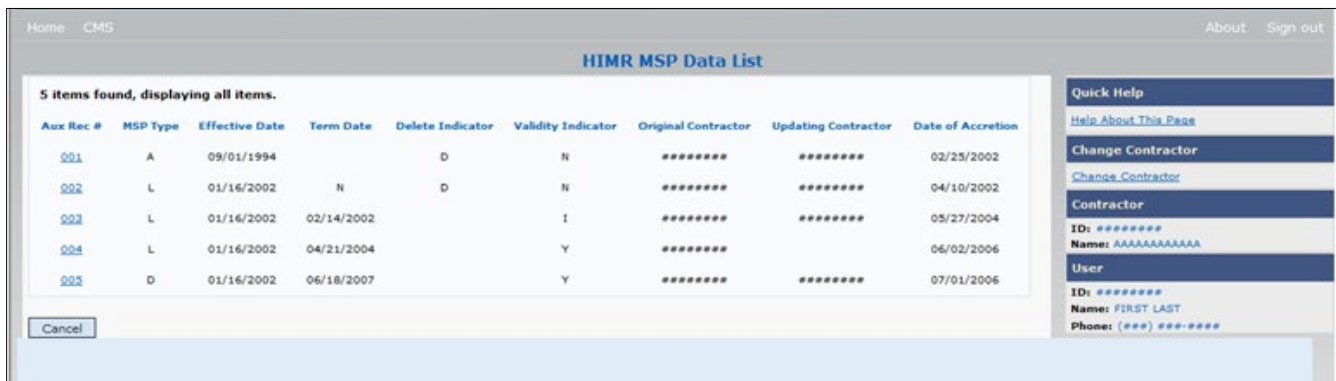
Table 3-3: HIMR MSP Data List

Field	Description
AUX REC #	Record number of the MSP auxiliary occurrence in CWF. Click to select the record and transfer the data to the *CWF Auxiliary Record Data* page.
MSP TYPE	Description of the MSP coverage type.
	Valid values are:
	A Working Aged
	B ESRD
	C Conditional Payment
	D Automobile Insurance, No Fault
	E Workers' Compensation
	F Federal (Public)
	G Disabled
	H Black Lung
	I Veterans
	L Liability
	W Workers' Compensation Medicare Set Aside
EFFECTIVE DATE	Effective date of the MSP coverage.
TERM DATE	Termination date of the MSP coverage.
ORIGINAL CONTRACTOR	Contractor number of the contractor that created the original MSP occurrence at CWF.
DELETE INDICATOR	Indicates if the record has been deleted.
	Valid values are:
	D Deleted
	Blank Not Deleted
VALIDITY INDICATOR	Indicates if the record is active.
	Valid values are:
	I Under Development
	Y MSP Coverage Confirmed
	N No MSP Coverage
UPDATING CONTRACTOR	Contractor number of the contractor that most recently updated the MSP occurrence.
DATE OF ACCRETION	Accretion date of MSP coverage in MMDDCCYY format.
CANCEL	Command button. Click to return to the *Main Menu*.

Table 3-4: CFW Assistance Request: Pre-Populated Fields

Page	Pre-Populated Fields
CWF AUXILIARY RECORD DATA	MSP Type Patient Relationship Auxiliary Record # Originating Contractor Effective Date Termination Date Accretion Date
INSURANCE INFORMATION	Insurance Company Name Address City State ZIP Insurance Type Group Number Policy Number Subscriber Name
ADDITIONAL INFORMATION	Diagnosis Codes

Refer to the following for additional actions:

Table 3-5: More on Importing HIMR Records

If you…	Follow these steps:
Don't get a list of HIMR records	1. Check to make sure the Medicare ID entered is correct. 2. Check the time. The HIMR application may be unavailable before 8 a.m. and after 5 p.m. EST.
Want to use this imported information	1. Change information in any of the fields by typing the correct information over the imported information, if necessary. 2. Continue the CWF assistance request process.
Want to select a different MSP record for the beneficiary if you have already transferred HIMR data to the *CWF Auxiliary Record Data* page	From the *CWF Auxiliary Record Data* page, click **Back To List,** and click the **Aux Rec #** link, next to the record you want to select.
Do not want to use this imported information, but want to look up a new beneficiary	1. Enter the new beneficiary's Medicare ID in the Medicare ID field on the *Action Requested* page. 2. Set Import HIMR MSP Data to "Yes". 3. Click the **Continue** button to show the *HIMR MSP Data List*. 4. Click the **AUX REC #** link next to the record you want to select.
Want to return to the *CWF Assistance Request Action Requested* page without selecting data	Click **Cancel.**

3.3 CWF Auxiliary Record Information Page

1. Enter/select information on the *CWF Auxiliary Record Information* page that associates the assistance request with an MSP auxiliary record.

   Note: Some ICD-9 and ICD-10 diagnosis codes cannot be submitted when the MSP record type is "D-Automobile Insurance, No Fault." If you attempt to submit these codes, the following error message appears: "Diagnosis code [number] is invalid with insurer type of No-Fault." For details, see Appendix J.

2. After all relevant fields have been entered, click the **Continue** button to go to the *Informant Information* page, or select a page link from the left side bar.

Figure 3-3: CWF Assistance Request Auxiliary Record Information

Table 3-6: CWF Assistance Request Auxiliary Record Information

Field	Description
MSP TYPE	One-character code identifying the type of MSP coverage (*required field*). Description of code appears next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability W Workers' Compensation Medicare Set Aside
NEW MSP TYPE	One-character code identifying the type of new MSP coverage. Description of code appears next to value. *Required field* when ACTION is MT.

Field	Description
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value.

*The following codes (**bolded**) are only valid on MSP Auxiliary occurrences with accretion dates **prior to** 4/4/2011:*

Valid values are:

01	*Self;* Patient is policyholder
02	Spouse
03	*Child*
04	*Other*
20	Domestic partner
05	**Step Child**
06	**Foster child**
07	**Ward of the Court**
08	**Employee**
09	**Unknown**
10	**Handicapped dependent**
11	**Organ donor**
12	**Cadaver donor**
13	**Grandchild**
14	**Niece/nephew**
15	**Injured plaintiff**
16	**Sponsored dependent**
17	**Minor dependent of a minor dependent**
18	***Parent***
19	**Grandparent dependent**

For the following MSP *T*ypes, the patient relationship codes listed to the right are the only valid values that can be used *for records created after 4/4/2011*:

MSP Type	Patient Relationship Code
A	01, 02
B	01, 02, 03, 04, 20
D, E, L	*01*
G	01, 02, 03, 04, 20

Field	Description
NEW PATIENT RELATIONSHIP	New patient relationship between the policyholder and the beneficiary. Description of code appears next to value. *Required field* when ACTION is PR. Valid values are: *01 Self; Patient is policyholder* *02 Spouse* *03 Child* *04 Other* *20 Domestic partner* *MSP Type Patient Relationship Code* *A 01, 02* *B 01, 02, 03, 04, 20* *D, E, L 01* *G 01, 02, 03, 04, 20*
AUXILIARY RECORD #	Record number of the MSP auxiliary occurrence in CWF (*required field*). **Note**: Part D contractors must enter '001' when aux number is unknown.
ORIGINATING CONTRACTOR	Contractor number of contractor that created the original MSP occurrence at CWF (*required field*).
EFFECTIVE DATE	Effective date of MSP coverage in MMDDCCYY format (*required field*). **Notes:** This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
NEW EFFECTIVE DATE	New effective date of MSP coverage in MMDDCCYY format. *Required field* when ACTION is ED. **Notes:** This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future New Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION is TD or CT.
REMOVE EXISTING TERMINATION DATE	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.

Field	Description
ORM	Indicator for Ongoing Responsibility for Medicals. This field is read-only.
	Available values are **Y** ("Yes" ORM exists) or a "Space" (ORM does not exist, or existence of ORM is unknown).
	Notes:
	Once ORM is reported as **Y**, then even after ORM has terminated, the record will continue to show an indicator of "Y."
	If you did not select the *Import HIMR Data* option, you will not see an ORM indicator on this screen.
CONTINUE	Command button. Click to go to the *Informant Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.3.1 Automated Action Code *Impacts*

Automated action codes are codes that are processed automatically when entered. See Appendix E for a complete list. Your updates to current records on the *CWF Assistance Request Auxiliary Record Information* page will be denied if these *conditions are found or when you use automated* action codes.

- Submitting contractor's hierarchy permission level is lower than that of the updating contractor *of the existing record*

- Record not found

- Same policy number or group number entered *(AP: Add Policy and/or Group Number)*

- Record previously termed, or termed but same term date entered *(TD: Add Termination Date)*

- Record not previously termed *(CT: Change Termination Date)*

- Same patient relationship entered *(PR: Change Patient Relationship)*

- *Record is deleted (DO: Mark for deletion)*

- *Pre-paid health plan date not provided (PH: Add Pre-Paid Health Plan (PHP) Date)*

- *Insurer information not provided (II: Change Insurer Information)*

Note: *When processing valid Assistance Requests submitted with automated action codes, the system will search for matching existing MSP records.*

3.4 Informant Information Page

1. Enter information on the *Informant Information* page regarding the person who informed you of the change in MSP coverage.

2. After all relevant fields have been entered, click the **Continue** button to go to the *Insurance Information* page, or select a page link from the left side bar.

Figure 3-4: CWF Assistance Request Informant Information

Table 3-7: CWF Assistance Request Informant Information

Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
ADDRESS	Informant's street address. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
CITY	Informant's city. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
STATE	Informant's state. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
ZIP	Informant's ZIP code. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating the relationship of the informant to the beneficiary. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy *Required for:* • All ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Defaults to A when ACTION is AI.

Field	Description
CONTINUE	Command button. Click to go to *Insurance Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.5　Insurance Information Page

1. Enter information on the *Insurance Information* page about the insurance type associated with the MSP coverage.

   To modify insurer information at CWF, you must enter Action II on the *Action Requested* page. Type data in all fields to update insurer information. Leave all fields blank to delete insurer information.

2. After all relevant fields have been entered, click **Continue** to go to the *Employment Information* page, or select a page link from the left side bar.

   Note: If you enter Action II and leave any of the following fields blank, the system deletes the previous value at CWF: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME.

Figure 3-5: CWF Assistance Request Insurance Information

Table 3-8: CWF Assistance Request Insurance Information

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. *Required field* when ACTION is II. If the Insurance Company Name is blank or only contains one of the following values, then it is considered an error: • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN **Note**: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action is II.
ADDRESS	First line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	ZIP code associated with the insurance carrier's street address.
PHONE	Phone number of the insurance carrier.

Field	Description
INSURANCE TYPE	One-character code for the type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has 100 or more full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more 20 or more full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A *Required field* when ACTION is AI (Attorney information should be entered on the Informant Information page) or ACTION is II and INSURANCE COMPANY NAME is entered. ACTION types are TD, CT, AP and PR.
NEW INSURANCE TYPE	Select a one-character code for the new type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) R GHP Health Reimbursement Arrangement *Required field* when ACTION is IT.
POLICY NUMBER	Policy number of insurance coverage. • *Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • *Required field* when INSURANCE COMPANY NAME is entered. **Note**: If GROUP NUMBER is entered, POLICY NUMBER is not required.

Field	Description
GROUP NUMBER	Group number of insurance coverage • *Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • *Required field* when ACTION is CD and MSP TYPE IS D, E, L or W. • *Required field* when INSURANCE COMPANY NAME is entered. **Note**: If POLICY NUMBER is entered, GROUP NUMBER is not required.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First letter of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the *Employment Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.6   Employment Information Page

1. Enter employment information associated with the MSP coverage on the *Employment Information* page.

2. After all relevant fields have been entered, click **Continue** to go to the *Additional Information* page, or select a page link from the left side bar.

Figure 3-6: CWF Assistance Request Employment Information

Table 3-9: CWF Assistance Request Employment Information

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. *Required field* when ACTION is EA or EI.
ADDRESS	First line of the employer's street address. *Required field* when ACTION is EI.
ADDRESS 2	Second line of the employer's street address. Optional field.
CITY	City associated with the employer's street address. *Required field* when ACTION is EI.
STATE	State associated with the employer's street address. *Required field* when ACTION is EI.
ZIP	ZIP code associated with the employer's street address. *Required field* when ACTION is EI.
PHONE	Phone number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policyholder
CONTINUE	Command button. Click to go to the *Additional Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.7   Additional Information Page

1. Enter check and beneficiary information on the *CWF Assistance Additional Information* page. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, *Action Requested* page.

2. After all relevant fields have been entered, click **Continue** to go to the *Comments/Remarks* page, or select a page link from the left side bar. If you need to enter more than 5 diagnosis codes, click the **More Diagnosis Codes** button.

   The *More Diagnosis Codes* page will appear (Figure 3-8).

Figure 3-7: CWF Assistance Request Additional Information

Table 3-10: CWF Assistance Request Additional Information

Field	Description
CHECK NUMBER	Number of check received. *Required field* if SOURCE is CHEK.
CHECK DATE	Date of check received. *Required field* if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. *Required field* if SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY *Required field* if ACTION is PH.
SOCIAL SECURITY NUMBER	Corrected Social Security Number when Medicare ID and SSN do not match CWF. *Required field* if ACTION is MX.
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes on this page. Up to 15 additional diagnosis codes may be entered on the *More Diagnosis Codes* page. To enter more than 5 diagnosis codes, click the **More Diagnosis Codes** button. The *More Diagnosis Codes* page will appear (Figure 3-8). *Required* when ACTION is DX.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10." **Required if corresponding Diagnosis Code is submitted.**
More Diagnosis Codes	Command button. Click to go to the *More Diagnosis Codes* page.
CONTINUE	Command button. Click to go to the *Comments/Remarks* page.
CANCEL	Command button. Click to return to the *Main Menu*.

Figure 3-8: CWF Assistance Request Additional Information More Diagnosis Codes

Table 3-11: CWF Assistance Request More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10." **Required if corresponding Diagnosis Code is submitted.**
CONTINUE	Command button. Click to go to the *Comments and Remarks* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.8   Comments and Remarks Page

1. Enter comments on the *CWF Assistance Request Comments and Remarks* page. All comments entered are viewable by the BCRC. Refer to *Appendix F* for the complete list of remark codes.

   Note*s*:

   - Remarks are only shown on the *Comments and Remarks* page when the ACTION is AR.
   - *Comments by the BCRC are not provided for auto-processed requests.*

2. After all relevant fields have been entered, click **Continue** to go to the *Summary* page, or select a page link from the left side bar.

Figure 3-9: CWF Assistance Request Comments/Remarks
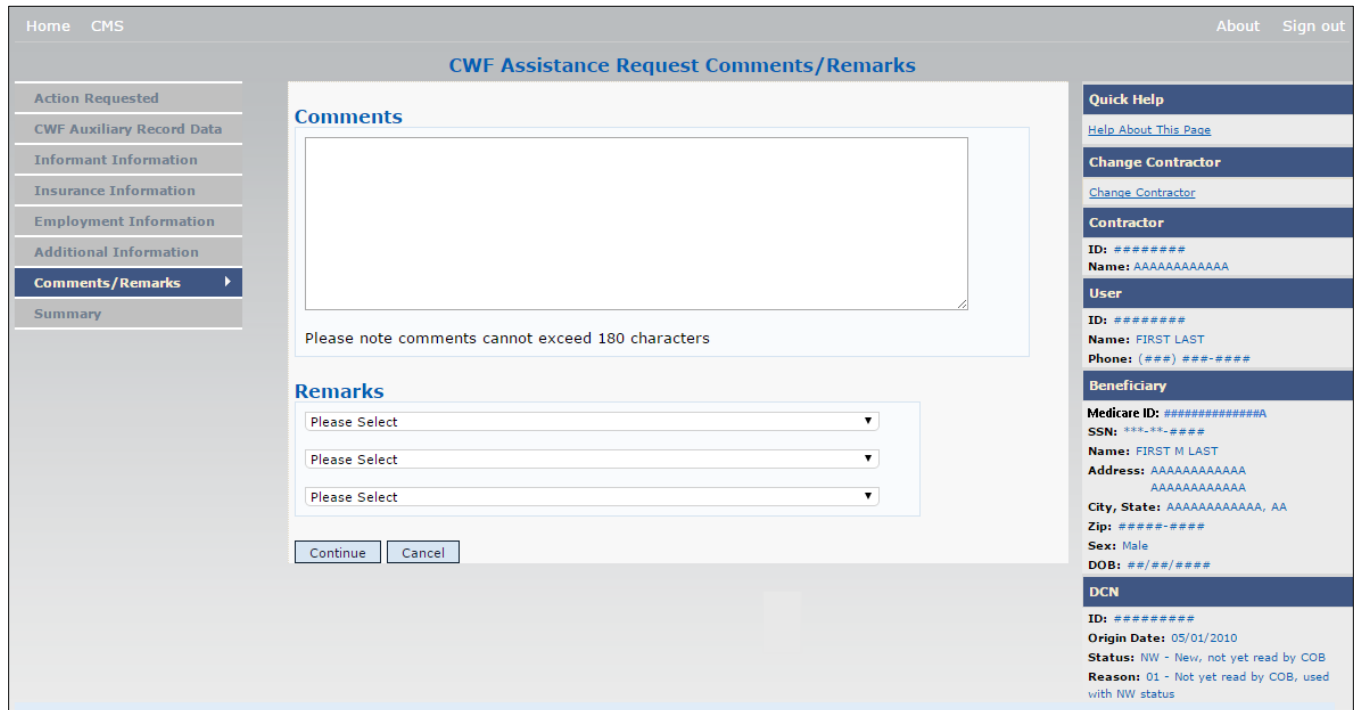
Table 3-12: CWF Assistance Request Comments/Remarks

Field	Description
COMMENTS	Free-form*, optional,* text field, where Medicare contractors type data to send notes to the BCRC. (*Protected field* when the BCRC adds a comment.) **Note***s*: *Use this field to provide additional context or details that cannot be provided in other fields. There is no need, for example, to repeat action code descriptions.* *The BCRC does not provide comments on auto-processed requests as the action requested has been completed.*
REMARKS	Enter at least one remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix F for more information. *Required field* when ACTION is AR.
CONTINUE	Command button. Click to go to the *Summary* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.9   Summary Page

The *Summary* page shows a summary of all information entered for the assistance request before submission (Figure 3-10). After entering or selecting data in all relevant fields on the previous CWF Assistance Request pages, review the *Summary* page and then click **Submit**. The system shows the *Submit Confirmation* page. At this point the assistance request is submitted and you can print the confirmation page.

Figure 3-10: CWF Assistance Request Summary

3.10   Viewing, Updating, and Deleting CWF Assistance Request Transactions

Follow the steps below to search for and view a list of CWF Assistance Request transactions.

Note: You can only update or delete CWF assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the *Main Menu* page, click the **CWF Assistance Request** link under Search for Requests or Inquiries. The *CWF Assistance Request Search* page appears.

Figure 3-11: CWF Assistance Request Search

Table 3-*13*: CWF Assistance Request Search

Field	Description
CONTRACTOR #	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in. (*protected field*)
	If you are a regional office (RO) or a CMS user, this field will be pre-filled with the CMS ID/RO number entered during contractor sign-in.
	Note: This field is updateable with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID (HICN or MBI).
	Note: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number.
	Note: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code.
	To view all in-process CWF Assistance Request transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable.
	Note: MMDDCCYY format.

Field	Description
ORIGIN DATE TO	Enter an ending date for the date range. **Note:** The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.
DCN	Enter a DCN. **Note**: If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Command button. Click to show search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the *Main Menu*.

3.10.1 View Transactions

1. Type search criteria in the appropriate fields and click the **Submit** button.

   - To create a list of all CWF Assistance Requests for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.

   - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

   The system shows a list of CWF Assistance Requests. There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

2. Change or delete search criteria to initiate a new search.

Figure 3-12: CWF Assistance Request Search Listing

Table 3-14: CWF Assistance Request Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range in the *DISPLAY RANGE* field defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1-500.
DELETE	Click the delete [**X**] link to mark a transaction for deletion.
MEDICARE ID	Medicare ID (HICN or MBI) for the CWF Assistance Request transaction. (*Protected field*). Click the **Medicare ID** link to view the *Summary* page.
CONTRACTOR	Contractor number (*protected field*).
DCN	DCN assigned to the CWF Assistance Request transaction by the Medicare contractor (*protected field*).
STATUS	Status of the CWF Assistance Request transaction (*protected field*).
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status (*protected field*). *Note: See Appendix E for a complete list of reason codes and definitions.*
ORIGIN DATE	Originating date in MMDDCCYY format (*protected field*).
LAST UPDATE	Date the CWF Assistance Request transaction was last changed in MMDDCCYY format (*protected field*).
USER ID	User ID of the operator who entered CWF Assistance Request transaction (*protected field*).
Export options	Click the link to export search results. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

3.10.2 Update Transactions

1. To update information on a CWF Assistance Request transaction, click the Medicare ID link for the transaction.

   The system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 3-13).

2. To leave the *Summary* page without making any changes, click the **Cancel** or **Return** buttons to return to the *Search Page Listing*. If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page.

3. After you have made all updates, click **Submit** to confirm updates, or **Cancel** to return to the *CWF Assistance Request Search Page Listing*.

Figure 3-13: CWF Assistance Request Summary

3.10.3 Delete Transactions

1. To mark a CWF Assistance Request transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm or click **Cancel** to decline.

2. To exit the *CWF Assistance Request Search* page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

Chapter 4: MSP Inquiry Transactions

This chapter provides you with step-by-step instructions to perform an MSP Inquiry transaction. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the MSP inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

4.1 Adding an MSP Inquiry Transaction

Use the **MSP Inquiry** link under Create Requests or Inquiries on the *Main Menu*, to add MSP Inquiry transactions for new or possible MSP situations not yet documented at CWF.

To enter CWF Assistance Request transactions for changes to existing CWF MSP auxiliary occurrences, use the CWF Assistance Request Detail transaction.

4.1.1 Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when Medicare ID (HICN or MBI) and other required data is entered and saved on the first page of the MSP Inquiry (*Action Requested* page). The information appears on the right side bar, and is carried forward on the MSP Inquiry transaction.

4.1.2 Common MSP Sources

Common sources that provide contractors with MSP information, followed by the associated source code, are:

- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

4.2 Action Requested Page

From the *Main Menu* page, click **MSP Inquiry** under *Create Requests or Inquiries*. The system shows the *Action Requested* page, the first page of the MSP Inquiry. The information entered on this page determines required information on subsequent pages.

Figure 4-1: MSP Inquiry Action Requested

4.2.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

1. Enter data in all required fields on the *Action Requested* page then click the **Continue** button. The required fields on this web page are noted with a red asterisk (*) and are as follows:

   - DCN
   - MEDICARE ID
   - ACTIVITY CODE
   - SOURCE

   Note: If beneficiary information is not found for the Medicare ID you have entered you will receive a warning message, but will still be able to continue with the MSP Inquiry.

2. After all relevant fields have been entered, click **Continue** to go to the *MSP Information* page, or select a page link from the left side bar.

3. To exit the MSP Inquiry Detail pages, click the **Home** link to return to the *Main Menu* or **Sign Out** to exit the application.

Table 4-1: MSP Inquiry Action Requested

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with the transaction. *Required field*. The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. *Required field*. Enter the ID without dashes, spaces, or other special characters. **Note**: The system looks up the Medicare ID to ensure all related Medicare IDs are returned. Results show the Medicare ID you entered.
ACTIVITY CODE	Activity of contractor. *Required field*. Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code indicating the type of special processing to perform on the MSP Inquiry record. *See Appendix E for a complete list of action codes and definitions.* **Note:** You can use CA and CL together. You cannot combine any other Actions. Valid values are: CA Class Action Suit **Note**: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter. CL Closed or Settled Case **Note**: This action code is only valid for closed and settled cases. This action code suppresses the lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter.
SOURCE	Four-character code identifying the source of the MSP Inquiry information. *Required field*. Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
CONTINUE	Command button. Click to go to the *MSP Information* page. **Note:** Required fields must be typed/selected before clicking **Continue**.
CANCEL	Command button. Click to return to the *Main Menu*.

4.3   MSP Information Page

1. Enter information associated with the MSP coverage on this page.

2. After all relevant fields have been entered, click **Continue** to go to the Informant Information page, or select a page link from the left side bar.

    Note: Some ICD-9 and ICD-10 diagnosis codes cannot be submitted when the MSP record type is "D-Automobile Insurance, No Fault." If you attempt to submit these codes, the following error message appears: "Diagnosis code [number] is invalid with insurer type of No- Fault." For details, see Appendix J.

Figure 4-2: MSP Inquiry MSP Information

Table 4-2: MSP Inquiry MSP Information

Field	Description
MSP TYPE	One-character code identifying the type of MSP coverage. Valid values are: A Working Aged B ESRD D Automobile Insurance, No-Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability *Required field*: • When SOURCE is PHON. • When ACTION is CA or CL. (MSP TYPE must be D, E, or L when ACTION is CL.)
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary. *Required field* when: ACTION is Blank and MSP TYPE is F ACTION is CA and MSP TYPE is L ACTION is CL and MSP TYPE is D, E, or L Valid values are: 01 *Self;* Patient is policyholder 02 Spouse 03 *Child* 04 *Other* 20 Domestic partner **Note:** For the following MSP Types, the patient relationship codes listed are the only values that can be used. MSP Type Patient Relationship Code A 01, 02 B 01, 02, 03, 04, 20 *D, E, L* *01* G 01, 02, 03, 04, 20

Field	Description
EFFECTIVE DATE	Effective date of MSP coverage. *Required field* when: • ACTION is CA and MSP TYPE is L • ACTION is CL and MSP TYPE is D, E, or L **Notes:** EFFECTIVE DATE cannot be the same as TERMINATION DATE. This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlment start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. *Required field* when ACTION is CL and MSP TYPE is D, E, or L. **Note**: TERMINATION DATE cannot be the same as EFFECTIVE DATE.
CMS GROUPING CODE	CMS Grouping Code. *Required field* when ACTION is CA and MSP TYPE is L. Valid values are: 01 Gel Implants (TrailBlazers, 00400) 02 Gel Implants (Alabama, 00010) 03 Bone Screw Recoveries (United Government Services, 00454) 04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010) 05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340) 06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340) 07 Baycol Litigation 08 Dexatrim (90000) 09 Rhode Island Receivership Recoveries (00180) 10 Propulsid (00010) 11 Asbestos Exposure 12 Garretson Asbestos Cases 13 Fleet Phosphate 14 Accutane 15 Garretson - Trasylol 16 Zelnorm 17 Total Body Supplements - TBS 18 Hormone Replacement Therapy - HRT 19 Keugl Mesh
DIALYSIS TRAIN DATE	Date the beneficiary received self-dialysis training.
BLACK LUNG BENEFITS	Yes or No field indicating whether the beneficiary receives benefits under the Black Lung Program.

Field	Description
BLACK LUNG EFFECTIVE DATE	Date the beneficiary began receiving benefits under the Black Lung Program. This field is only enabled when BLACK LUNG BENEFITS is Yes.
SEND TO CWF	Indicates whether to send the MSP inquiry to CWF. Select Yes or No. **Note**: SEND TO CWF defaults to No unless ACTION is blank and MSP TYPE is blank or F.
CONTINUE	Command button. Click to go to the *Informant Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

4.4   Informant Information Page

1.   On this page, enter information about the person who informed you of the change in MSP coverage.

2.   After all relevant fields have been entered, click Continue to go to the Insurance Information page, or select a page link from the left side bar.

Figure 4-3: MSP Inquiry Informant Information

Table 4-3: MSP Inquiry Informant Information

Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. *Required field* when: - SOURCE is CHEK, LTTR or PHON. - ACTION is CA or CL, unless Insurance Company Address will be entered.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.

Field	Description
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. *Required field* when • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.
ADDRESS	Informant's street address. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.
CITY	Informant's city. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company City will be entered.
STATE	Informant's state. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company State will be entered.
ZIP	Informant's ZIP code. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company ZIP will be entered.
PHONE	Informant's telephone number.
RELATIONSHIP	One-character code indicating the relationship of the informant to the beneficiary. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy **Notes**: • *Required field* when SOURCE is CHEK, LTTR or PHON. • Must be A if ACTION is CA or CL and informant information is entered.
CONTINUE	Command button. Click to go to the *Insurance Information* page.

Field	Description
CANCEL	Command button. Click to return to the *Main Menu*.

4.5   Insurance Information Page

1. Enter information about the type of insurance associated with the MSP coverage on this page (Figure 4-4).

2. After all relevant fields have been entered, click Continue to go to the Employment Information page, or select a page link from the left side bar.

Figure 4-4: MSP Inquiry Insurance Information

Table 4-4: MSP Inquiry Insurance Information

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. If the Insurance Company Name is entered and contains one of the following values, then it is considered an error: • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN.
ADDRESS LINE 1	First Line of insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • ACTION is CA or CL, unless Informant Name and Address were entered.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with the insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • ACTION is CA or CL, unless Informant City was entered.
STATE	State associated with the insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • ACTION is CA or CL, unless Informant State was entered.

Field	Description
ZIP	ZIP code associated with the insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • ACTION is CA or CL, unless Informant ZIP was entered.
PHONE	Phone Number of the insurance carrier.
INSURANCE TYPE	One-character code for the type of insurance. (Required field) Valid values are: A Insurance or Indemnity (OTHER TYPES) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of the insurance coverage. If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER.
GROUP NUMBER	Group number of the insurance coverage. If you enter a GROUP NUMBER, you do not have to enter a POLICY NUMBER.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First initial of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the *Employment Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

4.6   Employment Information Page

1. Enter employment information associated with the MSP coverage on this page (Figure 4-5).

2. After all relevant fields have been entered, click Continue to go to the Additional Information page, or select a page link from the left side bar.

Figure 4-5: MSP Inquiry Employment Information

Table 4-5: MSP Inquiry Employment Information

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	First line of the employer's street address. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	Second line of the employer's street address. Optional field.
CITY	City associated with the employer's street address. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
STATE	State associated with the employer's street address. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
ZIP	ZIP code associated with the employer's street address. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
PHONE	Phone Number of the employer.
EIN	Employer Identification Number.

Field	Description
EMPLOYEE #	Employee number of policyholder.
CONTINUE	Command button. Click to go to the *Additional Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

4.7   Additional Information Page

1. Enter check and beneficiary information on this page. This information is used in conjunction with the ACTION(s) and SOURCE(s) selected on the MSP Inquiry, Action Requested page.

2. After all relevant fields have been entered, click Continue to go to the Prescription Coverage page, or select a page link from the left side bar.

    If you need to enter more than 5 diagnosis codes, click the **More Diagnosis Codes** button. The *More Diagnosis Codes* page will appear (Figure 4-7).

Figure 4-6: MSP Inquiry Additional Information

Table 4-6: MSP Inquiry Additional Information

Field	Description
CHECK NUMBER	Number of check received. *Required field* if SOURCE is CHEK.
CHECK DATE	Date of check received. *Required field* if SOURCE is CHEK. **Note**: You cannot future-date this field.
CHECK AMOUNT	Amount of check received. *Required field* if SOURCE is CHEK.
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes on this page. Up to 15 additional diagnosis codes may be entered on the *More Diagnosis Codes* page. To enter more than 5 diagnosis codes, click the **More Diagnosis Codes** button. The *More Diagnosis Codes* page will appear (Figure 4-7). **Note**: Enter at least one DIAGNOSIS CODE when the ACTION is CA or CL. NGHP MSP types will require a valid diagnosis code to be entered. A message will appear stating that the diagnosis code will be required if one is not entered. The user will not be allowed to continue until a valid code is entered into the field. **Note**: Diagnosis Codes cannot be entered on an MSP Inquiry when the MSP Type is A (Working Aged), B (ESRD), or G (Disabled).
ICD INDICATOR	Type of diagnosis code. Select "ICD-9" or "ICD-10". **Required if corresponding Diagnosis Code is submitted.**
MORE DIAGNOSIS CODES	Command button. Click to go to the More Diagnosis Codes page.
ILLNESS/INJURY DATE	Date the illness or injury occurred.
TYPE	One-character code indicating the type of relationship between the beneficiary and his or her representative. Valid values are: A　　Attorney R　　Bene Rep (individual not acting as attorney)
NAME	Name of individual representing a beneficiary's medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative's street.
CITY	Beneficiary representative's city.
STATE	Beneficiary representative's state.
ZIP	Beneficiary representative's ZIP code.
CONTINUE	Command button. Click to go to the *Prescription Coverage* page.
CANCEL	Command button. Click to return to the *Main Menu*.

Figure 4-7: MSP Inquiry Additional Information More Diagnosis Codes

Table 4-7: MSP Inquiry Additional Information More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10". **Required if corresponding Diagnosis Code is submitted.**
CONTINUE	Command button. Click to go to the *Prescription Coverage* page.
CANCEL	Command button. Click to return to the *Main Menu*.

4.8   Prescription Coverage Page

1. On this page, enter Prescription Coverage information associated with the MSP Inquiry Part D coverage.

2. After all relevant fields have been entered, click Continue to go to the Summary page, or select a page link from the left side bar.

Figure 4-8: MSP Inquiry Prescription Drug Coverage

Table 4-8: MSP Inquiry Prescription Drug Coverage

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. If the Insurance Company Name is blank or contains any of the following values, then it is considered an error: ADAP, ATTORNEY, BC, BCBX, BCBS, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, PAP, SPAP. SUPPLEMENT, SUPPLEMENTAL, UNK, XX, UNKNOWN
ADDRESS LINE 1	First Line of the insurance carrier's street address. *Required field* when NAME and ADDRESS were entered.
ADDRESS LINE 2	Second Line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	ZIP code associated with the insurance carrier's street address.
PHONE	Phone Number of the insurance carrier.
POLICY NUMBER	Policy number of the insurance coverage.

Field	Description
EFFECTIVE DATE	Effective date of the MSP coverage. **Notes**: EFFECTIVE DATE cannot be the same as the TERMINATION DATE. This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. **Note**: TERMINATION DATE cannot be the same as the EFFECTIVE DATE.
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI Primary SUP Supplemental **Note**: RECORD TYPE must be SUP when SUPPLEMENTAL TYPE is L.
COVERAGE TYPE	Prescription Coverage type of insurance. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) *Required field.*
BIN	Prescription Drug BIN number. Must be six digits and cannot be all the same number if COVERAGE TYPE is U. *Required field* when COVERAGE TYPE is U. Group, BIN, *or* PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Must not contain special characters. Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
GROUP	Prescription Drug group number. Must not contain special characters. Group, BIN, *or* PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* when COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.

Field	Description
SUPPLEMENTAL TYPE	Prescription Drug Coverage policy type.
	Valid values are:
	L - Supplemental
	M - Medigap
	N - Non-qualified State Program
	O – Other
	R – Charity
	T – Federal Government Programs
	3 – Major Medical
PERSON CODE	Person Code. Plan specific relationship assigned plan administrator at the plan level. *Required field* when RECORD TYPE is Supplemental.
	Valid values are:
	001 Self
	002 Spouse
	003 Other
CONTINUE	Command button. Click to go to the *Summary* page.
CANCEL	Command button. Click to return to the *Main Menu*.

4.9   Summary Page

The *Summary* page shows a summary of all information entered for the MSP inquiry before submission (Figure 4-9). After typing/selecting data in all relevant fields on the previous MSP Inquiry pages, review the *Summary* page and click the **Submit** button. The system shows the *Submit Confirmation* page. At this point the MSP inquiry is submitted and you can print the confirmation page.

Figure 4-9: MSP Inquiry Summary

4.10   Viewing, Updating, and Deleting MSP Inquiry Transactions

Follow the steps below to search for and view a list of MSP Inquiry transactions.

Note: You can only update or delete MSP Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the *Main Menu* page, click **MSP Inquiries** under Search for Requests or Inquiries. The *MSP Inquiry Search* page appears.

Figure 4-10: MSP Inquiry Search

Table 4-9: MSP Inquiry Search

Field	Description
CONTRACTOR #	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in (*protected field*).
	If you are a Regional Office or CMS user, this field will be pre-filled with the CMS ID/RO number entered during contractor sign-in.
	Note: You can update this field with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID (HICN or MBI).
	Note: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number.
	Note: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code.
	To view all in-process MSP Inquiry transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable.
	Note: MMDDCCYY format.
ORIGIN DATE TO	Enter an ending date for the date range.
	Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.

Field	Description
DCN	Enter a DCN. **Note**: If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Command button. Click to view search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the *Main Menu*.

4.10.1 View Transactions

1. Type search criteria in the appropriate fields and click **Submit**.

   - To create a list of all MSP Inquiries for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.

   - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

The system shows a list of MSP Inquiries (Figure 4-11). There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

Note: If the beneficiary is deceased, and there is no representative payee on file, then the inquiry will be closed with Reason Code 65: Deceased, used with CM status.

2. Change or delete search criteria to initiate a new search.

Figure 4-11: MSP Inquiry Search Listing

Table 4-10: MSP Inquiry Search Listing

Field	Description
Display Range	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range in the *Display Range* field defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1-500.
Delete	Click the delete [**X**] link to mark a transaction for deletion.
Medicare ID	Medicare ID (HICN or MBI) for the MSP Inquiry transaction (*protected field*). Click the link to view the *Summary* page.
Contractor	Contractor number (*protected field*).
DCN	DCN assigned to the MSP Inquiry transaction by the Medicare contractor (*protected field*).
Status	Status of the MSP Inquiry transaction (*protected field*).
Reason	Reason for the MSP Inquiry transaction (*protected field*). *Note: See Appendix E for a complete list of reason codes and definitions.*
Origin Date	Originating date in MMDDCCYY format (*protected field*).
Last Update	Date the MSP Inquiry transaction was last changed in MMDDCCYY format (*protected field*).
User ID	User ID of the operator who entered the MSP Inquiry transaction (*protected field*).
Export options	Click the link to export search results. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

4.10.2 Update Transactions

1. To update information on an MSP Inquiry transaction, click the Medicare ID link for the transaction and the system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 4-12).

2. To leave the *Summary* page without making any changes, click **Cancel** or **Return** to return to the *Search Page Listing*.

    If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page. After you have made all updates, click **Submit** to confirm updates, or click **Cancel** to return to the *MSP Inquiry Search Page Listing*.

Figure 4-12: MSP Inquiry Summary

4.10.3 Delete Transactions

1. To mark an MSP Inquiry transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline.

2. To exit the *MSP Inquiry Search* page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

Chapter 5: Prescription Drug Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a Prescription Drug assistance request. Examples and explanations are provided for each page in ECRS Web.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the Prescription Drug assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

5.1   Adding a Prescription Drug Assistance Request Transaction

Use the **Prescription Drug Assistance Request** link under Create Requests or Inquiries on the *Main Menu*, to add Prescription Drug Assistance Request transactions for Part D records.

Note: Prescription Drug Assistance Requests are only available to Part C and Part D submitters.

5.1.1   Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when Medicare ID (HICN or MBI) and other required data is entered and saved on the first page of the Prescription Drug Assistance Request (*Action Requested*). The information appears on the right side bar, and carried forward on the Prescription Drug Assistance Request transaction.

5.2   Action Requested Page

From the *Main Menu* page, click **Prescription Drug Assistance Request** under Create Requests or Inquiries. The system shows the *Action Requested* page (Figure 5-1).

The *Action Requested* page is the first page to appear when adding a new Prescription Drug Assistance Request. The information entered on this page determines required information on subsequent pages.

5.2.1   Navigation Links

Several basic navigation links are shown on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

1. Type/select data in all of the required fields on the *Action Requested* page, and click **Continue**. Required fields are noted with a red asterisk (*) and are as follows:

    - DCN
    - MEDICARE ID
    - ACTIVITY CODE
    - ACTION
    - SOURCE
    - RECORD TYPE
    - PATIENT RELATIONSHIP

- PERSON CODE
- ORIGINATING CONTRACTOR
- EFFECTIVE DATE

Note: If beneficiary information is not found for the Medicare ID you have entered, you will not be able to continue the Prescription Drug Assistance Request.

2. After all relevant fields have been entered, click **Continue** to go to the Prescription Drug Assistance Request *Informant Information* page, or select a page link from the left side bar.

3. To exit the Prescription Drug Assistance Request Detail pages, click **Home** to return to the *Main Menu* or **Sign Out** to exit the application.

Figure 5-1: Prescription Drug Assistance Request Action Requested

Table 5-1: Prescription Drug Assistance Request Action Requested

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with transaction. *Required field*. The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. *Required field*. Enter the ID without dashes, spaces, or other special characters.
ACTIVITY CODE	Activity of contractor. *Required field*. Valid values are: C　　Claims (Pre-Payment) D　　Debt Collection/Referral G　　Group Health Plan I　　General Inquiries N　　Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code defining action to take on Prescription Drug record. *Required field*. *See Appendix E for a complete list of action codes and definitions.* Valid values are: AP　　Add Policy *and*/*or* Group Number BN　　Develop for *Prescription* BIN CT　　Change Termination Date CX　　Change *Prescription* Values (BIN, Group, PCN) DO　　*Mark Occurrence for Deletion* EA　　Change Employer Address ED　　Change Effective Date EI　　Change Employer Info*rmation* GR　　Develop for Group Number II　　Change Insurer Information IT　　Change Insurance Type MT　　Change MSP Type OH　　Change Effective Date of Other Drug Coverage PC　　Update *Prescription* Person Code PN　　Develop for/add PCN PR　　Change Patient Relationship TD　　Add Termination Date **Notes:** Action code II cannot be used with action code DO. The following Actions can be combined together, but not with any other Actions: BN　　Develop for *Prescription* BIN GR　　Develop for Group Number PN　　Develop for/add PCN The BIN field is not required when the action code is "BN."

Field	Description
SOURCE	Four-character code identifying the source of the Prescription Drug Assistance Request information. *Required field*. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey
MSP TYPE	One-character code identifying type of MSP coverage. Description of code appears next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability W Workers' Compensation Medicare Set Aside *Required field* when ACTION is MT.
NEW MSP TYPE	One-character code identifying type of new MSP coverage. Description of code appears next to value. *Required field* when ACTION is MT.
RECORD TYPE	Prescription coverage record type *Required field*. Valid values are: PRI Primary SUP Supplemental **Note**: RECORD TYPE must be PRI when ACTION is MT.

Field	Description
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value.
	*The following codes (**bolded**) are only valid on MSP Auxiliary occurrences with accretion dates **prior to** 4/4/2011:*
	Valid values are:
	01 *Self;* Patient is policyholder
	02 Spouse
	03 *Child*
	04 *Other*
	20 Domestic partner
	05 ***Step Child***
	06 **Foster child**
	07 **Ward of the Court**
	08 **Employee**
	09 **Unknown**
	10 **Handicapped dependent**
	11 **Organ donor**
	12 **Cadaver donor**
	13 **Grandchild**
	14 **Niece/nephew**
	15 **Injured plaintiff**
	16 **Sponsored dependent**
	17 **Minor dependent of a minor dependent**
	18 ***Parent***
	19 **Grandparent dependent**
	If MSP Type is A, B or G, or Record Type is Primary, Patient Relationship is required.
	For the following MSP types, the patient relationship codes listed to the right are the only valid values that can be used *for records created after 4/4/2011*:
	MSP Type Patient Relationship Code
	A 01, 02
	B 01, 02, 03, 04, 20
	D, E, L *01*
	G 01, 02, 03, 04, 20

Field	Description
NEW PATIENT RELATIONSHIP	New patient relationship between policyholder and beneficiary. Description of code appears next to value *Required field* when ACTION is PR. *Valid values are:* *01 Self; Patient is policyholder* *02 Spouse* *03 Child* *04 Other* *20 Domestic partner* *For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:* *MSP Type Patient Relationship Code* *A 01, 02* *B 01, 02, 03, 04, 20* *D, E, L 01* *G 01, 02, 03, 04, 20*

PERSON CODE	Plan-specific person code.
	
	Values are:
	
	    001 Self
	
	    002 Spouse
	
	    003 Other
	
	Required field when:
	
	    RECORD TYPE is Supplemental
	
	    ACTION is PC

ORIGINATING CONTRACTOR	Contractor number of the contractor that created the original Prescription Drug record at MBD. *Required field*.
COB EFFECTIVE DATE	COB effective date of drug coverage in MMDDCCYY format. *Required field*. **Notes:** For GHP MSP records (MSP Types A, B, and G) it identifies the start date. For non-GHP MSP records (MSP Types D, E, L, H, and W) it identifies the date of the accident, illness, or injury; or it identifies the Medicare entitlement date, whichever is earlier. This field accepts dates up to three months from the current date for primary coverage: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The COB Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future COB Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)

Field	Description
NEW COB EFFECTIVE DATE	New COB effective date of drug coverage in MMDDCCYY format. *Required field* when ACTION is ED. **Notes:** This field accepts dates up to three months from the current date for primary coverage: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New COB Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future New COB Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
EFFECTIVE DATE OF OTHER DRUG COVERAGE	Effective date of the other drug insurance coverage provided by the other insurance (Other Health Information) in MMDDCCYY format. **Note:** Use this date for coordination of benefits. The Part D sponsor should compare this Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.
NEW EFFECTIVE DATE OF OTHER DRUG COVERAGE	New effective date of the other drug coverage provided by the other insurance (Other Health Information) in MMDDCCYY format.
TERMINATION DATE	Medicare Secondary Payer (MSP) termination date of drug coverage in MMDDCCYY format. This is the MSP end date, which identifies whether or not the primary insurance is terminated. For non-GHP MSP (MSP Types D, E, L, H, and W), it identifies the date of settlement, judgment, or award, or other payment. If the insurance is open, the field is populated with all zeroes. *Required field* when ACTION is TD or CT.
SUBMITTER TYPE	Indicates the submitter type. Select either Part C or Part D.
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
CONTINUE	Command button. Click to go to the *Informant Information* page. **Note**: All required fields must be populated before clicking **Continue**.
CANCEL	Command button. Click to return to the *Main Menu*.

5.2.2 Automated Action Code *Impacts*

Automated action codes are codes that are processed automatically when entered. See Appendix E *for a complete list.* Your updates to current records on the *Prescription Drug Assistance Request Detail* page will be denied if these *conditions are found or when you use automated* action codes.

- Record not found
- Same Policy Number or Group Number entered *(AP: Add Policy and/or Group Number)*
- Record previously termed, termed but same Term Date entered *(TD: Add Termination Date)*
- Record not previously termed *(CT: Change Termination Date)*
- Same BIN, Group, or PCN entered *(CX: Change Prescription Values (BIN, Group, PCN))*
- Same patient relationship entered *(PR: Change Patient Relationship)*
- *Record is deleted (DO: Mark for deletion)*

- *Insurer information not provided (II: Change Insurer Information)*

Notes: For the *automated* action codes indicated, ECRS will also deny an update if it conflicts with a current supplemental drug record (PAP, ADAP, SPAP, Medicaid, or Tricare).

Additionally, when processing valid PDARs submitted with *automated* action codes, the system will search for matching existing drug coverage records using either the MSP Effective Date provided on the input file or the *Other Health Information (OHI) Effective Date* submitted when the drug record was created.

5.3   Informant Information Page

1. Enter information on the Informant Information page regarding the person who informed you of the change in the Part D coverage.

2. After all relevant fields have been entered, click **Continue** to go to the *Insurance Information* page, or select a page link from the left side bar.

Figure 5-2: Prescription Drug Assistance Request Informant Information

Table 5-2: Prescription Drug Assistance Request Informant Information

Field	Description
FIRST NAME	Given or first name of person informing contractor of change in Part D coverage. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in Part D coverage.
LAST NAME	Surname of person informing contractor of change in Part D coverage. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Informant's street address. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.

Field	Description
CITY	Informant's city. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
STATE	Informant's state. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
ZIP	Informant's ZIP code. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
PHONE	Informant's telephone number.

RELATIONSHIP	One-character code indicating relationship of informant to beneficiary.
	Valid values are:
	   A Attorney representing beneficiary
	   B Beneficiary
	   C Child
	   D Defendant's attorney
	   E Employer
	   F Father
	   I Insurer
	   M Mother
	   N Non-relative
	   O Other relative
	   P Provider
	   R Beneficiary representative (other than attorney)
	   S Spouse
	   U Unknown
	   W Pharmacy
	Required field for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.

CONTINUE	Command button. Click to go to *Insurance Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

5.4   Insurance Information Page

1. Enter information on the *Insurance Information* page about the insurance type associated with the Part D record.

2. Type data in all fields that need to be revised.

   Note: Action II can now be used to automatically update insurer information.

Figure 5-3: Prescription Drug Assistance Request Insurance Information

Table 5-3: Prescription Drug Assistance Request Insurance Information

Field	Description
INSURANCE COMPANY NAME	Name of Part D insurance carrier. *Required field* when ACTION CODE is II. **Notes:** Action code II cannot be used with action code DO. When action code II is included, a valid insurance company name must be provided. The following are invalid entries: ATTORNEY, BC, BCBS, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, XX, and UNKNOWN.
ADDRESS	First line of the insurance carrier's street address.
(ADDRESS 2)	Unlabeled field. Second line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	ZIP code associated with the insurance carrier's street address.
PHONE	Phone number of the insurance carrier.
INSURANCE TYPE	One-character code for the type of insurance. Not used for Prescription Drug records.
NEW INSURANCE TYPE	Select a one-character code for the new type of insurance. Not used for Prescription Drug records.

Field	Description
COVERAGE TYPE	Prescription coverage type of insurance. Valid values are: U Drug network V Drug non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) *Required field* for all ACTION types (primary and supplemental).
POLICY NUMBER	Policy number of insurance coverage. *Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W. **Note**: If GROUP NUMBER is entered, the POLICY NUMBER is not required.
GROUP NUMBER	Group number of insurance coverage Group, BIN, *or* PCN is required with Action Code CX.
BIN	Prescription Drug BIN number. Must be six digits and cannot be all the same number if COVERAGE TYPE is U.. *Required field* if COVERAGE TYPE is U and ACTION CODE is NOT BN. Group, BIN, *or* PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* if COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Prescription Drug policy type. Valid values are: L Supplemental M Medigap N Non-Qualified State Program O Other P PAP R Charity T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical
CONTINUE	Command button. Click to go to the *Employment Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

5.5   Employment Information Page

1. Enter employment information associated with the Part D record on the *Employment Information* page.

2. After all relevant fields have been entered, click **Continue** to go to the *Additional Information* page, or select a page link from the left side bar.

Figure 5-4: Prescription Drug Assistance Request Employment Information

Table 5-4: Prescription Drug Assistance Request Employment Information

Field	Description
EMPLOYER NAME	Name of employer providing the group health insurance the beneficiary is covered under. *Required field* when ACTION is EA or EI.
ADDRESS	First line of the employer's street address. *Required field* when ACTION is EI.
(ADDRESS 2)	Unlabeled field. Second line of the employer's street address.
CITY	City associated with the employer's street address. *Required field* when ACTION is EI.
STATE	State associated with the employer's street address. *Required field* when ACTION is EI.
ZIP	ZIP code associated with the employer's street address. *Required field* when ACTION is EI.
PHONE	Phone number of the employer
EIN	Employer identification number.
EMPLOYEE #	Employee number of the policyholder.

Field	Description
CONTINUE	Command button. Click to go to the *Additional Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

5.6   Additional Information Page

1. Enter check information on this page.

2. After all relevant fields have been entered, click **Continue** to go to the *Comments/Remarks* page, or select a page link from the left side bar.

Figure 5-5: Prescription Drug Assistance Request Additional Information
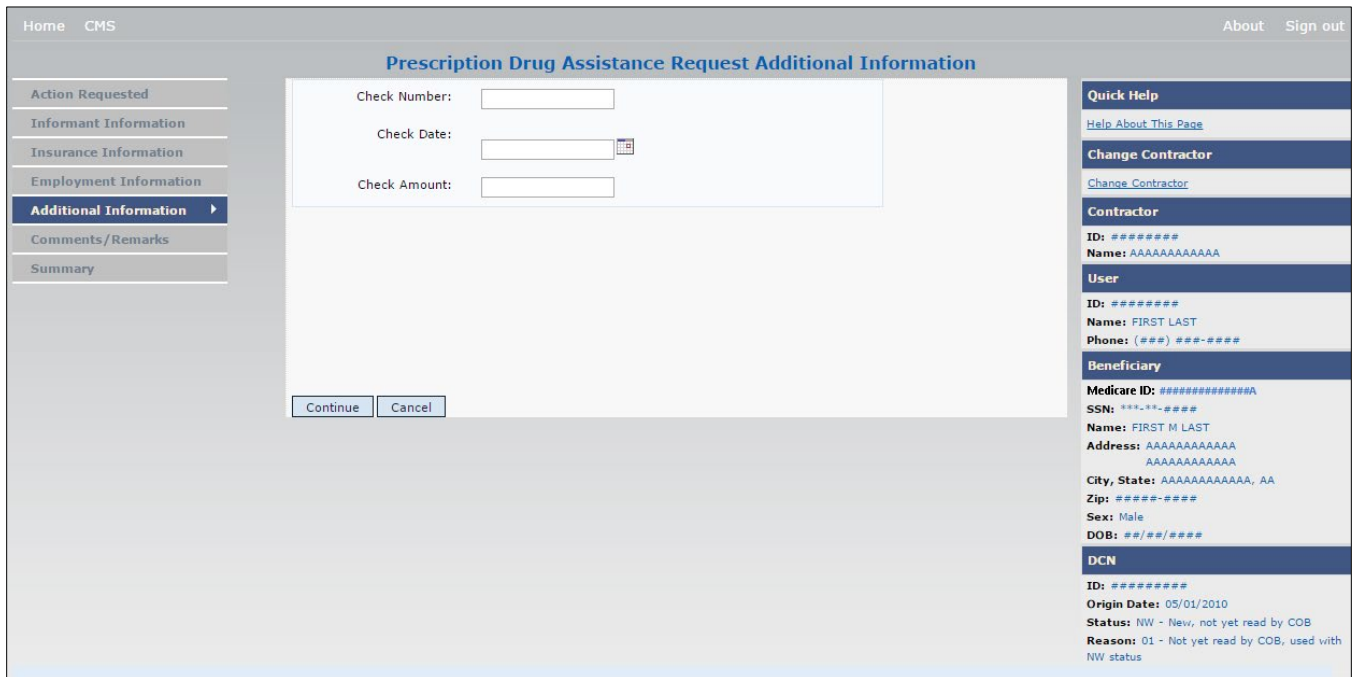
Table 5-5: Prescription Drug Assistance Request Additional Information

Field	Description
CHECK NUMBER	Number of check received. *Required field* if SOURCE is CHEK.
CHECK DATE	Date of check received. *Required field* if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. *Required field* if SOURCE is CHEK.
CONTINUE	Command button. Click to go to the *Comments/Remarks* page.
CANCEL	Command button. Click to return to the *Main Menu*.

5.7 Comments and Remarks Page

1. Enter comments on the *Comments and Remarks* page. All comments entered are viewable by the BCRC. Refer to Appendix F for the complete list of remark codes.

   Note: Remarks are only shown on the *Comments/Remarks* page when the ACTION is AR.

2. After all relevant fields have been entered, click **Continue** to go to the *Summary* page, or select a page link from the left side bar.

Figure 5-6: Prescription Drug Assistance Request Comments and Remarks

Table 5-6: Prescription Drug Assistance Request Comments and Remarks

Field	Description
COMMENTS	Free-form*, optional,* text field, where Medicare contractors type data to send notes to the BCRC. *Protected field* when the BCRC adds a comment.
	Note*s*: *Use this field to provide additional context or details that cannot be provided in other fields. There is no need, for example, to repeat action code descriptions.*
	The BCRC does not provide comments on auto-processed requests as the action requested has been completed.
REMARKS	Enter at least one remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix F for more information.
CONTINUE	Command button. Click to go to the *Summary* page.
CANCEL	Command button. Click to return to the *Main Menu*.

5.8 Summary Page

The *Summary* page shows a summary of all information entered for the assistance request before submission (Figure 5-7).

After typing/selecting data in all relevant fields on the previous *Prescription Drug Assistance Request pages*, review the *Summary* page and click **Submit.**

The system shows the *Submit Confirmation* page. At this point the assistance request is submitted and you can print the confirmation page.

Figure 5-7: Prescription Drug Assistance Request Summary

5.9 Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions

Follow the steps below to search for and view a list of Prescription Drug Assistance Request transactions.

Note: You can only update or delete Prescription Drug assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the *Main Menu* page, click the *Prescription Drug Assistance Requests* link under Search for Requests or Inquiries. The *Prescription Drug Assistance Request Search* page appears.

Figure 5-8: Prescription Drug Assistance Request Search

Table 5-7: Prescription Drug Assistance Request Search

Field	Description
CONTRACTOR #	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in (*protected field*).
	If you are a Regional Office or CMS user, this field will be pre-filled with the CMS ID/RO number entered during contractor sign-in.
	Note: This field is updateable with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID.
	Note: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number.
	Note: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code.
	To view all in-process Prescription Drug Assistance Request transactions, select IP in the STATUS field.
REASON	Select a reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable.
	Note: MMDDCCYY format.

Field	Description
ORIGIN DATE TO	Enter an ending date for the date range. **Note**: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.
DCN	Enter a DCN. **Note**: If searching by DCN, do not enter a Medicare ID or SSN.
SEARCH	Command button. Click to show search results.
RESET	Command button. Click to clear search results.
CANCEL	Click to return to the *Main Menu*.

5.9.1 View Transactions

1. Type search criteria in the appropriate fields and click Submit.

   - To create a list of all Prescription Drug Assistance Requests for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.

   - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

   The system shows a list of Prescription Drug Assistance Requests. There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

2. Change or delete search criteria to initiate a new search.

Figure 5-9: Prescription Drug Assistance Requests Search Listing

Table 5-*8*: Prescription Drug Assistance Requests Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range in the DISPLAY RANGE field defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1-500.
Delete	Click the delete [**X**] icon to mark a transaction for deletion.
MEDICARE ID	Medicare ID (HICN or MBI) for the Prescription Drug Assistance Request transaction (*protected field*). Click the Medicare ID link to view the *Summary* page.
CONTRACTOR	Contractor number (*protected field*).
DCN	DCN assigned to the Prescription Drug Assistance Request transaction by Medicare contractor (*protected field*).
STATUS	Status of the Prescription Drug Assistance Request transaction (*protected field*).
REASON	Two-character code explaining why the Prescription Drug Assistance Request is in a particular status (*protected field*). (See Appendix E for the complete list of codes.)
ORIGIN DATE	Originating date in MM-DD-CCYY format (*protected field*).
LAST UPDATE	Date Prescription Drug Assistance Request transaction was last changed in MMDDCCYY format (*protected field*).
USER ID	User ID of operator who entered the Prescription Drug Assistance Request transaction (*protected field*).
Export options	Click the link to export search results. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

5.9.2   Update Transactions

1. To update information on a Prescription Drug Assistance Request transaction, click the Medicare ID link for the transaction and the system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 5-10).

2. To leave the *Summary* page without making any changes, click **Cancel** or **Return** to return to the *Search Page Listing*. If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page.

3. After you have made all updates, click **Submit** to confirm updates, or **Cancel** to return to the Prescription Drug Assistance Request *Search Page Listing*.

Figure 5-10: Prescription Drug Assistance Request Summary

Table 5-9: Prescription Drug Assistance Request Summary

Field	Description
ACTION REQUESTED	Shows information that was previously entered on the *Action Requested* page.
INFORMANT INFORMATION	Shows information that was previously entered on the *Informant Information* page.
INSURANCE INFORMATION	Shows information that was previously entered on the *Insurance Information* page.
EMPLOYMENT INFORMATION	Shows information that was previously entered on the *Employment Information* page.
ADDITIONAL INFORMATION	Shows information that was previously entered on the *Additional Information* page.
COMMENTS/REMARKS	Shows information that was previously entered on the *Comments/Remarks* page.
COB RESPONSE INFORMATION	Appears for records that are not in NW status. See below for more information.
COB COMMENTS	Free-form text field, where the BCRC's comments appear.
USER ID	User ID of the person who entered the BCRC comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development source code indicating where the initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development source code indicating where the subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)

Field	Description
RETURN	Command button. Click to return to the *Prescription Drug Assistance Request Search Page Listing* without making any updates to the transaction.
	Appears for records in all statuses except NW.
SUBMIT	Command button. Click to save updates.
	Appears for records in NW status.
CANCEL	Command button. Click to return to the *Search Page Listing* without making any updates to the transaction.
	Appears for records in NW status.

5.9.3 Delete Transactions

1. To mark a Prescription Drug Assistance Request transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline.

2. To exit the Prescription Drug Assistance Request Search page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

Chapter 6: Prescription Drug Inquiry Transactions

This chapter provides you with step-by-step instructions to perform a prescription drug inquiry. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the prescription coverage inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

6.1   Adding a Prescription Drug Inquiry Transaction

There are two ways to enter a Prescription Drug Inquiry:

From an MSP Inquiry

This option allows you to see Prescription Drug information associated with an MSP Inquiry.

- From the *Main Menu*, click **MSP Inquiry** under the heading Create Requests or Inquiries. The system shows the first page of the MSP Inquiry.
- Follow instructions for Adding an MSP Inquiry and enter Prescription Drug information on the *Prescription Coverage* page.

From the Main Menu

This option allows you to enter a Prescription Drug inquiry independent of an MSP inquiry. Follow the steps in Section 6.4.

6.1.1   Retrieving Beneficiary Information

Beneficiary information is automatically retrieved when the Medicare ID (HICN or MBI) and other required data is entered on the first page of the *Prescription Drug Inquiry* (Initial Information) and you click **Continue**. The information appears on the right side bar, and is carried forward on the Prescription Drug Inquiry transaction.

6.1.2   Common Prescription Drug Sources

The following are common sources that provide contractors with prescription drug information, followed by the associated source code:

- Survey (SRVY)
- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

6.2   Initial Information Page

From the *Main Menu*, click **Prescription Drug Inquiry** under Create Requests or Inquiries.

The *Initial Information* page appears. This is the first page you see when adding a new Prescription Drug Inquiry. The information entered on this page determines required information on subsequent pages.

Figure 6-1: Prescription Drug Inquiry Initial Information

6.2.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

1. Enter data in all fields and click **Continue** to go to the *Additional Information* page, or select a page link from the left side bar.

   Note: If beneficiary information is not found for the Medicare ID (HICN or MBI) you have entered, you will receive a warning message but will still be able to continue with the Prescription Drug Inquiry.

2. To exit the Prescription Drug Inquiry *Detail* pages, click **Home** to return to the *Main Menu* or **Sign Out** to exit the application.

Table 6-1: Prescription Drug Inquiry Initial Information

Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with the transaction. *Required field*. The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. Enter the ID without dashes, spaces, or other special characters. *Required field*.
ACTIVITY CODE	Activity of contractor. *Required field*. Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act

Field	Description
SOURCE	Four-character code identifying source of the Prescription Drug Inquiry information. *Required field*. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey
MSP TYPE	One-character code identifying type of MSP coverage. *Required field*. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability *Note: The MSP Type cannot be selected when Prescription Drug Record Type is supplemental.*
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary. *Required field.* Valid values are: 01 *Self; Patient is* policyholder 02 Spouse 03 Child 04 Other *20 Domestic partner* *Note: All patient relationship values accepted for MSP Types A, B, and G. MSP Types D, E, & L = 01*
SEND TO MDB	Indicates whether to send the Prescription Drug inquiry to MBD. *Required field*. Valid values are: YES Send to MBD (default) NO Do not send to MBD
CONTINUE	Command button. Click to go to the *Additional Information* page. You must enter data in required fields before clicking **Continue**.
CANCEL	Command button. Click to return to the *Main Menu*.

6.3   Additional Information Page

On this page, enter additional information needed for the Prescription Drug inquiry.

Figure 6-2: Prescription Drug Inquiry Additional Information

After all relevant fields have been entered, click **Continue** to go to the *Prescription Coverage* page, or select a page link from the left side bar.

Table 6-2: Prescription Drug Inquiry Additional Information

Field	Description
CHECK NUMBER	Number of check received. *Required field* when SOURCE is CHEK.
CHECK DATE	Date of check received. You cannot future-date this field. *Required field* when SOURCE is CHEK.
CHECK AMOUNT	Amount of check received. *Required field* when SOURCE is CHEK.
FIRST NAME	First name of person informing contractor of change in Prescription Drug coverage. *Required field* when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	First initial of middle name of the person informing the contractor of the change in Prescription Drug coverage.
LAST NAME	Last name of the person informing the contractor of the change in Prescription Drug coverage. *Required field* when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. *Required field* when SOURCE is CHEK, LTTR or PHON.

Field	Description
CITY	Informant's city. *Required field* when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. *Required field* when SOURCE is CHEK, LTTR or PHON.
ZIP	Informant's ZIP code. *Required field* when SOURCE is CHEK, LTTR or PHON.
PHONE	Informant's telephone number.
RELATIONSHIP	One-character code indicating the relationship of the informant to the beneficiary. *Required field* when SOURCE is CHEK, LTTR or PHON. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy
EMPLOYER NAME	Name of employer providing the group health insurance the beneficiary is covered under.
ADDRESS	First line of the employer's street address.
ADDRESS 2	Second line of the employer's street address.
CITY	City associated with the employer's street address.
STATE	State associated with the employer's street address.
ZIP	ZIP code associated with the employer's street address.
PHONE	Phone number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of the policyholder.
CONTINUE	Command button. Click to go to the *Prescription Coverage* page.
CANCEL	Command button. Click to return to the *Main Menu*.

6.4   Prescription Drug Inquiry Prescription Drug Page

Type/select Prescription Drug information associated with the Part D coverage on this page.

- If the insurance company name is not entered, you will receive the following error message: "Please enter Insurance Company Name."

- If the insurance company name matches any of the values listed in Table 6-3 you will you will receive the following error message: "Insurance Company Name not a valid name."

Figure 6-3: Prescription Drug Inquiry Prescription Drug

Table 6-3: Prescription Drug Inquiry Prescription Drug

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for prescription drug coverage. *Required field.*
	If the Insurance Company Name is blank or contains any of the following values, then it is considered an error:
	ADAP, ATTORNEY, BC, BCBX, BCBS, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, PAP, SPAP, SUPPLEMENT, SUPPLEMENTAL, UNK, XX, UNKNOWN
ADDRESS LINE 1	First line of the insurance carrier's street address.
ADDRESS LINE 2	Second line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	ZIP code associated with the insurance carrier's street address.
PHONE	Phone number of the insurance carrier.
EFFECTIVE DATE	Effective date of the drug coverage. *Required field.*
	Notes: The EFFECTIVE DATE cannot be the same as the TERMINATION DATE.
	This field accepts dates up to three months from the current date for primary coverage:
	For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future.
	For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
TERMINATION DATE	Termination date of the drug coverage. TERMINATION DATE can be all zeroes for open ended coverage.
	Note: TERMINATION DATE cannot be the same as the EFFECTIVE DATE.
	An open-ended TERMINATION DATE is automatically populated when COVERAGE TYPE is U.
RECORD TYPE	Prescription Drug Record Type.
	Valid values are:
	PRI Primary
	SUP Supplemental
	Note: Record Type must be SUP when Supplemental Type is L.
COVERAGE TYPE	Prescription Drug Coverage type of insurance.
	Valid values are:
	U Drug Network
	V Drug Non-Network
	Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
	Required field.

Field	Description
BIN	Prescription Drug BIN number. Must be six digits and cannot be all the same number if COVERAGE TYPE is U.
	Required field if COVERAGE TYPE is U.
	BIN will not be edited for formats when the ACTION CODE is BN.
	Group, BIN, *or* PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Must not contain special characters.
	Cannot have special characters, except for a non-leading dash, and no leading space.
	Group, BIN, *or* PCN is required with Action Code CX.
POLICY NUMBER	Policy number of insurance coverage.
GROUP	Prescription Drug group number. Must not contain special characters.
	Group, BIN, *or* PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters.
	Required field if COVERAGE TYPE is U.
	Cannot be blank or all zeros if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Prescription Drug Coverage policy type.
	Valid values are:
	L - Supplemental
	M - Medigap
	N - Non-qualified State Program
	O – Other
	R – Charity
	T – Federal Government Programs
	3 – Major Medical
PERSON CODE	Plan-specific person code.
	Required field when RECORD TYPE is Supplemental or RECORD TYPE is blank and SUPPLEMENTAL TYPE is L.
	Values are:
	001 Self
	002 Spouse
	003 Other
CONTINUE	Command button. Click to go to the *Summary* page.
CANCEL	Command button. Click to return to the *Main Menu*.

6.5   Summary Page

The *Prescription Drug Inquiry Summary* page (Figure 6-4) shows a summary of all information entered for the Prescription Drug inquiry before submission.

After typing/selecting data in all relevant fields on the previous Prescription Drug Inquiry pages, review the *Summary* page and click **Submit**. The *Submit Confirmation* page appears. At this point the Prescription Drug inquiry is submitted and you can print the confirmation page.

Note: You may click **Cancel** to return to the *Main Menu*.

Figure 6-4: Prescription Drug Inquiry Summary

6.6　Viewing, Updating, and Deleting Prescription Drug Inquiries

Follow the steps below to search for and view a list of Prescription Drug Inquiry transactions.

Note:　You can only update or delete Prescription Drug Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status.

There are two ways to access Prescription Drug Inquiries:

From an MSP Inquiry

This option allows you to see Prescription Drug information **associated with** an MSP Inquiry.

From the COB ECRS *Main Menu* web page:

1. Click **MSP Inquiries** under the heading Search for Requests or Inquiries.

2. Enter the search criteria in the appropriate fields.

3. Click **Search**.

From a Stand-Alone ECRS Prescription Drug Coverage Inquiry

This option allows you to see Prescription Drug information independent of an MSP inquiry.

From the COB ECRS *Main Menu* web page:

1. Click **Prescription Drug Inquiries** under the heading Search for Requests or Inquiries.

2. Enter the search criteria in the appropriate fields.

3. Click **Search**.

6.6.1　Tracking Prescription Drug Inquiries

When Prescription Drug information is entered in conjunction with an MSP inquiry, no additional tracking of status and reason is performed on the Prescription Drug information. Status and reason codes are tracked on the MSP inquiry only.

When Prescription Drug information is entered as a stand-alone inquiry, the following status/reason code combinations are used to track the inquiry:

- NW01　　　Not yet read by COB
- DE01　　　Deleted by Medicare Contractor
- CM15　　　Update Sent to MBD
- CM53　　　Duplicate ECRS Request
- CM60　　　Invalid Medicare ID
- CM92　　　Change of Venue not allowed after 90 days

Note:　CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

Figure 6-5: Prescription Drug Inquiry Search

Table 6-4: Prescription Drug Inquiry Search Criteria

Field	Description
CONTRACTOR	If you are a Medicare contractor, this field will be pre-filled with the contractor number entered during contractor sign-in (*protected field*). If you are a Regional Office or CMS user, this field will be prefilled with the CMS ID/RO number entered during contractor sign-in. **Note**: This field is updateable with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID (HICN or MBI). **Note:** If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. **Note:** If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process Prescription Drug Inquiry transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable. **Note:** MMDDCCYY format.
ORIGIN DATE TO	Enter an ending date for the date range. **Note:** The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 6 months.
DCN	Enter a DCN. **Note:** If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Click **Submit** to view search results.
RESET	Click **Reset** to clear search results.
CANCEL	Click **Cancel** to return to the *Main Menu*.

6.6.2 View Transactions

1. Type search criteria in the appropriate fields and click **Submit**.

   - To create a list of all Prescription Drug Inquiries for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.

   - When searching by origin date, user ID, status, and/or reason, you must also enter a DCN, Medicare ID, SSN, or contractor number.

   A list of Prescription Drug Inquiries appears. There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

2. Change or delete search criteria to initiate a new search.

Figure 6-6: Prescription Drug Inquiry Search Listing

Table 6-5: Prescription Drug Inquiry Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range in the *Display Range* field defaults to 1–500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1–500.
DELETE	Click the delete [**X**] link to mark a transaction for deletion

Field	Description
MEDICARE ID	Medicare ID (HICN or MBI) for Prescription Drug Inquiry transaction (*protected field*). Click the **Medicare ID** link to view the *Summary* page
CONTRACTOR	Contractor number (*protected field*).
DCN	DCN assigned to the Prescription Drug Inquiry transaction by the Medicare contractor (*protected field*).
STATUS	Status of the Prescription Drug Inquiry transaction (*protected field*).
REASON	Two-character code explaining why the Prescription Drug Inquiry is in a particular status (*protected field*). (See Appendix E for the complete list of codes.)
ORIGIN DATE	Originating date in MM-DD-CCYY format (*protected field*).
LAST UPDATE	Date the Prescription Drug Inquiry transaction was last changed in MMDDCCYY format (*protected field*).
USER ID	User ID of the operator who entered the Prescription Drug Inquiry transaction (*protected field*).
Export options	Click the link to export search results. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

6.6.3   Update Transactions

1. To update information on a Prescription Drug Inquiry transaction, click the Medicare ID link for the transaction. The *Summary* page for the selected transaction appears, along with page links to the information, to allow for updates (Figure 6-7).

2. To leave the *Summary* page without making any changes, click **Cancel** or **Return** to return to the *Search Page Listing*. If you do need to update the transaction, access the appropriate page and navigate back to the *Summary* page.

3. After you have made all updates, click **Submit** to confirm updates, or **Cancel** to return to the Prescription Drug Inquiry *Search Page Listing*.

Figure 6-7: Prescription Drug Inquiry Summary

Table 6-6: Prescription Drug Inquiry Summary

Field	Description
INITIAL INFORMATION	Shows information that was previously entered on the *Initial Information* page.
ADDITIONAL INFORMATION	Shows information that was previously entered on the *Additional Information* page.
PRESCRIPTION COVERAGE	Appears information that was previously entered on the *Prescription Coverage* page.
COB RESPONSE INFORMATION	Appears for records that are not in NW status. See below for more information.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development source indicating where the initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development source indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
RETURN	Command button. Click to return to the *Prescription Drug Inquiry Search Page Listing* without making any updates to the transaction. Appears for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Appears for records in NW status.
CANCEL	Command button. Click to return to the *Search Page Listing* without making any updates to the transaction. Appears for records in NW status.

6.6.4   Delete Transactions

To mark a Prescription Drug Inquiry transaction for deletion, click the delete [**X**] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline. To exit the *Prescription Drug Inquiry Search* page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

Chapter 7: Reports

This chapter provides details regarding the reporting functions that are available within the ECRS application. The following sections provide step-by-step instructions for generating and creating each report. It should be noted access to reports may be limited based on the user locations.

7.1   Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

Figure 7-1: Main Menu (Contractor View)
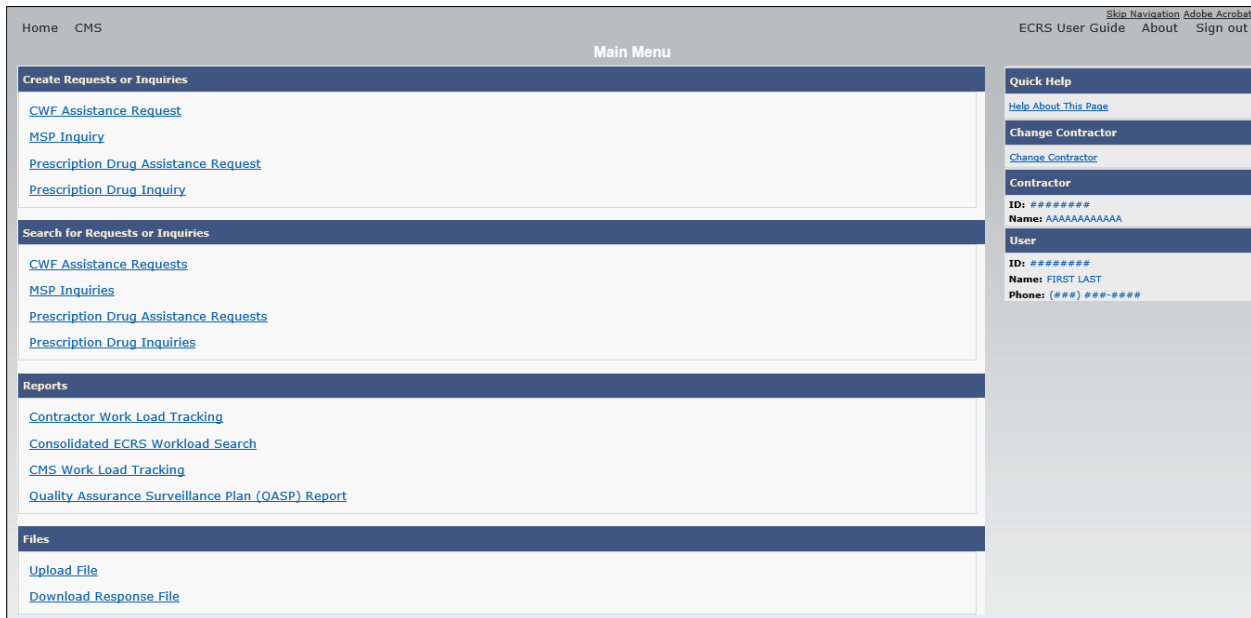
7.2   Contractor Workload Tracking Report

The *Contractor Workload Tracking* report provides Medicare contractors with statistics on the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that your contractor site submitted during a date range you specify. Statistics also include the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

To create a workload tracking report:

1. From the *Main Menu*, click the **Contractor Workload Tracking** link in the Reports section.

    The *Contractor Workload Tracking* page appears (Figure 7-2).

2. Enter the desired criteria in the search fields and click **Search**.

    The search page reappears with the results shown.

3. To change the search criteria, click **Reset** to clear all search criteria and results. Then enter new search criteria and click **Search**.

4. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Options** link.

5. To exit the *Contractor Workload Tracking* page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-2: Contractor Workload Tracking

Figure 7-3: Contractor Workload Tracking Results

Table 7-1: Contractor Workload Tracking Criteria

Field	Description
Date From	Enter a start date for the reporting period. Defaults to the first day of the previous month.
Date To	Enter an end date for the reporting period. Defaults to the last day of the previous month.
Status	Select a two-character status code. Values include: NW – New CM – Completed IP – In Process Default is all statuses if none are selected.
Reason	Select a reason code from the drop-down menu. (See Appendix E for the complete list of codes.)
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. C – Claims (Pre-Payment) D – Debt Collection/Referral G – Group Health Plan I – General Inquiries N – Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act Blank – Prescription Drug Inquiries Default value is ALL if none are selected.
Search	Command button. Click to create the report using the selected criteria.
Reset	Command button. Click to clear search criteria and results.
Cancel	Command button. Click to go to the *Main Menu*.

Table 7-2: Contractor Workload Tracking Listing

Field	Description
Contractor	Five-digit contractor number sorted in ascending order.
Activity Code (AC)	Activity code counts sorted in ascending order.
Assistance Requests	Number of CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (*protected field*).
Assistance Requests Rejects	Number of duplicate CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (CM53) (*protected field*).
Inquiries	Number of MSP Inquiries and Prescription Drug Inquiries submitted by contractor for each activity code (*protected field*).
Inquiries Rejects	Number of duplicate MSP Inquiries and PD Inquiries submitted by contractor for each activity code (CM53), combined with number of MSP Inquiries submitted by contractor that should have been a CWF Assistance Request (CM87) (*protected field*).
Net Total	Net total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, excluding duplicates (*protected field*).

Field	Description
Gross Total	Gross total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, including duplicates (*protected field*).
Export Options	Click to launch the *File Save* dialog.
Print Report/Export Data	Click to launch the *Print* dialog.

7.3   Consolidated ECRS Workload Search

The **Consolidated ECRS Workload Search** feature allows Medicare contractors to select and verify the receipt and status of all submitted requests (MSP Inquiries, CWF Assistance Requests, Prescription Drug Inquiries, and Prescription Drug Assistance Requests). Up to 500 records will appear in the results.

Note: This feature is not available for RO and CMS users.

To conduct a search:

1. Click the **Consolidated ECRS Workload Search** link under the Reports section.

    The *Consolidated ECRS Workload Search* page appears.

2. Enter the desired criteria in the search fields and click **Search**.

    The search page reappears with the results shown at the bottom of the page (Figure 7-5).

3. To change the search criteria, click **Reset** to clear all search criteria and results. Then enter new search criteria and click **Search**.

4. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Options** link.

5. To exit the *Consolidated ECRS Workload Search* page, click the **Home** link in the upper navigation bar.

    This returns you to the *Main Menu*.

Figure 7-4: Consolidated ECRS Workload Search
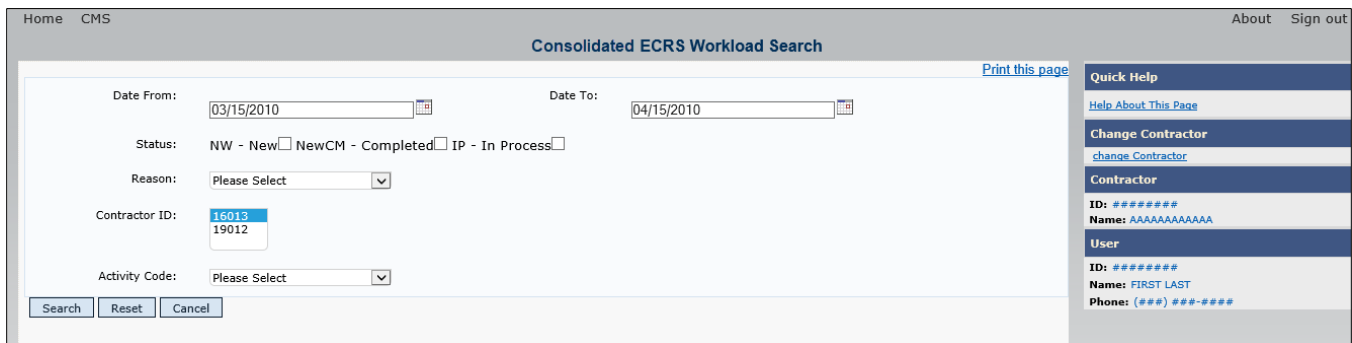
Figure 7-5: Consolidated ECRS Workload Search Results

Table 7-3: Consolidated ECRS Workload Search

Field	Description
Date From	Enter a start date for the submission period (format: MM/DD/YYYY) (*required field*). **Note:** The date defaults to the last day of the previous month. The range is limited to 31 days.
Date To	Enter an end date for the submission (format: MM/DD/YYYY) (*required field*).
Status	Select a two-character code. Values include: NW – New CM – Completed IP – In Process Default is ALL statuses if none are selected.
Reason	Select a two-character numeric code from the drop-down menu. *Note: See Appendix E for a complete list of reason codes and definitions.*
Contractor ID	Select one or more contractor IDs from the drop-down menu (*required field*). **Note:** This menu lists all contractor IDs associated with your login. The default value is ALL if you have more than one contractor ID.
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. C – Claims (Pre-Payment) D – Debt Collection/Referral G – Group Health Plan I – General Inquiries N – Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act Blank – Prescription Drug Inquiries Default value is ALL if none are selected.

Field	Description
Search	Click **Search** to create the report with the selected criteria.
Reset	Click **Reset** to clear all search criteria and results.
Cancel	Click **Cancel** to return to the *Main Menu* without saving changes.

Table 7-4: Consolidated ECRS Workload Search Listing

Field	Description
Contractor	Shows the selected five-digit contractor IDs associated with the contractor who submitted the request.
Request Type	Shows the request type: MSP Inquiry, CWF Assistance Request, Prescription Drug Inquiry, or Prescription Drug Assistance Request (*protected field*).
Medicare ID	Shows the masked HICN or MBI associated with the request (*protected field*).
DCN	Shows the Medicare contractor-assigned DCN associated with the request (*protected field*).
Status	Shows either NW, CM, or IP (*protected field*).
Reason	Shows the reason code associated with the request (*protected field*). See Appendix E for the complete list of codes.
Activity Code	Activity of the contractor (*protected field*). Valid values include: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act Blank Prescription Drug Inquiries
User ID	Shows the user ID associated with the contractor that submitted the request (*protected field*).
Last Update Date	Shows the date the request was last updated (*protected field*).
Total Inquiries	Shows the total number of MSP Inquiries and Prescription Drug Inquiries (*protected field*).
Total Assistance Requests	Shows the total number of CWF Assistance Requests and Prescription Drug Assistance Requests (*protected field*).
Export Data/Export Options	Click to launch the *File Save* dialog.
Print Report/Export Data	Click to launch the *Print* dialog.

7.4   CMS Workload Tracking Report

The *CMS Workload Tracking* report provides CMS and RO users with statistics on the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that contractor sites submitted during a date range you specify. Statistics also include information about the number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

Follow the steps below to review the workload for selected contractor sites.

1. From the *Main Menu*, click the **CMS Workload Tracking** link in the Reports section.

   The *CMS Workload Tracking* page appears.

2. Enter the desired criteria in the search fields and click **Search**.

   The *CMS Workload Tracking* page appears, with report details shown at the bottom of the page (Figure 7-7).

3. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Data** link.

4. Change the search criteria and click **Search** to re-create the report using the revised criteria. Click **Reset** to clear all search criteria.

5. To exit the *CMS Workload Tracking* web page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-6: CMS Workload Tracking

Table 7-5: CMS Workload Tracking Selection Criteria

Field	Description
Date From	Enter a start date for the reporting period. Defaults to the first day of the previous month.
Date To	Enter an end date for the reporting period. Defaults to the last day of the previous month.
Status	Select a two-character code. Values include: NW – New CM – Completed IP – In Process Default is all statuses if none are selected.
Reason	Select a reason code from the dropdown list. (See Appendix E for the complete list of codes.)
Contractor ID	Enter a contractor number to view its associated CMS workload statistics. Leave the field blank to show results for all contractors.
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. C – Claims (Pre-Payment) D – Debt Collection/Referral G – Group Health Plan I – General Inquiries N – Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act Blank – Prescription Drug Inquiries Default value is ALL if none are selected.
Search	Click **Search** to create the report with the selected criteria.
Reset	Click **Reset** to clear all search criteria and results.
Cancel	Click **Cancel** to return to the *Main Menu* without saving changes.

Figure 7-7: CMS Workload Tracking Sample

Table 7-6: Reports, Workload Tracking Report Detail

Field	Description
Contractor	Five-digit contractor number sorted in ascending order.
Activity Code (AC)	Activity code counts for each individual ECRS contractor, sorted in ascending order for each contractor.
Assistance Requests	Number of CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (*protected field*).
Assistance Requests Rejects	Number of duplicate CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (CM53) (*protected field*).
Inquiries	Number of MSP Inquiries Prescription Drug Inquiries submitted by contractor for each activity code (*protected field*).
Inquiries Rejects	Number of duplicate MSP Inquiries and PD Inquiries submitted by contractor for each activity code (CM53), combined with number of MSP Inquiries submitted by contractor that should have been a CWF Assistance Request (CM87) (*protected field*).
Net Total	Net total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, excluding duplicates (*protected field*).
Gross Totals	Gross total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, including duplicates (*protected field*).
Export Data/Export Options	Click to launch the *File Save* dialog.
Print Report/Export Data	Click to launch the *Print* dialog.

7.5   QASP Report

The *Quality Assurance Surveillance Plan (QASP)* report provides CMS and RO users with statistics on the number of ECRS Inquiries and Assistance Requests that contractor sites submitted during a date range you specify. The report is sorted by contractor number.

Note: Search results are limited to 3000 transactions, sorted by the most recent origination date. If more than 3000 transactions are returned, revise your search criteria.

Follow the steps below to review ECRS Inquiry and Assistance Request statistics for selected contractor sites.

1. From the *Main Menu*, click the **Quality Assurance Surveillance Plan (QASP) Report** link in the Reports section. The *QASP Report* page appears.

2. Enter the desired criteria in the search fields and click **Submit**.

   The *QASP Report* page appears, with report details shown at the bottom of the page (Figure 7-9).

3. Export the report to a file by clicking the **Export Data** link.

4. Change the search criteria and click **Submit** to re-create the report using the revised criteria. Click **Reset** to clear all search criteria.

5. To exit the *QASP Report* page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-8: QASP Report

Table 7-7: QASP Report Selection Criteria

Field	Description

Transaction Type	Select a transaction type.
	
	Options are:
	
	   M MSP Inquiry
	
	   R CWF Assistance Request
	
	   P Prescription Drug Inquiries
	
	   D Prescription Drug Assistance Requests
	
	To search for all transaction types, leave this field blank.

Source Codes	Select a source. Options are:
	
	   CHEK
	
	   LTTR
	
	   SCLM
	
	   SRVY
	
	To search for all sources, leave this field blank.

Origin Date From	Enter a start date for the reporting period. Defaults to the first day of the previous month.
Origin Date To	Enter an end date for the reporting period. Defaults to the last day of the previous month. The origination date range cannot be greater than 6 months.
Contractor #	Enter a contractor number to view its associated CMS workload statistics. Leave the field blank to view results for all contractors. Enter at least one, but no more than ten, contractor numbers.
Export Data	Link. Click to launch the *File Save* dialog.
Submit	Click **Submit** to create the report with the selected criteria.
Reset	Click **Reset** to clear all search criteria and results.
Cancel	Click **Cancel** to return to the *Main Menu* without saving changes.

Figure 7-9: QASP Report Listing

Table 7-8: QASP Report Listing

Field	Description
Contractor	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify Medicare contractors.
Medicare ID	Medicare ID (HICN or MBI) of the beneficiary associated with the record or transaction.
Beneficiary Name	Name of the beneficiary associated with the record or transaction.
Transaction Type	Type of record or transaction.
Source Code	Source of the record or transaction.
Date	Origination date of the record or transaction.

Chapter 8: Uploading and Downloading Files

Users with upload and download authority will see **Upload File** and **Download Response File** links on the *Main Menu*. Most users have upload/download authority for a single Medicare contractor, but some users have the authority to upload and download files for multiple contractors. Users with upload/download authority for multiple contractors must have upload/download authority for each contractor on the file. See Appendix G for transaction file and response file layouts.

Note: The file layouts included in this manual should be utilized for all transmission methods. The authority for users to upload and download Assistance Request and Inquiry files resides in the EDI application. Before users can upload Assistance Request and Inquiry files (or download the corresponding response files), they must first be granted permission in the EDI application. To request permission for upload/download authority, call the EDI Department at 646-458-6740.

8.1   Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

8.2   Upload Assistance Request and Inquiry Files

Use the **Upload File** link under the Files section on the *Main Menu* to access the *Upload File* page. The *Upload File* page allows you to browse, select, and upload transaction files stored on your system. In addition to allowing a user to upload a new file, the *Upload File* page also shows a listing of the ten most recently uploaded files.

Follow the steps below to upload Assistance Request and Inquiry files.

1. From the *Main Menu*, click the **Upload File** link in the Files section.

    The *File Upload* page appears (Figure 8-1).

2. Enter the file path in the FILE TO UPLOAD field; or click the **Browse** button and select the file to upload.

3. Click **Continue**.

    The system uploads the file and the *Upload File Confirmation* page appears. The page contains the file name and date/time of the upload.

4. Print the *Confirmation* page by clicking the **Print Confirmation** link, or return to the *Main Menu* by clicking the **Home** link in the navigation bar at the top of the page.

Figure 8-1: ECRS File Upload
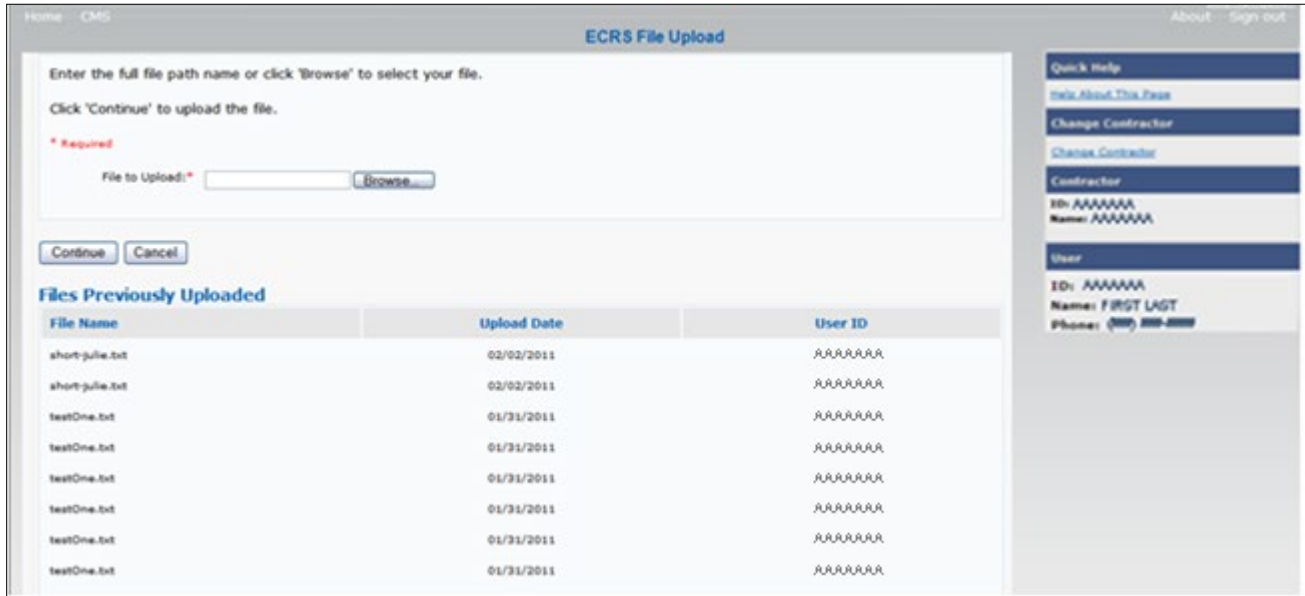
Table 8-1: ECRS File Upload

Field	Description
FILE TO UPLOAD	File path of the file to upload to the ECRS system.
BROWSE	Command button. Click to launch the *Choose File* dialog.
CONTINUE	Command button. Click to upload the file entered in the File to Upload field.
CANCEL	Command button. Click to return to the *Main Menu*.
FILE NAME	File name of previously uploaded file.
UPLOAD DATE	Date the file was uploaded.
USER ID	User ID of the person who uploaded the file.

8.3   Download Assistance Request and Inquiry Response Files

Use the **Download Response File** link under the Files section on the *Main Menu* to access the *Download Response File* page. The *Download Response File* page shows a list of response files available for download. Users with upload/download authority for several contractors can only download files for the current contractor. Use the **Change Contractor** link on the right navigation menu to select a different contractor to download for.

Note: Only transactions that have been uploaded using ECRS Web will have response files available for download.

Follow these steps to download Assistance Request and Inquiry Response files.

1. From the *Main Menu*, click the **Download Response File** link in the Files section.

   The *Download Response Files* page appears.

2. Click a file name link to download the file.

   The system downloads and shows the detail records from the selected response file (Figure 8-3).

3. Return to the *Main Menu* by clicking the **Cancel** link in the navigation bar at the top of the page.

Figure 8-2: Download Response Files

Table 8-2: Download Response Files

Field	Description
FILE NAME	List of response files available for download. Click the individual file name to download the response file
DATE	Date the response files were processed.
CANCEL	Command button. Click to return to the *Main Menu*.

Figure 8-3: Response File Example
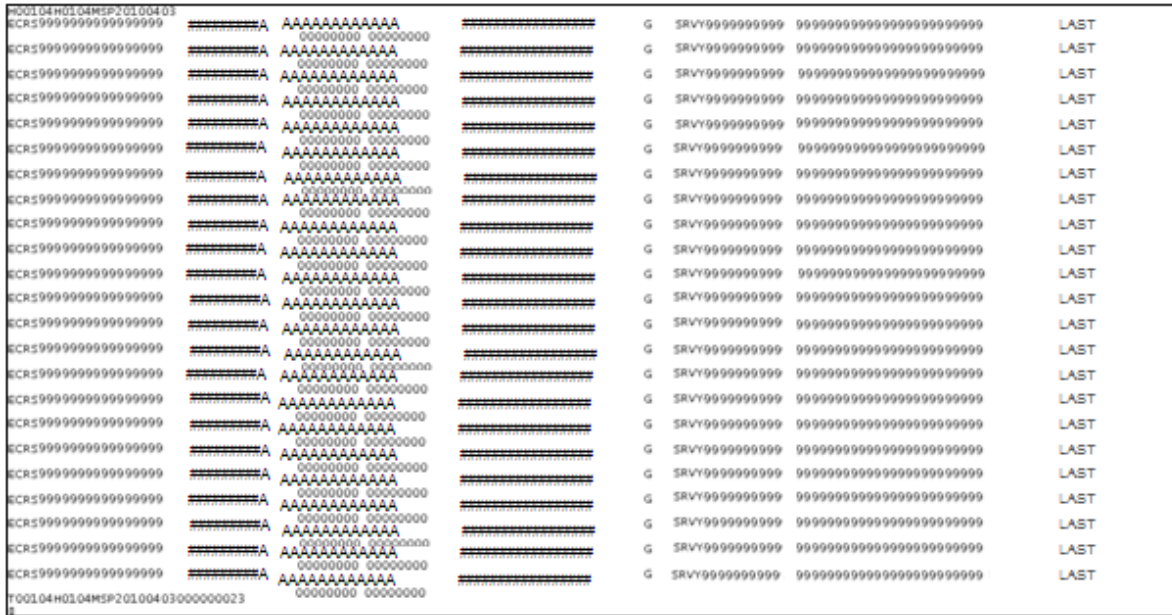
8.4   Alternative File Submission Options

We highly recommend that ECRS users use the features of ECRS Web as it is the most effective of the options, but if it is necessary, there are two additional options for communicating with ECRS. You can use the CMS Electronic File Transfer (EFT) protocol, or you can choose to send these files using a Secure FTP/Gentran Mailbox already established with CMS.

The file naming conventions are different for the CMS EFT than they are for the Gentran Mailbox. For the CMS EFT, the naming conventions are as follows:

Production or Test Files

Input Files: P#/T#EFT.ON.NDM.ECRS.INPUT.Dyymmdd.Thhmmsst

Response Files (sent ECRS Plans)

Response Files: HLQ.RXnnnn.ECRS.RESP.Dyymmdd.Thhmmsst

Notes:

- P/T = Production or Test
- HLQ = Customer-defined high-level qualifier, one for production and one for test
- RXnnnn = "R" plus five-digit ECRS Plan ID (one alpha + four numeric)
- Dyymmdd.Thhmmsst = Current date and time

If you decide to use your Gentran Mailbox to submit, the naming convention is different. In the following dataset name, complete the information as you normally would to send a file, but in the APPID node you will enter ECRS.

GUID.RACFID.APPID.X.UNIQUEID.FUTURE.P.ZIP

8.5   File Submission Errors

If you upload a file with an error in the Header or Trailer, that contains incorrect or invalid characters, or that has an incorrect record length, ECRS will show an error code and message (see Appendix H) on the *File Upload* page. When an upload error occurs, you will see the following message: "Please make corrections and resubmit your file."

Chapter 9: Identification Management (IDM) Registration, Remote Identity Proofing (RIDP), and Multi-Factor Authentication (MFA)

9.1   Introduction

This section provides step-by-step instructions for active EIDM ECRS users whose accounts were migrated from the EIDM to the IDM process and for new users registering on the CMS Portal for the first time.

If you were a former EIDM ECRS user with an active account: valid login ID and password, and an application role, and who completed the Remote Identify Proofing (RIDP) verification process, you can now go to the Portal page and log in. When logging in for the first time, your initial (default) security authentication will be by email, and you will also be asked to set up one challenge question and answer. After you complete this step, should you ever forget your password, or if your account is locked, you can use the IDM self-service features to regain access (Section 9.5).

If you have never registered or created an account previously, you will need to complete the account registration process on the CMS Portal (Section 9.5.3), and the RIDP verification process (Section 9.7). These steps are part of requesting access to the ECRS application and a user role.

Whether you are a former active EIDM user or a new user, the default multi-factor authentication (MFA) method assigned to your IDM account is email. However, once you log in to the CMS Portal, you can then set up other authentication devices (See Manage MFA Devices).

9.2   About RIDP and MFA

RIDP is an identity verification process that requires you to provide information to Experian® (an external credit service agency) that is sufficient to prove your identity. MFA is a security authentication process that requires you to enter a unique security code either through your email, or through another registered authentication device (such as a phone application) to complete your login.

You only need to complete the RIDP setup process **once**. You will not need to repeat this process when requesting access and roles for other applications managed through the IDM system. You can set up alternate MFA devices at any time.

9.3   EIDM Users

If you were an active EIDM ECRS user, your account information has been migrated to use the IDM process. Active accounts must have a valid login ID and password, and have current access to ECRS with an application role. You must also have completed the RIDP process. If this is your case, you can go directly to the CMS Portal and log in (Section 9.3.1). Otherwise, contact the ECRS Help Desk at 646-458-6740.

When logging in to the CMS Portal for the first time, your default security authentication will be by email. However, once logged in, you can set up additional authentication devices through your profile (Section 9.4.1).

9.3.1   Login Process

See Section 2.6.2 for login steps for current ECRS users, including migrated EIDM users.

9.4   New Users

Follow these steps to register and log in if you are a new user on the CMS Portal. All new registrations and requests for ECRS access and roles are done through the portal. See Section 9.5.3 for requesting access to ECRS.

9.4.1   Login Process

1. Go to https://portal.cms.gov/.

    The CMS Portal login page appears.

2. Click **New User Registration**.

Figure 9-1: CMS Portal Login
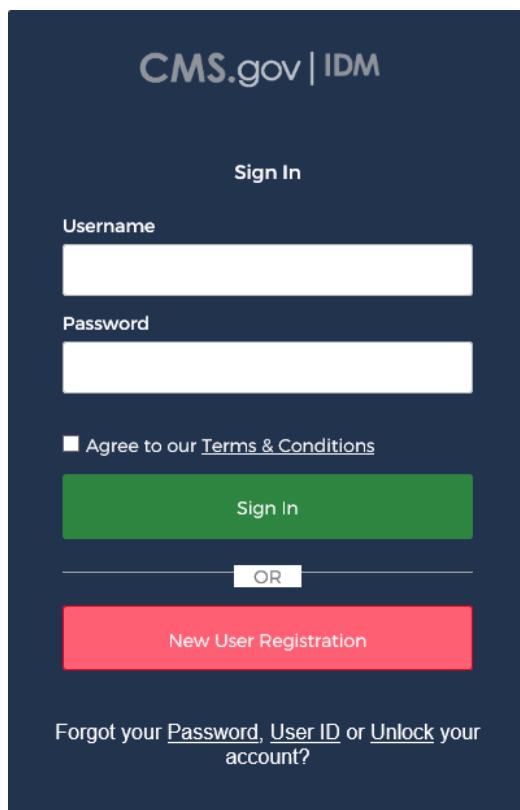
3. Complete your personal and contact information. Check the box to indicate that you agree to the terms and conditions (Figure 9-2).

    If your address in not within the U.S., click **No** when you answer the question "Is Your Address US Based?"

    Note: If you live overseas, you will not be able to complete the RIDP process (see Section 9.7.2 for details regarding manual ID proofing).

Figure 9-2: Step 1: Enter Personal and Contact Information

Figure 9-3: Step #2: Create User ID, Password, and Challenge Question

4. Create a user ID and password, and select your challenge question and answer. Then click **Submit**.

    A *Confirmation* appears. When successful, you will automatically be transferred to the IDM login page. Otherwise, correct your errors and then resubmit.

9.5   Self-Service Dashboard and Features

Once you log in, the self-service dashboard become your "home" page. Dashboard options include:

- Manage your profile information (My Profile)

  Click **My Profile** to manage your MFA devices.

- Request applications and roles (Role Request)

  This option will also initiate the RIDP process if have not already completed it.

- Manage existing roles (Manage My Roles)
- Manage role requests (My Requests)

Other self-service features include the **forgot password** and **unlock account**, which are links available on the CMS Portal login page (but not the ECRS login page). By default, the forgot password and unlock account features work by sending a security code to the email you set up during new user registration or, if you are a legacy EIDM user, the email that was included when your EIDM account was migrated to IDM. **Note:** The only recovery methods you can use to reset a forgotten password or to unlock your account are email, SMS (text message), and IVR (interactive voice response). You cannot use a phone application (i.e., Google Authenticator or OKTA Verify).

IDM also provides a way to retrieve a forgotten user ID (Section 9.5.8) and to update expired passwords (Section 9.6).

Figure 9-4: Self-Service Dashboard
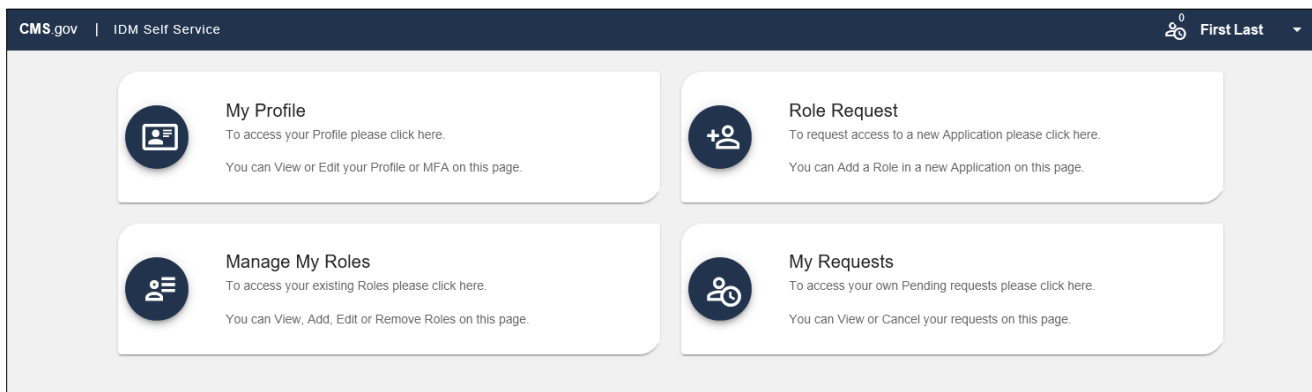
Table 9-1: Self-Service Options

Application	Description
My Profile	This application allows you to view and edit your profile, as well as add and manage your MFA devices.
Role Request	This application allows you to request access to a new application and role. You will also go through the RIDP process if you have not already done so for another application (Section 9.7).
Manage My Roles	This application allows you to access existing roles. You may view, add, edit, or remove those roles.
My Requests	This application allows you to access your pending requests. You may view or cancel requests.

9.5.1   My Profile

My Profile allows you to change the following information through your account profile:

- My Information
- Personal Contact Information
- Business Contact Information
- Change Password
- Manage MFA Devices

Most options are self-explanatory, requiring you to update information in the shown fields. You will also receive an email confirmation after submitting any changes.

Figure 9-5: My Profile
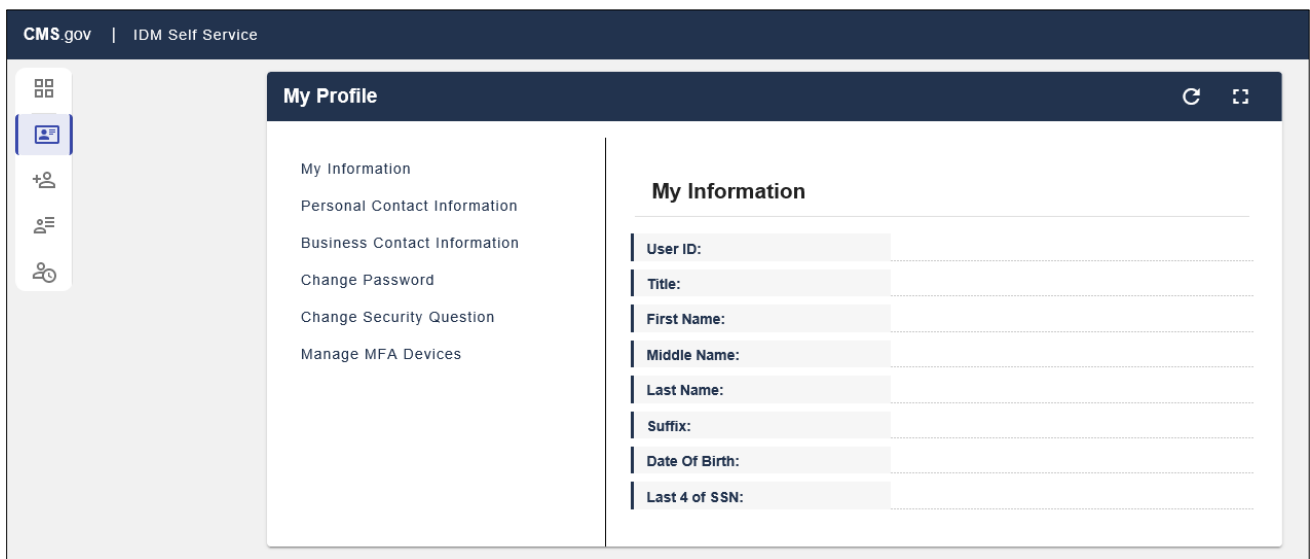
9.5.2   Manage MFA Devices

Adding and managing MFA devices is done by clicking **Manage MFA Devices** under *My Profile*.

When you first log into ECRS, the default authentication option assigned to your account is email (which cannot be removed). However, you can add, or register, additional authentication devices. You are responsible for managing the MFA devices that are associated with their account. Help desk users can only view devices and cannot assist you directly with device management.

The supported MFA devices in IDM are listed in the following table.

Table 9-2: Supported MFA Devices

MFA Device	Actions
Email	Edit only
SMS (text message)	Activate, Edit, Remove
IVR (Interactive Voice Response)	Activate, Edit, Remove
Google Authenticator (phone app)	Add, Remove
OKTA Verify (phone app)	Add, Remove

How to Add an MFA Device

1. After login, select **My Profile** under your username.

2. Select **Manage MFA Devices** and click **Register a Device**.

   Note: You have two attempts to register a device. If you are unable to do so, log out and log back in to try again.

3. From the drop-down menu, select a device.

4. Follow the screen prompts to set up the device.

   Once you select and set up a device, you will be prompted to send a security code. When you receive the verification code on your mobile device, enter the verification code in the *Code* field and click **Send MFA Code** (or like button). The device will appear in the device table.

Note: If you add all the device options to your account, the table will display the devices, and the *Register a Device* button will disappear. You can only have one of each type of device.

Figure 9-6: Manage MFA Devices
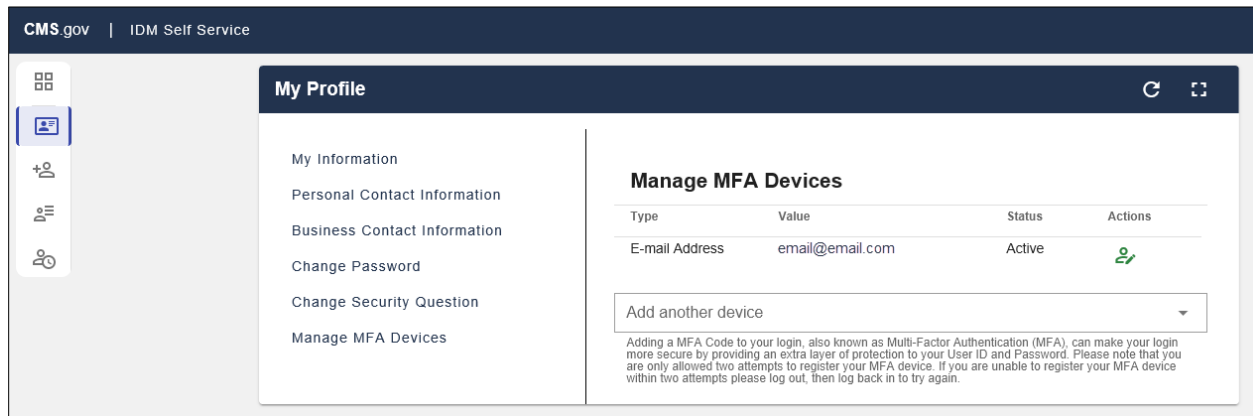
Figure 9-7: Example Text Message (SMS) Selected
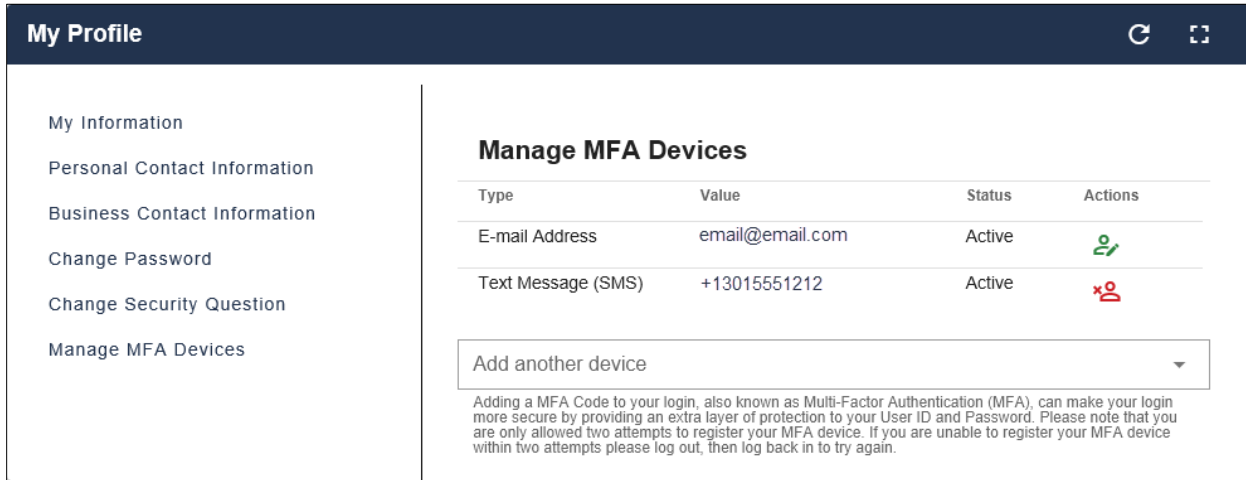
Figure 9-8: List of MFA Devices
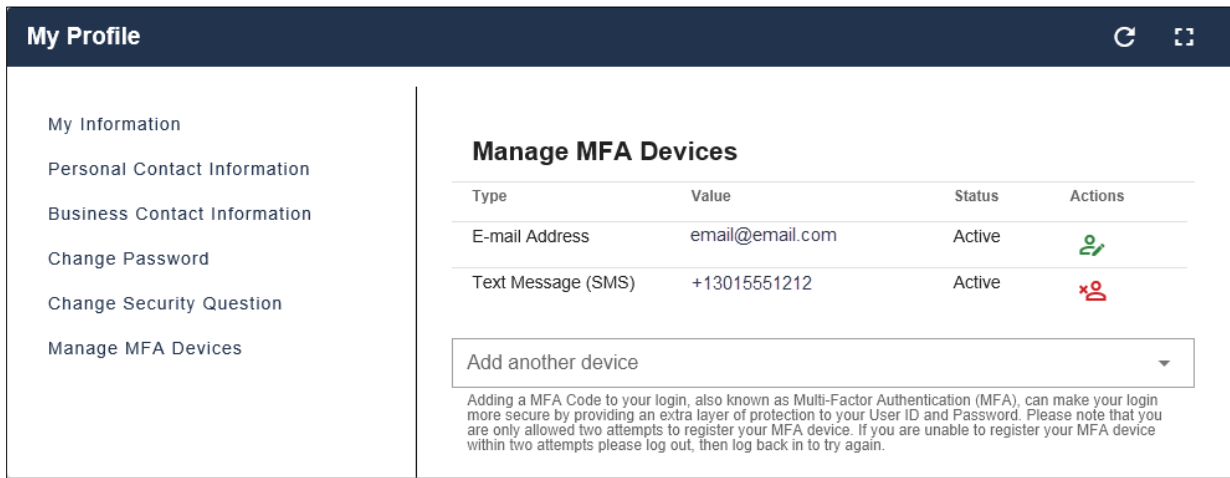
9.5.3   (Application and) Role Requests

Role Request allows you to request access to a new application and role for which you do not currently have access.

1. Select an application from the drop-down menu (Figure 9-9).

2. Review the role details and enter a reason for the request (Figure 9-10).

3. Click **Submit Role Request**.

    A page appears showing your Request ID (Figure 9-11).

Once submitted, the role request is forwarded to the your approver of record who will make the final approval determination.

Figure 9-9: Role Request: Application and Role

Figure 9-10: Role Request: Review

Figure 9-11: Role Request: Request ID

9.5.4   My Requests

My Requests allows you to view or cancel pending application and role requests. Once approved, these are no longer be shown.

Figure 9-12: My Requests
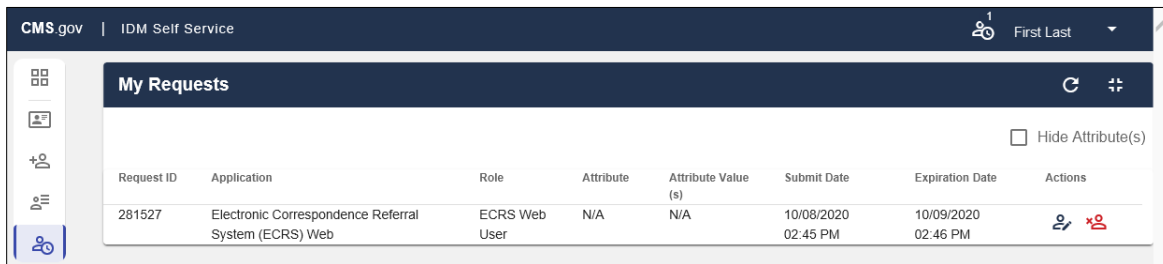
9.5.5   Manage My Roles

Manage My Roles allows you to manage roles for an application to which you currently have access, including viewing, adding, and removing roles. Hover over the icons to select an action.

Note: Removing a role does not require approval from the ECRS Help Desk. Role removal takes place the moment that the IDM system accepts the request.

Figure 9-13: Manage My Roles
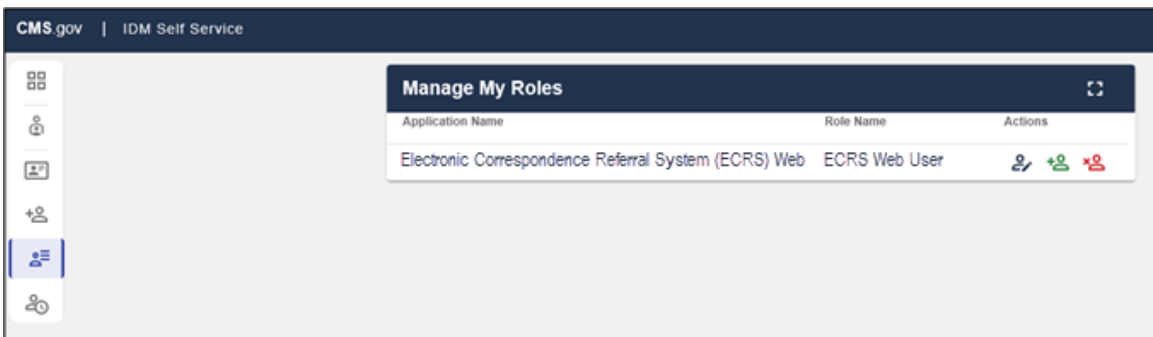
9.5.6   Forgot Password

Follow these steps if you have forgotten your password.

1. Go to https://portal.cms.gov/.

The CMS Portal login page appears (Figure 9-14).

2. On the CMS Portal login page click the **Forgot your Password** link.

    The *Reset Password* page appears (Figure 9-15).

3. Enter your user ID and select a recovery method (email, SMS, or IVR) (Figure 9-15).

    You can only select those recovery methods that have been added as MFA devices. You will receive instructions from the system. If using email, click the **Reset Password** link in the email.

4. When the screen appears, enter the answer to your challenge question and click **Reset Password** (Figure 9-16).

5. Enter, and confirm, the new password and click **Reset Password** (Figure 9-17).

    A *Confirmation* page appears confirming your password change (Figure 9-18). Click **Back to Sign In** to return to the login page.

Figure 9-14: CMS Portal Login Page
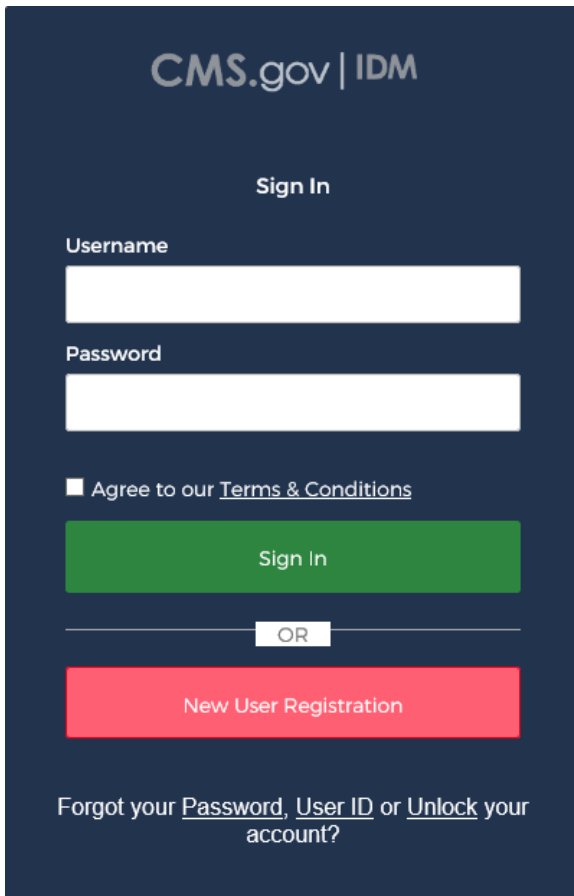
Figure 9-15: Forgot Password: User ID

Figure 9-16: Forgot Password: Challenge Question

Figure 9-17: Forgot Password: Reset and Confirmation

Figure 9-18: Forgot Password: Confirmed

9.5.7 Unlock Account

For security purposes, the IDM will lock your account after three failed login attempts, and you will get an email notice confirming the lock. If your account is locked and you attempt to log in, you will be redirected to the *Unlock Account* page.

1. Enter your user ID in the *Unlock Account* page and select a recovery method (email, SMS, or IVR) (Figure 9-19).

   You can only select those recovery methods that have been added as MFA devices. You will receive instructions from the system. If using email, click the **Unlock Account** link in your email.

2. Enter the answer to your challenge question click **Unlock Account** (Figure 9-21).

   A confirmation page appears onscreen stating that your account is now unlocked (Figure 9-22). Click **Back to Sign In** to return to the login page.

Figure 9-19: Unlock Account: User ID

Figure 9-20: Unlock Account: Recovery Method

Figure 9-21: Unlock Account: Challenge Question

Figure 9-22: Unlock Account: Confirmation
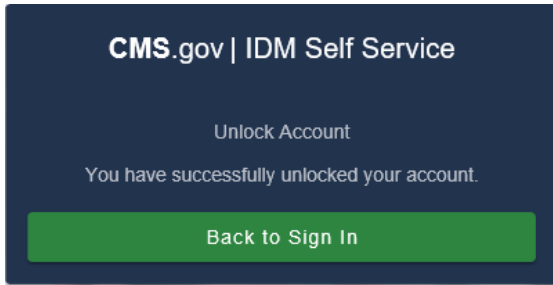
9.5.8   Forgot User ID

1. Follow these steps if you have forgotten your user ID.

2. Go to https://portal.cms.gov/.

    The CMS Portal login page appears.

3. On the CMS Portal login page click the **Forgot your User ID** link.

    The *Forgot User ID* page appears (Figure 9-24).

4. Enter the requested information and click **Submit**.

    You will receive an email from the system.

5. Click the link in the email or the **Back to Sign In** button to return to the login page (Figure 9-25).

Figure 9-23: CMS Portal Login Page
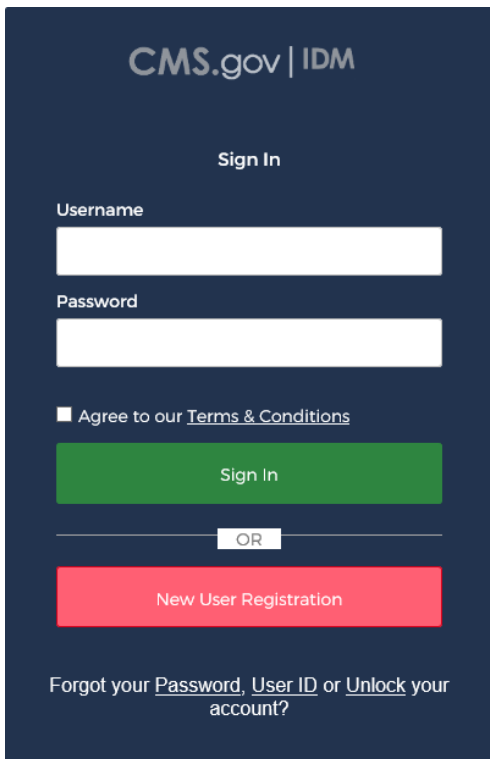
Figure 9-24: Forgot User ID: Identification

Figure 9-25: Forgot User ID: Email Recovery

9.6   Expired Passwords

Passwords in IDM are required to be changed every 60 days. You will be notified by email when your password is set to expire so you can log in and change it. If your password expires, then on your next login attempt, you will be notified that your password has expired and will then be redirected to an *Expired Password* page so you can change it.

Follow these steps to set an expired password:

1. On the *Expired Password* page, enter your old password.

2. Enter, then re-enter, your new password.

3. Click **Change Password**.

    You will see a confirmation message that your password has been updated, and you will receive an email confirmation.

Figure 9-26: Expired Password Page

9.7   Completing Remote Identity Proofing (RIDP)

The RIDP process is part of the IDM *Role Request* process for requesting access to an application and role (Section 9.5.3). This process is an important component of the CMS IDM system. It provides application owners with a basis to establish a high Level of Assurance (LOA) that a user is, in fact, who they claim to be. If you have already completed the RIDP process successfully through another CMS Portal application, you will not be required to complete it again for ECRS.

For new users requesting access to ECRS the system will automatically take you through the RIDP process to verify your identity. RIDP makes use of a web service and data provided by Experian®, a consumer credit reporting company. Experian® uses information from your credit history to remotely

confirm your identity by requiring you to answer questions related to your personal credit history that only you would know.

To complete the identity verification process, you will be required to enter personal information, such as your name, date of birth, and home address, as it is recorded on either your driver's license or on a government ID. As part of the process, you will complete an online form with questions that are derived from personal and credit-related information. The questions are designed such that the answers should be known only to you. You may want to have your records of such information readily accessible before attempting the session.

RIDP is used by CMS only to verify your identity. Since verification is done through Experian®, you may see an entry on your credit report called a "soft" inquiry that is only visible to you.

Completing RIDP does not affect your credit score, and the inquiry will not incur any charges.

Follow these steps to complete the RIDP process:

1. Once you select the ECRS application and a role, click **Next**.

   The *Remote Identity Proofing* overview page appears, along with the terms and conditions (Figure 9-27).

2. After reading, check the **I agree to the terms and conditions** checkbox.

3. Click **Next**. (**Note:** This button is enabled only after you check the **I Agree** checkbox.)

   The *Remote Identity Proofing* verification form appears (Figure 9-28).

4. Complete the ID verification form.

   For many users, all fields are required except for the SSN and *Zip Code Extension*. However, if your LOA requires it, the SSN field will also be required (which it is for ECRS).

   If you make a mistake entering your personal information, the system will respond requesting a correction. If the correction is valid, you can proceed with the process; otherwise, you will be directed to contact Experian® (See Section 9.7.1 for details).

   Tips for Completing Personal Information

   - Use your full legal name. Refer to your driver's license or financial account information to ensure it matches the information you supply in the RIDP process.

   - Enter your current **residential** address.

     Note: If you reside at a foreign address you will not be able to complete the identity verification process online using this form. In this case, write down the Review Reference Code and contact the EDI Help Desk at (646) 458-6740.

   - Enter a personal landline phone number (if you have one). (A cell phone can be used, but a residential landline is preferred.)

5. Click **Next.**

   The *Remote Identity Proofing* questionnaire from Experian® appears (Figure 9-29).

   Got an error instead? Contact the EDI Help Desk at 646-458-6740.

Figure 9-27: RIDP: Process Overview and Terms and Conditions

Figure 9-28: RIDP: Verification Form

Figure 9-29: RIDP: Example Experian® Questionnaire

6. Complete the Experian® questionnaire.

    Carefully read each question and click the radio button for the most correct response to the question. The *Verify* button will become active when responses have been selected for all questions.

    Important Note: Once you access the questionnaire, you **have 10 minutes** to complete the this form. Should you time out, you will need to start the RIDP process from the beginning. You are allowed six attempts to complete the entire process.

    Tips for Completing the Experian® Questionnaire and Giving Consent

    - You will be asked a series of questions regarding your personal financial transactions or other credit information.
        - You may want to have your records of such information readily accessible before attempting the session.
        - You can download a free copy of your credit report at https://www.annualcreditreport.com/.
    - You will be asked to give consent to verify your identity information from your credit report.
        - The information is used for purposes of **identity proofing only**.
        - The consent for using the information **does** post as a **soft** inquiry on your credit report. The soft inquiry is **visible only to you**.
        - The consent/soft inquiry **does not** affect your credit score or incur any charges or fees.

7. When done, click **Verify**.

If no error message is displayed, then you answered all of the identity proofing questions according to your credit report. You will see the message, "Remote Identity Proofing has been completed successfully." Then click (green) **OK**. You will return to the self-service dashboard.

If an error message is displayed, write down the error message and the **Review Reference Number** that is displayed. Click the (red) **OK** and then contact the EDI Help Desk at 646-458-6740.

9.7.1   Problems with Verification?

If Experian® was unable to verify your identity, or if you timed out with the questions, contact the EDI Help Desk at 646-458-6740 for assistance. Likely, they will ask you to contact the Experian® Verification Support Services Help Desk. This call center is focused on supporting individuals who have failed online identity proofing while attempting to obtain a role through IDM.

The system will provide you with an **Review Reference Number** to track your case. The Experian® Verification Support Services Help Desk cannot assist you if you do not have the reference number. **To contact the Experian® Verification Support Services Help Desk**, call 1-866-578-5409 and provide them with the case reference code. The help desk is open Monday through Friday from 8:30 a.m. to 10:00 p.m., Saturday from 10:00 a.m. to 8:00 p.m., and Sunday from 11:00 a.m. to 8:00 p.m., Eastern Standard Time.

9.7.2   Manual Identity Proofing

If Experian® is unsuccessful with verifying your identity by phone, or you live overseas, please contact the EDI hotline either by email at ECRSHELP@ehmedicare.com, or by phone at 646-458-6740, to get instructions for completing the identity-proofing process manually.

Appendix A: CWF Assistance Request Required Data Reference

For information on how to use these tables, please see Section 2.4 of the user guide.

Table A-1: CWF Assistance Request Required Data: Action Requested

Field	Required?
DCN	Y
MEDICARE ID	Y
ACTIVITY CODE	Y
ACTION(S)	Y
SOURCE	Y
IMPORT HIMR MSP DATA	Y

Table A-2: CWF Assistance Request Required Data: CWF Auxiliary Record Data

Field	Required?	Notes
MSP TYPE	Y	N/A
NEW MSP TYPE	Y	Required when ACTION is MT.
PATIENT RELATIONSHIP	Y	N/A
NEW PATIENT RELATIONSHIP	Y	Required when ACTION is PR.
AUXILIARY RECORD #	Y	Part D contractors must enter 001when the Auxiliary Record Number is unknown. Must contain 3 digits.
ORIGINATING CONTRACTOR	Y	N/A
EFFECTIVE DATE	Y	N/A
NEW EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE	Y	Required when ACTION is TD or CT.
ACCRETION DATE	N	N/A

Table A-3: CWF Assistance Request Required Data: Informant Information

Field	Required?	Notes
FIRST NAME	Y	Required for all ACTIONs when Source is CHEK, LTTR, or PHON. Required for all SOURCEs when Action is AI.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. Required for all SOURCEs when ACTION is AI.
ADDRESS	Y	Required for all ACTIONs when the Source is CHEK, LTTR, or PHON. Required for all SOURCEs when the ACTION is AI.
CITY	Y	Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON Required for all SOURCEs when the ACTION is AI.
STATE	Y	Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON Required for all SOURCEs when the ACTION is AI.
ZIP	Y	Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON Required for all SOURCEs when the ACTION is AI.
PHONE	N	N/A
RELATIONSHIP	Y	Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON Must be A when ACTION is AI.

Table A-4: CWF Assistance Request Required Data: Insurance Information

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required for all SOURCEs when ACTION is II. **Note:** ECRS Web deletes all information entered in subsequent fields if this field is left blank and the ACTION is II.
ADDRESS	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
INSURANCE TYPE	Y	Required for all SOURCEs when ACTION is AI or IT.
NEW INSURANCE TYPE	Y	Required when the ACTION is IT.
POLICY NUMBER	Y	Required when the ACTION is AP and the MSP TYPE is not D, E, L, or W. **Note:** If the POLICY NUMBER is entered, the GROUP NUMBER is not required.

Field	Required?	Notes
GROUP NUMBER	Y	Required when the ACTION is CD and the MSP TYPE is D, E, L, or W. Required when the ACTION is AP and the MSP TYPE is not D, E, L, or W. **Note:** If the GROUP NUMBER is entered, the POLICY NUMBER is not required.
SUBSCRIBER FIRST NAME	N	N/A
SUBSCRIBER MIDDLE INITIAL	N	N/A
SUBSCRIBER LAST NAME	N	N/A

Table A-5: CWF Assistance Request Required Data: Employment Information

Field	Required?	Notes
EMPLOYER NAME	Y	Required when the ACTION is EA or EI.
ADDRESS	Y	Required when the ACTION is EI.
ADDRESS 2	N	N/A
CITY	Y	Required when the ACTION is EI.
STATE	Y	Required when the ACTION is EI.
ZIP	Y	Required when the ACTION is EI.
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

Table A-6: CWF Assistance Request Required Data: Additional Information

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Y	Required when the ACTION is PH.
SOCIAL SECURITY NUMBER	Y	Required when the ACTION is MX.
DIAGNOISIS CODES	Y	• Required when the ACTION is DX. • Required when MSP TYPE is D, E, or L.

Table A-7: CWF Assistance Request Required Data: Comments/Remarks

Field	Required?	Notes
COMMENTS	N	N/A
REMARKS	Y	Required when the ACTION is AR.

Appendix B: MSP Inquiry Required Data Reference

Table B-1: MSP Inquiry Required Data: Action Requested

Field	Required?
DCN	Y
MEDICARE ID	Y
ACTIVITY CODE	Y
ACTION	N
SOURCE	Y

Table B-2: MSP Inquiry Required Data: MSP Information

Field	Required?	Notes
MSP TYPE	Y	• Required when the SOURCE is PHON. • Required when the ACTION is CA or CL. (MSP TYPE must be D, E, or L when the ACTION is CL.)
PATIENT RELATIONSHIP	Y	• Required when the ACTION is blank and MSP TYPE is F. • Required when the ACTION is CA and MSP TYPE is L. • Required when the ACTION is CL and MSP TYPE is D, E, or L.
EFFECTIVE DATE	Y	• Required when the ACTION is CA and MSP TYPE is L • Required when the ACTION is CL and MSP TYPE is D, E, or L
TERMINATION DATE	Y	Required when the ACTION is CL and MSP TYPE is D, E, or L.
CMS GROUPING CODE	Y	Required when the ACTION is CA and MSP TYPE is L.
DIALYSIS TRAIN DATE	N	N/A
BLACK LUNG BENEFITS	N	N/A
BLACK LUNG EFFECTIVE DATE	N	N/A
SEND TO CWF	N	N/A

Table B-3: MSP Inquiry Required Data: Informant Information

Field	Required?	Notes
FIRST NAME	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE is CHEK, LTTR, or PHON.
CITY	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when SOURCE is CHEK, LTTR, or PHON.
STATE	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE Coe is CHEK, LTTR, or PHON.
ZIP	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE is CHEK, LTTR, or PHON.
PHONE	N	N/A
RELATIONSHIP	Y	• Required when the SOURCE is CHEK, LTTR, or PHON. • Must be A if the ACTION is CA or CL and informant information is entered.

Table B-4: MSP Inquiry Required Data: Insurance Information

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required **unless** the ACTION is blank.
ADDRESS LINE 1	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION Is CA or CL, unless Informant information was entered.
ADDRESS LINE 2	N	N/A
CITY	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION is CA or CL, unless Informant information was entered.
STATE	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION is CA or CL, unless Informant information was entered.
ZIP	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION is CA or CL, unless Informant information was entered.
PHONE	N	N/A
INSURANCE TYPE	Y	N/A
POLICY NUMBER	N	N/A
GROUP NUMBER	N	N/A
SUBSCRIBER FIRST NAME	N	N/A
SUBSCRIBER MIDDLE INITIAL	N	N/A
SUBSCRIBER LAST NAME	N	N/A
SUBSCRIBER SSN	N	N/A

Table B-5: MSP Inquiry Required Data: Employment Information

Field	Required?	Notes
EMPLOYER NAME	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	N	N/A
CITY	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
STATE	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
ZIP	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

Table B-6: MSP Inquiry Required Data: Additional Information

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
DIAGNOISIS CODES	Y	Required when the ACTION is CA or CL.
ILLNESS/INJURY DATE	N	N/A
BENEFICIARY REPRESENTATIVE TYPE	N	N/A
BENEFICIARY REPRESENTATIVE NAME	N	N/A
BENEFICIARY REPRESENTATIVE ADDRESS	N	N/A
BENEFICIARY REPRESENTATIVE CITY	N	N/A
BENEFICIARY REPRESENTATIVE STATE	N	N/A
BENEFICIARY REPRESENTATIVE ZIP	N	N/A

Table B-7: MSP Inquiry Required Data: Prescription Coverage

Field	Required?	Notes
INSURANCE COMPANY NAME	N	N/A
ADDRESS LINE 1	N	N/A
ADDRESS LINE 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
POLICY NUMBER	N	N/A
EFFECTIVE DATE	N	N/A
TERMINATION DATE	N	N/A
RECORD TYPE	N	N/A
COVERAGE TYPE	Y	N/A
BIN	Y	Required when COVERAGE TYPE is U.
PCN	Y	Required when COVERAGE TYPE is U.
GROUP	Y	Required when COVERAGE TYPE is U.
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Y	Must be L when RECORD TYPE is Supplemental
PERSON CODE	Y	• Required when RECORD TYPE is Supplemental. • Required when SUPPLEMENTAL TYPE is L.

Appendix C: Prescription Drug Assistance Request Required Data Reference

Table C-1: Prescription Drug Assistance Request Required Data: Action Requested

Field	Required?	Notes
DCN	Y	N/A
MEDICARE ID	Y	N/A
ACTIVITY CODE	Y	N/A
ACTION	Y	N/A
SOURCE	Y	N/A
MSP TYPE	Y	Required when ACTION is MT
NEW MSP TYPE	Y	Required when ACTION is MT.
RECORD TYPE	Y	Always required when Record Type is Primary.
PATIENT RELATIONSHIP	Y	N/A
NEW PATIENT RELATIONSHIP	Y	Required when ACTION is PR.
PERSON CODE	Y	- Required when RECORD TYPE is Supplemental - Required when ACTION is PC
ORIGINATING CONTRACTOR	Y	N/A
COB EFFECTIVE DATE	Y	N/A
NEW COB EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE	Conditional	- Required when ACTION is CT - Required when ACTION is TD
SUBMITTER TYPE	N	N/A
REMOVE EXISTING TERMINATION DATE	N	N/A

Table C-2: Prescription Drug Assistance Request Required Data: Informant Information

Field	Required?	Notes
FIRST NAME	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
CITY	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
STATE	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
ZIP	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
PHONE	N	N/A
RELATIONSHIP	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.

Table C-3: Prescription Drug Assistance Request Required Data: Insurance Information

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Name of Part D insurance carrier. Required for all SOURCEs when ACTION is II. **Notes:** ECRS Web deletes all information entered in subsequent fields if this field is left blank and the ACTION is II. Action code II cannot be used with action code DO.
ADDRESS	N	N/A
ADDRESS 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
INSURANCE TYPE	Y	Required when ACTION is IT.
NEW INSURANCE TYPE	Y	Required when ACTION is IT.
COVERAGE TYPE	N	N/A
POLICY NUMBER	Y	Required when the ACTION is AP and the MSP TYPE is **not** D, E, L, or W. **Note:** If the POLICY NUMBER is entered, the GROUP NUMBER is not required.
GROUP NUMBER	N	Group, BIN, *or* PCN is required with Action Code CX.

Field	Required?	Notes
BIN	Y	Required when COVERAGE TYPE is U. Must be sixdigits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, *or* PCN is required with Action Code CX.
PCN	Y	Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
ID	Y	Required when COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	N	N/A

Table C-4: Prescription Drug Assistance Request Required Data: Employment Information

Field	Required?	Notes
EMPLOYER NAME	Y	Required when the ACTION is EA or EI.
ADDRESS	Y	Required when the ACTION is EI.
ADDRESS 2	N	N/A
CITY	Y	Required when the ACTION is EI.
STATE	Y	Required when the ACTION is EI.
ZIP	Y	Required when the ACTION is EI.
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

Table C-5: Prescription Drug Assistance Request Required Data: Additional Information

Field	Required?	Notes
CHECK NUMBER	Y	Required when the Source is CHEK.
CHECK DATE	Y	Required when the Source is CHEK.
CHECK AMOUNT	Y	Required when the Source is CHEK.

Table C-6: Prescription Drug Assistance Request Required Data: Comments/Remarks

Field	Required?
COMMENTS	N
REMARKS	N

Appendix D: Prescription Drug Inquiry Required Data Reference

Table D-1: Prescription Drug Inquiry Required Data: Initial Information

Field	Required?
DCN	Y
MEDICARE ID	Y
ACTIVITY CODE	Y
SOURCE	Y
MSP TYPE	Y
PATIENT RELATIONSHIP	Y
SEND TO MBD	Y

Table D-2: Prescription Drug Inquiry Required Data: Additional Information

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
INFORMANT FIRST NAME	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT MIDDLE INITITAL	N	N/A
INFORMANT LAST NAME	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT ADDRESS	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT CITY	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT STATE	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT ZIP	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT PHONE	N	N/A
INFORMANT RELATIONSHIP	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
EMPLOYER NAME	N	N/A
EMPLOYER ADDRESS	N	N/A
EMPLOYER ADDRESS 2	N	N/A
EMPLOYER CITY	N	N/A
EMPLOYER STATE	N	N/A
EMPLOYER ZIP	N	N/A
EMPLOYER PHONE	N	N/A

Field	Required?	Notes
EMPLOYER EIN	N	N/A
EMPLOYER EMPLOYEE #	N	N/A

Table D-3: Prescription Drug Inquiry Required Data: Prescription Coverage

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	N/A
ADDRESS LINE 1	N	N/A
ADDRESS LINE 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
EFFECTIVE DATE	Y	N/A
TERMINATION DATE	Y	N/A
RECORD TYPE	N	N/A
COVERAGE TYPE	Y	N/A
BIN	Y	Required when COVERAGE TYPE is U.
PCN	Y	Required when COVERAGE TYPE is U.
POLICY NUMBER	N	N/A
GROUP	Y	Required when COVERAGE TYPE is U.
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	N	N/A
PERSON CODE	Y	• Required when RECORD TYPE is Supplemental • Required when RECORD TYPE is blank and SUPPLEMENTAL TYPE is L.

Appendix E: Reason *and Action* Codes

Table E-1: Reason Codes

Reason Code	Definition
01	Not yet read by *BCRC*, used with NW status
02	Being processed by *BCRC*, used with IP status
03	Under development by *BCRC*, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by BCRC, used with IP status
06	Sent to the Enrollment Data Base (EDB) for beneficiary info. Used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	*Requested Prescription Drug action(s) accepted - Posted to MBD*
30	*No action taken per SEE approval - Medicare primary*
31	Action code and comments conflict
32	Record terminated/deleted due to OBRA 93
33	WCSA record – request must go to regional office
34	Record is "N" validity – we do not develop for "N" records
36	Policyholder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	*Outreach d*evelopment *already* in process
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	*Requested action(s) accepted - Posted to CWF* **Note**: When Action 'ID' is submitted on a CWF Assistance Request and the BCRC determines that a duplicate record exists, the MSP record will be deleted from CWF and the CWF Assistance Request will be returned with a Status/Reason CM50.
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF*; conflicting information,* used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met*, Disability*

Reason Code	Definition
55	20 or more threshold met, *Working Aged*
56	OBRA does not apply, no update
57	*No action taken;* Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid MEDICARE ID
61	No Part A entitlement
62	*Development letter sent; c*losed, no response to development
63	Development complete, no MSP
64	*Development l*etter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report (More current information was received by the BCRC in the form of a self-report.)
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary*; closed*, no response received
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees *(No MSP)*
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees *(No MSP)*
81	Medicare is primary due to ESRD coordination period *being met*
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file **Note**: When Action 'ID' is submitted on a CWF Assistance Request and the BCRC determines that no duplicate record exists, the CWF Assistance Request will be returned with a Status/Reason CM83. Comments will be provided on the response.
84	*Missing* information*; unable* to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistan*ce* requests only)
87	MSP record exists, used with CM status (check HIMR or resubmit as assistance request)

Reason Code	Definition
88	No update, not lead contractor
91	Duplicate investigation in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found
94	Closed, no response/no update
96	Per Hierarchy guidelines, request cannot be honored.
97	Existing record is invalid and has been deleted. New record created to include changes requested.

Table E-2: Action Codes (All Transaction Types)

Action Code	*Description*
AI	*Change Attorney Information*
AP	*Add Policy and/or Group Number*
AR	*Add CWF Remark Codes*
BN	*Develop for Prescription BIN*
CA	*CMS Grouping Code (Class Action Case)*
CD	*Change Date of Injury/Date of Loss*
CL	*Closed or Settled Case*
CP	*Investigate ESRD Coordination Period*
CT	*Change Termination Date*
CX	*Change Prescription Values (BIN, Group, PCN)*
DA	*Develop for Attorney Information*
DD	*Develop for the Diagnosis Code*
DE	*Develop for Employer Information (To the beneficiary only)*
DI	*Develop for Insurer Information (To the beneficiary only)*
DO	*Mark Occurrence for Deletion*
DR	*Investigate Closed or Deleted Record*
DT	*Develop For Termination Date (see Note end of table)*
DX	*Change Diagnosis Code*
EA	*Change Employer Address*
ED	*Change Effective Date*
EF	*Develop for Effective Date*
EI	*Change Employer Information*
ES	*Employer Size Below Minimum*
GR	*Develop for Group Number*
ID	*Investigate/Possible Duplicate for Deletion*

Action Code	Description
II	Change Insurer Information
IT	Change Insurance Type
LR	Create Duplicate Liability Record
MT	Change MSP Type
MX	SSN/Medicare ID Mismatch
NR	Create Duplicate No-Fault Record
OH	Change Effective Date of Other Drug Coverage
PC	Update Prescription Person Code
PH	Add Pre-Paid Health Plan (PHP) Date
PN	Develop for/add PCN
PR	Change Patient Relationship
TD	Add Termination Date (see Note end of table)
VP	Update A Record For A Vow Of Poverty
WN	Notify BCRC Of Updates To WCMSA Cases

Note: DT and TD are distinct codes and cannot be used interchangeably.

Table E-3: Automated Action Codes

Action Code	Description
AP	Add Policy and/or Group Number
AR	Add CWF Remark Codes
CT	Change Termination Date
CX	Change Prescription Values (BIN, Group, PCN)
DO	Mark occurrence for deletion
II	Change insurer information
PH	Add Pre-Paid Health Plan (PHP) date (Note: Applies to CWF requests only)
PR	Change Patient Relationship
TD	Add Termination Date

Appendix F: CWF Remark Codes

Table F-1: Remark Codes

Remark Code	Definition
01	Beneficiary retired as of termination date.
02	Beneficiary's employer has less than 20 employees.
03	Beneficiary's employer has less than 100 employees.
04	Beneficiary is dually entitled to Medicare, based on ESRD and Age or ESRD and disability.
05	Beneficiary is not married.
06	The Beneficiary is covered under the group health plan of a family member whose employer has less than 100 employees.
07	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.
08	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has not elected the working aged exception.
09	Beneficiary is self-employed.
10	A family member of the beneficiary is self-employed.
20	Spouse retired as of termination date.
21	Spouse's employer has less than 20 employees.
22	Spouse's employer has less than 100 employees.
23	Spouse's employer has less than 100 employees but is in a qualifying multiple or multi-employer plan.
24	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has elected the working aged exception.
25	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has not elected the working aged exception.
26	Beneficiary's spouse is self-employed.
30	Exhausted benefits under the plan.
31	Preexisting condition exclusions exist.
32	Conditional payment criteria met.
33	Multiple primary payers, Medicare is tertiary payer.
34	Information has been collected indicating that there is not a parallel plan that covers medical services.
35	Information has been collected indicating that there is not a parallel plan that covers hospital services.
36	Denial sent by EGHP, claims paid meeting conditional payment criteria.

Remark Code	Definition
37	Beneficiary deceased.
38	Employer certification on file.
39	Health plan is in bankruptcy or insolvency proceedings.
40	The termination date is the beneficiary's retirement date.
41	The termination date is the spouse's retirement date.
42	Potential non-compliance case, beneficiary enrolled is supplemental plan.
43	GHP coverage is a legitimate supplemental plan.
44	Termination date equals transplant date.
50	Employment related accident.
51	Claim denied by workers' comp.
52	Contested denial.
53	Workers' compensation settlement funds exhausted.
54	Auto accident - no coverage.
55	Not payable by black lung.
56	Other accident - no liability.
57	Slipped and fell at home.
58	Lawsuit filed - decision pending.
59	Lawsuit filed - settlement received.
60	Medical malpractice lawsuit filed.
61	Product liability lawsuit filed.
62	Request for waiver filed.
70	Data match correction sheet sent.
71	Data match record updated.
72	Vow of Poverty correction.

Appendix G: File Layouts

G.1 CWF Assistance Request File Layouts

CWF Assistance Request Header Record

Table G-1: CWF Assistance Request Header Record Layout

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code HE01. Required
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with spaces.
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan contractor number. Required. If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	Valid values: 'CWF' – CWF Assistance Request file If not, drop file with error code HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code HE05.

Submitter Type	1	Alpha-Numeric	23	Part C/D Submitter Indicator
				Valid Values
				   'C' = Part C contractor
				   'D' = Part D contractor
				If not valid value, drop file with error code HE06.

Filler	1244	Filler	24-1267	Unused field – fill with spaces

CWF Assistance Request Trailer Record

Table G-2: CWF Assistance Request Trailer Record Layout

Data Field	Length	Type	Displacement	Edits
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code TE01. Required.
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with spaces.
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code TE03.
File Type	3	Alpha-Numeric	12-14	Valid values: 'CWF' – CWF Assistance Request File If not, drop file with error code TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code TE05.
Record Count	9	Numeric	23-31	Number of records on file. Must contain 9 digits. If invalid number or number does not match number of records in file, drop file with error code TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces

CWF Assistance Request Detail Record

This record layout **must be used** for **all** CWF Assistance Request file submissions.

Table G-3: CWF Assistance Request Detail Record Layout

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1-4	Set to 'ECRS' **Required**
Contractor Number	5	Alpha-Numeric	5-9	Medicare contractor (MACs, MA/PD plans) number. **Required**
DCN	15	Text	10-24	DCN; assigned by the Medicare contractor. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'R' for CWF Assistance Requests **Required**
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Text	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor phone number Not required
Tran Stat Cd	2	Alpha	72-73	Status code Set to 'NW' for New
Tran Reason Cd	2	Numeric	74-75	Reason Set to '01' for New
Trans Action Code 1	2	Alpha	76-77	Action code. Valid values are: AI = Change Attorney Information *AP = Add Policy and/or Group Number* *AR = Add CWF Remark Codes* *CA = CMS Grouping Code (Class Action Case)* *CD = Change Date of Injury/Date of Loss* *CL = Closed or Settled Case* *CP = Investigate ESRD Coordination Period* *CT = Change Termination Date* *CX = Change Prescription Values (BIN, Group, PCN)*

Data Field	Length	Type	Displacement	Description
Trans Action Code 1 (Cont.)	2	Alpha	76-77	DA = Develop *for* attorney *information* DD = Develop for the diagnosis code DE = Develop for employer information DI = Develop for insurer information DO = Mark occurrence for deletion DR = Investigate closed or deleted record DT = Develop for termination date DX = Change diagnosis code EA = Change employer address ED = Change effective date EF = Develop for the effective date EI = Change employer information ES = Employer size below minimum (20 for working aged, 100 for disability) ID = Investigate/possible duplicate for deletion II = Change insurer information IT = Change insurer type LR = *Create* duplicate liability record MT = Change MSP type MX = SSN/MEDICARE ID mismatch NR = Create duplicate no-fault record *OH = Change Effective Date of Other Drug Coverage* PH = Add *Pre-Paid Health Plan (*PHP*)* date PR = Change patient relationship TD = Add Termination Date VP = *Update a record for a vow of poverty* WN = Notify BCRC of *u*pdates to WCMSA *c*ases **Required.** Enter up to four Actions unless the CWF assistance request is DE, DI, DO, DR, ID, or VP. You cannot combine these six Actions with any other action codes. *Note: DE and DI Actions are developed for the beneficiary only.*
Trans Action Code 2	2	Alpha-Numeric	78-79	Action code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Activity Code	1	Alpha	84	Activity of contractor. Valid values are: C = Claims (Prepayment) – 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan – 42003 I = General Inquiry – 42004 D = Debt Collection – 42021 **Required**
Develop to	1	Alpha	85	Development source code indicating where development letter was sent. Not required. Populate with spaces if not available.
RSP	1	Alpha	86	Development response indicator. Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	87-90	Four-character code identifying source of CWF assistance request information. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON= Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim **Required**
Medicare ID	12	Alpha-Numeric	91-102	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of beneficiary. Enter without dashes, spaces, or other special characters. **Required** if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	103-111	Beneficiary's Social Security Number **Required** if Medicare ID not entered.
Beneficiary's Date of Birth	8	Date	112-119	Beneficiary's Date of Birth in CCYYMMDD format Not required. Populate with zeros if not available.
Beneficiary's Sex Code	1	Numeric	120	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Not required. Populate with spaces if not available.
Beneficiary's First Name	15	Text	121-135	First name of beneficiary. **Required**

Data Field	Length	Type	Displacement	Description
Beneficiary's Initial	1	Alpha	136	Middle initial of beneficiary
Beneficiary's Last Name	24	Text	137-160	Last name of beneficiary. **Required**
Patient Relationship	2	Numeric	161-162	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value. *The following codes (**bolded**) are only valid on MSP Auxiliary occurrences with accretion dates **prior to** 4/4/2011:* Valid values are: 01 *Self;* Patient is policyholder 02 Spouse 03 *Child* 04 *Other* 20 Domestic partner ***05*** ***Step Child*** **06** **Foster child** **07** **Ward of the Court** **08** **Employee** **09** **Unknown** **10** **Handicapped dependent** **11** **Organ donor** **12** **Cadaver donor** **13** **Grandchild** **14** **Niece/nephew** **15** **Injured plaintiff** **16** **Sponsored dependent** **17** **Minor dependent of a minor dependent** ***18*** ***Parent*** **19** **Grandparent dependent** For the following *MSP Types*, the *patient relationship* codes listed to the right are the only valid values that can be used *for records created after 4/4/2011*: MSP Type Patient Relationship Code A 01, 02 B 01, 02, 03, 04, 20 *D, E, L* *01* G 01, 02, 03, 04, 20

Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha	163	One-character code identifying type of MSP coverage Valid values are: A = Working Aged B = ESRD C = Conditional Payment D = Automobile Insurance E = Workers' Compensation F = Federal (Public) G = Disabled H = Black Lung L = Liability W =Workers' Compensation Set-Aside **Required**
MSP Effective Date	8	Date	164-171	Effective date of MSP coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.) **Required**
MSP Term Date	8	Date	172-179	Termination date of MSP coverage in CCYYMMDD format. Type one or more zeroes in this field to remove an existing termination date. Type 9 eight times in this field if you have conflicting dates for the termination date. Not required. Populate with zeros if not available.
AUX Row Number	3	Numeric	180-182	AUX record number of MSP record at CWF. **Required**. Populate with zeros if not available.
MSP Accretion Date	8	Date	183-190	Accretion date of MSP coverage in CCYYMMDD format. Not required. Populate with zeros if not available.
Originating Contractor	5	Alpha-Numeric	191-195	Contractor number of contractor that created original MSP occurrence at CWF **Required**

Data Field	Length	Type	Displacement	Description
Filler	6	Alpha	196-201	Populate with spaces.
Beneficiary's Address 1	32	Text	202-233	First line of beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	234-265	Second line of beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's City	15	Text	266-280	Beneficiary's city Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	281-282	Beneficiary's state Not required. Populate with spaces if not available.
Beneficiary's ZIP Code	9	Numeric	283-291	Beneficiary's ZIP code Not required. Populate with spaces if not available.
Beneficiary's Phone	10	Numeric	292-301	Beneficiary's telephone number Not required. Populate with zeros if not available.
Check Date	8	Numeric	302-309	Date of check received in CCYYMMDD format. Required if value in SOURCE field = CHEK. You cannot future-date this field. Populate with zeros if SOURCE field not equal to CHEK.
Check Amount	15	Alpha	310-324	Amount of check received in $999,999,999.99 format. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Check Number	15	Alpha	325-339	Number of check received. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Informant's First Name	15	Text	340-354	Name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Middle Initial	1	Alpha	355	Informants middle initial. Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	356-379	Last name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Phone	10	Numeric	380-389	Informant's telephone number Not required. Populate with zeros if not available.

Data Field	Length	Type	Displacement	Description
Informant's Address 1	32	Text	390-421	Informant's street address 1 **Required** when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Address 2	32	Text	422-453	Name of person informing contractor of change in MSP coverage. Not required
Informant's City	15	Text	454-468	Informant's city. **Required** when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's State	2	Alpha	469-470	Informant's state **Required** when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's ZIP Code	9	Numeric	471-479	Informant's ZIP code Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Relationship Code	1	Alpha	480	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Employer's Name	32	Text	481-512	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.
Employer EIN	18	Text	513-530	Employer's Identification Number Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Employer's Address 1	32	Text	531-562	Employer's Street Address 1 Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	563-594	Employer's Street Address 2 Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	595-604	Employer's Telephone Number Not required. Populate with spaces if not available.
Employer's City	15	Text	605-619	Employer's City Not required. Populate with spaces if not available.
Employer's State	2	Alpha	620-621	Employer's state Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	622-630	Employer's ZIP code Not required. Populate with spaces if not available.
Employee No	12	Text	631-642	Employee number of policyholder Not required. Populate with spaces if not available.
Insurer's Name	32	Text	643-674	Name of insurance carrier for MSP coverage Required for II ACTION. Populate with spaces if ACTION not equal to II.

Insurer Type	1	Alpha	675	Type of insurance
				   A = Insurance or Indemnity (Other Types)
				   H = Multiple Employer Health Plan with 100 or more employees.
				   I = Multiple Employer Health Plan with 20 or more employees.
				   J = Hospitalization only plan covering inpatient hospital
				   K = Medical Service only plan covering non-inpatient medical
				   M = Medicare Supplement Plan
				   U = Unknown
				Not required. Populate with A if not available.

Insurer's Address 1	32	Text	676-707	Insurer's street address 1 Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	708-739	Insurer's street address 2 Not required. Populate with spaces if not available.
Insurer's City	15	Text	740-754	Insurer's city Not required. Populate with spaces if not available.
Insurer's State	2	Alpha	755-756	Insurer's state Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	757-765	Insurer's ZIP code Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Insurer's Phone	10	Numeric	766-775	Insurer's telephone number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	776-795	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	796-812	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	813-827	First name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	828	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Last Name	24	Text	829-852	Last name of individual covered by this insurance. Not required. Populate with spaces if not available.
PHP Date	8	Date	853-860	Pre-paid Health Plan date in CCYYMMDD format. Not required. Populate with zeros if not available.
Remarks Code 1	2	Alpha-Numeric	861-862	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Remarks Code 2	2	Alpha-Numeric	863-864	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Remarks Code 3	2	Alpha-Numeric	865-866	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Filler	25	Filler	867-891	Filler
Submitter Type	1	Alpha	892	Part C/D Submitter Indicator Valid Values 'C' = Part C contractor 'D' = Part D contractor If not valid value, drop file with error code HE06.
Filler	7	Filler	893-899	Filler
Trans Comment	180	Text	900-1079	Comments—used by submitter
Filler	8	Filler	1080-1087	Filler

Data Field	Length	Type	Displacement	Description
New Patient Relationship	2	Numeric	1088-1089	New patient relationship between the policyholder and the beneficiary. *Description of code appears next to value.* *Required field* when ACTION is PR. Valid values are: 01 *Self;* Patient is policyholder 02 Spouse 03 *Child* 04 *Other* 20 Domestic partner For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used. MSP Type Patient Relationship Code A 01, 02 B 01, 02, 03, 04, 20 *D, E, L* *01* G 01, 02, 03, 04, 20
New MSP Type	1	Alpha	1090	One-character code identifying type of MSP coverage. Valid values are: A = Working Aged B = ESRD C = Conditional Payment D = Automobile Insurance E = Workers' Compensation F = Federal (Public) G = Disabled H = Black Lung L = Liability **Required** when Action is MT.

Data Field	Length	Type	Displacement	Description
New MSP Effective Date	8	Date	1091-1098	Effective date of MSP coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The New MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future New MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.) **Required** when Action is ED.
New Insurer Type	1	Alpha	1099	New type of insurance **Required** when ACTION is IT
Diagnosis Code 1 ICD Indicator	1	Numeric	1100	One-digit diagnosis code indicator to identify whether the submitted Diagnosis Code 1 is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1A and the record will be dropped. **Required if Diagnosis Code 1 is submitted**.
Diagnosis Code 1	7	Text	1101 – 1107	ICD-9-CM Diagnosis Code or ICD-10-CM diagnosis code that applies to this MSP occurrence. Required if action code is CA or CL. **Required if Diagnosis Code 1 ICD Indicator is submitted.** If Diagnosis Code 1 ICD Indicator = 0, Diagnosis Code 1 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 1 ICD Indicator = 9, Diagnosis Code 1 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. * Refer to Appendix B for complete set of required fields for various source codes. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE69 and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 2 ICD Indicator	1	Numeric	1108	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1B and the record will be dropped.
				
				Required if Diagnosis Code 2 is submitted.

Diagnosis Code 2	7	Text	1109-1115	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 2 ICD Indicator is submitted.** If Diagnosis Code 2 ICD Indicator = 0, Diagnosis Code 2 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 2 ICD Indicator = 9, Diagnosis Code 2 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped.

Diagnosis Code 3 ICD Indicator	1	Numeric	1116	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1C and the record will be dropped.
				
				Required if Diagnosis Code 3 is submitted.

Diagnosis Code 3	7	Text	1117 – 1123	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 3 ICD Indicator is submitted.** If Diagnosis Code 3 ICD Indicator = 0, Diagnosis Code 3 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 3 ICD Indicator = 9, Diagnosis Code 3 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE71 and the record will be dropped. Not required.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 4 ICD Indicator	1	Numeric	1124	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1D and the record will be dropped.
				
				Required if Diagnosis Code 4 is submitted.

Diagnosis Code 4	7	Text	1125 - 1131	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 4 ICD Indicator is submitted.** If Diagnosis Code 4 ICD Indicator = 0, Diagnosis Code 4 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 4 ICD Indicator = 9, Diagnosis Code 4 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE72 and the record will be dropped.

Diagnosis Code 5 ICD Indicator	1	Numeric	1132	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1E and the record will be dropped.
				
				Required if Diagnosis Code 5 is submitted.

Diagnosis Code 5	7	Text	1133 - 1139	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 5 ICD Indicator is submitted**. If Diagnosis Code 5 ICD Indicator = 0, Diagnosis Code 5 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 5 ICD Indicator = 9, Diagnosis Code 5 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE73 and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 6 ICD Indicator	1	Numeric	1140	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1F and the record will be dropped.
				
				Required if Diagnosis Code 6 is submitted.

Diagnosis Code 6	7	Text	1141 – 1147	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 6 ICD Indicator is submitted.** If Diagnosis Code 6 ICD Indicator = 0, Diagnosis Code 6 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 6 ICD Indicator = 9, Diagnosis Code 6 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1G and the record will be dropped.

Diagnosis Code 7 ICD Indicator	1	Numeric	1148	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1H and the record will be dropped.
				
				Required if Diagnosis Code 7 is submitted.

Diagnosis Code 7	7	Text	1149 – 1155	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 7 ICD Indicator is submitted**. If Diagnosis Code 7 ICD Indicator = 0, Diagnosis Code 7 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 7 ICD Indicator = 9, Diagnosis Code 7 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1I and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 8 ICD Indicator	1	Numeric	1156	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM
				
				If an invalid code is entered, the user will see error code PE1J and the record will be dropped.
				
				Required if Diagnosis Code 8 is submitted.

Diagnosis Code 8	7	Text	1157 – 1163	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 8 ICD Indicator is submitted**. If Diagnosis Code 8 ICD Indicator = 0, Diagnosis Code 8 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 8 ICD Indicator = 9, Diagnosis Code 8 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1K and the record will be dropped.

Diagnosis Code 9 ICD Indicator	1	Numeric	1164	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1L and the record will be dropped.
				
				Required if Diagnosis Code 9 is submitted.

Diagnosis Code 9	7	Text	1165 – 1171	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 9 ICD Indicator is submitted.** If Diagnosis Code 9 ICD Indicator = 0, Diagnosis Code 9 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 9 ICD Indicator = 9, Diagnosis Code 9 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1M and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 10 ICD Indicator	1	Numeric	1172	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1N and the record will be dropped.
				
				Required if Diagnosis Code 10 is submitted.

Diagnosis Code 10	7	Text	1173 – 1179	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 10 ICD Indicator is submitted**. If Diagnosis Code 10 ICD Indicator = 0, Diagnosis Code 10 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 10 ICD Indicator = 9, Diagnosis Code 10 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1O and the record will be dropped.

Diagnosis Code 11 ICD Indicator	1	Numeric	1180	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1P and the record will be dropped.
				
				Required if Diagnosis Code 11 is submitted.

Diagnosis Code11	7	Text	1181 – 1187	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 11 ICD Indicator is submitted**. If Diagnosis Code 11 ICD Indicator = 0, Diagnosis Code 11 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 11 ICD Indicator = 9, Diagnosis Code 11 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Q and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 12 ICD Indicator	1	Numeric	1188	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1R and the record will be dropped. **Required if Diagnosis Code 12 is submitted**.
Diagnosis Code 12	7	Text	1189 – 1195	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 12 ICD Indicator is submitted.** If Diagnosis Code 12 ICD Indicator = 0, Diagnosis Code 12 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 12 ICD Indicator = 9, Diagnosis Code 12 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1S and the record will be dropped.
Diagnosis Code 13 ICD Indicator	1	Numeric	1196	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1T and the record will be dropped. **Required if Diagnosis Code 13 is submitted**.
Diagnosis Code 13	7	Text	1197 – 1203	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 13 ICD Indicator is submitted.** If Diagnosis Code 13 ICD Indicator = 0, Diagnosis Code 13 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 13 ICD Indicator = 9, Diagnosis Code 13 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1U and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 14 ICD Indicator	1	Numeric	1204	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1V and the record will be dropped.
				
				Required if Diagnosis Code 14 is submitted.

Diagnosis Code 14	7	Text	1205 – 1211	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 14 ICD Indicator is submitted.** If Diagnosis Code 14 ICD Indicator = 0, Diagnosis Code 14 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 14 ICD Indicator = 9, Diagnosis Code 14 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1W and the record will be dropped.

Diagnosis Code 15 ICD Indicator	1	Numeric	1212	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1X and the record will be dropped.
				
				Required if Diagnosis Code 15 is submitted.

Diagnosis Code 15	7	Text	1213 – 1219	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 15 ICD Indicator is submitted.** If Diagnosis Code 15 ICD Indicator = 0, Diagnosis Code 15 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 15 ICD Indicator = 9, Diagnosis Code 15 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Y and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 16 ICD Indicator	1	Numeric	1220	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				  0 = ICD-10-CM format
				  9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE1Z and the record will be dropped.
				
				Required if Diagnosis Code 16 is submitted.

Diagnosis Code 16	7	Text	1221 – 1227	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 16 ICD Indicator is submitted**. If Diagnosis Code 16 ICD Indicator = 0, Diagnosis Code 16 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 16 ICD Indicator = 9, Diagnosis Code 16 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2A and the record will be dropped.

Diagnosis Code 17 ICD Indicator	1	Numeric	1228	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				  0 = ICD-10-CM format
				  9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE2B and the record will be dropped.
				
				Required if Diagnosis Code 17 is submitted.

Diagnosis Code 17	7	Text	1229 – 1235	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 17 ICD Indicator is submitted.** If Diagnosis Code 17 ICD Indicator = 0, Diagnosis Code 17 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 17 ICD Indicator = 9, Diagnosis Code 17 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2C and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 18 ICD Indicator	1	Numeric	1236	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE2D and the record will be dropped.
				
				Required if Diagnosis Code 18 is submitted.

Diagnosis Code 18	7	Text	1237 – 1243	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 18 ICD Indicator is submitted.** If Diagnosis Code 18 ICD Indicator = 0, Diagnosis Code 18 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 18 ICD Indicator = 9, Diagnosis Code 18 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2E and the record will be dropped.

Diagnosis Code 19 ICD Indicator	1	Numeric	1244	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE2F and the record will be dropped.
				
				Required if Diagnosis Code 19 is submitted.

Diagnosis Code 19	7	Text	1245 – 1251	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 19 ICD Indicator is submitted.** If Diagnosis Code 19 ICD Indicator = 0, Diagnosis Code 19 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 19 ICD Indicator = 9, Diagnosis Code 19 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2G and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 20 ICD Indicator	1	Numeric	1252	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2H and the record will be dropped. **Required if Diagnosis Code 20 is submitted**.
Diagnosis Code 20	7	Text	1253 – 1259	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 20 ICD Indicator is submitted**. If Diagnosis Code 20 ICD Indicator = 0, Diagnosis Code 20 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 20 ICD Indicator = 9, Diagnosis Code 20 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2I and the record will be dropped.
Filler	8	Filler	1260 – 1267	Filler

CWF Assistance Request Response Header Record

Table G-4: CWF Assistance Request Response Header Record Layout

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04
File Date	8	Date	15-22	HE05
Filler	1245	Filler	23-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

CWF Assistance Request Response Detail Record

This record layout **must be returned** for **all** CWF Assistance Request file transmissions.

Table G-5: CWF Assistance Request Response Detail Record Layout

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1-4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Tran Stat Cd	2	Alpha	72-73	Status code returned from ECRS
Tran Reason Cd	2	Numeric	74-75	Reason code returned from ECRS
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
Develop to	1	Alpha	85	PE0C
RSP	1	Alpha	86	PE66
Trans Source Cd	4	Alpha	87-90	PE05
Medicare ID	12	Alpha-Numeric	91-102	PE09, PE2O
Beneficiary's Social Security Number	9	Numeric	103-111	PE10
Beneficiary's Date of Birth	8	Date	112-119	PE11
Beneficiary's Sex Code	1	Numeric	120	None
Beneficiary's First Name	15	Text	121-135	PE12
Beneficiary's Initial	1	Alpha	136	PE13

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's Last Name	24	Text	137-160	PE14
Patient Relationship	2	Numeric	161-162	PE0J
MSP Type	1	Alpha	163	PE39
MSP Effective Date	8	Date	164-171	PE67
MSP Term Date	8	Date	172-179	PE68
MSP Aux Number	3	Numeric	180-182	PE87
MSP Accretion Date	8	Date	183-190	PE88
Originating Contractor	5	Alpha-Numeric	191-195	PE96
Change Lead To	5	Alpha-Numeric	196-200	PE0D
Send Venue Letter	1	Alpha	201	None
Beneficiary's Address 1	32	Text	202-233	PE15
Beneficiary's Address 2	32	Text	234-265	PE16
Beneficiary's City	15	Text	266-280	PE17
Beneficiary's State	2	Alpha	281-282	PE18
Beneficiary's ZIP Code	9	Numeric	283-291	PE19
Beneficiary's Phone	10	Numeric	292-301	PE20
Check Date	8	Numeric	302-309	PE98
Check Amount	15	Alpha	310-324	PE99
Check Number	15	Alpha	325-339	PE0A
Informant's First Name	15	Text	340-354	PE21
Informant's Middle Initial	1	Alpha	355	PE22
Informant's Last Name	24	Text	356-379	PE23
Informant's Phone	10	Numeric	380-389	PE29
Informant's Address 1	32	Text	390-421	PE24
Informant's Address 2	32	Text	422-453	PE25
Informant's City	15	Text	454-468	PE26
Informant's State	2	Alpha	469-470	PE27
Informant's ZIP Code	9	Numeric	471-479	PE28
Informant's Relationship Code	1	Alpha	480	None
Employer's Name	32	Text	481-512	PE30

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Employer EIN	18	Text	513-530	PE37
Employer's Address 1	32	Text	531-562	PE31
Employer's Address 2	32	Text	563-594	PE32
Employer's Phone	10	Numeric	595-604	PE36
Employer's City	15	Text	605-619	PE33
Employer's State	2	Alpha	620-621	PE34
Employer's ZIP Code	9	Numeric	622-630	PE35
Employee No	12	Text	631-642	PE38
Insurer's Name	32	Text	643-674	PE42
Insurer Type	1	Alpha	675	None
Insurer's Address 1	32	Text	676-707	PE43
Insurer's Address 2	32	Text	708-739	PE44
Insurer's City	15	Text	740-754	PE45
Insurer's State	2	Alpha	755-756	PE46
Insurer's ZIP Code	9	Numeric	757-765	PE47
Insurer's Phone	10	Numeric	766-775	PE0B
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy Number	17	Text	796-812	PE63
Subscriber First Name	15	Text	813-827	PE58
Subscriber Initial	1	Alpha	828	PE59
Subscriber Last Name	24	Text	829-852	PE60
PHP Date	8	Date	853-860	PE97
Remarks Code 1	2	Alpha-Numeric	861-862	PE89
Remarks Code 2	2	Alpha-Numeric	863-864	PE90
Remarks Code 3	2	Alpha-Numeric	865-866	PE91
Filler	25	Filler	867-891	None
Submitter Type	1	Alpha	892	Severe Error will be created and entire file will be dropped. HE06 error will be returned on Header record of response file.
Filler	7	Filler	893-899	Filler
New Patient Relationship	2	Numeric	900-901	PE0O
New MSP Type	1	Alpha	902	PE0N

Data Field	Length	Type	Displacement	Error Code if Invalid Data
New MSP Effective Date	8	Date	903-910	PE0L
New Insurer Type	1	Alpha	911	PE0M
Diagnosis Code 1 ICD Indicator	1	Text	912	PE1A
Diagnosis Code 1	7	Text	913-919	PE69
Diagnosis Code 2 ICD Indicator	1	Text	920	PE1B
Diagnosis Code 2	7	Text	921-927	PE70
Diagnosis Code 3 ICD Indicator	1	Text	928	PE1C
Diagnosis Code 3	7	Text	929-935	PE71
Diagnosis Code 4 ICD Indicator	1	Text	936	PE1D
Diagnosis Code 4	7	Text	937-943	PE72
Diagnosis Code 5 ICD Indicator	1	Text	944	PE1E
Diagnosis Code 5	7	Text	945-951	PE73
Diagnosis Code 6 ICD Indicator	1	Text	952	PE1F
Diagnosis Code 6	7	Text	953-959	PE1G
Diagnosis Code 7 ICD Indicator	1	Text	960	PE1H
Diagnosis Code 7	7	Text	961-967	PE1I
Diagnosis Code 8 ICD Indicator	1	Text	968	PE1J
Diagnosis Code 8	7	Text	969-975	PE1K
Diagnosis Code 9 ICD Indicator	1	Text	976	PE1L
Diagnosis Code 9	7	Text	977-983	PE1M
Diagnosis Code 10 ICD Indicator	1	Text	984	PE1N
Diagnosis Code 10	7	Text	985-991	PE1O
Diagnosis Code 11 ICD Indicator	1	Text	992	PE1P
Diagnosis Code11	7	Text	993-999	PE1Q
Diagnosis Code 12 ICD Indicator	1	Text	1000	PE1R
Diagnosis Code 12	7	Text	1001-1007	PE1S

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Diagnosis Code 13 ICD Indicator	1	Text	1008	PE1T
Diagnosis Code 13	7	Text	1009-1015	PE1U
Diagnosis Code 14 ICD Indicator	1	Text	1016	PE1V
Diagnosis Code 14	7	Text	1017-1023	PE1W
Diagnosis Code 15 ICD Indicator	1	Text	1024	PE1X
Diagnosis Code 15	7	Text	1025-1031	PE1Y
Diagnosis Code 16 ICD Indicator	1	Text	1032	PE1Z
Diagnosis Code 16	7	Text	1033-1039	PE2A
Diagnosis Code 17 ICD Indicator	1	Text	1040	PE2B
Diagnosis Code 17	7	Text	1041-1047	PE2C
Diagnosis Code 18 ICD Indicator	1	Text	1048	PE2D
Diagnosis Code 18	7	Text	1049-1055	PE2E
Diagnosis Code 19 ICD Indicator	1	Text	1056	PE2F
Diagnosis Code 19	7	Text	1057-1063	PE2G
Diagnosis Code 20 ICD Indicator	1	Text	1064	PE2H
Diagnosis Code 20	7	Text	1065-1071	PE2I
Filler	8	Filler	1072-1079	None
COB Comment ID	8	Alpha-Numeric	1080-1087	PE57
COB Comment	180	Text	1088-1267	PE56
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

G.2 Prescription Drug Assistance Request File Layouts

Prescription Drug Assistance Request Header Record

Table G-6: Prescription Drug Assistance Request Header Record Layout

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code HE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by the BCRC. If not valid plan, drop file with error code HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	Valid values: 'PDR' – RX Drug Assistance Request file If not, drop file with error code HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code HE05.
Submitter Type	1	Alpha-Numeric	23	Part C/D Submitter Indicator Valid Values 'C' = Part C contractor 'D' = Part D contractor If not valid value, drop file with error code HE06.
Filler	1244	Filler	24-1267	Unused Field – fill with spaces

Prescription Drug Assistance Request Trailer Record

Table G-7: Prescription Drug Assistance Request Trailer Record Layout

Data Field	Length	Type	Displacement	Edits
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code TE01.
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by the BCRC. If not valid plan, drop file with error code TE02.
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code TE03.
File Type	3	Alpha-Numeric	12-14	Valid value: PDR' – RX Drug Assistance Request File If not valid value, drop file with error code TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code TE05.
Record Count	9	Numeric	23-31	Number of records on file. Must contain 9 digits. If invalid number or number does not match number of records in file, drop file with error code TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces.

Prescription Drug Assistance Request Detail Record

Table G-8: Prescription Drug Assistance Request Detail Record Layout

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1-4	Set to 'ECRS'
Contractor Number	5	Alpha-Numeric	5-9	Part C/D Plan contractor number **Required**
DCN	15	Alpha-Numeric	10-24	DCN: assigned by the Part C/D plan. **Required**. Each record shall have a unique DCN.
Trans Type Code	1	Alpha	25	Transaction Type Indicator Set to 'D' for Prescription Drug Assistance Requests **Required**
Trans Seq. No	3	Numeric	26-28	Sequence Number assigned by the COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Alpha-Numeric	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor phone number Not required
Trans Status Code	2	Alpha	72-73	Transaction status code: Set to 'NW' for New
Trans Reason Code	2	Numeric	74-75	Transaction reason code: Set to '01' for New
Action Code 1	2	Alpha	76-77	Two-character code defining action to take on Prescription Drug record (*required field*). Valid values are: II Change Insurer Information **Notes:** Action code II cannot be used with Action code DO.
Action Code 2	2	Alpha	78-79	Transaction action code 2: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Action Code 3	2	Alpha	80-81	Transaction action code 3: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Action Code 4	2	Alpha	82-83	Transaction action code 4: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Activity Code	1	Alpha	84	Activity of contractor: Valid values are: **Required**
Trans Source Code	4	Alpha	85-88	Four-character code identifying source of RX DRUG assistance request information Valid values are: **Required**
Medicare ID	12	Alpha-Numeric	89-100	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of beneficiary. Enter without dashes, spaces, or other special characters.
Beneficiary Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format Not Required. Populate with zeros if not available.
Beneficiary Sex Code	1	Alpha	109	Sex of Beneficiary: Valid values are: U = Unknown M = Male F = Female Not required. Populate with spaces if not available.
Beneficiary First Name	15	Text	110-124	First Name of beneficiary **Required**
Beneficiary Middle Initial	1	Text	125	Middle Initial of beneficiary
Beneficiary Last Name	24	Text	126-149	Last Name of beneficiary **Required**
Beneficiary Address Line 1	32	Text	150-181	First line of beneficiary's street address
Beneficiary Address Line 2	32	Text	182-213	Second line of beneficiary's street address
Beneficiary City	15	Text	214-228	Beneficiary's city
Beneficiary State	2	Alpha	229-230	Beneficiary's state
Beneficiary ZIP code	9	Numeric	231-239	Beneficiary's ZIP code
Beneficiary Phone	10	Numeric	240-249	Beneficiary's telephone number

Data Field	Length	Type	Displacement	Description
Patient Relationship	2	Numeric	250-251	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value.
				*The following codes (**bolded**) are only valid on MSP Auxiliary occurrences with accretion dates **prior to 4/4/2011:***
				Valid values are:
				01 *Self;* Patient is policyholder
				02 Spouse
				03 *Child*
				04 *Other*
				20 Domestic partner
				05 Step Child
				06 Foster child
				07 Ward of the Court
				08 Employee
				09 Unknown
				10 Handicapped dependent
				11 Organ donor
				12 Cadaver donor
				13 Grandchild
				14 Niece/nephew
				15 Injured plaintiff
				16 Sponsored dependent
				17 Minor dependent of a minor dependent
				18 *Parent*
				19 Grandparent dependent
				For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used *for records created after 4/4/2011*:
				MSP Type Patient Relationship Code
				A 01, 02
				B 01, 02, 03, 04, 20
				D, E, L 01
				G 01, 02, 03, 04, 20

Data Field	Length	Type	Displacement	Description
New Patient Relationship	2	Numeric	252-253	New patient relationship between policyholder and beneficiary. Description of code appears next to value. **Required** when ACTION is PR. *01 Self; Patient is policyholder* *02 Spouse* *03 Child* *04 Other* *20 Domestic partner* *MSP Type Patient Relationship Code* *A 01, 02* *B 01, 02, 03, 04, 20* *D, E, L 01* *G 01, 02, 03, 04, 20*

Person Code	3	Numeric	254-256	Plan-specific Person Code.
				Values are:
				  001 Self
				  002 Spouse
				  003 Other
				Required when:
				RECORD TYPE is Supplemental
				ACTION is PC

MSP Type	1	Alpha	257	One-character code identifying type of MSP coverage. Valid values are:
				  A = Working Aged
				  B = ESRD
				  C = Conditional Payment
				  D = Automobile Insurance
				  E = Workers' Compensation
				  F = Federal (Public)
				  G = Disabled
				  H = Black Lung
				  L = Liability
				  W =Workers' Compensation Set-Aside
				Required when Action is MT.

New MSP Type	1	Alpha	258	One-character code identifying new type of MSP coverage. **Required** when Action is MT.

Record Type	3	Alpha-Numeric	259-261	Drug Record Type:
				  PRI Primary
				  SUP Supplemental
				Required

Data Field	Length	Type	Displacement	Description
Drug Coverage Effective Date	8	Date	262-269	COB effective date of drug coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
New Drug Coverage Effective Date	8	Date	270-277	New COB effective date of drug coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The New Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future New Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
Term Date	8	Date	278-285	MSP termination date of Drug coverage in CCYYMMDD format.
Originating Contractor	5	Alpha-Numeric	286-290	Contractor number of contractor that created original Drug occurrence.
Informant First Name	15	Text	291-305	Name of person informing contractor of change in Drug coverage. **Required** when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant Middle Initial	1	Text	306	Informants middle initial.

Data Field	Length	Type	Displacement	Description
Informant Last Name	24	Text	307-330	Last name of person informing contractor of change in Drug coverage. **Required** when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant Address	32	Text	331-362	Informant's street address **Required** when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant City	15	Text	363-377	Informant's city **Required** when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Informant State	2	Text	378-379	Informant's state **Required** when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Informant ZIP code	9	Numeric	380-388	Informant's ZIP code **Required** when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Informant Phone	10	Numeric	389-398	Informant's telephone number Not Required. Populate with spaces if not available.
Informant's Relationship Code	1	Alpha	399	Relationship of informant to beneficiary. Valid values are: **Required** when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Employers Name	32	Text	400-431	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.
Employers Address 1	32	Text	432-463	Employer's street address 1 Not required. Populate with spaces if not available.
Employers Address 2	32	Text	464-495	Employer's street address 2 Not required. Populate with spaces if not available.
Employers City	15	Text	496-510	Employer's city Not required. Populate with spaces if not available.
Employers State	2	Alpha	511-512	Employer's state Not required. Populate with spaces if not available.
Employers ZIP code	9	Numeric	513-521	Employer's ZIP code Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Employers Phone	10	Numeric	522-531	Employer's phone number Not required. Populate with spaces if not available.
Employers EIN	18	Text	532-549	Employer's identification number Not required. Populate with spaces if not available.
Employee Number	12	Text	550-561	Employee number of policyholder Not required. Populate with spaces if not available.
Supplemental Type	1	Alpha-Numeric	562	Prescription drug policy type. Valid values are: L Supplemental M Medigap N Non-qualified State Program O Other P PAP R Charity T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical
RX Drug Coverage Type	1	Alpha-Numeric	563	Prescription drug coverage type Valid Values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) **Required**
Insurance Company Name	32	Text	564-595	Name of insurer providing supplemental prescription drug insurance under which beneficiary is covered. Action code II cannot be used with action code DO.
Insurance Company Address 1	32	Text	596-627	Address 1 of insurer providing supplemental prescription drug insurance under which beneficiary is covered.
Insurance Company Address 2	32	Text	628-659	Address 2 of insurer providing supplemental prescription drug insurance under which beneficiary is covered.
Insurance Company City	15	Text	660-674	City of insurer providing supplemental prescription drug insurance under which beneficiary is covered.
Insurance Company State	2	Alpha	675-676	State of insurer providing supplemental prescription drug insurance under which beneficiary is covered.
Insurance Company ZIP code	9	Numeric	677-685	ZIP code of insurer providing supplemental prescription drug insurance under which beneficiary is covered.

Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	686	Type of insurance A Insurance or Indemnity (Other Types) B Group Health Organization (GHO) C Preferred Provider Organization D TPA/ASO E Stop Loss TPA F Self-insured/Self-Administered (Self-Insured) G Collectively-bargained Health and Welfare Fund H Multiple Employer Health Plan with 100 or more employees. I Multiple Employer Health Plan with 20 or more employees. J Hospitalization only plan covering inpatient hospital K Medical Service only plan covering non-inpatient medical M Medicare Supplement Plan U Unknown **Required** when ACTION is IT
New Insurer Type	1	Alpha	687	New type of insurance **Required** when ACTION is IT
Policy Number	17	Text	688-704	Prescription drug policy number
RX BIN	6	Text	705-710	Prescription Drug BIN Number **Required** if TYPE = U. Must be six digits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, *or* PCN is required with Action Code CX.
RX PCN	10	Text	711-720	Prescription Drug PCN Number Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
RX Group	15	Text	721-735	Prescription Drug Group Number Populate with spaces if not available. Group, BIN, *or* PCN is required with Action Code CX.

Data Field	Length	Type	Displacement	Description
RX ID	20	Text	736-755	Prescription Drug ID Number **Required** if TYPE = U. Populate with spaces if not available. Cannot be blank or all zeros if COVERAGE TYPE is U.
RX Phone	10	Numeric	756-765	Prescription Drug Phone Number Not required. Populate with spaces if not available.
Check Amount	15	Alpha-Numeric	766-780	Amount of check received in $999,999,999.99 format. **Required** if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Check Date	8	Date	781-788	Date of check received in CCYYMMDD format **Required** if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Check Number	15	Alpha-Numeric	789-803	Number of check received. **Required** if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Remark Code 1	2	Alpha-Numeric	804-805	Two-character PDR remark code explaining reason for transaction. Not required
Remark Code 2	2	Alpha-Numeric	806-807	Two-character PDR remark code explaining reason for transaction. Not required
Remark Code 3	2	Alpha-Numeric	808-809	Two-character PDR remark code explaining reason for transaction. Not required
Comment ID	8	Alpha-Numeric	810-817	ID of operator entering trans comments—used by submitter
Trans Comment	180	Text	818-997	Comments—used by submitter
Filler	188	Filler	998-1185	Unused field – fill with spaces
Effective Date of Other Drug Coverage	8	Date	1186-1193	Effective date of other drug insurance coverage provided by the other insurance (Other Health Information) in CCYYMMDD format.
New Effective Date of Other Drug Coverage	8	Date	1194-1201	New effective date of other drug insurance coverage provided by the other insurance in CCYYMMDD format.
Filler	66	Filler	1202-1267	Unused field – fill with spaces

Prescription Drug Assistance Request Response Header Record

Table G-9: Prescription Drug Assistance Request Response Header Record Layout

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04
File Date	8	Date	15-22	HE05
Submitter Type	1	Alpha-Numeric	23	HE06
Filler	1244	Filler	24-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected

Prescription Drug Assistance Request Response Detail Record

Table G-10: Prescription Drug Assistance Request Response Detail Record Layout

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1-4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Alpha-Numeric	10-24	PE02
Trans Type Code	1	Alpha	25	PE03
Trans Seq. No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Alpha-Numeric	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Trans Status Code	2	Alpha	72-73	Status code returned from ECRS
Trans Reason Code	2	Numeric	74-75	Reason code returned from ECRS
Action Code 1	2	Alpha	76-77	PE92
Action Code 2	2	Alpha	78-79	PE93
Action Code 3	2	Alpha	80-81	PE94
Action Code 4	2	Alpha	82-83	PE95
Activity Code	1	Alpha	84	PE61
Trans Source Code	4	Alpha	85-88	PE05
Medicare ID	12	Alpha-Numeric	89-100	PE09
Beneficiary Date of Birth	8	Date	101-108	PE11
Beneficiary Sex CD	1	Alpha	109	None
Beneficiary First Name	15	Text	110-124	PE12
Beneficiary Middle Initial	1	Text	125	PE13
Beneficiary Last Name	24	Text	126-149	PE14
Beneficiary Address Line 1	32	Text	150-181	PE15

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary Address Line 2	32	Text	182-213	PE16
Beneficiary City	15	Text	214-228	PE17
Beneficiary State	2	Alpha	229-230	PE18
Beneficiary ZIP code	9	Numeric	231-239	PE19
Beneficiary Phone	10	Numeric	240-249	PE20
Patient Relationship	2	Numeric	250-251	PE0J
New Patient Relationship	2	Numeric	252-253	PE0O
Person Code	3	Numeric	254-256	PE0K
MSP Type	1	Alpha	257	PE39
New MSP Type	1	Alpha	258	PE0N
Record Type	3	Alpha-Numeric	259-261	PE41
COB Effective Date	8	Date	262-269	PE48
New COB Effective Date	8	Date	270-277	PE0L
Term Date	8	Date	278-285	PE0G
Originating Contractor	5	Alpha-Numeric	286-290	NONE
Informant First Name	15	Text	291-305	PE21
Informant Middle Initial	1	Text	306	PE22
Informant Last Name	24	Text	307-330	PE23
Informant Address	32	Text	331-362	PE24
Informant City	15	Text	363-377	PE25
Informant State	2	Text	378-379	PE26
Informant ZIP code	9	Numeric	380-388	PE27
Informant Phone	10	Numeric	389-398	PE28
Informant's Relationship Code	1	Alpha	399	None

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Employers Name	32	Text	400-431	PE30
Employers Address 1	32	Text	432-463	PE31
Employers Address 2	32	Text	464-495	PE32
Employers City	15	Text	496-510	PE33
Employers State	2	Alpha	511-512	PE34
Employers ZIP code	9	Numeric	513-521	PE35
Employers Phone	10	Numeric	522-531	PE36
Employers EIN	18	Text	532-549	PE37
Employee Number	12	Text	550-561	PE38
Supplemental Type	1	Alpha-Numeric	562	None
RX Drug Coverage Type	1	Alpha-Numeric	563	None
Insurance Company Name	32	Text	564-595	PE42
Insurance Company Address 1	32	Text	596-627	PE43
Insurance Company Address 2	32	Text	628-659	PE44
Insurance Company City	15	Text	660-674	PE45
Insurance Company State	2	Alpha	675-676	PE46
Insurance Company ZIP code	9	Numeric	677-685	PE47
Insurer Type	1	Alpha	686	None
New Insurer Type	1	Alpha	687	PE0M
Policy Number	17	Text	688-704	PE49
RX BIN	6	Text	705-710	PE50
RX PCN	10	Text	711-720	PE51
RX Group	15	Text	721-735	PE52

Data Field	Length	Type	Displacement	Error Code if Invalid Data
RX ID	20	Text	736-755	PE53
RX Phone	10	Numeric	756-765	PE54
Check Amount	15	Alpha-Numeric	766-780	PE99
Check Date	8	Date	781-788	PE98
Check Number	15	Alpha-Numeric	789-803	PE0A
Remark Code 1	2	Alpha-Numeric	804-805	PE89
Remark Code 2	2	Alpha-Numeric	806-807	PE90
Remark Code 3	2	Alpha-Numeric	808-809	PE91
Comment ID	8	Alpha-Numeric	810-817	None
Trans Comment	180	Text	818-997	None
COB Comment ID	8	Alpha-Numeric	998-1005	PE57
COB Comment	180	Text	1006-1185	PE56
Effective Date of Other Drug Coverage	8	Date	1186-1193	PE2K
New Effective Date of Other Drug Coverage	8	Date	1194-1201	PE2L, PE2M, or PE2N
Filler	65	Filler	1202-1267	Filler
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected

G.3 MSP Inquiry File Layouts

MSP Inquiry Header Record

Table G-11: MSP Inquiry Header Record Layout

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Header Record Type Indicator (Indicates a Header record) Set to 'H0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan contractor number Required
File Type	3	Alpha	12-14	Type of File Set to 'MSP' – MSP Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required

Submitter Type	1	Alpha-Numeric	23	Part C/D contractor indicator
				Valid values
				   'C' = Part C contractor
				   'D' = Part D contractor
				If not valid value, drop file with error code HE06.

Filler	1244	Filler	24-1267	Unused field – populate with spaces

MSP Inquiry Trailer Record

Table G-12: MSP Inquiry Trailer Record Layout

Data Field	Length	Type	Displacement	Edits
Trailer Indicator	2	Alpha-Numeric	1-2	Trailer Record Type Indicator Set to 'T0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan contractor number Required
File Type	3	Alpha-Numeric	12-14	Type of File Set to 'MSP' – MSP Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Record Count	9	Numeric	23-31	Number of Prescription Drug Inquiry Records in file. Must contain 9 digits. Required
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

MSP Inquiry Detail Record

This record layout **must be used** for **all** MSP Inquiry file submissions.

Note: If the beneficiary is deceased, and there is no representative payee on file, then the inquiry will be closed with Reason Code 65: Deceased, used with CM status.

Table G-13: MSP Inquiry Detail Record Layout

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Type of record Set to 'ECRS' **Required**
Contractor Number	5	Alpha-Numeric	5-9	Medicare contractor (MACs, MA/PD plans) number. **Required**
DCN	15	Text	10-24	DCN; assigned by the Medicare contractor. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction type indicator Set to 'I' for MSP Inquiry **Required**
Trans Seq No	3	Numeric	26-28	Sequence number assigned by the COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Text	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor phone number Not required
Tran Stat Cd	2	Alpha	72-73	Status code Set to 'NW' for New
Tran Reason Cd	2	Numeric	74-75	Reason Set to '01' for New
Trans Action Code 1	2	Alpha	76-77	Action code 1 Valid values are: CA Class Action Suit (CMS Grouping Code) CL Closed or Settled Case Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Trans Action Code 2	2	Alpha-Numeric	78-79	Action code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Activity Code	1	Alpha	84	Activity of contractor. Valid values are: **Required**
First Development	1	Alpha	85	Development source code indicating where initial development letter was sent. Valid values are: Not required. Populate with spaces if not available.
Second Development	1	Alpha	86	Development source code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney) Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
RSP	1	Alpha	87	Development response indicator. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	88-91	Four-character code identifying source of MSP inquiry information. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim **Required**
Medicare ID	12	Alpha-Numeric	92-103	Health Insurance Claim Number of beneficiary (HICN) or Medicare Beneficiary Identifier (MBI). Enter without dashes, spaces, or other special characters. **Required** if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	104-112	Beneficiary's Social Security Number **Required** if Medicare ID not entered.
Beneficiary's Date of Birth	8	Date	113-120	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	121	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female **Required**. Default to U if unavailable.
Beneficiary's First Name	15	Text	122-136	Beneficiary's First Name **Required**
Beneficiary's Initial	1	Alpha	137	Beneficiary's Middle Initial Not required

Data Field	Length	Type	Displacement	Description
Beneficiary's Last Name	24	Text	138-161	Beneficiary's Last Name **Required**

Patient Relationship	2	Numeric	162-163	Patient Relationship between policyholder and patient.
				Required field when:
				ACTION is Blank and MSP TYPE is F
				ACTION is CA and MSP TYPE is L
				ACTION is CL and MSP TYPE is D, E, or L
				Valid values are:
				   01 Self; Patient is policyholder
				   02 Spouse
				   03 Child
				   04 Other
				   20 Domestic partner
				Populate with zeros if not available.
				Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.
				MSP Type Patient Relationship
				A 01, 02
				B 01, 02, 03, 04, 20
				D, E, L 01
				G 01, 02, 03, 04, 20

MSP Type	1	Alpha	164	One-character code identifying type of MSP coverage.
				Valid values are:
				   A Working Aged
				   B ESRD
				   C Conditional Payment
				   D Automobile Insurance
				   E Workers' Compensation
				   F Federal (Public)
				   G Disabled
				   H Black Lung
				   L Liability
				Required

Data Field	Length	Type	Displacement	Description
MSP Effective Date	8	Date	165-172	Effective date of MSP coverage in CCYYMMDD format, cannot equal termination date. Not required. Populate with zeros if not available. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
MSP Term Date	8	Date	173-180	Termination date of MSP coverage in CCYYMMDD format, cannot equal Effective Date. Not required. Populate with zeros if not available.
Send CWF	1	Alpha	181	Indicates whether to send MSP inquiry to CWF. Valid values are: Y Send to CWF (default unless INFMT REL field = D, in which case default is N and this is a protected field) N Do not send to CWF For EGHP MSP Types: In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record.
CMS Grouping Code	2	Alpha	182-183	CMS Grouping Code Not required. Populate with spaces if not available.
Beneficiary's Address 1	32	Text	184-215	Beneficiary's Address 1 Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Beneficiary's Address 2	32	Text	216-247	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	248-262	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	263-264	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's ZIP Code	9	Numeric	265-273	Beneficiary's ZIP code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	274-283	No edits other than data type edits. If not valid, drop the record with edit code 'PE20'.
Check Date	8	Numeric	284-291	Date of check in CCYYMMDD format. **Required** if Source is CHEK
Check Amount	15	Alpha	292-306	Amount of check in $999,999,999.99 format. **Required** if Source is CHEK
Check Number	15	Alpha	307-321	Check Number **Required** if Source is CHEK
Informant's First Name	15	Text	322-336	Informant's First Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Informant's Middle Initial	1	Alpha	337	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	338-361	Informant's Last Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Informant's Phone	10	Numeric	362-371	Informant's Phone Number Not required. Populate with zeros if not available.

Data Field	Length	Type	Displacement	Description
Informant's Address 1	32	Text	372-403	Informant's Address 1 Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Informant's Address 2	32	Text	404-435	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	436-450	Informant's City **Required** if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Informant's State	2	Alpha	451-452	Informant's State **Required** if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Informant's ZIP Code	9	Numeric	453-461	Informant's ZIP **Required** if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.

Data Field	Length	Type	Displacement	Description
Informant's Relationship Code	1	Alpha	462	Relationship of informant to beneficiary. Valid values are: A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative other than attorney S Spouse U Unknown **Required** if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Employer's Name	32	Text	463-494	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer EIN	18	Text	495-512	Employer's EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 1	32	Text	513-544	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	545-576	Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Employer's Phone	10	Numeric	577-586	Employer's phone number providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's City	15	Text	587-601	Employer's city providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's State	2	Alpha	602-603	Employer's state providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	604-612	Employer's ZIP code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employee No	12	Text	613-624	Policyholder's employee number Not required. Populate with spaces if not available.
Insurer's name	32	Text	625-656	Name of insurance carrier for MSP coverage. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer Type	1	Alpha	657	Type of Insurance Valid values are: Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's Address 1	32	Text	658-689	Address 1 of insurance carrier for MSP coverage. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's Address 2	32	Text	690-721	Address 2 of insurance carrier for MSP coverage. Not required.

Data Field	Length	Type	Displacement	Description
Insurer's City	15	Text	722-736	City insurance carrier for MSP coverage. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's State	2	Alpha	737-738	State of insurance carrier for MSP coverage. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's ZIP Code	9	Numeric	739-747	ZIP Code of insurance carrier for MSP coverage. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's Phone	10	Numeric	748-757	Insurer's Phone Number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	758-777	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	778-794	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	795-809	First Name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	810	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Last Name	24	Text	811-834	Last Name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Social Security Number	9	Numeric	835-843	Social Security Number of the policyholder/subscriber **Required**
Filler	25	Filler	844-868	Filler

Data Field	Length	Type	Displacement	Description
Illness/Injury Date	8	Date	869-876	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in CCYYMMDD format).
				Not required. Populate with zeros if not available.
Illness/Injury Description	64	Text	877-940	Description of illness or injury for workers' compensation, automobile, or liability coverage.
				Not required. Populate with zeros if not available.
Representative Name	32	Text	941-972	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format.
				Not required. Populate with spaces when not available.
Representative Address 1	32	Text	973-1004	Representative's Street address 1.
				Not required. Populate with spaces when not available.
Representative Address 2	32	Text	1005-1036	Representative's Street address 2.
				Not required. Populate with spaces when not available.
Representative City	15	Text	1037-1051	Representative's City
				Not required. Populate with spaces when not available.
Representative State	2	Alpha	1052-1053	Representative's Street address 2.
				Not required. Populate with spaces when not available.
Representative ZIP	9	Numeric	1054-1062	Representative's ZIP code.
				Not required. Populate with spaces when not available.
Representative Type	1	Alpha	1063	Type of relationship between beneficiary and his or her representative.
				Valid values are:
				Not required. Populate with spaces if not available.
Dialysis Train Date	8	Date	1064-1071	Date beneficiary received self-dialysis training (in CCYYMMDD format).
				Not required. Populate with zeros if not available.

Data Field	Length	Type	Displacement	Description
Black Lung Indicator	1	Alpha	1072	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: Y = Yes N = No Not required. Populate with spaces if not available.
Black Lung Effective Date	8	Date	1073-1080	Date beneficiary began receiving benefits under the Black Lung Program in CCYYMMDD format. Not required. Populate with zeros if not available.
Diagnosis Code 1 ICD Indicator	1	Numeric	1081	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1A and the record will be dropped. **Required if Diagnosis Code 1 is submitted**.
Diagnosis Code 1	7	Text	1082-1088	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. Required if action code is CA or CL. **Required if Diagnosis Code 1 ICD Indicator is submitted**. If Diagnosis Code 1 ICD Indicator = 0, Diagnosis Code 1 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 1 ICD Indicator = 9, Diagnosis Code 1 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. * Refer to Appendix B for complete set of required fields for various source codes. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE69 and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 2 ICD Indicator	1	Numeric	1089	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1B and the record will be dropped. **Required if Diagnosis Code 2 is submitted**.
Diagnosis Code 2	7	Text	1090-1096	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 2 ICD Indicator is submitted.** If Diagnosis Code 2 ICD Indicator = 0, Diagnosis Code 2 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 2 ICD Indicator = 9, Diagnosis Code 2 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped.
Diagnosis Code 3 ICD Indicator	1	Numeric	1097	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1C and the record will be dropped. **Required if Diagnosis Code 3 is submitted**.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 3	7	Text	1098-1104	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 3 ICD Indicator is submitted.** If Diagnosis Code 3 ICD Indicator = 0, Diagnosis Code 3 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 3 ICD Indicator = 9, Diagnosis Code 3 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE71 and the record will be dropped.
Diagnosis Code 4 ICD Indicator	1	Numeric	1105	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1D and the record will be dropped. **Required if Diagnosis Code 4 is submitted.**
Diagnosis Code 4	7	Text	1106-1112	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 4 ICD Indicator is submitted.** If Diagnosis Code 4 ICD Indicator = 0, Diagnosis Code 4 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 4 ICD Indicator = 9, Diagnosis Code 4 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE72 and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 5 ICD Indicator	1	Numeric	1113	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1E and the record will be dropped. **Required if Diagnosis Code 5 is submitted**.
Diagnosis Code 5	7	Text	1114-1120	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 5 ICD Indicator is submitted.** If Diagnosis Code 5 ICD Indicator = 0, Diagnosis Code 5 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 5 ICD Indicator = 9, Diagnosis Code 5 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE73 and the record will be dropped.
Diagnosis Code 6 ICD Indicator	1	Numeric	1121	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1F and the record will be dropped. **Required if Diagnosis Code 6 is submitted.**

Data Field	Length	Type	Displacement	Description
Diagnosis Code 6	7	Text	1122-1128	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 6 ICD Indicator is submitted**. If Diagnosis Code 6 ICD Indicator = 0, Diagnosis Code 6 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 6 ICD Indicator = 9, Diagnosis Code 6 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1G and the record will be dropped.
Diagnosis Code 7 ICD Indicator	1	Numeric	1129	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1H and the record will be dropped. **Required if Diagnosis Code 7 is submitted**.
Diagnosis Code 7	7	Text	1130-1136	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 7 ICD Indicator is submitted**. If Diagnosis Code 7 ICD Indicator = 0, Diagnosis Code 7 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 7 ICD Indicator = 9, Diagnosis Code 7 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1I and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 8 ICD Indicator	1	Numeric	1137	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1J and the record will be dropped. **Required if Diagnosis Code 8 is submitted**.
Diagnosis Code 8	7	Text	1138-1144	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 8 ICD Indicator is submitted.** If Diagnosis Code 8 ICD Indicator = 0, Diagnosis Code 8 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 8 ICD Indicator = 9, Diagnosis Code 8 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1K and the record will be dropped.
Diagnosis Code 9 ICD Indicator	1	Numeric	1145	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1L and the record will be dropped. **Required if Diagnosis Code 9 is submitted.**

Data Field	Length	Type	Displacement	Description
Diagnosis Code 9	7	Text	1146-1152	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 9 ICD Indicator is submitted**. If Diagnosis Code 9 ICD Indicator = 0, Diagnosis Code 9 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 9 ICD Indicator = 9, Diagnosis Code 9 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1M and the record will be dropped.
Diagnosis Code 10 ICD Indicator	1	Numeric	1153	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1N and the record will be dropped. **Required if Diagnosis Code 10 is submitted**.
Diagnosis Code 10	7	Text	1154-1160	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 10 ICD Indicator is submitted.** If Diagnosis Code 10 ICD Indicator = 0, Diagnosis Code 10 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 10 ICD Indicator = 9, Diagnosis Code 10 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1O and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 11 ICD Indicator	1	Numeric	1161	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1P and the record will be dropped. **Required if Diagnosis Code 11 is submitted**.
Diagnosis Code11	7	Text	1162-1168	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 11 ICD Indicator is submitted.** If Diagnosis Code 11 ICD Indicator = 0, Diagnosis Code 11 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 11 ICD Indicator = 9, Diagnosis Code 11 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Q and the record will be dropped.
Diagnosis Code 12 ICD Indicator	1	Numeric	1169	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1R and the record will be dropped. **Required if Diagnosis Code 12 is submitted.**

Data Field	Length	Type	Displacement	Description
Diagnosis Code 12	7	Text	1170-1176	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 12 ICD Indicator is submitted.** If Diagnosis Code 12 ICD Indicator = 0, Diagnosis Code 12 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 12 ICD Indicator = 9, Diagnosis Code 12 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1S and the record will be dropped.

Diagnosis Code 13 ICD Indicator	1	Numeric	1177	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				    0 = ICD-10-CM format
				    9 = ICD-9-CM format
				If an invalid code is entered, the user will see error code PE1T and the record will be dropped.
				Required if Diagnosis Code 13 is submitted.

Diagnosis Code 13	7	Text	1178-1184	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 13 ICD Indicator is submitted.** If Diagnosis Code 13 ICD Indicator = 0, Diagnosis Code 13 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 13 ICD Indicator = 9, Diagnosis Code 13 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1U and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 14 ICD Indicator	1	Numeric	1185	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1V and the record will be dropped. **Required if Diagnosis Code 14 is submitted**.
Diagnosis Code 14	7	Text	1186-1192	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 14 ICD Indicator is submitted.** If Diagnosis Code 14 ICD Indicator = 0, Diagnosis Code 14 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 14 ICD Indicator = 9, Diagnosis Code 14 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1W and the record will be dropped.
Diagnosis Code 15 ICD Indicator	1	Numeric	1193	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1X and the record will be dropped. **Required if Diagnosis Code 15 is submitted.**

Data Field	Length	Type	Displacement	Description
Diagnosis Code 15	7	Text	1194-1200	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 15 ICD Indicator is submitted.** If Diagnosis Code 15 ICD Indicator = 0, Diagnosis Code 15 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 15 ICD Indicator = 9, Diagnosis Code 15 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Y and the record will be dropped.
Diagnosis Code 16 ICD Indicator	1	Numeric	1201	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1Z and the record will be dropped. **Required if Diagnosis Code 16 is submitted**.
Diagnosis Code 16	7	Text	1202-1208	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 16 ICD Indicator is submitted.** If Diagnosis Code 16 ICD Indicator = 0, Diagnosis Code 16 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 16 ICD Indicator = 9, Diagnosis Code 16 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2A and the record will be dropped.

Data Field	Length	Type	Displacement	Description

Diagnosis Code 17 ICD Indicator	1	Numeric	1209	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE2B and the record will be dropped.
				
				Required if Diagnosis Code 17 is submitted.

Diagnosis Code 17	7	Text	1210-1216	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 17 ICD Indicator is submitted.** If Diagnosis Code 17 ICD Indicator = 0, Diagnosis Code 17 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 17 ICD Indicator = 9, Diagnosis Code 17 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2C and the record will be dropped.

Diagnosis Code 18 ICD Indicator	1	Numeric	1217	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.
				
				   0 = ICD-10-CM format
				   9 = ICD-9-CM format
				
				If an invalid code is entered, the user will see error code PE2D and the record will be dropped.
				
				Required if Diagnosis Code 18 is submitted.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 18	7	Text	1218-1224	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 18 ICD Indicator is submitted.** If Diagnosis Code 18 ICD Indicator = 0, Diagnosis Code 18 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 18 ICD Indicator = 9, Diagnosis Code 18 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2E and the record will be dropped.
Diagnosis Code 19 ICD Indicator	1	Numeric	1225	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2F and the record will be dropped. **Required if Diagnosis Code 19 is submitted.**
Diagnosis Code 19	7	Text	1226-1232	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 19 ICD Indicator is submitted**. If Diagnosis Code 19 ICD Indicator = 0, Diagnosis Code 19 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 19 ICD Indicator = 9, Diagnosis Code 19 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2G and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 20 ICD Indicator	1	Numeric	1233	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2H and the record will be dropped. **Required if Diagnosis Code 20 is submitted.**
Diagnosis Code 20	7	Text	1234-1240	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 20 ICD Indicator is submitted.** If Diagnosis Code 20 ICD Indicator = 0, Diagnosis Code 20 must contain a valid ICD-20-CM diagnosis code. If Diagnosis Code 20 ICD Indicator = 9, Diagnosis Code 20 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2I and the record will be dropped.
Filler	17	Filler	1241-1267	Unused Field – fill with spaces

Table G-14: MSP Inquiry Response Header Record Layout

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	HE04
File Date	8	Date	15-22	HE05
Filler	1245	Filler	23-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected

MSP Inquiry Response Detail Record

This record layout **must be returned** for **all** MSP Inquiry file submissions.

Table G-15: MSP Inquiry Response Detail Record Layout

Data Field	Length	Type	Displacement	Edit
Transaction type	4	Alpha	1-4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Tran Stat Cd	2	Alpha	72-73	None. Will contain the Status returned from ECRS.
Tran Reason Cd	2	Numeric	74-75	None. Will contain the Reason returned from ECRS.
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
First Development	1	Alpha	85	PE64
Second Development	1	Alpha	86	PE65
RSP	1	Alpha	87	PE66
Trans Source Cd	4	Alpha	88-91	PE05
Medicare ID	12	Alpha-Numeric	92-103	PE09
Beneficiary's Social Security Number	9	Numeric	104-112	PE10
Beneficiary's Date of Birth	8	Date	113-120	PE11
Beneficiary's Sex Code	1	Alpha	121	None

Data Field	Length	Type	Displacement	Edit
Beneficiary's First Name	15	Text	122-136	PE12
Beneficiary's Initial	1	Alpha	137	PE13
Beneficiary's Last Name	24	Text	138-161	PE14
Patient Relationship	2	Numeric	162-163	PE0J
MSP Type	1	Alpha	164	PE39
MSP Effective Date	8	Date	165-172	PE67
MSP Term Date	8	Date	173-180	PE68
Send CWF	1	Alpha	181	None
CMS Grouping Code	2	Alpha	182-183	PE0E
Beneficiary's Address 1	32	Text	184-215	PE15
Beneficiary's Address 2	32	Text	216-247	PE16
Beneficiary's City	15	Text	248-262	PE17
Beneficiary's State	2	Alpha	263-264	PE18
Beneficiary's ZIP Code	9	Numeric	265-273	PE19
Beneficiary's Phone	10	Numeric	274-283	PE20
Check Date	8	Numeric	284-291	PE98
Check Amount	15	Alpha	292-306	PE99
Check Number	15	Alpha	307-321	PE0A
Informant's First Name	15	Text	322-336	PE21
Informant's Middle Initial	1	Alpha	337	PE22
Informant's Last Name	24	Text	338-361	PE23
Informant's Phone	10	Numeric	362-371	PE29
Informant's Address 1	32	Text	372-403	PE24
Informant's Address 2	32	Text	404-435	PE25
Informant's City	15	Text	436-450	PE26
Informant's State	2	Alpha	451-452	PE27
Informant's ZIP Code	9	Numeric	453-461	PE28
Informant's Relationship Code	1	Alpha	462	None
Employer's Name	32	Text	463-494	PE30
Employer EIN	18	Text	495-512	PE37

Data Field	Length	Type	Displacement	Edit
Employer's Address 1	32	Text	513-544	PE31
Employer's Address 2	32	Text	545-576	PE32
Employer's Phone	10	Numeric	577-586	PE36
Employer's City	15	Text	587-601	PE33
Employer's State	2	Alpha	602-603	PE34
Employer's ZIP Code	9	Numeric	604-612	PE35
Employee No	12	Text	613-624	PE38
Insurer's Name	32	Text	625-656	PE42
Insurer Type	1	Alpha	657	PE0Q
Insurer's Address 1	32	Text	658-689	PE43
Insurer's Address 2	32	Text	690-721	PE44
Insurer's City	15	Text	722-736	PE45
Insurer's State	2	Alpha	737-738	PE46
Insurer's ZIP Code	9	Numeric	739-747	PE47
Insurer's Phone	10	Numeric	748-757	PE0B
Insurer Group Number	20	Text	758-777	PE62
Insurer Policy Number	17	Text	778-794	PE63
Subscriber First Name	15	Text	795-809	PE58
Subscriber Initial	1	Alpha	810	PE59
Subscriber Last Name	24	Text	811-834	PE60
Subscriber Social Security Number	9	Numeric	835-843	PE0F
Filler	25	Filler	844-868	None
Illness/Injury Date	8	Date	869-876	PE75
Illness/Injury Description	64	Text	877-940	PE76
Representative Name	32	Text	941-972	PE77
Representative Address 1	32	Text	973-1004	PE78
Representative Address 2	32	Text	1005-1036	PE79
Representative City	15	Text	1037-1051	PE80
Representative State	2	Alpha	1052-1053	PE81
Representative ZIP	9	Numeric	1054-1062	PE82
Representative Type	1	Alpha	1063	PE83
Dialysis Train Date	8	Date	1064-1071	PE84

Data Field	Length	Type	Displacement	Edit
Black Lung Indicator	1	Alpha	1072	PE85
Black Lung Effective Date	8	Date	1073-1080	PE86
Submitter Type	1	Alpha-Numeric	1081	If not valid value, drop file with error code HE06.
Diagnosis Code 1 Indicator	1	Text	1082	PE1A
Diagnosis Code 1	7	Text	1083-1089	PE69
Diagnosis Code 2 Indicator	1	Text	1090	PE1B
Diagnosis Code 2	7	Text	1091-1097	PE70
Diagnosis Code 3 Indicator	1	Text	1098	PE1C
Diagnosis Code 3	7	Text	1099-1105	PE71
Diagnosis Code 4 Indicator	1	Text	1106	PE1D
Diagnosis Code 4	7	Text	1107 - 1113	PE72
Diagnosis Code 5 Indicator	1	Text	1114	PE1E
Diagnosis Code 5	7	Text	1115 - 1121	PE73
Diagnosis Code 6 Indicator	1	Text	1122	PE1F
Diagnosis Code 6	7	Text	1123 – 1129	PE1G
Diagnosis Code 7 Indicator	1	Text	1130	PE1H
Diagnosis Code 7	7	Text	1131 – 1137	PE1I
Diagnosis Code 8 Indicator	1	Text	1138	PE1J
Diagnosis Code 8	7	Text	1139 – 1145	PE1K
Diagnosis Code 9 Indicator	1	Text	1146	PE1L
Diagnosis Code 9	7	Text	1147 – 1153	PE1M
Diagnosis Code 10 Indicator	1	Text	1154	PE1N
Diagnosis Code 10	7	Text	1155-1161	PE1O
Diagnosis Code 11 Indicator	1	Text	1162	PE1P
Diagnosis Code 11	7	Text	1163-1169	PE1Q
Diagnosis Code 12 Indicator	1	Text	1170	PE1R

Data Field	Length	Type	Displacement	Edit
Diagnosis Code 12	7	Text	1171-1177	PE1S
Diagnosis Code 13 Indicator	1	Text	1178	PE1T
Diagnosis Code 13	7	Text	1179-1185	PE1U
Diagnosis Code 14 Indicator	1	Text	1186	PE1V
Diagnosis Code 14	7	Text	1187-1193	PE1W
Diagnosis Code 15 Indicator	1	Text	1194	PE1X
Diagnosis Code 15	7	Text	1195-1201	PE1Y
Diagnosis Code 16 Indicator	1	Text	1202	PE1Z
Diagnosis Code 16	7	Text	1203-1209	PE2A
Diagnosis Code 17 Indicator	1	Text	1210	PE2B
Diagnosis Code 17	7	Text	1211-1217	PE2C
Diagnosis Code 18 Indicator	1	Text	1218	PE2D
Diagnosis Code 18	7	Text	1219-1225	PE2E
Diagnosis Code 19 Indicator	1	Text	1226	PE2F
Diagnosis Code 19	7	Text	1227-1233	PE2G
Diagnosis Code 20 Indicator	1	Text	1234	PE2H
Diagnosis Code 20	7	Text	1235-1241	PE2I
Filler	17	Filler	1242-1267	None
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected

G.4 Prescription Drug Inquiry File Layouts

Prescription Drug Inquiry Header Record

Table G-16: Prescription Drug Inquiry Header Record Layout

Data Field	Length	Type	Displacement	Description
Header Indicator	2	Alpha-Numeric	1-2	Header Record Type Indicator (Indicates a Header record) Set to 'H0'. **Required**
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan contractor number **Required**
File Type	3	Alpha	12-14	Type of File Set to 'PDI' – Prescription Drug Inquiry File **Required**
File Date	8	Date	15-22	Date File Created in CCYYMMDD format **Required**
Filler	1245	Filler	23-1267	Unused Field – Populate with spaces

Prescription Drug Inquiry Trailer Record

Table G-17: Prescription Drug Inquiry Trailer Record Layout

Data Field	Length	Type	Displacement	Description
Trailer Indicator	2	Alpha-Numeric	1-2	Trailer Record Type Indicator Set to 'T0'. **Required**
PDP ID	4	Numeric	3-6	ID number assigned by the BCRC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan contractor number **Required**
File Type	3	Alpha-Numeric	12-14	Type of File Set to 'PDI' – Prescription Drug Inquiry File **Required**
File Date	8	Date	15-22	Date File Created in CCYYMMDD format **Required**
Record Count	9	Numeric	23-31	Number of Prescription Drug Inquiry Records in file. Must contain 9 digits. **Required**
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

Prescription Drug Inquiry Detail Record

Table G-18: Prescription Drug Inquiry Detail Record Layout

Data Field	Length	Type	Displacement	Description
Transaction Type	4	Alpha	1-4	Type of Record Set to 'ECRS' **Required**
Contractor Number	5	Alpha-Numeric	5-9	Part D Plan contractor number **Required**
DCN	15	Text	10-24	DCN; assigned by the Part D Plan. **Required**. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'P' for Prescription Drug Inquiry **Required**
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by the COB. Internal use only. Populate with spaces.
Tran Stat Cd	2	Alpha	29-30	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	31-32	Reason Set to '01' for New
Trans Source Cd	4	Alpha	33-36	Source of Record Valid Values are: CHEK – Check LTTR – Letter PHON – Phone SCLM – Secondary Claim CLAM – Claim SRVY – Survey **Required**
Update Operator ID	8	Alpha-Numeric	37-44	ID of user making update. Not required
Contractor Name	25	Text	45-69	Contractor name Not required
Contractor Phone	10	Numeric	70-79	Contractor phone number Not required
Medicare ID	12	Alpha-Numeric	80-91	Beneficiary Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) **Required** if SSN is not entered.

Data Field	Length	Type	Displacement	Description
Beneficiary's Social Security Number	9	Numeric	92-100	Beneficiary's Social Security Number **Required** if Medicare ID not entered.
Beneficiary's Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format **Required**

Beneficiary's Sex Code	1	Alpha	109	Sex of beneficiary
				Valid values are:
				   U – Unknown
				   M – Male
				   F – Female
				Default to 'U' if not available
				Required

Beneficiary's First Name	15	Text	110-124	Beneficiary's First Name **Required**
Beneficiary's Initial	1	Alpha	125	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	126-149	Beneficiary's Last Name **Required**

Patient Relationship	2	Character	150-151	Patient Relationship between policyholder and patient.
				Valid values are:
				  1 *Self;* Patient is policyholder
				  2 Spouse
				  3 Child
				  4 Other
				  20 Domestic partner
				Required
				Notes: All patient relationship values accepted for MSP Types A, B, and G. MSP Types D, E, & L = 01

Check Date	8	Numeric	152-159	Date of check in CCYYMMDD format. **Required** if Source is CHEK
Check Amount	15	Alpha	160-174	Amount of check in $999,999,999.99 format. **Required** if Source is CHEK
Check Number	15	Alpha	175-189	Check Number **Required** if Source is CHEK
Beneficiary's Address 1	32	Text	190-221	Beneficiary's Address 1 Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Beneficiary's Address 2	32	Text	222-253	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	254-268	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	269-270	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's ZIP Code	9	Numeric	271-279	Beneficiary's ZIP code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	280-289	Beneficiary's Phone Not required. Populate with zeros if not available
Informant's First Name	15	Text	290-304	Informant's First Name **Required**
Informant's Middle Initial	1	Alpha	305	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	306-329	Informant's Last Name **Required**
Informant's Relationship Code	1	Alpha	330	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown **Required**

Data Field	Length	Type	Displacement	Description
Informant's Address 1	32	Text	331-362	Informant's Address 1 **Required**
Informant's Address 2	32	Text	363-394	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	395-409	Informant's City **Required**
Informant's State	2	Alpha	410-411	Informant's State **Required**
Informant's ZIP Code	9	Numeric	412-420	Informant's ZIP **Required**
Informant's Phone	10	Numeric	421-430	Informant's Phone Number Not required. Populate with zeros if not available.
Employer's Name	32	Text	431-462	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 1	32	Text	463-494	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	495-526	Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's City	15	Text	527-541	Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's State	2	Alpha	542-543	Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	544-552	Employer's ZIP code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Employer's Phone	10	Numeric	553-562	Employer's Phone Number providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer EIN	18	Text	563-580	Employer's Identification Number (EIN) providing group health insurance under which the beneficiary is covered. Not required. Populate with spaces if not available.
Employee No	12	Text	581-592	Policyholder's Employee Number Not required. Populate with spaces if not available.

Person Code	3	Numeric	593-595	Person Code. Plan specific (Relationship assigned plan administrator at the plan level)
				
				Valid values are:
				   001 = Self
				   002 = Spouse
				   003 = Other
				
				Required only for Supplemental Drug Coverage records.
				
				If not Supplemental Drug Coverage record, populate with spaces.

Sup Type	1	Alpha-Numeric	596	Supplemental Drug Coverage Type
				Valid values are:
				  L = Supplemental
				  M = Medigap
				  N = Non-qualified SPAP
				  O = Other
				  R = Charity
				  T = Federal Government Programs
				  3 = Major Medical
				
				Required if Record Type = 'SUP'. Otherwise not required, populate with spaces.

Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha-Numeric	597	Medicare Secondary Payer Type Valid values are: A Working Aged B ESRD C Conditional payment D Automobile Insurance - No-fault E Workers' Compensation F Federal (public) G Disabled H Black Lung W Workers' Compensation Set-Aside **Required** if Record Type of Primary 'PRI' is selected. Populate with spaces if not available.
Type	1	Alpha-Numeric	598	Prescription Drug Coverage Type Valid values are: U = Drug network V = Drug non-network Z = Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) Not required. Populate with spaces if not available.
Rec Type	3	Alpha-Numeric	599-601	Prescription Drug Coverage Type of Insurance Valid values are: PRI = Primary SUP = Supplemental Not required. If Sup Type is populated and this field is blank, SUP will be assumed. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Insurer's name	32	Text	602-633	Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. If Insurer's Name contains any of the following values it is an error: ADAP, ATTORNEY, BC, BCBX, BCBS, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, PAP, SPAP, SUPPLEMENT, SUPPLEMENTAL, UNK, XX, UNKNOWN **Required**
Insurer's Address 1	32	Text	634-665	Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	666-697	Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's City	15	Text	698-712	City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's State	2	Alpha	713-714	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	715-723	ZIP code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Drug Coverage Effective Date	8	Date	724-731	Effective Date of Supplemental Prescription Drug Coverage. **Required** **Notes:** This field accepts dates up to three months from the current date for primary coverage, as follows: For GHP records (MSP Types A, B, and G): The Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
Term Date	8	Date	732-739	Termination Date of Supplemental Prescription Drug Coverage. Not Required. Populate with zeros if not available.
Policy Number	17	Text	740-756	Prescription Drug Policy Number Not required. Populate with spaces if not available.
RX BIN	6	Text	757-762	Prescription Drug BIN Number **Required** if TYPE = U. Must be six numeric digits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN.
RX PCN	10	Text	763-772	Prescription Drug PCN Number Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space.
RX Group	15	Text	773-787	Prescription Drug Group Number Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
RX ID	20	Text	788-807	Prescription Drug ID Number **Required** if TYPE = U. Cannot be blank or all zeros if COVERAGE TYPE is U.
RX Phone	18	Text plus '(' and ')'	808-825	Prescription Drug Phone Number Not required. Populate with spaces if not available.
Filler	442	Filler	826-1267	Unused Field – fill with spaces

Prescription Drug Inquiry Response Header Record

Table G-19: Prescription Drug Inquiry Response Header Record Layout

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04
File Date	8	Date	15-22	HE05
Submitter Type	1	Alpha-Numeric	23	HE06
Filler	1244	Filler	24-1267	Unused field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected

Prescription Drug Inquiry Response Detail Record

Table G-20: Prescription Drug Inquiry Response Detail Record Layout

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1-4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Tran Stat Cd	2	Alpha	29-30	None. Will contain status code returned from ECRS.
Tran Reason Cd	2	Numeric	31-32	None. Will contain reason code returned from ECRS.
Trans Source Cd	4	Alpha	33-36	PE05
Update Operator ID	8	Alpha-Numeric	37-44	PE06
Contractor Name	25	Text	45-69	PE07
Contractor Phone	10	Numeric	70-79	PE08
Medicare ID	12	Alpha-Numeric	80-91	PE09
Beneficiary's Social Security Number	9	Numeric	92-100	PE10
Beneficiary's Date of Birth	8	Date	101-108	PE11
Beneficiary's Sex Code	1	Alpha	109	None
Beneficiary's First Name	15	Text	110-124	PE12
Beneficiary's Initial	1	Alpha	125	PE13
Beneficiary's Last Name	24	Text	126-149	PE14
Patient Relationship	2	Character	150-151	PE0J
Check Date	8	Numeric	152-159	PE98
Check Amount	15	Alpha	160-174	PE99
Check Number	15	Alpha	175-189	PE0A
Beneficiary's Address 1	32	Text	190-221	PE15
Beneficiary's Address 2	32	Text	222-253	PE16
Beneficiary's City	15	Text	254-268	PE17

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's State	2	Alpha	269-270	PE18
Beneficiary's ZIP Code	9	Numeric	271-279	PE19
Beneficiary's Phone	10	Numeric	280-289	PE20
Informant's First Name	15	Text	290-304	PE21
Informant's Middle Initial	1	Alpha	305	PE22
Informant's Last Name	24	Text	306-329	PE23
Informant's Relationship Code	1	Alpha	330	None
Informant's Address 1	32	Text	331-362	PE24
Informant's Address 2	32	Text	363-394	PE25
Informant's City	15	Text	395-409	PE26
Informant's State	2	Alpha	410-411	PE27
Informant's ZIP Code	9	Numeric	412-420	PE28
Informant's Phone	10	Numeric	421-430	PE29
Employer's Name	32	Text	431-462	PE30
Employer's Address 1	32	Text	463-494	PE31
Employer's Address 2	32	Text	495-526	PE32
Employer's City	15	Text	527-541	PE33
Employer's State	2	Alpha	542-543	PE34
Employer's ZIP Code	9	Numeric	544-552	PE35
Employer's Phone	10	Numeric	553-562	PE36
Employer EIN	18	Text	563-580	PE37
Employee No	12	Text	581-592	PE38
Person Code	3	Numeric	593-595	PE0K
Sup Type	1	Alpha-Numeric	596	PE0P
MSP Type	1	Alpha-Numeric	597	PE39
Type	1	Alpha-Numeric	598	PE40
Rec Type	3	Alpha-Numeric	599-601	PE41
Insurer's name	32	Text	602-633	PE42
Insurer's Address 1	32	Text	634-665	PE43
Insurer's Address 2	32	Text	666-697	PE44
Insurer's City	15	Text	698-712	PE45

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Insurer's State	2	Alpha	713-714	PE46
Insurer's ZIP Code	9	Numeric	715-723	PE47
COB Effective Date	8	Date	724-731	PE48
Term Date	8	Date	732-739	PE0G
Policy Number	17	Text	740-756	PE49
RX BIN	6	Text	757-762	PE50
RX PCN	10	Text	763-772	PE51
RX Group	15	Text	773-787	PE52
RX ID	20	Text	788-807	PE53
RX Phone	18	Text plus '(' and ')'	808-825	PE54
Filler	442	Filler	826-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Appendix H: Error Codes

Table H-1: Header Record Errors

Error Code	Description
HE01	Invalid Header Indicator (Not = 'H0')
HE02	Invalid Plan ID
HE03	Invalid Contractor Number
HE04	Invalid File Type
HE05	Invalid File Date
HE06	Invalid Submitter Type

Table H-2: Trailer Record Errors

Error Code	Description
TE01	Invalid Trailer Indicator (Not = 'T0')
TE02	Invalid Plan ID
TE03	Contractor Number
TE04	Invalid File Type
TE05	Invalid File Date
TE06	Invalid Record Count

Table H-3: Detail Record and File Structure Errors

Error Code	Description
DE01	Invalid Character
FS01	Invalid File Structure
FS02	Invalid Record Length

Table H-4: Response Record Errors

Error Code	Description
PE00	Invalid Transaction Type entered (Not = 'ECRS')
PE01	Invalid Contractor Number entered
PE02	Invalid DCN Number
PE03	Invalid Transaction Type Code
PE04	Invalid Transaction Sequence Number
PE05	Invalid Trans Source Code

Error Code	Description
PE06	Invalid Update Operator Id
PE07	Invalid Contractor Name
PE08	Invalid Contractor Phone Number
PE09	Invalid Medicare ID
PE10	Invalid Beneficiary's Social Security Number
PE11	Invalid Beneficiary's Date of Birth
PE12	Invalid Beneficiary's First Name
PE13	Invalid Beneficiary's Middle Initial
PE14	Invalid Beneficiary's Last Name
PE15	Invalid Beneficiary's Address 1
PE16	Invalid Beneficiary's Address 2
PE17	Invalid Beneficiary's City
PE18	Invalid Beneficiary's State
PE19	Invalid Beneficiary's ZIP Code
PE20	Invalid Beneficiary's Phone Number
PE21	Invalid Informant's First Name
PE22	Invalid Informant's Middle Initial
PE23	Invalid Informant's Last Name
PE24	Invalid Informant's Address 1
PE25	Invalid Informant's Address 2
PE26	Invalid Informant's City
PE27	Invalid Informant's State
PE28	Invalid Informant's ZIP Code
PE29	Invalid Informant's Phone Number
PE30	Invalid Employer's Name
PE31	Invalid Employer's Address 1
PE32	Invalid Employer's Address 2
PE33	Invalid Employer's City
PE34	Invalid Employer's State
PE35	Invalid Employer's ZIP
PE36	Invalid Employer's Phone Number
PE37	Invalid Employer's EIN
PE38	Invalid Employee Number
PE39	Invalid MSP Type
PE40	Invalid Type

Error Code	Description
PE41	Invalid Record Type
PE42	Invalid Insurer's Name
PE43	Invalid Insurer's Address 1
PE44	Invalid Insurer's Address 2
PE45	Invalid Insurer's City
PE46	Invalid Insurer's State
PE47	Invalid Insurer's ZIP
PE48	Invalid Effective Date or COB Effective Date **Note**: For descriptions of the acceptance criteria for the *COB Effective Date* (PDAR) or *Effective Date* (PDI) fields for GHP and NGHP records, see Appendix G.
PE49	Invalid Policy Number
PE50	Invalid Rx BIN
PE51	Invalid Rx PCN
PE52	Invalid Rx Group
PE53	Invalid Rx ID
PE54	Invalid Rx Phone
PE55	Invalid Comment ID
PE56	Invalid COB Comment
PE57	Invalid COB Comment ID
PE58	Invalid Subscriber's First Name
PE59	Invalid Subscriber's Middle Initial
PE60	Invalid Subscriber's Last Name
PE61	Invalid Activity Code
PE62	Invalid Insurer Group Number
PE63	Invalid Insurer Policy Number
PE64	Invalid First Development
PE65	Invalid Second Development
PE66	Invalid Response
PE67	Invalid Effective Date or MSP Effective Date **Note**: For descriptions of the acceptance criteria for the *Effective Date* (MSP Inquiry) or *MSP Effecive Date* (CWF AR) fields for GHP and NGHP records, see Appendix G.
PE68	Invalid MSP Term Date Term Date was not provided for action TD or CT Term Date is less than Effective Date Matching record is already termed Matching record has the same Term Date as the one provided

Error Code	Description
PE69	Invalid Diagnosis Code 1
PE70	Invalid Diagnosis Code 2
PE71	Invalid Diagnosis Code 3
PE72	Invalid Diagnosis Code 4
PE73	Invalid Diagnosis Code 5
PE74	Invalid Trans Comments
PE75	Invalid Illness/Injury Date
PE76	Invalid Illness/Injury Description
PE77	Invalid Representative Name
PE78	Invalid Representative Address 1
PE79	Invalid Representative Address 2
PE80	Invalid Representative City
PE81	Invalid Representative State
PE82	Invalid Representative ZIP
PE83	Invalid Representative Type
PE84	Invalid Dialysis Train Date
PE85	Invalid Black Lung Indicator
PE86	Invalid Black Lung Effective Date
PE87	Invalid MSP AUX Number
PE88	Invalid MSP Accretion Date
PE89	Invalid Remarks Code 1
PE90	Invalid Remarks Code 2
PE91	Invalid Remarks Code 3
PE92	Invalid Trans Action Code 1
PE93	Invalid Trans Action Code 2
PE94	Invalid Trans Action Code 3
PE95	Invalid Trans Action Code 4
PE96	Invalid Originating Contractor
PE97	Invalid PHP Date
PE98	Invalid Check Date
PE99	Invalid Check Amount
PE0A	Invalid Check Number
PE0B	Invalid Insurer's Phone Number
PE0C	Invalid Develop To
PE0D	Invalid Change Lead To

Error Code	Description
PE0E	Invalid CMS Grouping Code
PE0F	RX BIN Cannot Be Spaces When Coverage Type is "U"
PE0G	Invalid Term Date Term Date was not provided for action TD or CT Term Date is less than Effective Date Matching record is already termed Matching record has the same Term Date as the one provided
PE0H	Patient relationship required for coverage type of U
PE0I	Insurance type required for coverage type of U

PE0J	Invalid Patient relationship for the associated MSP Type
	
	    Type A Valid Relationship Codes 01, 02
	
	    Type B Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20
	
	    Type G Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20

PE0K	Invalid or Missing Person Code
PE0L	Invalid New Effective Date or New COB Effective Date **Note**: For descriptions of the acceptance criteria for the *New Effective Date* or *New COB Effective Date* fields for GHP and NGHP records, see Appendix G.
PE0M	Invalid New Insurer Type
PE0N	Invalid New MSP Type
PE0O	Invalid New Patient Relationship A matching record already exists with the new patient relationship
PE0P	Add/Update of Supplemental Type Q and S is not allowed
PE0Q	Invalid Insurance Type. MSP Inquiry submitted with an Insurance Type other than "A," "J," "K," "R," "S," or blank.
PE1A	Invalid Diagnosis Code 1 ICD Indicator
PE69	Invalid Diagnosis Code 1
PE1B	Invalid Diagnosis Code 2 ICD Indicator
PE70	Invalid Diagnosis Code 2
PE1C	Invalid Diagnosis Code 3 ICD Indicator
PE71	Invalid Diagnosis Code 3
PE1D	Invalid Diagnosis Code 4 ICD Indicator
PE72	Invalid Diagnosis Code 4
PE1E	Invalid Diagnosis Code 5 ICD Indicator
PE73	Invalid Diagnosis Code 5
PE1F	Invalid Diagnosis Code 6 ICD Indicator
PE1G	Invalid Diagnosis Code 6
PE1H	Invalid Diagnosis Code 7 ICD Indicator
PE1I	Invalid Diagnosis Code 7

Error Code	Description
PE1J	Invalid Diagnosis Code 8 ICD Indicator
PE1K	Invalid Diagnosis Code 8
PE1L	Invalid Diagnosis Code 9 ICD Indicator
PE1M	Invalid Diagnosis Code 9
PE1N	Invalid Diagnosis Code 10 ICD Indicator
PE1O	Invalid Diagnosis Code 10
PE1P	Invalid Diagnosis Code 11 ICD Indicator
PE1Q	Invalid Diagnosis Code11
PE1R	Invalid Diagnosis Code 12 ICD Indicator
PE1S	Invalid Diagnosis Code 12
PE1T	Invalid Diagnosis Code 13 ICD Indicator
PE1U	Invalid Diagnosis Code 13
PE1V	Invalid Diagnosis Code 14 ICD Indicator
PE1W	Invalid Diagnosis Code 14
PE1X	Invalid Diagnosis Code 15 ICD Indicator
PE1Y	Invalid Diagnosis Code 15
PE1Z	Invalid Diagnosis Code 16 ICD Indicator
PE2A	Invalid Diagnosis Code 16
PE2B	Invalid Diagnosis Code 17 ICD Indicator
PE2C	Invalid Diagnosis Code 17
PE2D	Invalid Diagnosis Code 18 ICD Indicator
PE2E	Invalid Diagnosis Code 18
PE2F	Invalid Diagnosis Code 19 ICD Indicator
PE2G	Invalid Diagnosis Code 19
PE2H	Invalid Diagnosis Code 20 ICD Indicator
PE2I	Invalid Diagnosis Code 20
PE2J	Matching record not found for update
PE2K	Effective Date of Other Drug Coverage is not in MMDDCCYY format
PE2L	New Effective Date of Other Drug Coverage is not in MMDDCCYY format
PE2M	New Effective Date of Other Drug Coverage submitted is equal to the Effective Date submitted
PE2N	New Effective Date of Other Drug Coverage submitted is equal to the current Effective Date of Other Drug Coverage for the matching record
PE2O	Updates To Matching Record Are In Process, Resubmit Request
RX02	Invalid Rx BIN. Must be 6-digit number, cannot be all the same number
RX05	Missing Individual Policy Number

Error Code	Description
RX07	Medicare Beneficiary Not Enrolled in Part D
RX10	Record not found to delete
RX11	Record not found for update
RX12	Invalid Supplemental Type
RX15	Action code is 'CX' and Group, BIN, and PCN are spaces When action code is 'CX' and none of the values is different than what is already on the matching record
RX16	Action code is 'AP' and Group and Policy Number are spaces.
RX17	Record Type is Supplemental and Supplemental Type is spaces
RX18	Invalid Rx PCN

Appendix I: Frequently Asked Questions (FAQs)

Table I-1: Am I Using the Correct Option?

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Create Requests or Inquiries	CWF Assistance Request	Add a new Assistance Request for **changes to existing CWF MSP auxiliary occurrences.**
Create Requests or Inquiries	MSP Inquiry	Add a new Inquiry about a new or **possible MSP situation not yet documented at CWF.**
Create Requests or Inquiries	Prescription Drug Assistance Request	Add a new Assistance Request for **Part D information.**
Create Requests or Inquiries	Prescription Drug Inquiry	Add a new Inquiry about a possible **Prescription Drug situation not yet documented at MBD.**
Search for Requests or Inquiries	CWF Assistance Request	• View a list of all CWF Assistance Requests submitted by the contractor • Check the progress of a CWF Assistance Request transaction • Delete CWF Assistance Requests that have not been processed by the COB. • View summary detail for a selected CWF Assistance Request transaction.
Search for Requests or Inquiries	MSP Inquiries	• View a list of all MSP Inquiries submitted by the contractor • Check the progress of an MSP Inquiry transaction. • Delete MSP Inquiry requests that have not been processed by the COB. • View summary detail for a selected MSP Inquiry transaction.
Search for Requests or Inquiries	Prescription Drug Assistance Requests	• View a list of all Prescription Drug Assistance Requests submitted by the contractor • Check the progress of a Prescription Drug Assistance Request transaction • Delete Prescription Drug Assistance Requests that have not been processed by the COB. • View summary detail for a selected Prescription Drug Assistance Request transaction.

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Search for Requests or Inquiries	Prescription Drug Inquiries	• View a list of all Prescription Drug Inquiries submitted by the contractor. • Check the progress of a Prescription Drug Inquiry transaction. • Delete Prescription Drug Inquiry requests that have not been processed by the COB. • View summary detail for a selected Prescription Drug Inquiry transaction.
Reports	Contractor Workload Tracking	Review your contractor site's workload (for Medicare contractors)
Reports	Consolidated ECRS Workload Search	Verify the receipt and status of all submitted requests (for Medicare contractors, not including ROs and COs)
Reports	CMS Workload Tracking	Review contractor workloads (for CMS users).
Reports	Quality Assurance Surveillance Plan (QASP) Report	Review Inquiry, and Assistance request statistics (for CMS users)
Files	Upload File	Upload batch files for processing assistance requests and inquiries. (*Requires special user authority.*)
Files	Download Response File	Download responses to previously uploaded batch files, after transactions have been processed by COB. (*Requires special user authority.*)

I.1   General Issues

What are the operating hours for the ECRS Web application?

Attempts are made to have ECRS Web available at all times. However, certain portions of the application, such as HIMR, may only be available from 8 a.m. until 5 p.m. EST. In addition, system maintenance is performed on Sundays, which also may affect availability.

Do all contractors see the same exact information on ECRS Web, or does it vary from state to state?

ECRS Web information is restricted by contractor number and access code. Contractors can view information associated with other contractors if they the necessary contractor number and access code, in addition to a valid Medicare ID.

Can users print ECRS Web pages?

Yes, some pages can be printed by clicking the Print icon on that page.

I.2   Inquiry and Assistance Request Issues

Are completed MSP Inquiries, CWF Assistance Requests, Prescription Drug Assistance Requests, and Prescription Drug inquiries purged?

No, but there are origin date parameters on the search pages that allow you to specify date ranges. The default, unless changed by the user, only shows transactions for the most recent 31 calendar days. You can search requests based on the following criteria:

- Contractor Number
- Medicare ID
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

When searching by Medicare ID, DCN, or SSN, Origin Date range is not required, and results include all contractors, not just your own.

Why can I only update or delete an Inquiry or Assistance Request while it is in NW (new) status?

When an inquiry or assistance request is initially submitted, it has to wait until the batch application processes in the evening before changes or inquiries are actually processed.

During the time that the transaction sits in wait, it is considered to be in NW status. It is only during this time that you can delete or update a transaction, because it has not yet been processed.

Does a contractor need to send three separate Assistance Requests to delete three auxiliary records for the same beneficiary?

Yes. When an assistance request is submitted with the action code of DO, the delete is automated within the system, so three separate requests must be submitted to assure all occurrences are deleted.

In the event a transaction is sent via ECRS Web through both an Assistance Request and an Inquiry option, does ECRS have an edit in place that will find these duplicate records?

ECRS Web does not have an edit in place to detect this potential duplicate situation. However, an MSP Inquiry will reject with a reason code 87 when a duplicate record is present on the Case Coverage Database.

If a contractor has multiple contractor numbers, can they choose one to use consistently for Inquiries and Assistance Request transactions?

Yes. You can use whatever contractor number is best for your work process.

Can contractors delete an Inquiry once it has been entered and is later found to contain an error?

Medicare contractors can delete an inquiry if they discover the error on the same day and the inquiry is in NW status. If the error is discovered after the inquiry has been processed, the contractor can submit a CWF Assistance Request (for MSP Inquiries), or a Prescription Drug Assistance Request (for Prescription drug Inquiries), or notify the BCRC.

What action code should contractors use when they receive information regarding a termination date for a 77777 or 11102 record that is more than six months from the date of accretion?

Select **CWF Assistance Request** under the heading Create Requests and Inquiries, from the *Main Menu*. On the *Action Requested* page, use ACTION TD, and enter the Termination Date on the *CWF Auxiliary Record Data* page.

Does the BCRC view the Comments fields on the Assistance Request Detail pages and the MSP Inquiry Detail page?

On the *Assistance Request Detail* pages, the BCRC views the comments as necessary for each ECRS type. On the *MSP Inquiry Detail* page, the Comments field has been removed and replaced with additional Action and reason codes.

Appendix J: Excluded Diagnosis Codes for No-Fault Plan Type D

Table J-1: Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type D

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
244	Postsurgical hypothyroidism
244.1	Other postablative hypothyroidism
244.2	Iodine hypothyroidism
244.3	Other iatrogenic hypothyroidism
244.8	Other specified acquired hypothyroidism
244.9	Unspecified acquired hypothyroidism
250	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled
250.1	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled
250.2	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled
250.3	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled
250.33	Diabetes with other coma, type II or unspecified type, uncontrolled
250.4	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled
250.5	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
250.6	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled
250.7	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled
250.8	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled
250.9	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled
272	Pure hypercholesterolemia
272.1	Pure hyperglyceridemia
272.2	Mixed hyperlipidemia
272.3	Hyperchylomicronemia
272.4	Other and unspecified hyperlipidemia
272.5	Lipoprotein deficiencies
272.6	Lipodystrophy
272.7	Lipidoses
272.8	Other disorders of lipoid metabolism
272.9	Unspecified disorder of lipoid metabolism
285	Sideroblastic anemia
285.1	Acute posthemorrhagic anemia
285.21	Anemia in chronic kidney disease
285.22	Anemia in neoplastic disease
285.29	Anemia of other chronic disease
285.3	Antineoplastic chemotherapy induced anemia
285.8	Other specified anemias
285.9	Anemia, unspecified
300	Anxiety state, unspecified

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
300.01	Panic disorder without agoraphobia
300.02	Generalized anxiety disorder
300.09	Other anxiety states
300.1	Hysteria, unspecified
300.11	Conversion disorder
300.12	Dissociative amnesia
300.13	Dissociative fugue
300.14	Dissociative identity disorder
300.15	Dissociative disorder or reaction, unspecified
300.16	Factitious disorder with predominantly psychological signs and symptoms
300.19	Other and unspecified factitious illness
300.2	Phobia, unspecified
300.21	Agoraphobia with panic disorder
300.22	Agoraphobia without mention of panic attacks
300.23	Social phobia
300.29	Other isolated or specific phobias
300.3	Obsessive-compulsive disorders
300.4	Dysthymic disorder
300.5	Neurasthenia
300.6	Depersonalization disorder
300.7	Hypochondriasis
300.81	Somatization disorder
300.82	Undifferentiated somatoform disorder
300.89	Other somatoform disorders
300.9	Unspecified nonpsychotic mental disorder
305.1	Tobacco use disorder
401.9	Unspecified essential hypertension
403	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
403.1	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
403.9	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
414	Coronary atherosclerosis of unspecified type of vessel, native or graft
414.01	Coronary atherosclerosis of native coronary artery
414.02	Coronary atherosclerosis of autologous vein bypass graft
414.03	Coronary atherosclerosis of nonautologous biological bypass graft
414.04	Coronary atherosclerosis of artery bypass graft
414.05	Coronary atherosclerosis of unspecified bypass graft
414.06	Coronary atherosclerosis of native coronary artery of transplanted heart
414.07	Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart
414.1	Aneurysm of heart (wall)
414.11	Aneurysm of coronary vessels
414.12	Dissection of coronary artery
414.19	Other aneurysm of heart
414.2	Chronic total occlusion of coronary artery
414.3	Coronary atherosclerosis due to lipid rich plaque
414.4	Coronary atherosclerosis due to calcified coronary lesion
414.8	Other specified forms of chronic ischemic heart disease
414.9	Chronic ischemic heart disease, unspecified
427.3	Atrial fibrillation
427.32	Atrial flutter
486	Pneumonia, organism unspecified
530.81	Esophageal reflux
530.82	Esophageal hemorrhage
530.83	Esophageal leukoplakia
530.84	Tracheoesophageal fistula
530.85	Barrett's esophagus
530.86	Infection of esophagostomy
530.87	Mechanical complication of esophagostomy
530.89	Other specified disorders of esophagus
584.5	Acute kidney failure with lesion of tubular necrosis
584.6	Acute kidney failure with lesion of renal cortical necrosis
584.7	Acute kidney failure with lesion of renal medullary [papillary] necrosis
584.8	Acute kidney failure with other specified pathological lesion in kidney
584.9	Acute kidney failure, unspecified
585.1	Chronic kidney disease, Stage I

DX Code	Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
585.2	Chronic kidney disease, Stage II (mild)
585.3	Chronic kidney disease, Stage III (moderate)
585.4	Chronic kidney disease, Stage IV (severe)
585.5	Chronic kidney disease, Stage V
585.6	End stage renal disease
585.9	Chronic kidney disease, unspecified
599.0	Urinary tract infection, site not specified
599.1	Urinary tract infection, site not specified
599.2	Urethral diverticulum
599.3	Urethral caruncle
599.4	Urethral false passage
599.5	Prolapsed urethral mucosa
599.60	Urinary obstruction, unspecified
599.69	Urinary obstruction, not elsewhere classified
599.7	Hematuria
599.70	Hematuria, unspecified
599.71	Gross hematuria
599.72	Microscopic hematuria
599.81	Urethral hypermobility
599.82	Intrinsic (urethral) sphincter deficiency [ISD]
599.83	Urethral instability
599.84	Other specified disorders of urethra
599.89	Other specified disorders of urinary tract
599.9	Unspecified disorder of urethra and urinary tract
784.0	Headache
799.9	Other unknown and unspecified cause of morbidity and mortality
3001	Hysteria
3002	Phobic Disorders
3008	Other Neurotic Disorders
4039	Unspecified Hypertensive Renal Disease
5996	Urinary Obstruction, Unspecified
5998	Other Specified Disorder of Urethra and Urinary Tract

Table J-2: Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type D

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
A79.82	Anaplasmosis [A. phagocytophilum]
C56.3	Malignant neoplasm of bilateral ovaries
C79.63	Secondary malignant neoplasm of bilateral ovaries
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
D55.21	Anemia due to pyruvate kinase deficiency
D55.29	Anemia due to other disorders of glycolytic enzymes
D62	Acute posthemorrhagic anemia
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D64.9	Anemia, unspecified
D75.838	Other thrombocytosis
D75.839	Thrombocytosis, unspecified
D89.44	Hereditary alpha tryptasemia
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E1110	Type 2 diabetes mellitus with ketoacidosis without coma

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E1111	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E71.30	Disorder of fatty-acid metabolism, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
E89.0	Postprocedural hypothyroidism
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.203	Nicotine dependence unspecified, with withdrawal
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other disorders
F17.219	Nicotine dependence, cigarettes, with unspecified disorders
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other disorders
F17.219	Nicotine dependence, cigarettes, with unspecified disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified disorders
F32.A	Depression, unspecified
F34.1	Dysthymic disorder
F40.00	Agoraphobia, unspecified

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F48.1	Depersonalization-derealization syndrome
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F78.A1	SYNGAP1-related intellectual disability
F78.A9	Other genetic related intellectual disability
F99	Mental disorder, not otherwise specified
G04.82	Acute flaccid myelitis
G44.1	Vascular headache, not elsewhere classified
G92.00	Immune effor cell-associated neurotoxicity synd, grade unspecified
G92.01	Immune effector cell-associated neurotoxicity syndrome, grade 1
G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2
G92.03	Immune effector cell-associated neurotoxicity syndrome, grade 3
G92.04	Immune effector cell-associated neurotoxicity syndrome, grade 4
G92.05	Immune effector cell-associated neurotoxicity syndrome, grade 5
G92.8	Other toxic encephalopathy
G92.9	Unspecified toxic encephalopathy
I10	Essential (primary) hypertension
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2	Old myocardial infarction
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I5.A	Non-ischemic myocardial injury (non-traumatic)
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J86.0	Pyothorax with fistula
K21.9	Gastro-esophageal reflux disease without esophagitis
K22.0	Achalasia of cardia

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
K22.10	Ulcer of esophagus without bleeding
K22.11	Ulcer of esophagus with bleeding
K22.2	Esophageal obstruction
K22.4	Dyskinesia of esophagus
K22.5	Diverticulum of esophagus, acquired
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
K22.8	Other specified diseases of esophagus
K22.81	Esophageal polyp
K22.82	Esophagogastric junction polyp
K22.89	Other specified disease of esophagus
K22.9	Disease of esophagus, unspecified
K23	Disorders of esophagus in diseases classified elsewhere
K31.A0	Gastric intestinal metaplasia, unspecified
K31.A11	Gastric intestinal metaplasia without dysplasia, involving the antrum
K31.A12	Gastric intestinal metaplasia without dysplasia, involving the body (corpus)
K31.A13	Gastric intestinal metaplasia without dysplasia, involving the fundus
K31.A14	Gastric intestinal metaplasia without dysplasia, involving the cardia
K31.A15	Gastric intestinal metaplasia without dysplasia, involving multiple sites
K31.A19	Gastric intestinal metaplasia without dysplasia, unspecified site
K31.A21	Gastric intestinal metaplasia with low grade dysplasia
K31.A22	Gastric intestinal metaplasia with high grade dysplasia
K31.A29	Gastric intestinal metaplasia with dysplasia, unspecified
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy
L24.A0	Irritant contact dermatitis due to friction or contact with body fluids, unspecified
L24.A1	Irritant contact dermatitis due to saliva
L24.A2	Irritant contact dermatitis due to fecal, urinary or dual incontinence
L24.A9	Irritant contact dermatitis due friction or contact with other specified body fluids

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
L24.B0	Irritant contact dermatitis related to unspecified stoma or fistula
L24.B1	Irritant contact dermatitis related to digestive stoma or fistula
L24.B2	Irritant contact dermatitis related to respiratory stoma or fistula
L24.B3	Irritant contact dermatitis related to fecal or urinary stoma or fistula
M31.10	Thrombotic microangiopathy, unspecified
M31.11	Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]
M31.19	Other thrombotic microangiopathy
M35.00	Sjogren syndrome, unspecified
M35.01	Sjogren syndrome with keratoconjunctivitis
M35.02	Sjogren syndrome with lung involvement
M35.03	Sjogren syndrome with myopathy
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy
M35.05	Sjogren syndrome with inflammatory arthritis
M35.06	Sjogren syndrome with peripheral nervous system involvement
M35.07	Sjogren syndrome with central nervous system involvement
M35.08	Sjogren syndrome with gastrointestinal involvement
M35.09	Sjogren syndrome with other organ involvement
M35.0A	Sjogren syndrome with glomerular disease
M35.0B	Sjogren syndrome with vasculitis
M35.0C	Sjogren syndrome with dental involvement
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
M54.50	Low back pain, unspecified
M54.59	Other low back pain
N13.9	Obstructive and reflux uropathy, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N36.0	Urethral fistula
N36.1	Urethral diverticulum
N36.1	Urethral caruncle
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.5	Urethral false passage
N36.8	Other specified disorders of urethra
N36.9	Urethral disorder, unspecified
N39.0	Urinary tract infection, site not specified
N39.8	Other specified disorders of urinary system
N39.9	Disorder of urinary system, unspecified
P00.82	Newborn affected by (positive) maternal group B streptococcus (GBS) colonization
P09.1	Abnormal findings on neonatal screening for inborn errors of metabolism
P09.2	Abnormal findings on neonatal screening for congenital endocrine disease
P09.3	Abnormal findings on neonatal screening for congenital hematologic disorders
P09.4	Abnormal findings on neonatal screening for cystic fibrosis
P09.5	Abnormal findings on neonatal screening for critical congenital heart disease
P09.6	Abnormal findings on neonatal screening for neonatal hearing loss
P09.8	Other abnormal findings on neonatal screening
P09.9	Abnormal findings on neonatal screening, unspecified
R05.8	Other specified cough
R05.9	Cough, unspecified
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
R31.2	Other microscopic hematuria
R31.9	Hematuria, unspecified
R35.81	Nocturnal polyuria
R35.89	Other polyuria
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.88	Nonsuicidal self-harm
R51	Headache
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
R63.30	Feeding difficulties, unspecified
R63.31	Pediatric feeding disorder, acute
R63.32	Pediatric feeding disorder, chronic
R63.39	Other feeding difficulties
R79.83	Abnormal findings of blood amino-acid level
T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
T40.711D	Poisoning by cannabis, accidental (unintentional), subsequent encounter
T40.711S	Poisoning by cannabis, accidental (unintentional), sequela
T40.712A	Poisoning by cannabis, intentional self-harm, initial encounter
T40.712D	Poisoning by cannabis, intentional self-harm, subsequent encounter
T40.712S	Poisoning by cannabis, intentional self-harm, sequela
T40.713A	Poisoning by cannabis, assault, initial encounter
T40.713D	Poisoning by cannabis, assault, subsequent encounter
T40.713S	Poisoning by cannabis, assault, sequela
T40.714A	Poisoning by cannabis, undetermined, initial encounter
T40.714D	Poisoning by cannabis, undetermined, subsequent encounter
T40.714S	Poisoning by cannabis, undetermined, sequela
T40.715A	Adverse effect of cannabis, initial encounter
T40.715D	Adverse effect of cannabis, subsequent encounter
T40.715S	Adverse effect of cannabis, sequela
T40.716A	Underdosing of cannabis, initial encounter
T40.716D	Underdosing of cannabis, subsequent encounter
T40.716S	Underdosing of cannabis, sequela
T40.721A	Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
T40.721D	Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter
T40.721S	Poisoning by synthetic cannabinoids, accidental (unintentional), sequela
T40.722A	Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
T40.722D	Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter
T40.722S	Poisoning by synthetic cannabinoids, intentional self-harm, sequela
T40.723A	Poisoning by synthetic cannabinoids, assault, initial encounter
T40.723D	Poisoning by synthetic cannabinoids, assault, subsequent encounter
T40.723S	Poisoning by synthetic cannabinoids, assault, sequela
T40.724A	Poisoning by synthetic cannabinoids, undetermined, initial encounter
T40.724D	Poisoning by synthetic cannabinoids, undetermined, subsequent encounter
T40.724S	Poisoning by synthetic cannabinoids, undetermined, sequela
T40.725A	Adverse effect of synthetic cannabinoids, initial encounter
T40.725D	Adverse effect of synthetic cannabinoids, subsequent encounter
T40.725S	Adverse effect of synthetic cannabinoids, sequela
T40.726A	Underdosing of synthetic cannabinoids, initial encounter
T40.726D	Underdosing of synthetic cannabinoids, subsequent encounter
T40.726S	Underdosing of synthetic cannabinoids, sequela
T63.611A	Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), initial encounter
T63.611D	Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), subsequent encounter
T63.611S	Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), sequela
T63.612A	Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, initial encounter
T63.612D	Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, subsequent encounter
T63.612S	Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, sequela
T63.613A	Toxic effect of contact with Portuguese Man-o-war, assault, initial encounter
T63.613D	Toxic effect of contact with Portuguese Man-o-war, assault, subsequent encounter
T63.613S	Toxic effect of contact with Portuguese Man-o-war, assault, sequela
T63.614A	Toxic effect of contact with Portuguese Man-o-war, undetermined, initial encounter
T63.614D	Toxic effect of contact with Portuguese Man-o-war, undetermined, subsequent encounter
T63.614S	Toxic effect of contact with Portuguese Man-o-war, undetermined, sequela
T80.82XA	Complication of immune effector cellular therapy, initial encounter
T80.82XD	Complication of immune effector cellular therapy, subsequent encounter
T80.82XS	Complication of immune effector cellular therapy, sequel
U09.9	Post COVID-19 condition, unspecified
V00.01XA	Pedestrian on foot injured in collision with roller-skater, initial encounter
V00.01XD	Pedestrian on foot injured in collision with roller-skater, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.01XS	Pedestrian on foot injured in collision with roller-skater, sequela
V00.02XA	Pedestrian on foot injured in collision with skateboarder, initial encounter
V00.02XD	Pedestrian on foot injured in collision with skateboarder, subsequent encounter
V00.02XS	Pedestrian on foot injured in collision with skateboarder, sequela
V00.031A	Pedestrian on foot injured in collision with rider of standing electric scooter, initial encounter
V00.031D	Pedestrian on foot injured in collision with rider of standing electric scooter, subsequent encounter
V00.031S	Pedestrian on foot injured in collision with rider of standing electric scooter, sequela
V00.038A	Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, initial encounter
V00.038D	Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, subsequent encounter
V00.038S	Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, sequela
V00.09XA	Pedestrian on foot injured in collision with other pedestrian conveyance, initial encounter
V00.09XD	Pedestrian on foot injured in collision with other pedestrian conveyance, subsequent encounter
V00.09XS	Pedestrian on foot injured in collision with other pedestrian conveyance, sequela
V00.111A	Fall from in-line roller-skates, initial encounter
V00.111D	Fall from in-line roller-skates, subsequent encounter
V00.111S	Fall from in-line roller-skates, sequela
V00.112A	In-line roller-skater colliding with stationary object, initial encounter
V00.112D	In-line roller-skater colliding with stationary object, subsequent encounter
V00.112S	In-line roller-skater colliding with stationary object, sequela
V00.118A	Other in-line roller-skate accident, initial encounter
V00.118D	Other in-line roller-skate accident, subsequent encounter
V00.118S	Other in-line roller-skate accident, sequela
V00.121A	Fall from non-in-line roller-skates, initial encounter
V00.121D	Fall from non-in-line roller-skates, subsequent encounter
V00.121S	Fall from non-in-line roller-skates, sequela
V00.122A	Non-in-line roller-skater colliding with stationary object, initial encounter
V00.122D	Non-in-line roller-skater colliding with stationary object, subsequent encounter
V00.122S	Non-in-line roller-skater colliding with stationary object, sequela
V00.128A	Other non-in-line roller-skating accident, initial encounter
V00.128D	Other non-in-line roller-skating accident, subsequent encounter
V00.128S	Other non-in-line roller-skating accident, sequela
V00.131A	Fall from skateboard, initial encounter
V00.131D	Fall from skateboard, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.131S	Fall from skateboard, sequela
V00.132A	Skateboarder colliding with stationary object, initial encounter
V00.132D	Skateboarder colliding with stationary object, subsequent encounter
V00.132S	Skateboarder colliding with stationary object, sequela
V00.138A	Other skateboard accident, initial encounter
V00.138D	Other skateboard accident, subsequent encounter
V00.138S	Other skateboard accident, sequela
V00.141A	Fall from scooter (nonmotorized), initial encounter
V00.141D	Fall from scooter (nonmotorized), subsequent encounter
V00.141S	Fall from scooter (nonmotorized), sequela
V00.142A	Scooter (nonmotorized) colliding with stationary object, initial encounter
V00.142D	Scooter (nonmotorized) colliding with stationary object, subsequent encounter
V00.142S	Scooter (nonmotorized) colliding with stationary object, sequela
V00.148A	Other scooter (nonmotorized) accident, initial encounter
V00.148D	Other scooter (nonmotorized) accident, subsequent encounter
V00.148S	Other scooter (nonmotorized) accident, sequela
V00.151A	Fall from heelies, initial encounter
V00.151D	Fall from heelies, subsequent encounter
V00.151S	Fall from heelies, sequela
V00.152A	Heelies colliding with stationary object, initial encounter
V00.152D	Heelies colliding with stationary object, subsequent encounter
V00.152S	Heelies colliding with stationary object, sequela
V00.158A	Other heelies accident, initial encounter
V00.158D	Other heelies accident, subsequent encounter
V00.158S	Other heelies accident, sequela
V00.181A	Fall from other rolling-type pedestrian conveyance, initial encounter
V00.181D	Fall from other rolling-type pedestrian conveyance, subsequent encounter
V00.181S	Fall from other rolling-type pedestrian conveyance, sequela
V00.182A	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, initial encounter
V00.182D	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, subsequent encounter
V00.182S	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, sequela
V00.188A	Other accident on other rolling-type pedestrian conveyance, initial encounter
V00.188D	Other accident on other rolling-type pedestrian conveyance, subsequent encounter
V00.188S	Other accident on other rolling-type pedestrian conveyance, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.211A	Fall from ice-skates, initial encounter
V00.211D	Fall from ice-skates, subsequent encounter
V00.211S	Fall from ice-skates, sequela
V00.212A	Ice-skater colliding with stationary object, initial encounter
V00.212D	Ice-skater colliding with stationary object, subsequent encounter
V00.212S	Ice-skater colliding with stationary object, sequela
V00.218A	Other ice-skates accident, initial encounter
V00.218D	Other ice-skates accident, subsequent encounter
V00.218S	Other ice-skates accident, sequela
V00.221A	Fall from sled, initial encounter
V00.221D	Fall from sled, subsequent encounter
V00.221S	Fall from sled, sequela
V00.222A	Sledder colliding with stationary object, initial encounter
V00.222D	Sledder colliding with stationary object, subsequent encounter
V00.222S	Sledder colliding with stationary object, sequela
V00.228A	Other sled accident, initial encounter
V00.228D	Other sled accident, subsequent encounter
V00.228S	Other sled accident, sequela
V00.281A	Fall from other gliding-type pedestrian conveyance, initial encounter
V00.281D	Fall from other gliding-type pedestrian conveyance, subsequent encounter
V00.281S	Fall from other gliding-type pedestrian conveyance, sequela
V00.282A	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, initial encounter
V00.282D	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, subsequent encounter
V00.282S	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, sequela
V00.288A	Other accident on other gliding-type pedestrian conveyance, initial encounter
V00.288D	Other accident on other gliding-type pedestrian conveyance, subsequent encounter
V00.288S	Other accident on other gliding-type pedestrian conveyance, sequela
V00.311A	Fall from snowboard, initial encounter
V00.311D	Fall from snowboard, subsequent encounter
V00.311S	Fall from snowboard, sequela
V00.312A	Snowboarder colliding with stationary object, initial encounter
V00.312D	Snowboarder colliding with stationary object, subsequent encounter
V00.312S	Snowboarder colliding with stationary object, sequela
V00.318A	Other snowboard accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.318D	Other snowboard accident, subsequent encounter
V00.318S	Other snowboard accident, sequela
V00.321A	Fall from snow-skis, initial encounter
V00.321D	Fall from snow-skis, subsequent encounter
V00.321S	Fall from snow-skis, sequela
V00.322A	Snow-skier colliding with stationary object, initial encounter
V00.322D	Snow-skier colliding with stationary object, subsequent encounter
V00.322S	Snow-skier colliding with stationary object, sequela
V00.328A	Other snow-ski accident, initial encounter
V00.328D	Other snow-ski accident, subsequent encounter
V00.328S	Other snow-ski accident, sequela
V00.381A	Fall from other flat-bottomed pedestrian conveyance, initial encounter
V00.381D	Fall from other flat-bottomed pedestrian conveyance, subsequent encounter
V00.381S	Fall from other flat-bottomed pedestrian conveyance, sequela
V00.382A	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, initial encounter
V00.382D	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, subsequent encounter
V00.382S	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, sequela
V00.388A	Other accident on other flat-bottomed pedestrian conveyance, initial encounter
V00.388D	Other accident on other flat-bottomed pedestrian conveyance, subsequent encounter
V00.388S	Other accident on other flat-bottomed pedestrian conveyance, sequela
V00.811A	Fall from moving wheelchair (powered), initial encounter
V00.811D	Fall from moving wheelchair (powered), subsequent encounter
V00.811S	Fall from moving wheelchair (powered), sequela
V00.812A	Wheelchair (powered) colliding with stationary object, initial encounter
V00.812D	Wheelchair (powered) colliding with stationary object, subsequent encounter
V00.812S	Wheelchair (powered) colliding with stationary object, sequela
V00.818A	Other accident with wheelchair (powered), initial encounter
V00.818D	Other accident with wheelchair (powered), subsequent encounter
V00.818S	Other accident with wheelchair (powered), sequela
V00.821A	Fall from baby stroller, initial encounter
V00.821D	Fall from baby stroller, subsequent encounter
V00.821S	Fall from baby stroller, sequela
V00.822A	Baby stroller colliding with stationary object, initial encounter
V00.822D	Baby stroller colliding with stationary object, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.822S	Baby stroller colliding with stationary object, sequela
V00.828A	Other accident with baby stroller, initial encounter
V00.828D	Other accident with baby stroller, subsequent encounter
V00.828S	Other accident with baby stroller, sequela
V00.831A	Fall from motorized mobility scooter, initial encounter
V00.831D	Fall from motorized mobility scooter, subsequent encounter
V00.831S	Fall from motorized mobility scooter, sequela
V00.832A	Motorized mobility scooter colliding with stationary object, initial encounter
V00.832D	Motorized mobility scooter colliding with stationary object, subsequent encounter
V00.832S	Motorized mobility scooter colliding with stationary object, sequela
V00.838A	Other accident with motorized mobility scooter, initial encounter
V00.838D	Other accident with motorized mobility scooter, subsequent encounter
V00.838S	Other accident with motorized mobility scooter, sequela
V00.841A	Fall from standing electric scooter, initial encounter
V00.841D	Fall from standing electric scooter, subsequent encounter
V00.841S	Fall from standing electric scooter, sequela
V00.842A	Pedestrian on standing electric scooter colliding with stationary object, initial encounter
V00.842D	Pedestrian on standing electric scooter colliding with stationary object, subsequent encounter
V00.842S	Pedestrian on standing electric scooter colliding with stationary object, sequel
V00.848A	Other accident with standing micro-mobility pedestrian conveyance, initial encounter
V00.848D	Other accident with standing micro-mobility pedestrian conveyance, subsequent encounter
V00.848S	Other accident with standing micro-mobility pedestrian conveyance, sequela
V00.891A	Fall from other pedestrian conveyance, initial encounter
V00.891D	Fall from other pedestrian conveyance, subsequent encounter
V00.891S	Fall from other pedestrian conveyance, sequela
V00.892A	Pedestrian on other pedestrian conveyance colliding with stationary object, initial encounter
V00.892D	Pedestrian on other pedestrian conveyance colliding with stationary object, subsequent encounter
V00.892S	Pedestrian on other pedestrian conveyance colliding with stationary object, sequela
V00.898A	Other accident on other pedestrian conveyance, initial encounter
V00.898D	Other accident on other pedestrian conveyance, subsequent encounter
V00.898S	Other accident on other pedestrian conveyance, sequela
V01.00XA	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.00XD	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.00XS	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, sequela
V01.01XA	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V01.01XD	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.01XS	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, sequela
V01.02XA	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.02XD	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.02XS	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, sequela
V01.031A	Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.031D	Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.031S	Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, sequela
V01.038A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.038D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.038S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, sequela
V01.09XA	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.09XD	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.09XS	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, sequela
V01.10XA	Pedestrian on foot injured in collision with pedal cycle in traffic accident, initial encounter
V01.10XD	Pedestrian on foot injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.10XS	Pedestrian on foot injured in collision with pedal cycle in traffic accident, sequela
V01.11XA	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, initial encounter
V01.11XD	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.11XS	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, sequela
V011.2XA	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, initial encounter
V011.2XD	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.12XS	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, sequela
V01.131A	Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, initial encounter
V01.131D	Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.131S	Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V01.138A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, initial encounter
V01.138D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.138S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, sequela
V01.19XA	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, initial encounter
V01.19XD	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.19XS	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, sequela
V01.90XA	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.90XD	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.90XS	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.91XA	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.91XD	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.91XS	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.92XA	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.92XD	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.92XS	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.931A	Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.931D	Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.931S	Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.938A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.938D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.938S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.99XA	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V01.99XD	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.99XS	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V06.00XA	Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.00XD	Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.00XS	Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.01XA	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.01XD	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.01XS	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.02XA	Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.02XD	Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.02XS	Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.031A	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.031D	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.031S	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.038A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.038D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.038S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.09XA	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.09XD	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.09XS	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.10XA	Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.10XD	Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.10XS	Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V06.11XA	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.11XD	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.11XS	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.12XA	Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.12XD	Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.12XS	Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.131A	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.131D	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.131S	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.138A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.138D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06138S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.19XA	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.19XD	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.19XS	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.90XA	Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V0690XD	Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.90XS	Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.91XA	Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.91XD	Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.91XS	Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.92XA	Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V06.92XD	Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.92XS	Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.931A	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.931D	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.931S	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.938A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.938D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.938S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.99XA	Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.99XD	Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.99XS	Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V09.1XXA	Pedestrian injured in unspecified nontraffic accident, initial encounter
V09.1XXD	Pedestrian injured in unspecified nontraffic accident, subsequent encounter
V09.1XXS	Pedestrian injured in unspecified nontraffic accident, sequela
V10.0XXA	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter
V10.0XXD	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
V10.0XXS	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela
V10.1XXA	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, initial encounter
V10.1XXD	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
V10.1XXS	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, sequela
V10.2XXA	Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, initial encounter
V10.2XXD	Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
V10.2XXS	Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, sequela
V10.3XXA	Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V10.3XXD	Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal, subsequent encounter
V10.3XXS	Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal, sequela
V10.4XXA	Pedal cycle driver injured in collision with pedestrian or animal in traffic accident, initial encounter
V10.4XXD	Pedal cycle driver injured in collision with pedestrian or animal in traffic accident, subsequent encounter
V10.4XXS	Pedal cycle driver injured in collision with pedestrian or animal in traffic accident, sequela
V10.5XXA	Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident, initial encounter
V10.5XXD	Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident, subsequent encounter
V10.5XXS	Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident, sequela
V10.9XXA	Unspecified pedal cyclist injured in collision with pedestrian or animal in traffic accident, initial encounter
V10.9XXD	Unspecified pedal cyclist injured in collision with pedestrian or animal in traffic accident, subsequent encounter
V10.9XXS	Unspecified pedal cyclist injured in collision with pedestrian or animal in traffic accident, sequela
V11.0XXA	Pedal cycle driver injured in collision with other pedal cycle in nontraffic accident, initial encounter
V11.0XXD	Pedal cycle driver injured in collision with other pedal cycle in nontraffic accident, subsequent encounter
V11.0XXS	Pedal cycle driver injured in collision with other pedal cycle in nontraffic accident, sequela
V11.1XXA	Pedal cycle passenger injured in collision with other pedal cycle in nontraffic accident, initial encounter
V11.1XXD	Pedal cycle passenger injured in collision with other pedal cycle in nontraffic accident, subsequent encounter
V11.1XXS	Pedal cycle passenger injured in collision with other pedal cycle in nontraffic accident, sequela
V11.2XXA	Unspecified pedal cyclist injured in collision with other pedal cycle in nontraffic accident, initial encounter
V11.2XXD	Unspecified pedal cyclist injured in collision with other pedal cycle in nontraffic accident, subsequent encounter
V11.2XXS	Unspecified pedal cyclist injured in collision with other pedal cycle in nontraffic accident, sequela
V11.3XXA	Person boarding or alighting a pedal cycle injured in collision with other pedal cycle, initial encounter
V11.3XXD	Person boarding or alighting a pedal cycle injured in collision with other pedal cycle, subsequent encounter
V11.3XXS	Person boarding or alighting a pedal cycle injured in collision with other pedal cycle, sequela
V11.4XXA	Pedal cycle driver injured in collision with other pedal cycle in traffic accident, initial encounter
V11.4XXD	Pedal cycle driver injured in collision with other pedal cycle in traffic accident, subsequent encounter
V11.4XXS	Pedal cycle driver injured in collision with other pedal cycle in traffic accident, sequela
V11.5XXA	Pedal cycle passenger injured in collision with other pedal cycle in traffic accident, initial encounter
V11.5XXD	Pedal cycle passenger injured in collision with other pedal cycle in traffic accident, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V11.5XXS	Pedal cycle passenger injured in collision with other pedal cycle in traffic accident, sequela
V11.9XXA	Unspecified pedal cyclist injured in collision with other pedal cycle in traffic accident, initial encounter
V11.9XXD	Unspecified pedal cyclist injured in collision with other pedal cycle in traffic accident, subsequent encounter
V11.9XXS	Unspecified pedal cyclist injured in collision with other pedal cycle in traffic accident, sequela
V12.0XXA	Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V12.0XXD	Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V12.0XXS	Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V12.1XXA	Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V12.1XXD	Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V12.1XXS	Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V12.2XXA	Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V12.2XXD	Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V12.2XXS	Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V160XXA	Pedal cycle driver injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V16.0XXD	Pedal cycle driver injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V16.0XXS	Pedal cycle driver injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.1XXA	Pedal cycle passenger injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V16.1XXD	Pedal cycle passenger injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V16.1XXS	Pedal cycle passenger injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.2XXA	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V16.2XXD	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V16.2XXS	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.3XXA	Person boarding or alighting a pedal cycle injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V16.3XXD	Person boarding or alighting a pedal cycle injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V16.3XXS	Person boarding or alighting a pedal cycle injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.4XXA	Pedal cycle driver injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V16.4XXD	Pedal cycle driver injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V16.4XXS	Pedal cycle driver injured in collision with other nonmotor vehicle in traffic accident, sequela
V16.5XXA	Pedal cycle passenger injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V16.5XXD	Pedal cycle passenger injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V16.5XXS	Pedal cycle passenger injured in collision with other nonmotor vehicle in traffic accident, sequela
V16.9XXA	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V16.9XXD	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V16.9XXS	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in traffic accident, sequela
V17.0XXA	Pedal cycle driver injured in collision with fixed or stationary object in nontraffic accident, initial encounter
V17.0XXD	Pedal cycle driver injured in collision with fixed or stationary object in nontraffic accident, subsequent encounter
V17.0XXS	Pedal cycle driver injured in collision with fixed or stationary object in nontraffic accident, sequela
V17.1XXA	Pedal cycle passenger injured in collision with fixed or stationary object in nontraffic accident, initial encounter
V17.1XXD	Pedal cycle passenger injured in collision with fixed or stationary object in nontraffic accident, subsequent encounter
V17.1XXS	Pedal cycle passenger injured in collision with fixed or stationary object in nontraffic accident, sequela
V17.2XXA	Unspecified pedal cyclist injured in collision with fixed or stationary object in nontraffic accident, initial encounter
V17.2XXD	Unspecified pedal cyclist injured in collision with fixed or stationary object in nontraffic accident, subsequent encounter
V17.2XXS	Unspecified pedal cyclist injured in collision with fixed or stationary object in nontraffic accident, sequela
V17.3XXA	Person boarding or alighting a pedal cycle injured in collision with fixed or stationary object, initial encounter
V17.3XXD	Person boarding or alighting a pedal cycle injured in collision with fixed or stationary object, subsequent encounter
V17.3XXS	Person boarding or alighting a pedal cycle injured in collision with fixed or stationary object, sequela
V17.4XXA	Pedal cycle driver injured in collision with fixed or stationary object in traffic accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V17.4XXD	Pedal cycle driver injured in collision with fixed or stationary object in traffic accident, subsequent encounter
V17.4XXS	Pedal cycle driver injured in collision with fixed or stationary object in traffic accident, sequela
V17.5XXA	Pedal cycle passenger injured in collision with fixed or stationary object in traffic accident, initial encounter
V17.5XXD	Pedal cycle passenger injured in collision with fixed or stationary object in traffic accident, subsequent encounter
V17.5XXS	Pedal cycle passenger injured in collision with fixed or stationary object in traffic accident, sequela
V17.9XXA	Unspecified pedal cyclist injured in collision with fixed or stationary object in traffic accident, initial encounter
V17.9XXD	Unspecified pedal cyclist injured in collision with fixed or stationary object in traffic accident, subsequent encounter
V17.9XXS	Unspecified pedal cyclist injured in collision with fixed or stationary object in traffic accident, sequela
V18.0XXA	Pedal cycle driver injured in noncollision transport accident in nontraffic accident, initial encounter
V18.0XXD	Pedal cycle driver injured in noncollision transport accident in nontraffic accident, subsequent encounter
V18.0XXS	Pedal cycle driver injured in noncollision transport accident in nontraffic accident, sequela
V18.1XXA	Pedal cycle passenger injured in noncollision transport accident in nontraffic accident, initial encounter
V18.1XXD	Pedal cycle passenger injured in noncollision transport accident in nontraffic accident, subsequent encounter
V18.1XXS	Pedal cycle passenger injured in noncollision transport accident in nontraffic accident, sequela
V18.2XXA	Unspecified pedal cyclist injured in noncollision transport accident in nontraffic accident, initial encounter
V18.2XXD	Unspecified pedal cyclist injured in noncollision transport accident in nontraffic accident, subsequent encounter
V18.2XXS	Unspecified pedal cyclist injured in noncollision transport accident in nontraffic accident, sequela
V18.3XXA	Person boarding or alighting a pedal cycle injured in noncollision transport accident, initial encounter
V18.3XXD	Person boarding or alighting a pedal cycle injured in noncollision transport accident, subsequent encounter
V18.3XXS	Person boarding or alighting a pedal cycle injured in noncollision transport accident, sequela
V18.4XXA	Pedal cycle driver injured in noncollision transport accident in traffic accident, initial encounter
V18.4XXD	Pedal cycle driver injured in noncollision transport accident in traffic accident, subsequent encounter
V18.4XXS	Pedal cycle driver injured in noncollision transport accident in traffic accident, sequela
V18.5XXA	Pedal cycle passenger injured in noncollision transport accident in traffic accident, initial encounter
V18.5XXD	Pedal cycle passenger injured in noncollision transport accident in traffic accident, subsequent encounter
V18.5XXS	Pedal cycle passenger injured in noncollision transport accident in traffic accident, sequela
V18.9XXA	Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, initial encounter
V18.9XXD	Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V18.9XXS	Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, sequela
V19.00XA	Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter
V19.00XD	Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter
V19.00XS	Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, sequela
V19.09XA	Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, initial encounter
V19.09XD	Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, subsequent encounter
V19.09XS	Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, sequela
V19.10XA	Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter
V19.10XD	Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter
V19.10XS	Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, sequela
V19.19XA	Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, initial encounter
V19.19XD	Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, subsequent encounter
V19.19XS	Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, sequela
V19.20XA	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter
V19.20XD	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter
V19.20XS	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, sequela
V19.29XA	Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, initial encounter
V19.29XD	Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, subsequent encounter
V19.29XS	Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, sequela
V19.40XA	Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter
V19.40XD	Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter
V19.40XS	Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, sequela
V19.49XA	Pedal cycle driver injured in collision with other motor vehicles in traffic accident, initial encounter
V19.49XD	Pedal cycle driver injured in collision with other motor vehicles in traffic accident, subsequent encounter
V19.49XS	Pedal cycle driver injured in collision with other motor vehicles in traffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V19.50XA	Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, initial encounter
V19.50XD	Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter
V19.50XS	Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, sequela
V19.59XA	Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, initial encounter
V19.59XD	Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, subsequent encounter
V19.59XS	Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, sequela
V19.60XA	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, initial encounter
V19.60XD	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter
V19.60XS	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, sequela
V19.69XA	Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, initial encounter
V19.69XD	Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, subsequent encounter
V19.69XS	Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, sequela
V19.9XXA	Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, initial encounter
V19.9XXD	Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, subsequent encounter
V19.9XXS	Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, sequela
V80.710A	Animal-rider injured in collision with other animal being ridden, initial encounter
V80.710D	Animal-rider injured in collision with other animal being ridden, subsequent encounter
V80.710S	Animal-rider injured in collision with other animal being ridden, sequela
V80.790A	Animal-rider injured in collision with other nonmotor vehicles, initial encounter
V80.790D	Animal-rider injured in collision with other nonmotor vehicles, subsequent encounter
V80.790S	Animal-rider injured in collision with other nonmotor vehicles, sequela
V80.81XA	Animal-rider injured in collision with fixed or stationary object, initial encounter
V80.81XD	Animal-rider injured in collision with fixed or stationary object, subsequent encounter
V80.81XS	Animal-rider injured in collision with fixed or stationary object, sequela
V89.1XXA	Person injured in unspecified nonmotor-vehicle accident, nontraffic, initial encounter
V89.1XXD	Person injured in unspecified nonmotor-vehicle accident, nontraffic, subsequent encounter
V89.1XXS	Person injured in unspecified nonmotor-vehicle accident, nontraffic, sequela
V89.3XXA	Person injured in unspecified nonmotor-vehicle accident, traffic, initial encounter
V89.3XXD	Person injured in unspecified nonmotor-vehicle accident, traffic, subsequent encounter
V89.3XXS	Person injured in unspecified nonmotor-vehicle accident, traffic, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W00.0XXA	Fall on same level due to ice and snow, initial encounter
W00.0XXD	Fall on same level due to ice and snow, subsequent encounter
W00.0XXS	Fall on same level due to ice and snow, sequela
W00.1XXA	Fall from stairs and steps due to ice and snow, initial encounter
W00.1XXD	Fall from stairs and steps due to ice and snow, subsequent encounter
W00.1XXS	Fall from stairs and steps due to ice and snow, sequela
W00.2XXA	Other fall from one level to another due to ice and snow, initial encounter
W00.2XXD	Other fall from one level to another due to ice and snow, subsequent encounter
W00.2XXS	Other fall from one level to another due to ice and snow, sequela
W00.9XXA	Unspecified fall due to ice and snow, initial encounter
W00.9XXD	Unspecified fall due to ice and snow, subsequent encounter
W00.9XXS	Unspecified fall due to ice and snow, sequela
W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter
W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter
W01.0XXS	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, sequela
W01.10XA	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, initial encounter
W01.10XD	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, subsequent encounter
W01.10XS	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, sequela
W01.110A	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, initial encounter
W01.110D	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, subsequent encounter
W01.110S	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, sequela
W01.111A	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, initial encounter
W01.111D	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, subsequent encounter
W01.111S	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, sequela
W01.118A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, initial encounter
W01.118D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W01.118S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, sequela
W01.119A	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, initial encounter
W01.119D	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, subsequent encounter
W01.119S	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, sequela
W01.190A	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter
W01.190D	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, subsequent encounter
W01.190S	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, sequela
W01.198A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter
W01.198D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, subsequent encounter
W01.198S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, sequela
W03.XXXA	Other fall on same level due to collision with another person, initial encounter
W03.XXXD	Other fall on same level due to collision with another person, subsequent encounter
W03.XXXS	Other fall on same level due to collision with another person, sequela
W04.XXXA	Fall while being carried or supported by other persons, initial encounter
W04.XXXD	Fall while being carried or supported by other persons, subsequent encounter
W04.XXXS	Fall while being carried or supported by other persons, sequela
W05.0XXA	Fall from non-moving wheelchair, initial encounter
W05.0XXD	Fall from non-moving wheelchair, subsequent encounter
W05.0XXS	Fall from non-moving wheelchair, sequela
W05.1XXA	Fall from non-moving nonmotorized scooter, initial encounter
W05.1XXD	Fall from non-moving nonmotorized scooter, subsequent encounter
W05.1XXS	Fall from non-moving nonmotorized scooter, sequela
W06.XXXA	Fall from bed, initial encounter
W06.XXXD	Fall from bed, subsequent encounter
W06.XXXS	Fall from bed, sequela
W07.XXXA	Fall from chair, initial encounter
W07.XXXD	Fall from chair, subsequent encounter
W07.XXXS	Fall from chair, sequela
W08.XXXA	Fall from other furniture, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W08.XXXD	Fall from other furniture, subsequent encounter
W08.XXXS	Fall from other furniture, sequela
W09.0XXA	Fall on or from playground slide, initial encounter
W09.0XXD	Fall on or from playground slide, subsequent encounter
W09.0XXS	Fall on or from playground slide, sequela
W09.1XXA	Fall from playground swing, initial encounter
W09.1XXD	Fall from playground swing, subsequent encounter
W09.1XXS	Fall from playground swing, sequela
W09.2XXA	Fall on or from jungle gym, initial encounter
W09.2XXD	Fall on or from jungle gym, subsequent encounter
W09.2XXS	Fall on or from jungle gym, sequela
W09.8XXA	Fall on or from other playground equipment, initial encounter
W09.8XXD	Fall on or from other playground equipment, subsequent encounter
W09.8XXS	Fall on or from other playground equipment, sequela
W10.0XXA	Fall (on)(from) escalator, initial encounter
W10.0XXD	Fall (on)(from) escalator, subsequent encounter
W10.0XXS	Fall (on)(from) escalator, sequela
W10.1XXA	Fall (on)(from) sidewalk curb, initial encounter
W10.1XXD	Fall (on)(from) sidewalk curb, subsequent encounter
W10.1XXS	Fall (on)(from) sidewalk curb, sequela
W10.2XXA	Fall (on)(from) incline, initial encounter
W10.2XXD	Fall (on)(from) incline, subsequent encounter
W10.2XXS	Fall (on)(from) incline, sequela
W10.8XXA	Fall (on) (from) other stairs and steps, initial encounter
W10.8XXD	Fall (on) (from) other stairs and steps, subsequent encounter
W10.8XXS	Fall (on) (from) other stairs and steps, sequela
W10.9XXA	Fall (on) (from) unspecified stairs and steps, initial encounter
W10.9XXD	Fall (on) (from) unspecified stairs and steps, subsequent encounter
W10.9XXS	Fall (on) (from) unspecified stairs and steps, sequela
W11.XXXA	Fall on and from ladder, initial encounter
W11.XXXD	Fall on and from ladder, subsequent encounter
W11.XXXS	Fall on and from ladder, sequela
W12.XXXA	Fall on and from scaffolding, initial encounter
W12.XXXD	Fall on and from scaffolding, subsequent encounter
W12.XXXS	Fall on and from scaffolding, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W13.0XXA	Fall from, out of or through balcony, initial encounter
W13.0XXD	Fall from, out of or through balcony, subsequent encounter
W13.0XXS	Fall from, out of or through balcony, sequela
W13.1XXA	Fall from, out of or through bridge, initial encounter
W13.1XXD	Fall from, out of or through bridge, subsequent encounter
W13.1XXS	Fall from, out of or through bridge, sequela
W13.2XXA	Fall from, out of or through roof, initial encounter
W13.2XXD	Fall from, out of or through roof, subsequent encounter
W13.2XXS	Fall from, out of or through roof, sequela
W13.3XXA	Fall through floor, initial encounter
W13.3XXD	Fall through floor, subsequent encounter
W13.3XXS	Fall through floor, sequela
W13.4XXA	Fall from, out of or through window, initial encounter
W13.4XXD	Fall from, out of or through window, subsequent encounter
W13.4XXS	Fall from, out of or through window, sequela
W13.8XXA	Fall from, out of or through other building or structure, initial encounter
W13.8XXD	Fall from, out of or through other building or structure, subsequent encounter
W13.8XXS	Fall from, out of or through other building or structure, sequela
W13.9XXA	Fall from, out of or through building, not otherwise specified, initial encounter
W13.9XXD	Fall from, out of or through building, not otherwise specified, subsequent encounter
W13.9XXS	Fall from, out of or through building, not otherwise specified, sequela
W14.XXXA	Fall from tree, initial encounter
W14.XXXD	Fall from tree, subsequent encounter
W14.XXXS	Fall from tree, sequela
W15.XXXA	Fall from cliff, initial encounter
W15.XXXD	Fall from cliff, subsequent encounter
W15.XXXS	Fall from cliff, sequela
W16.011A	Fall into swimming pool striking water surface causing drowning and submersion, initial encounter
W16.011D	Fall into swimming pool striking water surface causing drowning and submersion, subsequent encounter
W16.011S	Fall into swimming pool striking water surface causing drowning and submersion, sequela
W16.012A	Fall into swimming pool striking water surface causing other injury, initial encounter
W16.012D	Fall into swimming pool striking water surface causing other injury, subsequent encounter
W16.012S	Fall into swimming pool striking water surface causing other injury, sequela
W16.021A	Fall into swimming pool striking bottom causing drowning and submersion, initial encounter
W16.021D	Fall into swimming pool striking bottom causing drowning and submersion, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.021S	Fall into swimming pool striking bottom causing drowning and submersion, sequela
W16.022A	Fall into swimming pool striking bottom causing other injury, initial encounter
W16.022D	Fall into swimming pool striking bottom causing other injury, subsequent encounter
W16.022S	Fall into swimming pool striking bottom causing other injury, sequela
W16.031A	Fall into swimming pool striking wall causing drowning and submersion, initial encounter
W16.031D	Fall into swimming pool striking wall causing drowning and submersion, subsequent encounter
W16.031S	Fall into swimming pool striking wall causing drowning and submersion, sequela
W16.032A	Fall into swimming pool striking wall causing other injury, initial encounter
W16.032D	Fall into swimming pool striking wall causing other injury, subsequent encounter
W16.032S	Fall into swimming pool striking wall causing other injury, sequela
W16.111A	Fall into natural body of water striking water surface causing drowning and submersion, initial encounter
W16.111D	Fall into natural body of water striking water surface causing drowning and submersion, subsequent encounter
W16.111S	Fall into natural body of water striking water surface causing drowning and submersion, sequela
W16.112A	Fall into natural body of water striking water surface causing other injury, initial encounter
W16.112D	Fall into natural body of water striking water surface causing other injury, subsequent encounter
W16.112S	Fall into natural body of water striking water surface causing other injury, sequela
W16.121A	Fall into natural body of water striking bottom causing drowning and submersion, initial encounter
W16.121D	Fall into natural body of water striking bottom causing drowning and submersion, subsequent encounter
W16.121S	Fall into natural body of water striking bottom causing drowning and submersion, sequela
W16.122A	Fall into natural body of water striking bottom causing other injury, initial encounter
W16.122D	Fall into natural body of water striking bottom causing other injury, subsequent encounter
W16.122S	Fall into natural body of water striking bottom causing other injury, sequela
W16.131A	Fall into natural body of water striking side causing drowning and submersion, initial encounter
W16.131D	Fall into natural body of water striking side causing drowning and submersion, subsequent encounter
W16.131S	Fall into natural body of water striking side causing drowning and submersion, sequela
W16.132A	Fall into natural body of water striking side causing other injury, initial encounter
W16.132D	Fall into natural body of water striking side causing other injury, subsequent encounter
W16.132S	Fall into natural body of water striking side causing other injury, sequela
W16.211A	Fall in (into) filled bathtub causing drowning and submersion, initial encounter
W16.211D	Fall in (into) filled bathtub causing drowning and submersion, subsequent encounter
W16.211S	Fall in (into) filled bathtub causing drowning and submersion, sequela
W16.212A	Fall in (into) filled bathtub causing other injury, initial encounter
W16.212D	Fall in (into) filled bathtub causing other injury, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.212S	Fall in (into) filled bathtub causing other injury, sequela
W16.221A	Fall in (into) bucket of water causing drowning and submersion, initial encounter
W16.221D	Fall in (into) bucket of water causing drowning and submersion, subsequent encounter
W16.221S	Fall in (into) bucket of water causing drowning and submersion, sequela
W16.222A	Fall in (into) bucket of water causing other injury, initial encounter
W16.222D	Fall in (into) bucket of water causing other injury, subsequent encounter
W16.222S	Fall in (into) bucket of water causing other injury, sequela
W16.311A	Fall into other water striking water surface causing drowning and submersion, initial encounter
W16.311D	Fall into other water striking water surface causing drowning and submersion, subsequent encounter
W16.311S	Fall into other water striking water surface causing drowning and submersion, sequela
W16.312A	Fall into other water striking water surface causing other injury, initial encounter
W16.312D	Fall into other water striking water surface causing other injury, subsequent encounter
W16.312S	Fall into other water striking water surface causing other injury, sequela
W16.321A	Fall into other water striking bottom causing drowning and submersion, initial encounter
W16.321D	Fall into other water striking bottom causing drowning and submersion, subsequent encounter
W16.321S	Fall into other water striking bottom causing drowning and submersion, sequela
W16.322A	Fall into other water striking bottom causing other injury, initial encounter
W16.322D	Fall into other water striking bottom causing other injury, subsequent encounter
W16.322S	Fall into other water striking bottom causing other injury, sequela
W16.331A	Fall into other water striking wall causing drowning and submersion, initial encounter
W16.331D	Fall into other water striking wall causing drowning and submersion, subsequent encounter
W16.331S	Fall into other water striking wall causing drowning and submersion, sequela
W16.332A	Fall into other water striking wall causing other injury, initial encounter
W16.332D	Fall into other water striking wall causing other injury, subsequent encounter
W16.332S	Fall into other water striking wall causing other injury, sequela
W16.41XA	Fall into unspecified water causing drowning and submersion, initial encounter
W16.41XD	Fall into unspecified water causing drowning and submersion, subsequent encounter
W1641XS	Fall into unspecified water causing drowning and submersion, sequela
W16.42XA	Fall into unspecified water causing other injury, initial encounter
W16.42XD	Fall into unspecified water causing other injury, subsequent encounter
W16.42XS	Fall into unspecified water causing other injury, sequela
W16.511A	Jumping or diving into swimming pool striking water surface causing drowning and submersion, initial encounter
W16.511D	Jumping or diving into swimming pool striking water surface causing drowning and submersion, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.511S	Jumping or diving into swimming pool striking water surface causing drowning and submersion, sequela
W16.512A	Jumping or diving into swimming pool striking water surface causing other injury, initial encounter
W16.512D	Jumping or diving into swimming pool striking water surface causing other injury, subsequent encounter
W16.512S	Jumping or diving into swimming pool striking water surface causing other injury, sequela
W16.521A	Jumping or diving into swimming pool striking bottom causing drowning and submersion, initial encounter
W16.521D	Jumping or diving into swimming pool striking bottom causing drowning and submersion, subsequent encounter
W16.521S	Jumping or diving into swimming pool striking bottom causing drowning and submersion, sequela
W16.522A	Jumping or diving into swimming pool striking bottom causing other injury, initial encounter
W16.522D	Jumping or diving into swimming pool striking bottom causing other injury, subsequent encounter
W16.522S	Jumping or diving into swimming pool striking bottom causing other injury, sequela
W16.531A	Jumping or diving into swimming pool striking wall causing drowning and submersion, initial encounter
W16.531D	Jumping or diving into swimming pool striking wall causing drowning and submersion, subsequent encounter
W16.531S	Jumping or diving into swimming pool striking wall causing drowning and submersion, sequela
W16.532A	Jumping or diving into swimming pool striking wall causing other injury, initial encounter
W16.532D	Jumping or diving into swimming pool striking wall causing other injury, subsequent encounter
W16.532S	Jumping or diving into swimming pool striking wall causing other injury, sequela
W16.611A	Jumping or diving into natural body of water striking water surface causing drowning and submersion, initial encounter
W16.611D	Jumping or diving into natural body of water striking water surface causing drowning and submersion, subsequent encounter
W16.611S	Jumping or diving into natural body of water striking water surface causing drowning and submersion, sequela
W16.612A	Jumping or diving into natural body of water striking water surface causing other injury, initial encounter
W16.612D	Jumping or diving into natural body of water striking water surface causing other injury, subsequent encounter
W16.612S	Jumping or diving into natural body of water striking water surface causing other injury, sequela
W16.621A	Jumping or diving into natural body of water striking bottom causing drowning and submersion, initial encounter
W16.621D	Jumping or diving into natural body of water striking bottom causing drowning and submersion, subsequent encounter
W16.621S	Jumping or diving into natural body of water striking bottom causing drowning and submersion, sequela
W16.622A	Jumping or diving into natural body of water striking bottom causing other injury, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.622D	Jumping or diving into natural body of water striking bottom causing other injury, subsequent encounter
W16.622S	Jumping or diving into natural body of water striking bottom causing other injury, sequela
W16.711A	Jumping or diving from boat striking water surface causing drowning and submersion, initial encounter
W16.711D	Jumping or diving from boat striking water surface causing drowning and submersion, subsequent encounter
W16.711S	Jumping or diving from boat striking water surface causing drowning and submersion, sequela
W16.712A	Jumping or diving from boat striking water surface causing other injury, initial encounter
W16.712D	Jumping or diving from boat striking water surface causing other injury, subsequent encounter
W16.712S	Jumping or diving from boat striking water surface causing other injury, sequela
W16.721A	Jumping or diving from boat striking bottom causing drowning and submersion, initial encounter
W16.721D	Jumping or diving from boat striking bottom causing drowning and submersion, subsequent encounter
W16.721S	Jumping or diving from boat striking bottom causing drowning and submersion, sequela
W16.722A	Jumping or diving from boat striking bottom causing other injury, initial encounter
W16.722D	Jumping or diving from boat striking bottom causing other injury, subsequent encounter
W16.722S	Jumping or diving from boat striking bottom causing other injury, sequela
W16.811A	Jumping or diving into other water striking water surface causing drowning and submersion, initial encounter
W16.811D	Jumping or diving into other water striking water surface causing drowning and submersion, subsequent encounter
W16.811S	Jumping or diving into other water striking water surface causing drowning and submersion, sequela
W16.812A	Jumping or diving into other water striking water surface causing other injury, initial encounter
W16.812D	Jumping or diving into other water striking water surface causing other injury, subsequent encounter
W16.812S	Jumping or diving into other water striking water surface causing other injury, sequela
W16.821A	Jumping or diving into other water striking bottom causing drowning and submersion, initial encounter
W16.821D	Jumping or diving into other water striking bottom causing drowning and submersion, subsequent encounter
W16.821S	Jumping or diving into other water striking bottom causing drowning and submersion, sequela
W16.822A	Jumping or diving into other water striking bottom causing other injury, initial encounter
W16.822D	Jumping or diving into other water striking bottom causing other injury, subsequent encounter
W16.822S	Jumping or diving into other water striking bottom causing other injury, sequela
W16.831A	Jumping or diving into other water striking wall causing drowning and submersion, initial encounter
W16.831D	Jumping or diving into other water striking wall causing drowning and submersion, subsequent encounter
W16.831S	Jumping or diving into other water striking wall causing drowning and submersion, sequela
W16832A	Jumping or diving into other water striking wall causing other injury, initial encounter
W16.832D	Jumping or diving into other water striking wall causing other injury, subsequent encounter
W16.832S	Jumping or diving into other water striking wall causing other injury, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.91XA	Jumping or diving into unspecified water causing drowning and submersion, initial encounter
W16.91XD	Jumping or diving into unspecified water causing drowning and submersion, subsequent encounter
W16.91XS	Jumping or diving into unspecified water causing drowning and submersion, sequela
W16.92XA	Jumping or diving into unspecified water causing other injury, initial encounter
W16.92XD	Jumping or diving into unspecified water causing other injury, subsequent encounter
W16.92XS	Jumping or diving into unspecified water causing other injury, sequela
W17..0XXA	Fall into well, initial encounter
W17..0XXD	Fall into well, subsequent encounter
W17..0XXS	Fall into well, sequela
W17..1XXA	Fall into storm drain or manhole, initial encounter
W17..1XXD	Fall into storm drain or manhole, subsequent encounter
W17..1XXS	Fall into storm drain or manhole, sequela
W17..2XXA	Fall into hole, initial encounter
W17..2XXD	Fall into hole, subsequent encounter
W17..2XXS	Fall into hole, sequela
W17..3XXA	Fall into empty swimming pool, initial encounter
W17..3XXD	Fall into empty swimming pool, subsequent encounter
W17..3XXS	Fall into empty swimming pool, sequela
W17..4XXA	Fall from dock, initial encounter
W17..4XXD	Fall from dock, subsequent encounter
W17..4XXS	Fall from dock, sequela
W17..81XA	Fall down embankment (hill), initial encounter
W17..81XD	Fall down embankment (hill), subsequent encounter
W17.81XS	Fall down embankment (hill), sequela
W17.82XA	Fall from (out of) grocery cart, initial encounter
W17.82XD	Fall from (out of) grocery cart, subsequent encounter
W17.82XS	Fall from (out of) grocery cart, sequela
W17.89XA	Other fall from one level to another, initial encounter
W17.89XD	Other fall from one level to another, subsequent encounter
W17.89XS	Other fall from one level to another, sequela
W18..00XA	Striking against unspecified object with subsequent fall, initial encounter
W18.00XD	Striking against unspecified object with subsequent fall, subsequent encounter
W18.00XS	Striking against unspecified object with subsequent fall, sequela
W18.01XA	Striking against sports equipment with subsequent fall, initial encounter
W18.01XD	Striking against sports equipment with subsequent fall, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W18.01XS	Striking against sports equipment with subsequent fall, sequela
W18.02XA	Striking against glass with subsequent fall, initial encounter
W18.02XD	Striking against glass with subsequent fall, subsequent encounter
W18.02XS	Striking against glass with subsequent fall, sequela
W18.09XA	Striking against other object with subsequent fall, initial encounter
W18.09XD	Striking against other object with subsequent fall, subsequent encounter
W18.09XS	Striking against other object with subsequent fall, sequela
W18.11XA	Fall from or off toilet without subsequent striking against object, initial encounter
W18.11XD	Fall from or off toilet without subsequent striking against object, subsequent encounter
W18.11XS	Fall from or off toilet without subsequent striking against object, sequela
W18.12XA	Fall from or off toilet with subsequent striking against object, initial encounter
W18.12XD	Fall from or off toilet with subsequent striking against object, subsequent encounter
W18.12XS	Fall from or off toilet with subsequent striking against object, sequela
W18.2XXA	Fall in (into) shower or empty bathtub, initial encounter
W18.2XXD	Fall in (into) shower or empty bathtub, subsequent encounter
W18.2XXS	Fall in (into) shower or empty bathtub, sequela
W18.30XA	Fall on same level, unspecified, initial encounter
W18.30XD	Fall on same level, unspecified, subsequent encounter
W18.30XS	Fall on same level, unspecified, sequela
W18.31XA	Fall on same level due to stepping on an object, initial encounter
W18.31XD	Fall on same level due to stepping on an object, subsequent encounter
W18.31XS	Fall on same level due to stepping on an object, sequela
W18.39XA	Other fall on same level, initial encounter
W18.39XD	Other fall on same level, subsequent encounter
W18.39XS	Other fall on same level, sequela
W18.40XA	Slipping, tripping and stumbling without falling, unspecified, initial encounter
W18.40XD	Slipping, tripping and stumbling without falling, unspecified, subsequent encounter
W18.40XS	Slipping, tripping and stumbling without falling, unspecified, sequela
W18.41XA	Slipping, tripping and stumbling without falling due to stepping on object, initial encounter
W18.41XD	Slipping, tripping and stumbling without falling due to stepping on object, subsequent encounter
W18.41XS	Slipping, tripping and stumbling without falling due to stepping on object, sequela
W18.42XA	Slipping, tripping and stumbling without falling due to stepping into hole or opening, initial encounter
W18.42XD	Slipping, tripping and stumbling without falling due to stepping into hole or opening, subsequent encounter
W18.42XS	Slipping, tripping and stumbling without falling due to stepping into hole or opening, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W18.43XA	Slipping, tripping and stumbling without falling due to stepping from one level to another, initial encounter
W18.43XD	Slipping, tripping and stumbling without falling due to stepping from one level to another, subsequent encounter
W18.43XS	Slipping, tripping and stumbling without falling due to stepping from one level to another, sequela
W18.49XA	Other slipping, tripping and stumbling without falling, initial encounter
W18.49XD	Other slipping, tripping and stumbling without falling, subsequent encounter
W18.49XS	Other slipping, tripping and stumbling without falling, sequela
W19.XXXA	Unspecified fall, initial encounter
W19.XXXD	Unspecified fall, subsequent encounter
W19.XXXS	Unspecified fall, sequela
W20..0XXA	Struck by falling object in cave-in, initial encounter
W20.0XXD	Struck by falling object in cave-in, subsequent encounter
W20.0XXS	Struck by falling object in cave-in, sequela
W20.1XXA	Struck by object due to collapse of building, initial encounter
W20.1XXD	Struck by object due to collapse of building, subsequent encounter
W20.1XXS	Struck by object due to collapse of building, sequela
W20.8XXA	Other cause of strike by thrown, projected or falling object, initial encounter
W20.8XXD	Other cause of strike by thrown, projected or falling object, subsequent encounter
W20.8XXS	Other cause of strike by thrown, projected or falling object, sequela
W21..00XA	Struck by hit or thrown ball, unspecified type, initial encounter
W21.00XD	Struck by hit or thrown ball, unspecified type, subsequent encounter
W21.00XS	Struck by hit or thrown ball, unspecified type, sequela
W21.01XA	Struck by football, initial encounter
W21.01XD	Struck by football, subsequent encounter
W21.01XS	Struck by football, sequela
W21.02XA	Struck by soccer ball, initial encounter
W21.02XD	Struck by soccer ball, subsequent encounter
W21.02XS	Struck by soccer ball, sequela
W21.03XA	Struck by baseball, initial encounter
W21.03XD	Struck by baseball, subsequent encounter
W21.03XS	Struck by baseball, sequela
W21.04XA	Struck by golf ball, initial encounter
W21.04XD	Struck by golf ball, subsequent encounter
W21.04XS	Struck by golf ball, sequela
W21.05XA	Struck by basketball, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W21.05XD	Struck by basketball, subsequent encounter
W21.05XS	Struck by basketball, sequela
W21.06XA	Struck by volleyball, initial encounter
W21.06XD	Struck by volleyball, subsequent encounter
W21.06XS	Struck by volleyball, sequela
W21.07XA	Struck by softball, initial encounter
W21.07XD	Struck by softball, subsequent encounter
W21.07XS	Struck by softball, sequela
W21.09XA	Struck by other hit or thrown ball, initial encounter
W21.09XD	Struck by other hit or thrown ball, subsequent encounter
W21.09XS	Struck by other hit or thrown ball, sequela
W21.11XA	Struck by baseball bat, initial encounter
W21.11XD	Struck by baseball bat, subsequent encounter
W21.11XS	Struck by baseball bat, sequela
W21.12XA	Struck by tennis racquet, initial encounter
W21.12XD	Struck by tennis racquet, subsequent encounter
W21.12XS	Struck by tennis racquet, sequela
W21.13XA	Struck by golf club, initial encounter
W21.13XD	Struck by golf club, subsequent encounter
W21.13XS	Struck by golf club, sequela
W21.19XA	Struck by other bat, racquet or club, initial encounter
W21.19XD	Struck by other bat, racquet or club, subsequent encounter
W21.19XS	Struck by other bat, racquet or club, sequela
W21.210A	Struck by ice hockey stick, initial encounter
W21.210D	Struck by ice hockey stick, subsequent encounter
W21.210S	Struck by ice hockey stick, sequela
W21.211A	Struck by field hockey stick, initial encounter
W21.211D	Struck by field hockey stick, subsequent encounter
W21.211S	Struck by field hockey stick, sequela
W21.220A	Struck by ice hockey puck, initial encounter
W21.220D	Struck by ice hockey puck, subsequent encounter
W21.220S	Struck by ice hockey puck, sequela
W21.221A	Struck by field hockey puck, initial encounter
W21.221D	Struck by field hockey puck, subsequent encounter
W21.221S	Struck by field hockey puck, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W21.31XA	Struck by shoe cleats, initial encounter
W21.31XD	Struck by shoe cleats, subsequent encounter
W21.31XS	Struck by shoe cleats, sequela
W21.32XA	Struck by skate blades, initial encounter
W21.32XD	Struck by skate blades, subsequent encounter
W21.32XS	Struck by skate blades, sequela
W21.39XA	Struck by other sports foot wear, initial encounter
W21.39XD	Struck by other sports foot wear, subsequent encounter
W21.39XS	Struck by other sports foot wear, sequela
W21.4XXA	Striking against diving board, initial encounter
W21.4XXD	Striking against diving board, subsequent encounter
W21.4XXS	Striking against diving board, sequela
W21.81XA	Striking against or struck by football helmet, initial encounter
W21.81XD	Striking against or struck by football helmet, subsequent encounter
W21.81XS	Striking against or struck by football helmet, sequela
W21.89XA	Striking against or struck by other sports equipment, initial encounter
W21.89XD	Striking against or struck by other sports equipment, subsequent encounter
W21.89XS	Striking against or struck by other sports equipment, sequela
W21.9XXA	Striking against or struck by unspecified sports equipment, initial encounter
W21.9XXD	Striking against or struck by unspecified sports equipment, subsequent encounter
W21.9XXS	Striking against or struck by unspecified sports equipment, sequela
W22..01XA	Walked into wall, initial encounter
W22.01XD	Walked into wall, subsequent encounter
W22.01XS	Walked into wall, sequela
W22.02XA	Walked into lamppost, initial encounter
W22.02XD	Walked into lamppost, subsequent encounter
W22.02XS	Walked into lamppost, sequela
W22.03XA	Walked into furniture, initial encounter
W22.03XD	Walked into furniture, subsequent encounter
W22.03XS	Walked into furniture, sequela
W22.041A	Striking against wall of swimming pool causing drowning and submersion, initial encounter
W22.041D	Striking against wall of swimming pool causing drowning and submersion, subsequent encounter
W22.041S	Striking against wall of swimming pool causing drowning and submersion, sequela
W22.042A	Striking against wall of swimming pool causing other injury, initial encounter
W22.042D	Striking against wall of swimming pool causing other injury, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W22.042S	Striking against wall of swimming pool causing other injury, sequela
W22.09XA	Striking against other stationary object, initial encounter
W22.09XD	Striking against other stationary object, subsequent encounter
W22.09XS	Striking against other stationary object, sequela
W26.1XXA	Contact with sword or dagger, initial encounter
W26.1XXD	Contact with sword or dagger, subsequent encounter
W26.1XXS	Contact with sword or dagger, sequela
W27..3XXA	Contact with needle (sewing), initial encounter
W27.3XXD	Contact with needle (sewing), subsequent encounter
W27.3XXS	Contact with needle (sewing), sequela
W27.4XXA	Contact with kitchen utensil, initial encounter
W27.4XXD	Contact with kitchen utensil, subsequent encounter
W27.4XXS	Contact with kitchen utensil, sequela
W27.5XXA	Contact with paper-cutter, initial encounter
W27.5XXD	Contact with paper-cutter, subsequent encounter
W27.5XXS	Contact with paper-cutter, sequela
W27.8XXA	Contact with other nonpowered hand tool, initial encounter
W27.8XXD	Contact with other nonpowered hand tool, subsequent encounter
W27.8XXS	Contact with other nonpowered hand tool, sequela
W28.XXXA	Contact with powered lawn mower, initial encounter
W28.XXXD	Contact with powered lawn mower, subsequent encounter
W28.XXXS	Contact with powered lawn mower, sequela
W29..0XXA	Contact with powered kitchen appliance, initial encounter
W29.0XXD	Contact with powered kitchen appliance, subsequent encounter
W29.0XXS	Contact with powered kitchen appliance, sequela
W29.1XXA	Contact with electric knife, initial encounter
W29.1XXD	Contact with electric knife, subsequent encounter
W29.1XXS	Contact with electric knife, sequela
W29.2XXA	Contact with other powered household machinery, initial encounter
W29.2XXD	Contact with other powered household machinery, subsequent encounter
W29.2XXS	Contact with other powered household machinery, sequela
W29.3XXA	Contact with powered garden and outdoor hand tools and machinery, initial encounter
W29.3XXD	Contact with powered garden and outdoor hand tools and machinery, subsequent encounter
W29.3XXS	Contact with powered garden and outdoor hand tools and machinery, sequela
W29.4XXA	Contact with nail gun, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W29.4XXD	Contact with nail gun, subsequent encounter
W29.4XXS	Contact with nail gun, sequela
W29.8XXA	Contact with other powered hand tools and household machinery, initial encounter
W29.8XXD	Contact with other powered hand tools and household machinery, subsequent encounter
W29.8XXS	Contact with other powered hand tools and household machinery, sequela
W30..0XXA	Contact with combine harvester, initial encounter
W30.0XXD	Contact with combine harvester, subsequent encounter
W30.0XXS	Contact with combine harvester, sequela
W30.1XXA	Contact with power take-off devices (PTO), initial encounter
W30.1XXD	Contact with power take-off devices (PTO), subsequent encounter
W30.1XXS	Contact with power take-off devices (PTO), sequela
W30.2XXA	Contact with hay derrick, initial encounter
W30.2XXD	Contact with hay derrick, subsequent encounter
W30.2XXS	Contact with hay derrick, sequela
W30.3XXA	Contact with grain storage elevator, initial encounter
W30.3XXD	Contact with grain storage elevator, subsequent encounter
W30.3XXS.	Contact with grain storage elevator, sequela
W31.0XXA	Contact with mining and earth-drilling machinery, initial encounter
W31.0XXD	Contact with mining and earth-drilling machinery, subsequent encounter
W31.0XXS	Contact with mining and earth-drilling machinery, sequela
W31.1XXA	Contact with metalworking machines, initial encounter
W31.1XXD	Contact with metalworking machines, subsequent encounter
W31.1XXS	Contact with metalworking machines, sequela
W31.2XXA	Contact with powered woodworking and forming machines, initial encounter
W31.2XXD	Contact with powered woodworking and forming machines, subsequent encounter
W31.2XXS	Contact with powered woodworking and forming machines, sequela
W32.0XXA	Accidental handgun discharge, initial encounter
W32.0XXD	Accidental handgun discharge, subsequent encounter
W32.0XXS	Accidental handgun discharge, sequela
W32.1XXA	Accidental handgun malfunction, initial encounter
W32.1XXD	Accidental handgun malfunction, subsequent encounter
W32.1XXS	Accidental handgun malfunction, sequela
W33..00XA	Accidental discharge of unspecified larger firearm, initial encounter
W33..00XD	Accidental discharge of unspecified larger firearm, subsequent encounter
W33..00XS	Accidental discharge of unspecified larger firearm, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W33..01XA	Accidental discharge of shotgun, initial encounter
W33.01XD	Accidental discharge of shotgun, subsequent encounter
W33.01XS	Accidental discharge of shotgun, sequela
W33.02XA	Accidental discharge of hunting rifle, initial encounter
W33.02XD	Accidental discharge of hunting rifle, subsequent encounter
W33.02XS	Accidental discharge of hunting rifle, sequela
W33.03XA	Accidental discharge of machine gun, initial encounter
W33.03XD	Accidental discharge of machine gun, subsequent encounter
W33.03XS	Accidental discharge of machine gun, sequela
W33.09XA	Accidental discharge of other larger firearm, initial encounter
W33.09XD	Accidental discharge of other larger firearm, subsequent encounter
W33.09XS	Accidental discharge of other larger firearm, sequela
W33.10XA	Accidental malfunction of unspecified larger firearm, initial encounter
W33.10XD	Accidental malfunction of unspecified larger firearm, subsequent encounter
W33.10XS	Accidental malfunction of unspecified larger firearm, sequela
W33.11XA	Accidental malfunction of shotgun, initial encounter
W33.11XD	Accidental malfunction of shotgun, subsequent encounter
W33.11XS	Accidental malfunction of shotgun, sequela
W33.12XA	Accidental malfunction of hunting rifle, initial encounter
W33.12XD	Accidental malfunction of hunting rifle, subsequent encounter
W33.12XS	Accidental malfunction of hunting rifle, sequela
W33.13XA	Accidental malfunction of machine gun, initial encounter
W33.13XD	Accidental malfunction of machine gun, subsequent encounter
W33.13XS	Accidental malfunction of machine gun, sequela
W33.19XA	Accidental malfunction of other larger firearm, initial encounter
W33.19XD	Accidental malfunction of other larger firearm, subsequent encounter
W33.19XS	Accidental malfunction of other larger firearm, sequela
W34..00XA	Accidental discharge from unspecified firearms or gun, initial encounter
W34.00XD	Accidental discharge from unspecified firearms or gun, subsequent encounter
W34.00XS	Accidental discharge from unspecified firearms or gun, sequela
W34.010A	Accidental discharge of airgun, initial encounter
W34.010D	Accidental discharge of airgun, subsequent encounter
W34.010S	Accidental discharge of airgun, sequela
W34.011A	Accidental discharge of paintball gun, initial encounter
W34.011D	Accidental discharge of paintball gun, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W34.011S	Accidental discharge of paintball gun, sequela
W34.018A	Accidental discharge of other gas, air or spring-operated gun, initial encounter
W34.018D	Accidental discharge of other gas, air or spring-operated gun, subsequent encounter
W34.018S	Accidental discharge of other gas, air or spring-operated gun, sequela
W34.09XA	Accidental discharge from other specified firearms, initial encounter
W34.09XD	Accidental discharge from other specified firearms, subsequent encounter
W34.09XS	Accidental discharge from other specified firearms, sequela
W34.10XA	Accidental malfunction from unspecified firearms or gun, initial encounter
W34.10XD	Accidental malfunction from unspecified firearms or gun, subsequent encounter
W34.10XS	Accidental malfunction from unspecified firearms or gun, sequela
W34.110A	Accidental malfunction of airgun, initial encounter
W34.110D	Accidental malfunction of airgun, subsequent encounter
W34.110S	Accidental malfunction of airgun, sequela
W34.111A	Accidental malfunction of paintball gun, initial encounter
W34.111D	Accidental malfunction of paintball gun, subsequent encounter
W34.111S	Accidental malfunction of paintball gun, sequela
W34.118A	Accidental malfunction of other gas, air or spring-operated gun, initial encounter
W34.118D	Accidental malfunction of other gas, air or spring-operated gun, subsequent encounter
W34.118S	Accidental malfunction of other gas, air or spring-operated gun, sequela
W34.19XA	Accidental malfunction from other specified firearms, initial encounter
W34.19XD	Accidental malfunction from other specified firearms, subsequent encounter
W34.19XS	Accidental malfunction from other specified firearms, sequela
W35.XXXA	Explosion and rupture of boiler, initial encounter
W35.XXXD	Explosion and rupture of boiler, subsequent encounter
W35.XXXS	Explosion and rupture of boiler, sequela
W36.1XXA	Explosion and rupture of aerosol can, initial encounter
W36.1XXD	Explosion and rupture of aerosol can, subsequent encounter
W36.1XXS	Explosion and rupture of aerosol can, sequela
W36.2XXA	Explosion and rupture of air tank, initial encounter
W36.2XXD	Explosion and rupture of air tank, subsequent encounter
W36.2XXS	Explosion and rupture of air tank, sequela
W36.3XXA	Explosion and rupture of pressurized-gas tank, initial encounter
W36.3XXD	Explosion and rupture of pressurized-gas tank, subsequent encounter
W36.3XXS	Explosion and rupture of pressurized-gas tank, sequela
W36.8XXA	Explosion and rupture of other gas cylinder, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W36.8XXD	Explosion and rupture of other gas cylinder, subsequent encounter
W36.8XXS	Explosion and rupture of other gas cylinder, sequela
W36.9XXA	Explosion and rupture of unspecified gas cylinder, initial encounter
W36.9XXD	Explosion and rupture of unspecified gas cylinder, subsequent encounter
W36.9XXS	Explosion and rupture of unspecified gas cylinder, sequela
W37.0XXA	Explosion of bicycle tire, initial encounter
W37.0XXD	Explosion of bicycle tire, subsequent encounter
W37.0XXS	Explosion of bicycle tire, sequela
W37.8XXA	Explosion and rupture of other pressurized tire, pipe or hose, initial encounter
W37.8XXD	Explosion and rupture of other pressurized tire, pipe or hose, subsequent encounter
W37.8XXS	Explosion and rupture of other pressurized tire, pipe or hose, sequela
W38.XXXA	Explosion and rupture of other specified pressurized devices, initial encounter
W38.XXXD	Explosion and rupture of other specified pressurized devices, subsequent encounter
W38.XXXS	Explosion and rupture of other specified pressurized devices, sequela
W39.XXXA	Discharge of firework, initial encounter
W39.XXXD	Discharge of firework, subsequent encounter
W39.XXXS	Discharge of firework, sequela
W40..0XXA	Explosion of blasting material, initial encounter
W40.0XXD	Explosion of blasting material, subsequent encounter
W40.0XXS	Explosion of blasting material, sequela
W40.1XXA	Explosion of explosive gases, initial encounter
W40.1XXD	Explosion of explosive gases, subsequent encounter
W40.1XXS	Explosion of explosive gases, sequela
W40.8XXA	Explosion of other specified explosive materials, initial encounter
W40.8XXD	Explosion of other specified explosive materials, subsequent encounter
W40.8XXS	Explosion of other specified explosive materials, sequela
W40.9XXA	Explosion of unspecified explosive materials, initial encounter
W40.9XXD	Explosion of unspecified explosive materials, subsequent encounter
W40.9XXS	Explosion of unspecified explosive materials, sequela
W42.0XXA	Exposure to supersonic waves, initial encounter
W42.0XXD	Exposure to supersonic waves, subsequent encounter
W42.0XXS	Exposure to supersonic waves, sequela
W42.9XXA	Exposure to other noise, initial encounter
W42.9XXD	Exposure to other noise, subsequent encounter
W42.9XXS	Exposure to other noise, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W45.0XXA	Nail entering through skin, initial encounter
W45.0XXD	Nail entering through skin, subsequent encounter
W45.0XXS	Nail entering through skin, sequela
W45.1XXA	Paper entering through skin, initial encounter
W45.1XXD	Paper entering through skin, subsequent encounter
W45.1XXS	Paper entering through skin, sequela
W45.2XXA	Lid of can entering through skin, initial encounter
W45.2XXD	Lid of can entering through skin, subsequent encounter
W45.2XXS	Lid of can entering through skin, sequela
W45.8XXA	Other foreign body or object entering through skin, initial encounter
W45.8XXD	Other foreign body or object entering through skin, subsequent encounter
W45.8XXS	Other foreign body or object entering through skin, sequela
W46.0XXA	Contact with hypodermic needle, initial encounter
W46.0XXD	Contact with hypodermic needle, subsequent encounter
W46.0XXS	Contact with hypodermic needle, sequela
W46.1XXA	Contact with contaminated hypodermic needle, initial encounter
W46.1XXD	Contact with contaminated hypodermic needle, subsequent encounter
W46.1XXS	Contact with contaminated hypodermic needle, sequela
W49..01XA	Hair causing external constriction, initial encounter
W49.01XD	Hair causing external constriction, subsequent encounter
W49.01XS	Hair causing external constriction, sequela
W49.02XA	String or thread causing external constriction, initial encounter
W49.02XD	String or thread causing external constriction, subsequent encounter
W49.02XS	String or thread causing external constriction, sequela
W49.03XA	Rubber band causing external constriction, initial encounter
W49.03XD	Rubber band causing external constriction, subsequent encounter
W49.03XS	Rubber band causing external constriction, sequela
W49.04XA	Ring or other jewelry causing external constriction, initial encounter
W49.04XD	Ring or other jewelry causing external constriction, subsequent encounter
W49.04XS	Ring or other jewelry causing external constriction, sequela
W49.09XA	Other specified item causing external constriction, initial encounter
W49.09XD	Other specified item causing external constriction, subsequent encounter
W49.09XS	Other specified item causing external constriction, sequela
W49.9XXA	Exposure to other inanimate mechanical forces, initial encounter
W49.9XXD	Exposure to other inanimate mechanical forces, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W49.9XXS	Exposure to other inanimate mechanical forces, sequela
W50..0XXA	Accidental hit or strike by another person, initial encounter
W50.0XXD	Accidental hit or strike by another person, subsequent encounter
W50.0XXS	Accidental hit or strike by another person, sequela
W50.1XXA	Accidental kick by another person, initial encounter
W50.1XXD	Accidental kick by another person, subsequent encounter
W50.1XXS	Accidental kick by another person, sequela
W50.2XXA	Accidental twist by another person, initial encounter
W50.2XXD	Accidental twist by another person, subsequent encounter
W50.2XXS	Accidental twist by another person, sequela
W50.3XXA	Accidental bite by another person, initial encounter
W50.3XXD	Accidental bite by another person, subsequent encounter
W50.3XXS	Accidental bite by another person, sequela
W50.4XXA	Accidental scratch by another person, initial encounter
W50.4XXD	Accidental scratch by another person, subsequent encounter
W50.4XXS	Accidental scratch by another person, sequela
W51.XXXA	Accidental striking against or bumped into by another person, initial encounter
W51.XXXD	Accidental striking against or bumped into by another person, subsequent encounter
W51.XXXS	Accidental striking against or bumped into by another person, sequela
W52.XXXA	Crushed, pushed or stepped on by crowd or human stampede, initial encounter
W52.XXXD	Crushed, pushed or stepped on by crowd or human stampede, subsequent encounter
W52.XXXS	Crushed, pushed or stepped on by crowd or human stampede, sequela
W53..01XA	Bitten by mouse, initial encounter
W53..01XD	Bitten by mouse, subsequent encounter
W53..01XS	Bitten by mouse, sequela
W53..09XA	Other contact with mouse, initial encounter
W53.09XD	Other contact with mouse, subsequent encounter
W53.09XS	Other contact with mouse, sequela
W53.11XA	Bitten by rat, initial encounter
W53.11XD	Bitten by rat, subsequent encounter
W53.11XS	Bitten by rat, sequela
W53.19XA	Other contact with rat, initial encounter
W53.19XD	Other contact with rat, subsequent encounter
W53.19XS	Other contact with rat, sequela
W53.21XA	Bitten by squirrel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W53.21XD	Bitten by squirrel, subsequent encounter
W53.21XS	Bitten by squirrel, sequela
W53.29XA	Other contact with squirrel, initial encounter
W53.29XD	Other contact with squirrel, subsequent encounter
W53.29XS	Other contact with squirrel, sequela
W53.81XA	Bitten by other rodent, initial encounter
W53.81XD	Bitten by other rodent, subsequent encounter
W53.81XS	Bitten by other rodent, sequela
W53.89XA	Other contact with other rodent, initial encounter
W53.89XD	Other contact with other rodent, subsequent encounter
W53.89XS	Other contact with other rodent, sequela
W54.0XXA	Bitten by dog, initial encounter
W54.0XXD	Bitten by dog, subsequent encounter
W54.0XXS	Bitten by dog, sequela
W55..01XA	Bitten by cat, initial encounter
W55.01XD	Bitten by cat, subsequent encounter
W55.01XS	Bitten by cat, sequela
W55.03XA	Scratched by cat, initial encounter
W55.03XD	Scratched by cat, subsequent encounter
W55.03XS	Scratched by cat, sequela
W55.11XA	Bitten by horse, initial encounter
W55.11XD	Bitten by horse, subsequent encounter
W55.11XS	Bitten by horse, sequela
W55.21XA	Bitten by cow, initial encounter
W55.21XD	Bitten by cow, subsequent encounter
W55.21XS	Bitten by cow, sequela
W55.31XA	Bitten by other hoof stock, initial encounter
W55.31XD	Bitten by other hoof stock, subsequent encounter
W55.31XS	Bitten by other hoof stock, sequela
W55.41XA	Bitten by pig, initial encounter
W55.41XD	Bitten by pig, subsequent encounter
W55.41XS	Bitten by pig, sequela
W55.51XA	Bitten by raccoon, initial encounter
W55.51XD	Bitten by raccoon, subsequent encounter
W55.51XS	Bitten by raccoon, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W55.81XA	Bitten by other mammals, initial encounter
W55.81XD	Bitten by other mammals, subsequent encounter
W55.81XS	Bitten by other mammals, sequela
W56..01XA	Bitten by dolphin, initial encounter
W56.01XD	Bitten by dolphin, subsequent encounter
W56.01XS	Bitten by dolphin, sequela
W56.11XA	Bitten by sea lion, initial encounter
W56.11XD	Bitten by sea lion, subsequent encounter
W56.11XS	Bitten by sea lion, sequela
W56.21XA	Bitten by orca, initial encounter
W56.21XD	Bitten by orca, subsequent encounter
W56.21XS	Bitten by orca, sequela
W56.31XA	Bitten by other marine mammals, initial encounter
W56.31XD	Bitten by other marine mammals, subsequent encounter
W56.31XS	Bitten by other marine mammals, sequela
W56.41XA	Bitten by shark, initial encounter
W56.41XD	Bitten by shark, subsequent encounter
W56.41XS	Bitten by shark, sequela
W56.51XA	Bitten by other fish, initial encounter
W56.51XD	Bitten by other fish, subsequent encounter
W56.51XS	Bitten by other fish, sequela
W56.81XA	Bitten by other nonvenomous marine animals, initial encounter
W56.81XD	Bitten by other nonvenomous marine animals, subsequent encounter
W56.81XS	Bitten by other nonvenomous marine animals, sequela
W57.XXXA	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, initial encounter
W57.XXXD	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, subsequent encounter
W57.XXXS	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, sequela
W58.01XA	Bitten by alligator, initial encounter
W58.01XD	Bitten by alligator, subsequent encounter
W58.01XS	Bitten by alligator, sequela
W58.11XA	Bitten by crocodile, initial encounter
W58.11XD	Bitten by crocodile, subsequent encounter
W58.11XS	Bitten by crocodile, sequela
W58.12XA	Struck by crocodile, initial encounter
W58.12XD	Struck by crocodile, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W58.12XS	Struck by crocodile, sequela
W59.01XA	Bitten by nonvenomous lizards, initial encounter
W59.01XD	Bitten by nonvenomous lizards, subsequent encounter
W59.01XS	Bitten by nonvenomous lizards, sequela
W59.02XA	Struck by nonvenomous lizards, initial encounter
W59.02XD	Struck by nonvenomous lizards, subsequent encounter
W59.02XS	Struck by nonvenomous lizards, sequela
W59.09XA	Other contact with nonvenomous lizards, initial encounter
W59.09XD	Other contact with nonvenomous lizards, subsequent encounter
W59.09XS	Other contact with nonvenomous lizards, sequela
W59.11XA	Bitten by nonvenomous snake, initial encounter
W59.11XD	Bitten by nonvenomous snake, subsequent encounter
W59.11XS	Bitten by nonvenomous snake, sequela
W59.21XA	Bitten by turtle, initial encounter
W59.21XD	Bitten by turtle, subsequent encounter
W59.21XS	Bitten by turtle, sequela
W59.81XA	Bitten by other nonvenomous reptiles, initial encounter
W59.81XD	Bitten by other nonvenomous reptiles, subsequent encounter
W59.81XS	Bitten by other nonvenomous reptiles, sequela
W61..01XA	Bitten by parrot, initial encounter
W61.01XD	Bitten by parrot, subsequent encounter
W61.01XS	Bitten by parrot, sequela
W61.11XA	Bitten by macaw, initial encounter
W61.11XD	Bitten by macaw, subsequent encounter
W61.11XS	Bitten by macaw, sequela
W61.21XA	Bitten by other psittacines, initial encounter
W61.21XD	Bitten by other psittacines, subsequent encounter
W61.21XS	Bitten by other psittacines, sequela
W61.51XA	Bitten by goose, initial encounter
W61.51XD	Bitten by goose, subsequent encounter
W61.51XS	Bitten by goose, sequela
W61.61XA	Bitten by duck, initial encounter
W61.61XD	Bitten by duck, subsequent encounter
W61.61XS	Bitten by duck, sequela
W61.91XA	Bitten by other birds, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W61.91XD	Bitten by other birds, subsequent encounter
W61.91XS	Bitten by other birds, sequela
W64.XXXA	Exposure to other animate mechanical forces, initial encounter
W64.XXXD	Exposure to other animate mechanical forces, subsequent encounter
W64.XXXS	Exposure to other animate mechanical forces, sequela
W65.XXXA	Accidental drowning and submersion while in bath-tub, initial encounter
W65.XXXD	Accidental drowning and submersion while in bath-tub, subsequent encounter
W65.XXXS	Accidental drowning and submersion while in bath-tub, sequela
W67.XXXA	Accidental drowning and submersion while in swimming-pool, initial encounter
W67.XXXD	Accidental drowning and submersion while in swimming-pool, subsequent encounter
W67.XXXS	Accidental drowning and submersion while in swimming-pool, sequela
W69.XXXA	Accidental drowning and submersion while in natural water, initial encounter
W69.XXXD	Accidental drowning and submersion while in natural water, subsequent encounter
W69.XXXS	Accidental drowning and submersion while in natural water, sequela
W73.XXXA	Other specified cause of accidental non-transport drowning and submersion, initial encounter
W73.XXXD	Other specified cause of accidental non-transport drowning and submersion, subsequent encounter
W73.XXXS	Other specified cause of accidental non-transport drowning and submersion, sequela
W74.XXXA	Unspecified cause of accidental drowning and submersion, initial encounter
W74.XXXD	Unspecified cause of accidental drowning and submersion, subsequent encounter
W74.XXXS	Unspecified cause of accidental drowning and submersion, sequela
W88.0XXA	Exposure to X-rays, initial encounter
W88.0XXD	Exposure to X-rays, subsequent encounter
W88.0XXS	Exposure to X-rays, sequela
W88.1XXA	Exposure to radioactive isotopes, initial encounter
W88.1XXD	Exposure to radioactive isotopes, subsequent encounter
W88.1XXS	Exposure to radioactive isotopes, sequela
W88.8XXA	Exposure to other ionizing radiation, initial encounter
W88.8XXD	Exposure to other ionizing radiation, subsequent encounter
W88.8XXS	Exposure to other ionizing radiation, sequela
W890XXA	Exposure to welding light (arc), initial encounter
W89.0XXD	Exposure to welding light (arc), subsequent encounter
W89.0XXS	Exposure to welding light (arc), sequela
W89.1XXA	Exposure to tanning bed, initial encounter
W89.1XXD	Exposure to tanning bed, subsequent encounter
W89.1XXS	Exposure to tanning bed, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W89.8XXA	Exposure to other man-made visible and ultraviolet light, initial encounter
W89.8XXD	Exposure to other man-made visible and ultraviolet light, subsequent encounter
W89.8XXS	Exposure to other man-made visible and ultraviolet light, sequela
W89.9XXA	Exposure to unspecified man-made visible and ultraviolet light, initial encounter
W89.9XXD	Exposure to unspecified man-made visible and ultraviolet light, subsequent encounter
W89.9XXS	Exposure to unspecified man-made visible and ultraviolet light, sequela
W90.0XXA	Exposure to radiofrequency, initial encounter
W90.0XXD	Exposure to radiofrequency, subsequent encounter
W90.0XXS	Exposure to radiofrequency, sequela
W90.1XXA	Exposure to infrared radiation, initial encounter
W90.1XXD	Exposure to infrared radiation, subsequent encounter
W90.1XXS	Exposure to infrared radiation, sequela
W90.2XXA	Exposure to laser radiation, initial encounter
W90.2XXD	Exposure to laser radiation, subsequent encounter
W90.2XXS	Exposure to laser radiation, sequela
W90.8XXA	Exposure to other nonionizing radiation, initial encounter
W90.8XXD	Exposure to other nonionizing radiation, subsequent encounter
W90.8XXS	Exposure to other nonionizing radiation, sequela
W93.2XXA	Prolonged exposure in deep freeze unit or refrigerator, initial encounter
W93.2XXD	Prolonged exposure in deep freeze unit or refrigerator, subsequent encounter
W93.2XXS	Prolonged exposure in deep freeze unit or refrigerator, sequela
W93.8XXA	Exposure to other excessive cold of man-made origin, initial encounter
W93.8XXD	Exposure to other excessive cold of man-made origin, subsequent encounter
W93.8XXS	Exposure to other excessive cold of man-made origin, sequela
W94..0XXA	Exposure to prolonged high air pressure, initial encounter
W94.0XXD	Exposure to prolonged high air pressure, subsequent encounter
W94.0XXS	Exposure to prolonged high air pressure, sequela
W94.11XA	Exposure to residence or prolonged visit at high altitude, initial encounter
W94.11XD	Exposure to residence or prolonged visit at high altitude, subsequent encounter
W94.11XS	Exposure to residence or prolonged visit at high altitude, sequela
W94.12XA	Exposure to other prolonged low air pressure, initial encounter
W94.12XD	Exposure to other prolonged low air pressure, subsequent encounter
W94.12XS	Exposure to other prolonged low air pressure, sequela
W94.21XA	Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W94.21XD	Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, subsequent encounter
W94.21XS	Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, sequela
W94.22XA	Exposure to reduction in atmospheric pressure while surfacing from underground, initial encounter
W94.22XD	Exposure to reduction in atmospheric pressure while surfacing from underground, subsequent encounter
W94.22XS	Exposure to reduction in atmospheric pressure while surfacing from underground, sequela
W94.23XA	Exposure to sudden change in air pressure in aircraft during ascent, initial encounter
W94.23XD	Exposure to sudden change in air pressure in aircraft during ascent, subsequent encounter
W94.23XS	Exposure to sudden change in air pressure in aircraft during ascent, sequela
W94.29XA	Exposure to other rapid changes in air pressure during ascent, initial encounter
W94.29XD	Exposure to other rapid changes in air pressure during ascent, subsequent encounter
W94.29XS	Exposure to other rapid changes in air pressure during ascent, sequela
W94.31XA	Exposure to sudden change in air pressure in aircraft during ascent or descent, initial encounter
W94.31XD	Exposure to sudden change in air pressure in aircraft during ascent or descent, subsequent encounter
W94.31XS	Exposure to sudden change in air pressure in aircraft during ascent or descent, sequela
W94.32XA	Exposure to high air pressure from rapid descent in water, initial encounter
W94.32XD	Exposure to high air pressure from rapid descent in water, subsequent encounter
W94.32XS	Exposure to high air pressure from rapid descent in water, sequela
W94.39XA	Exposure to other rapid changes in air pressure during descent, initial encounter
W94.39XD	Exposure to other rapid changes in air pressure during descent, subsequent encounter
W94.39XS	Exposure to other rapid changes in air pressure during descent, sequela
X08.00XA	Exposure to bed fire due to unspecified burning material, initial encounter
X08.00XD	Exposure to bed fire due to unspecified burning material, subsequent encounter
X08.00XS	Exposure to bed fire due to unspecified burning material, sequela
X08.01XA	Exposure to bed fire due to burning cigarette, initial encounter
X08.01XD	Exposure to bed fire due to burning cigarette, subsequent encounter
X08.01XS	Exposure to bed fire due to burning cigarette, sequela
X08.11XA	Exposure to sofa fire due to burning cigarette, initial encounter
X08.11XD	Exposure to sofa fire due to burning cigarette, subsequent encounter
X08.11XS	Exposure to sofa fire due to burning cigarette, sequela
X08.21XA	Exposure to other furniture fire due to burning cigarette, initial encounter
X08.21XD	Exposure to other furniture fire due to burning cigarette, subsequent encounter
X08.21XS	Exposure to other furniture fire due to burning cigarette, sequela
X15.0XXA	Contact with hot stove (kitchen), initial encounter
X15.0XXD	Contact with hot stove (kitchen), subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X15.0XXS	Contact with hot stove (kitchen), sequela
X15.1XXA	Contact with hot toaster, initial encounter
X15.1XXD	Contact with hot toaster, subsequent encounter
X15.1XXS	Contact with hot toaster, sequela
X71..0XXA	Intentional self-harm by drowning and submersion while in bathtub, initial encounter
X71.0XXD	Intentional self-harm by drowning and submersion while in bathtub, subsequent encounter
X71.0XXS	Intentional self-harm by drowning and submersion while in bathtub, sequela
X71.1XXA	Intentional self-harm by drowning and submersion while in swimming pool, initial encounter
X71.1XXD	Intentional self-harm by drowning and submersion while in swimming pool, subsequent encounter
X71.1XXS	Intentional self-harm by drowning and submersion while in swimming pool, sequela
X71.2XXA	Intentional self-harm by drowning and submersion after jump into swimming pool, initial encounter
X71.2XXD	Intentional self-harm by drowning and submersion after jump into swimming pool, subsequent encounter
X71.2XXS	Intentional self-harm by drowning and submersion after jump into swimming pool, sequela
X71.3XXA	Intentional self-harm by drowning and submersion in natural water, initial encounter
X71.3XXD	Intentional self-harm by drowning and submersion in natural water, subsequent encounter
X71.3XXS	Intentional self-harm by drowning and submersion in natural water, sequela
X71.8XXA	Other intentional self-harm by drowning and submersion, initial encounter
X71.8XXD	Other intentional self-harm by drowning and submersion, subsequent encounter
X71.8XXS	Other intentional self-harm by drowning and submersion, sequela
X71.9XXA	Intentional self-harm by drowning and submersion, unspecified, initial encounter
X71.9XXD	Intentional self-harm by drowning and submersion, unspecified, subsequent encounter
X71.9XXS	Intentional self-harm by drowning and submersion, unspecified, sequela
X72.XXXA	Intentional self-harm by handgun discharge, initial encounter
X72.XXXD	Intentional self-harm by handgun discharge, subsequent encounter
X72.XXXS	Intentional self-harm by handgun discharge, sequela
X73.0XXA	Intentional self-harm by shotgun discharge, initial encounter
X73.0XXD	Intentional self-harm by shotgun discharge, subsequent encounter
X73.0XXS	Intentional self-harm by shotgun discharge, sequela
X73.1XXA	Intentional self-harm by hunting rifle discharge, initial encounter
X73.1XXD	Intentional self-harm by hunting rifle discharge, subsequent encounter
X73.1XXS	Intentional self-harm by hunting rifle discharge, sequela
X73.2XXA	Intentional self-harm by machine gun discharge, initial encounter
X73.2XXD	Intentional self-harm by machine gun discharge, subsequent encounter
X73.2XXS	Intentional self-harm by machine gun discharge, sequela
X73.8XXA	Intentional self-harm by other larger firearm discharge, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X73.8XXD	Intentional self-harm by other larger firearm discharge, subsequent encounter
X73.8XXS	Intentional self-harm by other larger firearm discharge, sequela
X73.9XXA	Intentional self-harm by unspecified larger firearm discharge, initial encounter
X73.9XXD	Intentional self-harm by unspecified larger firearm discharge, subsequent encounter
X73.9XXS	Intentional self-harm by unspecified larger firearm discharge, sequela
X74.01XA	Intentional self-harm by airgun, initial encounter
X74.01XD	Intentional self-harm by airgun, subsequent encounter
X74.01XS	Intentional self-harm by airgun, sequela
X74.02XA	Intentional self-harm by paintball gun, initial encounter
X74.02XD	Intentional self-harm by paintball gun, subsequent encounter
X74.02XS	Intentional self-harm by paintball gun, sequela
X74.09XA	Intentional self-harm by other gas, air or spring-operated gun, initial encounter
X74.09XD	Intentional self-harm by other gas, air or spring-operated gun, subsequent encounter
X74.09XS	Intentional self-harm by other gas, air or spring-operated gun, sequela
X74.8XXA	Intentional self-harm by other firearm discharge, initial encounter
X74.8XXD	Intentional self-harm by other firearm discharge, subsequent encounter
X74.8XXS	Intentional self-harm by other firearm discharge, sequela
X74.9XXA	Intentional self-harm by unspecified firearm discharge, initial encounter
X74.9XXD	Intentional self-harm by unspecified firearm discharge, subsequent encounter
X74.9XXS	Intentional self-harm by unspecified firearm discharge, sequela
X75.XXXA	Intentional self-harm by explosive material, initial encounter
X75.XXXD	Intentional self-harm by explosive material, subsequent encounter
X75.XXXS	Intentional self-harm by explosive material, sequela
X76.XXXA	Intentional self-harm by smoke, fire and flames, initial encounter
X76.XXXD	Intentional self-harm by smoke, fire and flames, subsequent encounter
X76.XXXS	Intentional self-harm by smoke, fire and flames, sequela
X77.0XXA	Intentional self-harm by steam or hot vapors, initial encounter
X77.0XXD	Intentional self-harm by steam or hot vapors, subsequent encounter
X77.0XXS	Intentional self-harm by steam or hot vapors, sequela
X771XXA	Intentional self-harm by hot tap water, initial encounter
X771XXD	Intentional self-harm by hot tap water, subsequent encounter
X771XXS	Intentional self-harm by hot tap water, sequela
X77.2XXA	Intentional self-harm by other hot fluids, initial encounter
X77.2XXD	Intentional self-harm by other hot fluids, subsequent encounter
X77.2XXS	Intentional self-harm by other hot fluids, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X77.3XXA	Intentional self-harm by hot household appliances, initial encounter
X77.3XXD	Intentional self-harm by hot household appliances, subsequent encounter
X77.3XXS	Intentional self-harm by hot household appliances, sequela
X77.8XXA	Intentional self-harm by other hot objects, initial encounter
X77.8XXD	Intentional self-harm by other hot objects, subsequent encounter
X77.8XXS	Intentional self-harm by other hot objects, sequela
X77.9XXA	Intentional self-harm by unspecified hot objects, initial encounter
X77.9XXD	Intentional self-harm by unspecified hot objects, subsequent encounter
X77.9XXS	Intentional self-harm by unspecified hot objects, sequela
X78.0XXA	Intentional self-harm by sharp glass, initial encounter
X78.0XXD	Intentional self-harm by sharp glass, subsequent encounter
X78.0XXS	Intentional self-harm by sharp glass, sequela
X78.1XXA	Intentional self-harm by knife, initial encounter
X78.1XXD	Intentional self-harm by knife, subsequent encounter
X78.1XXS	Intentional self-harm by knife, sequela
X78.2XXA	Intentional self-harm by sword or dagger, initial encounter
X78.2XXD	Intentional self-harm by sword or dagger, subsequent encounter
X78.2XXS	Intentional self-harm by sword or dagger, sequela
X78.8XXA	Intentional self-harm by other sharp object, initial encounter
X78.8XXD	Intentional self-harm by other sharp object, subsequent encounter
X78.8XXS	Intentional self-harm by other sharp object, sequela
X78.9XXA	Intentional self-harm by unspecified sharp object, initial encounter
X78.9XXD	Intentional self-harm by unspecified sharp object, subsequent encounter
X78.9XXS	Intentional self-harm by unspecified sharp object, sequela
X79.XXXA	Intentional self-harm by blunt object, initial encounter
X79.XXXD	Intentional self-harm by blunt object, subsequent encounter
X79.XXXS	Intentional self-harm by blunt object, sequela
X80.XXXA	Intentional self-harm by jumping from a high place, initial encounter
X80.XXXD	Intentional self-harm by jumping from a high place, subsequent encounter
X80.XXXS	Intentional self-harm by jumping from a high place, sequela
X81.0XXA	Intentional self-harm by jumping or lying in front of motor vehicle, initial encounter
X81.0XXD	Intentional self-harm by jumping or lying in front of motor vehicle, subsequent encounter
X81.0XXS	Intentional self-harm by jumping or lying in front of motor vehicle, sequela
X81.1XXA	Intentional self-harm by jumping or lying in front of (subway) train, initial encounter
X81.1XXD	Intentional self-harm by jumping or lying in front of (subway) train, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X81.1XXS	Intentional self-harm by jumping or lying in front of (subway) train, sequela
X81.8XXA	Intentional self-harm by jumping or lying in front of other moving object, initial encounter
X81.8XXD	Intentional self-harm by jumping or lying in front of other moving object, subsequent encounter
X81.8XXS	Intentional self-harm by jumping or lying in front of other moving object, sequela
X83.1XXA	Intentional self-harm by electrocution, initial encounter
X83.1XXD	Intentional self-harm by electrocution, subsequent encounter
X83.1XXS	Intentional self-harm by electrocution, sequela
X83.2XXA	Intentional self-harm by exposure to extremes of cold, initial encounter
X83.2XXD	Intentional self-harm by exposure to extremes of cold, subsequent encounter
X83.2XXS	Intentional self-harm by exposure to extremes of cold, sequela
X83.8XXA	Intentional self-harm by other specified means, initial encounter
X83.8XXD	Intentional self-harm by other specified means, subsequent encounter
X83.8XXS	Intentional self-harm by other specified means, sequela
X92..0XXA	Assault by drowning and submersion while in bathtub, initial encounter
X92.0XXD	Assault by drowning and submersion while in bathtub, subsequent encounter
X92.0XXS	Assault by drowning and submersion while in bathtub, sequela
X92.1XXA	Assault by drowning and submersion while in swimming pool, initial encounter
X92.1XXD	Assault by drowning and submersion while in swimming pool, subsequent encounter
X92.1XXS	Assault by drowning and submersion while in swimming pool, sequela
X92.2XXA	Assault by drowning and submersion after push into swimming pool, initial encounter
X92.2XXD	Assault by drowning and submersion after push into swimming pool, subsequent encounter
X92.2XXS	Assault by drowning and submersion after push into swimming pool, sequela
X92.3XXA	Assault by drowning and submersion in natural water, initial encounter
X92.3XXD	Assault by drowning and submersion in natural water, subsequent encounter
X92.3XXS	Assault by drowning and submersion in natural water, sequela
X92.8XXA	Other assault by drowning and submersion, initial encounter
X92.8XXD	Other assault by drowning and submersion, subsequent encounter
X92.8XXS	Other assault by drowning and submersion, sequela
X92.9XXA	Assault by drowning and submersion, unspecified, initial encounter
X92.9XXD	Assault by drowning and submersion, unspecified, subsequent encounter
X92.9XXS	Assault by drowning and submersion, unspecified, sequela
X93.XXXA	Assault by handgun discharge, initial encounter
X93.XXXD	Assault by handgun discharge, subsequent encounter
X93.XXXS	Assault by handgun discharge, sequela
X94.0XXA	Assault by shotgun, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X94.0XXD	Assault by shotgun, subsequent encounter
X94.0XXS	Assault by shotgun, sequela
X94.1XXA	Assault by hunting rifle, initial encounter
X94.1XXD	Assault by hunting rifle, subsequent encounter
X94.1XXS	Assault by hunting rifle, sequela
X94.2XXA	Assault by machine gun, initial encounter
X94.2XXD	Assault by machine gun, subsequent encounter
X94.2XXS	Assault by machine gun, sequela
X94.8XXA	Assault by other larger firearm discharge, initial encounter
X94.8XXD	Assault by other larger firearm discharge, subsequent encounter
X94.8XXS	Assault by other larger firearm discharge, sequela
X94.9XXA	Assault by unspecified larger firearm discharge, initial encounter
X94.9XXD	Assault by unspecified larger firearm discharge, subsequent encounter
X94.9XXS	Assault by unspecified larger firearm discharge, sequela
X95.01XA	Assault by airgun discharge, initial encounter
X95.01XD	Assault by airgun discharge, subsequent encounter
X95.01XS	Assault by airgun discharge, sequela
X95.02XA	Assault by paintball gun discharge, initial encounter
X95.02XD	Assault by paintball gun discharge, subsequent encounter
X95.02XS	Assault by paintball gun discharge, sequela
X95.09XA	Assault by other gas, air or spring-operated gun, initial encounter
X95.09XD	Assault by other gas, air or spring-operated gun, subsequent encounter
X95.09XS	Assault by other gas, air or spring-operated gun, sequela
X95.8XXA	Assault by other firearm discharge, initial encounter
X95.8XXD	Assault by other firearm discharge, subsequent encounter
X95.8XXS	Assault by other firearm discharge, sequela
X95.9XXA	Assault by unspecified firearm discharge, initial encounter
X95.9XXD	Assault by unspecified firearm discharge, subsequent encounter
X95.9XXS	Assault by unspecified firearm discharge, sequela
X96.0XXA	Assault by antipersonnel bomb, initial encounter
X96.0XXD	Assault by antipersonnel bomb, subsequent encounter
X96.0XXS	Assault by antipersonnel bomb, sequela
X96.1XXA	Assault by gasoline bomb, initial encounter
X96.1XXD	Assault by gasoline bomb, subsequent encounter
X96.1XXS	Assault by gasoline bomb, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X96.2XXA	Assault by letter bomb, initial encounter
X96.2XXD	Assault by letter bomb, subsequent encounter
X96.2XXS	Assault by letter bomb, sequela
X96.3XXA	Assault by fertilizer bomb, initial encounter
X96.3XXD	Assault by fertilizer bomb, subsequent encounter
X96.3XXS	Assault by fertilizer bomb, sequela
X96.4XXA	Assault by pipe bomb, initial encounter
X96.4XXD	Assault by pipe bomb, subsequent encounter
X96.4XXS	Assault by pipe bomb, sequela
X96.8XXA	Assault by other specified explosive, initial encounter
X96.8XXD	Assault by other specified explosive, subsequent encounter
X96.8XXS	Assault by other specified explosive, sequela
X96.9XXA	Assault by unspecified explosive, initial encounter
X96.9XXD	Assault by unspecified explosive, subsequent encounter
X96.9XXS	Assault by unspecified explosive, sequela
X97.XXXA	Assault by smoke, fire and flames, initial encounter
X97.XXXD	Assault by smoke, fire and flames, subsequent encounter
X97.XXXS	Assault by smoke, fire and flames, sequela
X98.0XXA	Assault by steam or hot vapors, initial encounter
X98.0XXD	Assault by steam or hot vapors, subsequent encounter
X98.0XXS	Assault by steam or hot vapors, sequela
X98.1XXA	Assault by hot tap water, initial encounter
X98.1XXD	Assault by hot tap water, subsequent encounter
X98.1XXS	Assault by hot tap water, sequela
X98.2XXA	Assault by hot fluids, initial encounter
X98.2XXD	Assault by hot fluids, subsequent encounter
X98.2XXS	Assault by hot fluids, sequela
X98.3XXA	Assault by hot household appliances, initial encounter
X98.3XXD	Assault by hot household appliances, subsequent encounter
X98.3XXS	Assault by hot household appliances, sequela
X98.8XXA	Assault by other hot objects, initial encounter
X98.8XXD	Assault by other hot objects, subsequent encounter
X98.8XXS	Assault by other hot objects, sequela
X98.9XXA	Assault by unspecified hot objects, initial encounter
X98.9XXD	Assault by unspecified hot objects, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X98.9XXS	Assault by unspecified hot objects, sequela
X99.0XXA	Assault by sharp glass, initial encounter
X99.0XXD	Assault by sharp glass, subsequent encounter
X99.0XXS	Assault by sharp glass, sequela
X99.1XXA	Assault by knife, initial encounter
X99.1XXD	Assault by knife, subsequent encounter
X99.1XXS	Assault by knife, sequela
X99.2XXA	Assault by sword or dagger, initial encounter
X99.2XXD	Assault by sword or dagger, subsequent encounter
X99.2XXS	Assault by sword or dagger, sequela
X99.8XXA	Assault by other sharp object, initial encounter
X99.8XXD	Assault by other sharp object, subsequent encounter
X99.8XXS	Assault by other sharp object, sequela
X99.9XXA	Assault by unspecified sharp object, initial encounter
X99.9XXD	Assault by unspecified sharp object, subsequent encounter
X99.9XXS	Assault by unspecified sharp object, sequela
Y00.XXXA	Assault by blunt object, initial encounter
Y00.XXXD	Assault by blunt object, subsequent encounter
Y00.XXXS	Assault by blunt object, sequela
Y01.XXXA	Assault by pushing from high place, initial encounter
Y01.XXXD	Assault by pushing from high place, subsequent encounter
Y01.XXXS	Assault by pushing from high place, sequela
Y04.0XXA	Assault by unarmed brawl or fight, initial encounter
Y04.0XXD	Assault by unarmed brawl or fight, subsequent encounter
Y04.0XXS	Assault by unarmed brawl or fight, sequela
Y04.1XXA	Assault by human bite, initial encounter
Y04.1XXD	Assault by human bite, subsequent encounter
Y04.1XXS	Assault by human bite, sequela
Y07.01	Husband, perpetrator of maltreatment and neglect
Y07.02	Wife, perpetrator of maltreatment and neglect
Y07.03	Male partner, perpetrator of maltreatment and neglect
Y07.04	Female partner, perpetrator of maltreatment and neglect
Y07.11	Biological father, perpetrator of maltreatment and neglect
Y07.12	Biological mother, perpetrator of maltreatment and neglect
Y07.13	Adoptive father, perpetrator of maltreatment and neglect

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y07.14	Adoptive mother, perpetrator of maltreatment and neglect
Y07.410	Brother, perpetrator of maltreatment and neglect
Y07.411	Sister, perpetrator of maltreatment and neglect
Y07.420	Foster father, perpetrator of maltreatment and neglect
Y07.421	Foster mother, perpetrator of maltreatment and neglect
Y07.430	Stepfather, perpetrator of maltreatment and neglect
Y07.432	Male friend of parent (co-residing in household), perpetrator of maltreatment and neglect
Y07.433	Stepmother, perpetrator of maltreatment and neglect
Y07.434	Female friend of parent (co-residing in household), perpetrator of maltreatment and neglect
Y07.435	Stepbrother, perpetrator or maltreatment and neglect
Y07.436	Stepsister, perpetrator of maltreatment and neglect
Y07.490	Male cousin, perpetrator of maltreatment and neglect
Y07.491	Female cousin, perpetrator of maltreatment and neglect
Y07.499	Other family member, perpetrator of maltreatment and neglect
Y07.50	Unspecified non-family member, perpetrator of maltreatment and neglect
Y07.510	At-home childcare provider, perpetrator of maltreatment and neglect
Y07.511	Daycare center childcare provider, perpetrator of maltreatment and neglect
Y07.512	At-home adultcare provider, perpetrator of maltreatment and neglect
Y07.513	Adultcare center provider, perpetrator of maltreatment and neglect
Y07.519	Unspecified daycare provider, perpetrator of maltreatment and neglect
Y07.521	Mental health provider, perpetrator of maltreatment and neglect
Y07.528	Other therapist or healthcare provider, perpetrator of maltreatment and neglect
Y07.529	Unspecified healthcare provider, perpetrator of maltreatment and neglect
Y07.53	Teacher or instructor, perpetrator of maltreatment and neglect
Y07.59	Other non-family member, perpetrator of maltreatment and neglect
Y07.6	Multiple perpetrators of maltreatment and neglect
Y07.9	Unspecified perpetrator of maltreatment and neglect
Y08.01XA	Assault by strike by hockey stick, initial encounter
Y08.01XD	Assault by strike by hockey stick, subsequent encounter
Y08.01XS	Assault by strike by hockey stick, sequela
Y08.02XA	Assault by strike by baseball bat, initial encounter
Y08.02XD	Assault by strike by baseball bat, subsequent encounter
Y08.02XS	Assault by strike by baseball bat, sequela
Y08.09XA	Assault by strike by other specified type of sport equipment, initial encounter
Y08.09XD	Assault by strike by other specified type of sport equipment, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y08.09XS	Assault by strike by other specified type of sport equipment, sequela
Y08.89XA	Assault by other specified means, initial encounter
Y08.89XD	Assault by other specified means, subsequent encounter
Y08.89XS	Assault by other specified means, sequela
Y09	Assault by unspecified means
Y21.0XXA	Drowning and submersion while in bathtub, undetermined intent, initial encounter
Y21.0XXD	Drowning and submersion while in bathtub, undetermined intent, subsequent encounter
Y21.0XXS	Drowning and submersion while in bathtub, undetermined intent, sequela
Y21.1XXA	Drowning and submersion after fall into bathtub, undetermined intent, initial encounter
Y21.1XXD	Drowning and submersion after fall into bathtub, undetermined intent, subsequent encounter
Y21.1XXS	Drowning and submersion after fall into bathtub, undetermined intent, sequela
Y21.2XXA	Drowning and submersion while in swimming pool, undetermined intent, initial encounter
Y21.2XXD	Drowning and submersion while in swimming pool, undetermined intent, subsequent encounter
Y21.2XXS	Drowning and submersion while in swimming pool, undetermined intent, sequela
Y21.3XXA	Drowning and submersion after fall into swimming pool, undetermined intent, initial encounter
Y21.3XXD	Drowning and submersion after fall into swimming pool, undetermined intent, subsequent encounter
Y21.3XXS	Drowning and submersion after fall into swimming pool, undetermined intent, sequela
Y21.4XXA	Drowning and submersion in natural water, undetermined intent, initial encounter
Y21.4XXD	Drowning and submersion in natural water, undetermined intent, subsequent encounter
Y21.4XXS	Drowning and submersion in natural water, undetermined intent, sequela
Y21.8XXA	Other drowning and submersion, undetermined intent, initial encounter
Y21.8XXD	Other drowning and submersion, undetermined intent, subsequent encounter
Y21.8XXS	Other drowning and submersion, undetermined intent, sequela
Y21.9XXA	Unspecified drowning and submersion, undetermined intent, initial encounter
Y21.9XXD	Unspecified drowning and submersion, undetermined intent, subsequent encounter
Y21.9XXS	Unspecified drowning and submersion, undetermined intent, sequela
Y22.XXXA	Handgun discharge, undetermined intent, initial encounter
Y22.XXXD	Handgun discharge, undetermined intent, subsequent encounter
Y22.XXXS	Handgun discharge, undetermined intent, sequela
Y23..0XXA	Shotgun discharge, undetermined intent, initial encounter
Y23..0XXD	Shotgun discharge, undetermined intent, subsequent encounter
Y23..0XXS	Shotgun discharge, undetermined intent, sequela
Y23.1XXA	Hunting rifle discharge, undetermined intent, initial encounter
Y23.1XXD	Hunting rifle discharge, undetermined intent, subsequent encounter
Y23.1XXS	Hunting rifle discharge, undetermined intent, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y23.2XXA	Military firearm discharge, undetermined intent, initial encounter
Y23.2XXD	Military firearm discharge, undetermined intent, subsequent encounter
Y23.2XXS	Military firearm discharge, undetermined intent, sequela
Y23.3XXA	Machine gun discharge, undetermined intent, initial encounter
Y23.3XXD	Machine gun discharge, undetermined intent, subsequent encounter
Y23.3XXS	Machine gun discharge, undetermined intent, sequela
Y23.8XXA	Other larger firearm discharge, undetermined intent, initial encounter
Y23.8XXD	Other larger firearm discharge, undetermined intent, subsequent encounter
Y23.8XXS	Other larger firearm discharge, undetermined intent, sequela
Y23.9XXA	Unspecified larger firearm discharge, undetermined intent, initial encounter
Y23.9XXD	Unspecified larger firearm discharge, undetermined intent, subsequent encounter
Y23.9XXS	Unspecified larger firearm discharge, undetermined intent, sequela
Y24.0XXA	Airgun discharge, undetermined intent, initial encounter
Y24.0XXD	Airgun discharge, undetermined intent, subsequent encounter
Y24.0XXS	Airgun discharge, undetermined intent, sequela
Y24.8XXA	Other firearm discharge, undetermined intent, initial encounter
Y24.8XXD	Other firearm discharge, undetermined intent, subsequent encounter
Y24.8XXS	Other firearm discharge, undetermined intent, sequela
Y24.9XXA	Unspecified firearm discharge, undetermined intent, initial encounter
Y24.9XXD	Unspecified firearm discharge, undetermined intent, subsequent encounter
Y24.9XXS	Unspecified firearm discharge, undetermined intent, sequela
Y25.XXXA	Contact with explosive material, undetermined intent, initial encounter
Y25.XXXD	Contact with explosive material, undetermined intent, subsequent encounter
Y25.XXXS	Contact with explosive material, undetermined intent, sequela
Y27.1XXA	Contact with hot tap water, undetermined intent, initial encounter
Y27.1XXD	Contact with hot tap water, undetermined intent, subsequent encounter
Y27.1XXS	Contact with hot tap water, undetermined intent, sequela
Y27.2XXA	Contact with hot fluids, undetermined intent, initial encounter
Y27.2XXD	Contact with hot fluids, undetermined intent, subsequent encounter
Y27.2XXS	Contact with hot fluids, undetermined intent, sequela
Y27.3XXA	Contact with hot household appliance, undetermined intent, initial encounter
Y27.3XXD	Contact with hot household appliance, undetermined intent, subsequent encounter
Y27.3XXS	Contact with hot household appliance, undetermined intent, sequela
Y28.1XXA	Contact with knife, undetermined intent, initial encounter
Y28.1XXD	Contact with knife, undetermined intent, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y28.1XXS	Contact with knife, undetermined intent, sequela
Y28.2XXA	Contact with sword or dagger, undetermined intent, initial encounter
Y28.2XXD	Contact with sword or dagger, undetermined intent, subsequent encounter
Y28.2XXS	Contact with sword or dagger, undetermined intent, sequela
Y30.XXXA	Falling, jumping or pushed from a high place, undetermined intent, initial encounter
Y30.XXXD	Falling, jumping or pushed from a high place, undetermined intent, subsequent encounter
Y30.XXXS	Falling, jumping or pushed from a high place, undetermined intent, sequela
Y33.XXXA	Other specified events, undetermined intent, initial encounter
Y33.XXXD	Other specified events, undetermined intent, subsequent encounter
Y33.XXXS	Other specified events, undetermined intent, sequela
Y35.001A	Legal intervention involving unspecified firearm discharge, law enforcement official injured, initial encounter
Y35.001D	Legal intervention involving unspecified firearm discharge, law enforcement official injured, subsequent encounter
Y35.001S	Legal intervention involving unspecified firearm discharge, law enforcement official injured, sequela
Y35.002A	Legal intervention involving unspecified firearm discharge, bystander injured, initial encounter
Y35.002D	Legal intervention involving unspecified firearm discharge, bystander injured, subsequent encounter
Y35.002S	Legal intervention involving unspecified firearm discharge, bystander injured, sequela
Y35.003A	Legal intervention involving unspecified firearm discharge, suspect injured, initial encounter
Y35.003D	Legal intervention involving unspecified firearm discharge, suspect injured, subsequent encounter
Y35.003S	Legal intervention involving unspecified firearm discharge, suspect injured, sequela
Y35.009A	Legal intervention involving unspecified firearm discharge, unspecified person injured, initial encounter
Y35.009D	Legal intervention involving unspecified firearm discharge, unspecified person injured, subsequent encounter
Y35.009S	Legal intervention involving unspecified firearm discharge, unspecified person injured, sequela
Y35.011A	Legal intervention involving injury by machine gun, law enforcement official injured, initial encounter
Y35.011D	Legal intervention involving injury by machine gun, law enforcement official injured, subsequent encounter
Y35.011S	Legal intervention involving injury by machine gun, law enforcement official injured, sequela
Y35.012A	Legal intervention involving injury by machine gun, bystander injured, initial encounter
Y35.012D	Legal intervention involving injury by machine gun, bystander injured, subsequent encounter
Y35.012S	Legal intervention involving injury by machine gun, bystander injured, sequela
Y35.013A	Legal intervention involving injury by machine gun, suspect injured, initial encounter
Y35.013D	Legal intervention involving injury by machine gun, suspect injured, subsequent encounter
Y35.013S	Legal intervention involving injury by machine gun, suspect injured, sequela
Y35.019A	Legal intervention involving injury by machine gun, unspecified person injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.019D	Legal intervention involving injury by machine gun, unspecified person injured, subsequent encounter
Y35.019S	Legal intervention involving injury by machine gun, unspecified person injured, sequela
Y35.021A	Legal intervention involving injury by handgun, law enforcement official injured, initial encounter
Y35.021D	Legal intervention involving injury by handgun, law enforcement official injured, subsequent encounter
Y35.021S	Legal intervention involving injury by handgun, law enforcement official injured, sequela
Y35.022A	Legal intervention involving injury by handgun, bystander injured, initial encounter
Y35.022D	Legal intervention involving injury by handgun, bystander injured, subsequent encounter
Y35.022S	Legal intervention involving injury by handgun, bystander injured, sequela
Y35.023A	Legal intervention involving injury by handgun, suspect injured, initial encounter
Y35.023D	Legal intervention involving injury by handgun, suspect injured, subsequent encounter
Y35.023S	Legal intervention involving injury by handgun, suspect injured, sequela
Y35.029A	Legal intervention involving injury by handgun, unspecified person injured, initial encounter
Y35.029D	Legal intervention involving injury by handgun, unspecified person injured, subsequent encounter
Y35.029S	Legal intervention involving injury by handgun, unspecified person injured, sequela
Y35.031A	Legal intervention involving injury by rifle pellet, law enforcement official injured, initial encounter
Y35.031D	Legal intervention involving injury by rifle pellet, law enforcement official injured, subsequent encounter
Y35.031S	Legal intervention involving injury by rifle pellet, law enforcement official injured, sequela
Y35.032A	Legal intervention involving injury by rifle pellet, bystander injured, initial encounter
Y35.032D	Legal intervention involving injury by rifle pellet, bystander injured, subsequent encounter
Y35.032S	Legal intervention involving injury by rifle pellet, bystander injured, sequela
Y35.033A	Legal intervention involving injury by rifle pellet, suspect injured, initial encounter
Y35.033D	Legal intervention involving injury by rifle pellet, suspect injured, subsequent encounter
Y35.033S	Legal intervention involving injury by rifle pellet, suspect injured, sequela
Y35.039A	Legal intervention involving injury by rifle pellet, unspecified person injured, initial encounter
Y35.039D	Legal intervention involving injury by rifle pellet, unspecified person injured, subsequent encounter
Y35.039S	Legal intervention involving injury by rifle pellet, unspecified person injured, sequela
Y35.041A	Legal intervention involving injury by rubber bullet, law enforcement official injured, initial encounter
Y35.041D	Legal intervention involving injury by rubber bullet, law enforcement official injured, subsequent encounter
Y35.041S	Legal intervention involving injury by rubber bullet, law enforcement official injured, sequela
Y35.042A	Legal intervention involving injury by rubber bullet, bystander injured, initial encounter
Y35.042D	Legal intervention involving injury by rubber bullet, bystander injured, subsequent encounter
Y35.042S	Legal intervention involving injury by rubber bullet, bystander injured, sequela
Y35.043A	Legal intervention involving injury by rubber bullet, suspect injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.043D	Legal intervention involving injury by rubber bullet, suspect injured, subsequent encounter
Y35.043S	Legal intervention involving injury by rubber bullet, suspect injured, sequela
Y35.049A	Legal intervention involving injury by rubber bullet, unspecified person injured, initial encounter
Y35.049D	Legal intervention involving injury by rubber bullet, unspecified person injured, subsequent encounter
Y35.049S	Legal intervention involving injury by rubber bullet, unspecified person injured, sequela
Y35.091A	Legal intervention involving other firearm discharge, law enforcement official injured, initial encounter
Y35.091D	Legal intervention involving other firearm discharge, law enforcement official injured, subsequent encounter
Y35.091S	Legal intervention involving other firearm discharge, law enforcement official injured, sequela
Y35.092A	Legal intervention involving other firearm discharge, bystander injured, initial encounter
Y35.092D	Legal intervention involving other firearm discharge, bystander injured, subsequent encounter
Y35.092S	Legal intervention involving other firearm discharge, bystander injured, sequela
Y35.093A	Legal intervention involving other firearm discharge, suspect injured, initial encounter
Y35.093D	Legal intervention involving other firearm discharge, suspect injured, subsequent encounter
Y35.093S	Legal intervention involving other firearm discharge, suspect injured, sequela
Y35.099A	Legal intervention involving other firearm discharge, unspecified person injured, initial encounter
Y35.099D	Legal intervention involving other firearm discharge, unspecified person injured, subsequent encounter
Y35.099S	Legal intervention involving other firearm discharge, unspecified person injured, sequela
Y35.101A	Legal intervention involving unspecified explosives, law enforcement official injured, initial encounter
Y35.101D	Legal intervention involving unspecified explosives, law enforcement official injured, subsequent encounter
Y35.101S	Legal intervention involving unspecified explosives, law enforcement official injured, sequela
Y35.102A	Legal intervention involving unspecified explosives, bystander injured, initial encounter
Y35.102D	Legal intervention involving unspecified explosives, bystander injured, subsequent encounter
Y35.102S	Legal intervention involving unspecified explosives, bystander injured, sequela
Y35.103A	Legal intervention involving unspecified explosives, suspect injured, initial encounter
Y35.103D	Legal intervention involving unspecified explosives, suspect injured, subsequent encounter
Y35.103S	Legal intervention involving unspecified explosives, suspect injured, sequela
Y35.109A	Legal intervention involving unspecified explosives, unspecified person injured, initial encounter
Y35.109D	Legal intervention involving unspecified explosives, unspecified person injured, subsequent encounter
Y35.109S	Legal intervention involving unspecified explosives, unspecified person injured, sequela
Y35.111A	Legal intervention involving injury by dynamite, law enforcement official injured, initial encounter
Y35.111D	Legal intervention involving injury by dynamite, law enforcement official injured, subsequent encounter
Y35.111S	Legal intervention involving injury by dynamite, law enforcement official injured, sequela
Y35.112A	Legal intervention involving injury by dynamite, bystander injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.112D	Legal intervention involving injury by dynamite, bystander injured, subsequent encounter
Y35.112S	Legal intervention involving injury by dynamite, bystander injured, sequela
Y35.113A	Legal intervention involving injury by dynamite, suspect injured, initial encounter
Y35.113D	Legal intervention involving injury by dynamite, suspect injured, subsequent encounter
Y35.113S	Legal intervention involving injury by dynamite, suspect injured, sequela
Y35.119A	Legal intervention involving injury by dynamite, unspecified person injured, initial encounter
Y35.119D	Legal intervention involving injury by dynamite, unspecified person injured, subsequent encounter
Y35.119S	Legal intervention involving injury by dynamite, unspecified person injured, sequela encounter
Y35.121A	Legal intervention involving injury by explosive shell, law enforcement official injured, initial encounter
Y35.121D	Legal intervention involving injury by explosive shell, law enforcement official injured, subsequent encounter
Y35.121S	Legal intervention involving injury by explosive shell, law enforcement official injured, sequela
Y35.123A	Legal intervention involving injury by explosive shell, suspect injured, initial encounter
Y35.123D	Legal intervention involving injury by explosive shell, suspect injured, subsequent encounter
Y35.123S	Legal intervention involving injury by explosive shell, suspect injured, sequela
Y35.129A	Legal intervention involving injury by explosive shell, unspecified person injured, initial encounter
Y35.129D	Legal intervention involving injury by explosive shell, unspecified person injured, subsequent encounter
Y35.129S	Legal intervention involving injury by explosive shell, unspecified person injured, sequela
Y35.191A	Legal intervention involving other explosives, law enforcement official injured, initial encounter
Y35.191D	Legal intervention involving other explosives, law enforcement official injured, subsequent encounter
Y35.191S	Legal intervention involving other explosives, law enforcement official injured, sequela
Y35.192A	Legal intervention involving other explosives, bystander injured, initial encounter
Y35.192D	Legal intervention involving other explosives, bystander injured, subsequent encounter
Y35.192S	Legal intervention involving other explosives, bystander injured, sequela
Y35.193A	Legal intervention involving other explosives, suspect injured, initial encounter
Y35.193D	Legal intervention involving other explosives, suspect injured, subsequent encounter
Y35.193S	Legal intervention involving other explosives, suspect injured, sequela
Y35.199A	Legal intervention involving other explosives, unspecified person injured, initial encounter
Y35.199D	Legal intervention involving other explosives, unspecified person injured, subsequent encounter
Y35.199S	Legal intervention involving other explosives, unspecified person injured, sequela
Y35.211A	Legal intervention involving injury by tear gas, law enforcement official injured, initial encounter
Y35.211D	Legal intervention involving injury by tear gas, law enforcement official injured, subsequent encounter
Y35.211S	Legal intervention involving injury by tear gas, law enforcement official injured, sequela
Y35.212A	Legal intervention involving injury by tear gas, bystander injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.212D	Legal intervention involving injury by tear gas, bystander injured, subsequent encounter
Y35.212S	Legal intervention involving injury by tear gas, bystander injured, sequela
Y35.213A	Legal intervention involving injury by tear gas, suspect injured, initial encounter
Y35.213D	Legal intervention involving injury by tear gas, suspect injured, subsequent encounter
Y35.213S	Legal intervention involving injury by tear gas, suspect injured, sequela
Y35.219A	Legal intervention involving injury by tear gas, unspecified person injured, initial encounter
Y35.219D	Legal intervention involving injury by tear gas, unspecified person injured, subsequent encounter
Y35.219S	Legal intervention involving injury by tear gas, unspecified person injured, sequela
Y35.311A	Legal intervention involving baton, law enforcement official injured, initial encounter
Y35.311D	Legal intervention involving baton, law enforcement official injured, subsequent encounter
Y35.311S	Legal intervention involving baton, law enforcement official injured, sequela
Y35.312A	Legal intervention involving baton, bystander injured, initial encounter
Y35.312D	Legal intervention involving baton, bystander injured, subsequent encounter
Y35.312S	Legal intervention involving baton, bystander injured, sequela
Y35.313A	Legal intervention involving baton, suspect injured, initial encounter
Y35.313D	Legal intervention involving baton, suspect injured, subsequent encounter
Y35.313S	Legal intervention involving baton, suspect injured, sequela
Y35.319A	Legal intervention involving baton, unspecified person injured, initial encounter
Y35.319D	Legal intervention involving baton, unspecified person injured, subsequent encounter
Y35.319S	Legal intervention involving baton, unspecified person injured, sequela
Y35.411A	Legal intervention involving bayonet, law enforcement official injured, initial encounter
Y35.411D	Legal intervention involving bayonet, law enforcement official injured, subsequent encounter
Y35.411S	Legal intervention involving bayonet, law enforcement official injured, sequela
Y35.412A	Legal intervention involving bayonet, bystander injured, initial encounter
Y35.412D	Legal intervention involving bayonet, bystander injured, subsequent encounter
Y35.412S	Legal intervention involving bayonet, bystander injured, sequela
Y35.413A	Legal intervention involving bayonet, suspect injured, initial encounter
Y35.413D	Legal intervention involving bayonet, suspect injured, subsequent encounter
Y35.413S	Legal intervention involving bayonet, suspect injured, sequela
Y35.419A	Legal intervention involving bayonet, unspecified person injured, initial encounter
Y35.419D	Legal intervention involving bayonet, unspecified person injured, subsequent encounter
Y35.419S	Legal intervention involving bayonet, unspecified person injured, sequela
Y35.811A	Legal intervention involving manhandling, law enforcement official injured, initial encounter
Y35.811D	Legal intervention involving manhandling, law enforcement official injured, subsequent encounter
Y35.811S	Legal intervention involving manhandling, law enforcement official injured, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.812A	Legal intervention involving manhandling, bystander injured, initial encounter
Y35.812D	Legal intervention involving manhandling, bystander injured, subsequent encounter
Y35.812S	Legal intervention involving manhandling, bystander injured, sequela
Y35.813A	Legal intervention involving manhandling, suspect injured, initial encounter
Y35.813D	Legal intervention involving manhandling, suspect injured, subsequent encounter
Y35.813S	Legal intervention involving manhandling, suspect injured, sequela
Y35.819A	Legal intervention involving manhandling, unspecified person injured, initial encounter
Y35.819D	Legal intervention involving manhandling, unspecified person injured, subsequent encounter
Y35.819S	Legal intervention involving manhandling, unspecified person injured, sequela
Y35.831A	Legal intervention involving a conducted energy device, law enforcement official injured, initial encounter
Y35.831D	Legal intervention involving a conducted energy device, law enforcement official injured, subsequent encounter
Y35.831S	Legal intervention involving a conducted energy device, law enforcement official injured, sequela
Y35.832A	Legal intervention involving a conducted energy device, bystander injured, initial encounter
Y35.832D	Legal intervention involving a conducted energy device, bystander injured, subsequent encounter
Y35.832S	Legal intervention involving a conducted energy device, bystander injured, sequela
Y35.833A	Legal intervention involving a conducted energy device, suspect injured, initial encounter
Y35.833D	Legal intervention involving a conducted energy device, suspect injured, subsequent encounter
Y35.833S	Legal intervention involving a conducted energy device, suspect injured, sequela
Y35.839A	Legal intervention involving a conducted energy device, unspecified person injured, initial encounter
Y35.839D	Legal intervention involving a conducted energy device, unspecified person injured, subsequent encounter
Y35.839S	Legal intervention involving a conducted energy device, unspecified person injured, sequela
Y35.891A	Legal intervention involving other specified means, law enforcement official injured, initial encounter
Y35.891D	Legal intervention involving other specified means, law enforcement official injured, subsequent encounter
Y35.891S	Legal intervention involving other specified means, law enforcement official injured, sequela
Y35.892A	Legal intervention involving other specified means, bystander injured, initial encounter
Y35.892D	Legal intervention involving other specified means, bystander injured, subsequent encounter
Y35.892S	Legal intervention involving other specified means, bystander injured, sequela
Y35.893A	Legal intervention involving other specified means, suspect injured, initial encounter
Y35.893D	Legal intervention involving other specified means, suspect injured, subsequent encounter
Y35.893S	Legal intervention involving other specified means, suspect injured, sequela
Y35.91XA	Legal intervention, means unspecified, law enforcement official injured, initial encounter
Y35.91XD	Legal intervention, means unspecified, law enforcement official injured, subsequent encounter
Y35.91XS	Legal intervention, means unspecified, law enforcement official injured, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.92XA	Legal intervention, means unspecified, bystander injured, initial encounter
Y35.92XD	Legal intervention, means unspecified, bystander injured, subsequent encounter
Y35.92XS	Legal intervention, means unspecified, bystander injured, sequela
Y35.93XA	Legal intervention, means unspecified, suspect injured, initial encounter
Y35.93XD	Legal intervention, means unspecified, suspect injured, subsequent encounter
Y35.93XS	Legal intervention, means unspecified, suspect injured, sequela
Y35.99XA	Legal intervention, means unspecified, unspecified person injured, initial encounter
Y35.99XD	Legal intervention, means unspecified, unspecified person injured, subsequent encounter
Y35.99XS	Legal intervention, means unspecified, unspecified person injured, sequela
Y36.000A	War operations involving explosion of unspecified marine weapon, military personnel, initial encounter
Y36.000D	War operations involving explosion of unspecified marine weapon, military personnel, subsequent encounter
Y36.000S	War operations involving explosion of unspecified marine weapon, military personnel, sequela
Y36.001A	War operations involving explosion of unspecified marine weapon, civilian, initial encounter
Y36.001D	War operations involving explosion of unspecified marine weapon, civilian, subsequent encounter
Y36.001S	War operations involving explosion of unspecified marine weapon, civilian, sequela
Y36.010A	War operations involving explosion of depth-charge, military personnel, initial encounter
Y36.010D	War operations involving explosion of depth-charge, military personnel, subsequent encounter
Y36.010S	War operations involving explosion of depth-charge, military personnel, sequela
Y36.011A	War operations involving explosion of depth-charge, civilian, initial encounter
Y36.011D	War operations involving explosion of depth-charge, civilian, subsequent encounter
Y36.011S	War operations involving explosion of depth-charge, civilian, sequela
Y36.020A	War operations involving explosion of marine mine, military personnel, initial encounter
Y36.020D	War operations involving explosion of marine mine, military personnel, subsequent encounter
Y36.020S	War operations involving explosion of marine mine, military personnel, sequela
Y36.021A	War operations involving explosion of marine mine, civilian, initial encounter
Y36.021D	War operations involving explosion of marine mine, civilian, subsequent encounter
Y36.021S	War operations involving explosion of marine mine, civilian, sequela
Y36.030A	War operations involving explosion of sea-based artillery shell, military personnel, initial encounter
Y36.030D	War operations involving explosion of sea-based artillery shell, military personnel, subsequent encounter
Y36.030S	War operations involving explosion of sea-based artillery shell, military personnel, sequela
Y36.031A	War operations involving explosion of sea-based artillery shell, civilian, initial encounter
Y36.031D	War operations involving explosion of sea-based artillery shell, civilian, subsequent encounter
Y36.031S	War operations involving explosion of sea-based artillery shell, civilian, sequela
Y36.040A	War operations involving explosion of torpedo, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.040D	War operations involving explosion of torpedo, military personnel, subsequent encounter
Y36.040S	War operations involving explosion of torpedo, military personnel, sequela
Y36.041A	War operations involving explosion of torpedo, civilian, initial encounter
Y36.041D	War operations involving explosion of torpedo, civilian, subsequent encounter
Y36.041S	War operations involving explosion of torpedo, civilian, sequela
Y36.050A	War operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter
Y36.050D	War operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y36.050S	War operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y36.051A	War operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y36.051D	War operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y36.051S	War operations involving accidental detonation of onboard marine weapons, civilian, sequela
Y36.090A	War operations involving explosion of other marine weapons, military personnel, initial encounter
Y36.090D	War operations involving explosion of other marine weapons, military personnel, subsequent encounter
Y36.090S	War operations involving explosion of other marine weapons, military personnel, sequela
Y36.091A	War operations involving explosion of other marine weapons, civilian, initial encounter
Y36.091D	War operations involving explosion of other marine weapons, civilian, subsequent encounter
Y36.091S	War operations involving explosion of other marine weapons, civilian, sequela
Y36.100A	War operations involving unspecified destruction of aircraft, military personnel, initial encounter
Y36.100D	War operations involving unspecified destruction of aircraft, military personnel, subsequent encounter
Y36.100S	War operations involving unspecified destruction of aircraft, military personnel, sequela
Y36.101A	War operations involving unspecified destruction of aircraft, civilian, initial encounter
Y36.101D	War operations involving unspecified destruction of aircraft, civilian, subsequent encounter
Y36.101S	War operations involving unspecified destruction of aircraft, civilian, sequela
Y36.110A	War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, initial encounter
Y36.110D	War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, subsequent encounter
Y36.110S	War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, sequela
Y36.111A	War operations involving destruction of aircraft due to enemy fire or explosives, civilian, initial encounter
Y36.111D	War operations involving destruction of aircraft due to enemy fire or explosives, civilian, subsequent encounter
Y36.111S	War operations involving destruction of aircraft due to enemy fire or explosives, civilian, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.120A	War operations involving destruction of aircraft due to collision with other aircraft, military personnel, initial encounter
Y36.120D	War operations involving destruction of aircraft due to collision with other aircraft, military personnel, subsequent encounter
Y36.120S	War operations involving destruction of aircraft due to collision with other aircraft, military personnel, sequela
Y36.121A	War operations involving destruction of aircraft due to collision with other aircraft, civilian, initial encounter
Y36.121D	War operations involving destruction of aircraft due to collision with other aircraft, civilian, subsequent encounter
Y36.121S	War operations involving destruction of aircraft due to collision with other aircraft, civilian, sequela
Y36.130A	War operations involving destruction of aircraft due to onboard fire, military personnel, initial encounter
Y36.130D	War operations involving destruction of aircraft due to onboard fire, military personnel, subsequent encounter
Y36.130S	War operations involving destruction of aircraft due to onboard fire, military personnel, sequela
Y36.131A	War operations involving destruction of aircraft due to onboard fire, civilian, initial encounter
Y36.131D	War operations involving destruction of aircraft due to onboard fire, civilian, subsequent encounter
Y36.131S	War operations involving destruction of aircraft due to onboard fire, civilian, sequela
Y36.140A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y36.140D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y36.140S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y36.141A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y36.141D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y36.141S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y36.190A	War operations involving other destruction of aircraft, military personnel, initial encounter
Y36.190D	War operations involving other destruction of aircraft, military personnel, subsequent encounter
Y36.190S	War operations involving other destruction of aircraft, military personnel, sequela
Y36.191A	War operations involving other destruction of aircraft, civilian, initial encounter
Y36.191D	War operations involving other destruction of aircraft, civilian, subsequent encounter
Y36.191S	War operations involving other destruction of aircraft, civilian, sequela
Y36.200A	War operations involving unspecified explosion and fragments, military personnel, initial encounter
Y36.200D	War operations involving unspecified explosion and fragments, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.200S	War operations involving unspecified explosion and fragments, military personnel, sequela
Y36.201A	War operations involving unspecified explosion and fragments, civilian, initial encounter
Y36.201D	War operations involving unspecified explosion and fragments, civilian, subsequent encounter
Y36.201S	War operations involving unspecified explosion and fragments, civilian, sequela
Y36.210A	War operations involving explosion of aerial bomb, military personnel, initial encounter
Y36.210D	War operations involving explosion of aerial bomb, military personnel, subsequent encounter
Y36.210S	War operations involving explosion of aerial bomb, military personnel, sequela
Y36.211A	War operations involving explosion of aerial bomb, civilian, initial encounter
Y36.211D	War operations involving explosion of aerial bomb, civilian, subsequent encounter
Y36.211S	War operations involving explosion of aerial bomb, civilian, sequela
Y36.220A	War operations involving explosion of guided missile, military personnel, initial encounter
Y36.220D	War operations involving explosion of guided missile, military personnel, subsequent encounter
Y36.220S	War operations involving explosion of guided missile, military personnel, sequela
Y36.221A	War operations involving explosion of guided missile, civilian, initial encounter
Y36.221D	War operations involving explosion of guided missile, civilian, subsequent encounter
Y36.221S	War operations involving explosion of guided missile, civilian, sequela
Y36.230A	War operations involving explosion of improvised explosive device [IED], military personnel, initial encounter
Y36.230D	War operations involving explosion of improvised explosive device [IED], military personnel, subsequent encounter
Y36.230S	War operations involving explosion of improvised explosive device [IED], military personnel, sequela
Y36.231A	War operations involving explosion of improvised explosive device [IED], civilian, initial encounter
Y36.231D	War operations involving explosion of improvised explosive device [IED], civilian, subsequent encounter
Y36.231S	War operations involving explosion of improvised explosive device [IED], civilian, sequela
Y36.240A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y36.240D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y36.240S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y36.241A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y36.241D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y36.241S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Y36.250A	War operations involving fragments from munitions, military personnel, initial encounter
Y36.250D	War operations involving fragments from munitions, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.250S	War operations involving fragments from munitions, military personnel, sequela
Y36.251A	War operations involving fragments from munitions, civilian, initial encounter
Y36.251D	War operations involving fragments from munitions, civilian, subsequent encounter
Y36.251S	War operations involving fragments from munitions, civilian, sequela
Y36.260A	War operations involving fragments of improvised explosive device [IED], military personnel, initial encounter
Y36.260D	War operations involving fragments of improvised explosive device [IED], military personnel, subsequent encounter
Y36.260S	War operations involving fragments of improvised explosive device [IED], military personnel, sequela
Y36.261A	War operations involving fragments of improvised explosive device [IED], civilian, initial encounter
Y36.261D	War operations involving fragments of improvised explosive device [IED], civilian, subsequent encounter
Y36.261S	War operations involving fragments of improvised explosive device [IED], civilian, sequela
Y36.270A	War operations involving fragments from weapons, military personnel, initial encounter
Y36.270D	War operations involving fragments from weapons, military personnel, subsequent encounter
Y36.270S	War operations involving fragments from weapons, military personnel, sequela
Y36.271A	War operations involving fragments from weapons, civilian, initial encounter
Y36.271D	War operations involving fragments from weapons, civilian, subsequent encounter
Y36.271S	War operations involving fragments from weapons, civilian, sequela
Y36.290A	War operations involving other explosions and fragments, military personnel, initial encounter
Y36.290D	War operations involving other explosions and fragments, military personnel, subsequent encounter
Y36.290S	War operations involving other explosions and fragments, military personnel, sequela
Y36.291A	War operations involving other explosions and fragments, civilian, initial encounter
Y36.291D	War operations involving other explosions and fragments, civilian, subsequent encounter
Y36.291S	War operations involving other explosions and fragments, civilian, sequela
Y36.300A	War operations involving unspecified fire, conflagration and hot substance, military personnel, initial encounter
Y36.300D	War operations involving unspecified fire, conflagration and hot substance, military personnel, subsequent encounter
Y36.300S	War operations involving unspecified fire, conflagration and hot substance, military personnel, sequela
Y36.301A	War operations involving unspecified fire, conflagration and hot substance, civilian, initial encounter
Y36.301D	War operations involving unspecified fire, conflagration and hot substance, civilian, subsequent encounter
Y36.301S	War operations involving unspecified fire, conflagration and hot substance, civilian, sequela
Y36.310A	War operations involving gasoline bomb, military personnel, initial encounter
Y36.310D	War operations involving gasoline bomb, military personnel, subsequent encounter
Y36.310S	War operations involving gasoline bomb, military personnel, sequela
Y36.311A	War operations involving gasoline bomb, civilian, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.311D	War operations involving gasoline bomb, civilian, subsequent encounter
Y36.311S	War operations involving gasoline bomb, civilian, sequela
Y36.320A	War operations involving incendiary bullet, military personnel, initial encounter
Y36.320D	War operations involving incendiary bullet, military personnel, subsequent encounter
Y36.320S	War operations involving incendiary bullet, military personnel, sequela
Y36.321A	War operations involving incendiary bullet, civilian, initial encounter
Y36.321D	War operations involving incendiary bullet, civilian, subsequent encounter
Y36.321S	War operations involving incendiary bullet, civilian, sequela
Y36.330A	War operations involving flamethrower, military personnel, initial encounter
Y36.330D	War operations involving flamethrower, military personnel, subsequent encounter
Y36.330S	War operations involving flamethrower, military personnel, sequela
Y36.331A	War operations involving flamethrower, civilian, initial encounter
Y36.331D	War operations involving flamethrower, civilian, subsequent encounter
Y36.331S	War operations involving flamethrower, civilian, sequela
Y36.390A	War operations involving other fires, conflagrations and hot substances, military personnel, initial encounter
Y36.390D	War operations involving other fires, conflagrations and hot substances, military personnel, subsequent encounter
Y36.390S	War operations involving other fires, conflagrations and hot substances, military personnel, sequela
Y36.391A	War operations involving other fires, conflagrations and hot substances, civilian, initial encounter
Y36.391D	War operations involving other fires, conflagrations and hot substances, civilian, subsequent encounter
Y36.391S	War operations involving other fires, conflagrations and hot substances, civilian, sequela
Y36.410A	War operations involving rubber bullets, military personnel, initial encounter
Y36.410D	War operations involving rubber bullets, military personnel, subsequent encounter
Y36.410S	War operations involving rubber bullets, military personnel, sequela
Y36.411A	War operations involving rubber bullets, civilian, initial encounter
Y36.411D	War operations involving rubber bullets, civilian, subsequent encounter
Y36.411S	War operations involving rubber bullets, civilian, sequela
Y36.420A	War operations involving firearms pellets, military personnel, initial encounter
Y36.420D	War operations involving firearms pellets, military personnel, subsequent encounter
Y36.420S	War operations involving firearms pellets, military personnel, sequela
Y36.421A	War operations involving firearms pellets, civilian, initial encounter
Y36.421D	War operations involving firearms pellets, civilian, subsequent encounter
Y36.421S	War operations involving firearms pellets, civilian, sequela
Y36.430A	War operations involving other firearms discharge, military personnel, initial encounter
Y36.430D	War operations involving other firearms discharge, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.430S	War operations involving other firearms discharge, military personnel, sequela
Y36.431A	War operations involving other firearms discharge, civilian, initial encounter
Y36.431D	War operations involving other firearms discharge, civilian, subsequent encounter
Y36.431S	War operations involving other firearms discharge, civilian, sequela
Y36.440A	War operations involving unarmed hand to hand combat, military personnel, initial encounter
Y36.440D	War operations involving unarmed hand to hand combat, military personnel, subsequent encounter
Y36.440S	War operations involving unarmed hand to hand combat, military personnel, sequela
Y36.441A	War operations involving unarmed hand to hand combat, civilian, initial encounter
Y36.441D	War operations involving unarmed hand to hand combat, civilian, subsequent encounter
Y36.441S	War operations involving unarmed hand to hand combat, civilian, sequela
Y36.450A	War operations involving combat using blunt or piercing object, military personnel, initial encounter
Y36.450D	War operations involving combat using blunt or piercing object, military personnel, subsequent encounter
Y36.450S	War operations involving combat using blunt or piercing object, military personnel, sequela
Y36.451A	War operations involving combat using blunt or piercing object, civilian, initial encounter
Y36.451D	War operations involving combat using blunt or piercing object, civilian, subsequent encounter
Y36.451S	War operations involving combat using blunt or piercing object, civilian, sequela
Y36.460A	War operations involving intentional restriction of air and airway, military personnel, initial encounter
Y36.460D	War operations involving intentional restriction of air and airway, military personnel, subsequent encounter
Y36.460S	War operations involving intentional restriction of air and airway, military personnel, sequela
Y36.461A	War operations involving intentional restriction of air and airway, civilian, initial encounter
Y36.461D	War operations involving intentional restriction of air and airway, civilian, subsequent encounter
Y36.461S	War operations involving intentional restriction of air and airway, civilian, sequela
Y36.470A	War operations involving unintentional restriction of air and airway, military personnel, initial encounter
Y36.470D	War operations involving unintentional restriction of air and airway, military personnel, subsequent encounter
Y36.470S	War operations involving unintentional restriction of air and airway, military personnel, sequela
Y36.471A	War operations involving unintentional restriction of air and airway, civilian, initial encounter
Y36.471D	War operations involving unintentional restriction of air and airway, civilian, subsequent encounter
Y36.471S	War operations involving unintentional restriction of air and airway, civilian, sequela
Y36.490A	War operations involving other forms of conventional warfare, military personnel, initial encounter
Y36.490D	War operations involving other forms of conventional warfare, military personnel, subsequent encounter
Y36.490S	War operations involving other forms of conventional warfare, military personnel, sequela
Y36.491A	War operations involving other forms of conventional warfare, civilian, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.491D	War operations involving other forms of conventional warfare, civilian, subsequent encounter
Y36.491S	War operations involving other forms of conventional warfare, civilian, sequela
Y36.500A	War operations involving unspecified effect of nuclear weapon, military personnel, initial encounter
Y36.500D	War operations involving unspecified effect of nuclear weapon, military personnel, subsequent encounter
Y36.500S	War operations involving unspecified effect of nuclear weapon, military personnel, sequela
Y36.501A	War operations involving unspecified effect of nuclear weapon, civilian, initial encounter
Y36.501D	War operations involving unspecified effect of nuclear weapon, civilian, subsequent encounter
Y36.501S	War operations involving unspecified effect of nuclear weapon, civilian, sequela
Y36.510A	War operations involving direct blast effect of nuclear weapon, military personnel, initial encounter
Y36.510D	War operations involving direct blast effect of nuclear weapon, military personnel, subsequent encounter
Y36.510S	War operations involving direct blast effect of nuclear weapon, military personnel, sequela
Y36.511A	War operations involving direct blast effect of nuclear weapon, civilian, initial encounter
Y36.511D	War operations involving direct blast effect of nuclear weapon, civilian, subsequent encounter
Y36.511S	War operations involving direct blast effect of nuclear weapon, civilian, sequela
Y36.520A	War operations involving indirect blast effect of nuclear weapon, military personnel, initial encounter
Y36.520D	War operations involving indirect blast effect of nuclear weapon, military personnel, subsequent encounter
Y36.520S	War operations involving indirect blast effect of nuclear weapon, military personnel, sequela
Y36.521A	War operations involving indirect blast effect of nuclear weapon, civilian, initial encounter
Y36.521D	War operations involving indirect blast effect of nuclear weapon, civilian, subsequent encounter
Y36.521S	War operations involving indirect blast effect of nuclear weapon, civilian, sequela
Y36.530A	War operations involving thermal radiation effect of nuclear weapon, military personnel, initial encounter
Y36.530D	War operations involving thermal radiation effect of nuclear weapon, military personnel, subsequent encounter
Y36.530S	War operations involving thermal radiation effect of nuclear weapon, military personnel, sequela
Y36.531A	War operations involving thermal radiation effect of nuclear weapon, civilian, initial encounter
Y36.531D	War operations involving thermal radiation effect of nuclear weapon, civilian, subsequent encounter
Y36.531S	War operations involving thermal radiation effect of nuclear weapon, civilian, sequela
Y36.540A	War operation involving nuclear radiation effects of nuclear weapon, military personnel, initial encounter
Y36.540D	War operation involving nuclear radiation effects of nuclear weapon, military personnel, subsequent encounter
Y36.540S	War operation involving nuclear radiation effects of nuclear weapon, military personnel, sequela
Y36.541A	War operation involving nuclear radiation effects of nuclear weapon, civilian, initial encounter
Y36.541D	War operation involving nuclear radiation effects of nuclear weapon, civilian, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.541S	War operation involving nuclear radiation effects of nuclear weapon, civilian, sequela
Y36.590A	War operation involving other effects of nuclear weapons, military personnel, initial encounter
Y36.590D	War operation involving other effects of nuclear weapons, military personnel, subsequent encounter
Y36.590S	War operation involving other effects of nuclear weapons, military personnel, sequela
Y36.591A	War operation involving other effects of nuclear weapons, civilian, initial encounter
Y36.591D	War operation involving other effects of nuclear weapons, civilian, subsequent encounter
Y36.591S	War operation involving other effects of nuclear weapons, civilian, sequela
Y36.6X0A	War operations involving biological weapons, military personnel, initial encounter
Y36.6X0D	War operations involving biological weapons, military personnel, subsequent encounter
Y36.6X0S	War operations involving biological weapons, military personnel, sequela
Y36.6X1A	War operations involving biological weapons, civilian, initial encounter
Y36.6X1D	War operations involving biological weapons, civilian, subsequent encounter
Y36.6X1S	War operations involving biological weapons, civilian, sequela
Y36.7X0A	War operations involving chemical weapons and other forms of unconventional warfare, military personnel, initial encounter
Y36.7X0D	War operations involving chemical weapons and other forms of unconventional warfare, military personnel, subsequent encounter
Y36.7X0S	War operations involving chemical weapons and other forms of unconventional warfare, military personnel, sequela
Y36.7X1A	War operations involving chemical weapons and other forms of unconventional warfare, civilian, initial encounter
Y36.7X1D	War operations involving chemical weapons and other forms of unconventional warfare, civilian, subsequent encounter
Y36.7X1S	War operations involving chemical weapons and other forms of unconventional warfare, civilian, sequela
Y36.810A	Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, initial encounter
Y36.810D	Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, subsequent encounter
Y36.810S	Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, sequela
Y36.811A	Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, initial encounter
Y36.811D	Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, subsequent encounter
Y36.811S	Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, sequela
Y36.820A	Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.820D	Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, subsequent encounter
Y36.820S	Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, sequela
Y36.821A	Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, initial encounter
Y36.821D	Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, subsequent encounter
Y36.821S	Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, sequela
Y36.880A	Other war operations occurring after cessation of hostilities, military personnel, initial encounter
Y36.880D	Other war operations occurring after cessation of hostilities, military personnel, subsequent encounter
Y36.880S	Other war operations occurring after cessation of hostilities, military personnel, sequela
Y36.881A	Other war operations occurring after cessation of hostilities, civilian, initial encounter
Y36.881D	Other war operations occurring after cessation of hostilities, civilian, subsequent encounter
Y36.881S	Other war operations occurring after cessation of hostilities, civilian, sequela
Y36.890A	Unspecified war operations occurring after cessation of hostilities, military personnel, initial encounter
Y36.890D	Unspecified war operations occurring after cessation of hostilities, military personnel, subsequent encounter
Y36.890S	Unspecified war operations occurring after cessation of hostilities, military personnel, sequela
Y36.891A	Unspecified war operations occurring after cessation of hostilities, civilian, initial encounter
Y36.891D	Unspecified war operations occurring after cessation of hostilities, civilian, subsequent encounter
Y36.891S	Unspecified war operations occurring after cessation of hostilities, civilian, sequela
Y36.90XA	War operations, unspecified, initial encounter
Y36.90XD	War operations, unspecified, subsequent encounter
Y36.90XS	War operations, unspecified, sequela
Y36.91XA	War operations involving unspecified weapon of mass destruction [WMD], initial encounter
Y36.91XD	War operations involving unspecified weapon of mass destruction [WMD], subsequent encounter
Y36.91XS	War operations involving unspecified weapon of mass destruction [WMD], sequela
Y36.92XA	War operations involving friendly fire, initial encounter
Y36.92XD	War operations involving friendly fire, subsequent encounter
Y36.92XS	War operations involving friendly fire, sequela
Y37.000A	Military operations involving explosion of unspecified marine weapon, military personnel, initial encounter
Y37.000D	Military operations involving explosion of unspecified marine weapon, military personnel, subsequent encounter
Y37.000S	Military operations involving explosion of unspecified marine weapon, military personnel, sequela
Y37.001A	Military operations involving explosion of unspecified marine weapon, civilian, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.001D	Military operations involving explosion of unspecified marine weapon, civilian, subsequent encounter
Y37.001S	Military operations involving explosion of unspecified marine weapon, civilian, sequela
Y37.010A	Military operations involving explosion of depth-charge, military personnel, initial encounter
Y37.010D	Military operations involving explosion of depth-charge, military personnel, subsequent encounter
Y37.010S	Military operations involving explosion of depth-charge, military personnel, sequela
Y37.011A	Military operations involving explosion of depth-charge, civilian, initial encounter
Y37.011D	Military operations involving explosion of depth-charge, civilian, subsequent encounter
Y37.011S	Military operations involving explosion of depth-charge, civilian, sequela
Y37.020A	Military operations involving explosion of marine mine, military personnel, initial encounter
Y37.020D	Military operations involving explosion of marine mine, military personnel, subsequent encounter
Y37.020S	Military operations involving explosion of marine mine, military personnel, sequela
Y37.021A	Military operations involving explosion of marine mine, civilian, initial encounter
Y37.021D	Military operations involving explosion of marine mine, civilian, subsequent encounter
Y37.021S	Military operations involving explosion of marine mine, civilian, sequela
Y37.030A	Military operations involving explosion of sea-based artillery shell, military personnel, initial encounter
Y37.030D	Military operations involving explosion of sea-based artillery shell, military personnel, subsequent encounter
Y37.030S	Military operations involving explosion of sea-based artillery shell, military personnel, sequela
Y37.031A	Military operations involving explosion of sea-based artillery shell, civilian, initial encounter
Y37.031D	Military operations involving explosion of sea-based artillery shell, civilian, subsequent encounter
Y37.031S	Military operations involving explosion of sea-based artillery shell, civilian, sequela
Y37.040A	Military operations involving explosion of torpedo, military personnel, initial encounter
Y37.040D	Military operations involving explosion of torpedo, military personnel, subsequent encounter
Y37.040S	Military operations involving explosion of torpedo, military personnel, sequela
Y37.041A	Military operations involving explosion of torpedo, civilian, initial encounter
Y37.041D	Military operations involving explosion of torpedo, civilian, subsequent encounter
Y37.041S	Military operations involving explosion of torpedo, civilian, sequela
Y37.050A	Military operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter
Y37.050D	Military operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y37.050S	Military operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y37.051A	Military operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y37.051D	Military operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y37.051S	Military operations involving accidental detonation of onboard marine weapons, civilian, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.090A	Military operations involving explosion of other marine weapons, military personnel, initial encounter
Y37.090D	Military operations involving explosion of other marine weapons, military personnel, subsequent encounter
Y37.090S	Military operations involving explosion of other marine weapons, military personnel, sequela
Y37.091A	Military operations involving explosion of other marine weapons, civilian, initial encounter
Y37.091D	Military operations involving explosion of other marine weapons, civilian, subsequent encounter
Y37.091S	Military operations involving explosion of other marine weapons, civilian, sequela
Y37.100A	Military operations involving unspecified destruction of aircraft, military personnel, initial encounter
Y37.100D	Military operations involving unspecified destruction of aircraft, military personnel, subsequent encounter
Y37.100S	Military operations involving unspecified destruction of aircraft, military personnel, sequela
Y37.101A	Military operations involving unspecified destruction of aircraft, civilian, initial encounter
Y37.101D	Military operations involving unspecified destruction of aircraft, civilian, subsequent encounter
Y37.101S	Military operations involving unspecified destruction of aircraft, civilian, sequela
Y37.110A	Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, initial encounter
Y37.110D	Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, subsequent encounter
Y37.110S	Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, sequela
Y37.111A	Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, initial encounter
Y37.111D	Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, subsequent encounter
Y37.111S	Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, sequela
Y37.120A	Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, initial encounter
Y37.120D	Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, subsequent encounter
Y37.120S	Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, sequela
Y37.121A	Military operations involving destruction of aircraft due to collision with other aircraft, civilian, initial encounter
Y37.121D	Military operations involving destruction of aircraft due to collision with other aircraft, civilian, subsequent encounter
Y37.121S	Military operations involving destruction of aircraft due to collision with other aircraft, civilian, sequela
Y37.130A	Military operations involving destruction of aircraft due to onboard fire, military personnel, initial encounter
Y37.130D	Military operations involving destruction of aircraft due to onboard fire, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.130S	Military operations involving destruction of aircraft due to onboard fire, military personnel, sequela
Y37.131A	Military operations involving destruction of aircraft due to onboard fire, civilian, initial encounter
Y37.131D	Military operations involving destruction of aircraft due to onboard fire, civilian, subsequent encounter
Y37.131S	Military operations involving destruction of aircraft due to onboard fire, civilian, sequela
Y37.140A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y37.140D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y37.140S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y37.141A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y37.141D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y37.141S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y37.190A	Military operations involving other destruction of aircraft, military personnel, initial encounter
Y37.190D	Military operations involving other destruction of aircraft, military personnel, subsequent encounter
Y37.190S	Military operations involving other destruction of aircraft, military personnel, sequela
Y37.191A	Military operations involving other destruction of aircraft, civilian, initial encounter
Y37.191D	Military operations involving other destruction of aircraft, civilian, subsequent encounter
Y37.191S	Military operations involving other destruction of aircraft, civilian, sequela
Y37.200A	Military operations involving unspecified explosion and fragments, military personnel, initial encounter
Y37.200D	Military operations involving unspecified explosion and fragments, military personnel, subsequent encounter
Y37.200S	Military operations involving unspecified explosion and fragments, military personnel, sequela
Y37.201A	Military operations involving unspecified explosion and fragments, civilian, initial encounter
Y37.201D	Military operations involving unspecified explosion and fragments, civilian, subsequent encounter
Y37.201S	Military operations involving unspecified explosion and fragments, civilian, sequela
Y37.210A	Military operations involving explosion of aerial bomb, military personnel, initial encounter
Y37.210D	Military operations involving explosion of aerial bomb, military personnel, subsequent encounter
Y37.210S	Military operations involving explosion of aerial bomb, military personnel, sequela
Y37.211A	Military operations involving explosion of aerial bomb, civilian, initial encounter
Y37.211D	Military operations involving explosion of aerial bomb, civilian, subsequent encounter
Y37.211S	Military operations involving explosion of aerial bomb, civilian, sequela
Y37.220A	Military operations involving explosion of guided missile, military personnel, initial encounter
Y37.220D	Military operations involving explosion of guided missile, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.220S	Military operations involving explosion of guided missile, military personnel, sequela
Y37.221A	Military operations involving explosion of guided missile, civilian, initial encounter
Y37.221D	Military operations involving explosion of guided missile, civilian, subsequent encounter
Y37.221S	Military operations involving explosion of guided missile, civilian, sequela
Y37.230A	Military operations involving explosion of improvised explosive device [IED], military personnel, initial encounter
Y37.230D	Military operations involving explosion of improvised explosive device [IED], military personnel, subsequent encounter
Y37.230S	Military operations involving explosion of improvised explosive device [IED], military personnel, sequela
Y37.231A	Military operations involving explosion of improvised explosive device [IED], civilian, initial encounter
Y37.231D	Military operations involving explosion of improvised explosive device [IED], civilian, subsequent encounter
Y37.231S	Military operations involving explosion of improvised explosive device [IED], civilian, sequela
Y37.240A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y37.240D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y37.240S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y37.241A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y37.241D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y37.241S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Y37.250A	Military operations involving fragments from munitions, military personnel, initial encounter
Y37.250D	Military operations involving fragments from munitions, military personnel, subsequent encounter
Y37.250S	Military operations involving fragments from munitions, military personnel, sequela
Y37.251A	Military operations involving fragments from munitions, civilian, initial encounter
Y37.251D	Military operations involving fragments from munitions, civilian, subsequent encounter
Y37.251S	Military operations involving fragments from munitions, civilian, sequela
Y37.260A	Military operations involving fragments of improvised explosive device [IED], military personnel, initial encounter
Y37.260D	Military operations involving fragments of improvised explosive device [IED], military personnel, subsequent encounter
Y37.260S	Military operations involving fragments of improvised explosive device [IED], military personnel, sequela
Y37.261A	Military operations involving fragments of improvised explosive device [IED], civilian, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.261D	Military operations involving fragments of improvised explosive device [IED], civilian, subsequent encounter
Y37.261S	Military operations involving fragments of improvised explosive device [IED], civilian, sequela
Y37.270A	Military operations involving fragments from weapons, military personnel, initial encounter
Y37.270D	Military operations involving fragments from weapons, military personnel, subsequent encounter
Y37.270S	Military operations involving fragments from weapons, military personnel, sequela
Y37.271A	Military operations involving fragments from weapons, civilian, initial encounter
Y37.271D	Military operations involving fragments from weapons, civilian, subsequent encounter
Y37.271S	Military operations involving fragments from weapons, civilian, sequela
Y37.290A	Military operations involving other explosions and fragments, military personnel, initial encounter
Y37.290D	Military operations involving other explosions and fragments, military personnel, subsequent encounter
Y37.290S	Military operations involving other explosions and fragments, military personnel, sequela
Y37.291A	Military operations involving other explosions and fragments, civilian, initial encounter
Y37.291D	Military operations involving other explosions and fragments, civilian, subsequent encounter
Y37.291S	Military operations involving other explosions and fragments, civilian, sequela
Y37.300A	Military operations involving unspecified fire, conflagration and hot substance, military personnel, initial encounter
Y37.300D	Military operations involving unspecified fire, conflagration and hot substance, military personnel, subsequent encounter
Y37.300S	Military operations involving unspecified fire, conflagration and hot substance, military personnel, sequela
Y37.301A	Military operations involving unspecified fire, conflagration and hot substance, civilian, initial encounter
Y37.301D	Military operations involving unspecified fire, conflagration and hot substance, civilian, subsequent encounter
Y37.301S	Military operations involving unspecified fire, conflagration and hot substance, civilian, sequela
Y37.310A	Military operations involving gasoline bomb, military personnel, initial encounter
Y37.310D	Military operations involving gasoline bomb, military personnel, subsequent encounter
Y37.310S	Military operations involving gasoline bomb, military personnel, sequela
Y37.311A	Military operations involving gasoline bomb, civilian, initial encounter
Y37.311D	Military operations involving gasoline bomb, civilian, subsequent encounter
Y37.311S	Military operations involving gasoline bomb, civilian, sequela
Y37.320A	Military operations involving incendiary bullet, military personnel, initial encounter
Y37.320D	Military operations involving incendiary bullet, military personnel, subsequent encounter
Y37.320S	Military operations involving incendiary bullet, military personnel, sequela
Y37.321A	Military operations involving incendiary bullet, civilian, initial encounter
Y37.321D	Military operations involving incendiary bullet, civilian, subsequent encounter
Y37.321S	Military operations involving incendiary bullet, civilian, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.330A	Military operations involving flamethrower, military personnel, initial encounter
Y37.330D	Military operations involving flamethrower, military personnel, subsequent encounter
Y37.330S	Military operations involving flamethrower, military personnel, sequela
Y37.331A	Military operations involving flamethrower, civilian, initial encounter
Y37.331D	Military operations involving flamethrower, civilian, subsequent encounter
Y37.331S	Military operations involving flamethrower, civilian, sequela
Y37.390A	Military operations involving other fires, conflagrations and hot substances, military personnel, initial encounter
Y37.390D	Military operations involving other fires, conflagrations and hot substances, military personnel, subsequent encounter
Y37.390S	Military operations involving other fires, conflagrations and hot substances, military personnel, sequela
Y37.391A	Military operations involving other fires, conflagrations and hot substances, civilian, initial encounter
Y37.391D	Military operations involving other fires, conflagrations and hot substances, civilian, subsequent encounter
Y37.391S	Military operations involving other fires, conflagrations and hot substances, civilian, sequela
Y37.410A	Military operations involving rubber bullets, military personnel, initial encounter
Y37.410D	Military operations involving rubber bullets, military personnel, subsequent encounter
Y37.410S	Military operations involving rubber bullets, military personnel, sequela
Y37.411A	Military operations involving rubber bullets, civilian, initial encounter
Y37.411D	Military operations involving rubber bullets, civilian, subsequent encounter
Y37.411S	Military operations involving rubber bullets, civilian, sequela
Y37.420A	Military operations involving firearms pellets, military personnel, initial encounter
Y37.420D	Military operations involving firearms pellets, military personnel, subsequent encounter
Y37.420S	Military operations involving firearms pellets, military personnel, sequela
Y37.421A	Military operations involving firearms pellets, civilian, initial encounter
Y37.421D	Military operations involving firearms pellets, civilian, subsequent encounter
Y37.421S	Military operations involving firearms pellets, civilian, sequela
Y37.430A	Military operations involving other firearms discharge, military personnel, initial encounter
Y37.430D	Military operations involving other firearms discharge, military personnel, subsequent encounter
Y37.430S	Military operations involving other firearms discharge, military personnel, sequela
Y37.431A	Military operations involving other firearms discharge, civilian, initial encounter
Y37.431D	Military operations involving other firearms discharge, civilian, subsequent encounter
Y37.431S	Military operations involving other firearms discharge, civilian, sequela
Y37.440A	Military operations involving unarmed hand to hand combat, military personnel, initial encounter
Y37.440D	Military operations involving unarmed hand to hand combat, military personnel, subsequent encounter
Y37.440S	Military operations involving unarmed hand to hand combat, military personnel, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.441A	Military operations involving unarmed hand to hand combat, civilian, initial encounter
Y37.441D	Military operations involving unarmed hand to hand combat, civilian, subsequent encounter
Y37.441S	Military operations involving unarmed hand to hand combat, civilian, sequela
Y37.450A	Military operations involving combat using blunt or piercing object, military personnel, initial encounter
Y37.450D	Military operations involving combat using blunt or piercing object, military personnel, subsequent encounter
Y37.450S	Military operations involving combat using blunt or piercing object, military personnel, sequela
Y37.451A	Military operations involving combat using blunt or piercing object, civilian, initial encounter
Y37.451D	Military operations involving combat using blunt or piercing object, civilian, subsequent encounter
Y37.451S	Military operations involving combat using blunt or piercing object, civilian, sequela
Y37.460A	Military operations involving intentional restriction of air and airway, military personnel, initial encounter
Y37.460D	Military operations involving intentional restriction of air and airway, military personnel, subsequent encounter
Y37.460S	Military operations involving intentional restriction of air and airway, military personnel, sequela
Y37.461A	Military operations involving intentional restriction of air and airway, civilian, initial encounter
Y37.461D	Military operations involving intentional restriction of air and airway, civilian, subsequent encounter
Y37.461S	Military operations involving intentional restriction of air and airway, civilian, sequela
Y37.470A	Military operations involving unintentional restriction of air and airway, military personnel, initial encounter
Y37.470D	Military operations involving unintentional restriction of air and airway, military personnel, subsequent encounter
Y37.470S	Military operations involving unintentional restriction of air and airway, military personnel, sequela
Y37.471A	Military operations involving unintentional restriction of air and airway, civilian, initial encounter
Y37.471D	Military operations involving unintentional restriction of air and airway, civilian, subsequent encounter
Y37.471S	Military operations involving unintentional restriction of air and airway, civilian, sequela
Y37.490A	Military operations involving other forms of conventional warfare, military personnel, initial encounter
Y37.490D	Military operations involving other forms of conventional warfare, military personnel, subsequent encounter
Y37.490S	Military operations involving other forms of conventional warfare, military personnel, sequela
Y37.491A	Military operations involving other forms of conventional warfare, civilian, initial encounter
Y37.491D	Military operations involving other forms of conventional warfare, civilian, subsequent encounter
Y37.491S	Military operations involving other forms of conventional warfare, civilian, sequela
Y37.500A	Military operations involving unspecified effect of nuclear weapon, military personnel, initial encounter
Y37.500D	Military operations involving unspecified effect of nuclear weapon, military personnel, subsequent encounter
Y37.500S	Military operations involving unspecified effect of nuclear weapon, military personnel, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.501A	Military operations involving unspecified effect of nuclear weapon, civilian, initial encounter
Y37.501D	Military operations involving unspecified effect of nuclear weapon, civilian, subsequent encounter
Y37.501S	Military operations involving unspecified effect of nuclear weapon, civilian, sequela
Y37.510A	Military operations involving direct blast effect of nuclear weapon, military personnel, initial encounter
Y37.510D	Military operations involving direct blast effect of nuclear weapon, military personnel, subsequent encounter
Y37.510S	Military operations involving direct blast effect of nuclear weapon, military personnel, sequela
Y37.511A	Military operations involving direct blast effect of nuclear weapon, civilian, initial encounter
Y37.511D	Military operations involving direct blast effect of nuclear weapon, civilian, subsequent encounter
Y37.511S	Military operations involving direct blast effect of nuclear weapon, civilian, sequela
Y37.520A	Military operations involving indirect blast effect of nuclear weapon, military personnel, initial encounter
Y37.520D	Military operations involving indirect blast effect of nuclear weapon, military personnel, subsequent encounter
Y37.520S	Military operations involving indirect blast effect of nuclear weapon, military personnel, sequela
Y37.521A	Military operations involving indirect blast effect of nuclear weapon, civilian, initial encounter
Y37.521D	Military operations involving indirect blast effect of nuclear weapon, civilian, subsequent encounter
Y37.521S	Military operations involving indirect blast effect of nuclear weapon, civilian, sequela
Y37.530A	Military operations involving thermal radiation effect of nuclear weapon, military personnel, initial encounter
Y37.530D	Military operations involving thermal radiation effect of nuclear weapon, military personnel, subsequent encounter
Y37.530S	Military operations involving thermal radiation effect of nuclear weapon, military personnel, sequela
Y37.531A	Military operations involving thermal radiation effect of nuclear weapon, civilian, initial encounter
Y37.531D	Military operations involving thermal radiation effect of nuclear weapon, civilian, subsequent encounter
Y37.531S	Military operations involving thermal radiation effect of nuclear weapon, civilian, sequela
Y37.540A	Military operation involving nuclear radiation effects of nuclear weapon, military personnel, initial encounter
Y37.540D	Military operation involving nuclear radiation effects of nuclear weapon, military personnel, subsequent encounter
Y37.540S	Military operation involving nuclear radiation effects of nuclear weapon, military personnel, sequela
Y37.541A	Military operation involving nuclear radiation effects of nuclear weapon, civilian, initial encounter
Y37.541D	Military operation involving nuclear radiation effects of nuclear weapon, civilian, subsequent encounter
Y37.541S	Military operation involving nuclear radiation effects of nuclear weapon, civilian, sequela
Y37.590A	Military operation involving other effects of nuclear weapons, military personnel, initial encounter
Y37.590D	Military operation involving other effects of nuclear weapons, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.590S	Military operation involving other effects of nuclear weapons, military personnel, sequela
Y37.591A	Military operation involving other effects of nuclear weapons, civilian, initial encounter
Y37.591D	Military operation involving other effects of nuclear weapons, civilian, subsequent encounter
Y37.591S	Military operation involving other effects of nuclear weapons, civilian, sequela
Y37.6X0A	Military operations involving biological weapons, military personnel, initial encounter
Y37.6X0D	Military operations involving biological weapons, military personnel, subsequent encounter
Y37.6X0S	Military operations involving biological weapons, military personnel, sequela
Y37.6X1A	Military operations involving biological weapons, civilian, initial encounter
Y37.6X1D	Military operations involving biological weapons, civilian, subsequent encounter
Y37.6X1S	Military operations involving biological weapons, civilian, sequela
Y37.7X0A	Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, initial encounter
Y37.7X0D	Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, subsequent encounter
Y37.7X0S	Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, sequela
Y37.7X1A	Military operations involving chemical weapons and other forms of unconventional warfare, civilian, initial encounter
Y37.7X1D	Military operations involving chemical weapons and other forms of unconventional warfare, civilian, subsequent encounter
Y37.7X1S	Military operations involving chemical weapons and other forms of unconventional warfare, civilian, sequela
Y37.90XA	Military operations, unspecified, initial encounter
Y37.90XD	Military operations, unspecified, subsequent encounter
Y37.90XS	Military operations, unspecified, sequela
Y37.91XA	Military operations involving unspecified weapon of mass destruction [WMD], initial encounter
Y37.91XD	Military operations involving unspecified weapon of mass destruction [WMD], subsequent encounter
Y37.91XS	Military operations involving unspecified weapon of mass destruction [WMD], sequela
Y37.92XA	Military operations involving friendly fire, initial encounter
Y37.92XD	Military operations involving friendly fire, subsequent encounter
Y37.92XS	Military operations involving friendly fire, sequela
Y38.0X1A	Terrorism involving explosion of marine weapons, public safety official injured, initial encounter
Y38.0X1D	Terrorism involving explosion of marine weapons, public safety official injured, subsequent encounter
Y38.0X1S	Terrorism involving explosion of marine weapons, public safety official injured, sequela
Y38.0X2A	Terrorism involving explosion of marine weapons, civilian injured, initial encounter
Y38.0X2D	Terrorism involving explosion of marine weapons, civilian injured, subsequent encounter
Y38.0X2S	Terrorism involving explosion of marine weapons, civilian injured, sequela
Y38.0X3A	Terrorism involving explosion of marine weapons, terrorist injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y38.0X3D	Terrorism involving explosion of marine weapons, terrorist injured, subsequent encounter
Y38.0X3S	Terrorism involving explosion of marine weapons, terrorist injured, sequela
Y38.1X1A	Terrorism involving destruction of aircraft, public safety official injured, initial encounter
Y38.1X1D	Terrorism involving destruction of aircraft, public safety official injured, subsequent encounter
Y38.1X1S	Terrorism involving destruction of aircraft, public safety official injured, sequela
Y38.1X2A	Terrorism involving destruction of aircraft, civilian injured, initial encounter
Y38.1X2D	Terrorism involving destruction of aircraft, civilian injured, subsequent encounter
Y38.1X2S	Terrorism involving destruction of aircraft, civilian injured, sequela
Y38.1X3A	Terrorism involving destruction of aircraft, terrorist injured, initial encounter
Y38.1X3D	Terrorism involving destruction of aircraft, terrorist injured, subsequent encounter
Y38.1X3S	Terrorism involving destruction of aircraft, terrorist injured, sequela
Y38.2X1A	Terrorism involving other explosions and fragments, public safety official injured, initial encounter
Y38.2X1D	Terrorism involving other explosions and fragments, public safety official injured, subsequent encounter
Y38.2X1S	Terrorism involving other explosions and fragments, public safety official injured, sequela
Y38.2X2A	Terrorism involving other explosions and fragments, civilian injured, initial encounter
Y38.2X2D	Terrorism involving other explosions and fragments, civilian injured, subsequent encounter
Y38.2X2S	Terrorism involving other explosions and fragments, civilian injured, sequela
Y38.2X3A	Terrorism involving other explosions and fragments, terrorist injured, initial encounter
Y38.2X3D	Terrorism involving other explosions and fragments, terrorist injured, subsequent encounter
Y38.2X3S	Terrorism involving other explosions and fragments, terrorist injured, sequela
Y38.3X1A	Terrorism involving fires, conflagration and hot substances, public safety official injured, initial encounter
Y38.3X1D	Terrorism involving fires, conflagration and hot substances, public safety official injured, subsequent encounter
Y38.3X1S	Terrorism involving fires, conflagration and hot substances, public safety official injured, sequela
Y38.3X2A	Terrorism involving fires, conflagration and hot substances, civilian injured, initial encounter
Y38.3X2D	Terrorism involving fires, conflagration and hot substances, civilian injured, subsequent encounter
Y38.3X2S	Terrorism involving fires, conflagration and hot substances, civilian injured, sequela
Y38.3X3A	Terrorism involving fires, conflagration and hot substances, terrorist injured, initial encounter
Y38.3X3D	Terrorism involving fires, conflagration and hot substances, terrorist injured, subsequent encounter
Y38.3X3S	Terrorism involving fires, conflagration and hot substances, terrorist injured, sequela
Y38.4X1A	Terrorism involving firearms, public safety official injured, initial encounter
Y38.4X1D	Terrorism involving firearms, public safety official injured, subsequent encounter
Y38.4X1S	Terrorism involving firearms, public safety official injured, sequela
Y38.4X2A	Terrorism involving firearms, civilian injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y38.4X2D	Terrorism involving firearms, civilian injured, subsequent encounter
Y38.4X2S	Terrorism involving firearms, civilian injured, sequela
Y38.4X3A	Terrorism involving firearms, terrorist injured, initial encounter
Y38.4X3D	Terrorism involving firearms, terrorist injured, subsequent encounter
Y38.4X3S	Terrorism involving firearms, terrorist injured, sequela
Y38.5X1A	Terrorism involving nuclear weapons, public safety official injured, initial encounter
Y38.5X1D	Terrorism involving nuclear weapons, public safety official injured, subsequent encounter
Y38.5X1S	Terrorism involving nuclear weapons, public safety official injured, sequela
Y38.5X2A	Terrorism involving nuclear weapons, civilian injured, initial encounter
Y38.5X2D	Terrorism involving nuclear weapons, civilian injured, subsequent encounter
Y38.5X2S	Terrorism involving nuclear weapons, civilian injured, sequela
Y38.5X3A	Terrorism involving nuclear weapons, terrorist injured, initial encounter
Y38.5X3D	Terrorism involving nuclear weapons, terrorist injured, subsequent encounter
Y38.5X3S	Terrorism involving nuclear weapons, terrorist injured, sequela
Y38.6X1A	Terrorism involving biological weapons, public safety official injured, initial encounter
Y38.6X1D	Terrorism involving biological weapons, public safety official injured, subsequent encounter
Y38.6X1S	Terrorism involving biological weapons, public safety official injured, sequela
Y38.6X2A	Terrorism involving biological weapons, civilian injured, initial encounter
Y38.6X2D	Terrorism involving biological weapons, civilian injured, subsequent encounter
Y38.6X2S	Terrorism involving biological weapons, civilian injured, sequela
Y38.6X3A	Terrorism involving biological weapons, terrorist injured, initial encounter
Y38.6X3D	Terrorism involving biological weapons, terrorist injured, subsequent encounter
Y38.6X3S	Terrorism involving biological weapons, terrorist injured, sequela
Y38.7X1A	Terrorism involving chemical weapons, public safety official injured, initial encounter
Y38.7X1D	Terrorism involving chemical weapons, public safety official injured, subsequent encounter
Y38.7X1S	Terrorism involving chemical weapons, public safety official injured, sequela
Y38.7X2A	Terrorism involving chemical weapons, civilian injured, initial encounter
Y38.7X2D	Terrorism involving chemical weapons, civilian injured, subsequent encounter
Y38.7X2S	Terrorism involving chemical weapons, civilian injured, sequela
Y38.7X3A	Terrorism involving chemical weapons, terrorist injured, initial encounter
Y38.7X3D	Terrorism involving chemical weapons, terrorist injured, subsequent encounter
Y38.7X3S	Terrorism involving chemical weapons, terrorist injured, sequela
Y38.80XA	Terrorism involving unspecified means, initial encounter
Y38.80XD	Terrorism involving unspecified means, subsequent encounter
Y38.80XS	Terrorism involving unspecified means, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y38.811A	Terrorism involving suicide bomber, public safety official injured, initial encounter
Y38.811D	Terrorism involving suicide bomber, public safety official injured, subsequent encounter
Y38.811S	Terrorism involving suicide bomber, public safety official injured, sequela
Y38.812A	Terrorism involving suicide bomber, civilian injured, initial encounter
Y38.812D	Terrorism involving suicide bomber, civilian injured, subsequent encounter
Y38.812S	Terrorism involving suicide bomber, civilian injured, sequela
Y38.891A	Terrorism involving other means, public safety official injured, initial encounter
Y38.891D	Terrorism involving other means, public safety official injured, subsequent encounter
Y38.891S	Terrorism involving other means, public safety official injured, sequela
Y38.892A	Terrorism involving other means, civilian injured, initial encounter
Y38.892D	Terrorism involving other means, civilian injured, subsequent encounter
Y38.892S	Terrorism involving other means, civilian injured, sequela
Y38.893A	Terrorism involving other means, terrorist injured, initial encounter
Y38.893D	Terrorism involving other means, terrorist injured, subsequent encounter
Y38.893S	Terrorism involving other means, terrorist injured, sequela
Y38.9X1A	Terrorism, secondary effects, public safety official injured, initial encounter
Y38.9X1D	Terrorism, secondary effects, public safety official injured, subsequent encounter
Y38.9X1S	Terrorism, secondary effects, public safety official injured, sequela
Y38.9X2A	Terrorism, secondary effects, civilian injured, initial encounter
Y38.9X2D	Terrorism, secondary effects, civilian injured, subsequent encounter
Y38.9X2S	Terrorism, secondary effects, civilian injured, sequela
Y62.0	Failure of sterile precautions during surgical operation
Y62.1	Failure of sterile precautions during infusion or transfusion
Y62.2	Failure of sterile precautions during kidney dialysis and other perfusion
Y62.3	Failure of sterile precautions during injection or immunization
Y62.4	Failure of sterile precautions during endoscopic examination
Y62.5	Failure of sterile precautions during heart catheterization
Y62.6	Failure of sterile precautions during aspiration, puncture and other catheterization
Y62.8	Failure of sterile precautions during other surgical and medical care
Y62.9	Failure of sterile precautions during unspecified surgical and medical care
Y63.0	Excessive amount of blood or other fluid given during transfusion or infusion
Y63.1	Incorrect dilution of fluid used during infusion
Y63.2	Overdose of radiation given during therapy
Y63.3	Inadvertent exposure of patient to radiation during medical care
Y63.4	Failure in dosage in electroshock or insulin-shock therapy

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y63.5	Inappropriate temperature in local application and packing
Y63.6	Underdosing and nonadministration of necessary drug, medicament or biological substance
Y63.8	Failure in dosage during other surgical and medical care
Y63.9	Failure in dosage during unspecified surgical and medical care
Y64.0	Contaminated medical or biological substance, transfused or infused
Y64.1	Contaminated medical or biological substance, injected or used for immunization
Y64.8	Contaminated medical or biological substance administered by other means
Y64.9	Contaminated medical or biological substance administered by unspecified means
Y65.0	Mismatched blood in transfusion
Y65.1	Wrong fluid used in infusion
Y65.2	Failure in suture or ligature during surgical operation
Y65.3	Endotracheal tube wrongly placed during anesthetic procedure
Y65.4	Failure to introduce or to remove other tube or instrument
Y65.51	Performance of wrong procedure (operation) on correct patient
Y65.52	Performance of procedure (operation) on patient not scheduled for surgery
Y65.53	Performance of correct procedure (operation) on wrong side or body part
Y65.8	Other specified misadventures during surgical and medical care
Y66	Nonadministration of surgical and medical care
Y69	Unspecified misadventure during surgical and medical care
Y70.0	Diagnostic and monitoring anesthesiology devices associated with adverse incidents
Y70.1	Therapeutic (nonsurgical) and rehabilitative anesthesiology devices associated with adverse incidents
Y70.2	Prosthetic and other implants, materials and accessory anesthesiology devices associated with adverse incidents
Y70.3	Surgical instruments, materials and anesthesiology devices (including sutures) associated with adverse incidents
Y70.8	Miscellaneous anesthesiology devices associated with adverse incidents, not elsewhere classified
Y71.0	Diagnostic and monitoring cardiovascular devices associated with adverse incidents
Y71.1	Therapeutic (nonsurgical) and rehabilitative cardiovascular devices associated with adverse incidents
Y71.2	Prosthetic and other implants, materials and accessory cardiovascular devices associated with adverse incidents
Y71.3	Surgical instruments, materials and cardiovascular devices (including sutures) associated with adverse incidents
Y71.8	Miscellaneous cardiovascular devices associated with adverse incidents, not elsewhere classified
Y72.0	Diagnostic and monitoring otorhinolaryngological devices associated with adverse incidents
Y72.1	Therapeutic (nonsurgical) and rehabilitative otorhinolaryngological devices associated with adverse incidents
Y72.2	Prosthetic and other implants, materials and accessory otorhinolaryngological devices associated with adverse incidents

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y72.3	Surgical instruments, materials and otorhinolaryngological devices (including sutures) associated with adverse incidents
Y72.8	Miscellaneous otorhinolaryngological devices associated with adverse incidents, not elsewhere classified
Y73.0	Diagnostic and monitoring gastroenterology and urology devices associated with adverse incidents
Y73.1	Therapeutic (nonsurgical) and rehabilitative gastroenterology and urology devices associated with adverse incidents
Y73.2	Prosthetic and other implants, materials and accessory gastroenterology and urology devices associated with adverse incidents
Y73.3	Surgical instruments, materials and gastroenterology and urology devices (including sutures) associated with adverse incidents
Y73.8	Miscellaneous gastroenterology and urology devices associated with adverse incidents, not elsewhere classified
Y74.0	Diagnostic and monitoring general hospital and personal-use devices associated with adverse incidents
Y74.1	Therapeutic (nonsurgical) and rehabilitative general hospital and personal-use devices associated with adverse incidents
Y74.2	Prosthetic and other implants, materials and accessory general hospital and personal-use devices associated with adverse incidents
Y74.3	Surgical instruments, materials and general hospital and personal-use devices (including sutures) associated with adverse incidents
Y74.8	Miscellaneous general hospital and personal-use devices associated with adverse incidents, not elsewhere classified
Y75.0	Diagnostic and monitoring neurological devices associated with adverse incidents
Y75.1	Therapeutic (nonsurgical) and rehabilitative neurological devices associated with adverse incidents
Y75.2	Prosthetic and other implants, materials and neurological devices associated with adverse incidents
Y75.3	Surgical instruments, materials and neurological devices (including sutures) associated with adverse incidents
Y75.8	Miscellaneous neurological devices associated with adverse incidents, not elsewhere classified
Y76.0	Diagnostic and monitoring obstetric and gynecological devices associated with adverse incidents
Y76.1	Therapeutic (nonsurgical) and rehabilitative obstetric and gynecological devices associated with adverse incidents
Y76.2	Prosthetic and other implants, materials and accessory obstetric and gynecological devices associated with adverse incidents
Y76.3	Surgical instruments, materials and obstetric and gynecological devices (including sutures) associated with adverse incidents
Y76.8	Miscellaneous obstetric and gynecological devices associated with adverse incidents, not elsewhere classified
Y77.0	Diagnostic and monitoring ophthalmic devices associated with adverse incidents
Y77.1	Therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents
Y77.11	Contact lens associated with adverse incidents
Y77.19	Other therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y77.2	Prosthetic and other implants, materials and accessory ophthalmic devices associated with adverse incidents
Y77.3	Surgical instruments, materials and ophthalmic devices (including sutures) associated with adverse incidents
Y77.8	Miscellaneous ophthalmic devices associated with adverse incidents, not elsewhere classified
Y78.0	Diagnostic and monitoring radiological devices associated with adverse incidents
Y78.1	Therapeutic (nonsurgical) and rehabilitative radiological devices associated with adverse incidents
Y78.2	Prosthetic and other implants, materials and accessory radiological devices associated with adverse incidents
Y78.3	Surgical instruments, materials and radiological devices (including sutures) associated with adverse incidents
Y78.8	Miscellaneous radiological devices associated with adverse incidents, not elsewhere classified
Y79.0	Diagnostic and monitoring orthopedic devices associated with adverse incidents
Y79.1	Therapeutic (nonsurgical) and rehabilitative orthopedic devices associated with adverse incidents
Y79.2	Prosthetic and other implants, materials and accessory orthopedic devices associated with adverse incidents
Y79.3	Surgical instruments, materials and orthopedic devices (including sutures) associated with adverse incidents
Y79.8	Miscellaneous orthopedic devices associated with adverse incidents, not elsewhere classified
Y80.0	Diagnostic and monitoring physical medicine devices associated with adverse incidents
Y80.1	Therapeutic (nonsurgical) and rehabilitative physical medicine devices associated with adverse incidents
Y80.2	Prosthetic and other implants, materials and accessory physical medicine devices associated with adverse incidents
Y80.3	Surgical instruments, materials and physical medicine devices (including sutures) associated with adverse incidents
Y80.8	Miscellaneous physical medicine devices associated with adverse incidents, not elsewhere classified
Y81.0	Diagnostic and monitoring general- and plastic-surgery devices associated with adverse incidents
Y81.1	Therapeutic (nonsurgical) and rehabilitative general- and plastic-surgery devices associated with adverse incidents
Y81.2	Prosthetic and other implants, materials and accessory general- and plastic-surgery devices associated with adverse incidents
Y81.3	Surgical instruments, materials and general- and plastic-surgery devices (including sutures) associated with adverse incidents
Y81.8	Miscellaneous general- and plastic-surgery devices associated with adverse incidents, not elsewhere classified
Y82.8	Other medical devices associated with adverse incidents
Y82.9	Unspecified medical devices associated with adverse incidents
Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y83.1	Surgical operation with implant of artificial internal device as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.2	Surgical operation with anastomosis, bypass or graft as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.3	Surgical operation with formation of external stoma as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.4	Other reconstructive surgery as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.5	Amputation of limb(s) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.6	Removal of other organ (partial) (total) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.8	Other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.9	Surgical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.0	Cardiac catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.1	Kidney dialysis as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.3	Shock therapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.4	Aspiration of fluid as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.5	Insertion of gastric or duodenal sound as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.6	Urinary catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.7	Blood-sampling as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.8	Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.9	Medical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y93.01	Activity, walking, marching and hiking
Y93.02	Activity, running
Y93.11	Activity, swimming
Y93.12	Activity, springboard and platform diving
Y93.13	Activity, water polo
Y93.14	Activity, water aerobics and water exercise

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.15	Activity, underwater diving and snorkeling
Y93.16	Activity, rowing, canoeing, kayaking, rafting and tubing
Y93.17	Activity, water skiing and wake boarding
Y93.18	Activity, surfing, windsurfing and boogie boarding
Y93.19	Activity, other involving water and watercraft
Y93.21	Activity, ice skating
Y93.22	Activity, ice hockey
Y93.23	Activity, snow (alpine) (downhill) skiing, snowboarding, sledding, tobogganing and snow tubing
Y93.24	Activity, cross country skiing
Y93.29	Activity, other involving ice and snow
Y93.31	Activity, mountain climbing, rock climbing and wall climbing
Y93.32	Activity, rappelling
Y93.33	Activity, BASE jumping
Y93.34	Activity, bungee jumping
Y93.35	Activity, hang gliding
Y93.39	Activity, other involving climbing, rappelling and jumping off
Y93.41	Activity, dancing
Y93.42	Activity, yoga
Y93.43	Activity, gymnastics
Y93.44	Activity, trampolining
Y93.45	Activity, cheerleading
Y93.49	Activity, other involving dancing and other rhythmic movements
Y93.51	Activity, roller skating (inline) and skateboarding
Y93.52	Activity, horseback riding
Y93.53	Activity, golf
Y93.54	Activity, bowling
Y93.55	Activity, bike riding
Y93.56	Activity, jumping rope
Y93.57	Activity, non-running track and field events
Y93.59	Activity, other involving other sports and athletics played individually
Y93.61	Activity, american tackle football
Y93.62	Activity, american flag or touch football
Y93.63	Activity, rugby
Y93.64	Activity, baseball
Y93.65	Activity, lacrosse and field hockey

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.66	Activity, soccer
Y93.67	Activity, basketball
Y93.68	Activity, volleyball (beach) (court)
Y93.69	Activity, other involving other sports and athletics played as a team or group
Y93.6A	Activity, physical games generally associated with school recess, summer camp and children
Y93.71	Activity, boxing
Y93.72	Activity, wrestling
Y93.73	Activity, racquet and hand sports
Y93.74	Activity, frisbee
Y93.75	Activity, martial arts
Y93.79	Activity, other specified sports and athletics
Y93.81	Activity, refereeing a sports activity
Y93.82	Activity, spectator at an event
Y93.83	Activity, rough housing and horseplay
Y93.84	Activity, sleeping
Y93.85	Activity, choking game
Y93.89	Activity, other specified
Y93.9	Activity, unspecified
Y93.A1	Activity, exercise machines primarily for cardiorespiratory conditioning
Y93.A2	Activity, calisthenics
Y93.A3	Activity, aerobic and step exercise
Y93.A4	Activity, circuit training
Y93.A5	Activity, obstacle course
Y93.A6	Activity, grass drills
Y93.A9	Activity, other involving cardiorespiratory exercise
Y93.B1	Activity, exercise machines primarily for muscle strengthening
Y93.B2	Activity, push-ups, pull-ups, sit-ups
Y93.B3	Activity, free weights
Y93.B4	Activity, pilates
Y93.B9	Activity, other involving muscle strengthening exercises
Y93.C1	Activity, computer keyboarding
Y93.C2	Activity, hand held interactive electronic device
Y93.C9	Activity, other involving computer technology and electronic devices
Y93.D1	Activity, knitting and crocheting
Y93.D2	Activity, sewing

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.D3	Activity, furniture building and finishing
Y93.D9	Activity, other involving arts and handcrafts
Y93.E1	Activity, personal bathing and showering
Y93.E2	Activity, laundry
Y93.E3	Activity, vacuuming
Y93.E4	Activity, ironing
Y93.E5	Activity, floor mopping and cleaning
Y93.E6	Activity, residential relocation
Y93.E8	Activity, other personal hygiene
Y93.E9	Activity, other interior property and clothing maintenance
Y93.F1	Activity, caregiving, bathing
Y93.F2	Activity, caregiving, lifting
Y93.F9	Activity, other caregiving
Y93.G1	Activity, food preparation and clean up
Y93.G2	Activity, grilling and smoking food
Y93.G3	Activity, cooking and baking
Y93.G9	Activity, other involving cooking and grilling
Y93.H1	Activity, digging, shoveling and raking
Y93.H2	Activity, gardening and landscaping
Y93.H3	Activity, building and construction
Y93.H9	Activity, other involving exterior property and land maintenance, building and construction
Y93.I1	Activity, roller coaster riding
Y93.I9	Activity, other involving external motion
Y93.J1	Activity, piano playing
Y93.J2	Activity, drum and other percussion instrument playing
Y93.J3	Activity, string instrument playing
Y93.J4	Activity, winds and brass instrument playing
Y93.K1	Activity, walking an animal
Y93.K2	Activity, milking an animal
Y93.K3	Activity, grooming and shearing an animal
Y93.K9	Activity, other involving animal care
Y95	Nosocomial condition
Y99.0	Civilian activity done for income or pay
Y99.1	Military activity
Y99.2	Volunteer activity

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y99.8	Other external cause status
Y99.9	Unspecified external cause status

Appendix K: Acronyms

Table K-1: Acronyms

Term/Acronym	Definition
ADAP	AIDS Drug Assistance Program
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
CWF	Common Working File
DOS	Date of Service
DCN	Document Control Number
ECRS	Electronic Correspondence Referral System
EFT	Electronic File Transfer
EIDM	CMS Enterprise Identity Management
EIN	Employer Identification Number
GHI	Group Health Incorporated
HICN	Health Insurance Claim Number
HIMR	Health Insurance Master Record
HUSP	Health Utilization Secondary Payer
IVR	Interactive Voice Response
LOA	Level of Assurance
MBD	Medicare Beneficiary Database
MBI	Medicare Beneficiary Identifier
MFA	Multi-Factor Authentication
MSP	Medicare Secondary Payer
PAP	Patient Assistance Program
PDAR	Prescription Drug Assistance Request
RIDP	Remote Identity Proofing
RO	Regional Office
SPAP	State Pharmaceutical Assistance Program
SSN	Social Security Number

Appendix L: Previous Version Updates

Version 6.8

The process for generating Medicare Secondary Payer (MSP) development letters has been streamlined so that only beneficiaries, or designated representative payees, will receive them. To support this, the DE (Develop to Employer) and DI (Develop to Insurer) action codes will no longer be available on the MSP Inquiry Action Requested page. For transactions, if any of the Trans Action Code fields (1-4) in an MSP Inquiry Detail file include these codes, a PE error code will be returned on the MSP Inquiry Response file (changes throughout guide).

ICD-10 code G71.20, added in October, has been removed from the list for excluded ICD-10 diagnosis codes for No-Fault Plan Insurance Type D (Appendix J).

Version 6.7

For clarification, the Prescription Drug Assistance Request (PDAR) field names have been updated to the following: *COB Effective Date, New COB Effective Date, Effective Date of Other Drug Coverage, and New Effective Date of Other Drug Coverage* (Chapter 5, Appendix C, Prescription Drug Assistant Request Detail Record, and Appendix H).

Because prospective Medicare entitlement records can have effective dates up to three months in the future, the Medicare Secondary Payer (MSP) Effective Date field will now accept dates up to three months in the future without rejection. For ECRS, this affects records and related error codes for the Common Working File (CWF) Assistance Requests, MSP Inquiries, Prescription Drug Inquiries (PDIs), and PDARs (changes throughout guide).

The CMS EFT file-naming conventions for inbound and outbound files have been updated (Section 8.4).

The ICD-10 diagnosis codes for No-Fault Plan Insurance Type D have been updated for FY 2022 (Appendix J).

Reason Code 94 has been added when a PDI is closed for no response or no update (Appendix E).

Version 6.6

The criteria for several fields will be changed for users submitting primary and supplemental drug records, specifically for Rx Insured ID Number, Rx Group Number, Rx PCN, and Rx BIN Number (Sections 4.8, 5.4, 6.4, Appendix C, Appendix G, Appendix H).

Several Prescription Drug Assistance Request (PDAR) date fields (Effective Date, New Effective Date, OHI Effective Date, OHI New Effective Date, and Termination Date) have been updated for clarification (Section 5.1, Prescription Drug Assistance Request Detail Record).

The CMS Identity Management (IDM) system Forgot User ID process has been updated (Section 9.5).

The *RX05: Missing Individual Policy Number* error code has been added as a response record error (Appendix H).

A new ECRS web message and a new error code (PE2O) have been added for transactions submitted with action codes TD, CT, AP, and PR. Both error messages indicate that a matching record is in process and to either try again in 48 hours (web) or to resubmit the request (flat file). (Sections G.5 and Appendix H).

Electronic Correspondence Referral System for the Web (ECRS Web) Quick Reference Card

Rev. 20_22_/_11 July_

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records

Table 1: Required Fields on CWF Assistance Request Detail Pages

Field	Description
DCN	Document Control Number
MEDICARE ID	Beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
ACTIVITY CODE	Activity code
ACTION(S)	Action codes
SOURCE	Source of request information
IMPORT HIMR MSP DATA	Select to import HIMR data for the existing MSP record
MSP TYPE	Type of MSP coverage
PATIENT RELATIONSHIP	Patient relationship

Field	Description
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence at CWF Note: Part D contractors must enter "001" when the Auxiliary record number is unknown.
ORIGINATING CONTRACTOR	Contract number of contractors that created original MSP occurrence at CWF
EFFECTIVE DATE	Effective date of MSP coverage
TERMINATION DATE	Date MSP coverage ended
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Insurance company name
INSURANCE TYPE	Type of insurance coverage
POLICY NUMBER	Insurance policy number (not required if group number is entered)
GROUP NUMBER	Insurance policy group number (not required if policy number is entered)

Field	Description
EMPLOYER NAME	Name of the beneficiary's employer
ADDRESS	Employer's address
CITY	Employer's city
STATE	Employer's state
ZIP	Employer's zip code
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount of the check
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
SOCIAL SECURITY NUMBER	Beneficiary's social security number
DIAGNOSIS CODES	Diagnosis codes Required when ACTION is DX.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10". Required if corresponding Diagnosis Code is submitted.
REMARKS	Remarks

Table 2: Required Fields for Source Codes on CWF Assistance Requests

Value	Required Fields
CHEK	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP CHECK NUMBER CHECK DATE CHECK AMOUNT
LTTR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP
PHON	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Table 3: Related Action Codes on CWF Assistance Requests

Value	Description
AI	Change attorney information
AP	Add policy and/or group number
AR	Add CWF remark codes
CD	Change *date of* injury/*date of* loss
CP	Incorrect ESRD Coordination Period
CT	Change termination date
CX	*Change Prescription Values (BIN, Group, PCN)*
DA	Develop *for* attorney *information*
DD	Develop for the diagnosis code
DE	Develop for employer information
DI	Develop for insurer information
DO	Mark occurrence for deletion
DR	Investigate closed or deleted record
DT	Develop for termination date
DX	Change diagnosis codes
EA	Change employer address
ED	Change effective date
EF	Develop for the effective date
EI	Change employer information
ES	Employer size below minimum (20 for working aged; 100 for disability)
ID	Investigate possible duplicate for deletion
II	Change insurer information
IT	Change insurer type

Value	Description
LR	*Create* duplicate liability record
MT	Change MSP type
MX	SSN/Medicare ID mismatch
NR	Create duplicate no-fault record
OH	*Change effective date of other drug coverage*
PC	*Update prescription person code*
PH	Add PHP date
PN	*Develop for/add PCN*
PR	Change patient relationship
TD	*Add termination date*
VP	*Update a record for* a vow of poverty
WN	Notify *BCRC* of updates to WCMSA cases

Table 4: Required Fields for Action Codes on CWF Assistance Requests

Value	Required Fields	Description
AI	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP (must be 'A'), INSURANCE TYPE	Attorney information

Value	Required Fields	Description
AP	POLICY NUMBER and/or GROUP NUMBER INSURANCE TYPE Note: available for EGHP MSP types only	Insurer information for drug records Insurance Type
AR	REMARK Code (at least one)	Remarks
CD	GROUP NUMBER Note: ** available for contractor 79001, NON EGHP MSP types D, E, L, and W only ***	DOI/DOL changes
CP	Note: ** available for ESRD MSP type B only ***	Verification of coordination period
CT	TERMINATION DATE INSURANCE TYPE	Termination Date Insurance Type
DX	DIAGNOSIS CODES (at least one)	Diagnosis codes
EA	EMPLOYER NAME	Employer information
ED	EFF DATE NEW EFF DATE	Effective Date New Effective Date
EI	EMPLOYER NAME, EMPLOYER ADDRESS, EMPLOYER CITY, EMPLOYER STATE, EMPLOYER ZIP Type data in all fields to update employer info at CWF.	Employer information

Value	Required Fields	Description
II	INSURANCE COMPANY NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, SUBSCRIBER NAME Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	Insurance Company Name
IT	INSURANCE TYPE NEW INSURANCE TYPE	Insurance type New Insurance Type
MT	MSP TYPE NEW MSP TYPE	MSP Type New MSP Type
MX	SOCIAL SECURITY NUMBER	SSN/Medicare ID mismatch
PH	PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
PR	PAT REL NEW PAT REL INSURANCE TYPE	Patient Relationship New Patient Relationship Insurance Type
TD	TERMINATION DATE INSURANCE TYPE	Termination date Insurance Type
WN	Note: ** available for Contractor 79001 only ***	WCMSA Notification

Prescription Drug Assistance Request Codes

Table 5: Required Fields for Source Codes on Prescription Drug Assistance Requests

Value	Required Fields
CHEK	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP, CHECK NUMBER, CHECK DATE, CHECK AMT
LTTR	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP
PHON	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP

Table 6: Action Codes on Prescription Drug Assistance Requests

Value	Description
AP	Add policy and/or group number
BN	Develop for prescription BIN
CT	Change termination date
CX	Change prescription values (BIN, Group, PCN)
DO	Mark occurrence for deletion
EA	Change employer address
ED	Change effective date
EI	Change employer information
GR	Develop for group number
II	Change insurer information
IT	Change insurer type
MT	Change MSP type
OH	Change effective date of other drug coverage
PC	Update prescription person code
PN	Develop for/add PCN
PR	Change patient relationship
TD	Add termination date

Table 7: Required Fields for Action Codes on Prescription Drug Assistance Requests

Value	Required Fields	Description
AP	PERSON CODE	Person Code (when Record Type is SUP)
-	INFMT NAME, ADDRESS, CITY, ST, ZIP	Informant information (when Source Type is Letter, Check, or Phone)
-	COVERAGE TYPE	Coverage Type (when Policy Number, BIN, PCN, ID, Supplemental Type, or Person Code are entered)
-	POLICY NUMBER	Policy Number OR Group Number required when Source Code is NOT D, E, L, or W
-	GROUP NUMBER	Group Number required when Coverage Type=U
BN	PERSON CODE	Person Code (when Record Type is SUP)
CT	TERM DATE PERSON CODE	Termination Date Person Code (when Record Type is SUP)
CX	PERSON CODE BIN, PCN, GROUP	Person Code (when Record Type is SUP) BIN, PCN, OR Group Number is required
DO	PERSON CODE	Person Code (when Record Type is SUP)
EA	PERSON CODE EMPLOYER NAME	Person Code (when Record Type is SUP) Employer Name
ED	NEW EFF DATE PERSON CODE	New Effective Date Person Code (when Record Type is SUP)
EI	PERSON CODE EMPLR NAME, ADDRESS, CITY, ST, ZIP	Person Code (when Record Type is SUP) Employer information
GR	PERSON CODE	Person Code (when Record Type is SUP)
IT	PERSON CODE, INS TYPE NEW INS TYPE	Person Code (when Record Type is SUP) Insurance type New Insurance Type

Value	Required Fields	Description
MT	MSP TYPE, NEW MSP TYPE, RECORD TYPE	MSP Type New MSP Type Record Type (must be PRI)
PC	PERSON CODE	Person Code
PN	PERSON CODE	Person Code (when Record Type is SUP)
PR	PERSON CODE, NEW PAT REL	Person Code (when Record Type is SUP) New Patient Relationship
TD	PERSON CODE, TERM DT	Person Code (when Record Type is SUP) Termination Date

MSP Inquiry Codes

Note: Action codes are not required for MSP inquiries.

Table 8: Required Fields on MSP Inquiry Detail Pages

Field	Description
DCN	Document Control Number
MEDICARE ID	Beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
ACTIVITY CODE	Activity code

Field	Description
SOURCE	Source of request information
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.
EFFECTIVE DATE	Effective date of MSP coverage
TERMINATION DATE	Date MSP coverage ended
CMS GROUPING CODE	CMS grouping code
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Name of beneficiary's insurer
ADDRESS LINE 1	First line of insurer's address Note: required when Insurance Company Name is entered.
CITY	Insurer's city Note: required when Insurance Company Name is entered.

Field	Description
STATE	Insurer's state Note: required when Insurance Company Name is entered.
ZIP	Insurer's zip code Note: required when Insurance Company Name is entered.
INSURANCE TYPE	Type of insurance
EMPLOYER NAME	Name of beneficiary's employer Note: required when MSP Type is F and Send to CWF is Yes.
ADDRESS	Employer's address Note: required when MSP Type is F and Send to CWF is Yes.
CITY	Employer's city Note: required when MSP Type is F and Send to CWF is Yes.
STATE	Employer's state Note: required when MSP Type is F and Send to CWF is Yes.
ZIP	Employer's zip code Note: required when MSP Type is F and Send to CWF is Yes.
CHECK NUMBER	Check number
CHECK AMOUNT	Amount on the check
CHECK DATE	Date on the check

Field	Description
DIAGNOSIS CODES	Diagnosis codes Note: If the MSP Type is A, B, or G, the system will prevent the entry of diagnosis codes.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10". Required if corresponding Diagnosis Code is submitted
BIN	BIN Note: required when Coverage Type is U.
PCN	PCN Note: required when Coverage Type is U.
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
SUPPLEMENTAL TYPE	Type of supplemental insurance Note: must be L when Record Type is Supplemental.
PERSON CODE	Person code Note: required when Record Type is Supplemental and Supplemental type is L.

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Table 9: Related Action Codes on MSP Inquiries

Value	Description
CA	Class action suit
CL	Closed or settled case

Table 10: Required Fields for Action Codes on MSP Inquiries

Value	Required Fields
CA	MSP TYPE PATIENT RELATIONSHIP (when MSP Type is L) EFFECTIVE DATE (when MSP Type is L) CMS GROUPING CODE (when MSP Type is L) INSURANCE COMPANY NAME, INSURANCE TYPE DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant information is entered.

(middle-left continued table)

Value	Required Fields
CL	MSP TYPE (must be D, E, or L) PATIENT RELATIONSHIP (must be D, E, or L) EFFECTIVE DATE (must be D, E, or L) TERMINATION DATE (must be D, E, or L) DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant information is entered.

Table 11: Required Fields for Source Codes on MSP Inquiries

Value	Required Fields
CHEK	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP CHECK NUMBER CHECK AMOUNT CHECK DATE
LTTR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

(middle-right continued table)

Value	Required Fields
PHON	MSP TYPE FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Prescription Drug Inquiry Codes

Table 12: Required Fields on Prescription Drug Inquiry Detail Pages

Field	Description
DCN	Document Control Number
MEDICARE ID	Beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
ACTIVITY CODE	Activity code
SOURCE	Source of request information
MSP TYPE	MSP type Note: Leave MSP Type blank when Record Type is Supplemental
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.

(right column table)

Field	Description
SEND TO MBD	Select Yes to send inquiry to MBD
SUBMTTER TYPE	Submitter type
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount on the check
INFORMANT FIRST NAME	Informant's first name
INFORMANT LAST NAME	Informant's last name
INFORMANT ADDRESS	Informant's address
INFORMANT CITY	Informant's city
INFORMANT STATE	Informant's state
INFORMANT ZIP	Informant's zip code
INFORMANT RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Name of the insurance carrier for drug coverage.
EFFECTIVE DATE	Effective date of prescription coverage
TERMINATION DATE	Date prescription coverage ends Note: automatically populated when Coverage Type is U.
BIN	BIN Note: required when Coverage Type is U.

Field	Description
PCN	PCN Note: required when Coverage Type is U.
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
PERSON CODE	Person code Note: required when Record Type is Supplemental, or when Record Type is blank and Supplemental type is L.

Table 13: Required Fields for Source Codes on Prescription Drug Inquiries

Value	Required Fields
CHEK	CHECK NUMBER CHECK DATE CHECK AMOUNT INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP

Value	Required Fields
LTTR	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP
PHON	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP

Table 14: Prescription Drug Supplemental Type Codes on Prescription Drug Inquiries

Value	Description
L	Supplemental
M	Medigap
N	Non-qualified SPAP
O	Other
P	PAP
Q	Qualified SPAP
R	Charity
S	ADAP
T	Federal Government Programs
1	Medicaid
2	Tricare
3	Major Medical

Table 15: Coverage Type Codes on Prescription Drug Inquiries

Value	Description
U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account

General Codes

The following codes apply to CWF assistance requests, MSP inquiries, and workers' compensation set-aside trust cases.

Table 16: General - Activity Codes

Value	Description
C	Claims (Pre-Payment) (22001)
D	Debt Collection (42021)
G	Group Health Plan (42003)
I	General Inquiry (42004)
N	Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act (FTCA) (42002)

Table 17: General - MSP Type Codes (Non-EGHP)

Value	Description
D	Automobile Insurance, No Fault
E	Workers' Compensation
L	Liability
W	Workers' Compensation Set-Aside

Table 18: General - MSP Type Codes (EGHP)

Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans

Table 19: General - Source Codes

Value	Description
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
SRVY	Survey (Part D only)

Table 20: General - Status Codes

Value	Description
CM	Completed
DE	Delete (do not process) ECRS request
HD	Hold, individual not yet a Medicare beneficiary (WC) (RAC)
IP	In process, being edited by COB
NW	New, not yet read by COB

Table 21: General - Reason Codes

Value	Description
01	Not yet read by *BCRC*, used with NW status
02	Being processed by *BCRC*, used with IP status
03	Under development by *BCRC*, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	*Requested Prescription Drug action(s) accepted - Posted to MBD*
30	*No action taken per SEE approval - Medicare primary*
31	Action code and comments conflict
32	Record terminated/deleted due to OBRA 93

Value	Description
33	WCSA record – can only be updated by RO, record closed by CWF Analyst
34	Record is "N" validity – we do not develop for "N" records
36	Policy Holder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	*Outreach* development *already in process*
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	*Requested action(s) accepted - Posted to CWF*
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF*; conflicting information,* used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more thresholds met, *Disability*
55	20 or more thresholds met, *Working Aged*
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid Medicare ID
61	No Part A entitlement

Value	Description
62	*Development letter sent, c*losed, no response to development
63	Development complete, no MSP
64	*Development l*etter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary*; closed,* no response *received*
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees *(No MSP)*
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees *(No MSP)*
81	Medicare is primary due to ESRD coordination period *being met*
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file

Value	Description
84	*Missing* information*, unable* to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)
88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found
94	Closed, no response/no update
96	Per hierarchy guidelines, request cannot be honored.
97	Existing record is invalid and has been deleted. New record created to include changes requested.

Table 22: General - Patient Relationship Codes

Value	Description
01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured has no financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court

Value	Description
08	Employee
09	Unknown
10	Handicapped dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Domestic partner

Table 23: General - Informant Relationship Codes

Value	Description
A	Attorney representing beneficiary
B	Beneficiary
C	Child
D	Defendant's attorney
E	Employer
F	Father
I	Insurer
M	Mother
N	Non-relative
O	Other relative
P	Provider

Value	Description
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown
W	Pharmacy

Table 24: General - Relationship to Insured Codes

Value	Description
B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Table 25: General - Insurance Type Codes

Value	Description
A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)

Value	Description
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
R	GHP Health Reimbursement Arrangement
S	GHP Health Savings Account
Blank	Unknown (UNKNOWN)