| CMS Manual System | **Department of Health & Human Services (DHHS)** |
|---|---|
| Pub 100-05 Medicare Secondary Payer | **Centers for Medicare & Medicaid Services (CMS)** |
| **Transmittal 120** | **Date: July 7, 2017** |
| | **Change Request 10154** |

**SUBJECT: Electronic Correspondence Referral System (ECRS) User Guide Medicare Beneficiary Identifier (MBI) Modifications including Updated Enterprise Identity Management (EIDM) Multi-Factor Authentication (MFA)/Remote Identity Proofing (RIDP) Screen Shots**

**I. SUMMARY OF CHANGES:** This change request (CR) is revising the Electronic Correspondence Referral System (ECRS) Web User Guide to accommodate changes for the implementation of the Medicare Beneficiary Identifier (MBI). This version also includes updated screen shots for the CMS Enterprise Identification Management (EIDM) Multi-Factor Identification (MFA)/Remote Identity Proofing (RIDP) process.

**EFFECTIVE DATE: July 7, 2017**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: July 7, 2017**

***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 | 5/5.1- ECRS Web User Guide |
| R | 5/5.2- ECRS Quick Reference Card |

**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: 120 | Date: July 7, 2017 | Change Request: 10154 |
|---|---|---|---|

**SUBJECT: Electronic Correspondence Referral System (ECRS) User Guide Medicare Beneficiary Identifier (MBI) Modifications including Updated Enterprise Identity Management (EIDM) Multi-Factor Authentication (MFA)/Remote Identity Proofing (RIDP) Screen Shots**

**EFFECTIVE DATE: July 7, 2017**
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## I. GENERAL INFORMATION

**A. Background:** The ECRS provides a means for Medicare Administrative Contractors (MACs) and the CMS Regional Offices (ROs) to correspond electronically with the Benefits Coordination & Recovery Center (BCRC). MACs and CMS ROs commonly use ECRS Web to convey information about new Medicare Secondary Payer (MSP) occurrences and the need for updating and deleting pre-existing MSP auxiliary file data.

With the implementation of Section 501 of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA), ECRS will need to accommodate an 11-byte MBI within its file transmissions as part of CMS's effort to minimize changes. CMS will repurpose the field labeled "HICN" on ECRS files and ECRS web so that it will be displayed as "Medicare ID". This will allow the submitter to enter either Health Insurance Claim Number (HICN) or MBI in that field. ECRS will not include any edits that require the entry of an MBI. Record searches will return any record associated with the matched beneficiary. The identifier that was submitted via ECRS Web or flat file will be returned on the response file. Any error/warning messages within ECRS Web that refer to the HICN will be updated to refer to the "Medicare ID." The text of error codes on response files that refer to a HICN will be changed to the Medicare ID.

The Enterprise Identity Management (EIDM) Remote Identity Process (RIDP) and Multi-Factor Authentication (MFA) is the system utilized to gain access to ECRS. Since the ECRS EIDM RIDP/MFA implementation occurred, the EIDM team has updated its screen shots.

**B. Policy:** In support of the Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) of 2015, CMS is renaming all Health Insurance Claim Number (HICN) fields within ECRS to "Medicare ID." CMS will also configure ECRS so that either the HICN or the new MBI may be reported as the Medicare ID.

The EIDM login process has been clarified for users who have completed the RIDP and MFA processes, and who have registered an MFA device (Sections 2.6.3 and Chapter 9 of the revised ECRS Web User Manual for more information).

## II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | |
|---|---|---|---|---|---|
| | | A/B MAC | D M E | Shared-System Maintainers | Other |

| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10154.1 | ECRS users shall make necessary changes to accommodate the label change from "HICN" to "Medicare ID" within the ECRS file layout by the implementation date of this change request. | X | X | X | X | | | | | RRB-SMAC |
| 10154.2 | All ECRS users shall continue to enter the HICN in the repurposed Medicare ID field within ECRS Web for ECRS MSP Inquiry and CWF Assistance Requests even after Medicare cuts over to the MBI on January 1, 2020. | X | X | X | X | | | | | RRB-SMAC |
| 10154.3 | ECRS users shall refer to the new ECRS EIDM RIDP/MFA screen shot changes to make certain they are aware of all authentication requirements for accessing ECRS Web. | X | X | X | X | | | | | 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, 410-786-3276 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 5.*8*

**Rev. 201*7*/*10 July***
**COBR-Q*3*-201*7*-v5.*8***

## Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, Carriers, or Medicare Contractors in the course of carrying out agreements and/or contracts under Sections 1816, 1842, and 1874A of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

Section 1106 (a) of the Act provides in pertinent part that "Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding $10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, or both." Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

The Electronic Correspondence Referral System (ECRS) contains IRS tax data. Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may result in sanctions as described in IRC Sections 7431 and 7213, which include, but are not limited to, fines or imprisonment.

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# Chapter 1: Summary of Version 5.*8* Updates

The following updates have been made in Version 5.*8* of the *Electronic Correspondence Referral System (*ECRS*)* Web User Guide:

- *The Enterprise Identity Management EIDM login process has been clarified for users who have completed the Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) processes, and who have registered an MFA device (Sections 2.6.3 and Chapter 9).*
- *As part of the Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) of 2015, all Health Insurance Claim Number (HICN) fields have been renamed as "Medicare ID" and have been configured to accept either the HICN or the new Medicare Beneficiary Identifier (MBI).*
- *The CMS Workload Tracking and the Contractor Workload Tracking reports have been updated to ensure that all contractors and activity codes are included (Chapter 7).*

# 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 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 e-mail to LMS@Strategichs.com. Specify that you are requesting the ECRS Web CBT curriculum. Once your request is processed, an e-mail 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 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 Codes*, lists all possible Reason 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 displays 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 EIDM Registration and ECRS Access

Individuals who require access to the ECRS Web must first register and create an account through the Enterprise Identity Management (EIDM) system at the CMS Enterprise Portal: https://portal.cms.gov. *To start, click the New User Registration link on the home page.*

*Before you can log in to ECRS, you must also complete the Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) processes, including registering a device.*

### 2.6.2 *About* RIDP and MFA

To enhance security, new users who request access to ECRS on the CMS Enterprise Portal are required to complete the RIDP and MFA processes. Current users with active accounts will only need to complete the MFA process.

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 register a device (such as a phone, computer, or laptop) or your email address as part of your EIDM profile. Once registered, you are required at login to always enter a unique security code (i.e., credential ID), which is sent to your registered device. See Chapter 9.

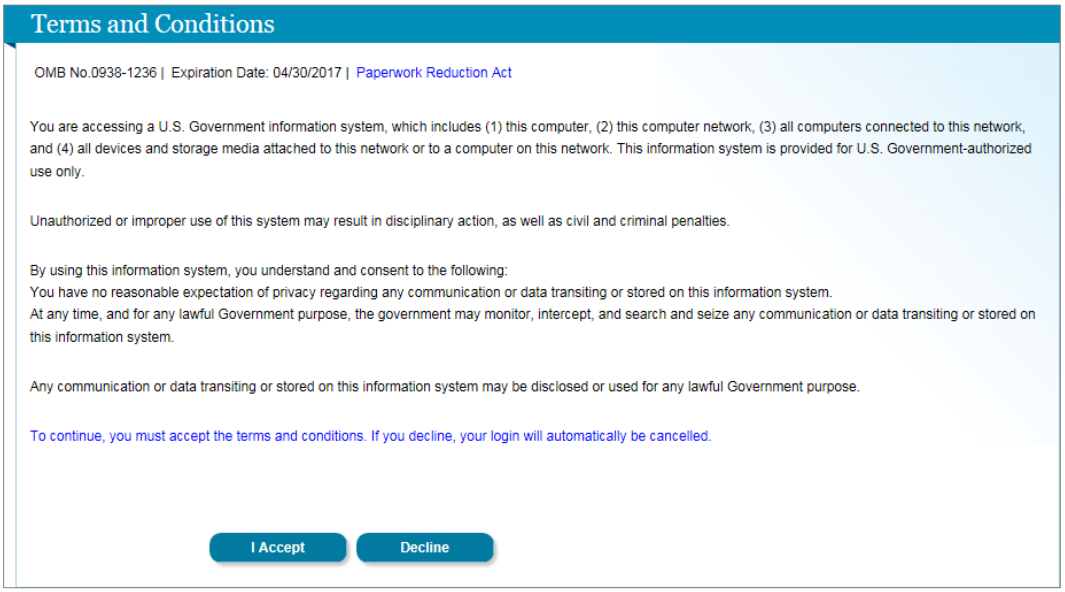
### 2.6.3 ECRS Login

Once you *have* registered *(i.e., completed the RIDP and MFA processes)* through the EIDM and have been approved to access ECRS, you will need to have a contractor number and access code to log into ECRS. If you have a contractor number but need assistance obtaining an access code, please contact ECRSHELP@ehmedicare.com.

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

   *The CMS Enterprise Portal Terms and Conditions page appears (Figure 2-1).*

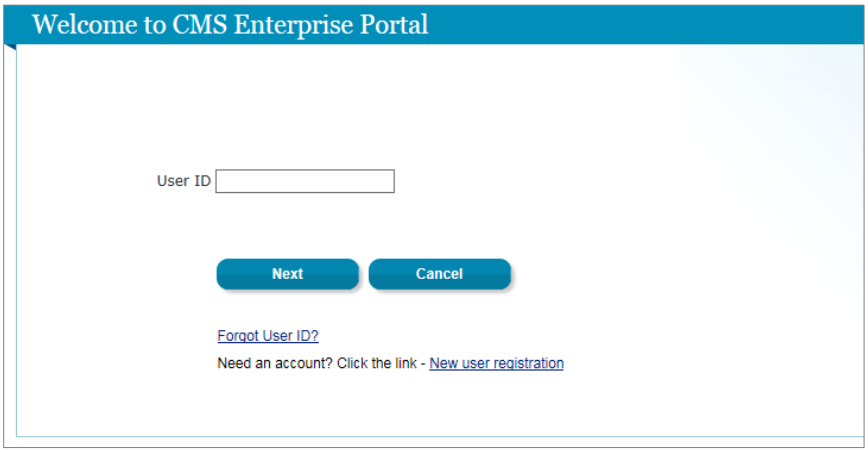
**Figure 2-1: *Terms and Conditions***




2. *Read the Terms and Conditions and click **I Accept** to continue.*

   *The Welcome to the CMS Enterprise Portal page appears displaying the User ID field (Figure 2-2).*

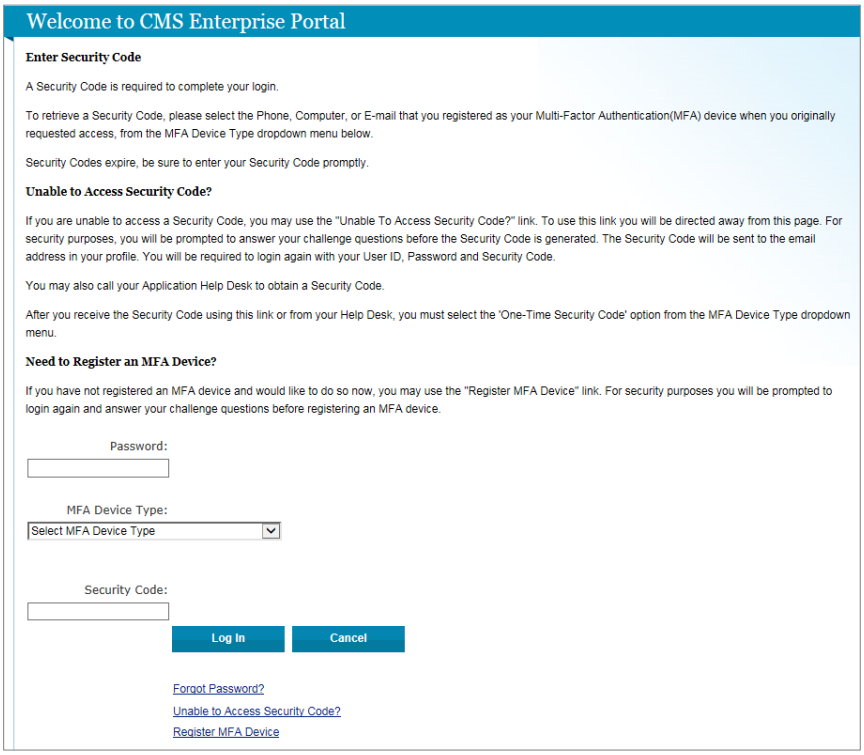
**Figure 2-2: *User ID Page***




3. Enter your EIDM User ID and *click **Next**.*

   *The password and MFA security page appears (Figure 2-3).*

***Figure 2-3: Password and Security***




4. *Enter your password and* select your *registered device* from the *MFA Device* Type drop-down menu. *If using text, Interactive Voice Response (IVR), or email, then click* ***Send****.*

   *A security code is sent to your device.*

5. Look at your device (mobile phone, PC, tablet, or laptop), email, or text message and enter the security code in the Security Code field.

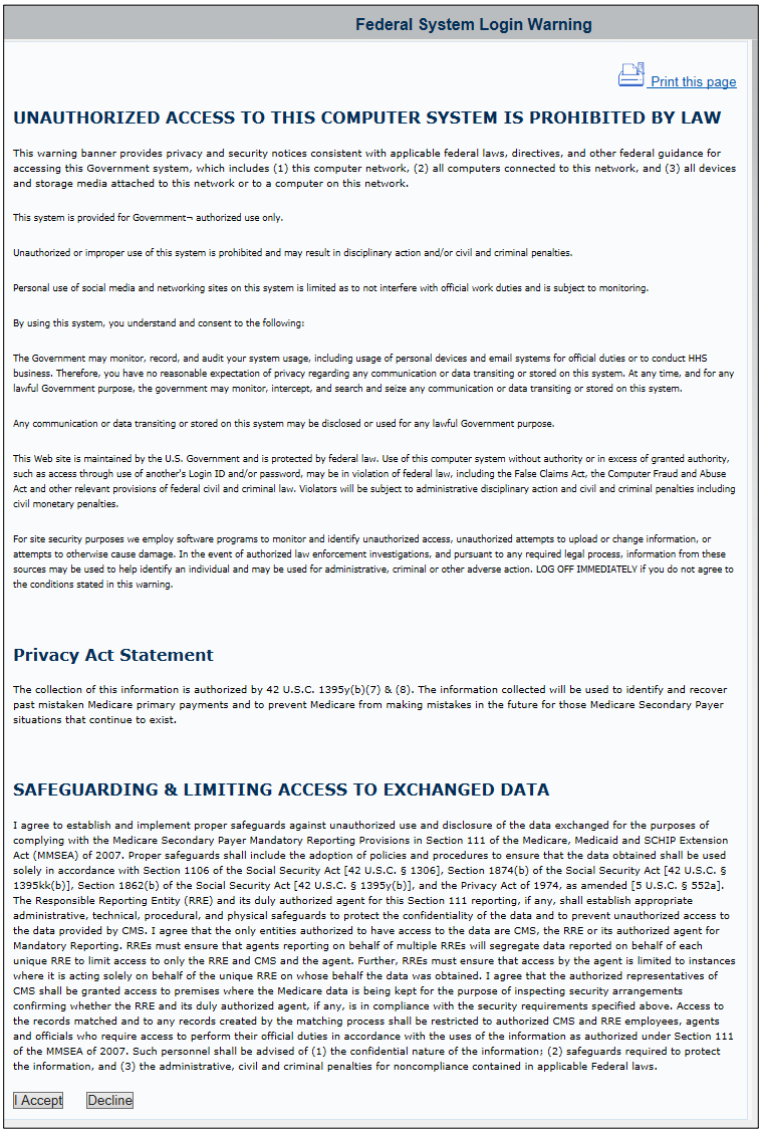
   For devices, enter this code promptly, as security codes change about every 30 seconds. If it changes before you click Log In, enter the new code instead.

   If receiving the security code by email, the email may take up to 5 minutes to be sent.

6. Click Log In.

   The ECRS Federal Systems Login Warning page appears (Figure 2-*4*).

***Figure 2-4: ECRS Federal Systems Login Warning***




7. 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 2-5).

***Figure 2-5:*** **Contractor Lookup/Sign In Page**

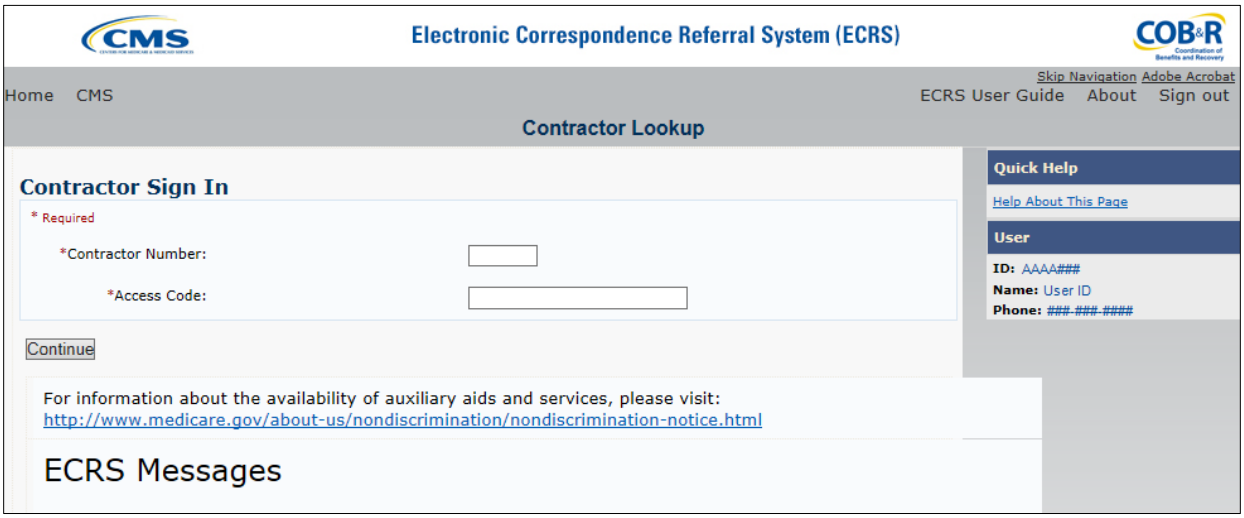


**Table 2-1: *Navigation***

| 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 display 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.<br>Or<br>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.<br>Or<br>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.”<br>**Note:** This field displays 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 redisplays, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field displayed and enabled.

2. Select a Submitter Type.
3. Click the **Continue** button. The system then displays the *Main Menu* page (Figure 2-6).

**Table 2-3: Right Side Bar - Quick Help**

| Quick Help | Description |
|---|---|
| Help About This Page | Click to display 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*) |

### 2.6.4 Main Menu

The *Main Menu* page is the Home page for the ECRS Web application (Figure 2-6). 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 2-6:*** **Main Menu**

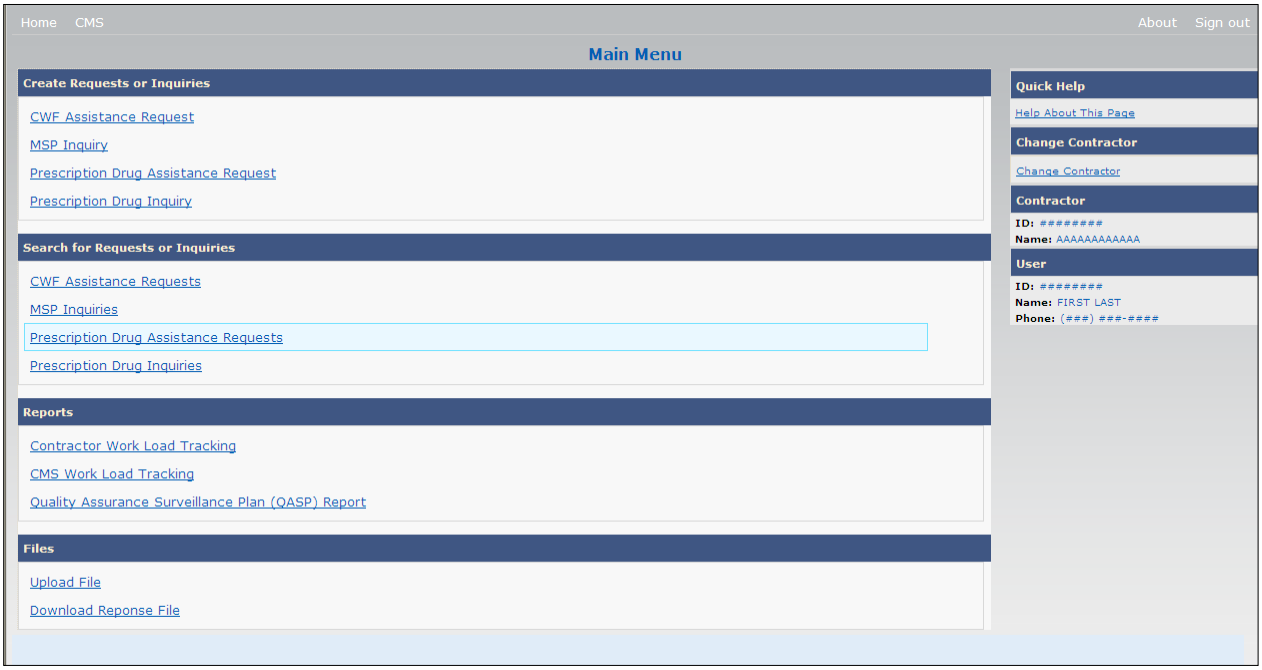


**Table 2-5: Main Menu**

| Link | Description |
|---|---|
| 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.<br>**Note**: This field displays for users who can submit Part C or Part D data. |
| PRESCRIPTION COVERAGE INQUIRY | Click **Prescription Coverage Inquiry** to enter a new Prescription Drug Inquiry. |
| 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 COVERAGE INQUIRIES | Click **Prescription Coverage Inquiries** to enter search criteria to locate a Prescription Coverage Inquiry. |
| CONTRACTOR WORKLOAD TRACKING | Click **Contractor Workload Tracking** to select criteria and display the workload tracking report for your contractor. |
| CMS WORKLOAD TRACKING | Click **CMS Workload Tracking** to select criteria and display the workload tracking report for contractors.<br>**Note:** Restricted to CMS and Regional Offices |
| QUALITY ASSURANCE SURVEILLANCE PLAN (QASP) REPORT | Click **Quality Assurance Surveillance Plan (QASP) Report** to select criteria and display the QASP report.<br>**Note**: Restricted to CMS and Regional Offices |
| UPLOAD FILE | Click **Upload File** to upload ECRS transaction files.<br>**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.<br>**Note:** File Upload and Download are restricted to selected users. Contact the EDI Help desk at (646) 458-6740 for additional information. |

### 2.6.5 Navigation Links

The following navigation links are displayed 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 | Displays information about the ECRS Web menu options. |

| Link | Description |
|---|---|
| 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 displays four to six sections of links and fields, as well as different link combinations, depending on the page displayed.

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 be displayed 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 display help 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.<br>**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). |
| *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* | - |

| Link | Description |
|---|---|
| *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 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).<br>CM*:* Completed<br>DE*:* Delete (do not process ECRS CWF Assistance Request*)*<br>HD*:* Hold, individual not yet a Medicare beneficiary<br>IP*:* In process, being edited by COB<br>NW*:* New, not yet read by COB<br>**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).<br>**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 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 is displayed on the right side bar, and carried forward on the CWF Assistance Request transaction.

### 3.1.2 Action Codes

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. Table 3-1 lists all action codes available in ECRS Web.

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.

**Table 3-1: Action Codes**

| Description | Action Code |
|---|---|
| Change Attorney Information | AI |
| Add Policy and/or Group Number | AP |
| Add CWF Remark Codes | AR |
| Develop for Prescription BIN | BN |
| CMS Grouping Code | CA |
| Date of Injury/Date of Loss Changes | CD |
| Closed or Settled Case | CL |
| Incorrect ESRD Coordination Period | CP |
| Change Termination Date | CT |
| Change Prescription Values (BIN, Group, PCN) | CX |
| Develop to the Attorney | DA |
| Develop to the Diagnosis Code | DD |
| Develop for Employer Information | DE |
| Develop for Insurer Information | DI |
| Mark Occurrence for Deletion | DO |
| Investigate Closed or Deleted Record | DR |
| Develop For Termination Date | DT |
| Change Diagnosis Code | DX |
| Change Employer Address | EA |
| Change Effective Date | ED |
| Develop for Effective Date | EF |
| Change Employer Information | EI |
| Employer Size Below Minimum | ES |
| Develop for Group Number | GR |
| Investigate/Possible Duplicate for Deletion | ID |
| Change Insurer Information | II |
| Change Insurance Type | IT |
| Add No-Fault to Liability Record | LR |
| Change MSP Type | MT |
| SSN/*Medicare ID* Mismatch | MX |
| Create Duplicate No-Fault Record | NR |
| Update Prescription Person Code | PC |
| Change Pre-Paid Health Plan (PHP) Date | PH |

| Description | Action Code |
|---|---|
| Develop for/add PCN | PN |
| Change Patient Relationship | PR |
| Add Termination Date | TD |
| Update A Record For A Vow Of Poverty | VP |
| Notify COB Of Updates To WCMSA Cases | WN |

## 3.2 Action Requested Page

The *Action Requested* page is the first page displayed 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 system displays the *Action Requested* page and navigation links (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

   **Note**: 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** displays 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**

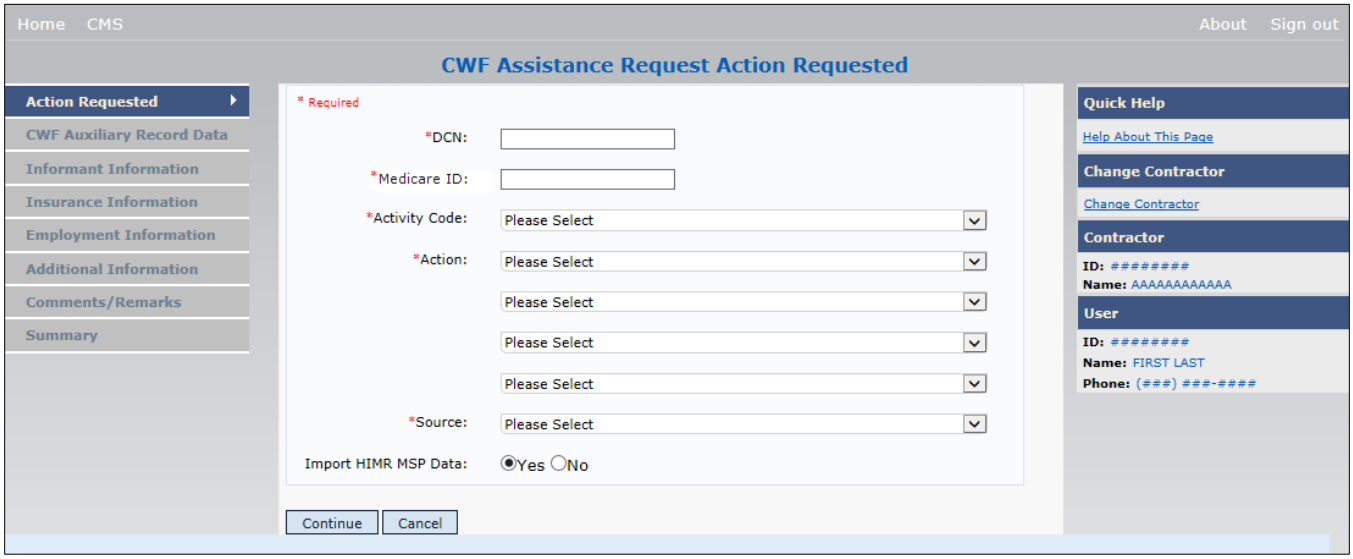



**Table 3-2: CWF Assistance Request Action Requested**

| Field | Description |
|---|---|
| DCN | Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction (required field)<br>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:<br>C Claims (Pre-Payment)<br>D Debt Collection/Referral<br>G Group Health Plan<br>I General Inquiries<br>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).<br>Notes: Enter up to four Actions unless the CWF Assistance Request is to:<br>• Delete occurrence (DO)<br>• Redevelop a deleted CWF record (DR)<br>• Investigate/ possible duplicate for deletion (ID)<br>• Note a vow of poverty (VP)<br>• Develop for Employer Information (DE)<br>• Develop for Insurer Information (DI)<br>You cannot combine these six Actions with any other Actions.<br>Action MT only applies when supplemental type is Primary. |

| Field | Description |
|---|---|
| SOURCE | Four-character code identifying source of the information (required field). Valid values are:<br>CHEK = Unsolicited check<br>LTTR = Letter<br>PHON = Phone call<br>SCLM = Claim submitted to Medicare contractor for secondary payment<br>SRVY = Survey |
| IMPORT HIMR MSP DATA | Defaults to Yes, but can be changed to No. See Section 3.2.2 for more information. |
| CONTINUE | Command button. Click to go to the next page.<br>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 pm. 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 MSP data, displaying all aux record numbers associated with the *Medicare ID*, and displays them on the HIMR MSP Data List (Figure 3-2).

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.<br>Valid values are:<br>A Working Aged<br>B ESRD<br>C Conditional Payment<br>D Automobile Insurance, No Fault<br>E Workers' Compensation<br>F Federal (Public)<br>G Disabled<br>H Black Lung<br>I Veterans<br>L Liability<br>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.<br>Valid values are:<br>D Deleted<br>Blank Not Deleted |
| VALIDITY INDICATOR | Indicates if the record is active.<br>Valid values are:<br>I Under Development<br>Y MSP Coverage Confirmed<br>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: CWF Assistance Request: Pre-populated Fields**

| Page | Pre-Populated Fields |
|---|---|
| CWF AUXILIARY RECORD DATA | MSP Type<br>Patient Relationship<br>Auxiliary Record #<br>Originating Contractor<br>Effective Date<br>Termination Date<br>Accretion Date |
| INSURANCE INFORMATION | Insurance Company Name<br>Address<br>City<br>State<br>Zip<br>Insurance Type<br>Group Number<br>Policy Number<br>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.<br>2. Check the time. The HIMR application may be unavailable before 8 am and after 5 pm 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.<br>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.<br>2. Set Import HIMR MSP Data to "Yes".<br>3. Click the **Continue** button to display the HIMR MSP DATA List.<br>4. Click the **AUX REC** # link next to the record you want to select. |

| If you… | Follow these steps: |
|---|---|
| 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 (Figure 3-3).

   **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 is displayed: "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**

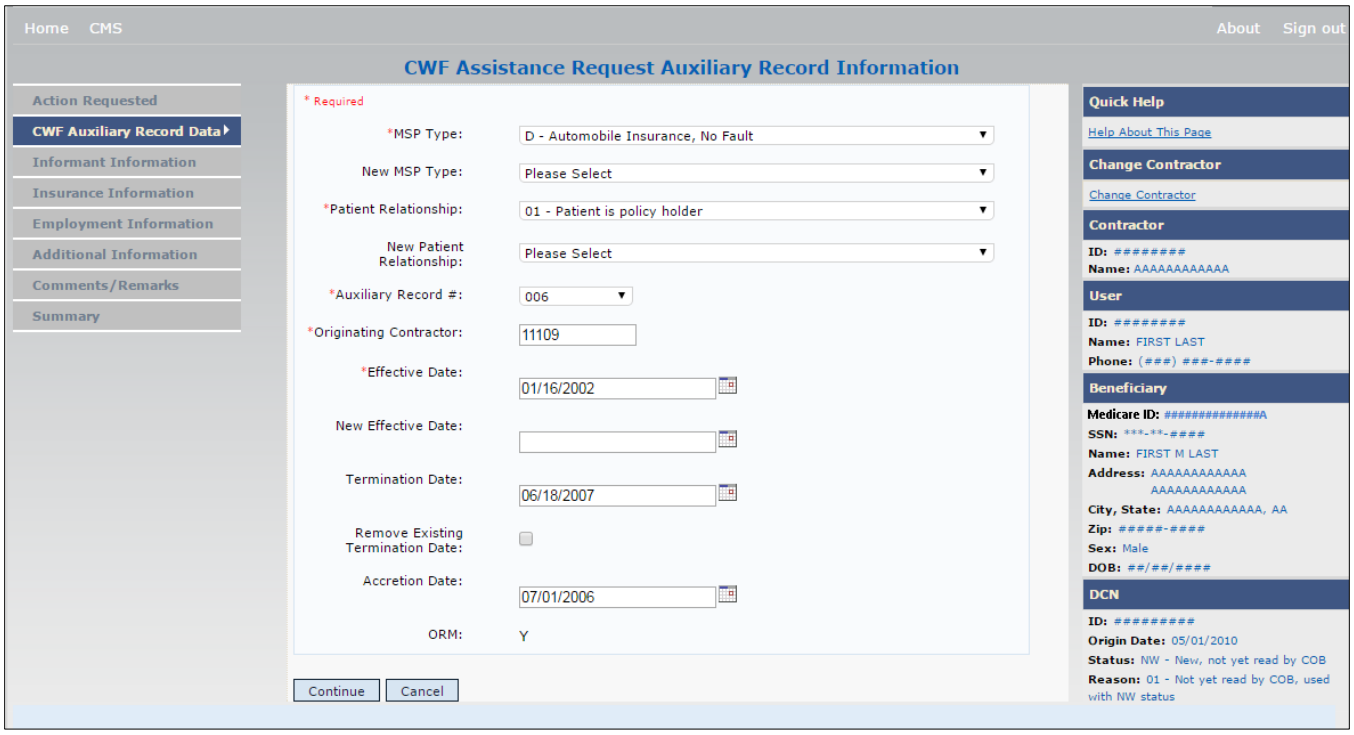


**Table 3-6: CWF Assistance Request Auxiliary Record Information**

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

| Field | Description |
|---|---|
| PATIENT RELATIONSHIP | Patient relationship between the policyholder and the beneficiary (required field). Description of code displays next to value.<br>Valid values are:<br>01 Patient is policy holder<br>02 Spouse<br>03 Natural child, insured has financial responsibility<br>04 Natural child, insured does not have financial responsibility<br>05 Stepchild<br>06 Foster child<br>07 Ward of the Court<br>08 Employee<br>09 Unknown<br>10 Handicapped dependent<br>11 Organ donor<br>12 Cadaver donor<br>13 Grandchild<br>14 Niece/nephew<br>15 Injured plaintiff<br>16 Sponsored dependent<br>17 Minor dependent of a minor dependent<br>18 Parent<br>19 Grandparent dependent<br>20 Domestic partner (Effective April, 2004.)<br>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:<br>MSP Type — Patient Relationship Code<br>A — 01, 02<br>B — 01, 02, 03, 04, 05, 18, 20<br>G — 01, 02, 03, 04, 05, 18, 20 |
| NEW PATIENT RELATIONSHIP | New patient relationship between the policyholder and the beneficiary. Description of code displays next to value<br>Required field when ACTION is PR. |
| AUXILIARY RECORD # | Record number of the MSP auxiliary occurrence in CWF (required field)<br>**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) |
| NEW EFFECTIVE DATE | New effective date of MSP coverage in MMDDCCYY format.<br>Required field when ACTION is ED. |

| Field | Description |
|---|---|
| TERMINATION DATE | Termination date of MSP coverage in MMDDCCYY format.<br>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. |
| ORM | Indicator for Ongoing Responsibility for Medicals. This field is read-only.<br>Available values are **Y** ("Yes" ORM exists) or a "Space" (ORM does not exist, or existence of ORM is unknown).<br>**Notes**:<br>Once ORM is reported as **Y**, then even after ORM has terminated, the record will continue to display an indicator of "Y."<br>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. |

## 3.4 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**

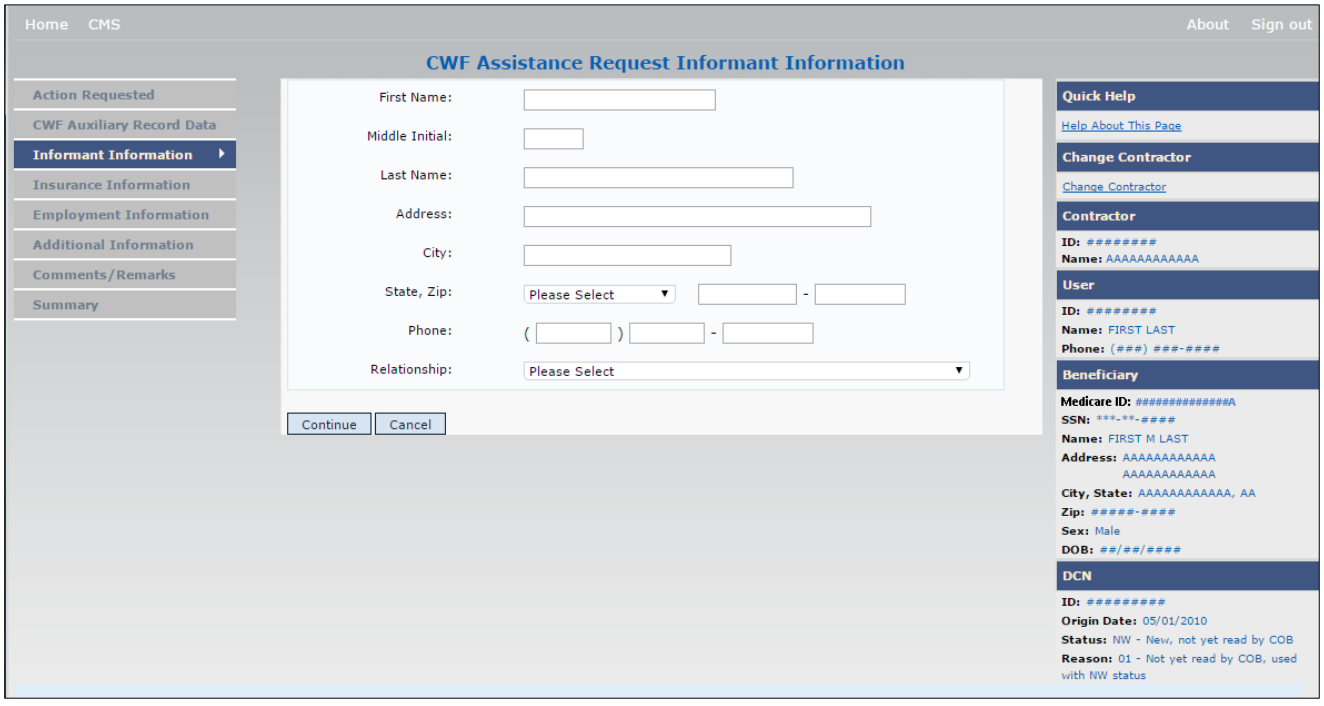


**Table 3-7: CWF Assistance Request Informant Information**

| Field | Description |
|---|---|
| FIRST NAME | First name of the person informing the contractor of the change in MSP coverage.<br>• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.<br>• 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.<br>• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.<br>• Required for all SOURCEs when ACTION is AI. |
| ADDRESS | Informant's street address.<br>• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.<br>• Required for all SOURCEs when ACTION is AI. |
| CITY | Informant's city.<br>• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.<br>• Required for all SOURCEs when ACTION is AI. |
| STATE | Informant's state.<br>• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.<br>• Required for all SOURCEs when ACTION is AI. |
| ZIP | Informant's ZIP code.<br>• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.<br>• Required for all SOURCEs when ACTION is AI. |
| PHONE | Informant's telephone number |

| Field | Description |
|---|---|
| RELATIONSHIP | One-character code indicating the relationship of the informant to the beneficiary.<br>Valid values are:<br>A Attorney representing beneficiary<br>B Beneficiary<br>C Child<br>D Defendant's attorney<br>E Employer<br>F Father<br>I Insurer<br>M Mother<br>N Non-relative<br>O Other relative<br>P Provider<br>R Beneficiary representative (other than attorney)<br>S Spouse<br>U Unknown<br>W Pharmacy<br>Required for:<br>• All ACTIONs when SOURCE is CHEK, LTTR, or PHON.<br>• Defaults to A when ACTION is AI. |
| 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 (Figure 3-5).

   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**

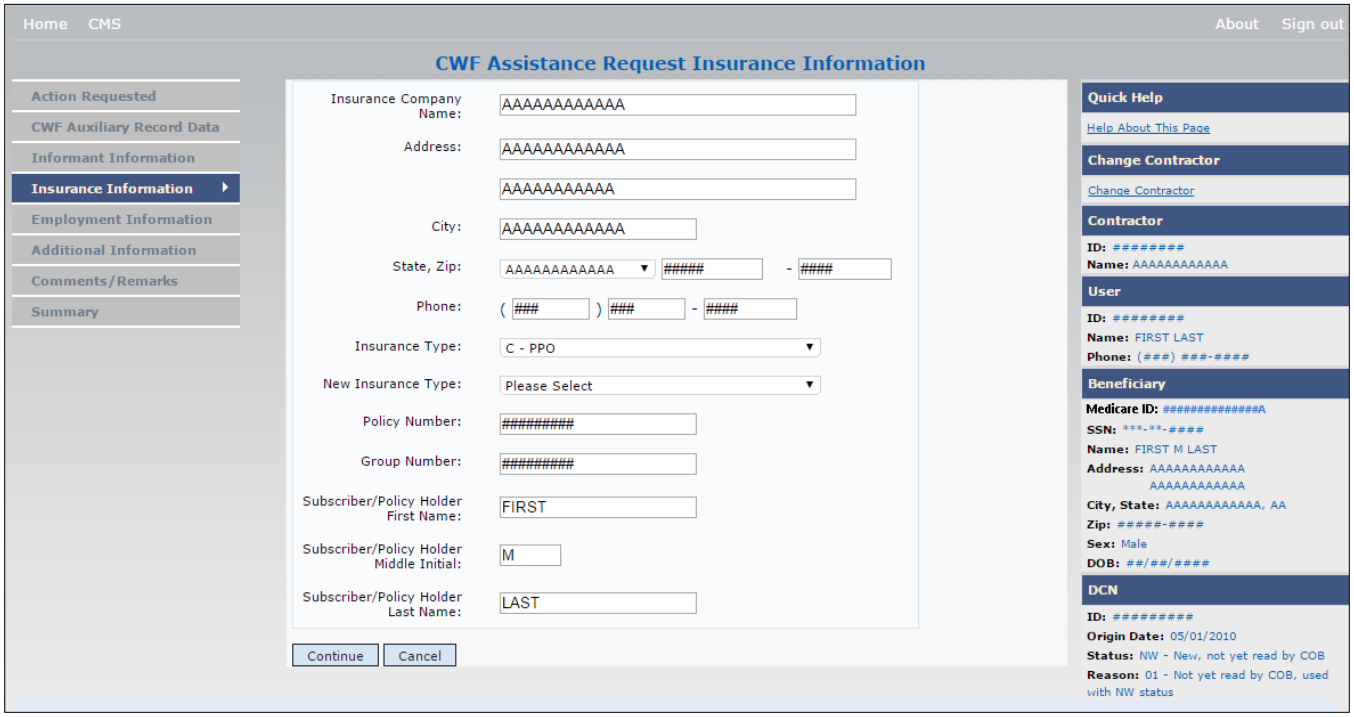


**Table 3-8: CWF Assistance Request Insurance Information**

| Field | Description |
|---|---|
| INSURANCE COMPANY NAME | Name of the insurance carrier for MSP coverage. Required field when ACTION is II.<br>If the Insurance Company Name is blank or only contains one of the following values, then it is considered an error:<br>• ATTORNEY<br>• BC<br>• BCBX<br>• BCBS<br>• BLUE CROSS<br>• BLUE SHIELD<br>• BS<br>• BX<br>• CMS<br>• COB<br>• HCFA<br>• INSURER<br>• MEDICARE<br>• MISC<br>• MISCELLANEOUS<br>• N/A<br>• NA<br>• NO<br>• NONE<br>• SUPPLEMENT<br>• SUPPLEMENTAL<br>• UNK<br>• XX<br>• UNKNOWN<br>**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:<br>A Insurance or Indemnity (OTHER TYPES)<br>B Group Health Organization (GHO)<br>C Preferred Provider Organization (PPO)<br>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)<br>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)<br>F Self-Insured/Self-Administered (SELF-INSURED)<br>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)<br>H Multiple Employer Health Plan with at least one employer who has 100 or more full- and/or part-time employees (EMPLOYER+100)<br>I Multiple Employer Health Plan with at least one employer who has more 20 or more full- and/or part-time employees (EMPLOYER+20)<br>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)<br>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)<br>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)<br>R GHP Health Reimbursement Arrangement<br>S GHP Health Savings Account<br>Blank Unknown (UNKNOWN); defaults to A<br>Required field when<br>ACTION is AI (Attorney information should be entered on the Informant Information page) or<br>ACTION is II and INSURANCE COMPANY NAME is entered. |
| NEW INSURANCE TYPE | Select a one-character code for the new type of insurance.<br>Valid values are:<br>A Insurance or Indemnity (OTHER TYPES)<br>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)<br>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)<br>R GHP Health Reimbursement Arrangement<br>Required field when ACTION is IT. |

| Field | Description |
|---|---|
| POLICY NUMBER | Policy number of insurance coverage<br>• Required field when ACTION is AP and MSP TYPE is NOT D, E, L, or W.<br>• Required field when INSURANCE COMPANY NAME is entered.<br>**Note**: If GROUP NUMBER is entered, POLICY NUMBER is not required. |
| GROUP NUMBER | Group number of insurance coverage<br>• Required field when ACTION is AP and MSP TYPE is NOT D, E, L, or W.<br>• Required field when ACTION is CD and MSP TYPE IS D, E, L or W.<br>• Required field when INSURANCE COMPANY NAME is entered.<br>**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**

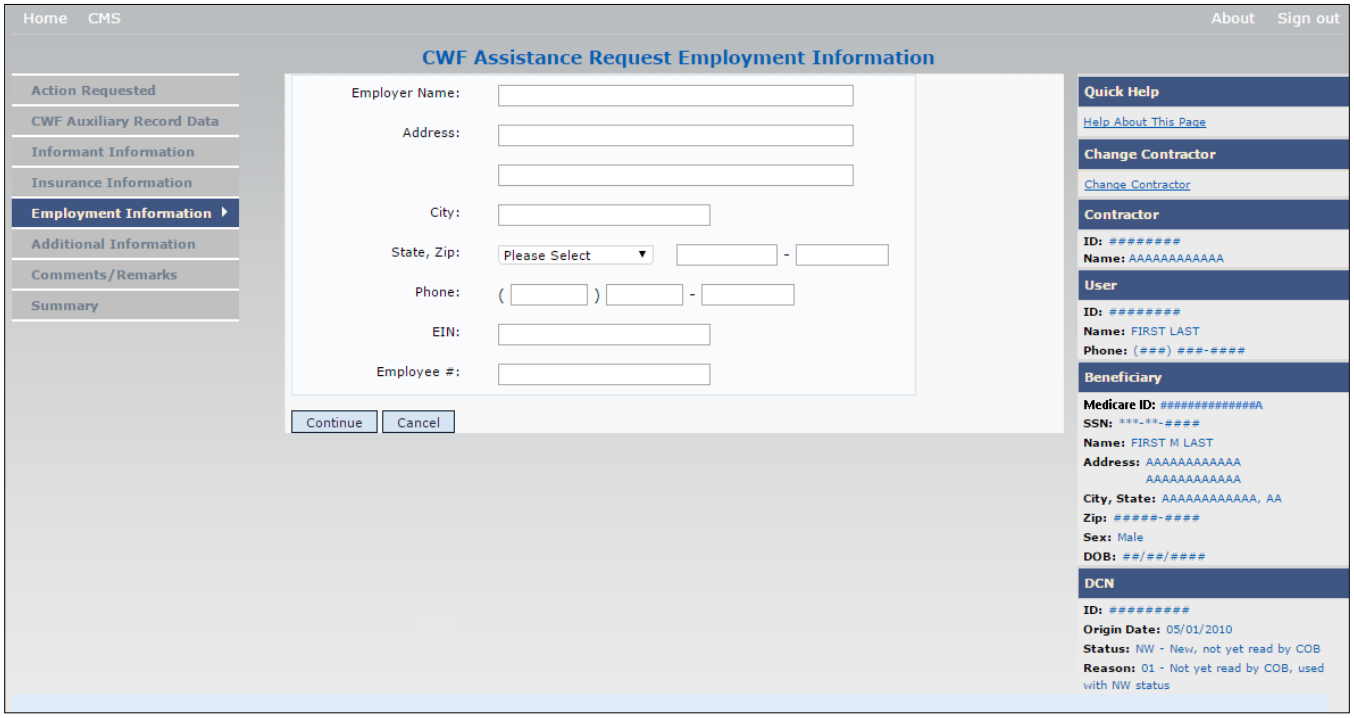



**Table 3-9: CWF Assistance Request Employment Information**

| Field | Description |
|---|---|
| EMPLOYER NAME | Name of the employer providing group health insurance under which the beneficiary is covered.<br>Required field when ACTION is EA or EI. |
| ADDRESS | First line of the employer's street address.<br>Required field when ACTION is EI. |
| ADDRESS 2 | Second line of the employer's street address.<br>Optional field. |
| CITY | City associated with the employer's street address.<br>Required field when ACTION is EI. |
| STATE | State associated with the employer's street address.<br>Required field when ACTION is EI. |
| ZIP | Zip Code associated with the employer's street address.<br>Required field when ACTION is EI. |

| Field | Description |
|---|---|
| PHONE | Phone Number of the employer. |
| EIN | Employer Identification Number. |
| EMPLOYEE # | Employee number of policy holder |
| 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 display (Figure 3-8).

**Figure 3-7: CWF Assistance Request Additional Information**

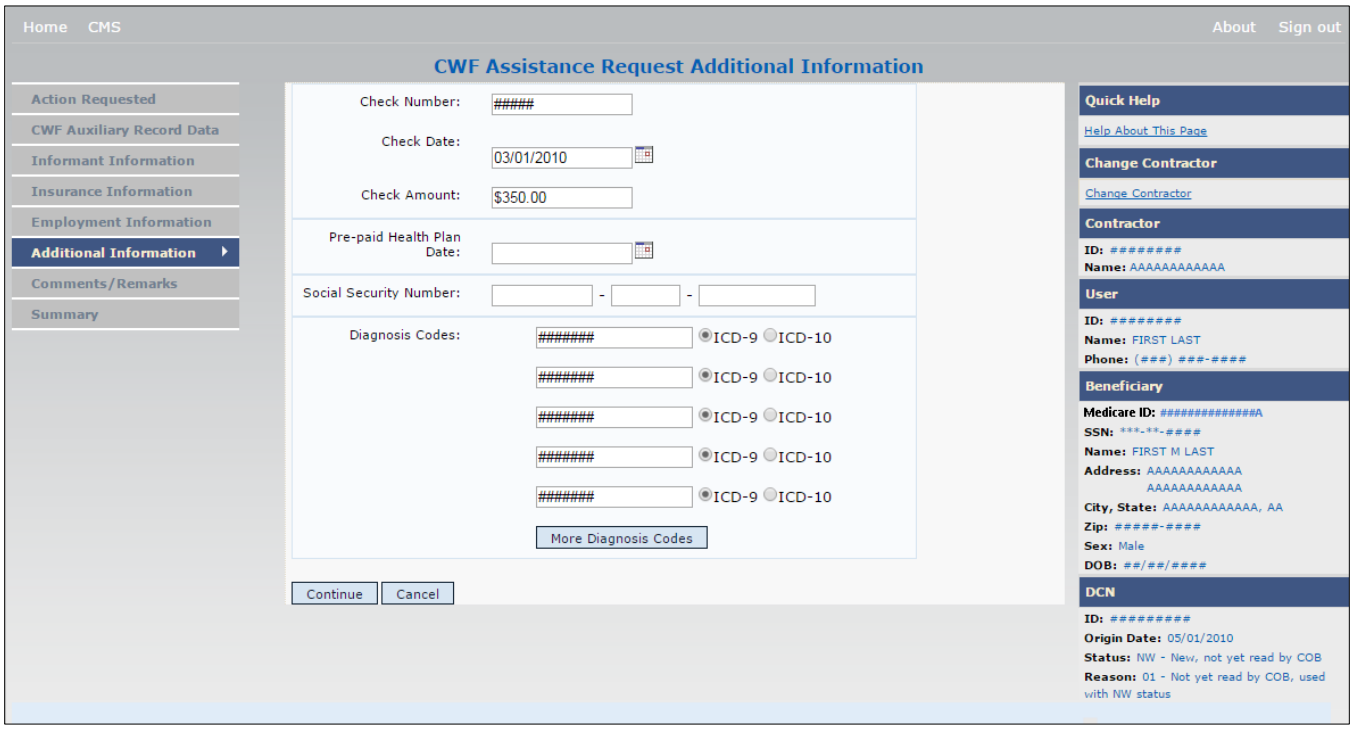


**Table 3-10: CWF Assistance Request Additional Information**

| 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<br>Required field if ACTION is PH. |
| SOCIAL SECURITY NUMBER | Corrected Social Security Number when Medicare ID and SSN do not match CWF.<br>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 display (Figure 3-8).<br>Required when ACTION is DX. |
| ICD Indicator | Type of diagnosis code. Select “ICD-9” or “ICD-10.”<br>**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**

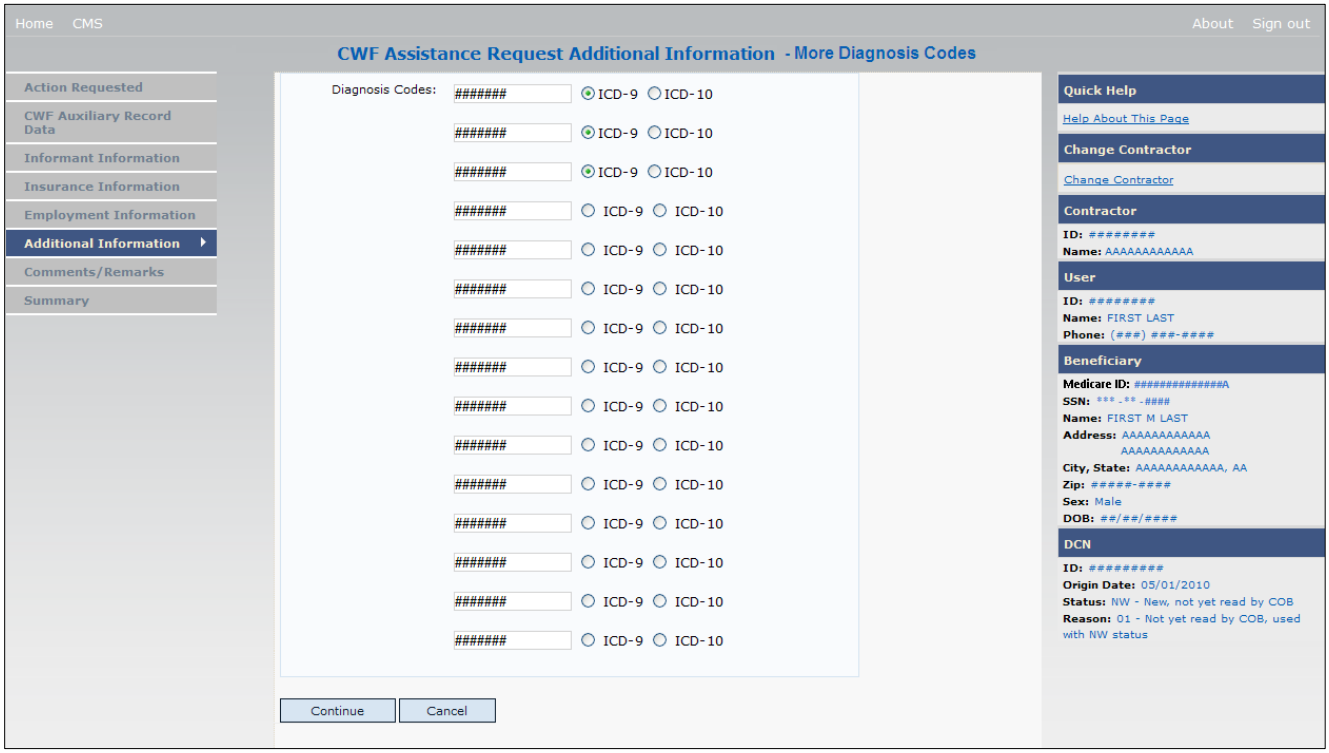



**Table 3-11: *CWF Assistance Request* More Diagnosis Codes**

| 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.”<br>**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 *CFW Assistance Request Comments and Remarks* page (Figure 3-9). All comments entered are viewable by the BCRC. Refer to Section 8.5 for the complete list of Remark Codes.

   **Note**: Remarks are only displayed on the *Comments and 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 3-9: CWF Assistance Request Comments/Remarks**

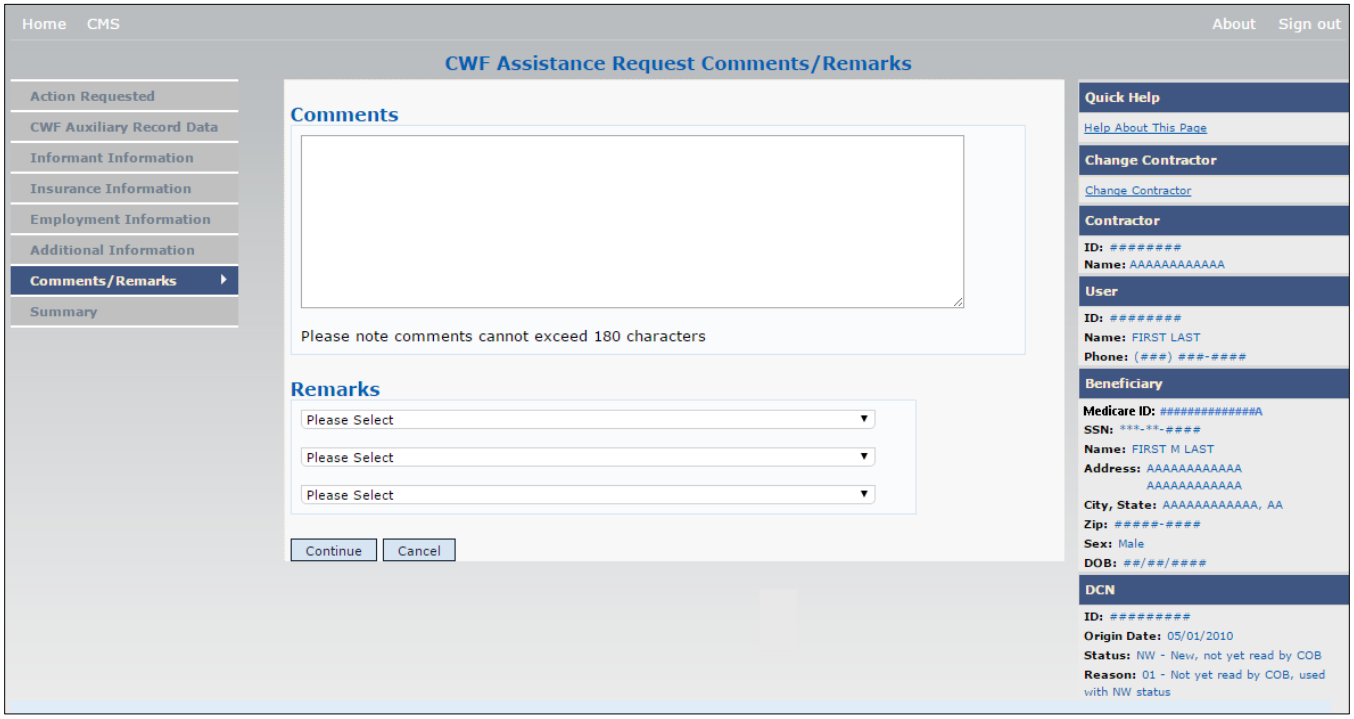



**Table 3-12: CWF Assistance Request Comments/Remarks**

| Field | Description |
|---|---|
| COMMENTS | Free-form text field, where Medicare contractors type data to send notes to the BCRC. (Protected field) when the BCRC adds a comment.<br>**Note**: The BCRC reviews these comments unless the request involves an automated Action (action codes AR, DO, PH, and TD). In these cases, when an automated Action is submitted individually and processed successfully, the comments entered are not reviewed. |
| 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.<br>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. |

Comments entered for the Benefits Coordination & Recovery Center should provide explanation and additional information for the Action selected (examples: Table 3-13).

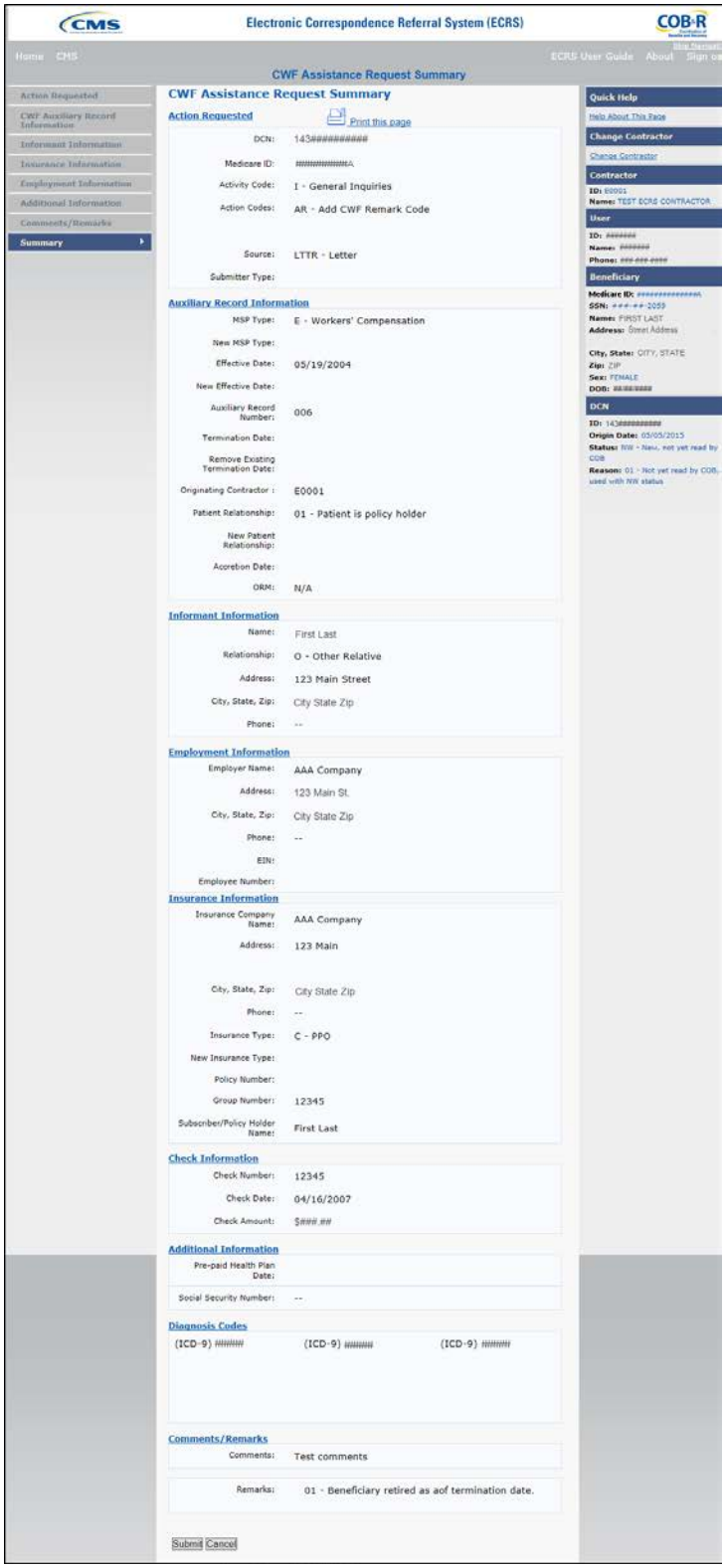
**Table 3-13: *CWF Assistance Request* Action and Related Comments Examples**

| Action | Comment |
|---|---|
| DO | PLEASE DELETE. CASE CLOSED IN REMAS. |
| II | VERIFY INS TYPE. WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES. |
| TD | PLEASE TERM RECORD. |
| CT | PER EMPLOYER, BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE. |

## 3.9 Summary Page

The *Summary* page displays 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 displays 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 display 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 displays.

**Figure 3-11: CWF Assistance Request Search**

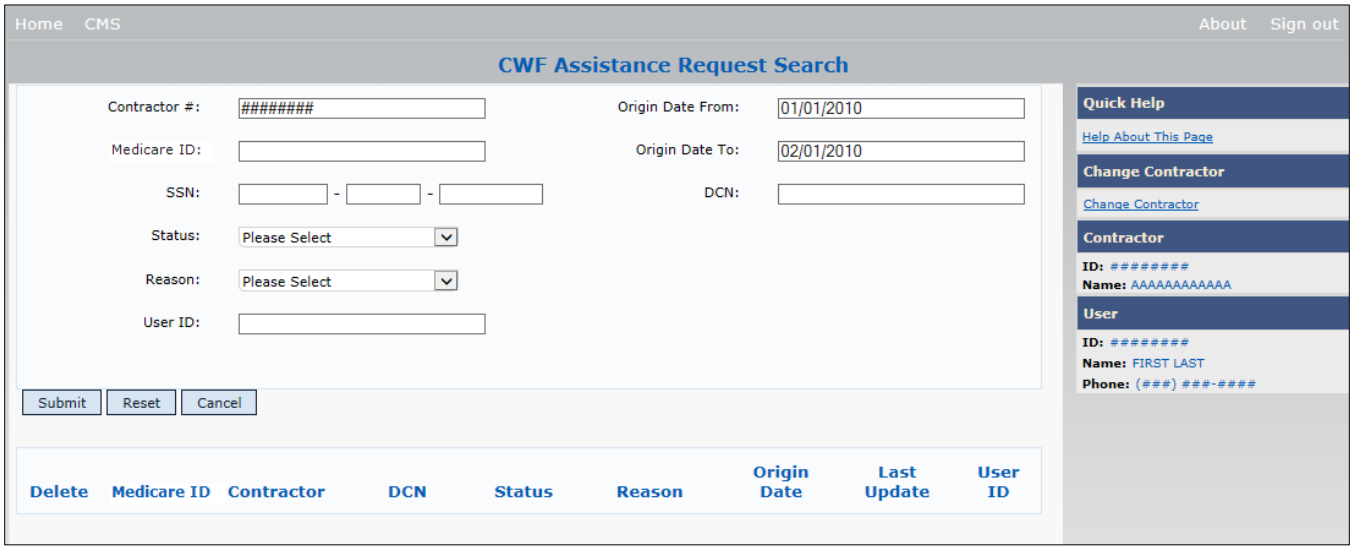



**Table 3-14: CWF Assistance Request Search**

| 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)<br>• 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.<br>**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)*.<br>**Note**: If searching by ***Medicare ID***, do not enter an SSN or DCN. |
| SSN | Enter a Social Security Number.<br>**Note**: If searching by SSN, do not enter a *Medicare ID* or DCN. |
| STATUS | Enter a Status code.<br>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.) |

| Field | Description |
|---|---|
| USER ID | Enter a User ID. |
| ORIGIN DATE FROM | Enter a starting date for the date range, if applicable.<br>**Note**: MMDDCCYY format. |
| ORIGIN DATE TO | Enter an ending date for the date range.<br>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 31 days. |
| DCN | Enter a Document Control Number.<br>**Note**: If searching by DCN, do not enter a *Medicare ID* or SSN. |
| SUBMIT | Command button. Click to display 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

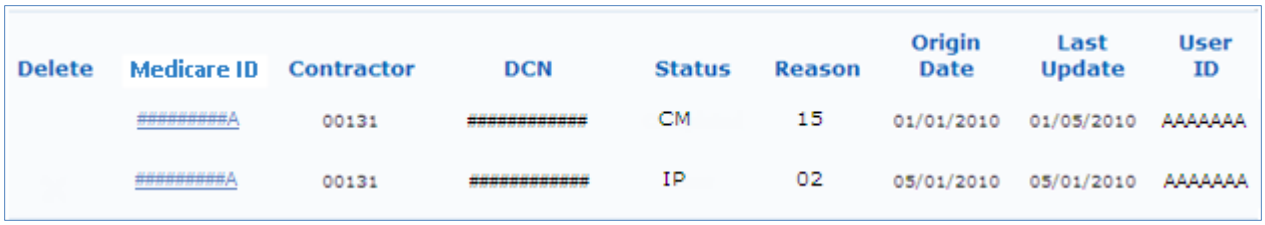
1. Type search criteria in the appropriate fields and click the **Submit** button.

   - 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 displays a list of CWF Assistance Requests (Figure 3-12). There are 20 items per page; use the First/Prev and Next/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**



| Delete | Medicare ID | Contractor | DCN | Status | Reason | Origin Date | Last Update | User ID |
|---|---|---|---|---|---|---|---|---|
| | #########A | 00131 | ########### | CM | 15 | 01/01/2010 | 01/05/2010 | AAAAAAA |
| | #########A | 00131 | ########### | IP | 02 | 05/01/2010 | 05/01/2010 | AAAAAAA |

**Table 3-15: CWF Assistance Request Search Listing**

| Field | Description |
|---|---|
| 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 | Document Control Number 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) |
| 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) |

### 3.10.2 Update Transactions

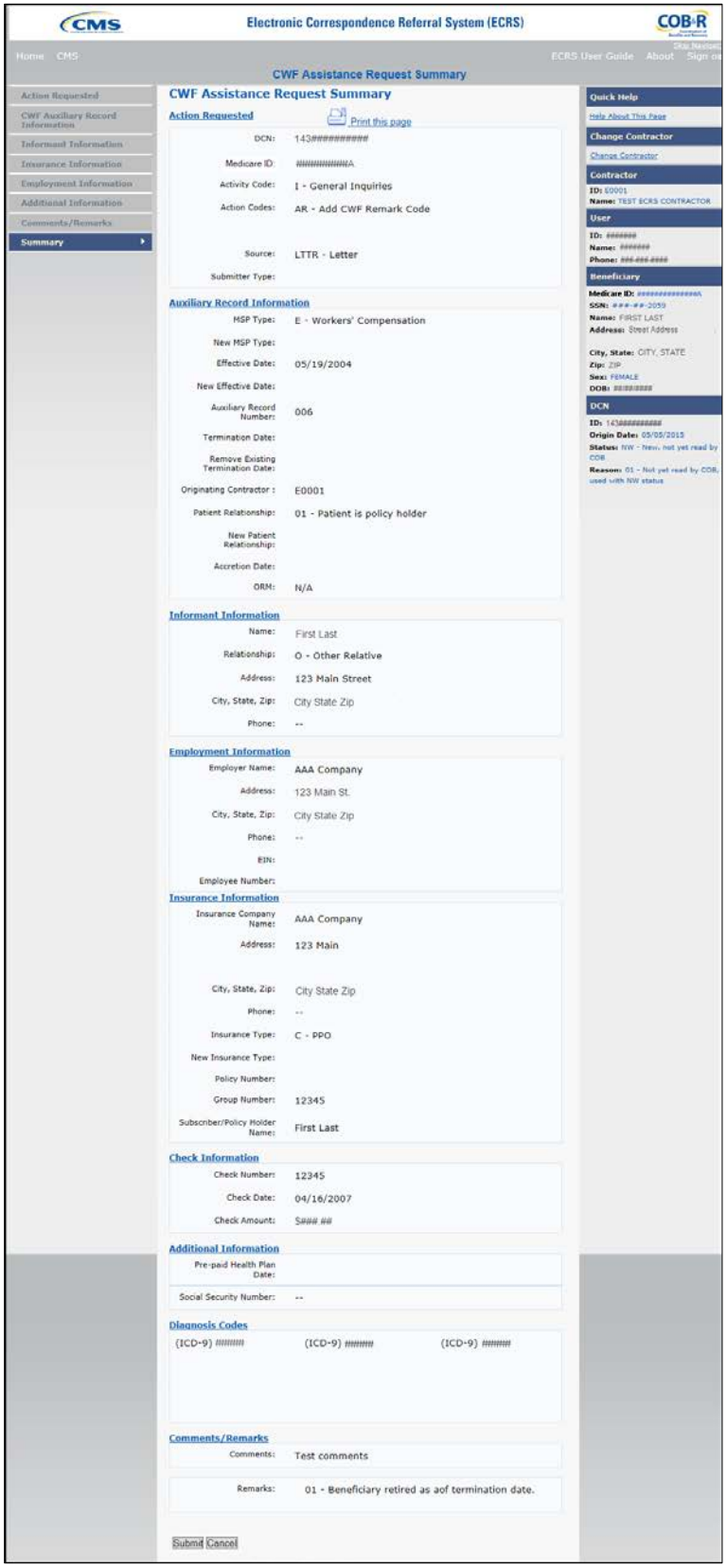
1. To update information on a CWF Assistance Request transaction, click the *Medicare ID* link for the transaction.

   The system displays 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.

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# 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 is displayed on the right side bar, and carried forward on the MSP Inquiry transaction.

### 4.1.2 Common MSP Sources

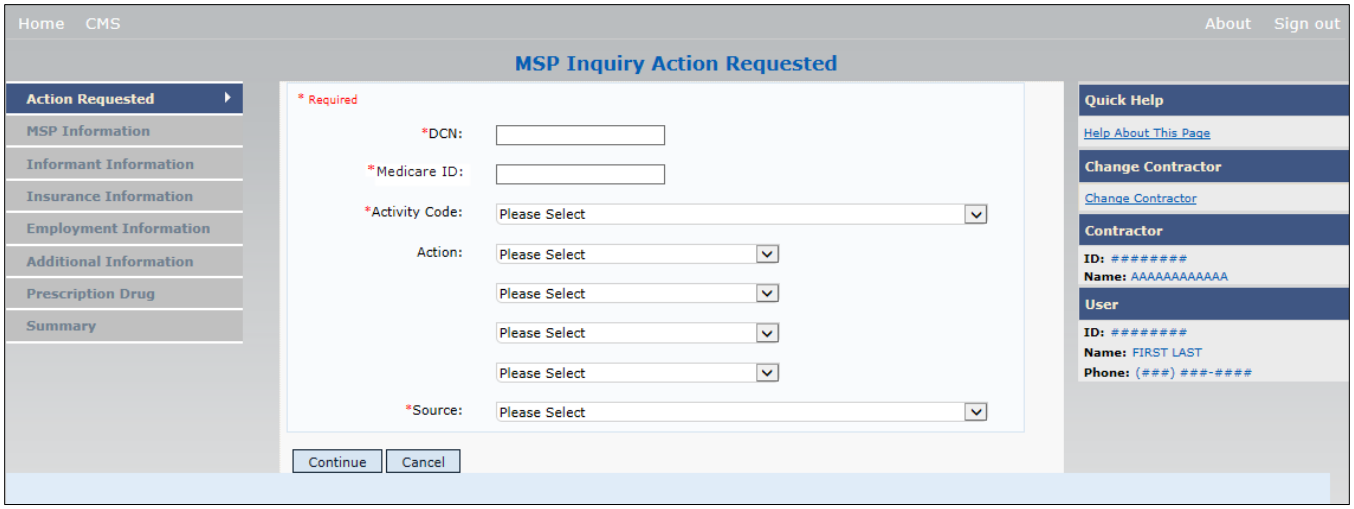
Common sources that provide contractors with MSP information, followed by the associated Source Code, are:

- 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 displays 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 are displayed 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 | Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction (*required field*)<br>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.<br>**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*).<br>Valid values are:<br>C Claims (Pre-Payment)<br>D Debt Collection/Referral<br>G Group Health Plan<br>I General Inquiries<br>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.<br>**Note:** You can use CA and CL together. You cannot combine any other Actions.<br>Valid values are:<br>CA Class Action Suit<br>**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.<br>CL Closed or Settled Case<br>**Note**: This action code is only valid for closed and settled cases. This action code suppresses lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter.<br>DE Develop to the Employer<br>**Note**: This action code sends a development letter to the employer.<br>DI Develop to the Insurer<br>**Note**: This action code sends a development letter to the insurer. |
| SOURCE | Four-character code identifying the source of the MSP Inquiry information (*required field*).<br>Valid values are:<br>CHEK Unsolicited check<br>LTTR Letter<br>PHON Phone call<br>SCLM Claim submitted to Medicare contractor for secondary payment<br>SRVY Survey |
| CONTINUE | Command button. Click to go to the *MSP Information* page.<br>**Note:** *Required field*s 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 (Figure 4-2).
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 is displayed: "Diagnosis code [number] is invalid with insurer type of No- Fault" (Sections 3.3 and 4.3). For details, see Appendix J.

**Figure 4-2: MSP Inquiry MSP Information**

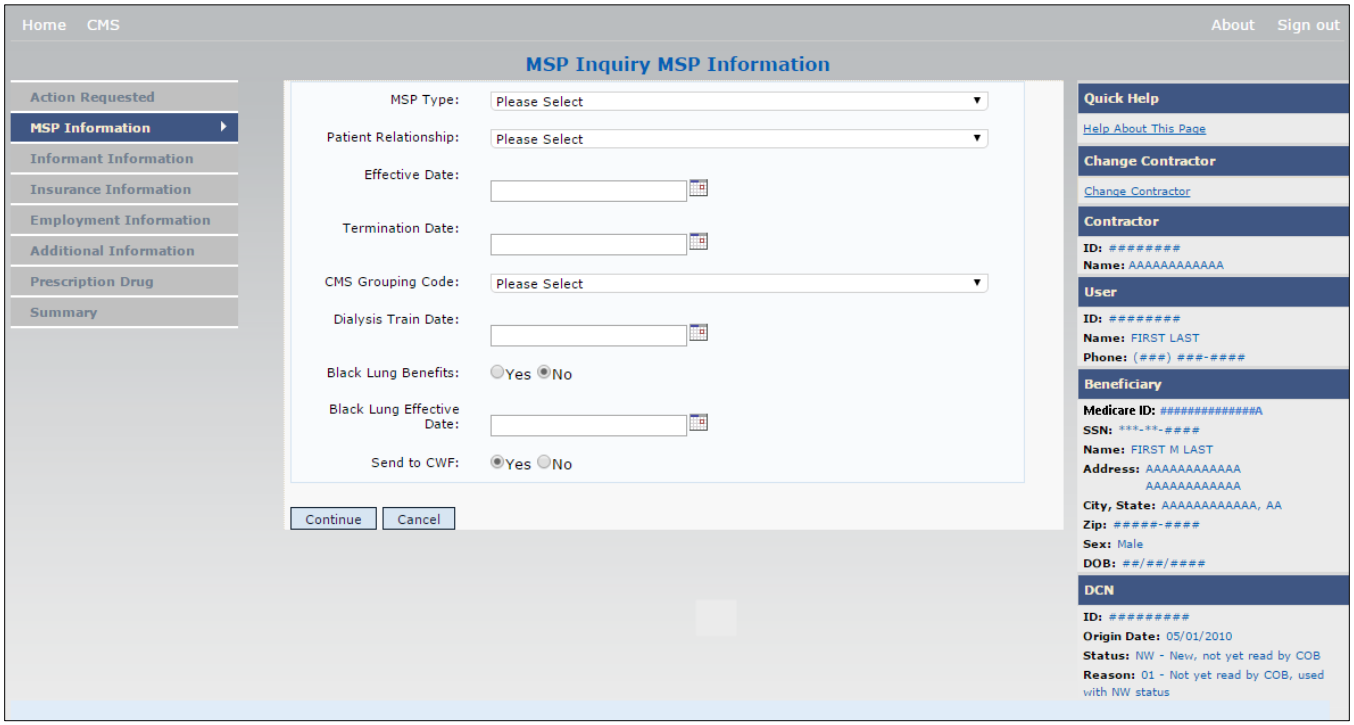


**Table 4-2: MSP Inquiry MSP Information**

| Field | Description |
|---|---|
| MSP TYPE | One-character code identifying the type of MSP coverage.<br>Valid values are:<br>A Working Aged<br>B ESRD<br>D Automobile Insurance, No-Fault<br>E Workers' Compensation<br>F Federal (Public)<br>G Disabled<br>H Black Lung<br>L Liability<br>*Required field*:<br>• When SOURCE is PHON.<br>• When ACTION is CA or CL. (MSP TYPE must be D, E, or L when ACTION is CL.) |

| Field | Description |
|---|---|
| PATIENT RELATIONSHIP | Patient relationship between the policyholder and the beneficiary.<br>*Required field* when:<br>ACTION is Blank and MSP TYPE is F<br>ACTION is CA and MSP TYPE is L<br>ACTION is CL and MSP TYPE is D, E, or L<br>Valid values are:<br>01 Patient is policy holder<br>02 Spouse<br>03 Natural child, insured has financial responsibility<br>04 Natural child, insured does not have financial responsibility<br>05 Stepchild<br>06 Foster child<br>07 Ward of the Court<br>08 Employee<br>09 Unknown<br>10 Handicapped dependent<br>11 Organ donor<br>12 Cadaver donor<br>13 Grandchild<br>14 Niece/nephew<br>15 Injured plaintiff<br>16 Sponsored dependent<br>17 Minor dependent of a minor dependent<br>18 Parent<br>19 Grandparent dependent<br>20 Domestic partner (Effective April, 2004)<br>**Note:** For the following MSP Types, the patient relationship codes listed are the only values that can be used.<br>MSP Type — Patient Relationship Code<br>A — 01, 02<br>B — 01, 02, 03, 04, 05, 18, 20<br>G — 01, 02, 03, 04, 05, 18, 20 |
| EFFECTIVE DATE | Effective date of MSP coverage.<br>*Required field* when:<br>• ACTION is CA and MSP TYPE is L<br>• ACTION is CL and MSP TYPE is D, E, or L<br>• Note: EFFECTIVE DATE cannot be the same as TERMINATION DATE. |
| TERMINATION DATE | Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage.<br>*Required field* when ACTION is CL and MSP TYPE is D, E, or L.<br>**Note**: TERMINATION DATE cannot be the same as EFFECTIVE DATE. |

| Field | Description |
|---|---|
| CMS GROUPING CODE | CMS Grouping Code.<br>*Required field* when ACTION is CA and MSP TYPE is L.<br>Valid values are:<br>01 Gel Implants (TrailBlazers, 00400)<br>02 Gel Implants (Alabama, 00010)<br>03 Bone Screw Recoveries (United Government Services, 00454)<br>04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)<br>05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)<br>06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)<br>07 Baycol Litigation<br>08 Dexatrim (90000)<br>09 Rhode Island Receivership Recoveries (00180)<br>10 Propulsid (00010)<br>11 Asbestos Exposure<br>12 Garretson Asbestos Cases<br>13 Fleet Phosphate<br>14 Accutane<br>15 Garretson - Trasylol<br>16 Zelnorm<br>17 Total Body Supplements - TBS<br>18 Hormone Replacement Therapy - HRT<br>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. |
| BLACK LUNG EFFECTIVE DATE | Date the beneficiary began receiving benefits under the Black Lung Program.<br>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.<br>**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**

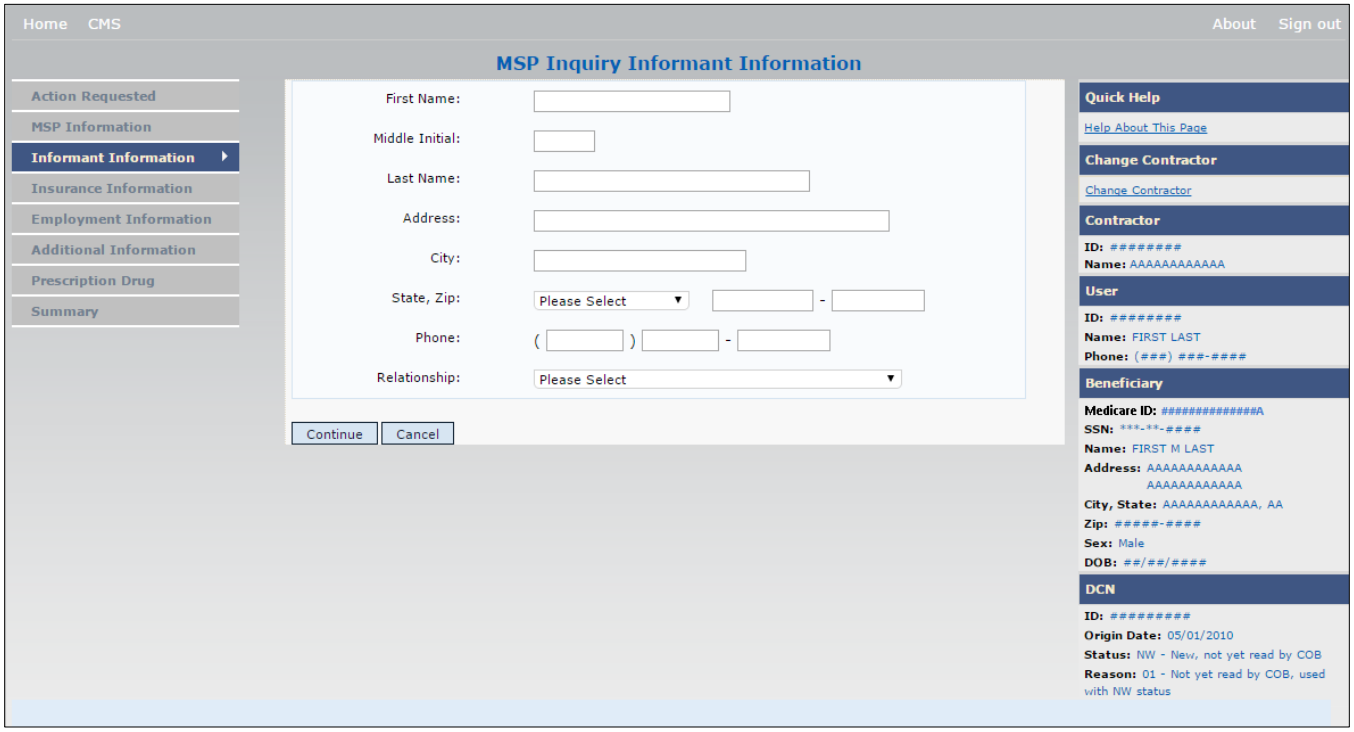



**Table 4-3: MSP Inquiry Informant Information**

| Field | Description |
|---|---|
| FIRST NAME | First name of the person informing the contractor of the change in MSP coverage. *Required field* when:<br>• SOURCE is CHEK, LTTR or PHON.<br>• 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. |
| LAST NAME | Last name of the person informing the contractor of the change in MSP coverage. *Required field* when<br>• SOURCE is CHEK, LTTR or PHON.<br>• ACTION is CA or CL, unless Insurance Company Address will be entered. |
| ADDRESS | Informant's street address.<br>*Required field* when:<br>• SOURCE is CHEK, LTTR or PHON.<br>• ACTION is CA or CL, unless Insurance Company Address will be entered. |
| CITY | Informant's city.<br>*Required field* when:<br>• SOURCE is CHEK, LTTR or PHON.<br>• ACTION is CA or CL, unless Insurance Company City will be entered. |

| Field | Description |
|---|---|
| STATE | Informant's state.<br>*Required field* when:<br>• SOURCE is CHEK, LTTR or PHON.<br>• ACTION is CA or CL, unless Insurance Company State will be entered. |
| ZIP | Informant's ZIP code.<br>*Required field* when:<br>• SOURCE is CHEK, LTTR or PHON.<br>• 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.<br>Valid values are:<br>A Attorney representing beneficiary<br>B Beneficiary<br>C Child<br>D Defendant's attorney<br>E Employer<br>F Father<br>I Insurer<br>M Mother<br>N Non-relative<br>O Other relative<br>P Provider<br>R Beneficiary representative (other than attorney)<br>S Spouse<br>U Unknown<br>W Pharmacy<br>**Notes**:<br>• *Required field* when SOURCE is CHEK, LTTR or PHON.<br>• 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. |
| 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**

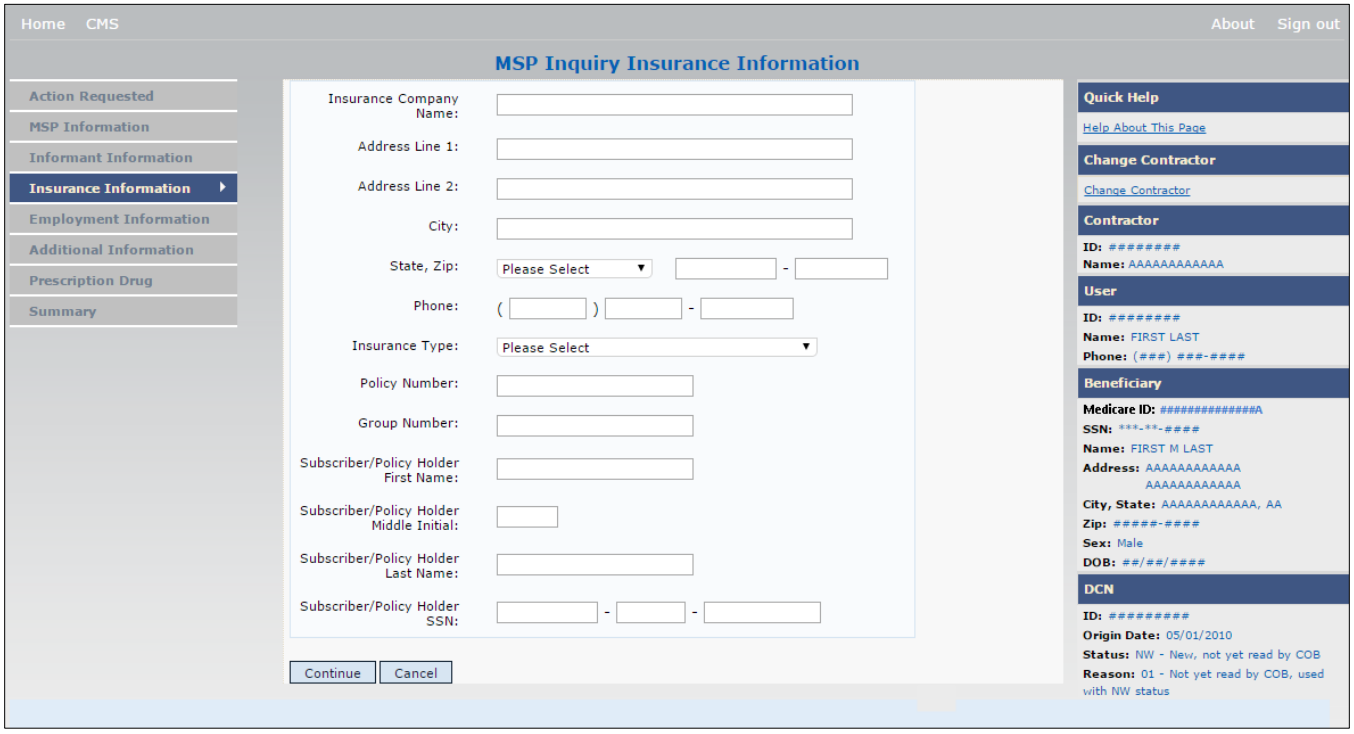


**Table 4-4: MSP Inquiry Insurance Information**

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

| Field | Description |
|---|---|
| STATE | State associated with the insurance carrier's street address.<br>*Required field* when:<br>• INSURANCE COMPANY NAME is entered<br>• ACTION is DI<br>• ACTION is CA or CL, unless Informant State was entered. |
| ZIP | Zip code associated with the insurance carrier's street address.<br>*Required field* when:<br>• INSURANCE COMPANY NAME is entered<br>• ACTION is DI<br>• 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)<br>Valid values are:<br>A Insurance or Indemnity (OTHER TYPES)<br>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)<br>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)<br>R GHP Health Reimbursement Arrangement<br>S GHP Health Savings Account<br>Blank Unknown (UNKNOWN); defaults to A. |
| POLICY NUMBER | Policy number of the insurance coverage.<br>If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER. |
| GROUP NUMBER | Group number of the insurance coverage.<br>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**

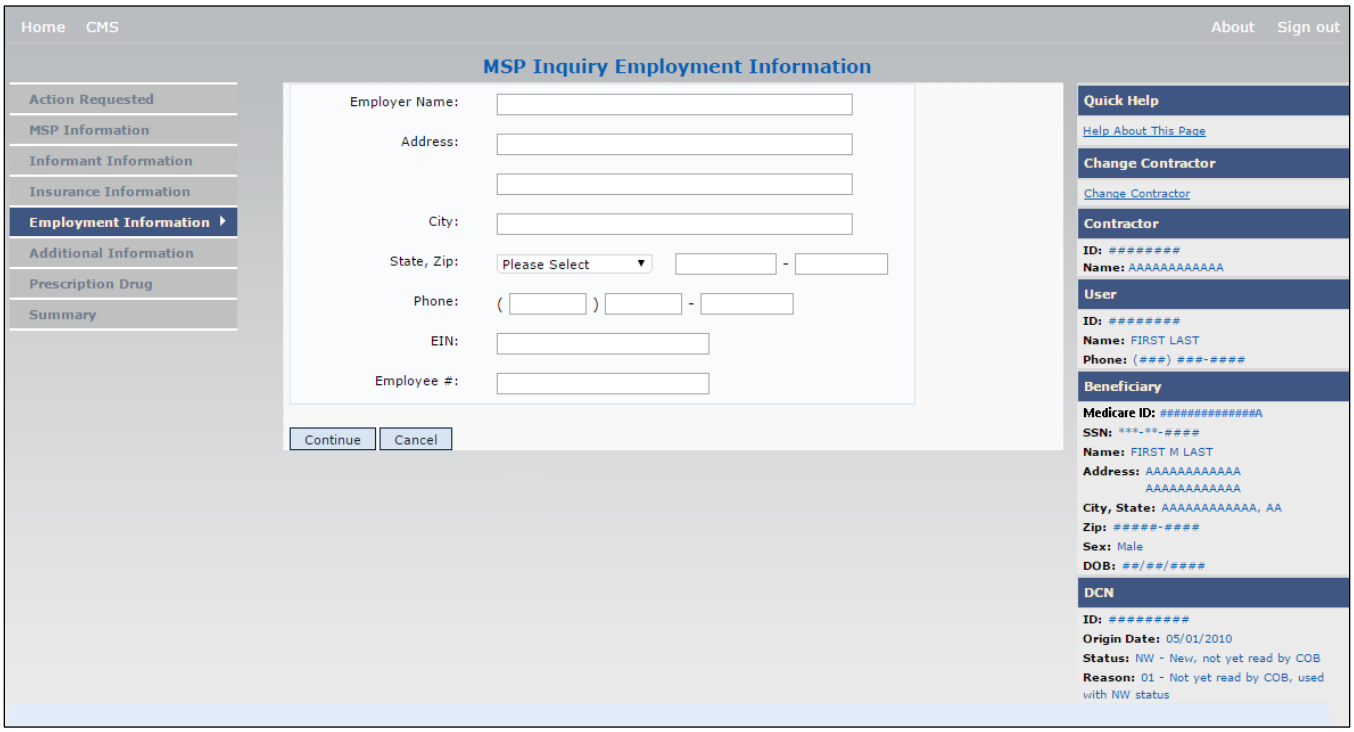



**Table 4-5: MSP Inquiry Employment Information**

| Field | Description |
|---|---|
| EMPLOYER NAME | Name of the employer providing group health insurance under which the beneficiary is covered.<br>*Required field* when:<br>• ACTION is DE<br>• MSP TYPE is F and SEND TO CWF is Yes |
| ADDRESS | First line of the employer's street address.<br>*Required field* when:<br>• ACTION is DE<br>• MSP TYPE is F and SEND TO CWF is Yes |
| ADDRESS 2 | Second line of the employer's street address.<br>Optional field. |
| CITY | City associated with the employer's street address.<br>*Required field* when:<br>• ACTION is DE<br>• MSP TYPE is F and SEND TO CWF is Yes |
| STATE | State associated with the employer's street address.<br>*Required field* when:<br>• ACTION is DE<br>• MSP TYPE is F and SEND TO CWF is Yes |

| Field | Description |
|---|---|
| ZIP | Zip Code associated with the employer's street address.<br>*Required field* when:<br>• ACTION is DE<br>• MSP TYPE is F and SEND TO CWF is Yes |
| PHONE | Phone Number of the employer. |
| EIN | Employer Identification Number. |
| EMPLOYEE # | Employee number of policy holder. |
| 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 (Figure 4-6). 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 display (Figure 4-7).

**Figure 4-6: *MSP Inquiry* Additional Information**

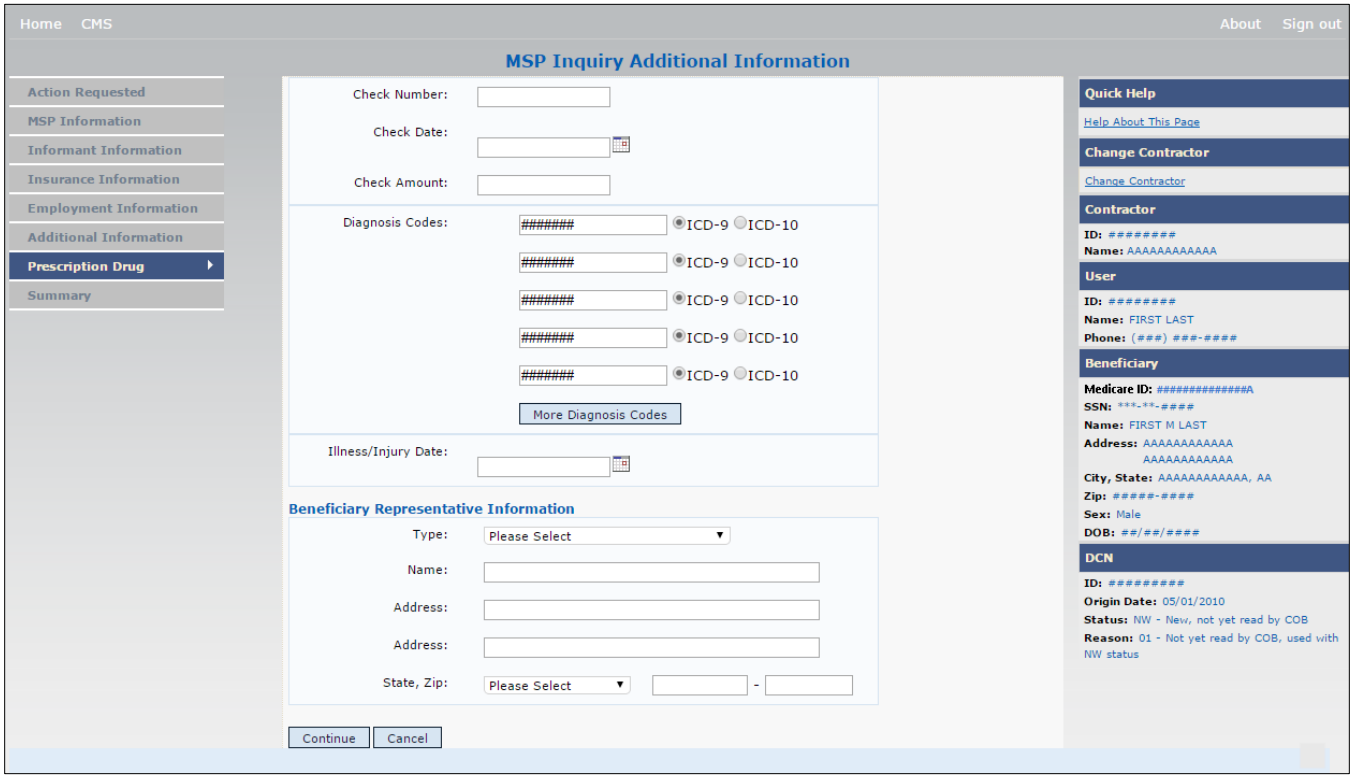



**Table 4-6: MSP Inquiry Additional Information**

| 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.<br>**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 display (Figure 4-7).<br>**Note**: Enter at least one DIAGNOSIS CODE when the ACTION is CA or CL.<br>NGHP MSP types will require a valid diagnosis code to be entered. A message will display 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.<br>**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”.<br>**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. |

| Field | Description |
|---|---|
| TYPE | One-character code indicating the type of relationship between the beneficiary and his or her representative.<br>Valid values are:<br>A Attorney<br>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**

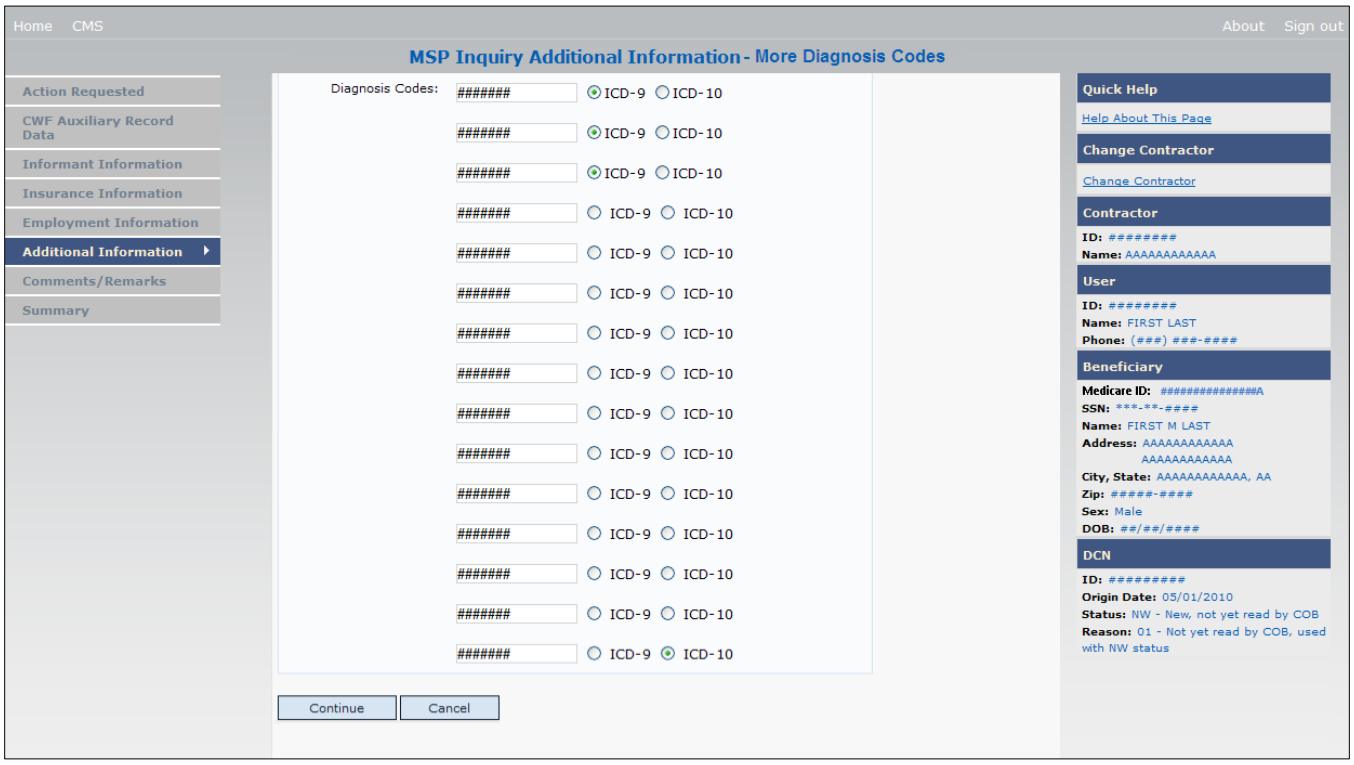


**Table 4-7: *MSP Inquiry Additional Information* More Diagnosis Codes**

| 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".<br>**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**

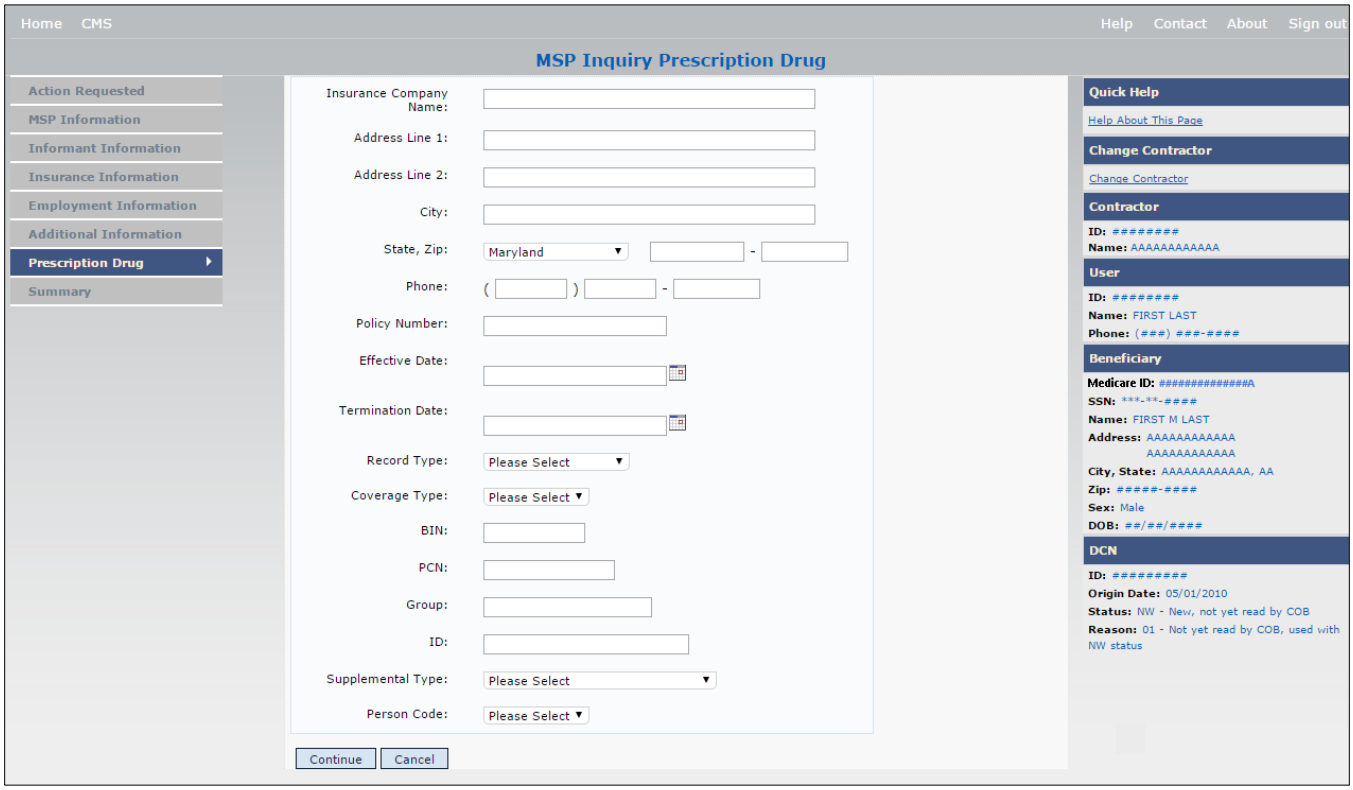


**Table 4-8: MSP Inquiry Prescription Drug Coverage**

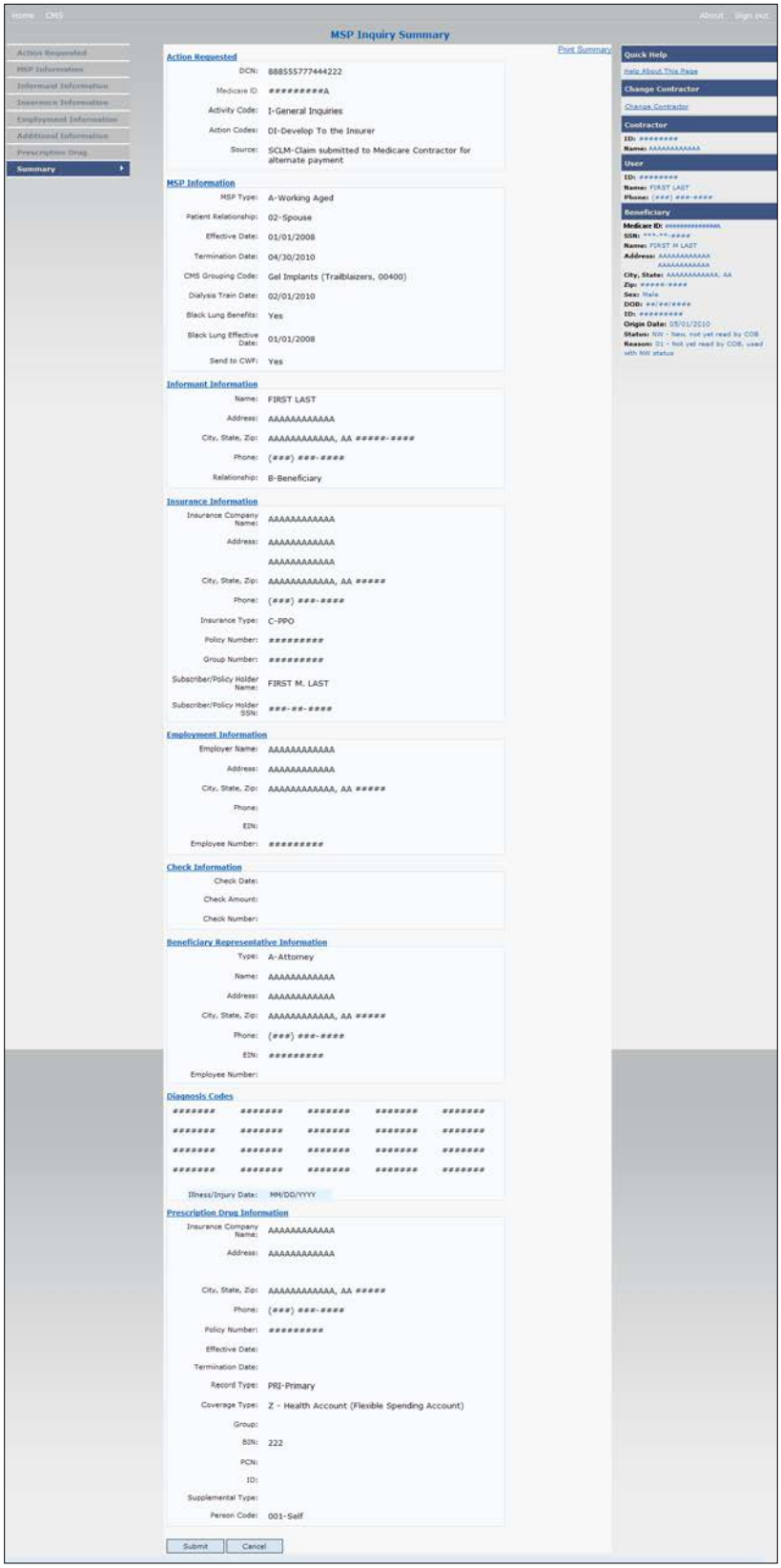
| Field | Description |
|---|---|
| INSURANCE COMPANY NAME | Name of the insurance carrier for MSP coverage. |
| ADDRESS LINE 1 | First Line of the insurance carrier's street address.<br>*Required field* when NAME and ADDRESS were entered. |
| ADDRESS LINE 2 | Second Line of the insurance carrier's street 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. |
| EFFECTIVE DATE | Effective date of the MSP coverage.<br>**Note**: EFFECTIVE DATE cannot be the same as the TERMINATION DATE. |
| TERMINATION DATE | Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage.<br>**Note**: TERMINATION DATE cannot be the same as the EFFECTIVE DATE. |
| RECORD TYPE | Prescription Coverage Record Type.<br>Valid values are:<br>PRI Primary<br>SUP Supplemental<br>**Note**: RECORD TYPE must be SUP when SUPPLEMENTAL TYPE is L. |
| COVERAGE TYPE | Prescription Coverage type of insurance.<br>Valid values are:<br>U Drug Network<br>V Drug Non-network<br>Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)<br>*Required field* |
| BIN | Prescription Drug BIN number. Must be six numeric characters.<br>*Required field* when COVERAGE TYPE is U. |
| PCN | Prescription Drug PCN number. Must not contain special characters.<br>*Required field* when COVERAGE TYPE is U. |
| GROUP | Prescription Drug group number. Must not contain special characters.<br>*Required field* when COVERAGE TYPE is U. |
| ID | Prescription Drug ID number. Must not contain special characters.<br>*Required field* when COVERAGE TYPE is U. |

| Field | Description |
|---|---|
| SUPPLEMENTAL TYPE | Prescription Drug policy type.<br>Valid values are:<br>L Supplemental<br>M Medigap<br>N Non-qualified State Program<br>O Other<br>P PAP<br>Q Qualified State Program<br>R Charity<br>S ADAP<br>T Federal Government Programs<br>1 Medicaid<br>2 Tricare<br>3 Major Medical<br>**Note:** Must be L when RECORD TYPE is Supplemental |
| PERSON CODE | Person Code. Plan specific relationship assigned plan administrator at the plan level. *Required field* when RECORD TYPE is Supplemental.<br>Valid values are:<br>001 Self<br>002 Spouse<br>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 displays 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 displays 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 display 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 displays.

**Figure 4-10: MSP Inquiry Search**

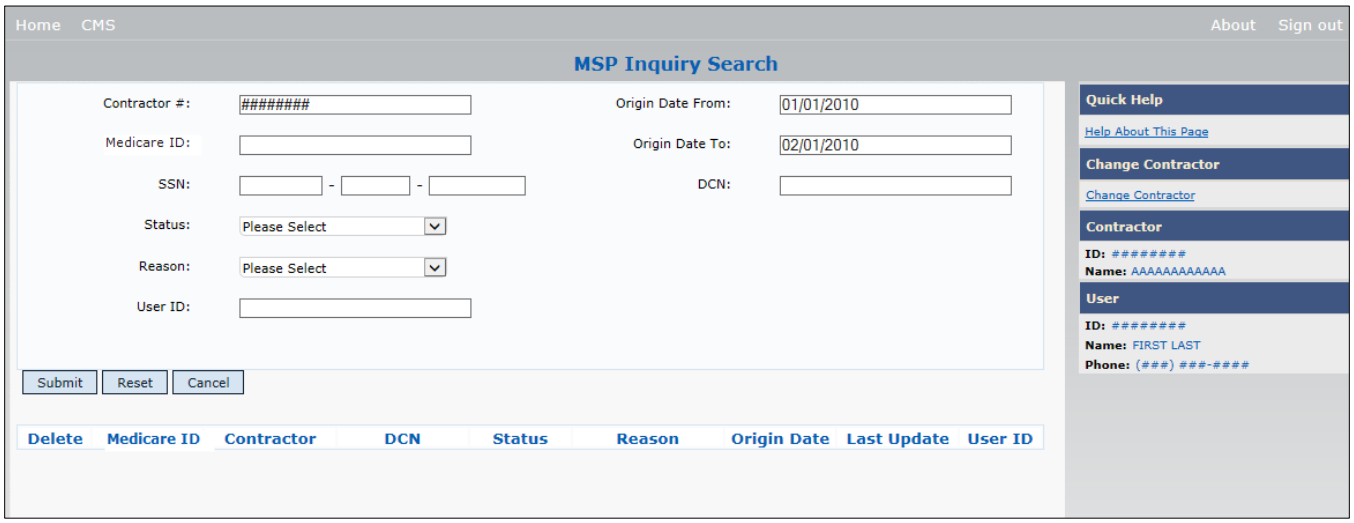



**Table 4-9: MSP Inquiry Search**

| 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*).<br>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.<br>**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).*<br>**Note**: If searching by *Medicare ID*, do not enter an SSN or DCN. |
| SSN | Enter a Social Security Number.<br>**Note**: If searching by SSN, do not enter a *Medicare ID* or DCN. |
| STATUS | Enter a Status code.<br>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.<br>***Note:*** MMDDCCYY format. |

| Field | Description |
|---|---|
| ORIGIN DATE TO | Enter an ending date for the date range.<br>**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 31 days. |
| DCN | Enter a Document Control Number.<br>**Note**: If searching by DCN, do not enter a *Medicare ID* or SSN. |
| SUBMIT | Command button. Click to display search results. |
| RESET | Command button. Click to clear search results. |
| CANCEL | Command button. Click to return to the Main Menu. |

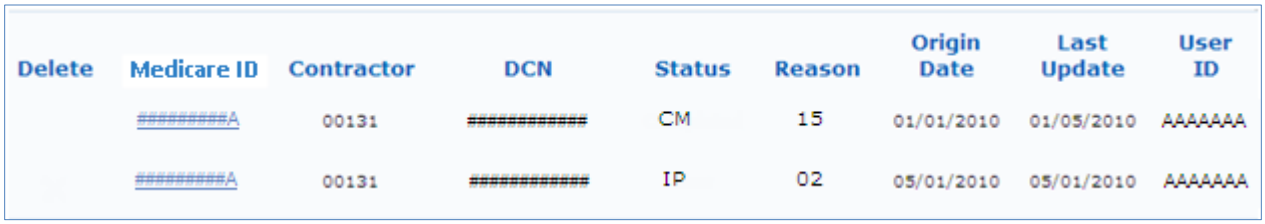
### 4.10.1 View Transactions

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 displays a list of MSP Inquiries.

   There are 20 items per page; use the **First/Prev** and **Next/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 4-11: MSP Inquiry Search Listing**



| Delete | Medicare ID | Contractor | DCN | Status | Reason | Origin Date | Last Update | User ID |
|---|---|---|---|---|---|---|---|---|
| | #########A | 00131 | ########### | CM | 15 | 01/01/2010 | 01/05/2010 | AAAAAAA |
| | #########A | 00131 | ########### | IP | 02 | 05/01/2010 | 05/01/2010 | AAAAAAA |

**Table 4-10: MSP Inquiry Search Listing**

| Field | Description |
|---|---|
| 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 | Document Control Number assigned to the MSP Inquiry transaction by the Medicare contractor. (*protected field*) |
| STATUS | Status of the MSP Inquiry transaction. (*protected field*) |

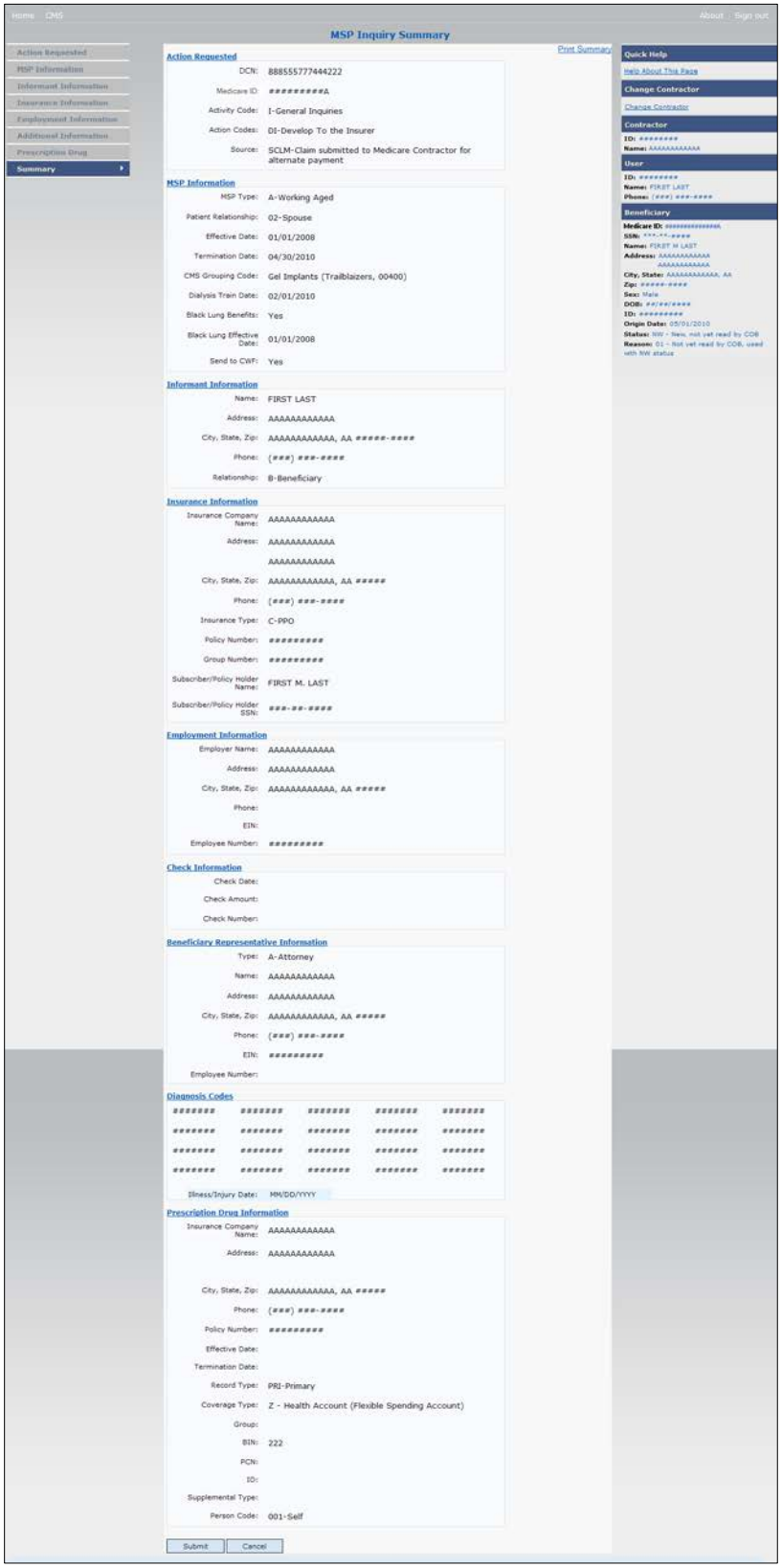
| Field | Description |
|---|---|
| REASON | Reason for the MSP Inquiry transaction. (*protected field*) |
| ORIGIN DATE | Originating date in MMDDCCYY format. (*protected field*) |
| LAST UPDATE | Date the MSP Inquiry transaction was last changed in MMDDCCYY format. (*protected field*) |
| USER ID | User ID of the operator who entered the MSP Inquiry transaction. (*protected field*) |

### 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 displays 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 is displayed 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 displays the Action Requested page (Figure 5-1).

The *Action Requested* page is the first page displayed 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 displayed 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* Action Requested**

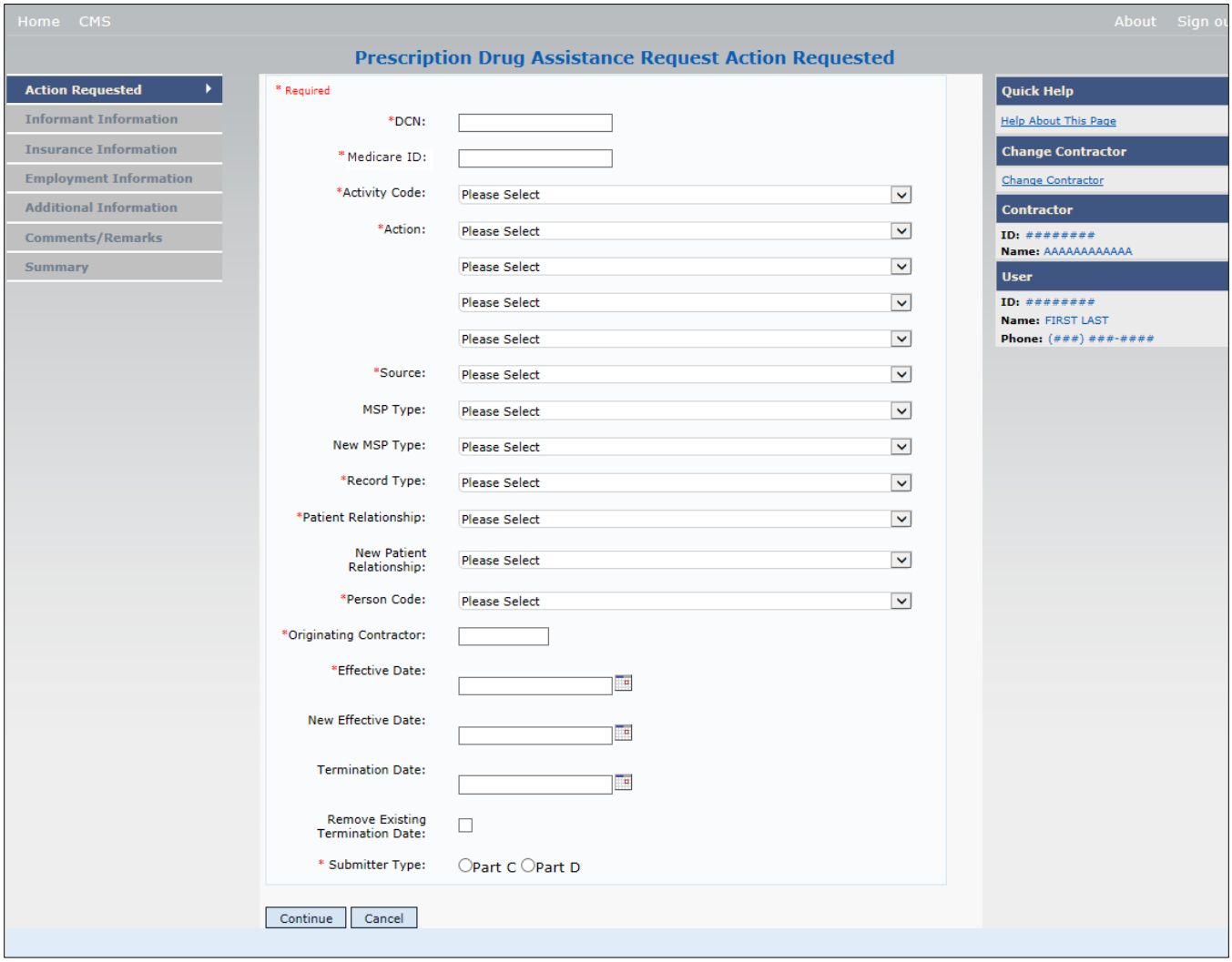


**Table 5-1: Prescription Drug Assistance Request Action Requested**

| Field | Description |
|---|---|
| DCN | Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction (*required field*)<br>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:<br>C Claims (Pre-Payment)<br>D Debt Collection/Referral<br>G Group Health Plan<br>I General Inquiries<br>N Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act |

| Field | Description |
|---|---|
| ACTION | Two-character code defining action to take on Prescription Drug record (*required field*). Valid values are:<br>AP Add Policy Number/Group Number<br>BN Develop for RX BIN<br>CT Change Termination Date<br>CX Change RX Values (BIN, Group, PCN)<br>DO Delete Occurrence<br>EA Change Employer Address<br>ED Change Effective Date<br>EI Change Employer Info<br>GR Develop for Group Number<br>II Change Insurer Information<br>IT Change Insurance Type<br>MT Change MSP Type<br>PC Update RX Person Code<br>PN Develop for/add PCN<br>PR Change Patient Relationship<br>TD Add Termination Date<br>**Notes:**<br>The following Actions can be combined together, but not with any other Actions:<br>BN Develop for RX BIN<br>GR Develop for Group Number<br>PN Develop for/add PCN<br>Prescription Drug Assistance Request with the following Actions will be automatically processed, given they have no reject errors:<br>AP Add Policy Number/Group Number<br>CX Change RX Values (BIN, Group, PCN)<br>DO Delete Occurrence<br>TD Add Termination Date<br>The BIN field is not required when the action code is "BN." |
| SOURCE | Four-character code identifying the source of the Prescription Drug Assistance Request information (*required field*).<br>Valid values are:<br>CHEK = Unsolicited check<br>LTTR = Letter<br>PHON = Phone call<br>SCLM = Claim submitted to Medicare contractor for secondary payment<br>SRVY = Survey |

| Field | Description |
|---|---|
| MSP TYPE | One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are:<br>A Working Aged<br>B ESRD<br>C Conditional Payment<br>D Automobile Insurance, No Fault<br>E Workers' Compensation<br>F Federal (Public)<br>G Disabled<br>H Black Lung<br>L Liability<br>W Workers' Compensation Medicare Set Aside<br>*Required field* when ACTION is MT. |
| NEW MSP TYPE | One-character code identifying type of new MSP coverage. Description of code displays next to value.<br>*Required field* when ACTION is MT. |
| RECORD TYPE | Prescription Coverage Record Type (*required field*).<br>Valid values are:<br>PRI Primary<br>SUP Supplemental<br>**Note**: RECORD TYPE must be PRI when ACTION is MT. |

| Field | Description |
|---|---|
| PATIENT RELATIONSHIP | Patient relationship between policyholder and beneficiary (*required field*). Description of code displays next to value. Valid values are:<br>01 Patient is policy holder<br>02 Spouse<br>03 Natural child, insured has financial responsibility<br>04 Natural child, insured does not have financial responsibility<br>05 Stepchild<br>06 Foster child<br>07 Ward of the Court<br>08 Employee<br>09 Unknown<br>10 Handicapped dependent<br>11 Organ donor<br>12 Cadaver donor<br>13 Grandchild<br>14 Niece/nephew<br>15 Injured plaintiff<br>16 Sponsored dependent<br>17 Minor dependent of a minor dependent<br>18 Parent<br>19 Grandparent dependent<br>20 Domestic partner (Effective April, 2004.)<br>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:<br>MSP Type Patient Relationship<br>---<br>A 01, 02<br>B 01, 02, 03, 04, 05, 18, 20<br>G 01, 02, 03, 04, 05, 18, 20 |
| NEW PATIENT RELATIONSHIP | New patient relationship between policyholder and beneficiary. Description of code displays next to value<br>*Required field* when ACTION is PR. |
| PERSON CODE | Plan-specific Person Code.<br>Values are:<br>001 Self<br>002 Spouse<br>003 Other<br>*Required field* when:<br>RECORD TYPE is Supplemental<br>ACTION is PC |
| ORIGINATING CONTRACTOR | Contractor number of the contractor that created the original Prescription Drug record at MBD (*required field*). |

| Field | Description |
|---|---|
| EFFECTIVE DATE | Effective date of drug coverage in MMDDCCYY format (*required field*.) |
| NEW EFFECTIVE DATE | New effective date of drug coverage in MMDDCCYY format.<br>*Required field* when ACTION is ED. |
| TERMINATION DATE | Termination date of drug coverage in MMDDCCYY format.<br>*Required field* when ACTION is TD or CT. |
| REMOVE EXISTING TERMINATION DATE checkbox | Check to remove an existing termination date. |
| CONTINUE | Command button. Click to go to the *Informant Information* page.<br>**Note**: All *required field*s must be populated before clicking **Continue**. |
| CANCEL | Command button. Click to return to the Main Menu. |

## 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**

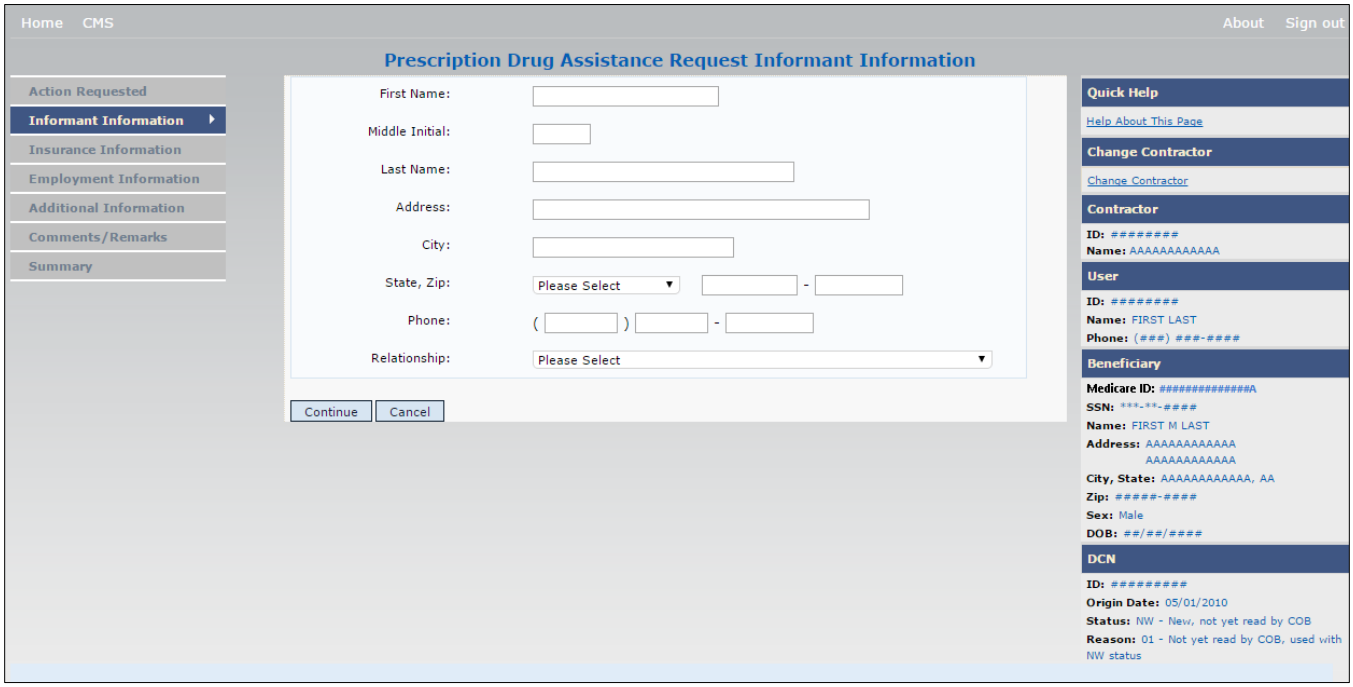


**Table 5-2: Prescription Drug Assistance Request Informant Information**

| Field | Description |
|---|---|
| FIRST NAME | Given or first name of person informing contractor of change in Part D coverage.<br>*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.<br>*Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. |
| ADDRESS | Informant's street address.<br>*Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. |
| CITY | Informant's city.<br>*Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. |
| STATE | Informant's state.<br>*Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. |
| ZIP | Informant's ZIP code.<br>*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.<br>Valid values are:<br>A Attorney representing beneficiary<br>B Beneficiary<br>C Child<br>D Defendant's attorney<br>E Employer<br>F Father<br>I Insurer<br>M Mother<br>N Non-relative<br>O Other relative<br>P Provider<br>R Beneficiary representative (other than attorney)<br>S Spouse<br>U Unknown<br>W Pharmacy<br>*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**: Currently you cannot use Action II to automatically update Insurance Name and Address information. To update this information, you must use a work-around. First, submit an Action that will not automatically process (i.e., any Action other than AP - Add Policy Number/Group Number; CX - Change RX Values (BIN, Group, PCN); DO - Delete Occurrence; or TD - Add Termination Date). Second, use the *Comments/Remarks* page to request the BCRC to update the insurance name/address information. Include your requested changes on the comments/remarks page.

**Figure 5-3: Prescription Drug Assistance Request Insurance Information**

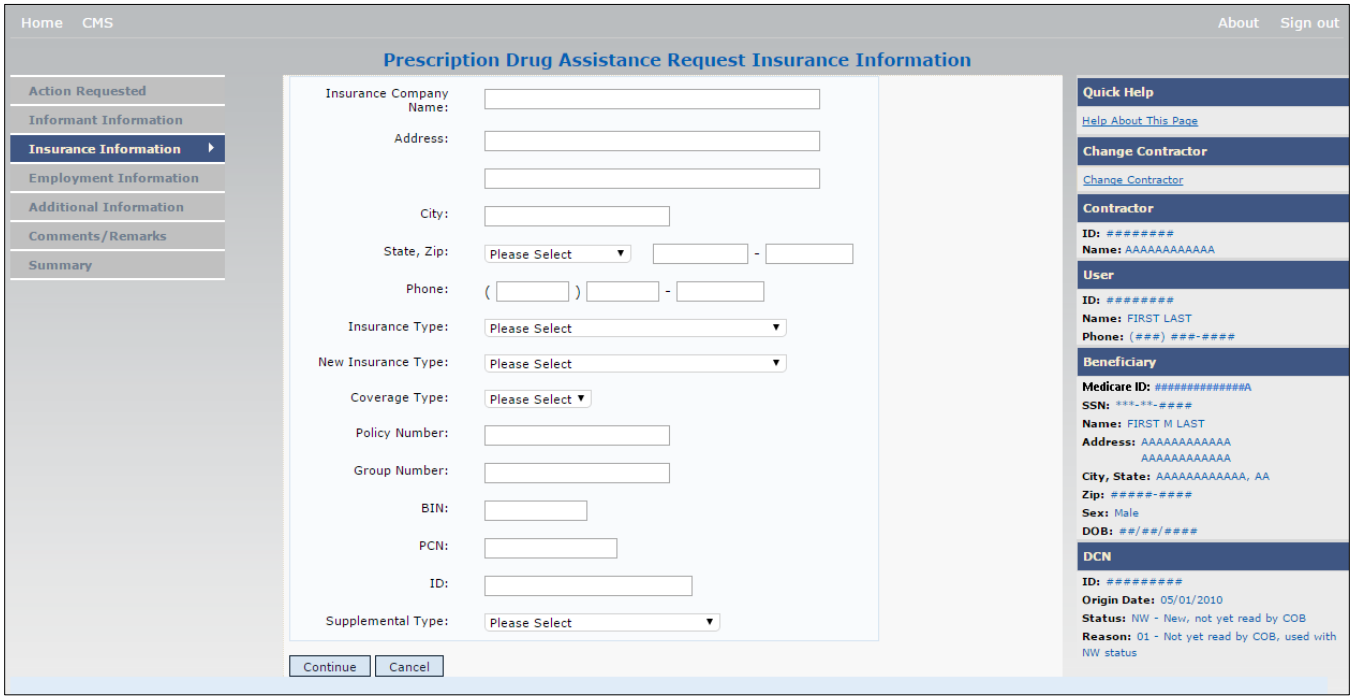



**Table 5-3: Prescription Drug Assistance Request Insurance Information**

| Field | Description |
|---|---|
| INSURANCE COMPANY NAME | Name of Part D insurance carrier. |
| 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. |

| Field | Description |
|---|---|
| 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. |
| COVERAGE TYPE | Prescription Coverage type of insurance.<br>Valid values are:<br>U Drug Network<br>V Drug Non-network<br>Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)<br>*Required field* |
| POLICY NUMBER | Policy number of insurance coverage<br>*Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W.<br>**Note**: If GROUP NUMBER is entered, the POLICY NUMBER is not required. |
| GROUP NUMBER | Group number of insurance coverage<br>Group Number, BIN, or PCN is required when ACTION is CX.<br>*Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W.<br>*Required field* when COVERAGE TYPE is U.<br>**Note:** If POLICY NUMBER is entered, the GROUP NUMBER is not required. |
| BIN | Prescription Drug BIN number. Must be six numeric characters.<br>*Required field* if COVERAGE TYPE is U and ACTION CODE is NOT BN.<br>Group Number, BIN, or PCN is required when ACTION is CX.<br>**Note:** If the action code is BN (Develop for BIN) and a value is entered in the BIN field, an error message will be displayed if the BIN is invalid. You must correct the error before continuing with the transaction. |
| PCN | Prescription Drug PCN number. Must not contain special characters.<br>*Required field* if COVERAGE TYPE is U.<br>Group Number, BIN, or PCN is required when ACTION is CX. |
| ID | Prescription Drug ID number. Must not contain special characters.<br>*Required field* if COVERAGE TYPE is U. |

| Field | Description |
|---|---|
| SUPPLEMENTAL TYPE | Prescription Drug policy type.<br>Valid values are:<br>L Supplemental<br>M Medigap<br>N Non-qualified State Program<br>O Other<br>P PAP<br>R Charity<br>T Federal Government Programs<br>1 Medicaid<br>2 Tricare<br>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**

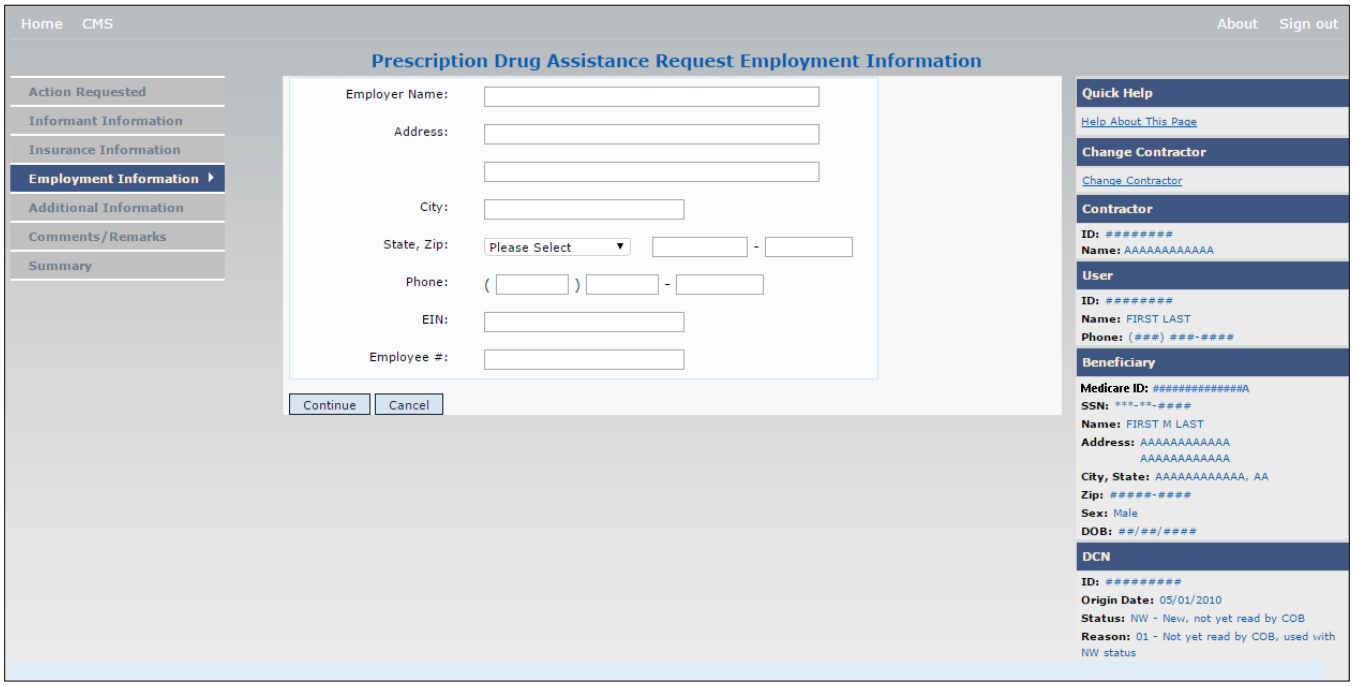


**Table 5-4: Prescription Drug Assistance Request Employment Information**

| Field | Description |
|---|---|
| EMPLOYER NAME | Name of employer providing the group health insurance the beneficiary is covered under.<br>*Required field* when ACTION is EA or EI. |
| ADDRESS | First line of the employer's street address.<br>*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.<br>*Required field* when ACTION is EI. |
| STATE | State associated with the employer's street address.<br>*Required field* when ACTION is EI. |
| ZIP | Zip Code associated with the employer's street address.<br>*Required field* when ACTION is EI. |
| PHONE | Phone Number of the employer |
| EIN | Employer Identification Number |
| EMPLOYEE # | Employee number of the policy holder |
| 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**

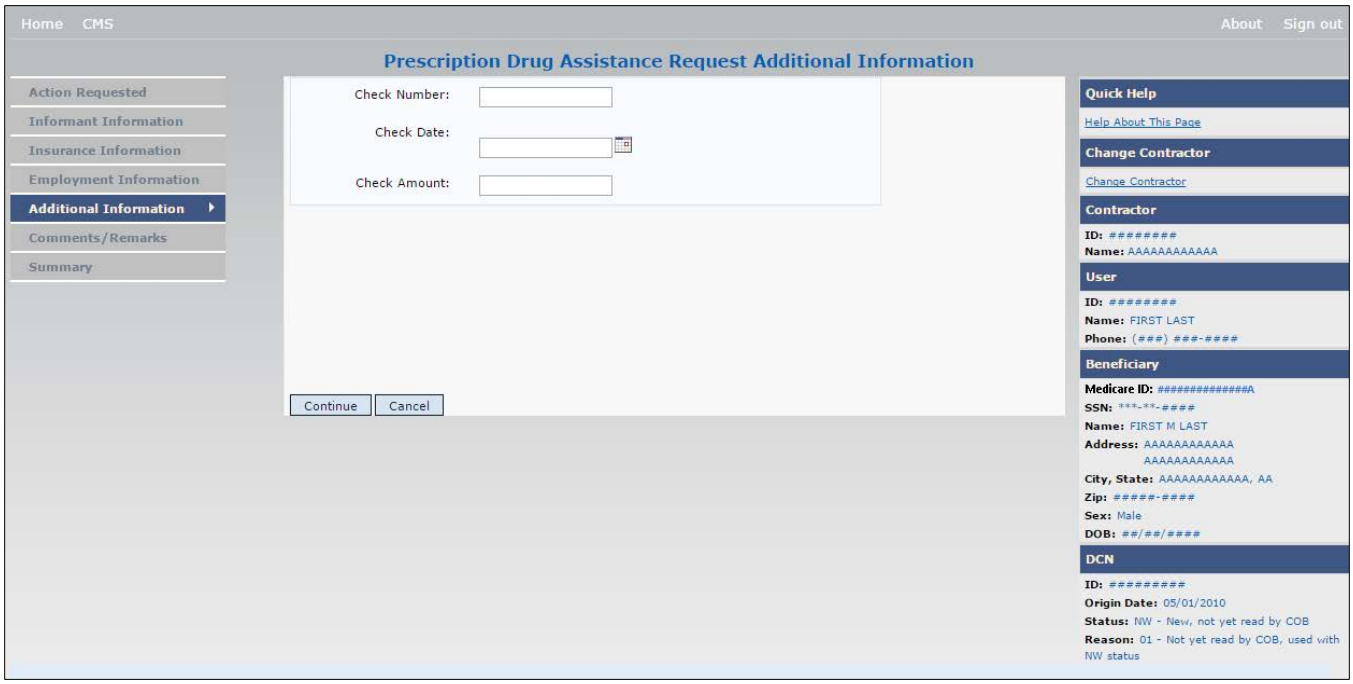



**Table 5-5: Prescription Drug Assistance Request Additional Information**

| 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 (Figure 5-6). All comments entered are viewable by the BCRC. Refer to Appendix F for the complete list of Remark Codes.

   **Note**: Remarks are only displayed 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**

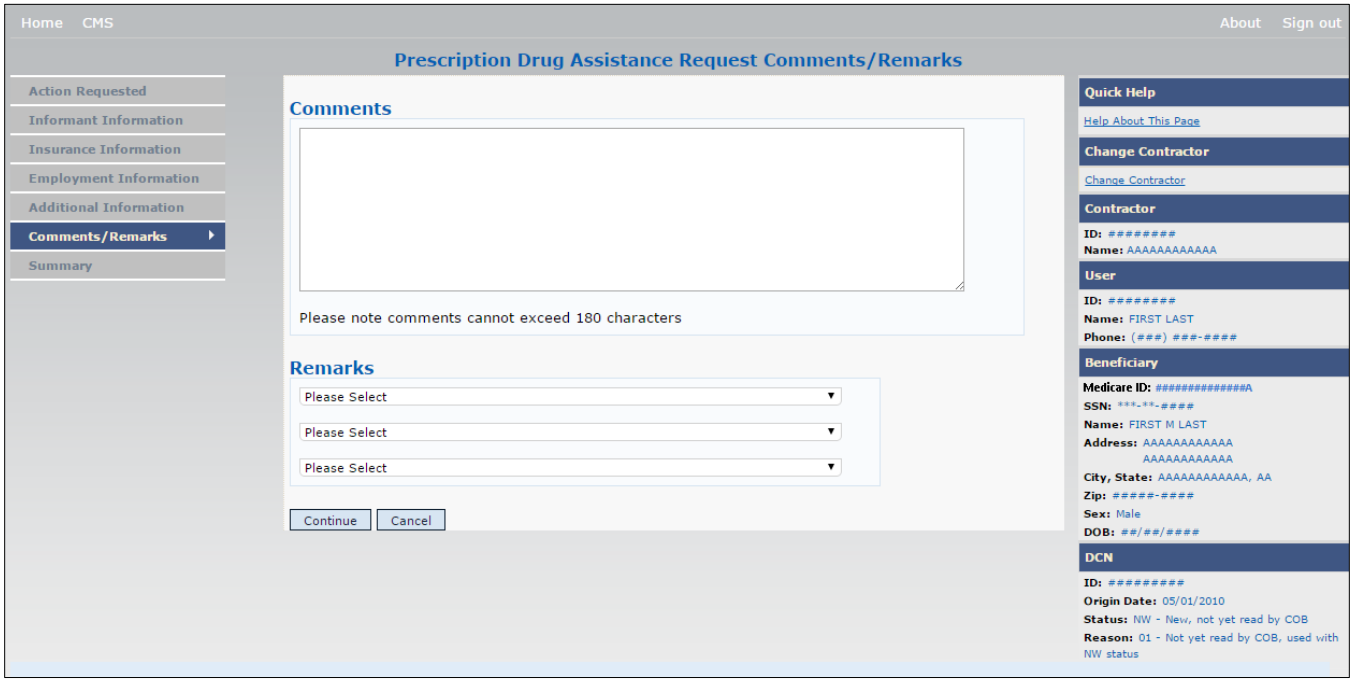



**Table 5-6: Prescription Drug Assistance Request Comments and Remarks**

| Field | Description |
|---|---|
| COMMENTS | Free-form text field, where Medicare contractors type data to send notes to the BCRC. *Protected field* when the BCRC adds a comment.<br>**Note:** The BCRC reviews these comments unless the request involves an automated action type (ACTIONs AP, CX, DO, & TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed. |
| 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. |

Comments entered for the Benefits Coordination & Recovery Center should provide explanation and additional information for the Action selected, such as the examples displayed in the following table:

**Table 5-7: *Prescription Drug Assistance Request* BCRC Example Action Details**

| Action | Comment |
|---|---|
| DO | PLEASE DELETE. MEMBER DID NOT ENROLL IN THE EMPLOYER'S GHP. |
| IT | VERIFY INS TYPE. WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES. |
| TD | PLEASE TERM RECORD. |
| CT | PER EMPLOYER, BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE. |

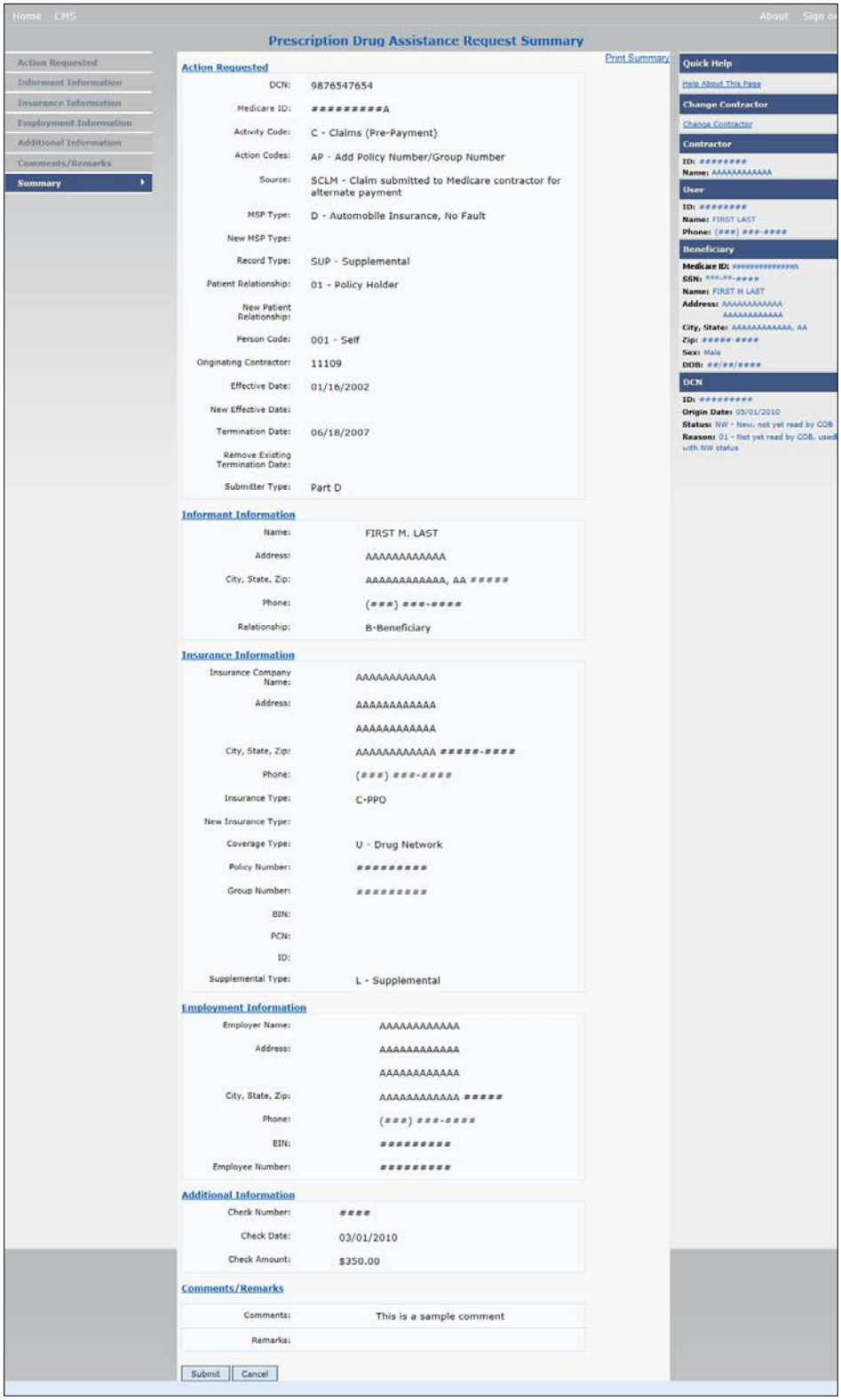
## 5.8 Summary Page

The *Summary* page displays 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 displays 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 display a list of Prescription Drug Assistance Request transactions.

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 displays.

**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.

**Figure 5-8: Prescription Drug Assistance Request Search**

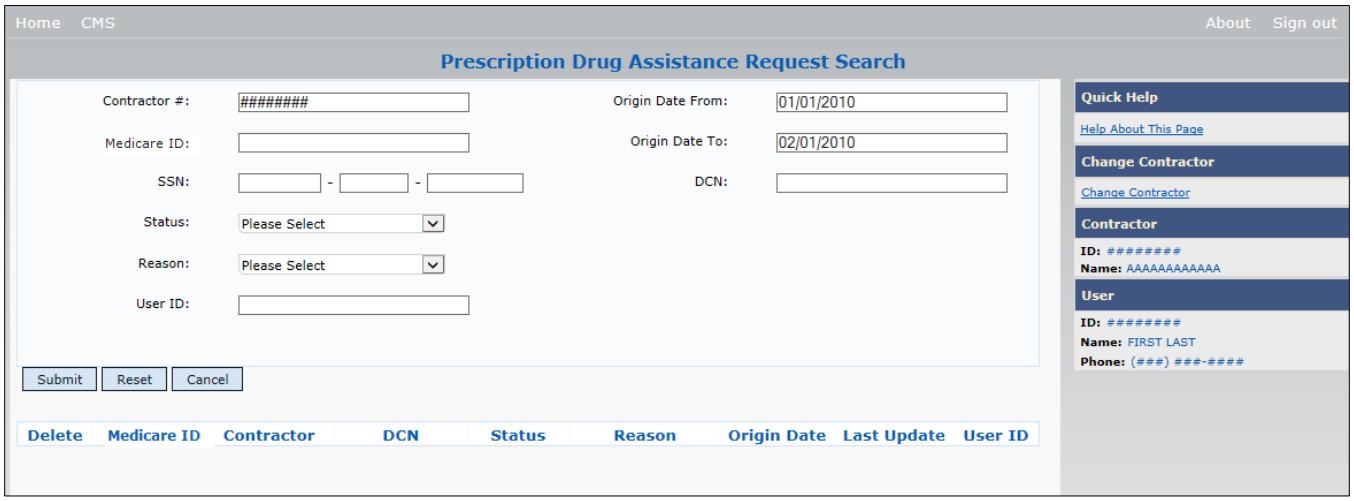



**Table 5-8: Prescription Drug Assistance Request Search**

| 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*)…<br>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.<br>**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*.<br>**Note**: If searching by *Medicare ID*, do not enter an SSN or DCN. |
| SSN | Enter a Social Security Number.<br>**Note:** If searching by SSN, do not enter a *Medicare ID* or DCN. |
| STATUS | Enter a Status code.<br>To view all in-process Prescription Drug Assistance Request transactions, select IP in the STATUS field. |

| Field | Description |
|---|---|
| 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.<br>***Note*:** MMDDCCYY format. |
| ORIGIN DATE TO | Enter an ending date for the date range.<br>**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 31 days. |
| DCN | Enter a Document Control Number.<br>**Note**: If searching by DCN, do not enter a *Medicare ID* or SSN. |
| SEARCH | Command button. Click to display search results. |
| RESET | Command button. Click to clear search results. |
| CANCEL | Click to return to the Main Menu. |

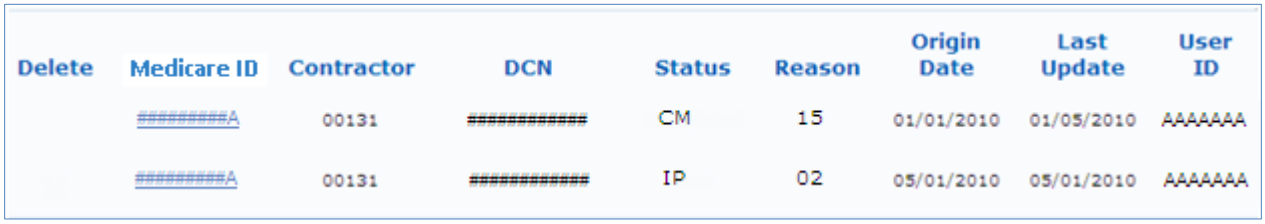
### 5.9.1 View Transactions

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 displays a list of Prescription Drug Assistance Requests.

   There are 20 items per page; use the **First/Prev** and **Next/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**



| Delete | Medicare ID | Contractor | DCN | Status | Reason | Origin Date | Last Update | User ID |
|---|---|---|---|---|---|---|---|---|
| | #########A | 00131 | ########### | CM | 15 | 01/01/2010 | 01/05/2010 | AAAAAAA |
| | #########A | 00131 | ########### | IP | 02 | 05/01/2010 | 05/01/2010 | AAAAAAA |

**Table 5-9: Prescription Drug Assistance Requests Search Listing**

| Field | Description |
|---|---|
| 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 | Document Control Number 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. (See Appendix E for the complete list of codes.) (*protected field*) |
| 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*) |

### 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 displays 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**

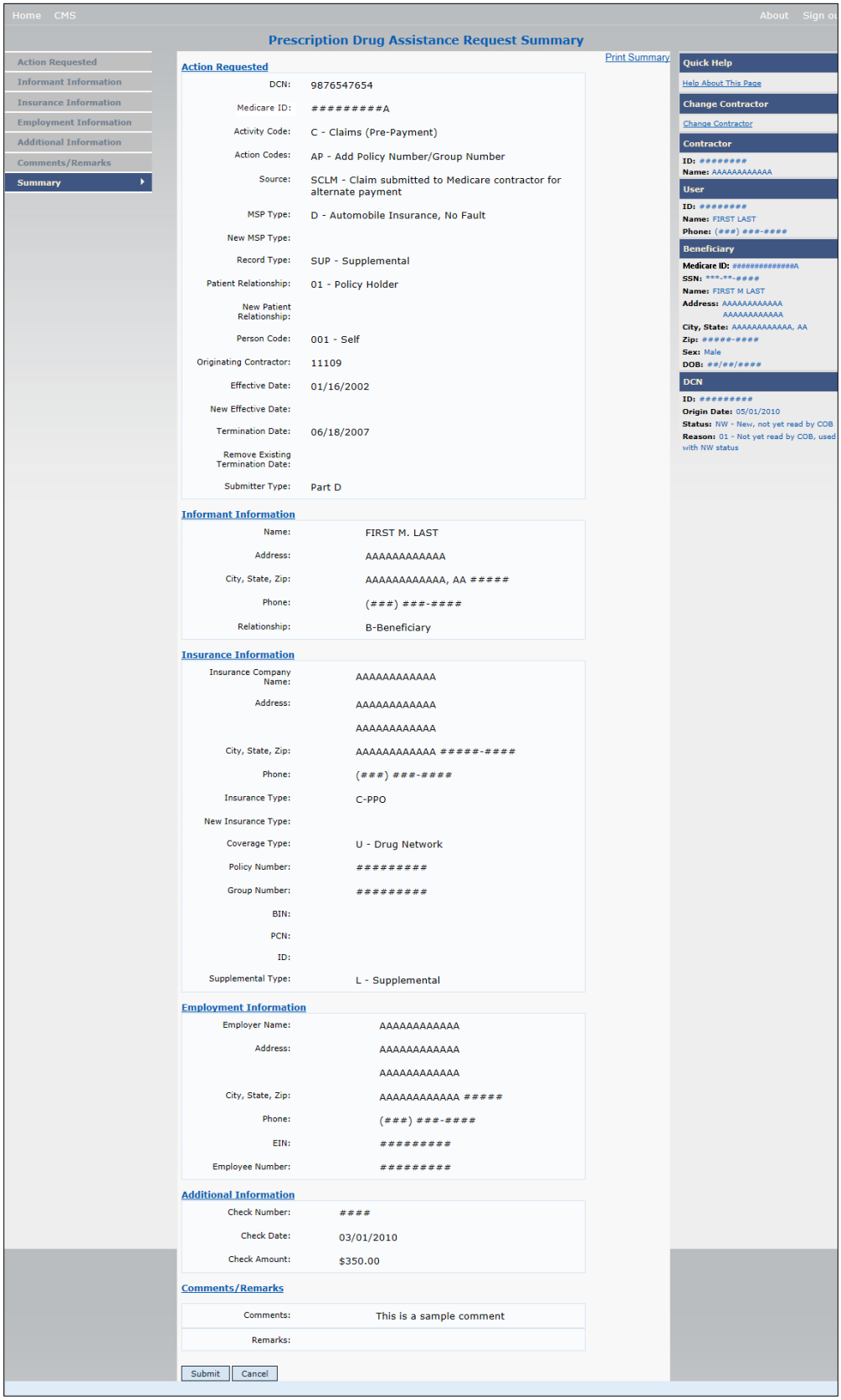


**Table 5-10: Prescription Drug Assistance Request Summary**

| Field | Description |
|---|---|
| ACTION REQUESTED | Displays information that was previously entered on the *Action Requested* page. |
| INFORMANT INFORMATION | Displays information that was previously entered on the *Informant Information* page. |
| INSURANCE INFORMATION | Displays information that was previously entered on the *Insurance Information* page. |
| EMPLOYMENT INFORMATION | Displays information that was previously entered on the *Employment Information* page. |
| ADDITIONAL INFORMATION | Displays information that was previously entered on the *Additional Information* page. |
| COMMENTS/REMARKS | Displays information that was previously entered on the *Comments/Remarks* page. |
| COB RESPONSE INFORMATION | Displays 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.<br>Valid values are:<br>A Attorney<br>B Beneficiary<br>E Employer<br>I Insurer<br>P Provider<br>R Beneficiary Representative<br>N No Response |
| DEVELOPED TO (INITIAL) | Development Source Code indicating where the initial development letter was sent.<br>Valid values are:<br>A Attorney<br>B Beneficiary<br>E Employer<br>I Insurer<br>P Provider<br>R Beneficiary Representative (other than attorney) |

| Field | Description |
|---|---|
| DEVELOPED TO (SUBSEQUENT) | Development Source Code indicating where the subsequent development letter was sent.<br>Valid values are:<br>A Attorney<br>B Beneficiary<br>E Employer<br>I Insurer<br>P Provider<br>R Beneficiary Representative (other than attorney) |
| RETURN | Command button. Click to return to the *Prescription Drug Assistance Request Search Page Listing* without making any updates to the transaction.<br>Displays for records in all statuses except NW. |
| SUBMIT | Command button. Click to save updates.<br>Displays for records in NW status. |
| CANCEL | Command button. Click to return to the *Search Page Listing* without making any updates to the transaction.<br>Displays 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 displays 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 is displayed 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:

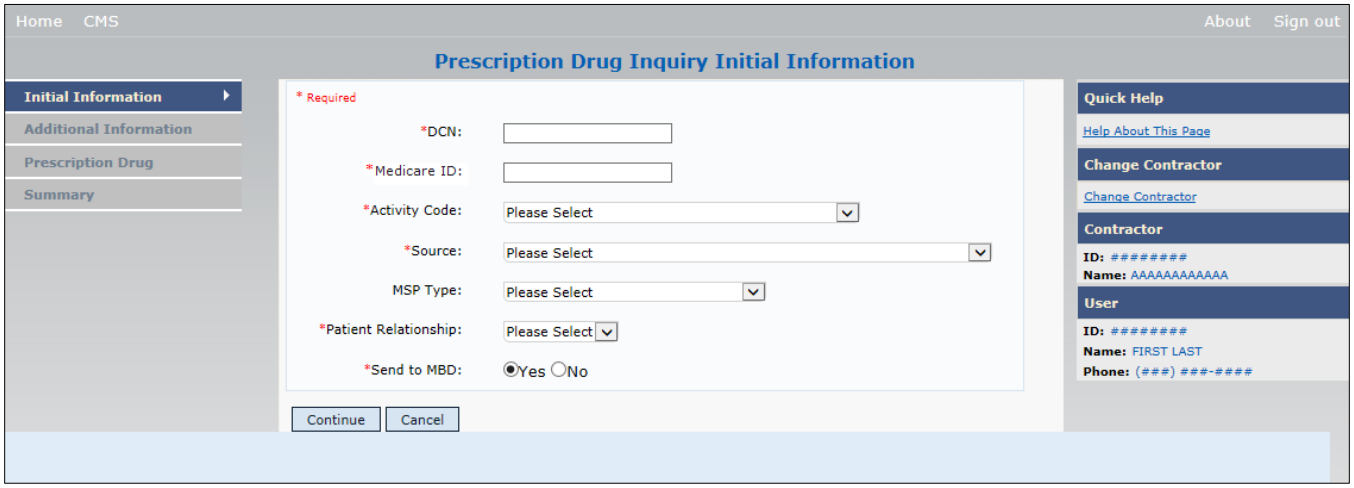
- Survey (SRVY)
- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

## 6.2 Initial Information Page

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

The system displays the *Initial Information* page. 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 are displayed on every *Main Menu* page. See Section 2.6.5 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**

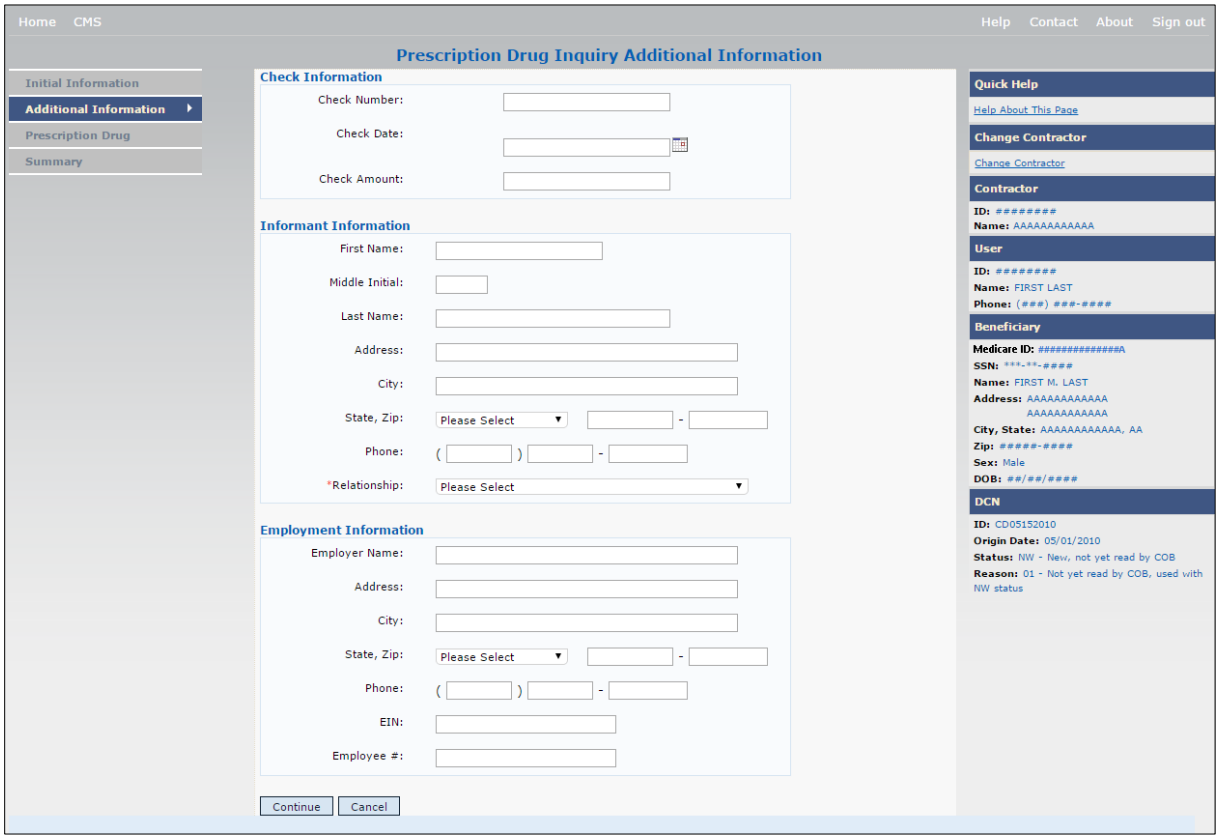
| Field | Description |
|---|---|
| DCN | Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction. *Required field*.<br>The system auto-generates the DCN, but it can be changed by the user. |
| *MEDICARE ID* | *Medicare ID (HICN or MBI)* of the beneficiary. Enter *the ID* without dashes, spaces, or other special characters. *Required field*. |
| ACTIVITY CODE | Activity of contractor. *Required field*.<br>Valid values are:<br>C Claims (Pre-Payment)<br>D Debt Collection/Referral<br>G Group Health Plan<br>I General Inquiries<br>N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act |
| SOURCE | Four-character code identifying source of the Prescription Drug Inquiry information. *Required field*.<br>Valid values are:<br>CHEK = Unsolicited check<br>LTTR = Letter<br>PHON = Phone call<br>SCLM = Claim submitted to Medicare contractor for secondary payment<br>SRVY = Survey |
| MSP TYPE | One-character code identifying type of MSP coverage. *Required field*.<br>Valid values are:<br>A Working Aged<br>B ESRD<br>C Conditional Payment<br>D Automobile Insurance, No Fault<br>E Workers' Compensation<br>F Federal (Public)<br>G Disabled<br>H Black Lung<br>L Liability |
| PATIENT RELATIONSHIP | Patient relationship between the policyholder and the beneficiary.<br>Valid values are:<br>01 POLICY HOLDER<br>02 SPOUSE<br>03 CHILD<br>04 OTHER |

| Field | Description |
|---|---|
| SEND TO MDB | Indicates whether to send the Prescription Drug inquiry to MBD. *Required field.*<br>Valid values are:<br>YES Send to MBD (default)<br>NO Do not send to MBD |
| CONTINUE | Command button. Click to go to the *Additional Information* page.<br>*Required field*s must be entered 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.<br>*Required field* when SOURCE is CHEK. |
| CHECK DATE | Date of check received. You cannot future-date this field.<br>*Required field* when SOURCE is CHEK. |
| CHECK AMOUNT | Amount of check received.<br>*Required field* when SOURCE is CHEK. |
| FIRST NAME | First name of person informing contractor of change in Prescription Drug coverage.<br>*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.<br>*Required field* when SOURCE is CHEK, LTTR or PHON. |
| ADDRESS | Informant's street address.<br>*Required field* when SOURCE is CHEK, LTTR or PHON. |
| CITY | Informant's city.<br>*Required field* when SOURCE is CHEK, LTTR or PHON. |
| STATE | Informant's state.<br>*Required field* when SOURCE is CHEK, LTTR or PHON. |
| ZIP | Informant's ZIP code.<br>*Required field* when SOURCE is CHEK, LTTR or PHON. |
| PHONE | Informant's telephone number. |

| Field | Description |
|---|---|
| RELATIONSHIP | One-character code indicating the relationship of the informant to the beneficiary. *Required field* when SOURCE is CHEK, LTTR or PHON.<br>Valid values are:<br>A Attorney representing beneficiary<br>B Beneficiary<br>C Child<br>D Defendant's attorney<br>E Employer<br>F Father<br>I Insurer<br>M Mother<br>N Non-relative<br>O Other relative<br>P Provider<br>R Beneficiary representative (other than attorney)<br>S Spouse<br>U Unknown<br>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 policy holder. |
| 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 (Figure 6-3).

- 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"

**Note:** A valid Insurance Company Name must be provided. The following are invalid entries:

ATTORNEY, BC, BCBS, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, XX, and UNKNOWN

**Figure 6-3: Prescription Drug *Inquiry Prescription Drug***

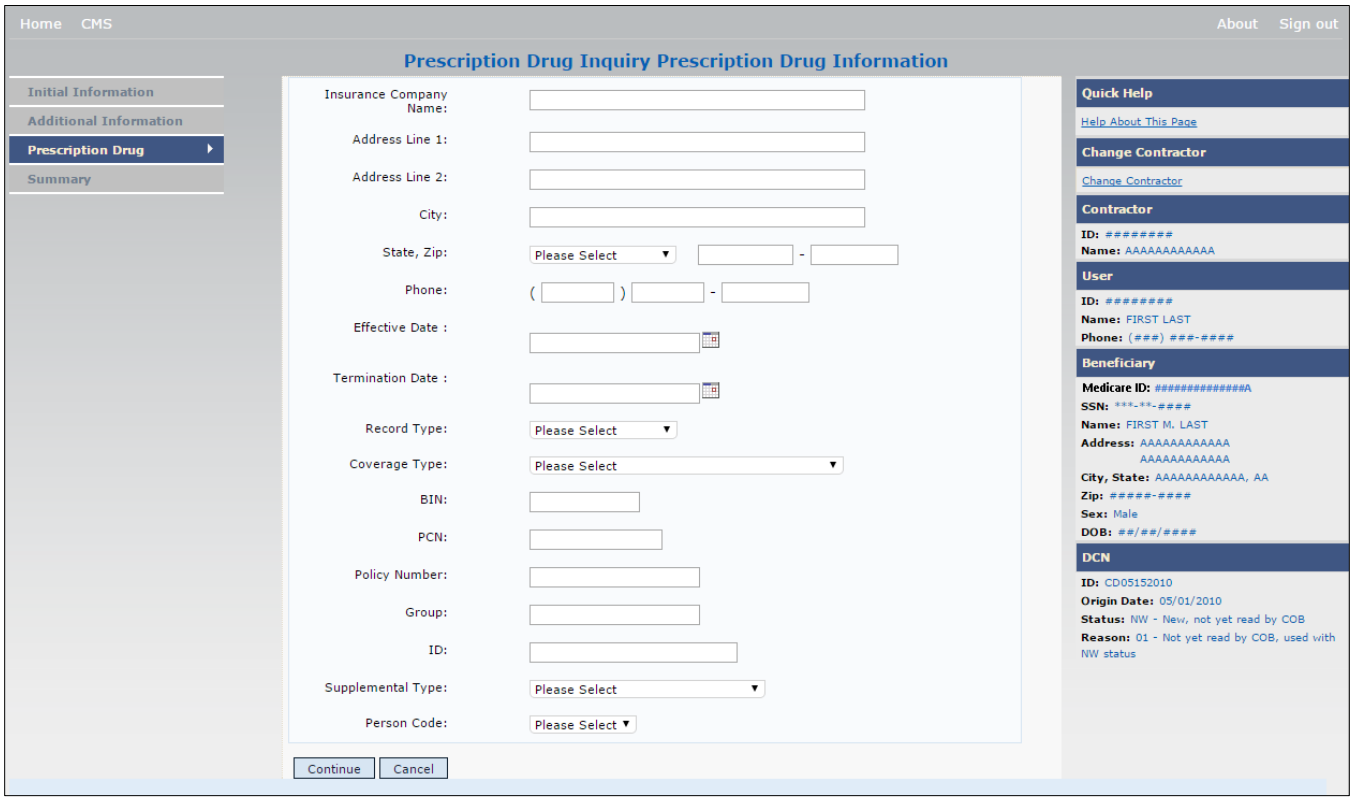


**Table 6-3: Prescription Drug Inquiry Prescription Drug**

| Field | Description |
|---|---|
| INSURANCE COMPANY NAME | Name of the insurance carrier for drug coverage. *Required field*.<br>If the Insurance Company Name is blank or only contains one of the following values, then it is considered an error:<br>• ATTORNEY<br>• BC<br>• BCBX<br>• BCBS<br>• BLUE CROSS<br>• BLUE SHIELD<br>• BS<br>• BX<br>• CMS<br>• COB<br>• HCFA<br>• INSURER<br>• MEDICARE<br>• MISC<br>• MISCELLANEOUS<br>• N/A<br>• NA<br>• NO<br>• NONE<br>• SUPPLEMENT<br>• SUPPLEMENTAL<br>• UNK<br>• XX<br>• 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.*<br>**Note:** EFFECTIVE DATE cannot be the same as the TERMINATION DATE. |

| Field | Description |
|---|---|
| TERMINATION DATE | Termination date of the drug coverage. TERMINATION DATE can be all zeroes for open ended coverage.<br>**Note:** TERMINATION DATE cannot be the same as the EFFECTIVE DATE.<br>An open-ended TERMINATION DATE is automatically populated when COVERAGE TYPE is U. |
| RECORD TYPE | Prescription Drug Record Type.<br>Valid values are:<br>PRI Primary<br>SUP Supplemental<br>**Note:** Record Type must be SUP when Supplemental Type is L. |
| COVERAGE TYPE | Prescription Drug Coverage type of insurance.<br>Valid values are:<br>U Drug Network<br>V Drug Non-network<br>Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)<br>*Required field* |
| BIN | Prescription Drug BIN number. Must be six numeric characters.<br>*Required field* if COVERAGE TYPE is U. |
| PCN | Prescription Drug PCN number. Must not contain special characters.<br>*Required field* if COVERAGE TYPE is U. |
| POLICY NUMBER | Policy number of insurance coverage. |
| GROUP | Prescription Drug group number. Must not contain special characters.<br>*Required field* when COVERAGE TYPE is U. |
| ID | Prescription Drug ID number. Must not contain special characters.<br>*Required field* if COVERAGE TYPE is U. |
| SUPPLEMENTAL TYPE | Prescription Drug policy type.<br>Valid values are:<br>L Supplemental<br>M Medigap<br>N Non-qualified State Program<br>O Other<br>P PAP<br>R Charity<br>T Federal Government Programs<br>1 Medicaid<br>2 Tricare<br>3 Major Medical |

| Field | Description |
|---|---|
| PERSON CODE | Plan-specific Person Code.<br>*Required field* when RECORD TYPE is Supplemental or RECORD TYPE is blank and SUPPLEMENTAL TYPE is L.<br>Values are:<br>001 Self<br>002 Spouse<br>003 Other |
| CONTINUE | Command button. Click to go to the *Summary* page. |
| CANCEL | Command button. Click to return to the Main Menu. |

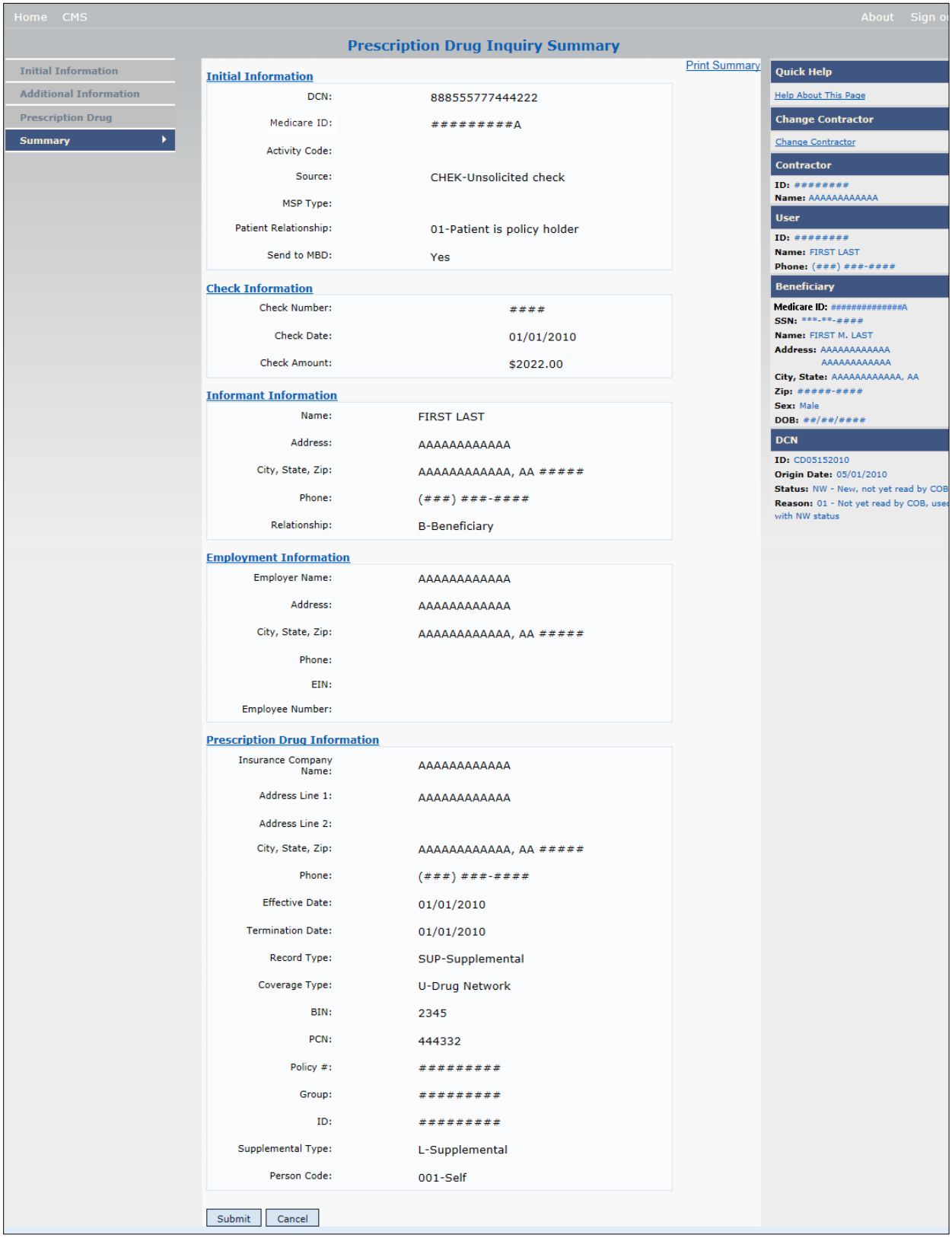
## 6.5 Summary Page

The *Prescription Drug Inquiry Summary* page (Figure 6-4) displays 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 system displays the *Submit Confirmation* page. 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

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.

  1. From the Main Menu, click **Prescription Drug Inquiries** under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click **Search**.
  2. Follow instructions for Viewing, Updating and Deleting Prescription Drug Inquiries.

- **From the Main Menu**

  This option allows you to see Prescription Drug information independent of an MSP inquiry. Follow the steps on the next page to view, update, and delete Prescription Drug inquiries from the Main Menu.

### 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.

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

From the Main Menu page, click **Prescription Drug Inquiries** under Search for Requests or Inquiries. The *Prescription Drug Inquiry Search* page is displayed (Figure 6-5).

**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. However, if the COB system has started processing the information you cannot request an update or delete.

**Figure 6-5: Prescription Drug Inquiry Search**

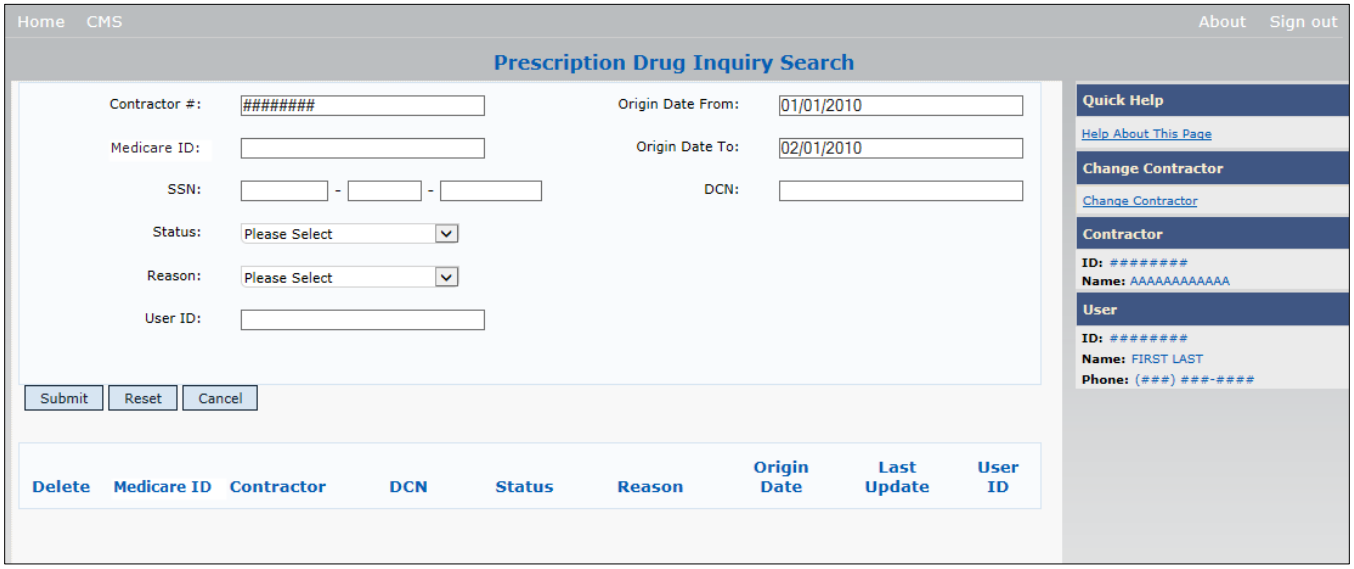



**Table 6-4: Prescription Drug Inquiry Search Criteria**

| 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)*<br>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.<br>**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).*<br>**Note:** If searching by *Medicare ID*, do not enter an SSN or DCN. |
| SSN | Enter a Social Security Number.<br>**Note:** If searching by SSN, do not enter a *Medicare ID* or DCN. |
| STATUS | Enter a Status code.<br>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.<br>***Note:*** MMDDCCYY format. |
| ORIGIN DATE TO | Enter an ending date for the date range.<br>**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 31 days. |
| DCN | Enter a Document Control Number.<br>**Note:** If searching by DCN, do not enter a *Medicare ID* or SSN. |

| Field | Description |
|---|---|
| SUBMIT | Click **Submit** to display 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**.

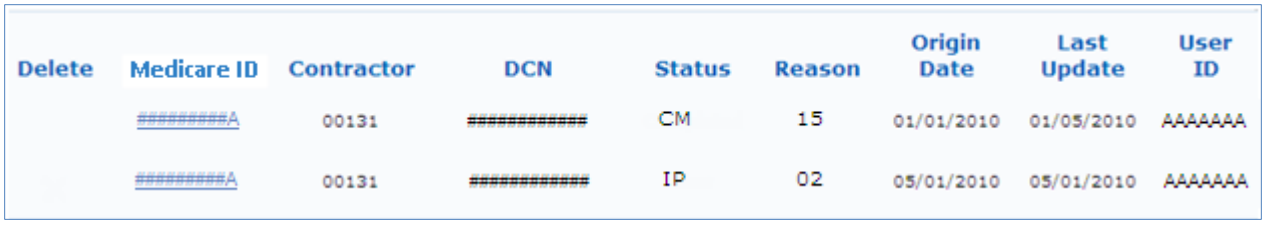
   - To create a list of all Prescription Drug Inquiries for a specific *Medicare ID*, *enter* the *Medicare ID* in the search criteria and leave the CONTRACTOR NUMBER field blank.
   - When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, *Medicare ID*, SSN or Contractor Number.

   The system displays a list of Prescription Drug Inquiries.

   There are 20 items per page; use the **First/Prev** and **Next/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**



| Delete | Medicare ID | Contractor | DCN | Status | Reason | Origin Date | Last Update | User ID |
|---|---|---|---|---|---|---|---|---|
| | ########A | 00131 | ########### | CM | 15 | 01/01/2010 | 01/05/2010 | AAAAAAA |
| | ########A | 00131 | ########### | IP | 02 | 05/01/2010 | 05/01/2010 | AAAAAAA |

**Table 6-5: Prescription Drug Inquiry Search Listing**

| Field | Description |
|---|---|
| DELETE | Click the delete [**X**] link to mark a transaction for deletion |
| *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 | Document Control Number 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. (See Appendix E for the complete list of codes.) *(protected field)* |
| ORIGIN DATE | Originating date in MM-DD-CCYY format. *(protected field)* |

| Field | Description |
|---|---|
| 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)* |

### 6.6.3 Update Transactions

1. To update information on a Prescription Drug Inquiry transaction, click the *Medicare ID* link for the transaction and the system displays the *Summary* page for the selected transaction, 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**

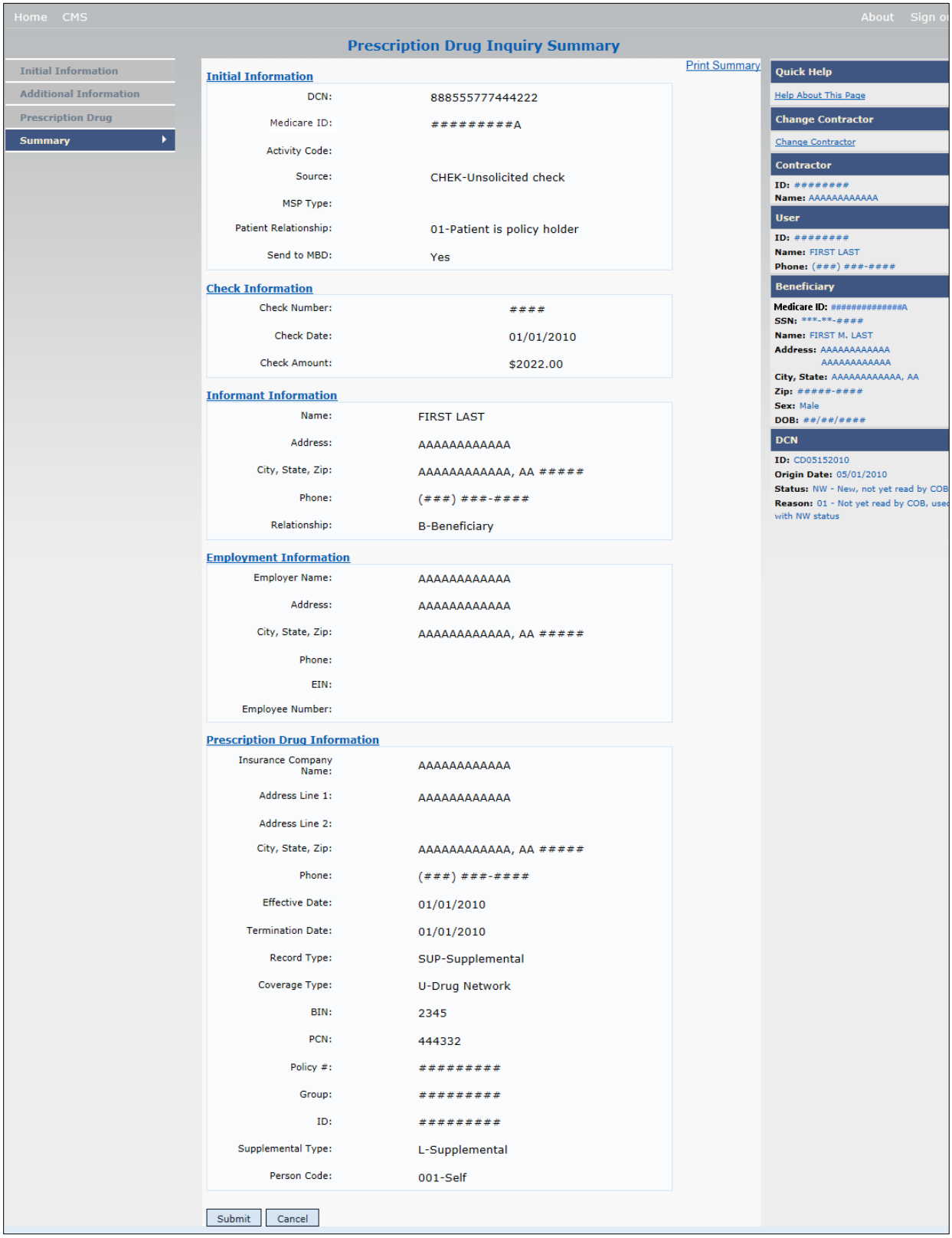


**Table 6-6: Prescription Drug Inquiry Summary**

| Field | Description |
|---|---|
| INITIAL INFORMATION | Displays information that was previously entered on the *Initial Information* page. |
| ADDITIONAL INFORMATION | Displays information that was previously entered on the *Additional Information* page. |
| PRESCRIPTION COVERAGE | Displays information that was previously entered on the *Prescription Coverage* page. |
| COB RESPONSE INFORMATION | Displays for records that are not in NW status. See below for more information. |
| DEVELOPMENT RESPONSE INDICATOR | Development response indicator.<br>Values are:<br>A Attorney<br>B Beneficiary<br>E Employer<br>I Insurer<br>P Provider<br>R Beneficiary Representative<br>N No Response |
| DEVELOPED TO (INITIAL) | Development Source indicating where the initial development letter was sent.<br>Valid values are:<br>Attorney<br>Beneficiary<br>Employer<br>Insurer<br>Provider<br>Beneficiary Representative (other than attorney) |
| DEVELOPED TO (SUBSEQUENT) | Development Source indicating where subsequent development letter was sent.<br>Valid values are:<br>Attorney<br>Beneficiary<br>Employer<br>Insurer<br>Provider<br>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.<br>Displays for records in all statuses except NW. |
| SUBMIT | Command button. Click to save updates.<br>Displays for records in NW status. |
| CANCEL | Command button. Click to return to the *Search Page Listing* without making any updates to the transaction.<br>Displays 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 you with step-by-step instructions for viewing Workload Tracking Reports and the QASP Report. Examples and explanations are provided for each page in ECRS. The Contractor Workload Tracking Report displays information for Medicare contractors; the CMS Workload Tracking Report and QASP Report are only viewable by RO and CMS users.

## 7.1 Navigation Links

Several basic navigation links are displayed 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.

## 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.

Follow the steps below to review the workload for your contractor site.

1. From the Main Menu, click the **Contractor Workload Tracking** link in the Reports section. The system displays the *Contractor Workload Tracking* page (Figure 7-1).

   The system re-displays the *Contractor Workload Tracking* page, with report details displayed at the bottom of the page.

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

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

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

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

   The system re-displays the *Contractor Workload Tracking* page, with report details displayed at the bottom of the page (Figure 7-2). Enter the desired criteria in the search fields and click **Submit**.

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

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

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

**Figure 7-1: Contractor Workload Tracking**

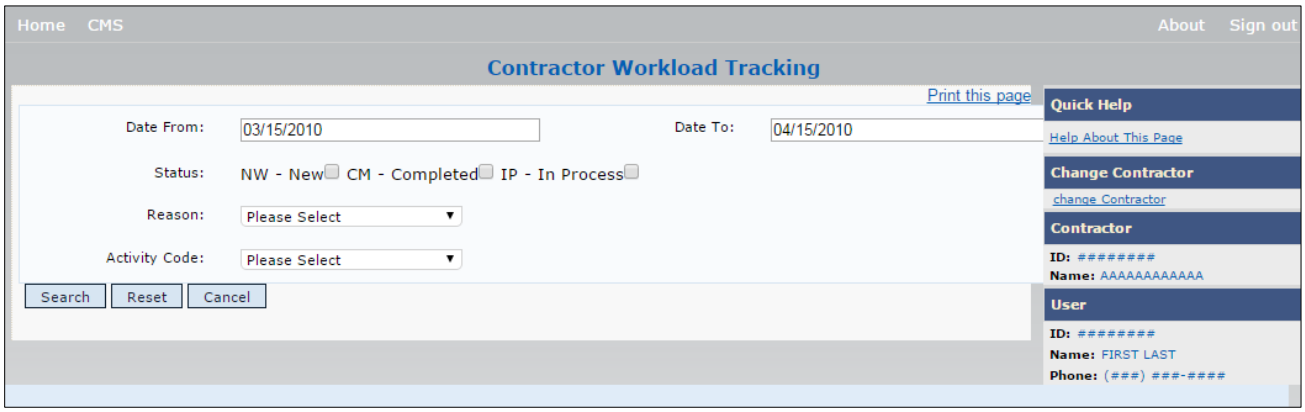



**Table 7-1: Contractor Workload Tracking Selection Criteria**

| 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* status *code. Values include:*<br>*NW – New*<br>*CM – Completed*<br>*IP – In Process*<br>*Default is all statuses if none are selected.* |
| REASON | Select a Reason code from the drop-down list. (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.*<br>*C – Claims (Pre-Payment)*<br>*D – Debt Collection/Referral*<br>*G – Group Health Plan*<br>*I – General Inquiries*<br>*N – Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act*<br>*Blank – Prescription Drug Inquiries*<br>*Default value is ALL if none are selected.* |
| SUBMIT | 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. |

**Figure 7-2: Contractor Workload Tracking Sample**

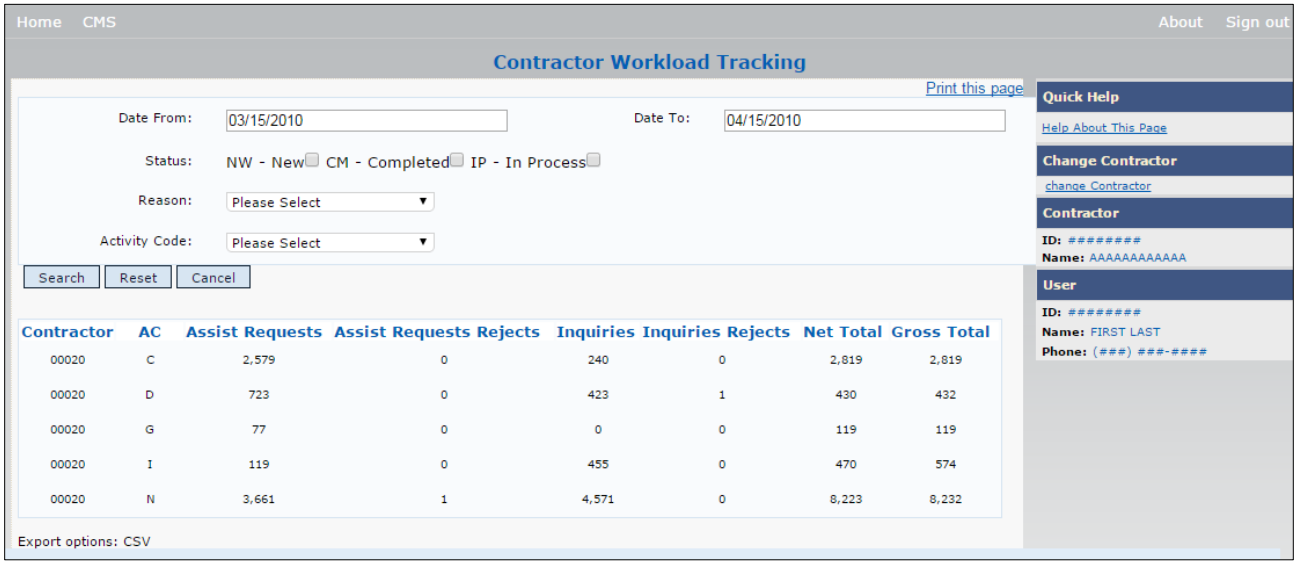



**Table 7-2: Contractor Workload Tracking Report Detail**

| 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). |
| 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 DATA/EXPORT OPTIONS* | *Click to launch the File Save dialog box.* |
| *PRINT REPORT/EXPORT DATA* | *Click to launch the Print dialog box.* |
| *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.* |

## 7.3 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 system displays the *CMS Workload Tracking* page (Figure 7-3).

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

   The system re-displays the *CMS Workload Tracking* page, with report details displayed at the bottom of the page (Figure 7-4).

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 **Submit** 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. This returns you to the Main Menu.

**Figure 7-3: CMS Workload Tracking**

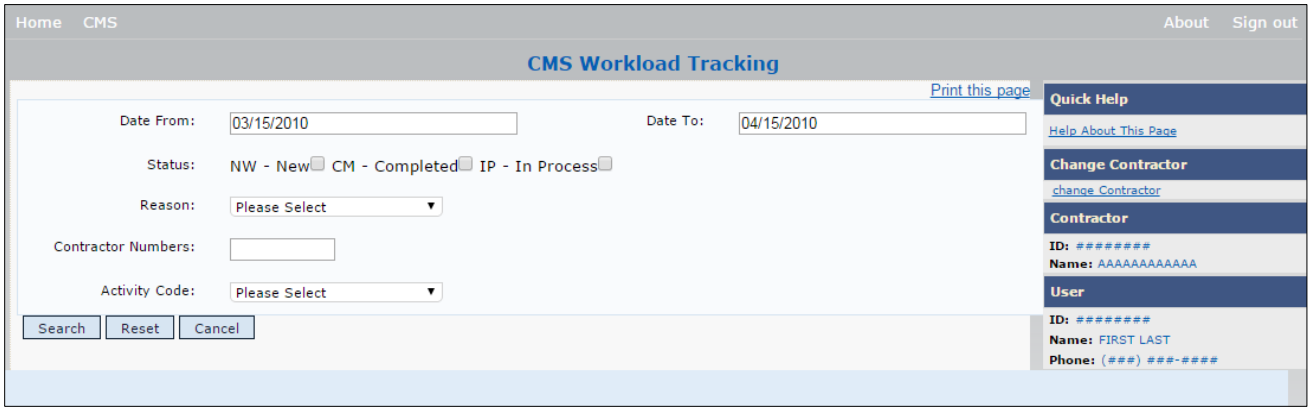


**Table 7-3: CMS Workload Tracking Selection Criteria**

| 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:*<br>*NW – New*<br>*CM – Completed*<br>*IP – In Process*<br>*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 display CMS workload statistics for. Leave the field blank to display 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.*<br>*C – Claims (Pre-Payment)*<br>*D – Debt Collection/Referral*<br>*G – Group Health Plan*<br>*I – General Inquiries*<br>*N – Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act*<br>*Blank – Prescription Drug Inquiries*<br>*Default value is ALL if none are selected.* |

**Figure 7-4: CMS Workload Tracking Sample**

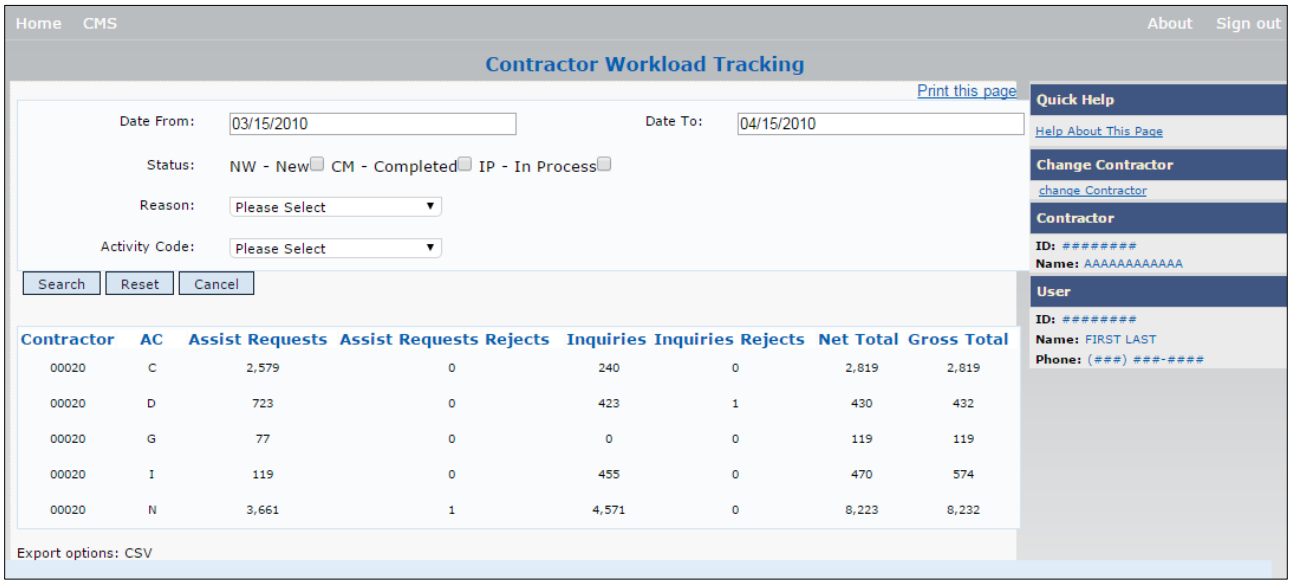


**Table 7-4: Reports, Workload Tracking Report Detail**

| 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 TOTAL*S* | *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 box. |
| PRINT REPORT*/EXPORT DATA* | Click to launch the Print dialog box. |
| 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.* |

## 7.4 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 system displays the QASP Report page.
2. Enter the desired criteria in the search fields and click **Submit.**

The system re-displays the *QASP Report* page, with report details displayed at the bottom of the page (Figure 7-6).

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. This returns you to the Main Menu.

**Figure 7-5: QASP Report**

**Table 7-5: QASP Report Selection Criteria**

| Field | Description |
|---|---|
| TRANSACTION TYPE | Select a transaction type.<br>Options are:<br>M MSP Inquiry<br>R CWF Assistance Request<br>P Prescription Drug Inquiries<br>D Prescription Drug Assistance Requests<br>To search for all transaction types, leave this field blank. |
| SOURCE CODES | Select a source. Options are:<br>CHEK<br>LTTR<br>SCLM<br>SRVY<br>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.<br>The origination date range cannot be greater than 6 months. |

| Field | Description |
|---|---|
| CONTRACTOR # | Enter a contractor number to display CMS workload statistics for. Leave the field blank to display results for all contractors.<br>Enter at least one, but no more than 10, contractor numbers. |
| EXPORT DATA | Link. Click to launch the File Save dialog box. |
| SUBMIT | 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 return to the Main Menu. |

**Figure 7-6: QASP Report Listing**

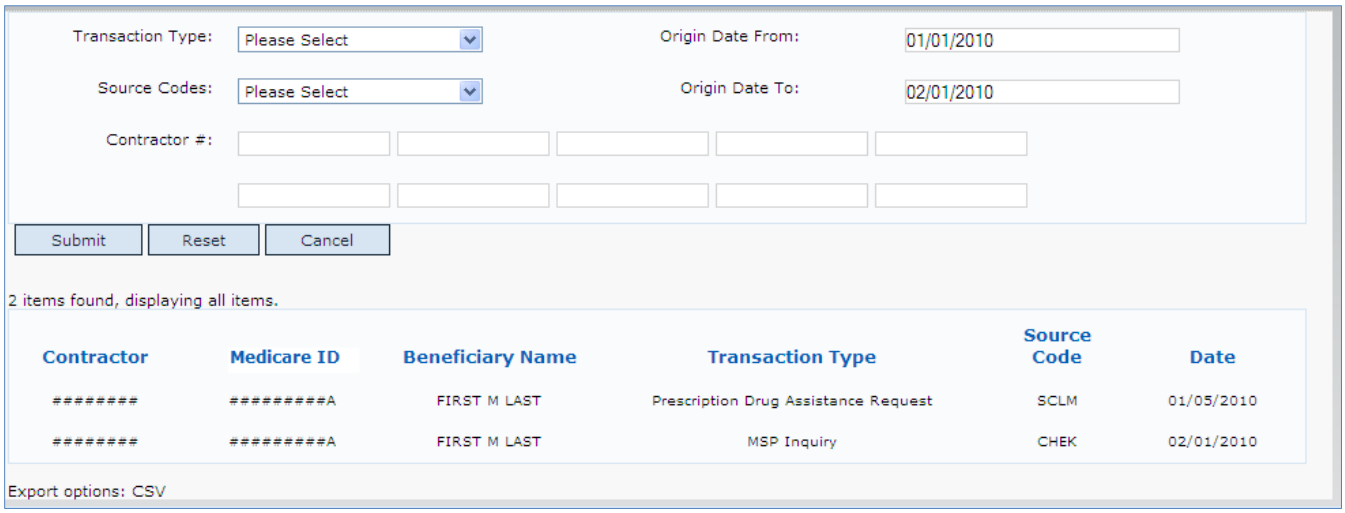



**Table 7-6: QASP Report Listing**

| 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 are displayed 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 displays 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 system displays the *File Upload* page (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 displays the *Upload File Confirmation* page. 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**

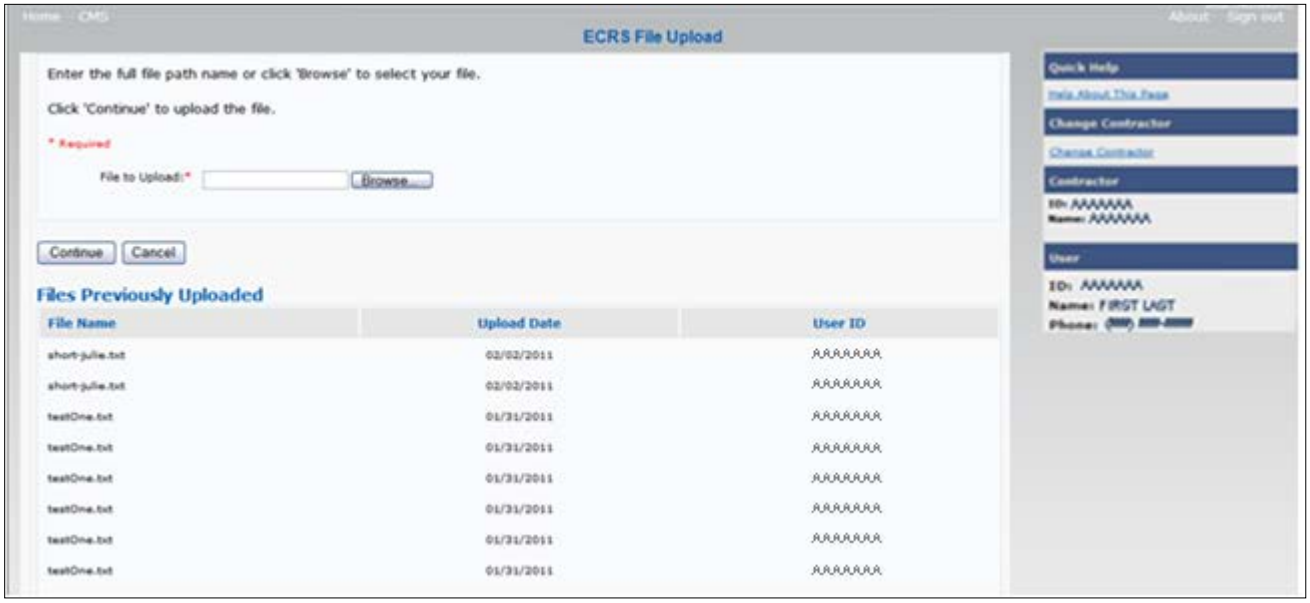



**Table 8-1: ECRS File Upload**

| 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 box. |
| 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 displays 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 system displays the *Download Response Files* page.

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

   The system downloads and displays 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**

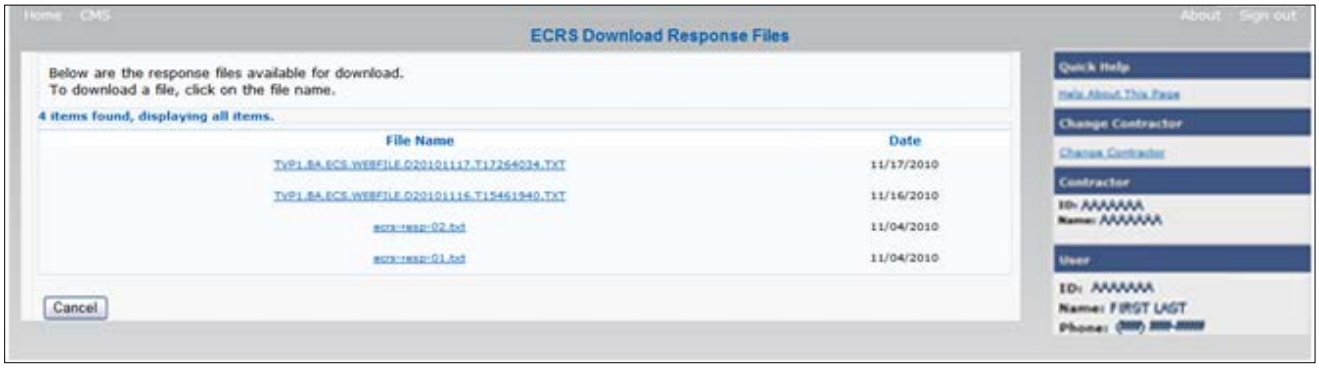
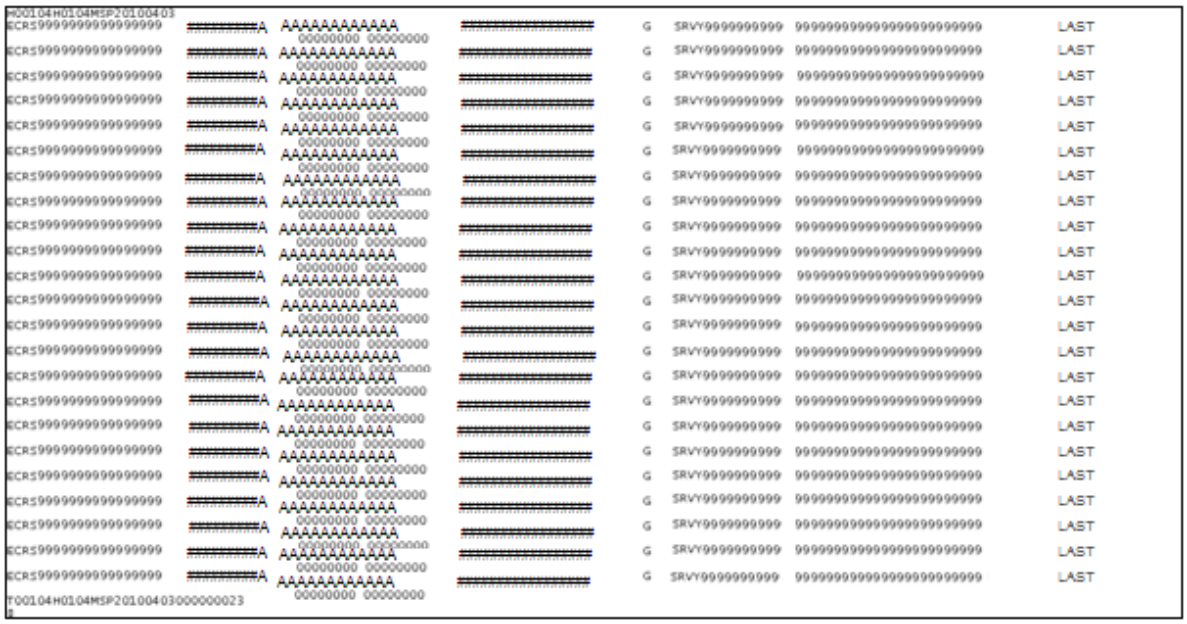



**Table 8-2: Download Response Files**

| 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 utilize 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 Connect:Direct (C:D), which would require that you establish an FTP connection with a certified Verizon reseller. You can also choose to send these files using a Secure FTP/Gentran Mailbox already established with CMS.

The file naming conventions are different for C:D than it is for the Gentran Mailbox. For C:D, the naming conventions are as follows:

**For Production**

PCOB.BA.NDM.ECRS.INPUT(+1)

**For Test**

TCOB.BA.NDM.ECRS.INPUT(+1)

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; contains incorrect or invalid characters; or the file has an incorrect record length, ECRS will display an error code and message (see Appendix H: Error Codes) 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: Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA)

## 9.1 Introduction

This section provides step-by-step instructions for new and current users about how to access ECRS and request a role on the CMS Enterprise Portal. All new users *who have not registered or created an account on the EIDM portal* must *first* complete *this process by clicking the* ***New User Registration*** *link on the CMS Enterprise Portal home page. Once done, users must then* complete the Remote Identity Proofing (RIDP) process to verify their identities, as well as complete the Multi-Factor Authentication (MFA) process to register a device or email address. If you are a current *ECRS* user with an active account on the CMS Enterprise Portal, you only need to complete the MFA process.

RIDP is an identity verification process that requires you to provide sufficient information to Experian® (an external credit service agency) to prove your identity. MFA is a security authentication process that requires you to register a device (such as a phone, computer, or laptop) or your email address as part of your EIDM profile. Once registered, you are required at login to always enter a unique security code (i.e., credential ID), which is sent to your registered device.

Section 9.6 also provides instructions on how to download and install credential ID software on your computer, mobile device, or laptop so you can complete the MFA process.

You only need to complete the RIDP and MFA setup processes **once** (but you will need to enter a security code every time you log in to ECRS Web). Also, you will not need to repeat these processes when requesting access and roles for other portal applications.

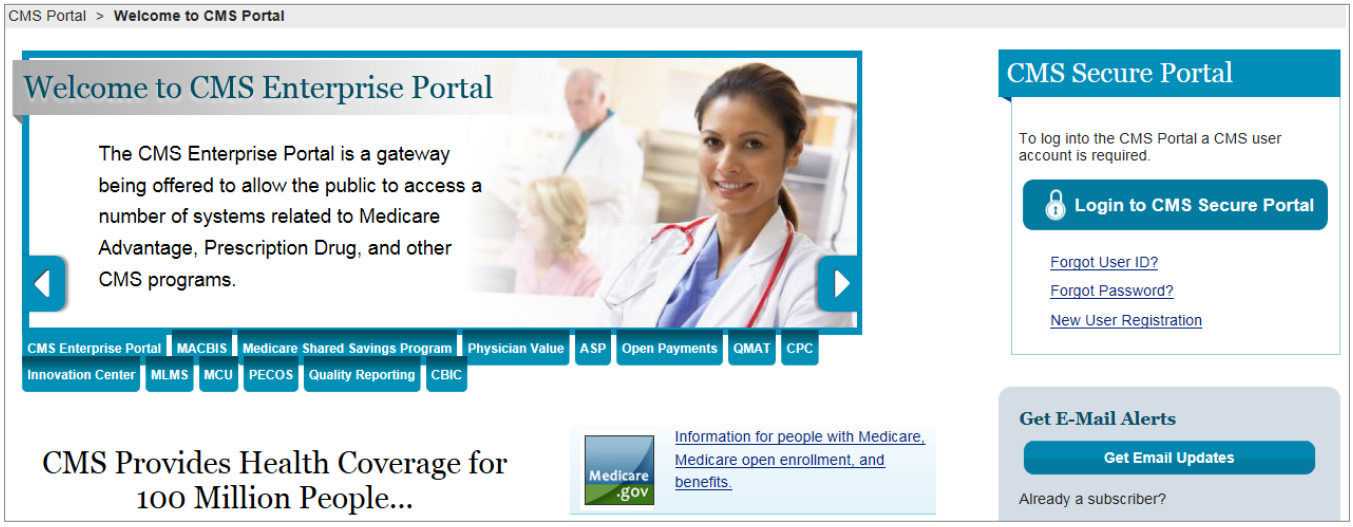
## 9.2 Requesting Access to ECRS

Follow these steps to request access to an application on the CMS Enterprise Portal.

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

   The *Home* page appears (Figure 9-1).

**Figure 9-1: CMS Enterprise Portal Home**

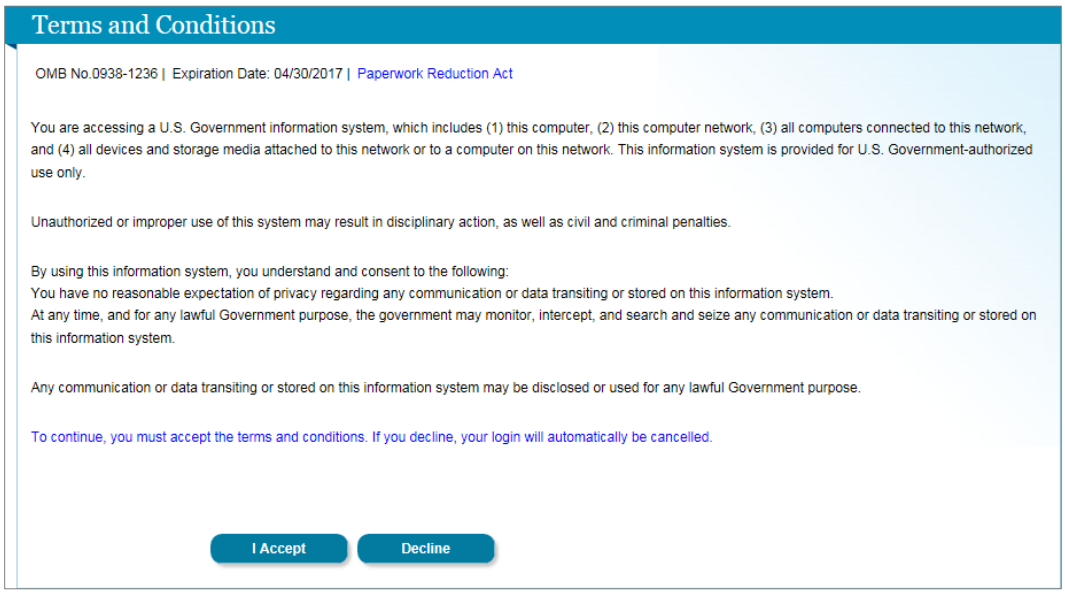



2. Click **Login to CMS Secure Portal** on the CMS Enterprise Portal.

   The *Terms and Conditions* page appears.

   **Note:** The CMS Enterprise Portal supports the following internet browsers: Internet Explorer 8, 9, 10 and 11, Mozilla-Firefox, Chrome, and Safari.

**Figure 9-2: Terms and Conditions**

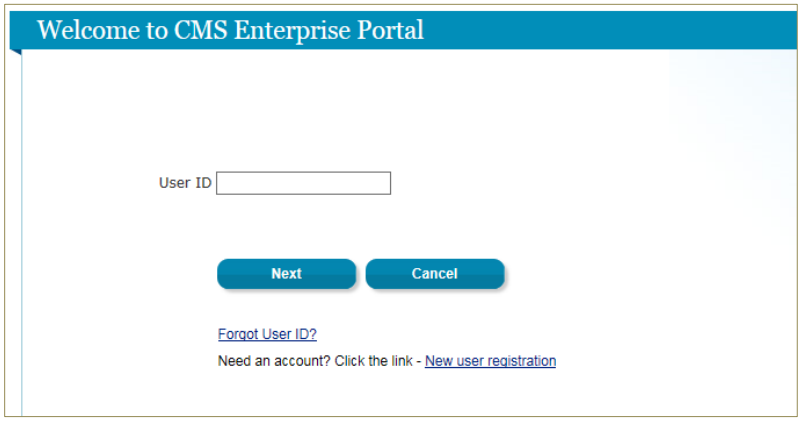



3. Read the *Terms and Conditions* and click **I Accept** to continue.

   The *Welcome to CMS Enterprise Portal* page appears *displaying the User ID field*. (Figure 9-3).

   The *My Portal* page appears (Figure 9-5).

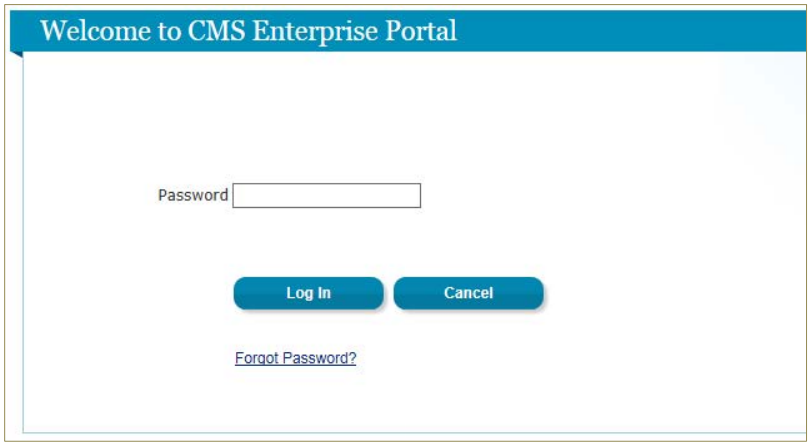
**Figure 9-3: *User ID* Page**




4. Enter your *EIDM* User ID and click ***Next***.

   The *Password* page appears.

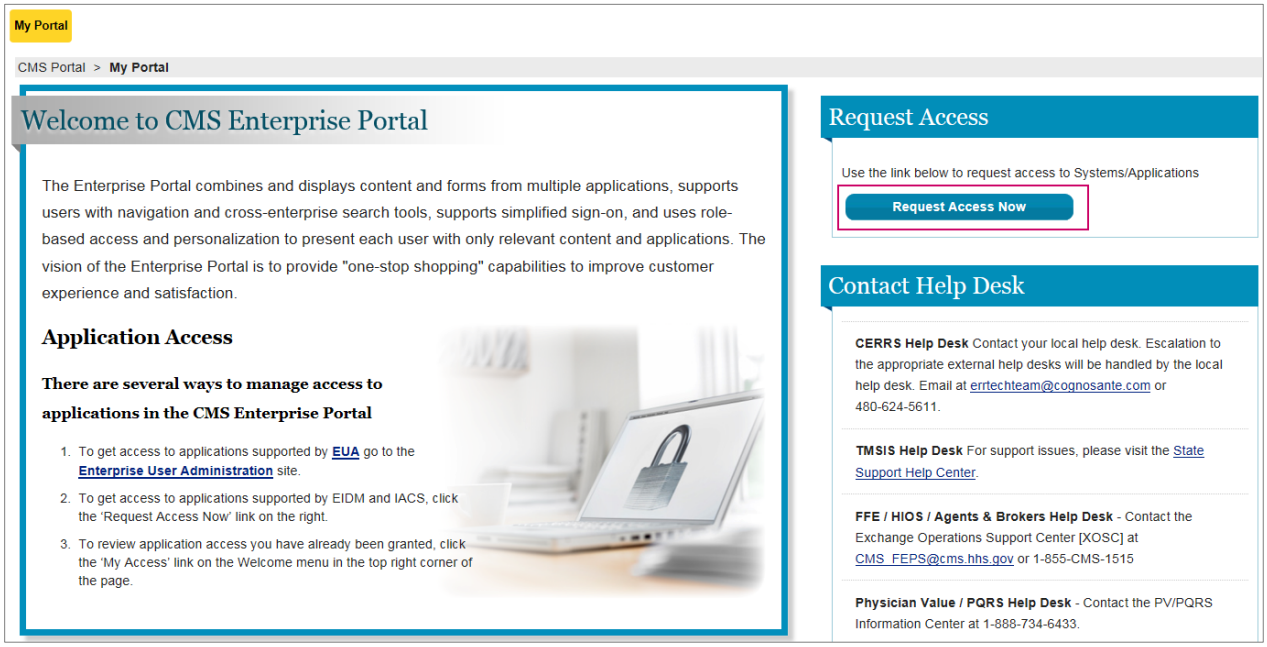
**Figure 9-4: *Password Page***




5. *Enter your EIDM* Password and click **Log In**.

   The My Portal page appears (Figure 9-*5*).

**Figure 9-5: *My Portal Request Access***

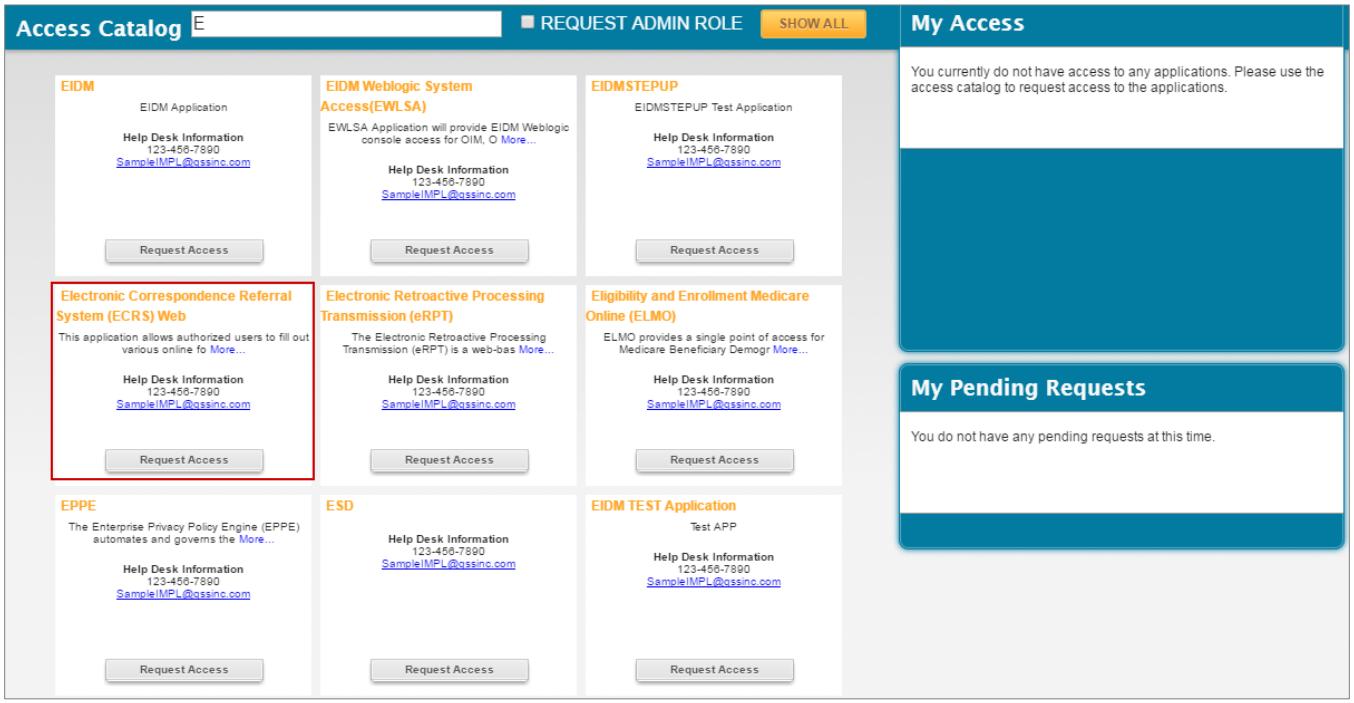



6. Click **Request Access Now** under the Request Access section to begin process of requesting *the ECRS application and* user role.

   The application Access Catalog page appears.

   Note: You may also begin this process by selecting your user name at the top right corner of this page and select **My Access** from the drop-down menu.

**Figure 9-6: *Access Catalog***



7. Look for *ECRS*, and then click **Request Access**.

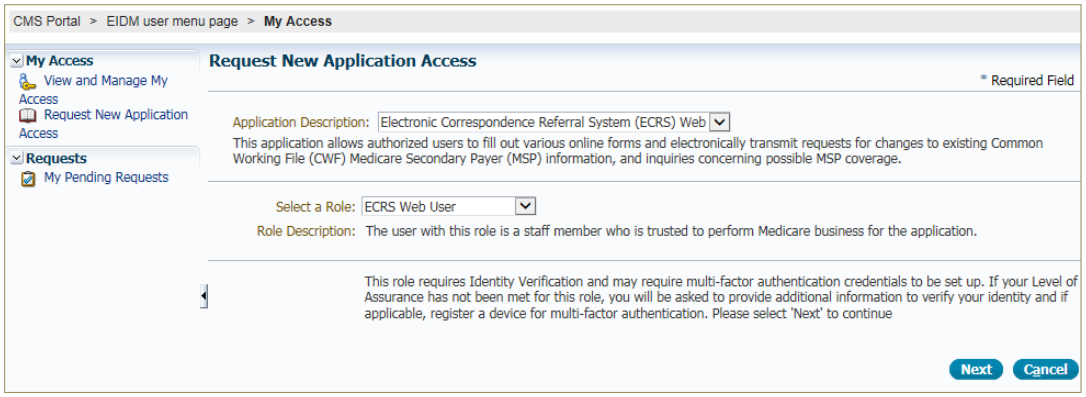
   The Request New Application page appears.

   The Access Catalog displays the applications in alphabetical order. To find ECRS, use either the scroll bar or enter the first few letters of the application name in the Access Catalog text box at the top of the page to narrow the range of applications displayed.

8. From the Role drop-down menu, select the appropriate role you want to request.
9. Click **Next**.

   This button is displayed after you select a role.

**Figure 9-7: *Request New System Access***




## 9.3 Completing Remote Identity Proofing (RIDP)

As a new user, once you request access to ECRS and select a role, the system will automatically take you through the RIDP process next to verify your identity. However, if you have already completed the RIDP process successfully through another CMS Enterprise Portal application, you will not be required to complete it again for ECRS.

To complete RIDP, you will be required to enter personal information, such as your name, date of birth, home address, etc., as it is recorded on either your driver's license or on a government ID. You will then be asked to respond to additional personal- and credit-related questions to validate your identity.

RIDP is used by CMS only to verify your identity. Since verification is done through Experian®, an outside credit agency, 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, nor will the inquiry incur any charges.** (See Figure 9-*8*, #2).

**Note:** After successfully completing the *Your Information* page (Figure 9-*10*), you have **five (5) minutes** to complete the *Verify Identity* questionnaire (Figure 9-*11*). Otherwise, you will lose all of the information you entered and you will need to re-start the process from the beginning. For other problems with the verification process, see Section 9.5 for how to contact Experian.

1. Read the guidelines; then click **Next** to begin.

   The *Terms and Conditions* page appears.

**Figure 9-8: *RIDP Identity Verification***

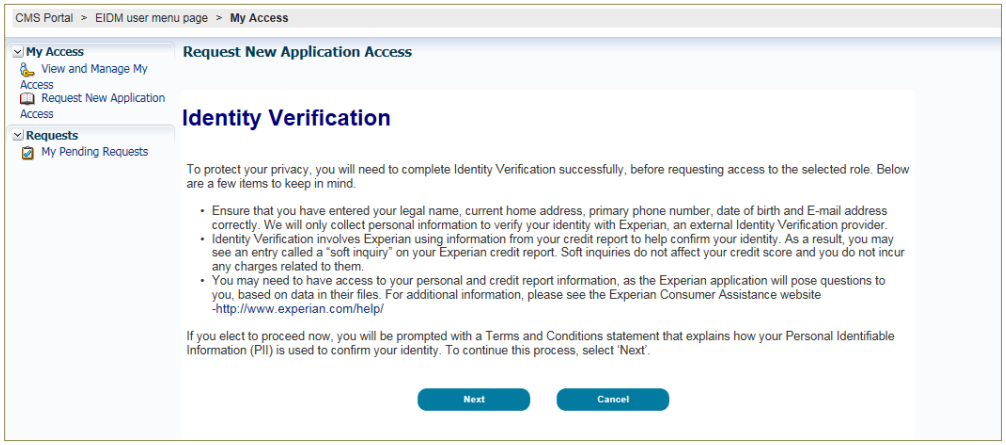
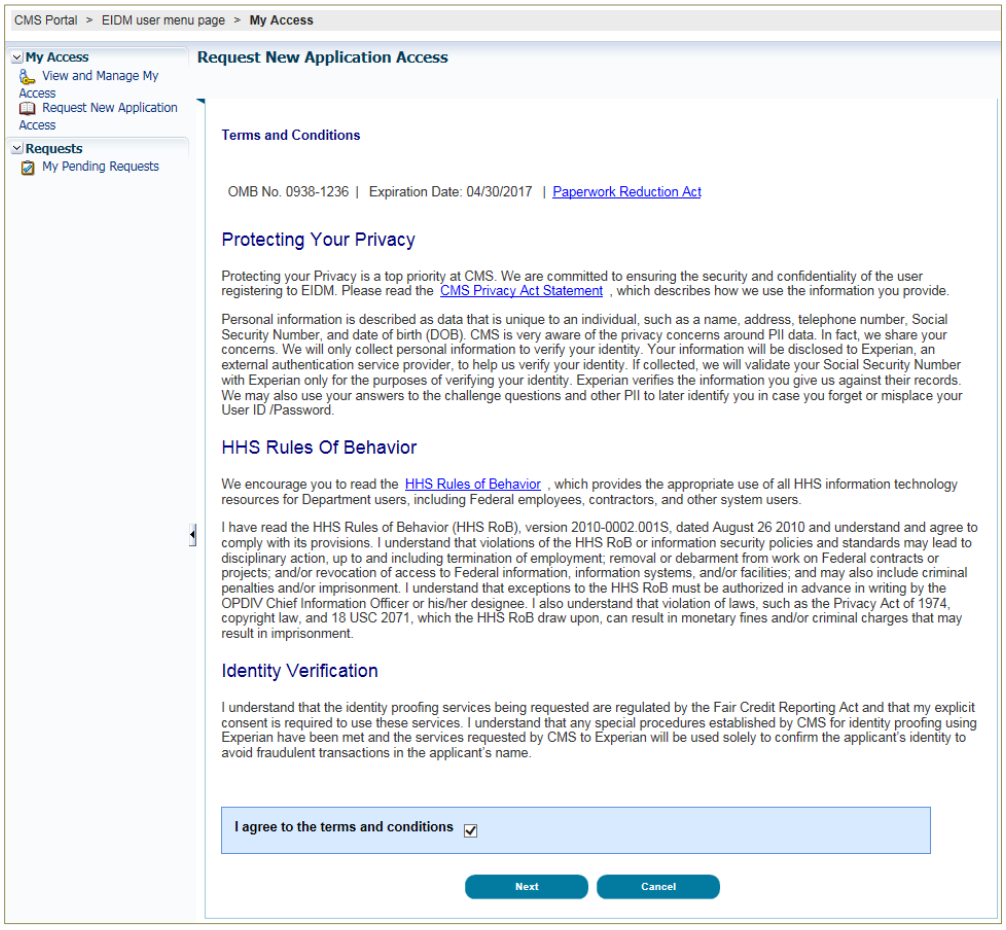



**Figure 9-9: *RIDP Terms and Conditions***

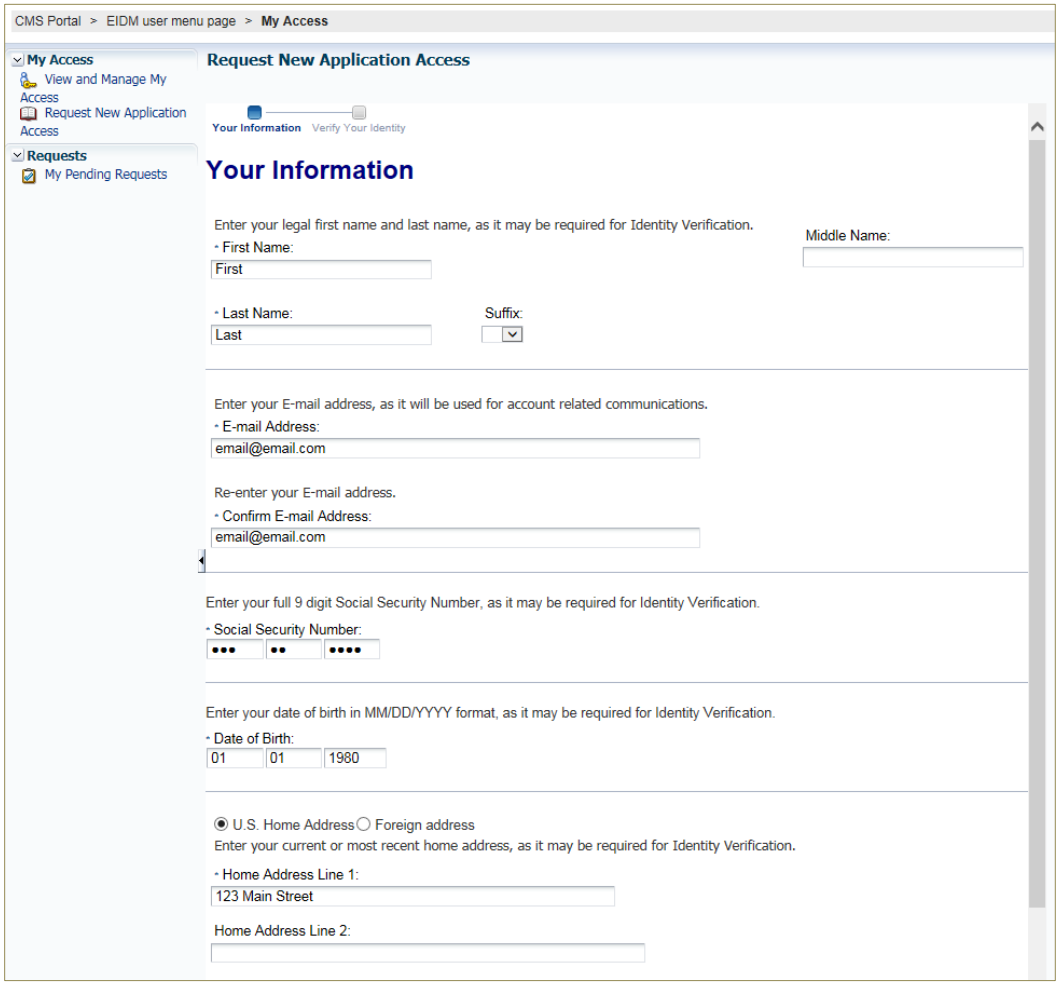



2. Read the *Terms and Conditions*. Check the box next to "I agree to the terms and conditions," and then click **Next** (Figure 9-*9*).

   **Note:** The **Next** button is only enabled after you check the *I Agree* checkbox.

   The *Your Information* page appears (Figure 9-*10*).

**Figure 9-10:** ***RIDP Your Information***




3. Enter the personal data required on the *Your Information* page. All fields are required except for *Zip Code Extension*.

   **Note:** If your information is incorrect or Experian is unable to validate your personal information, you will be directed to contact Experian. See Section 9.4 for contact 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.
   - Enter a personal landline phone number (if you have one). (A cell phone can be used, but a residential landline is preferred.)

4. Click **Next** to continue.

   The *Verify Identity* questionnaire page appears (Figure 9-*11*).

   **Note:** The *Verify Identity* questions are supplied by Experian based on the information you provided on the *Your Information* page.

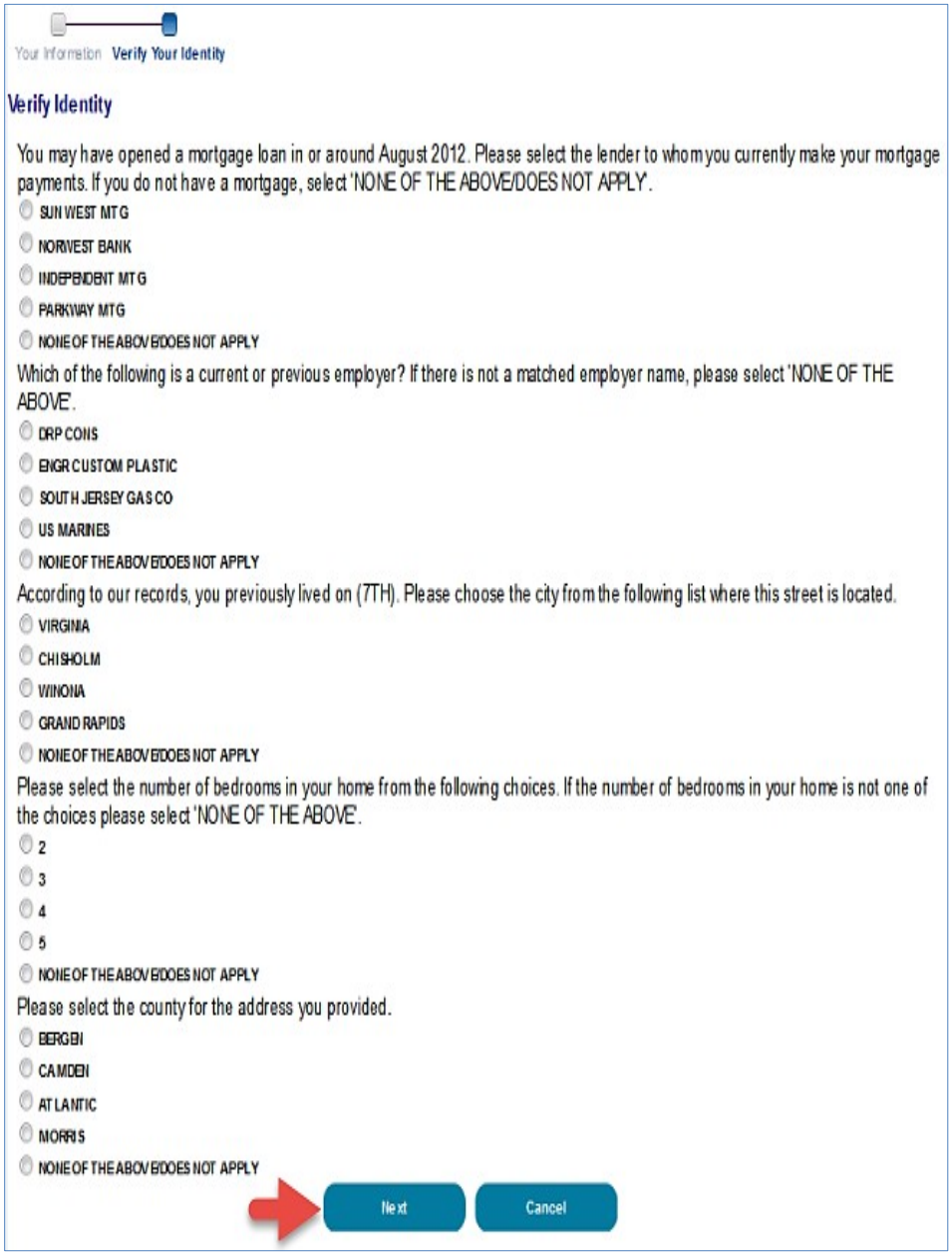
**Tips for Completing the Verify Identity Questionnaire and Giving Consent**

- You will be asked a series of questions regarding your personal financial transactions/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 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.

5. Complete the questions. Then click **Next** to complete the RIDP process.

   **Remember:** You have **five (5) minutes** to answer these questions. Otherwise, the process will time out and you will need to begin again from the beginning. If you time out, try again. Otherwise, contact the Experian Verification Support Services Help Desk at 1-866-578-5409.

**Figure 9-11:** ***RIDP Verify Identity (Questionnaire)***




## 9.4 Problems with Verification?

If Experian is unable to verify your identity through the *Your Information* form, or if you repeatedly time out with the *Verify Identity* questions, you will be asked to contact the Experian Verification Support Services Help Desk. The system will provide you with an Experian 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 reference code for your case. 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.

## 9.5 Manual Identity Proofing

If Experian is unsuccessful with verifying your identity by phone, 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.

Once you complete the RIDP process successfully, you will proceed to either the *Multi-Factor Authentication Information* page (next section), or continue with the role request process (awaiting approval for a role that requires it; see Figure 9-*18*).

## 9.6 Downloading and Installing a Software Credential ID

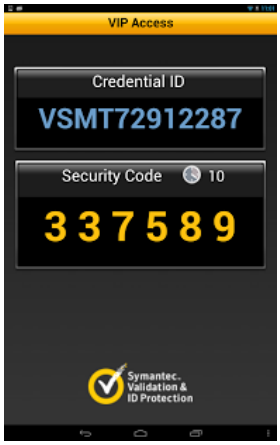
To use MFA services, you are required to register a mobile phone, computer, laptop, or email address as part of your EIDM profile. If you have a mobile phone, computer, or laptop, you can download and install MFA credential ID software on the device you plan to use to access the CMS Enterprise Portal. Many users go to Symantec™ to download the credential ID software (Figure 9-*12*).

For downloads, go to the Symantec Validation and Identity Protection (VIP) service website.

- For all computers and mobile devices, go to: https://idprotect.vip.symantec.com/.
  To see a detailed list of supported mobile devices and versions, go to: https://m.vip.symantec.com/supportedphones.v
- To download to a mobile device, enter m.vip.symantec.com in your browser; then follow the installation prompts.

This step may done at any time. However, the download needs to be completed prior to registering your device for MFA. For step-by-step details regarding device registration, see Section 9.7.

**Figure 9-12: *Example Symantec VIP Access Screen***




## 9.7 Registering Devices for Multi-Factor Authentication (MFA)

New and existing CMS portal users will be directed to complete the MFA registration process. The CMS Enterprise Portal requires that you register a mobile device, computer, laptop, or email as part of your EIDM profile. This process adds an additional level of security to your account by requiring you to enter a unique security code from your registered MFA device during login in.

If you plan to use the Symantec Validation & ID Protection (VIP) credential ID software on your phone or computer, you should now download and install the software. See Section 9.6 for the software download links.

If you are a new user who has never requested access to a CMS Enterprise Portal application, you will see Figure 9-*13* when you begin the MFA process. For existing users who have not yet registered a device, go to *My Profile* and click **Register Your Phone, Computer, or E-mail** to begin the process. This opens the device registration page (Figure 9-*14*).

Click **Next** to begin.

**Figure 9-13:** ***Multi-Factor Authentication Information***

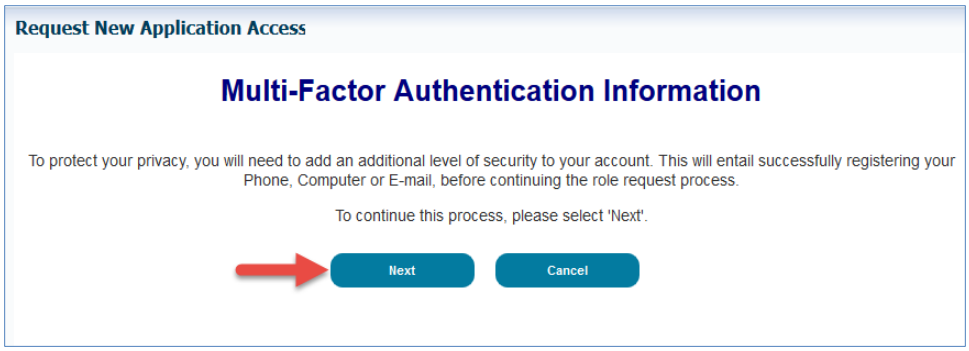
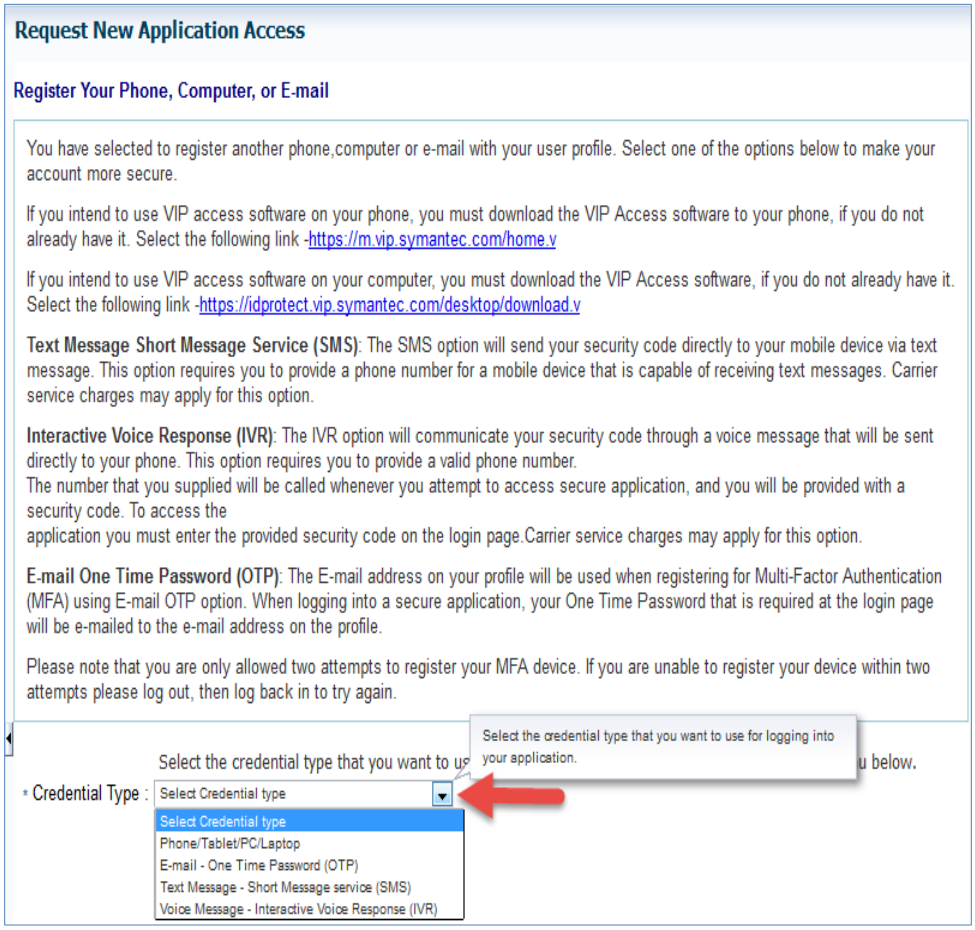


**Figure 9-14: *MFA Register Your Phone, Computer, or E-mail***




6. Read the notification on the *Register Your Phone, Computer, or E-mail* page.
7. Select an option from the *Credential Type* drop-down menu.

   The *Credential Type* detail fields appear depending on your selection.

   **Credential Types**

   - **Phone/Tablet/PC/Laptop** (Figure 9-*15*)
     a. Using your VIP credential ID software, find the alphanumeric code displayed on your screen and enter it in to *Credential ID* field of the registration page (see Figure 9-*12* for example VIP Access screen).
     b. Enter a brief description of your device in the *Credential Description* field.
   - **E-mail – One-Time Password (OTP) (**Figure 9-*16***)**
     a. Enter the email associated with your CMS Enterprise Portal account in the *E-mail Address* field of the registration page.
     b. Enter a brief description of your email address in the *Credential Description* field.
   - **Text Message – Short Message Service (SMS)**
     a. Enter the phone number that you will use to obtain the security code in the *Phone Number* field.

b. Enter "Text" in the *Credential Description* field.

- **Voice Message – Interactive Voice Response (IVR)**
  a. Enter the phone number that you will use to obtain the security code in the *Phone Number* field.
  b. Enter "IVR" in the *Credential Description* field.

**Figure 9-15:** ***MFA Phone/Tablet/PC/Laptop Option***

**Figure 9-16:** ***MFA Email One-Time-Password Option***

8. Click **Next** to continue.

   A *Register Your Phone, Computer, or E-mail* successful registration page displays (Figure 9-*17*).

9. Click **Next** to continue.

   If you are a new user, you will go to the *Request New Application Access Acknowledgement* page (Figure 9-*18*). Click **OK** to continue. (**Note:** If the role you requested requires approval, you will be provided with a Request ID. Once your request has been processed, you will receive an email.)

   If you are an existing user, you will go to the *My Profile* page.

   You have now completed the MFA registration process.

**Figure 9-17: *MFA Successful Registration Notification* (New Users)**

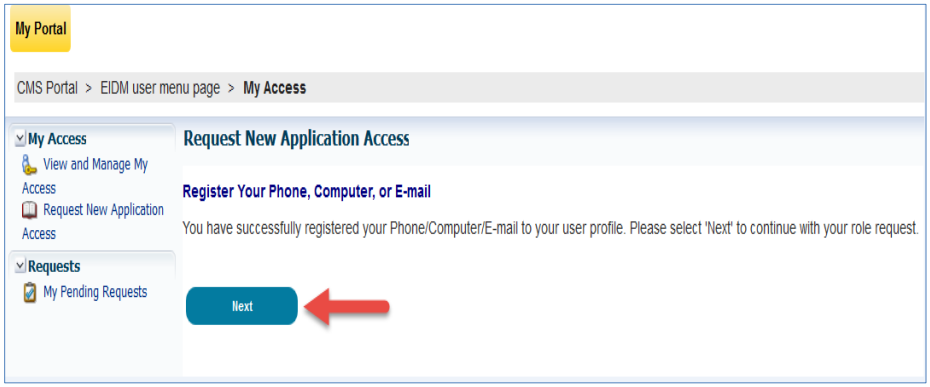



**Figure 9-18: *Request New Application Access Acknowledgement (New Users)***

# 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. |
| 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.<br>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.<br>Required for all SOURCEs when ACTION is AI. |
| ADDRESS | Y | Required for all ACTIONs when the Source is CHEK, LTTR, or PHON.<br>Required for all SOURCEs when the ACTION is AI. |
| CITY | Y | Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON<br>Required for all SOURCEs when the ACTION is AI. |
| STATE | Y | Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON<br>Required for all SOURCEs when the ACTION is AI. |
| ZIP | Y | Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON<br>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<br>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.<br>**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.<br>**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.<br>Required when the ACTION is AP and the MSP TYPE is not D, E, L, or W.<br>**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.<br>• 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.<br>• 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.<br>• Required when the ACTION is CA and MSP TYPE is L.<br>• 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<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• Required when the SOURCE is CHEK, LTTR, or PHON. |
| PHONE | N | N/A |
| RELATIONSHIP | Y | • Required when the SOURCE is CHEK, LTTR, or PHON.<br>• 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 or DE. |
| ADDRESS LINE 1 | Y | • Required when an Insurance Company Name is entered.<br>• Required when the ACTION is DI.<br>• 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.<br>• Required when the ACTION is DI.<br>• Required when the ACTION is CA or CL, unless Informant information was entered. |
| STATE | Y | • Required when an Insurance Company Name is entered.<br>• Required when the ACTION is DI.<br>• Required when the ACTION is CA or CL, unless Informant information was entered. |
| ZIP | Y | • Required when an Insurance Company Name is entered.<br>• Required when the ACTION is DI.<br>• 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 the ACTION is DE.<br>• Required when MSP TYPE is F and SEND TO CWF is Yes |
| ADDRESS | Y | • Required when the ACTION is DE.<br>• Required when MSP TYPE is F and SEND TO CWF is Yes |
| ADDRESS 2 | N | N/A |
| CITY | Y | • Required when the ACTION is DE.<br>• Required when MSP TYPE is F and SEND TO CWF is Yes |
| STATE | Y | • Required when the ACTION is DE.<br>• Required when MSP TYPE is F and SEND TO CWF is Yes |
| ZIP | Y | • Required when the ACTION is DE.<br>• 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. |

| Field | Required? | Notes |
|---|---|---|
| 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.<br>• 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<br>• Required when ACTION is PC |
| ORIGINATING CONTRACTOR | Y | N/A |
| *EFFECTIVE* DATE | Y | N/A |
| NEW EFFECTIVE DATE | Y | Required when ACTION is ED. |
| TERMINATION DATE | | • Required when ACTION is CT<br>• Required when ACTION is TD |
| 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 | Required for all SOURCEs when ACTION is II.<br>**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 |
| 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 | Y | N/A |
| POLICY NUMBER | Y | Required when the ACTION is AP and the MSP TYPE is **not** D, E, L, or W.<br>**Note:** If the POLICY NUMBER is entered, the GROUP NUMBER is not required. |

| Field | Required? | Notes |
|---|---|---|
| GROUP NUMBER | Y | • GROUP NUMBER, BIN, or PCN is required when ACTION is CX<br>• Required when ACTION is AP and:<br>  • MSP TYPE is NOT D, E, L, or W, or<br>  • COVERAGE TYPE is U.<br>**Note:** If the GROUP NUMBER is entered, the POLICY NUMBER is not required. |
| BIN | Y | • Required when COVERAGE TYPE is U.<br>• GROUP NUMBER, BIN, or PCN is required when ACTION is CX. |
| PCN | Y | • Required when COVERAGE TYPE is U.<br>• GROUP NUMBER, BIN, or PCN is required when ACTION is CX. |
| ID | Y | Required when 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 INITIAL | 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 |

| Field | Required? | Notes |
|---|---|---|
| EMPLOYER PHONE | N | N/A |
| 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<br>• Required when RECORD TYPE is blank and SUPPLEMENTAL TYPE is L. |

# Appendix E: Reason Codes

**Table E-1: Reason Codes**

| Reason Code | Definition |
|---|---|
| 01 | Not yet read by COB, used with NW status |
| 02 | Being processed by COB, used with IP status |
| 03 | Under development by COB, 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 | Prescription Drug Information sent to MBD |
| 30 | SEE approved 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 | Policy Holder Retired (G record) |
| 37 | Beneficiary verified existing record, no update needed |
| 38 | Development 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 | Posted to CWF, response received with no errors, used with CM status<br>**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 |

| Reason Code | Definition |
|---|---|
| 52 | Returned–rejected by CWF, used with CM status |
| 53 | Returned–duplicate ECRS request, used with CM status |
| 54 | 100 or more threshold met |
| 55 | 20 or more threshold met |
| 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 |
| 62 | Closed, no response to development |
| 63 | Development complete, no MSP |
| 64 | Letter 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, no response |
| 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 |
| 79 | Per employer, Medicare beneficiary is not covered under spouse’s GHP |
| 80 | Employer has less than 100 employees |
| 81 | Medicare is primary due to ESRD coordination period |
| 82 | Per insurance, seasonal employee and not eligible for the month |

| Reason Code | Definition |
|---|---|
| 83 | Incoming request conflicts with information on file<br>**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 | Insufficient information 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 (check HIMR or resubmit as assistance request) |
| 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 |
| 96 | Per Hierarchy guidelines, request cannot be honored. |
| 97 | Existing record is invalid and has been deleted. New record created to include changes requested. |

# 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. |

| Remark Code | Definition |
|---|---|
| 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. |
| 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.<br>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.<br>Required.<br>If not valid contractor number, drop file with error code HE03. |
| File Type | 3 | Alpha | 12-14 | Valid values:<br>'CWF' – CWF Assistance Request file<br>If not, drop file with error code HE04. |
| File Date | 8 | Date | 15-22 | CCYYMMDD<br>If not valid date, drop file with error code HE05. |
| Submitter Type | 1 | Alpha-Numeric | 23 | Part C/D Submitter Indicator<br>Valid Values<br>'C' = Part C Contractor<br>'D' = Part D Contractor<br>If not valid value, drop file with error code HE06. |
| Filler | 1244 | Filler | 24-1267 | Unused Field – fill with spaces |

## G.2 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.<br>Required. |
| PDP ID | 4 | Numeric | 3-6 | ID number assigned by the BCRC.<br>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:<br>'CWF' – CWF Assistance Request File<br>If not, drop file with error code TE04. |
| File Date | 8 | Date | 15-22 | CCYYMMDD<br>If not valid date, drop file with error code TE05. |
| Record Count | 9 | Numeric | 23-31 | Number of records on file. 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 |

## G.3 CWF Assistance Request Detail Record

This record layout **must be used** for **all** CWF Assistance Request file submissions as of 1/1/2014.

**Table G-3: CWF Assistance Request Detail Record Layout**

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Transaction type | 4 | Alpha | 1 – 4 | Set to 'ECRS'<br>**Required** |
| Contractor Number | 5 | Alpha-Numeric | 5-9 | Medicare Contractor (MACs, MA/PD Plans) Number.<br>**Required** |
| DCN | 15 | Text | 10-24 | Document Control Number; assigned by the Medicare Contractor.<br>Required. Each record shall have a unique DCN. |
| Tran Type Code | 1 | Alpha | 25 | Transaction Type Indicator<br>Set to 'R' for CWF Assistance Requests<br>**Required** |
| Trans Seq No | 3 | Numeric | 26-28 | Sequence Number assigned by COB.<br>Internal use only. Populate with spaces. |
| Update Operator ID | 8 | Alpha-Numeric | 29-36 | ID of user making update.<br>Not required |
| Contractor Name | 25 | Text | 37-61 | Contractor name<br>Not required |
| Contractor Phone | 10 | Numeric | 62-71 | Contractor Phone Number<br>Not required |
| Tran Stat Cd | 2 | Alpha | 72-73 | Status Code<br>Set to 'NW' for New |
| Tran Reason Cd | 2 | Numeric | 74-75 | Reason<br>Set to '01' for New |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Trans Action Code 1 | 2 | Alpha | 76-77 | Action Code. Valid values are:<br>AI = Change Attorney Information<br>AP = Add Policy and/or Group Number<br>AR = Add CWF remark codes<br>CA = CMS Grouping Code<br>CD = Date of Injury/Date of Loss Changes<br>CP = Incorrect ESRD Coordination Period<br>CT = Change termination date<br>DA = Develop to the attorney<br>DD = Develop for the diagnosis code<br>DE = Develop to employer or for employer info<br>DI = Develop to insurer or for insurer info<br>DO = Mark occurrence for deletion<br>DR = Investigate/redevelop closed or deleted record<br>DT = Develop for termination date<br>DX = Change diagnosis codes<br>EA = Change employer address<br>ED = Change effective date<br>EF = Develop for the effective date<br>EI = Change employer information<br>ES = Employer size below minimum (20 for working aged, 100 for disability)<br>ID = Investigate/possible duplicate for deletion<br>II = Change insurer information<br>IT = Change insurer type<br>LR = Add duplicate liability record<br>MT = Change MSP type<br>MX = SSN/*MEDICARE ID* mismatch<br>NR = Create duplicate no-fault record<br>PH = Add PHP date<br>PR = Change patient relationship<br>TD = Add Termination Date.<br>VP = Beneficiary has taken a vow of poverty<br>WN = Notify BCRC of Updates to WCMSA Cases<br>**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. |
| Trans Action Code 2 | 2 | Alpha-Numeric | 78-79 | Action Code 2<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Trans Action Code 3 | 2 | Alpha-Numeric | 80-81 | Action Code 3<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |
| Trans Action Code 4 | 2 | Alpha-Numeric | 82-83 | Action Code 4<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |
| Activity Code | 1 | Alpha | 84 | Activity of Contractor.<br>Valid values are:<br>C = Claims (Prepayment) – 22001<br>N = Liability, No-Fault, WC, and FTCA - 42002<br>G = Group Health Plan – 42003<br>I = General Inquiry – 42004<br>D = Debt Collection – 42021<br>**Required** |
| Develop to | 1 | Alpha | 85 | Development source code indicating where development letter was sent.<br>Not required. Populate with spaces if not available. |
| RSP | 1 | Alpha | 86 | Development response indicator.<br>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.<br>Valid values are:<br>CHE = Unsolicited check<br>LTTR = Letter<br>PHON= Phone call<br>SCLM = Claim submitted to Medicare contractor for secondary payment<br>SRVY = Survey<br>CLAM = Claim<br>**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.<br>**Required** if SSN is not entered. |
| Beneficiary's Social Security Number | 9 | Numeric | 103-111 | Beneficiary's Social Security Number<br>**Required** if *Medicare ID* not entered. |
| Beneficiary's Date of Birth | 8 | Date | 112-119 | Beneficiary's Date of Birth in CCYYMMDD format<br>Not required. Populate with zeros if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Beneficiary's Sex Code | 1 | Numeric | 120 | Sex of beneficiary<br>Valid values are:<br>U = Unknown<br>M = Male<br>F = Female<br>Not required. Populate with spaces if not available. |
| Beneficiary's First Name | 15 | Text | 121-135 | First name of beneficiary.<br>**Required** |
| Beneficiary's Initial | 1 | Alpha | 136 | Middle initial of beneficiary |
| Beneficiary's Last Name | 24 | Text | 137-160 | Last name of beneficiary.<br>**Required** |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Patient Relationship | 2 | Numeric | 161-162 | Patient relationship between policyholder and beneficiary<br>Valid values are:<br>01 = Patient is policy holder<br>02 = Spouse<br>03 = Natural child, insured has financial responsibility<br>04 = Natural child, insured does not have financial responsibility<br>05 = Stepchild<br>06 = Foster child<br>07 = Ward of the Court<br>08 = Employee<br>09 = Unknown<br>10 = Handicapped dependent<br>11 = Organ donor<br>12 = Cadaver donor<br>13 = Grandchild<br>14= Niece/nephew<br>15= Injured plaintiff<br>16= Sponsored dependent<br>17= Minor dependent of a minor dependent<br>18= Parent<br>19= Grandparent dependent<br>20= Domestic partner (Effective April, 2004.)<br>**Required**<br>**Note:** For the following MSP TYPEs below, the PATIENT RELATIONSHIP codes listed to the right are the only valid values that can be used.<br>MSP TYPE PATIENT RELATIONSHIP<br>---<br>A 01, 02<br>B 01, 02, 03, 04, 05, 18, 20<br>G 01, 02, 03, 04, 05, 18, 20 |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| MSP Type | 1 | Alpha | 163 | One-character code identifying type of MSP coverage<br>Valid values are:<br>A = Working Aged<br>B = ESRD<br>C = Conditional Payment<br>D = Automobile Insurance<br>E = Workers' Compensation<br>F = Federal (Public)<br>G = Disabled<br>H = Black Lung<br>L = Liability<br>W =Workers' Compensation Set-Aside<br>**Required** |
| MSP Effective Date | 8 | Date | 164-171 | Effective date of MSP coverage in CCYYMMDD format.<br>**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.<br>Not required. Populate with zeros if not available. |
| AUX Row Number | 3 | Numeric | 180-182 | AUX record number of MSP record at CWF.<br>**Required**. Populate with zeros if not available. |
| MSP Accretion Date | 8 | Date | 183-190 | Accretion date of MSP coverage in CCYYMMDD format.<br>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<br>**Required** |
| Filler | 6 | Alpha | 196-201 | Populate with spaces. |
| Beneficiary's Address 1 | 32 | Text | 202-233 | First line of beneficiary's street address.<br>Not required. Populate with spaces if not available. |
| Beneficiary's Address 2 | 32 | Text | 234-265 | Second line of beneficiary's street address.<br>Not required. Populate with spaces if not available. |
| Beneficiary's City | 15 | Text | 266-280 | Beneficiary's city<br>Not required. Populate with spaces if not available. |
| Beneficiary's State | 2 | Alpha | 281-282 | Beneficiary's state<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Beneficiary's Zip Code | 9 | Numeric | 283-291 | Beneficiary's zip code<br>Not required. Populate with spaces if not available. |
| Beneficiary's Phone | 10 | Numeric | 292-301 | Beneficiary's telephone number<br>Not required. Populate with zeros if not available. |
| Check Date | 8 | Numeric | 302-309 | Date of check received in CCYYMMDD format.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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<br>Not required. Populate with zeros if not available. |
| Informant's Address 1 | 32 | Text | 390-421 | Informant's street address 1<br>**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.<br>Not required |
| Informant's City | 15 | Text | 454-468 | Informant's city.<br>**Required** when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Informant's State | 2 | Alpha | 469-470 | Informant's state<br>**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<br>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.<br>Valid values are:<br>A = Attorney representing beneficiary<br>B = Beneficiary<br>C = Child<br>D = Defendant's attorney<br>E = Employer<br>F = Father<br>I = Insurer<br>M = Mother<br>N = Non-relative<br>O = Other relative<br>P = Provider<br>R = Beneficiary representative other than attorney<br>S = Spouse<br>U = Unknown<br>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<br>Not required. Populate with spaces if not available. |
| Employer EIN | 18 | Text | 513-530 | Employer's Identification Number<br>Not required. Populate with spaces if not available. |
| Employer's Address 1 | 32 | Text | 531-562 | Employer's Street Address 1<br>Not required. Populate with spaces if not available. |
| Employer's Address 2 | 32 | Text | 563-594 | Employer's Street Address 2<br>Not required. Populate with spaces if not available. |
| Employer's Phone | 10 | Numeric | 595-604 | Employer's Telephone Number<br>Not required. Populate with spaces if not available. |
| Employer's City | 15 | Text | 605-619 | Employer's City<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Employer's State | 2 | Alpha | 620-621 | Employer's State<br>Not required. Populate with spaces if not available. |
| Employer's ZIP Code | 9 | Numeric | 622-630 | Employer's Zip Code<br>Not required. Populate with spaces if not available. |
| Employee No | 12 | Text | 631-642 | Employee Number of Policy Holder<br>Not required. Populate with spaces if not available. |
| Insurer's name | 32 | Text | 643-674 | Name of insurance carrier for MSP coverage<br>Required for II ACTION. Populate with spaces if ACTION not equal to II. |
| Insurer Type | 1 | Alpha | 675 | Type of Insurance<br>A = Insurance or Indemnity (Other Types)<br>B = Group Health Organization (GHO)<br>C = Preferred Provider Organization<br>D = TPA/ASO<br>E = Stop Loss TPA<br>F = Self-insured/Self-Administered (Self-Insured)<br>G = Collectively-bargained Health and Welfare Fund<br>H = Multiple Employer Health Plan with 100 or more employees.<br>I = Multiple Employer Health Plan with 20 or more employees.<br>J = Hospitalization only plan covering inpatient hospital<br>K = Medical Service only plan covering non-inpatient medical<br>M = Medicare Supplement Plan<br>U = Unknown<br>Not required. Populate with A if not available. |
| Insurer's Address 1 | 32 | Text | 676-707 | Insurer's street address 1<br>Not required. Populate with spaces if not available. |
| Insurer's Address 2 | 32 | Text | 708-739 | Insurer's street address 2<br>Not required. Populate with spaces if not available. |
| Insurer's City | 15 | Text | 740-754 | Insurer's city<br>Not required. Populate with spaces if not available. |
| Insurer's State | 2 | Alpha | 755-756 | Insurer's state<br>Not required. Populate with spaces if not available. |
| Insurer's ZIP Code | 9 | Numeric | 757-765 | Insurer's zip code<br>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<br>Not required. Populate with zeros if not available. |
| Insurer Group Number | 20 | Text | 776-795 | Group number of insurance coverage.<br>Not required. Populate with spaces if not available. |
| Insurer Policy Number | 17 | Text | 796-812 | Policy number of insurance coverage.<br>Not required. Populate with spaces if not available. |
| Subscriber First Name | 15 | Text | 813-827 | First name of individual covered by this insurance.<br>Not required. Populate with spaces if not available. |
| Subscriber Initial | 1 | Alpha | 828 | Middle initial of individual covered by this insurance.<br>Not required. Populate with spaces if not available. |
| Subscriber Last Name | 24 | Text | 829-852 | Last name of individual covered by this insurance.<br>Not required. Populate with spaces if not available. |
| PHP Date | 8 | Date | 853-860 | Pre-paid Health Plan date in CCYYMMDD format.<br>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.<br>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.<br>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.<br>Not required. Populate with spaces if not available. |
| Filler | 25 | Filler | 867-891 | Filler |
| Submitter Type | 1 | Alpha | 892 | Part C/D Submitter Indicator<br>Valid Values<br>'C' = Part C Contractor<br>'D' = Part D Contractor<br>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 | Patient relationship between policyholder and beneficiary<br>Valid values are:<br>01 Patient is policy holder<br>02 Spouse<br>03 Natural child, insured has financial responsibility<br>04 Natural child, insured does not have financial responsibility<br>05 Stepchild<br>06 Foster child<br>07 Ward of the Court<br>08 Employee<br>09 Unknown<br>10 Handicapped dependent<br>11 Organ donor<br>12 Cadaver donor<br>13 Grandchild<br>14 Niece/nephew<br>15 Injured plaintiff<br>16 Sponsored dependent<br>17 Minor dependent of a minor dependent<br>18 Parent<br>19 Grandparent dependent<br>20 Domestic partner (Effective April, 2004.)<br>**Required** when Action is PR.<br>**Note:** For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.<br>MSP TYPE PATIENT RELATIONSHIP<br>---<br>A 01, 02<br>B 01, 02, 03, 04, 05, 18, 20<br>G 01, 02, 03, 04, 05, 18, 20 |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| New MSP Type | 1 | Alpha | 1090 | One-character code identifying type of MSP coverage<br>Valid values are:<br>A = Working Aged<br>B = ESRD<br>C = Conditional Payment<br>D = Automobile Insurance<br>E = Workers' Compensation<br>F = Federal (Public)<br>G = Disabled<br>H = Black Lung<br>L = Liability<br>**Required** when Action is MT. |
| New MSP Effective Date | 8 | Date | 1091-1098 | Effective date of MSP coverage in CCYYMMDD format.<br>**Required** when Action is ED. |
| New Insurer Type | 1 | Alpha | 1099 | Type of Insurance<br>A = Insurance or Indemnity (Other Types)<br>B = Group Health Organization (GHO)<br>C = Preferred Provider Organization<br>D = TPA/ASO<br>E = Stop Loss TPA<br>F = Self-insured/Self-Administered (Self-Insured)<br>G = Collectively-bargained Health and Welfare Fund<br>H = Multiple Employer Health Plan with 100 or more employees.<br>I = Multiple Employer Health Plan with 20 or more employees.<br>J = Hospitalization only plan covering inpatient hospital<br>K = Medical Service only plan covering non-inpatient medical<br>M = Medicare Supplement Plan<br>U = Unknown<br>**Required** when Action is IT |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| 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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>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.<br>**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.<br>Required if Action code is CA or CL.<br>**Required if Diagnosis Code 1 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>* Refer to Appendix B for complete set of *required field*s for various source codes.<br>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. |
| 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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1B and the record will be dropped.<br>**Required if Diagnosis Code 2 is submitted.** |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 2 | 7 | Text | 1109 -1115 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 2 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1C and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 3 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>Not required. |
| 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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1D and the record will be dropped.<br>**Required if Diagnosis Code 4 is submitted**. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 4 | 7 | Text | 1125 - 1131 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 4 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1E and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 5 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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 | 1140 | One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1F and the record will be dropped.<br>**Required if Diagnosis Code 6 is submitted.** |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 6 | 7 | Text | 1141 – 1147 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 6 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1H and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 7 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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. |
| 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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM<br>If an invalid code is entered, the user will see error code PE1J and the record will be dropped.<br>**Required if Diagnosis Code 8 is submitted.** |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 8 | 7 | Text | 1157 – 1163 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 8 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1L and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 9 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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 | 1172 | One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1N and the record will be dropped.<br>**Required if Diagnosis Code 10 is submitted**. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 10 | 7 | Text | 1173 – 1179 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 10 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1P and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 11 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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 | 1188 | One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1R and the record will be dropped.<br>**Required if Diagnosis Code 12 is submitted**. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 12 | 7 | Text | 1189 – 1195 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 12 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1T and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 13 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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. |
| 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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1V and the record will be dropped.<br>**Required if Diagnosis Code 14 is submitted**. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 14 | 7 | Text | 1205 – 1211 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 14 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1X and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 15 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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 | 1220 | One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1Z and the record will be dropped.<br>**Required if Diagnosis Code 16 is submitted**. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 16 | 7 | Text | 1221 – 1227 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 16 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2B and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 17 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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 | 1236 | One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2D and the record will be dropped.<br>**Required if Diagnosis Code 18 is submitted.** |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 18 | 7 | Text | 1237 – 1243 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 18 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2F and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 19 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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. |
| 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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2H and the record will be dropped.<br>**Required if Diagnosis Code 20 is submitted**. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Diagnosis Code 20 | 7 | Text | 1253 – 1259 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 20 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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 |

## G.4 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. |

## G.5 CWF Assistance Request Response Detail Record

This record layout will be returned for CWF Assistance Request file submissions beginning 10/1/2013. This record layout **must be returned** for ***all*** CWF Assistance Request file transmissions as of 1/1/2014.

**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 |
| 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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Beneficiary's Initial | 1 | Alpha | 136 | PE13 |
| 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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Informant's Relationship Code | 1 | Alpha | 480 | None |
| Employer's Name | 32 | Text | 481-512 | PE30 |
| 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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| New Patient Relationship | 2 | Numeric | 900-901 | PE0O |
| New MSP Type | 1 | Alpha | 902 | PE0N |
| 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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Diagnosis Code11 | 7 | Text | 993 – 999 | PE1Q |
| Diagnosis Code 12 ICD Indicator | 1 | Text | 1000 | PE1R |
| Diagnosis Code 12 | 7 | Text | 1001 – 1007 | PE1S |
| 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. |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Error Code 4 | 4 | Alpha-Numeric | 1280-1283 | Error code describing reason why file was rejected. |

## G.6 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:<br>'PDR' – RX Drug Assistance Request file<br>If not, drop file with error code HE04. |
| File Date | 8 | Date | 15-22 | CCYYMMDD<br>If not valid date, drop file with error code HE05. |
| Submitter Type | 1 | Alpha-Numeric | 23 | Part C/D Submitter Indicator<br>Valid Values<br>'C' = Part C Contractor<br>'D' = Part D Contractor<br>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:<br>PDR' – RX Drug Assistance Request File<br>If not valid value, drop file with error code TE04. |
| File Date | 8 | Date | 15-22 | CCYYMMDD<br>If not valid date, drop file with error code TE05. |
| Record Count | 9 | Numeric | 23-31 | Number of records on file. 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<br>**Required** |
| DCN | 15 | Alpha-Numeric | 10-24 | Document Control Number: assigned by the Part C/D plan.<br>**Required**. Each record shall have a unique DCN. |
| Trans Type Code | 1 | Alpha | 25 | Transaction Type Indicator<br>Set to 'D' for Prescription Drug Assistance Requests<br>**Required** |
| Trans Seq. No | 3 | Numeric | 26-28 | Sequence Number assigned by the COB.<br>Internal use only. Populate with spaces. |
| Update Operator ID | 8 | Alpha-Numeric | 29-36 | ID of user making update.<br>Not required |
| Contractor Name | 25 | Alpha-Numeric | 37-61 | Contractor name<br>Not required |
| Contractor Phone | 10 | Numeric | 62-71 | Contractor phone number<br>Not required |
| Trans Status Code | 2 | Alpha | 72-73 | Transaction Status Code:<br>Set to 'NW' for New |
| Trans Reason Code | 2 | Numeric | 74-75 | Transaction Reason Code:<br>Set to '01' for New |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Action Code 1 | 2 | Alpha | 76-77 | Two-character code defining action to take on Prescription Drug record (*required field*).<br>Valid values are:<br>AP = Add Policy and/or Group Number<br>BN = Develop for RX BIN<br>CT = Change termination date<br>CX = Change RX Values (BIN, Group, PCN)<br>DO = Mark occurrence for deletion<br>EA = Change employer address<br>ED = Change effective date<br>EI = Change employer information<br>GR =Develop for Group Number<br>IT = Change insurer type<br>MT = Change MSP type<br>PC = Update RX Person Code<br>PN = Develop for/add PCN<br>PR = Change patient relationship<br>TD = Add Termination Date<br>**Notes:**<br>*The following action codes can be combined together, but not with any other action codes:*<br>BN = Develop for RX BIN<br>GR = Develop for Group Number<br>PN = Develop for/add PCN<br>*Prescription Drug Assistance Request with the following action codes will be automatically processed, given they have no reject errors:*<br>AP Add Policy Number/Group Number<br>CX Change RX Values (BIN, Group, PCN)<br>DO Delete Occurrence<br>TD Add Termination Date |
| Action Code 2 | 2 | Alpha | 78-79 | Transaction Action Code 2:<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |
| Action Code 3 | 2 | Alpha | 80-81 | Transaction Action Code 3:<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |
| Action Code 4 | 2 | Alpha | 82-83 | Transaction Action Code 4:<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Activity Code | 1 | Alpha | 84 | Activity of Contractor:<br>Valid values are:<br>C = Claims (Prepayment) – 22001<br>N = Liability, No-Fault, WC, and FTCA - 42002<br>G = Group Health Plan – 42003<br>I = General Inquiry – 42004<br>D = Debt Collection – 42021<br>**Required** |
| Trans Source Code | 4 | Alpha | 85-88 | Four-character code identifying source of RX DRUG assistance request information<br>Valid values are:<br>CHEK = Unsolicited check<br>LTTR = Letter<br>PHON = Phone call<br>SCLM = Claim submitted to Medicare contractor for secondary payment<br>SRVY = Survey<br>CLAM =Claim<br>**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<br>Not Required. Populate with zeros if not available. |
| Beneficiary Sex Code | 1 | Alpha | 109 | Sex of Beneficiary:<br>Valid values are:<br>U = Unknown<br>M = Male<br>F = Female<br>Not required. Populate with spaces if not available. |
| Beneficiary First Name | 15 | Text | 110-124 | First Name of beneficiary<br>**Required** |
| Beneficiary Middle Initial | 1 | Text | 125 | Middle Initial of beneficiary |
| Beneficiary Last Name | 24 | Text | 126-149 | Last Name of beneficiary<br>**Required** |
| Beneficiary Address Line 1 | 32 | Text | 150-181 | First line of beneficiary's street address. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| 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 policyholder and beneficiary<br>Required when Record Type is Primary<br>Valid values are:<br>01 Patient is policy holder<br>02 Spouse<br>03 Natural child, insured has financial responsibility<br>04 Natural child, insured does not have financial responsibility<br>05 Stepchild<br>06 Foster child<br>07 Ward of the Court<br>08 Employee<br>09 Unknown<br>10 Handicapped dependent<br>11 Organ donor<br>12 Cadaver donor<br>13 Grandchild<br>14 Niece/nephew<br>15 Injured plaintiff<br>16 Sponsored dependent<br>17 Minor dependent of a minor dependent<br>18 Parent<br>19 Grandparent dependent<br>20 Domestic partner (Effective April, 2004.)<br>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:<br>MSP TYPE PATIENT RELATIONSHIP<br>---<br>A 01, 02<br>B 01, 02, 03, 04, 05, 18, 20<br>G 01, 02, 03, 04, 05, 18, 20 |
| New Patient Relationship | 2 | Numeric | 252-253 | New patient relationship between policyholder and beneficiary. Description of code displays next to value<br>**Required** when ACTION is PR |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Person Code | 3 | Numeric | 254-256 | Plan-specific Person Code.<br>Values are:<br>001 Self<br>002 Spouse<br>003 Other<br>**Required** when:<br>RECORD TYPE is Supplemental<br>ACTION is PC |
| MSP Type | 1 | Alpha | 257 | One-character code identifying type of MSP coverage. Valid values are:<br>A = Working Aged<br>B = ESRD<br>C = Conditional Payment<br>D = Automobile Insurance<br>E = Workers' Compensation<br>F = Federal (Public)<br>G = Disabled<br>H = Black Lung<br>L = Liability<br>W =Workers' Compensation Set-Aside<br>**Required** when Action is MT. |
| New MSP Type | 1 | Alpha | 258 | One-character code identifying new type of MSP coverage.<br>**Required** when Action is MT. |
| Record Type | 3 | Alpha-Numeric | 259-261 | Drug Record Type<br>PRI Primary<br>SUP Supplemental<br>**Required** |
| Drug Coverage Effective Date | 8 | Date | 262-269 | Effective date of Drug coverage in CCYYMMDD format. |
| New Drug Coverage Effective Date | 8 | Date | 270-277 | New Effective date of Drug coverage in CCYYMMDD format |
| Term Date | 8 | Date | 278-285 | Termination date of Drug coverage in CCYYMMDD format. |
| Originating Contractor | 5 | Alpha-Numeric | 286-290 | Contractor number of contractor that created original Drug occurrence |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Informant First Name | 15 | Text | 291-305 | Name of person informing contractor of change in Drug coverage.<br>**Required** when SOURCE is CHEK or LTTR.<br>Populate with spaces if Source field not equal to CHEK or LTTR. |
| Informant Middle Initial | 1 | Text | 306 | Informants middle initial. |
| Informant Last Name | 24 | Text | 307-330 | Last name of person informing contractor of change in Drug coverage.<br>**Required** when SOURCE is CHEK or LTTR.<br>Populate with spaces if Source field not equal to CHEK or LTTR. |
| Informant Address | 32 | Text | 331-362 | Informant’s street address<br>**Required** when SOURCE is CHEK or LTTR.<br>Populate with spaces if Source field not equal to CHEK or LTTR. |
| Informant City | 15 | Text | 363-377 | Informant's city<br>**Required** when SOURCE is CHEK or LTTR.<br>Populate with spaces if SOURCE field not equal to CHEK or LTTR. |
| Informant State | 2 | Text | 378-379 | Informant's state<br>**Required** when SOURCE is CHEK or LTTR.<br>Populate with spaces if SOURCE field not equal to CHEK or LTTR. |
| Informant Zip code | 9 | Numeric | 380-388 | Informant's zip code<br>**Required** when SOURCE is CHEK or LTTR.<br>Populate with spaces if SOURCE field not equal to CHEK or LTTR. |
| Informant Phone | 10 | Numeric | 389-398 | Informant's telephone number<br>Not Required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Informant's Relationship Code | 1 | Alpha | 399 | Relationship of informant to beneficiary.<br>Valid values are:<br>A = Attorney representing beneficiary<br>B = Beneficiary<br>C = Child<br>D = Defendant's attorney<br>E = Employer<br>F = Father<br>I = Insurer<br>M = Mother<br>N = Non-relative<br>O = Other relative<br>P = Provider<br>R = Beneficiary representative other than attorney<br>S = Spouse<br>U =Unknown<br>**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<br>Not required. Populate with spaces if not available. |
| Employers Address 1 | 32 | Text | 432-463 | Employer's Street Address 1<br>Not required. Populate with spaces if not available. |
| Employers Address 2 | 32 | Text | 464-495 | Employer's Street Address 2<br>Not required. Populate with spaces if not available. |
| Employers City | 15 | Text | 496-510 | Employer's City<br>Not required. Populate with spaces if not available. |
| Employers State | 2 | Alpha | 511-512 | Employer's State<br>Not required. Populate with spaces if not available. |
| Employers Zip code | 9 | Numeric | 513-521 | Employer's Zip code<br>Not required. Populate with spaces if not available. |
| Employers Phone | 10 | Numeric | 522-531 | Employer's Phone Number<br>Not required. Populate with spaces if not available. |
| Employers EIN | 18 | Text | 532-549 | Employer's Identification Number<br>Not required. Populate with spaces if not available. |
| Employee Number | 12 | Text | 550-561 | Employee Number of Policy Holder<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Supplemental Type | 1 | Alpha-Numeric | 562 | Prescription Drug policy type. Valid values are:<br>L Supplemental<br>M Medigap<br>N Non-qualified State Program<br>O Other<br>P PAP<br>R Charity<br>T Federal Government Programs<br>1 Medicaid<br>2 Tricare<br>3 Major Medical |
| RX Drug Coverage Type | 1 | Alpha-Numeric | 563 | Prescription Drug Coverage Type<br>Prescription Drug Coverage Type of Insurance.<br>Valid Values are:<br>U Drug Network<br>V Drug Non-network<br>Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)<br>**Required** |
| Insurance Company Name | 32 | Text | 564-595 | Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered |
| 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<br>A Insurance or Indemnity (Other Types)<br>B Group Health Organization (GHO)<br>C Preferred Provider Organization<br>D TPA/ASO<br>E Stop Loss TPA<br>F Self-insured/Self-Administered (Self-Insured)<br>G Collectively-bargained Health and Welfare Fund<br>H Multiple Employer Health Plan with 100 or more employees.<br>I Multiple Employer Health Plan with 20 or more employees.<br>J Hospitalization only plan covering inpatient hospital<br>K Medical Service only plan covering non-inpatient medical<br>M Medicare Supplement Plan<br>U Unknown<br>**Required** when ACTION is IT |
| New Insurer Type | 1 | Alpha | 687 | New Type of Insurance<br>**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 |
| RX PCN | 10 | Text | 711-720 | Prescription Drug PCN Number |
| RX Group | 15 | Text | 721-735 | Prescription Drug Group Number |
| RX ID | 20 | Text | 736-755 | Prescription Drug ID Number |
| RX Phone | 10 | Numeric | 756-765 | Prescription Drug Phone Number |
| Check Amount | 15 | Alpha-Numeric | 766-780 | Amount of check received in $999,999,999.99 format.<br>**Required** if value in SOURCE field = CHEK<br>Populate with zeros if Source field not equal to CHEK. |
| Check Date | 8 | Date | 781-788 | Date of check received in CCYYMMDD format<br>**Required** if value in SOURCE field = CHEK<br>Populate with zeros if Source field not equal to CHEK. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Check Number | 15 | Alpha-Numeric | 789-803 | Number of check received.<br>**Required** if value in SOURCE field = CHEK<br>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.<br>Not Required |
| Remark Code 2 | 2 | Alpha-Numeric | 806-807 | Two-character PDR remark code explaining reason for transaction.<br>Not Required |
| Remark Code 3 | 2 | Alpha-Numeric | 808-809 | Two-character PDR remark code explaining reason for transaction.<br>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 | 270 | Filler | 998 -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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Beneficiary Address Line 1 | 32 | Text | 150-181 | PE15 |
| 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 |
| Effective Date | 8 | Date | 262-269 | PE48 |
| New 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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Informant's Relationship Code | 1 | Alpha | 399 | None |
| 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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| RX BIN | 6 | Text | 705-710 | PE50 |
| RX PCN | 10 | Text | 711-720 | PE51 |
| RX Group | 15 | Text | 721-735 | PE52 |
| 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 |
| Filler | 270 | Filler | 1186-1267 | 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.7 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)<br>Set to 'H0'.<br>Required |
| PDP ID | 4 | Numeric | 3-6 | ID number assigned by the BCRC.<br>Populate with Spaces |
| Contractor Number | 5 | Alpha-Numeric | 7-11 | Part D Plan Contractor number<br>Required |
| File Type | 3 | Alpha | 12-14 | Type of File<br>Set to 'MSP' – MSP Inquiry File<br>Required |
| File Date | 8 | Date | 15-22 | Date File Created in CCYYMMDD format<br>Required |
| Submitter Type | 1 | Alpha-Numeric | 23 | Part C/D Contractor Indicator<br>Valid Values<br>'C' = Part C Contractor<br>'D' = Part D Contractor<br>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<br>Set to 'T0'.<br>Required |
| PDP ID | 4 | Numeric | 3-6 | ID number assigned by the BCRC.<br>Populate with Spaces |
| Contractor Number | 5 | Alpha-Numeric | 7-11 | Part D Plan Contractor number<br>Required |
| File Type | 3 | Alpha-Numeric | 12-14 | Type of File<br>Set to 'MSP' – MSP Inquiry File<br>Required |
| File Date | 8 | Date | 15-22 | Date File Created in CCYYMMDD format<br>Required |
| Record Count | 9 | Numeric | 23-31 | Number of Prescription Drug Inquiry Records in file<br>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 as of 1/1/2014.

**Table G-13: MSP Inquiry Detail Record Layout**

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Transaction type | 4 | Alpha | 1 – 4 | Type of Record<br>Set to 'ECRS'<br>**Required** |
| Contractor Number | 5 | Alpha-Numeric | 5-9 | Medicare Contractor (MACs, MA/PD Plans) Number.<br>**Required** |
| DCN | 15 | Text | 10-24 | Document Control Number; assigned by the Medicare Contractor.<br>Required. Each record shall have a unique DCN. |
| Tran Type Code | 1 | Alpha | 25 | Transaction Type Indicator<br>Set to 'I' for MSP Inquiry<br>**Required** |
| Trans Seq No | 3 | Numeric | 26-28 | Sequence Number assigned by the COB.<br>Internal use only. Populate with spaces. |
| Update Operator ID | 8 | Alpha-Numeric | 29-36 | ID of user making update.<br>Not required |
| Contractor Name | 25 | Text | 37-61 | Contractor name<br>Not required |
| Contractor Phone | 10 | Numeric | 62-71 | Contractor Phone Number<br>Not required |
| Tran Stat Cd | 2 | Alpha | 72-73 | Status Code<br>Set to 'NW' for New |
| Tran Reason Cd | 2 | Numeric | 74-75 | Reason<br>Set to '01' for New |
| Trans Action Code 1 | 2 | Alpha | 76-77 | Action Code 1<br>Valid values are:<br>CA CMS Grouping Code<br>CL Closed or Settled Case<br>DE Develop to employer or for employer info<br>DI Develop to insurer or for insurer info<br>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<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |
| Trans Action Code 3 | 2 | Alpha-Numeric | 80-81 | Action Code 3<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |
| Trans Action Code 4 | 2 | Alpha-Numeric | 82-83 | Action Code 4<br>Valid values same as Trans Action Code 1.<br>Not required. Populate with spaces if not available. |
| Activity Code | 1 | Alpha | 84 | Activity of Contractor.<br>Valid values are:<br>C = Claims (Prepayment) – 22001<br>N = Liability, No-Fault, WC, and FTCA - 42002<br>G = Group Health Plan – 42003<br>I = General Inquiry – 42004<br>D = Debt Collection – 42021<br>**Required** |
| First Development | 1 | Alpha | 85 | Development source code indicating where initial development letter was sent.<br>Valid values are:<br>A = Attorney<br>B = Beneficiary<br>E = Employer<br>I = Insurer<br>P = Provider<br>R = Beneficiary Representative (other than attorney)<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Second Development | 1 | Alpha | 86 | Development source code indicating where subsequent development letter was sent.<br>Valid values are:<br>A Attorney<br>B Beneficiary<br>E Employer<br>I Insurer<br>P Provider<br>R Beneficiary Representative (other than attorney)<br>Not required. Populate with spaces if not available. |
| RSP | 1 | Alpha | 87 | Development response indicator.<br>Valid values are:<br>A Attorney<br>B Beneficiary<br>E Employer<br>I Insurer<br>P Provider<br>R Beneficiary Representative<br>Not required. Populate with spaces if not available. |
| Trans Source Cd | 4 | Alpha | 88-91 | Four-character code identifying source of MSP inquiry information.<br>Valid values are:<br>CHEK = Unsolicited check<br>LTTR = Letter<br>PHON = Phone call<br>SCLM = Claim submitted to Medicare contractor for secondary payment<br>SRVY = Survey<br>CLAM = Claim<br>**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.<br>**Required** if SSN is not entered. |
| Beneficiary's Social Security Number | 9 | Numeric | 104-112 | Beneficiary's Social Security Number<br>**Required** if *Medicare ID* not entered. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Beneficiary's Date of Birth | 8 | Date | 113-120 | Beneficiary's Date of Birth in CCYYMMDD format<br>Required |
| Beneficiary's Sex Code | 1 | Alpha | 121 | Sex of beneficiary<br>Valid values are:<br>U = Unknown<br>M = Male<br>F = Female<br>**Required**. Default to U if unavailable. |
| Beneficiary's First Name | 15 | Text | 122-136 | Beneficiary's First Name<br>**Required** |
| Beneficiary's Initial | 1 | Alpha | 137 | Beneficiary's Middle Initial<br>Not required |
| Beneficiary's Last Name | 24 | Text | 138-161 | Beneficiary's Last Name<br>**Required** |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Patient Relationship | 2 | Numeric | 162-163 | Patient Relationship between policyholder and patient.<br>Valid values are:<br>01 = Patient is policy holder<br>02 = Spouse<br>03 = Natural child, insured has financial responsibility<br>04 = Natural child, insured does not have financial responsibility<br>05 = Stepchild<br>06 = Foster child<br>07 = Ward of the Court<br>08 = Employee<br>09 = Unknown<br>10 = Handicapped dependent<br>11 = Organ donor<br>12 = Cadaver donor<br>13 = Grandchild<br>14 = Niece/nephew<br>15 = Injured plaintiff<br>16 = Sponsored dependent<br>17 = Minor dependent of a minor dependent<br>18 = Parent<br>19 = Grandparent dependent<br>20 = Domestic partner (Effective April, 2004.)<br>Not required. Populate with zeros if not available<br>**Note:** For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.<br>MSP Type Patient Relationship<br>---<br>A 01, 02<br>B 01, 02, 03, 04, 05, 18, 20<br>G 01, 02, 03, 04, 05, 18, 20 |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| MSP Type | 1 | Alpha | 164 | One-character code identifying type of MSP coverage.<br>Valid values are:<br>A Working Aged<br>B ESRD<br>C Conditional Payment<br>D Automobile Insurance<br>E Workers' Compensation<br>F Federal (Public)<br>G Disabled<br>H Black Lung<br>L Liability<br>**Required** |
| MSP Effective Date | 8 | Date | 165-172 | Effective date of MSP coverage in CCYYMMDD format, cannot equal termination date.<br>Not required. Populate with zeros if not available. |
| MSP Term Date | 8 | Date | 173-180 | Termination date of MSP coverage in CCYYMMDD format, cannot equal Effective Date.<br>Not required. Populate with zeros if not available. |
| Send CWF | 1 | Alpha | 181 | Indicates whether to send MSP inquiry to CWF. Valid values are:<br>Y Send to CWF (default unless ACTION(s) field = DE or DI or INFMT REL field = D, in which case default is N and this is a *protected field*)<br>N Do not send to CWF<br>For EGHP MSP Types:<br>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. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| CMS Grouping Code | 2 | Alpha | 182-183 | CMS Grouping Code<br>01 = Gel Implants (Trailblazers, 00400)<br>02 = Gel Implants (Alabama, 00010)<br>03 = Bone screw recoveries<br>04 = Diet drug recoveries<br>05 = Sulzer Inter-op Acetabular shells for hip implant recoveries<br>06 = Sulzer orthopedic and defective knee replacement recoveries<br>07 = Baycol litigation use beneficiary state logic for lead assignment<br>08 = Dexatrim (90000)<br>09 = Rhode Island receivership recoveries (00180)<br>10 = Propulsid (00010)<br>11 = Asbestos Exposure<br>12 = Garretson Asbestos Cases<br>13 = Fleet Phosphate<br>14 = Accutane<br>15 = Garretson - Traysol<br>16 = Zelnorm<br>17 = Total Body Supplement TBS<br>18 = Hormone Replacement Therapy – HRT<br>19 = Keugl Mesh<br>Not required. Populate with spaces if not available. |
| Beneficiary's Address 1 | 32 | Text | 184-215 | Beneficiary's Address 1<br>Not required. Populate with spaces if not available. |
| Beneficiary's Address 2 | 32 | Text | 216-247 | Beneficiary's Address 2<br>Not required. Populate with spaces if not available |
| Beneficiary's City | 15 | Text | 248-262 | Beneficiary's City<br>Not required. Populate with spaces if not available. |
| Beneficiary's State | 2 | Alpha | 263-264 | Beneficiary's State<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Beneficiary's Zip Code | 9 | Numeric | 265-273 | Beneficiary's Zip Code<br>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.<br>**Required** if Source is CHEK |
| Check Amount | 15 | Alpha | 292-306 | Amount of check in $999,999,999.99 format.<br>**Required** if Source is CHEK |
| Check Number | 15 | Alpha | 307-321 | Check Number<br>**Required** if Source is CHEK |
| Informant's First Name | 15 | Text | 322-336 | Informant's First Name<br>Required if Source is CHEK, LTTR, or PHON.<br>Not required if SOURCE is SCLM. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |
| Informant's Middle Initial | 1 | Alpha | 337 | Informant's Middle Initial<br>Not required. Populate with spaces if not available. |
| Informant's Last Name | 24 | Text | 338-361 | Informant's Last Name<br>Required if Source is CHEK, LTTR, or PHON.<br>Not required if SOURCE is SCLM. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |
| Informant's Phone | 10 | Numeric | 362-371 | Informant's Phone Number<br>Not required. Populate with zeros if not available. |
| Informant's Address 1 | 32 | Text | 372-403 | Informant's Address 1<br>Required if Source is CHEK, LTTR, or PHON.<br>Not required if SOURCE is SCLM. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |

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

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

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Employer's Phone | 10 | Numeric | 577-586 | Employer's City providing group health insurance under which beneficiary is covered.<br>Not required. Populate with spaces if not available. |
| Employer's City | 15 | Text | 587-601 | Employer's State providing group health insurance under which beneficiary is covered.<br>Not required. Populate with spaces if not available. |
| Employer's State | 2 | Alpha | 602-603 | Employer's Zip Code providing group health insurance under which beneficiary is covered.<br>Not required. Populate with spaces if not available. |
| Employer's ZIP Code | 9 | Numeric | 604-612 | Employer's Address 1 providing group health insurance under which beneficiary is covered.<br>Not required. Populate with spaces if not available. |
| Employee No | 12 | Text | 613-624 | Policyholder's Employee Number<br>Not required. Populate with spaces if not available. |
| Insurer's name | 32 | Text | 625-656 | Name of insurance carrier for MSP coverage.<br>Required if Action is DI. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Insurer Type | 1 | Alpha | 657 | Type of Insurance<br>Valid values are:<br>A = Insurance or Indemnity (Other Types)<br>.J = Hospitalization only plan covering inpatient hospital<br>K = Medical Service only plan covering non-inpatient medical<br>R = GHP Health Reimbursement Arrangement<br>S = GHP Health Savings Account<br>**Required** if Action is DI. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |
| Insurer's Address 1 | 32 | Text | 658-689 | Address 1 of insurance carrier for MSP coverage.<br>**Required** if Action is DI. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |
| Insurer's Address 2 | 32 | Text | 690-721 | Address 2 of insurance carrier for MSP coverage.<br>Not required. |
| Insurer's City | 15 | Text | 722-736 | City insurance carrier for MSP coverage.<br>Required if Action is DI. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |
| Insurer's State | 2 | Alpha | 737-738 | State of insurance carrier for MSP coverage.<br>**Required** if Action is DI. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Insurer's ZIP Code | 9 | Numeric | 739-747 | Zip Code of insurance carrier for MSP coverage.<br>**Required** if Action is DI. Populate with spaces if not available.<br>* Refer to Appendix B for complete set of *required field*s for various source codes. |
| Insurer's Phone | 10 | Numeric | 748-757 | Insurer's Phone Number<br>Not required. Populate with zeros if not available. |
| Insurer Group Number | 20 | Text | 758-777 | Group number of insurance coverage.<br>Not required. Populate with spaces if not available. |
| Insurer Policy Number | 17 | Text | 778-794 | Policy number of insurance coverage.<br>Not required. Populate with spaces if not available. |
| Subscriber First Name | 15 | Text | 795-809 | First Name of individual covered by this insurance.<br>Not required. Populate with spaces if not available. |
| Subscriber Initial | 1 | Alpha | 810 | Middle initial of individual covered by this insurance.<br>Not required. Populate with spaces if not available |
| Subscriber Last Name | 24 | Text | 811-834 | Last Name of individual covered by this insurance.<br>Not required. Populate with spaces if not available |
| Subscriber Social Security Number | 9 | Numeric | 835-843 | Social Security Number of the policy holder/subscriber<br>**Required** |
| Filler | 25 | Filler | 844-868 | Filler |
| Illness/Injury Date | 8 | Date | 869-876 | Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in CCYYMMDD format)<br>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.<br>Not required. Populate with zeros if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| 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.<br>Not required. Populate with spaces when not available. |
| Representative Address 1 | 32 | Text | 973-1004 | Representative's Street address 1.<br>Not required. Populate with spaces when not available. |
| Representative Address 2 | 32 | Text | 1005-1036 | Representative's Street address 2.<br>Not required. Populate with spaces when not available. |
| Representative City | 15 | Text | 1037-1051 | Representative's City<br>Not required. Populate with spaces when not available. |
| Representative State | 2 | Alpha | 1052-1053 | Representative's Street address 2.<br>Not required. Populate with spaces when not available. |
| Representative Zip | 9 | Numeric | 1054-1062 | Representative's Zip Code.<br>Not required. Populate with spaces when not available. |
| Representative Type | 1 | Alpha | 1063 | Type of relationship between beneficiary and his or her representative.<br>Valid values are:<br>A = Attorney<br>R = Representative not acting as an attorney<br>Not required. Populate with spaces if not available. |
| Dialysis Train Date | 8 | Date | 1064-1071 | Date beneficiary received self-dialysis training (in CCYYMMDD format)<br>Not required. Populate with zeros if not available. |
| Black Lung Indicator | 1 | Alpha | 1072 | One-character code indicating whether beneficiary receives benefits under the Black Lung Program.<br>Valid values are:<br>Y = Yes<br>N = No<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Black Lung Effective Date | 8 | Date | 1073-1080 | Date beneficiary began receiving benefits under the Black Lung Program in CCYYMMDD format.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>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.<br>**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.<br>Required if Action code is CA or CL. **Required if Diagnosis Code 1 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>* Refer to Appendix B for complete set of *required field*s for various source codes.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1B and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 2 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1C and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 3 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1D and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 4 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1E and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 5 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1F and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 6 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1H and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 7 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1J and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 8 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1L and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 9 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1N and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 10 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1P and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 11 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1R and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 12 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1T and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 13 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1V and the record will be dropped.<br>**Required if Diagnosis Code 14 is submitted**. |
| Diagnosis Code 14 | 7 | Text | 1186 – 1292 | ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence.<br>**Required if Diagnosis Code 14 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1X and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 15 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE1Z and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 16 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2B and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 17 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2D and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 18 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2F and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 19 ICD Indicator is submitted**.<br>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.<br>Populate with spaces if not applicable.<br>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.<br>0 = ICD-10-CM format<br>9 = ICD-9-CM format<br>If an invalid code is entered, the user will see error code PE2H and the record will be dropped.<br>**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.<br>**Required if Diagnosis Code 20 ICD Indicator is submitted.**<br>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.<br>Populate with spaces if not applicable.<br>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 will be returned for MSP Inquiry file submissions beginning 10/01/2013. This record layout **must be returned** for ***all*** MSP Inquiry file submissions as of 1/1/2014.

**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 |

| Data Field | Length | Type | Displacement | Edit |
|---|---|---|---|---|
| Dialysis Train Date | 8 | Date | 1064-1071 | PE84 |
| 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 |

| Data Field | Length | Type | Displacement | Edit |
|---|---|---|---|---|
| Diagnosis Code 11 | 7 | Text | 1163 – 1169 | PE1Q |
| Diagnosis Code 12 Indicator | 1 | Text | 1170 | PE1R |
| 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.8 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)<br>Set to 'H0'.<br>**Required** |
| PDP ID | 4 | Numeric | 3-6 | ID number assigned by the BCRC.<br>Populate with Spaces |
| Contractor Number | 5 | Alpha-Numeric | 7-11 | Part D Plan Contractor number<br>**Required** |
| File Type | 3 | Alpha | 12-14 | Type of File<br>Set to 'PDI' – Prescription Drug Inquiry File<br>**Required** |
| File Date | 8 | Date | 15-22 | Date File Created in CCYYMMDD format<br>**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<br>Set to 'T0'.<br>**Required** |
| PDP ID | 4 | Numeric | 3-6 | ID number assigned by the BCRC.<br>Populate with Spaces |
| Contractor Number | 5 | Alpha-Numeric | 7-11 | Part D Plan Contractor number<br>**Required** |
| File Type | 3 | Alpha-Numeric | 12-14 | Type of File<br>Set to 'PDI' – Prescription Drug Inquiry File<br>**Required** |
| File Date | 8 | Date | 15-22 | Date File Created in CCYYMMDD format<br>**Required** |
| Record Count | 9 | Numeric | 2-31 | Number of Prescription Drug Inquiry Records in file<br>**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<br>Set to 'ECRS'<br>**Required** |
| Contractor Number | 5 | Alpha-Numeric | 5-9 | Part D Plan Contractor number<br>**Required** |
| DCN | 15 | Text | 10-24 | Document Control Number; assigned by the Part D Plan.<br>**Required**. Each record shall have a unique DCN. |
| Tran Type Code | 1 | Alpha | 25 | Transaction Type Indicator<br>Set to 'P' for Prescription Drug Inquiry<br>**Required** |
| Trans Seq No | 3 | Numeric | 26-28 | Sequence Number assigned by the COB.<br>Internal use only. Populate with spaces. |
| Tran Stat Cd | 2 | Alpha | 29-30 | Status Code<br>Set to 'NW' for New |
| Tran Reason Cd | 2 | Numeric | 31-32 | Reason<br>Set to '01' for New |
| Trans Source Cd | 4 | Alpha | 33-36 | Source of Record<br>Valid Values are:<br>CHEK= Check<br>LTTR = Letter<br>PHON= Phone<br>SCLM= Secondary Claim<br>CLAM= Claim<br>SRVY = Survey<br>**Required** |
| Update Operator ID | 8 | Alpha-Numeric | 37-44 | ID of user making update.<br>Not required |
| Contractor Name | 25 | Text | 45-69 | Contractor name<br>Not required |
| Contractor Phone | 10 | Numeric | 70-79 | Contractor Phone Number<br>Not required |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| *Medicare ID* | 12 | Alpha-Numeric | 80-91 | Beneficiary Health Insurance Claim Number (HICN) *or Medicare Beneficiary Identifier (MBI)*<br>**Required** if SSN is not entered. |
| Beneficiary's Social Security Number | 9 | Numeric | 92-100 | Beneficiary's Social Security Number<br>**Required** if *Medicare ID* not entered. |
| Beneficiary's Date of Birth | 8 | Date | 101-108 | Beneficiary's Date of Birth in CCYYMMDD format<br>**Required** |
| Beneficiary's Sex Code | 1 | Alpha | 109 | Sex of beneficiary<br>Valid values are:<br>U = Unknown<br>M = Male<br>F = Female<br>Default to 'U' if not available<br>**Required** |
| Beneficiary's First Name | 15 | Text | 110-124 | Beneficiary's First Name<br>**Required** |
| Beneficiary's Initial | 1 | Alpha | 125 | Beneficiary's Middle Initial<br>Not required |
| Beneficiary's Last Name | 24 | Text | 126-149 | Beneficiary's Last Name<br>**Required** |
| Patient Relationship | 2 | Character | 150-151 | Patient Relationship between policy holder and patient.<br>Valid values are:<br>1 Patient is Policy Holder<br>2 Spouse<br>3 Child<br>4 Other<br>**Required** |
| Check Date | 8 | Numeric | 152-159 | Date of check in CCYYMMDD format.<br>**Required** if Source is CHEK |
| Check Amount | 15 | Alpha | 160-174 | Amount of check in $999,999,999.99 format.<br>**Required** if Source is CHEK |
| Check Number | 15 | Alpha | 175-189 | Check Number<br>**Required** if Source is CHEK |
| Beneficiary's Address 1 | 32 | Text | 190-221 | Beneficiary's Address 1<br>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<br>Not required. Populate with spaces if not available |
| Beneficiary's City | 15 | Text | 254-268 | Beneficiary's City<br>Not required. Populate with spaces if not available. |
| Beneficiary's State | 2 | Alpha | 269-270 | Beneficiary's State<br>Not required. Populate with spaces if not available. |
| Beneficiary's Zip Code | 9 | Numeric | 271-279 | Beneficiary's Zip Code<br>Not required. Populate with spaces if not available |
| Beneficiary's Phone | 10 | Numeric | 280-289 | Beneficiary's Phone<br>Not required. Populate with zeros if not available |
| Informant's First Name | 15 | Text | 290-304 | Informant's First Name<br>**Required** |
| Informant's Middle Initial | 1 | Alpha | 305 | Informant's Middle Initial<br>Not required. Populate with spaces if not available. |
| Informant's Last Name | 24 | Text | 306-329 | Informant's Last Name<br>**Required** |
| Informant's Relationship Code | 1 | Alpha | 330 | Relationship of informant to beneficiary.<br>Valid values are:<br>A = Attorney representing beneficiary<br>B = Beneficiary<br>C = Child<br>D = Defendant's attorney<br>E = Employer<br>F = Father<br>I = Insurer<br>M = Mother<br>N = Non-relative<br>O = Other relative<br>P = Provider<br>R = Beneficiary representative other than attorney<br>S = Spouse<br>U = Unknown<br>**Required** |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Informant's Address 1 | 32 | Text | 331-362 | Informant's Address 1<br>**Required** |
| Informant's Address 2 | 32 | Text | 363-394 | Informant's Address 2<br>Not required. Populate with spaces if not available. |
| Informant's City | 15 | Text | 395-409 | Informant's City<br>**Required** |
| Informant's State | 2 | Alpha | 410-411 | Informant's State<br>**Required** |
| Informant's Zip Code | 9 | Numeric | 412-420 | Informant's Zip<br>**Required** |
| Informant's Phone | 10 | Numeric | 421-430 | Informant's Phone Number<br>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.<br>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.<br>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.<br>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.<br>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.<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Employer's ZIP Code | 9 | Numeric | 544-552 | Employer's Zip Code providing group health insurance under which beneficiary is covered.<br>Not required. Populate with spaces if not available. |
| Employer's Phone | 10 | Numeric | 553-562 | Employer's Phone Number providing group health insurance under which beneficiary is covered.<br>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.<br>Not required. Populate with spaces if not available. |
| Employee No | 12 | Text | 581-592 | Policyholder's Employee Number<br>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)<br>Valid values are:<br>001 = Self<br>002 = Spouse<br>003 = Other<br>**Required** only for Supplemental Drug Coverage records.<br>If not Supplemental Drug Coverage record, populate with spaces. |
| Sup Type | 1 | Alpha-Numeric | 596 | Supplemental Drug Type<br>Valid values are:<br>L = Supplemental<br>M = Medigap<br>N = Non-qualified SPAP<br>O = Other<br>P = PAP<br>R = Charity<br>T = Federal Government Programs<br>3 = Major Medical<br>**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<br>Valid values are:<br>A Working Aged<br>B ESRD<br>C Conditional payment<br>D Automobile Insurance - No-fault<br>E Workers' Compensation<br>F Federal (public)<br>G Disabled<br>H Black Lung<br>W Workers' Compensation Set-Aside<br>**Required** if Record Type of Primary 'PRI' is selected. Populate with spaces if not available. |
| Type | 1 | Alpha-Numeric | 598 | Prescription Drug Coverage Type<br>Valid values are:<br>U = Drug network<br>V = Drug non-network<br>Z = Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)<br>Not required. Populate with spaces if not available. |
| Rec Type | 3 | Alpha-Numeric | 599-601 | Prescription Drug Coverage Type of Insurance<br>Valid values are:<br>PRI = Primary<br>SUP = Supplemental<br>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.<br>If Insurer's Name contains any of the following values it is an error:<br>NO<br>NONE<br>N/A<br>HCFA<br>ATTORNEY<br>UNK<br>MIS<br>CMS<br>NA<br>UNKNOWN<br>If Insurer's name contains only one of the following values it is an error:<br>BC<br>BS<br>BX<br>BCBX<br>Medicare<br>BLUE CROSS<br>COB<br>**Required** |
| Insurer's Address 1 | 32 | Text | 634-665 | Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.<br>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.<br>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.<br>Not required. Populate with spaces if not available. |

| Data Field | Length | Type | Displacement | Description |
|---|---|---|---|---|
| Insurer's State | 2 | Alpha | 713-714 | State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.<br>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.<br>Not required. Populate with spaces if not available. |
| Drug Coverage Effective Date | 8 | Date | 724-731 | Effective Date of Supplemental Prescription Drug Coverage.<br>**Required** |
| Term Date | 8 | Date | 732-739 | Termination Date of Supplemental Prescription Drug Coverage.<br>Not Required. Populate with zeros if not available. |
| Policy Number | 17 | Text | 740-756 | Prescription Drug Policy Number<br>Not required. Populate with spaces if not available. |
| RX BIN | 6 | Text | 757-762 | Prescription Drug BIN Number<br>**Required** if TYPE = "U" Must be six numeric digits. |
| RX PCN | 10 | Text | 763-772 | Prescription Drug PCN Number<br>**Required** if TYPE = "U" Populate with spaces if not available. |
| RX Group | 15 | Text | 773-787 | Prescription Drug Group Number<br>**Required** if TYPE = "U" Populate with spaces if not available. |
| RX ID | 20 | Text | 788-807 | Prescription Drug ID Number<br>**Required** if TYPE = "U" Populate with spaces if not available. |
| RX Phone | 18 | Text plus '(' and ')' | 808-825 | Prescription Drug Phone Number<br>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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Beneficiary's City | 15 | Text | 254-268 | PE17 |
| 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 |

| Data Field | Length | Type | Displacement | Error Code if Invalid Data |
|---|---|---|---|---|
| Insurer's Address 2 | 32 | Text | 666-697 | PE44 |
| Insurer's City | 15 | Text | 698-712 | PE45 |
| Insurer's State | 2 | Alpha | 713-714 | PE46 |
| Insurer's ZIP Code | 9 | Numeric | 715-723 | PE47 |
| 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 |

| Error Code | Description |
|---|---|
| PE04 | Invalid Transaction Sequence Number |
| PE05 | Invalid Trans Source Code |
| 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 |

| Error Code | Description |
|---|---|
| PE38 | Invalid Employee Number |
| PE39 | Invalid MSP Type |
| PE40 | Invalid Type |
| 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 |
| 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 MSP Effective Date |
| PE68 | Invalid MSP Term Date |
| PE69 | Invalid Diagnosis Code 1 |
| PE70 | Invalid Diagnosis Code 2 |
| PE71 | Invalid Diagnosis Code 3 |

| Error Code | Description |
|---|---|
| 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 |
| PE0E | Invalid CMS Grouping Code |
| PE0F | RXBIN Cannot Be Spaces When Coverage Type is “U” |

| Error Code | Description |
|---|---|
| PE0G | Invalid Term Date |
| 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<br>Type A Valid Relationship Codes 01, 02<br>Type B Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20<br>Type G Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20 |
| PE0K | Invalid or Missing Person Code |
| PE0L | Invalid New Effective Date |
| PE0M | Invalid New Insurer Type |
| PE0N | Invalid New MSP Type |
| PE0O | Invalid 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 |
| 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 |

| Error Code | Description |
|---|---|
| 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 |
| RX02 | Invalid Rx BIN |
| RX07 | Medicare Beneficiary Not Enrolled in Part D |
| RX10 | Medicare Record was Not Found to Delete |
| RX15 | ACTION CODE IS ‘CX’ AND GROUP, BIN AND PCN ARE SPACES |
| RX16 | ACTION CODE IS ‘AP’ AND GROUP AND POLICY NUMBER ARE SPACES |
| RX17 | RECORD TYPE IS SUPPLEMENTAL AND SUPPLEMENTAL TYPE IS SPACES |

# 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<br>• Check the progress of a CWF Assistance Request transaction<br>• Delete CWF Assistance Requests that have not been processed by the COB.<br>• 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<br>• Check the progress of an MSP Inquiry transaction.<br>• Delete MSP Inquiry requests that have not been processed by the COB.<br>• 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<br>• Check the progress of a Prescription Drug Assistance Request transaction<br>• Delete Prescription Drug Assistance Requests that have not been processed by the COB.<br>• 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.<br>• Check the progress of a Prescription Drug Inquiry transaction.<br>• Delete Prescription Drug Inquiry requests that have not been processed by the COB.<br>• View summary detail for a selected Prescription Drug Inquiry transaction. |
| Reports | Contractor Workload Tracking | Review your contractor site's workload (for Medicare contractors) |
| 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 am until 5 pm 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 Benefits Coordination & Recovery Center 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 as described on page 40. 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 |

| DX Code | Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 250.52 | Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled |
| 250.53 | Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled |
| 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 |

| DX Code | Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 285.3 | Antineoplastic chemotherapy induced anemia |
| 285.8 | Other specified anemias |
| 285.9 | Anemia, unspecified |
| 300 | Anxiety state, unspecified |
| 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 |

| DX Code | Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |

| DX Code | Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |

| DX Code | Excluded ICD-9 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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") |
|---|---|
| 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 |
| 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 |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |
| E75.248 | Other Niemann-Pick disease |
| E75.249 | Niemann-Pick disease, unspecified |
| E75.3 | Sphingolipidosis, unspecified |
| E75.5 | Other lipid storage disorders |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |
| F17.210 | Nicotine dependence, cigarettes, uncomplicated |
| F17.211 | Nicotine dependence, cigarettes, in remission |
| F17.220 | Nicotine dependence, chewing tobacco, uncomplicated |
| F17.221 | Nicotine dependence, chewing tobacco, in remission |
| F17.290 | Nicotine dependence, other tobacco product, uncomplicated |
| F17.291 | Nicotine dependence, other tobacco product, in remission |
| F34.1 | Dysthymic disorder |
| F40.00 | Agoraphobia, unspecified |
| F40.01 | Agoraphobia with panic disorder |
| F40.02 | Agoraphobia without panic disorder |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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] without agoraphobia |
| 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 |
| F99 | Mental disorder, not otherwise specified |
| G44.1 | Vascular headache, not elsewhere classified |
| 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 |
| 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 |
| I25.3 | 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 |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| 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 |

| DX Code | Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D") |
|---|---|
| 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 |
| I48.2 | Chronic atrial fibrillation |
| I48.3 | Typical atrial flutter |
| I48.4 | Atypical atrial flutter |
| I48.91 | Unspecified atrial fibrillation |
| I48.92 | Unspecified atrial flutter |
| J18.8 | Other pneumonia, unspecified organism |
| J18.9 | Pneumonia, unspecified organism |
| J86.0 | Pyothorax with fistula |
| K21.9 | Gastro-esophageal reflux disease without esophagitis |
| K22.70 | 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 |
| K23 | Disorders of esophagus in diseases classified elsewhere |
| K94.30 | Esophagostomy complications, unspecified |
| K94.31 | Esophagostomy hemorrhage |
| K94.32 | Esophagostomy infection |
| K94.33 | Esophagostomy malfunction |
| K94.39 | Other complications of esophagostomy |
| 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 |
| R31.0 | Gross hematuria |
| R31.1 | Benign essential microscopic hematuria |
| R31.2 | Other microscopic hematuria |
| R31.9 | Hematuria, unspecified |
| R45.2 | Unhappiness |
| R45.5 | Hostility |
| R45.6 | Violent behavior |
| R51 | Headache |
| R69 | Illness, unspecified |
| R99 | Ill-defined and unknown cause of mortality |

# Appendix K: Acronyms

**Table K-1: Acronyms**

| Term/Acronym | Definition |
|---|---|
| BCRC | Benefits Coordination & Recovery Center |
| CMS | Centers for Medicare & Medicaid Services |
| COB | Coordination of Benefits |
| CWF | Common Working File |
| DCN | Document Control Number |
| ECRS | Electronic Correspondence Referral System |
| 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 |
| MBD | Medicare Beneficiary Database |
| *MBI* | *Medicare Beneficiary Identifier* |
| MFA | Multi-Factor Authentication |
| MSP | Medicare Secondary Payer |
| RIDP | Remote Identity Proofing |
| RO | Regional Office |
| SSN | Social Security Number |

# Appendix L: Previous Version Updates

***Version 5.7***

- *To ensure system security and reduce fraud, Remote Identity Proofing (RIDP) and Multi-Factor Authentication (MFA) services have been implemented for the CMS.gov | Enterprise Portal (https://portal.cms.gov). See Chapter 9.*
- *The MSP Inquiry Summary page has been updated to correctly display the Illness/Injury Date (i.e., Date of Injury/Date of Loss) when it has been provided on the MSP Inquiry Additional Information page. See Section 4.9.*

**Version 5.6**

- To help Medicare Administrative Contractors (MACs) recognize when Ongoing Responsibility for Medicals (ORM) exist for claims submitted by providers, an ORM indicator has been added to the *CWF Assistance Request Auxiliary Record Information* page, and associated summary screen, which displays a read-only value indicating whether ORM was reported on the Health Utilization Secondary Payer (HUSP) transaction. However, if the *Import HIMR Data* option was not selected, an ORM indicator will not display on these screens. Available values are **Y** ("Yes" ORM exists) or a "Space" (ORM does not exist, or existence of ORM is unknown). See Section 3.3
- With the implementation of ICD-10 diagnostic codes, all references to the October 2015 start date have been removed.
- To meet 508-compliance requirements, an Adobe Reader link has been added at the navigation to the top of all screens. See Figure 2-1.

**Version 5.5**

CMS has established the Enterprise Identity Management (EIDM) web site to provide you with a way to obtain a single User ID that you can use to access one or more CMS applications. This new system replaces the previous CMS Individuals Authorized Access to CMS Computer Services (IACS).

ECRS is a system supported by EIDM. If you have never registered with IACS, or are a new user on the EIDM, you can start the registration process at the CMS Enterprise Portal: https://portal.cms.gov. Once registered, you can request access to the ECRS web site. Users who are currently registered with IACS have been transferred to the EIDM and do not need to register again. Use your current login ID and password to access ECRS. See Section 2.6.1.

**Version 5.4**

Reason Code 07 (Appendix E) Definition has been corrected to read: Auditor follow-up development in progress, used with IP status.

**Version 5.3**

- The date of implementation for the International Classification of Diseases 10th Revision (ICD-10) has been changed from 2014 to 2015.

- ECRS does not require the MSP Type field to be populated on the *MSP Information* page for all MSP Inquiry transactions.
- The Department of Health & Human Services has adopted a policy treating same-sex marriages on the same terms as opposite-sex marriages to the greatest extent reasonably possible. Any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes the marriage - including one of the 50 states, the District of Columbia, or a U.S. territory -- or a foreign country, so long as that marriage would also be recognized by a U.S. jurisdiction, will be recognized. Consistent with this policy and the purpose of the MSP provisions, effective January 1, 2015, the rules below apply with respect to the term "spouse" under the MSP Working Aged provisions. This is true for both opposite-sex and same-sex marriages as described herein.
  - If an individual is entitled to Medicare as a spouse based upon the Social Security Administration's rules, that individual is a "spouse" for purposes of the MSP Working Aged provisions.
  - If a marriage is valid in the jurisdiction in which it was performed as described herein, both parties to the marriage are "spouses" for purposes of the MSP Working Aged provisions.
  - Where an employer, insurer, third party administrator, GHP, or other plan sponsor has a broader or more inclusive definition of spouse for purposes of its GHP arrangement, it may (but is not required to) assume primary payment responsibility for the "spouse" in question. If such an individual is reported as a "spouse" pursuant to MMSEA Section 111, Medicare will pay accordingly and pursue recovery, as applicable.

**Version 5.2**

- Added two additional ECRS Reason Codes: 96 and 97 to provide more detail when ECRS requests are completed. See Appendix E.
- Added two Error Codes: FS01 and FS02, and removed Error Code DE02. See Appendix H.

**Version 5.1**

**January Quarterly 2014**

- With the implementation of the ECRS batch file layout changes for ICD-10 codes in Production, the layouts formerly identified as "Production" in Appendix Q: File Layouts, have been removed. The layouts formerly identified as "Test" are now the baselines.

  The impacted file layouts include the following: CWF Assistance Request Detail Record, CWF Assistance Request Response Record, MSP Inquiry Detail Record, and MSP Inquiry Response Detail Record.

- 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 is displayed: "Diagnosis code [number] is invalid with insurer type of No- Fault" (Sections 3.3 and 4.3). For details, see Appendix J.

**February Monthly 2014**

- *File Upload* page: If you upload a file with an error in the Header or Trailer; or if it contains incorrect or invalid characters or has an incorrect record length, ECRS will display an error code and message (see Appendix H) (Section 8.5).

- ECSR no longer requires the prescription drug BIN field to be populated on a *Prescription Drug Assistance Request* when the action code "BN" (Develop for RX BIN) is selected (Chapter 5). However, the BIN field is required when the Coverage Type of the request is "U" (Drug Network) and the Action Code is not "BN" (Chapter 6).

**Version 5.0**

- Changes regarding International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) diagnosis codes
  - Beginning with dates of service on and after October 1, 2014, CMS will adopt the ICD-10-CM for diagnosis coding. ICD-10-CM codes are alphanumeric and contain 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM. The conversion from the 9th to the 10th Edition of ICD diagnosis codes requires changes to ECRS.
  - ECRS ***file submitters*** have been provided with two new ***test*** record layouts, one for MSP Inquiry transactions and one for CWF Assistance Request transactions, which **must be used when submitting test files on or after October 1, 2013** even if the submitter is not testing ICD-10-CM changes.
  - The new test MSP Inquiry and CWF Assistance Request record layouts were created from the existing production MSP Inquiry and CWF Assistance Request record layouts. The original layouts were modified to allow for the collection of ICD-10-CM codes: A summary of the modifications are listed below:
    - The number of diagnosis codes collected has increased from 5 to 20.
    - Each diagnosis code has increased in size from 5 to 7 bytes.
    - Each diagnosis code has a one byte indicator associated to it that identifies the code as ICD-9-CM or ICD-10-CM.
    - The area of the record layout currently used to store the 5 byte diagnosis codes has been converted to filler.
    - The new diagnosis codes and their associated diagnosis indicator have been added to the filler area at the end of the MSP Inquiry and CWF Assistance Request record layouts.
    - The new MSP Inquiry and CWF Assistance Request Record Layouts **must be used** to submit production files as of **January 1, 2014**.
  - ECRS ***file submitters*** that send test MSP Inquires and/or CWF Assistance Request transactions in a flat file will receive new test Response Files. The new test Response Files were created using the existing production MSP Inquiry and CWF Assistance Request Response File record layouts. The original layouts were modified to allow for the return of error codes related to the new diagnosis code collection structure.
  - ECRS Web has been modified to display and allow entry of up to 20 diagnosis codes and their associated indicator (ICD-9-CM or ICD-10-CM).
- The list of valid values that will be accepted in the Insurance Type and New Insurance Type fields on the MSP Inquiry has been modified to only allow the following types: A (Insurance or Indemnity – Other Types), J ( Hospitalization only plan covering inpatient hospital), and K (Medical Service only plan covering non-inpatient medical).
  - New Error Code PE0Q will be returned on MSP Inquiries that are submitted with an Insurance Type other than "A", "J", "K", "R", "S", or blank.

- Appendix G (File Layouts) has been reformatted with headers to identify the record layout that is displayed.
- Appendix H (Error Codes) has been revised with the new Error Codes that will be received when submitting invalid ICD Indicators and/or invalid diagnosis codes. These Error Codes will be received on test file MSP Inquiry and CWF Assistance Request file submissions beginning 10/1/2013. These Error Codes will be returned on all MSP Inquiry and CWF Assistance Request file submissions as of 10/1/2014.

# Electronic Correspondence Referral System for the Web (ECRS Web) Quick Reference Card

Rev. 2017/*10 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 |
| AUXILIARY RECORD # | Record number of MSP auxiliary occurrence at CWF<br>Note: Part D contractors must enter "001" when the Auxiliary record number is unknown. |
| ORIGINATING CONTRACTOR | Contract number of contractor 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) |
| 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<br>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<br>LAST NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP<br>RELATIONSHIP<br>CHECK NUMBER<br>CHECK DATE<br>CHECK AMOUNT |
| LTTR | FIRST NAME<br>LAST NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP<br>RELATIONSHIP |
| PHON | FIRST NAME<br>LAST NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP<br>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 to injury/loss date |
| CP | Incorrect ESRD Coordination Period |
| CT | Change termination date |
| DA | Develop to the attorney |
| DD | Develop for the diagnosis code |
| DE | Develop to employer or for employer info |
| DI | Develop to insurer or for insurer info |
| DO | Mark occurrence for deletion |
| DR | Investigate/redevelop 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 |
| LR | Add duplicate liability record |
| MT | Change MSP type |
| MX | SSN/*Medicare ID* mismatch |
| NR | Create duplicate no-fault record |
| PH | Add PHP date |
| PR | Change patient relationship |
| TD | Terminate open EGHP record with date less than six months prior to date of accretion |
| VP | Beneficiary has taken a vow of poverty |
| WN | Notify COBC of updates to WCMSA cases |

### Table 4: Required Fields for Action Codes on CWF Assistance Requests

| Value | Required Fields | Description |
|---|---|---|
| AI | INFORMANT FIRST NAME,<br>INFORMANT LAST NAME,<br>INFORMANT CITY,<br>INFORMANT STATE,<br>INFORMANT ZIP,<br>INFORMANT RELATIONSHIP (must be 'A'),<br>INSURANCE TYPE | Attorney information |
| AP | POLICY NUMBER and/ or GROUP NUMBER<br>Note: available for EGHP MSP types only | Insurer information for drug records |
| AR | REMARK Code (at least one) | Remarks |
| CD | GROUP NUMBER<br>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 | Termination Date |
| DX | DIAGNOSIS CODES (at least one) | Diagnosis codes |
| EA | EMPLOYER NAME | Employer information |
| ED | EFF DATE<br>NEW EFF DATE | Effective Date<br>New Effective Date |
| EI | EMPLOYER NAME,<br>EMPLOYER ADDRESS,<br>EMPLOYER CITY,<br>EMPLOYER STATE,<br>EMPLOYER ZIP<br>Type data in all fields to update employer info at CWF. | Employer information |
| II | INSURANCE COMPANY NAME<br>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<br>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<br>NEW INSURANCE TYPE | Insurance type<br>New Insurance Type |
| MT | MSP TYPE<br>NEW MSP TYPE | MSP Type<br>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<br>NEW PAT REL | Patient Relationship<br>New Patient Relationship |
| TD | TERMINATION DATE | Termination date |
| 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 |
| 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<br>PERSON CODE | Termination Date<br>Person Code (when Record Type is SUP) |
| CX | PERSON CODE<br>BIN, PCN, GROUP | Person Code (when Record Type is SUP)<br>BIN, PCN, OR Group Number is required |
| DO | PERSON CODE | Person Code (when Record Type is SUP) |
| EA | PERSON CODE<br>EMPLOYER NAME | Person Code (when Record Type is SUP)<br>Employer Name |
| ED | NEW EFF DATE<br>PERSON CODE | New Effective Date<br>Person Code (when Record Type is SUP) |
| EI | PERSON CODE<br>EMPLR NAME, ADDRESS, CITY, ST, ZIP | Person Code (when Record Type is SUP)<br>Employer information |
| GR | PERSON CODE | Person Code (when Record Type is SUP) |
| IT | PERSON CODE,<br>INS TYPE<br>NEW INS TYPE | Person Code (when Record Type is SUP)<br>Insurance type<br>New Insurance Type |
| MT | MSP TYPE,<br>NEW MSP TYPE,<br>RECORD TYPE | MSP Type<br>New MSP Type<br>Record Type (must be PRI) |
| PC | PERSON CODE | Person Code |
| PN | PERSON CODE | Person Code (when Record Type is SUP) |
| PR | PERSON CODE,<br>NEW PAT REL | Person Code (when Record Type is SUP)<br>New Patient Relationship |

| Value | Required Fields | Description |
|---|---|---|
| TD | PERSON CODE,<br>TERM DT | Person Code (when Record Type is SUP)<br>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 |
| SOURCE | Source of request information |
| PATIENT RELATIONSHIP | Patient's relationship<br>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<br>Note: required when Insurance Company Name is entered. |
| CITY | Insurer's city<br>Note: required when Insurance Company Name is entered. |
| STATE | Insurer's state<br>Note: required when Insurance Company Name is entered. |
| ZIP | Insurer's zip code<br>Note: required when Insurance Company Name is entered. |
| INSURANCE TYPE | Type of insurance |
| EMPLOYER NAME | Name of beneficiary's employer<br>Note: required when MSP Type is F and Send to CWF is Yes. |
| ADDRESS | Employer's address<br>Note: required when MSP Type is F and Send to CWF is Yes. |
| CITY | Employer's city<br>Note: required when MSP Type is F and Send to CWF is Yes. |
| STATE | Employer's state<br>Note: required when MSP Type is F and Send to CWF is Yes. |
| ZIP | Employer's zip code<br>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 |
| DIAGNOSIS CODES | Diagnosis codes<br>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<br>Note: required when Coverage Type is U. |
| PCN | PCN<br>Note: required when Coverage Type is U. |
| GROUP | Group number<br>Note: required when Coverage Type is U. |
| ID | ID number<br>Note: required when Coverage Type is U. |
| SUPPLEMENTAL TYPE | Type of supplemental insurance<br>Note: must be L when Record Type is Supplemental. |
| PERSON CODE | Person code<br>Note: required when Record Type is Supplemental and Supplemental type is L. |

### Table 9: Related Action Codes on MSP Inquiries

| Value | Description |
|---|---|
| CA | Class action suit |
| CL | Closed or settled case |
| DE | Develop to the employer |
| DI | Develop to the insurer |

### Table 10: Required Fields for Action Codes on MSP Inquiries

| Value | Required Fields |
|---|---|
| CA | MSP TYPE<br>PATIENT RELATIONSHIP (when MSP Type is L)<br>EFFECTIVE DATE (when MSP Type is L)<br>CMS GROUPING CODE (when MSP Type is L)<br>INSURANCE COMPANY NAME, INSURANCE TYPE<br>DIAGNOSIS CODES<br>Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered.<br>Note: Must enter "A" as relationship if Informant information is entered. |
| CL | MSP TYPE (must be D, E, or L)<br>PATIENT RELATIONSHIP (must be D, E, or L)<br>EFFECTIVE DATE (must be D, E, or L)<br>TERMINATION DATE (must be D, E, or L)<br>DIAGNOSIS CODES<br>Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered.<br>Note: Must enter "A" as relationship if Informant information is entered. |
| DE | EMPLOYER NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP<br>Note: Insurance company name is NOT required when action code is blank or DE. |
| DI | ADDRESS LINE 1<br>CITY<br>STATE<br>ZIP |

### Table 11: Required Fields for Source Codes on MSP Inquiries

| Value | Required Fields |
|---|---|
| CHEK | FIRST NAME<br>LAST NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP<br>RELATIONSHIP<br>CHECK NUMBER<br>CHECK AMOUNT<br>CHECK DATE |
| LTTR | FIRST NAME<br>LAST NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP<br>RELATIONSHIP |
| PHON | MSP TYPE<br>FIRST NAME<br>LAST NAME<br>ADDRESS<br>CITY<br>STATE<br>ZIP<br>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<br><br>Note: Leave MSP Type blank when Record Type is Supplemental |
| PATIENT RELATIONSHIP | Patient's relationship<br>Note: required when action code is blank and MSP type is F. |
| 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<br>Note: automatically populated when Coverage Type is U. |
| BIN | BIN<br>Note: required when Coverage Type is U. |

| Field | Description |
|---|---|
| PCN | PCN<br>Note: required when Coverage Type is U. |
| GROUP | Group number<br>Note: required when Coverage Type is U. |
| ID | ID number<br>Note: required when Coverage Type is U. |
| PERSON CODE | Person code<br>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<br>CHECK DATE<br>CHECK AMOUNT<br>INFORMANT FIRST NAME<br>INFORMANT ADDRESS<br>INFORMANT CITY<br>INFORMANT STATE<br>INFORMANT ZIP<br>INFORMANT RELATIONSHIP |
| LTTR | INFORMANT FIRST NAME<br>INFORMANT ADDRESS<br>INFORMANT CITY<br>INFORMANT STATE<br>INFORMANT ZIP<br>INFORMANT RELATIONSHIP |
| PHON | INFORMANT FIRST NAME<br>INFORMANT ADDRESS<br>INFORMANT CITY<br>INFORMANT STATE<br>INFORMANT ZIP<br>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 COB, used with NW status |
| 02 | Being processed by COB, used with IP status |
| 03 | Under development by COB, 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 | Prescription Drug Coverage update sent to MBD |
| 30 | S.E.E. Approved Medicare primary |
| 31 | Action code and comments conflict |
| 32 | Record terminated/deleted due to OBRA 93 |
| 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 | Development letter sent, waiting on response |
| 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 | Posted to CWF, response received with no errors, used with CM status |
| 51 | No changes (additions, modifications, or deletions) made to CWF, used with CM status |
| 52 | Returned–rejected by CWF, used with CM status |
| 53 | Returned–duplicate ECRS request, used with CM status |
| 54 | 100 or more threshold met |
| 55 | 20 or more threshold met |
| 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 |
| 62 | Closed, no response to development |
| 63 | Development complete, no MSP |
| 64 | Letter 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, no response |
| 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 |
| 79 | Per employer, Medicare beneficiary is not covered under spouse's GHP |
| 80 | Employer has less than 100 employees |
| 81 | Medicare is primary due to ESRD coordination period |
| 82 | Per insurance, seasonal employee and not eligible for the month |
| 83 | Incoming request conflicts with information on file |
| 84 | Insufficient information 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 |
| 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 |
| 08 | Employee |
| 09 | Unknown |
| 10 | Handicapped dependent |
| 11 | Organ donor |

| Value | Description |
|---|---|
| 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 (Effective April, 2004.) |

### 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 |
| R | Beneficiary representative (other than attorney) |
| S | Spouse |
| U | Unknown |

| Value | Description |
|---|---|
| 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) |
| E | Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) |

| Value | Description |
|---|---|
| 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) |