MMSEA Section 111
Medicare Secondary Payer Mandatory Reporting

Liability Insurance
(Including Self-Insurance),
No-Fault Insurance, and Workers' Compensation
USER GUIDE

Chapter V: APPENDICES

Version 4.6

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Revision History

Date	Version	Reason for Change
November 17, 2008	N/A	First publication of Interim Record Layout Information
December 5, 2008	N/A	Second publication of Interim Record Layout Information
March 16, 2009	1.0	Initial Publication of User Guide
July 31, 2009	2.0	Changes listed in Section 1 including the reporting of multiple TPOC Amounts, an updated Claim Input File Auxiliary Record, updated Claim Response File layout and addition of reporting thresholds.
February 22, 2010	3.0	Changes listed in Section 1.
July 12, 2010	3.1	Changes listed in Section 1.
August 17, 2011	3.2	Changes listed in Section 1.
December 16, 2011	3.3	Changes listed in Section 1.
July 3, 2012	3.4	NGHP User Guide was split into 5 Chapters: Introduction & Overview, Registration Procedures, Policy Guidance, Technical Information, and Appendices. Specific changes are listed in Section 1 of each chapter.
April 22, 2013	3.5	Changes listed in Section 1.
May 6, 2013	3.6	Corrections made to Claimant Information requirements. See Section 1
October 7, 2013	4.0	• Change Request (CR) #10701: Implementation of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding. • Outdated hyperlinks have been replaced. • The definition for Disposition Code 50 has been clarified. • The registration process for computer based training (CBT) has been modified
February 3, 2014 (January Release B)	4.1	Change Release (CR) #10770: Prevent certain diagnosis codes that are unrelated to the incident from applying to no-fault records found in the Common Working File (CWF). Branding changes for the Benefits Coordination & Recovery Center (BCRC).
March 3, 2014	4.2	Edits to reflect change in liability insurance (including self-insurance) TPOC reporting threshold change in Chapters III & IV.

Date	Version	Reason for Change
October 6, 2014	4.3	Change Request (CR) 12120: When implemented, RREs will not be allowed to report ICD-10 "Z" codes. These are now excluded from Section 111 claim reports (Chapters IV & V). CR 12178: Missing excluded ICD-10 codes added to Appendix J, Chapter V. CR 12373: Updated to reflect the delay of ICD-10 diagnosis code implementation from October 2014 to 2015 (Chapters IV & V). CR 12590: For ICD-10 changes, field numbering/layout discrepancies were corrected in Table A-2 (Claim Input File Supplementary Information), Chapter V. CR 12170: Two threshold error checks for the Claim Input File were implemented in July 2011. These errors are related to the dollar values reported for both the cumulative TPOC amounts and the No-Fault Insurance Limit (Chapter IV). CR 12593: Reviewed to ensure that spouse references are gender-neutral according to DOMA. CR 12636: The Appendix L alerts table has been removed and replaced with links to the Section 111 web site, which posts all current alerts and stores all archived alerts (Chapter V). CR 12829: Updated CS field numbers in Table F-4 (Claim Response File Error Code Resolution Table) to accommodate ICD-10 revisions (Chapter V).
January 5, 2015	4.4	Change Request (CR) 11817: Updated to reflect the lower limit threshold change from $300 to $1,000 for TPOC liability reporting. Liability insurance (including self-insurance) claim reports with no ongoing responsibility for medicals (ORM) and cumulative TPOC amounts less than or equal to $1,000 will reject with a CJ07 error if the most recent TPOC date is October 1, 2014 or after (Chapters III and IV). CR 11497: Updated to reflect reporting change based on requirements of the SMART Act. Responsible Reporting Entities (RREs) can now submit records with either a partial 5-digit Social Security Number (SSN) or a full 9-digit SSN (Chapters I, II, IV and V). CR 13191: Updated Table B-2 (Fields 3 and 4) and Table F-4 (Error Code TN99) with the appropriate field number references (Chapter V). CR 13263: Because of updates to Disposition Code 51, updated description information in Table C-2 for applied fields (Fields 16, 18, 19, 20, 21 and 22) (Chapter V).
February 2, 2015	4.5	Change Request (CR) 13432 (Off Release): New language was added to the following document: *Liability Insurance (Including Self-Insurance): Exposure, Ingestion, and Implantation Issues and December 5, 1980* (Chapter III).

Date	Version	Reason for Change
April 6, 2015	4.6	Change Request (CR) 13592: In instances where a duplicate is returned, indicated by the disposition code “DP” or messaging on the *Beneficiary Not Found* page, users are instructed on what actions to take to remain in compliance with reporting requirements (Chapters IV & V). See Chapter 1 for details.

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Chapter 1: Summary of Version 4.6 User Guide Updates

The updates listed below have been made to the Appendices Chapter Version 4.6 of the NGHP User Guide. As indicated on prior Section 111 NGHP Town Hall teleconferences, the Centers for Medicare & Medicaid Services (CMS) continue to review reporting requirements and will post any applicable updates in the form of revisions to Alerts and the user guide as necessary.

The following updates were made to Chapter V for this release:

The following can be found in the November 25. 2014 *Technical Alert: Reporting Partial Social Security Numbers (SSNs) for Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation.* Go to http://www.cms.gov/Medicare/ for details.

When the Disposition Code (DP) and *Beneficiary Not Found* page message indicates there were multiple Medicare beneficiary records identified based upon the partial SSN and data submitted, this should not be interpreted to mean the same as Disposition Code "51" - Individual not identified as a beneficiary based upon the information provided.

In instances where the RRE receives a DP code on the *Beneficiary Not Found* page, they are instructed to take the following actions to remain in compliance with MMSEA Section 111 reporting requirements:

1. Verify that the SSN, name, gender, and date of birth were entered accurately and re-submit.
2. Enter the full 9-digit SSN (if available) and re-submit.

If the system is still unable to locate a distinct match after re-submission, contact the BCRC at 1-855-798-2627. The RRE should provide the claim information to the customer service representative to file a self-report (Table F-1).

Chapter 2: Introduction

The Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation User Guide has been written for use by all Section 111 liability insurance (including self-insurance), no-fault insurance, and workers' compensation Responsible Reporting Entities (RREs). The five chapters of the User Guide—referred to collectively as the "Section 111 NGHP User Guide"—provide information and instructions for the Medicare Secondary Payer (MSP) NGHP reporting requirements mandated by Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173).

This **Appendices Chapter** of the MMSEA Section 111 NGHP User Guide provides detailed information on Section 111 file format standards, and record and field specifications for the files used to report Section 111 claim information. The other four chapters of the NGHP User Guide: Introduction and Overview, Registration Procedures, Policy Guidance, and Technical Information should be referenced as needed for applicable guidance.

Please note that the Centers for Medicare & Medicaid Services (CMS) continues to implement the Section 111 reporting requirements in phases. New versions of the Section 111 User Guide will be issued, when necessary, to document revised requirements and add clarity. At times, certain information may be released in the form of an Alert document. All recent and archived alerts can be found on the Section 111 web site: http://go.cms.gov/mirnghp. Any Alert dated subsequent to the date of the currently published User Guide supersedes the applicable language in the User Guide. All updated Section 111 policy and technical reporting requirements published in the form of an Alert will be incorporated into the next version of the User Guide. RREs must refer to the current User Guide and any subsequent Alerts for complete information on Section 111 reporting requirements.

All information pertinent to Section 111 reporting can be found on the various pages of the Section 111 Web site (http://go.cms.gov/mirnghp). Please check this site often for the latest version of this guide and for other important information such as the aforementioned Alerts. To be notified via e-mail of updates to this Web page, click on the "Subscription Sign-up for Mandatory Insurer Reporting (NGHP) Web Page Update Notification" link found in the Related Links section of the web page and add your e-mail address to the distribution list. When new information regarding mandatory insurer reporting for NGHPs is available, you will be notified. These announcements will also be posted to the NGHP **What's New** page. Additional information related to Section 111 can be found on the login page of the Section 111 Coordination of Benefits Secure Web site (COBSW) at http://www.section111.cms.hhs.gov.

Technical questions should be directed to your Electronic Data Interchange (EDI) Representative. Your EDI Representative contact information can be found in your profile report (received after registration has been completed).

Note: Section 3 (File Formats) apply to RREs using a file submission method.

Chapter 3: File Formats

3.1 General File Standards

Both the Claim Input and TIN Reference Files are transmitted in a flat, text, ASCII file format. The Connect:Direct file transmission method will convert files into EBCDIC. Query Files are transmitted using the ANSI X12 270/271 Entitlement Query transaction set. On request, the BCRC will supply each RRE free software to translate flat file formats to and from the X12 270/271. As described in the NGHP User Guide Technical Information Chapter IV, the Query File formats are the flat file input and output to the translator software supplied by the BCRC. The remainder of this section assumes the RRE will use that software. If you are using your own X12 translator, the necessary mapping is documented in an X12 270/271 companion guide that can be downloaded from the NGHP Use Guide page. Note that the BCRC will only accept files transmitted using the 5010A1 version of the X12 270/271 RREs will continue to be given at least 6 months advance notice of any future upgrades.

Mainframe and Windows PC/Server-based versions of the HEW software are available. You may download the Windows version of the HEW software after logging on to the Section 111 COBSW at http://www.section111.cms.hhs.gov . You may request a copy of both the mainframe and Windows versions from your EDI Representative or by contacting the EDI Department at 646-458-6740. The HEW software is maintained free of charge by the BCRC. No source code will be provided.

With the exception of the X12 270/271, all input files submitted for Section 111 must be fixed width, flat, text files. All records in the file must be the same length, as specified in the file layouts. If the data submitted ends prior to the end of the specified record layout, the rest of the record must be completely filled or padded with spaces.

All data fields on the files are of a specified length and should be filled with the proper characters to match those lengths. No field delimiters, such as commas between fields, are to be used. A carriage return/line feed (CRLF) character is in the byte following the end of each record layout defined in this chapter of the NGHP User Guide (2221st byte of the line if the record is defined as 2220 bytes). When information is not supplied for a field, provide the default value per the specific field type (numeric and numeric date fields filled with zeroes; alphabetic, alphanumeric and “Reserved for Future Use” fields filled with spaces).

Each input file format contains at least three record types.

- Header Record—each file begins with a header record. Header records identify the type of file being submitted, and will contain your Section 111 RRE ID. (You will receive your RRE ID on your profile report after your registration for Section 111 is processed.)
- Detail Records—represent claim information where the injured party is a Medicare beneficiary, or query requests for individuals on the Query Input File.
- Trailer Record—each file always ends with a *trailer* record that marks the end of the file and contains summary information including counts of the detail records for validation purposes.

Each header record must have a corresponding trailer record. The file submission date supplied on the header record must match the date supplied on the corresponding file trailer record. Each trailer record must contain the proper count of detail records. **Do not include the header and trailer records in these counts.** If the trailer record contains invalid counts, your entire file will be rejected.

3.2 Data Format Standards

The following table defines the formatting standard for each data type found in the Section 111 files, both input and response. **These standards apply unless otherwise noted in specific file layouts.**

Table 3-1: Data Format Standards

DataType	Formatting Standard	Examples
Numeric	Zero through nine (0—9) Right justified. **Padded with leading zeroes.** Do not include decimal point. See individual field descriptions for any assumed decimal places. Default to all zeroes unless otherwise specified in the record layouts. **Note: the last two positions of dollar amount fields reflect cents. For example, in an 11 byte numeric field specified as a dollar amount, an amount of 10,000 (ten thousand) dollars and no cents must be submitted as "00001000000."**	Numeric (5): "12345" Numeric (5): "00045"
Alphabetic	A through Z. Left justified. Non-populated bytes padded with spaces. Alphabetic characters sent in lower case will be converted and returned in upper case. Default to all spaces unless otherwise specified in the record layouts. Embedded hyphens (dashes), apostrophes and spaces will be accepted in alphabetic last name fields. First name fields may only contain letters and spaces.	Alpha (12): "TEST EXAMPLE" Alpha (12): "EXAMPLE" Alpha (12): "SMITH-JONES " Alpha 12): "O'CONNOR"

DataType	Formatting Standard	Examples
Alphanumeric	A through Z (all alpha) + 0 through 9 (all numeric) + special characters: Comma (,) Ampersand (&) Space ( ) Hyphen/Dash (-) Period (.) Single quote (‘) Colon (:) Semicolon (;) Number (#) Forward slash (/) At sign (@) Left justified Non-populated bytes padded with spaces Alphabetic characters sent in lower case will be converted and returned in upper case. Default to all spaces unless otherwise specified in the record layouts. Parentheses () are not accepted.	Text (8): “AB55823D” Text (8): “XX299Y” Text (18): “ADDRESS@DOMAIN.COM” Text (12): “ 800-555-1234” Text (12): “#34 “
Alphanumeric Plus Parens	Same as above but including Parentheses ()	“Department Name (DN)”
Numeric Date	Zero through nine (0—9) formatted as CCYYMMDD. No slashes or hyphens. Default to zeroes unless otherwise specified in the file layouts (no spaces are permitted).	A date of March 25, 2011 would be formatted as “20110325” Open ended date: “00000000”
Reserved for Future Use	Populate with spaces. Fields defined with this field type may not be used by the RRE for any purpose. They must contain spaces.	-

Appendix A Claim Input File Layout

Claim Input File Header Record

Table A-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Header Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCH." **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPCLM." **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding trailer record. Format: CCYYMMDD **Required.**
5	Reserved for Future Use	2192	29	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Detail Record

Note: This record is used to submit Injured Party/Medicare Beneficiary Information when the injured party is/was a Medicare beneficiary. Please see Table A-2 for supplementary information and specific reporting instructions for certain fields on the Claim Input File Detail Record Layout in addition to the individual field descriptions on the Claim Input File Detail Record Layout in Table A-3.

Table A-2: Claim Input File Supplementary Information and Specific Reporting Instructions

Fields	Description	Specific Reporting Instructions
44 & 45	Self-Insured Information	This information is required to: • Indicate if the reportable event involves "self-insurance" as defined by CMS; and • If yes, specific information regarding the self-insured individual or entity
64-76	Injured Party's Attorney or Other Representative Information	Attorney/Representative information required only if injured party has a representative. **If injured party does not have a representative (Injured Party Representative Indicator is a space), default each field in this section to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 64-76) with spaces if not supplying Representative Information.**
84-97	Claimant Information	These fields are **Optional**. This section is only to be used if the injured party is deceased. The claimant may be the beneficiary's estate, or other claimant in the case of wrongful death or survivor action. Additional claimants may be listed on the Auxiliary Record. **If not supplying Claimant 1 information (Claimant 1 Relationship is a space), default each field (Fields 84-97) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 84-97) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met This section is **not** used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary. See the section for Injured Party's Attorney or Other Representative Information.

Fields	Description	Specific Reporting Instructions
99-111	Claimant 1 Attorney/Other Representative Information	These fields are **Optional**. This section is only to be used if the injured party is deceased and the claimant has representation. **If not supplying Claimant 1 Representative information (C1 Representative Indicator is a space), default each field in this section (Fields 99-111) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 99-111) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.

Table A-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Detail Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCD." **Required.**
2	DCN	15	5	19	Alpha-Numeric	Document Control Number; assigned by the Section 111 RRE. Each record within the file submitted shall have a unique DCN. The DCN only needs to be unique within the current file being submitted. DCN will be supplied back by BCRC on corresponding response file records for tracking purposes. **Required.**
3	Action Type	1	20	20	Numeric	Action to be performed. Valid values: 0 = Add 1 = Delete 2 = Update/Change Note: For changes/corrections to the initial reports of Total Payment Obligation to the Claimant (TPOC) amounts or to add additional TPOCs, report use "2." **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
4	Injured Party HICN	12	21	32	Alpha-Numeric	Medicare Health Insurance Claim Number Fill with spaces if unknown and Social Security Number (SSN) provided. Do not include dashes. May only contain digits 0 through 9, spaces, and/or letters. No special characters. **Required if SSN not provided.**
5	Injured Party SSN	9	33	41	Alpha-Numeric	Social Security Number May contain only spaces or numbers. Fill with spaces if unknown and HICN provided. No dashes, hyphens or special characters allowed. **Note:** When submitting an SSN, this field may contain either the last 5 digits or the full 9 digits of the SSN. If a partial SSN is submitted, space fill the first four characters followed by the last 5 digits of the SSN. **Required if HICN not provided.**
6	Injured Party Last Name	40	42	81	Alphabetic	Surname of Injured Party Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. First position must be an alphabetic character. Other positions may contain a letter, hyphen, apostrophe or space. **Required.**
7	Injured Party First Name	30	82	111	Alphabetic	Given or first name of Injured Party. Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. May only contain letters and spaces. **Required.**
8	Injured Party Middle Init	1	112	112	Alphabetic	First letter of Injured Party middle name. Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. Fill with space if unknown.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
9	Injured Party Gender	1	113	113	Numeric	Code to reflect the sex of the injured party. Valid values: 0 = Unknown 1 = Male 2 = Female **Required.**
10	Injured Party DOB	8	114	121	Numeric Date	Date of Birth of Injured Party Must be numeric and contain a valid date prior to the current date. Field cannot contain spaces, alpha characters or all zeroes. Format: CCYYMMDD **Required.**
11	Reserved for Future Use	20	122	141	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
12	**CMS** Date of Incident (DOI): *DOI as defined by CMS*	8	142	149	Numeric Date	Date of Incident (DOI**) as defined by CMS:** • For an automobile wreck or other accident, the date of incident is the date of the accident. • For claims involving exposure (including, for example, occupational disease and any associated cumulative injury) the DOI is the **date of first exposure.** • For claims involving ingestion (for example, a recalled drug), it is the **date of first ingestion.** For claims involving implants, it is the **date of the implant (or date of the first implant if there are multiple implants).** • For claims involving cumulative injury, the DOI is the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis; or the first date that formal diagnosis was made by any medical practitioner. **Note**: CMS's definition of DOI generally differs from the definition routinely used by the insurance/workers' compensation industry (Field 13) only for claims involving exposure, ingestion, or implants. Must be numeric and a valid date prior to or equal to the current BCRC processing date. Field cannot contain spaces, alpha characters or all zeroes. Format: CCYYMMDD **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
13	**Industry** Date of Incident (DOI): *DOI routinely used by the insurance/ workers' compensation industry*	8	150	157	Numeric Date	Date of Incident (DOI) *used by the insurance/workers' compensation industry*: For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure, ingestion, or implantation, the date of incident is the date of **last** exposure, ingestion, or implantation. **Note:** The definition of DOI routinely used by the insurance/workers' compensation industry DOI generally differs from the definition which CMS must use (Field 12) only for claims involving exposure, ingestion, or implants. Field must contain all zeroes or a valid date prior to or equal to the current BCRC processing date. Format: CCYYMMDD **Optional.**
14	Reserved for Future Use	1	158	158	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
15	Alleged Cause of Injury, Incident, or Illness	7	159	165	Alpha-Numeric	ICD-9-CM/ICD-10-CM (International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification) External Cause of Injury Code describing the alleged cause of injury/illness. **Optional.** Left justify. Do not include decimal point. Must exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at http://www.section111.cms.hhs.gov. **See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-9 must begin with the letter "E." ICD-10 must begin with "V," "W," "X," or "Y." Must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I.** Special default for liability reporting: If, and only if: • The ORM Indicator (Field 78) is N and the Plan Insurance Type (Field 51) is L; • Claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; • There is no allegation of a situation involving medical care or a physical or mental injury; • The settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 15 then "NOINJ" must be submitted in Field 18.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
16	State of Venue	2	166	167	Alphabetic	US postal abbreviation corresponding to the US State (including The District of Columbia, American Samoa, Guam, Puerto Rico, Washington DC and the US Virgin Islands) whose state law controls resolution of the claim. See http://www.usps.com If the applicable law that controls the resolution of the claim is federal law (such as the Federal Tort Claim Act or the Federal Employee Compensation Act), then submit "US." Otherwise if the applicable law is state law, supply the code for that state. Insert "FC" in the case where the state of venue is outside the United States. If the state of venue is in dispute at the time an RRE reports acceptance of ongoing responsibility for medicals, the RRE should use its best judgment regarding the state of venue and submit updated information, if applicable, when the ongoing responsibility is terminated or further reporting is required because of a settlement, judgment, award or payment other than payment made under the ongoing responsibility for medicals. **Required.**
17	ICD Indicator	1	168	168	Alpha-Numeric	Code to reflect the type of ICD diagnosis codes submitted on the record. Valid values: • "0" – ICD-10-CM diagnosis codes • "9" – ICD-9-CM diagnosis codes • Space – ICD-9-CM diagnosis codes **Required.** **Note**: Claims submitted with a CMS DOI on or after October 1, 2015 that contain an ICD indicator of "9" or space will be rejected with a CI31 error.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
18	ICDDiagnosis Code 1	7	169	175	Alpha-Numeric	ICD-9-CM/ICD-10-CM (International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification) Diagnosis Code describing the alleged injury/illness. **Required for add and update records (Action Type = 0 or 2).** Left justify. Do not include decimal point. Must exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at http://www.section111.cms.hhs.gov. **See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-9 cannot begin with the letter "E" and cannot begin with the letter "V." ICD-10 cannot begin with the letter "V," "W," "X," or "Y." Must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I.** Special default for liability reporting: If, and only if: • ORM Indicator (Field 78) is N and the Plan Insurance Type (Field 51) is L; • Claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; • No allegation of a situation involving medical care or a physical or mental injury; • Settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 18 then all remaining ICD Diagnosis Code 2-19 must be filled with spaces.
19	ICD Diagnosis Code 2	7	176	182	Alpha-Numeric	See explanation for Field 18. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 18. **Required when multiple body parts are affected.** Provide if available/applicable.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
20	ICDDiagnosis Code 3	7	183	189	Alpha-Numeric	See explanation for Field 18 and 19. **Required when 3 or more body parts are affected.** Provide if available/applicable.
21	ICDDiagnosis Code 4	7	190	196	Alpha-Numeric	See explanation for Field 18 and 19. **Required when 4 or more body parts are affected.** Provide if available/applicable.
22	ICD Diagnosis Code 5	7	197	203	Alpha-Numeric	See explanation for Field 18 and 19. **Required when 5 or more body parts are affected.** Provide if available/applicable.
23	ICD Diagnosis Code 6	7	204	210	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
24	ICDDiagnosis Code 7	7	211	217	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
25	ICDDiagnosis Code 8	7	218	224	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
26	ICDDiagnosis Code 9	7	225	231	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
27	ICDDiagnosis Code 10	7	232	238	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
28	ICDDiagnosis Code 11	7	239	245	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
29	ICDDiagnosis Code 12	7	246	252	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
30	ICDDiagnosis Code 13	7	253	259	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
31	ICDDiagnosis Code 14	7	260	266	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
32	ICDDiagnosis Code 15	7	267	273	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
33	ICDDiagnosis Code 16	7	274	280	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
34	ICDDiagnosis Code 17	7	281	287	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
35	ICDDiagnosis Code 18	7	288	294	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
36	ICDDiagnosis Code 19	7	295	301	Alpha-Numeric	See explanation for Field 18 and 19. Provide if available/applicable.
37	Reserved for Future Use	107	302	408	Alpha-Numeric	Fill with spaces.
38	Product Liability Indicator	1	409	409	Alpha-Numeric	Fill with spaces.
39	Product Generic Name	40	410	449	Alpha-Numeric	Fill with spaces.
40	Product Brand Name	40	450	489	Alpha-Numeric	Fill with spaces.
41	Product Manufacturer	40	490	529	Alpha-Numeric	Fill with spaces.
42	Product Alleged Harm	200	530	729	Alpha-Numeric	Fill with spaces.
43	Reserved for Future Use	20	730	749	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
44	Self Insured Indicator	1	750	750	Alphabetic	Indication of whether the reportable event involves self-insurance as defined by CMS. Valid values: Y = Yes N = No Self-insurance is defined in "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available in Appendix H. You **must** use this definition of self-insurance for purposes of this reporting. Used by CMS if Plan Insurance Type (Field 51) is E or L (Workers' Compensation or Liability). The self-insurance rules applicable to Liability and WC do not apply to No-Fault. **Required.** **If Plan Insurance Type is E or L, this field must equal Y or N.** **If Plan Insurance Type is D, this field must equal N or space.**
45	Self-Insured Type	1	751	751	Alphabetic	Identifies whether the self-insured is an organization or individual. Valid values: I = Individual O = Other than Individual (e.g. business, corporation, organization, company, etc.) Space = Not applicable (Self Insured Indicator Field 44 is N or space) **Required and must contain a value of I or O if the Self Insured Indicator (Field 64) is Y. If the Self Insured Indicator is N or space, must equal space.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
46	Policyholder Last Name	40	752	791	Alphabetic	Surname of policyholder or self-insured individual. Embedded hyphens (dashes), apostrophes and spaces accepted. **If Self-Insured Type (Field 45) = I, first position must be an alphabetic character and other positions may contain a letter, hyphen, apostrophe or space. If Self Insured Type is not equal to I, must be all spaces.**
47	Policyholder First Name	30	792	821	Alphabetic	Given/First name of policyholder or self-insured individual. May only contain letters and spaces. **If Self-Insured Type (Field 45) = I, must contain only letters and/or spaces. If Self Insured Type is not equal to I, must be all spaces.**
48	DBA Name	70	822	891	Alpha-Numeric	"Doing Business As" Name of self-insured organization/business. DBA Name or Legal Name is required for Self-Insured Type = O. **Required if Self-Insured Type (Field 45) = O and Legal Name (Field 49) not provided. If supplied, must be at least 2 characters long. If Self Insured Type (Field 45) = I, must be blank.**
49	Legal Name	70	892	961	Alpha-Numeric	Legal Name of self-insured organization/business. DBA Name or Legal Name is required for Self-Insured Type = O. **Required if Self-Insured Type (Field 45) = O and DBA Name (Field 48) not provided. If supplied, must be at least 2 characters long. If Self Insured Type (Field 45) = I, must be blank.**
50	Reserved for Future Use	20	962	981	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
51	Plan Insurance Type	1	982	982	Alphabetic	Type of insurance coverage or line of business provided by the plan policy or self-insurance. Valid values: D = No-Fault E = Workers' Compensation L = Liability **Required.** *Note: When selecting "no-fault" as the type of insurance, you* **must** *use the CMS definition of no-fault insurance found at 42 CFR 411.50. This definition is different from the industry definition which is generally limited to certain automobile insurance.* "No fault insurance means insurance that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy, or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes but is not limited to automobile, homeowners, and commercial plans. It is sometimes called "medical payments coverage," "personal injury protection," or "medical expense coverage." See 42 CFR 411.50."
52	TIN	9	983	991	Numeric	Federal Tax Identification Number of the "applicable plan" used by the RRE, whether liability insurance (including self-insurance), no-fault insurance or a workers' compensation law or plan. Must contain a valid 9-digit Internal Revenue Service (IRS)-assigned Federal Tax Identification Number or foreign RRE pseudo-TIN. Must be numeric. Include leading zeroes. Do not include hyphens. In the case of a foreign RRE without a valid IRS-assigned TIN, supply the pseudo-TIN created during Section 111 registration. Must have a corresponding entry with associated Office Code/Site ID on the TIN Reference File. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
53	Office Code/Site ID	9	992	1000	Alpha-Numeric	RRE-defined 9-digit number to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses under the same TIN. Defined by RRE. Used to uniquely specify different addresses associated with one TIN. If only one address will be used per reported TIN, leave blank. Must have a corresponding entry with associated TIN on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination. **If not used, must be filled with spaces. If used, must be a non-zero 9-digit number, right justified and padded on the left with zeroes. No letters or special characters are accepted** **Optional.**
54	Policy Number	30	1001	1030	Alpha-Numeric Plus Parens	The unique identifier for the policy under which the underlying claim was filed. RRE defined. If liability self-insurance or workers' compensation self-insurance, fill with 0's if you do not have or maintain a specific number reference. Must be at least 3 characters in length. **Required.**
55	Claim Number	30	1031	1060	Alpha-Numeric Plus Parens	The unique claim identifier by which the primary plan identifies the claim. If liability self-insurance or workers' compensation self-insurance, fill with 0's if you do not have or maintain a claim number reference. May not be equal to all spaces. **Required.**
56	Plan Contact Department Name	70	1061	1130	Alpha-Numeric Plus Parens	Name of department for the Plan Contact to which claim-related communication and correspondence should be sent. Note that this name is used for informal communications and not used for recovery demand notifications. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
57	Plan Contact Last Name	40	1131	1170	Alphabetic	Surname of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications. If not left blank, first position must be an alphabetic character. Other positions may contain a letter, hyphen, apostrophe or space. **Optional.**
58	Plan Contact First Name	30	1171	1200	Alphabetic	Given or first name of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications. May only contain letters and spaces. If not left blank, first position must be an alphabetic character. Other positions must contain letters or spaces. **Optional.**
59	Plan Contact Phone	10	1201	1210	Numeric	Telephone number of individual that should be contacted at the Plan for claim-related communication. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). Must contain 10-digit numeric value. Fill with zeroes if not available. **Optional.**
60	Plan Contact Phone Extension	5	1211	1215	Alpha-Numeric	Telephone extension number of individual that should be contacted at the Plan for claim-related communication. Must be left-justified and unused bytes filled with spaces. Fill with all spaces if unknown or not applicable. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
61	No-Fault Insurance Limit	11	1216	1226	Numeric	Dollar amount of limit on no-fault insurance. Specify dollars and cents with implied decimal. No formatting (no $ or , or .) For example, a limit of $10,500.00 should be coded as 00001050000. Note: the **last two positions reflect cents.** For example, an amount of 500 dollars and no cents must be submitted as "00000050000," Field may not be blank (all spaces). Must contain a valid numeric amount, all zeroes or all 9s as specified below. **Required if Plan Insurance Type (Field 51) is D (No-Fault Insurance). If Plan Insurance Type is D and there is no such dollar limit, fill with all 9s, otherwise specify amount.** **If Plan Insurance Type (Field 51) is E (Workers' Compensation) or L (Liability Insurance), must be filled with all zeroes.**
62	Exhaust Date for Dollar Limit for No-Fault Insurance	8	1227	1234	Numeric Date	Date on which limit was reached or benefits exhausted for No-Fault Insurance Limit (Field 61). Format: CCYYMMDD Field may not be blank (all spaces). Must contain a valid date or all zeroes as specified below. When a valid date is supplied in Field 62, the same date should be supplied in the ORM Termination Date (Field 79). **If Plan Insurance Type (Field 51) is D (No-Fault Insurance) and the limit has not yet been reached, fill with all zeroes. Otherwise, specify the date the limit was reached and the same date in the ORM Termination Date (Field 79).** **If Plan Insurance Type (Field 51) is E (Workers' Compensation) or L (Liability Insurance), must be filled with all zeroes.**
63	Reserved for Future Use	20	1235	1254	Alpha-Numeric	Fill with spaces

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
64	Injured Party Representative Indicator	1	1255	1255	Alphabetic	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 64 – 76 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available. **Required if Injured Party has a representative.**
65	Representative Last Name	40	1256	1295	Alphabetic	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **Either Representative Last Name and First Name – or – Representative Firm Name is required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.**
66	Representative First Name	30	1296	1325	Alphabetic	Given or first name of representative. May only contain letters and spaces. **Either Representative Last Name and First Name – or – Representative Firm Name is required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.**
67	Representative Firm Name	70	1326	1395	Alpha-Numeric	Representative's firm name. **Either Representative Last Name and First Name – or – Representative Firm Name is required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.** **If supplied, must be at least 2 alphanumeric characters.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
68	Representative TIN	9	1396	1404	Alpha-Numeric	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). May contain only spaces or numbers. If no Representative TIN is available, fill with spaces or all zeroes. **Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank.** **Optional.**
69	Representative Mailing Address Line 1	50	1405	1454	Alpha-Numeric	First line of the mailing address for the representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
70	Representative Mailing Address Line 2	50	1455	1504	Alpha-Numeric	Second line of the mailing address of the representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **Must be blank if Injured Party Representative Indicator (Field 64) is blank.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
71	Representative City	30	1505	1534	Alpha-Numeric	Mailing address city for the representative named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
72	Representative State	2	1535	1536	Alphabetic	US Postal abbreviation State Code for the representative named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **Required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.**
73	Representative Mail Zip Code	5	1537	1541	Alpha-Numeric	5-digit Zip Code for the representative named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
74	Representative Mail Zip+4	4	1542	1545	Alpha-Numeric	4-digit Zip+4 Code for the representative named above. If not applicable or unknown, fill with zeroes (0000). **Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
75	Representative Phone	10	1546	1555	Alpha-Numeric	Telephone number of the representative named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **Required if Injured Party has a representative. Must be blank or all zeroes if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
76	Representative Phone Extension	5	1556	1560	Alpha-Numeric	Telephone extension number of representative named above. Fill with all spaces if unknown or not applicable. **Must be blank if Injured Party Representative Indicator (Field 64) is blank or Representative State (Field 72) = "FC."**
77	Reserved for Future Use	20	1561	1580	Alpha-Numeric	Fill with spaces.
78	ORM Indicator	1	1581	1581	Alphabetic	Indication of whether there is on-going responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals. Valid values: Y – Yes N – No **The Y value remains in this field even when an ORM Termination Date (Field 79) is submitted in this same record or a subsequent record.** **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
79	ORM Termination Date	8	1582	1589	Numeric Date	Date ongoing responsibility for medicals ended, where applicable. Only applies to records previously submitted (or submitted in this record where ongoing responsibility for medicals and termination of such responsibility are reported in this same submission) with ORM Indicator = Y. ORM Termination Date is not applicable if claimant retains the ability to submit/apply for payment for additional medicals related to the claim. See NGHP User Guide Technical Information Chapter IV (Sections 6.7 and 6.8) for information concerning exceptions regarding reporting ORM. Future dates are accepted but not more than 6 months greater than the file submission date. When an ORM termination date is submitted, the ORM indicator in Field 78 **must remain as "Y."** Format: CCYYMMDD Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
80	TPOC Date 1	8	1590	1597	Numeric Date	Date of associated Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). Date payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required it is the later of the date the obligation is signed or the date of court approval. If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. Format: CCYYMMDD **Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report.** **Required for all other claim reports.** Must be non-zero if a non-zero value is submitted in TPOC Amount 1. Must be greater than the CMS Date of Incident (Field 12) and less or equal to the file submission date. No future dates allowed. Must be all zeroes if TPOC Amount 1 is all zeroes. **Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
81	TPOC Amount 1	11	1598	1608	Numeric	Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant. If there is a structured settlement, the amount is the total payout amount. If a settlement provides for the purchase of an annuity, it is the total payout from the annuity. For annuities, base the total amount upon the time period used in calculating the purchase price of the annuity or the minimum payout amount (if there is a minimum payout), whichever calculation results in the larger amount. When this record includes information reflecting ongoing responsibility for medicals (either current or terminated), fill with zeroes unless there is a TPOC date/amount for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ongoing medicals. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Specify dollars and cents with implied decimal. No formatting (no $, .) For example, an amount of $20,500.55 should be coded as 00002050055. **Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports.** Must be non-zero if a non-zero value is submitted in TPOC Date 1. Must be filled with all zeroes if TPOC Date 1 is all zeroes. **Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
82	Funding Delayed Beyond TPOC Start Date 1	8	1609	1616	Numeric Date	If funding for the TPOC Amount 1 is delayed, provide actual or estimated date of funding. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1 - “Timeliness” of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
83	Reserved for Future Use	20	1617	1636	Alpha-Numeric	Fill with spaces.
84	Claimant 1 Relationship	1	1637	1637	Alphabetic	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. “The Trust of John Doe” or “The Estate of John Doe”). Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g. "The Estate of John Doe") Y = Family, Entity Name Provided (e.g. "The Family of John Doe") Z = Other, Entity Name Provided (e.g. "The Trust of John Doe") Space = Claimant Information Not Supplied (Fields 84 – 98 must contain default values according to Data Type, or all spaces) This section is only to be used if the injured party is deceased. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
85	Claimant 1 TIN	9	1638	1646	Alpha-Numeric	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1. May contain only spaces or numbers. Must not match other claimant(s) listed on the Auxiliary Record. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all zeroes or all spaces.** **Optional.**
86	Claimant 1 Last Name	40	1647	1686	Alphabetic	Surname of Claimant 1. Embedded hyphens (dashes), apostrophes and spaces accepted. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
87	Claimant 1 First Name	30	1687	1716	Alphabetic	Given/First name of Claimant 1. May only contain letters and spaces. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
88	Claimant 1 Middle Initial	1	1717	1717	Alphabetic	First letter of Claimant 1's middle name. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
89	Claimant 1 Entity/Organization Name	71	1647	1717	Alpha-Numeric	Name of Claimant 1 Entity/Organization. Redefines Fields 86-88 (is made up of the same bytes, is in the same location as Fields 86-88). Use either Field 89 or Fields 86-88 depending on the Relationship code submitted. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
90	Claimant 1 Mailing Address Line 1	50	1718	1767	Alpha-Numeric	First line of the mailing address for the claimant named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
91	Claimant 1 Mailing Address Line 2	50	1768	1817	Alpha-Numeric	Second line of the mailing address of the claimant named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
92	Claimant 1 City	30	1818	1847	Alpha-Numeric	Mailing address city for the claimant named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = “FC,” must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
93	Claimant 1 State	2	1848	1849	Alphabetic	US Postal abbreviation State Code for the claimant named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
94	Claimant 1 Zip	5	1850	1854	Alpha-Numeric	5-digit Zip Code for the claimant named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces or all zeroes.** **Optional.**
95	Claimant 1 Zip+4	4	1855	1858	Alpha-Numeric	4-digit Zip+4 Code for the claimant named above. If not applicable or unknown, fill with zeroes (0000). **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces or all zeroes.** **Optional.**
96	Claimant 1 Phone	10	1859	1868	Alpha-Numeric	Telephone number of the claimant named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
97	Claimant 1 Phone Extension	5	1869	1873	Alpha-Numeric	Telephone extension number of the claimant named above. Fill with all spaces if unknown or not applicable. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
98	Reserved for Future Use	20	1874	1893	Alpha-Numeric	Fill with spaces.
99	Claimant 1 (C1) Representative Indicator	1	1894	1894	Alphabetic	Code indicating the type of Attorney/Other Representative information provided for Claimant 1. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = Claimant Representative Information Not Supplied. (Fields 99 – 111 must contain default values according to Data Type, or all spaces). If a value is submitted in this field, data must be supplied in Fields 100-111. If Claimant 1 has more than one representative, provide information for his/her attorney if available. **Optional.**
100	C1 Representative Last Name	40	1895	1934	Alphabetic	Surname of C1 representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
101	C1 Representative First Name	30	1935	1964	Alphabetic	Given or first name of C1 representative. May only contain letters and spaces. **If supplied, must contain at least 2 characters and first character must be alphabetic.** **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
102	C1 Representative Firm Name	70	1965	2034	Alpha-Numeric	C1 Representative's firm name. **If supplied, must contain at least 2 alphanumeric characters.** **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
103	C1 Representative TIN	9	2035	2043	Alpha-Numeric	C1 Representative's Federal Tax Identification Number (TIN). If C1 representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the C1 representative's Social Security Number (SSN). May contain only spaces or numbers. If no C1 Representative TIN is available, fill with spaces or all zeroes. If supplied, cannot = TIN (field 52). **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
104	C1 Representative Mailing Address 1	50	2044	2093	Alpha-Numeric	First line of the mailing address for the C1 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = “FC,” must contain all spaces.** **Optional.**
105	C1 Representative Mailing Address 2	50	2094	2143	Alpha-Numeric	Second line of the mailing address of the C1 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
106	C1 Representative Mailing City	30	2144	2173	Alpha-Numeric	Mailing address city for the C1 representative named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = “FC,” must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
107	C1 Representative State	2	2174	2175	Alphabetic	US Postal abbreviation State Code for the C1 representative named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
108	C1 Representative Zip	5	2176	2180	Alpha-Numeric	5-digit Zip Code for the C1 representative named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 107) = "FC," must contain all spaces or all zeroes.** **Optional.**
109	C1 Representative Zip+4	4	2181	2184	Alpha-Numeric	4-digit Zip+4 Code for the C1 representative named above. If not applicable or unknown, fill with zeroes (0000). **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 107) = "FC," must contain all spaces or all zeroes.** **Optional.**
110	C1 Representative Phone	10	2185	2194	Alpha-Numeric	Telephone number of the C1 representative named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 127107 = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
111	C1 Representative Phone Extension	5	2195	2199	Alpha-Numeric	Telephone extension number of the C1 representative named above. Fill with all spaces if unknown or not applicable. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
112	Reserved for Future Use	21	2200	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Auxiliary Record

This record is only required if there are additional claimants to report for the associated Detail Claim Record and/or if there is more than one TPOC Amount to report. Additional Claimants are only reported if the injured party/Medicare beneficiary is deceased. Do not include this record for the claim unless one or both of these situations exist(s). Fields 1-6 must always be completed and match the associated detail record in order submit this Auxiliary Record. Claimant 1 on the Detail Claim Record must be completed in order for information concerning additional claimants to be accepted. Only **one** Auxiliary Record may be submitted per claim report.

Please see Table A-4 for supplementary information and specific reporting instructions for certain fields on the Claim Input File Auxiliary Record Layout in addition to the individual field descriptions on the Claim Input File Auxiliary Record Layout in Table A-5.

Table A-4: Claim Input File Auxiliary Record Supplementary Information and Specific Reporting Instructions

Fields	Description	Specific Reporting Instructions
7-21	Claimant 2 Information	These fields are **Optional**. **If not supplying Claimant 2 information (Claimant 2 Relationship is a space), default each field in this section (Fields 7-21) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 7-21) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
22-35	Claimant 2 Attorney/Other Representative Information	These fields are **Optional**. This section is only required if Claimant 2 has a representative. **If not supplying Claimant 2 Representative information (C2 Representative Indicator is a space), default each field in this section (Fields 22-35) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 22-35) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
36-50	Claimant 3 Information	These fields are **Optional**. **If not supplying Claimant 3 information (Claimant 3 Relationship is a space), default each field in this section (Fields 36-50) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 36-50) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.

Fields	Description	Specific Reporting Instructions
51-64	Claimant 3 Attorney/Representative Information	These fields are **Optional**. This section is only required if Claimant 3 has a representative. **If not supplying Claimant 3 Representative information (C3 Representative Indicator is a space), default each field in this section (Fields 51-64) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 51-64) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
65-79	Claimant 4 Information	These fields are **Optional**. **If not supplying Claimant 4 information (Claimant 4 Relationship is a space), default each field in this section (Fields 65-79) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 65-79) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.
80-92	Claimant 4 Attorney/Representative Information	These fields are **Optional**. This section is only required if Claimant 4 has a representative. **If not supplying Claimant 4 Representative information (C4 Representative Indicator is a space), default each field in this section (Fields 80-92) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 80-92) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.

Table A-5: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Auxiliary Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCE." **Required.**
2	DCN	15	5	19	Alpha-Numeric	Document Control Number (DCN) assigned by the Section 111 RRE. Must match the DCN on the corresponding Claim Input File Detail Record (Record Identifier NGCD). **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
3	Injured Party HICN	12	20	31	Alpha-Numeric	Must match the value in this field on the Claim Input File Detail Record. **Required if SSN not provided.**
4	Injured Party SSN	9	32	40	Alpha-Numeric	Must match the value in this field on the Claim Input File Detail Record. **Required if HICN not provided.**
5	Injured Party Last Name	40	41	80	Alphabetic	Must match the value in this field on the Claim Input File Detail Record. **Required.**
6	Injured Party First Name	30	81	110	Alphabetic	Must match the value in this field on the Claim Input File Detail Record. **Required.**
7	Claimant 2 Relationship	1	111	111	Alphabetic	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. “The Trust of John Doe” or “The Estate of John Doe”) Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g. "The Estate of John Doe") Y = Family, Entity Name Provided (e.g. "The Family of John Doe") Z = Other, Entity Name Provided (e.g. "The Trust of John Doe") Space = Claimant Information Not Supplied (Fields 7 – 21 must contain default values according to Data Type, or all spaces) **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
8	Claimant 2 TIN	9	112	120	Alpha-Numeric	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 2. May contain only spaces or numbers. Must not match other claimant(s) listed on the Detail or Auxiliary Record. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all zeroes or all spaces.** **Optional**.
9	Claimant 2 Last Name	40	121	160	Alphabetic	Surname of Claimant 2. Embedded hyphens (dashes), apostrophes and spaces accepted. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
10	Claimant 2 First Name	30	161	190	Alphabetic	Given/First name of Claimant 2. May only contain letters and spaces. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
11	Claimant 2 Middle Initial	1	191	191	Alphabetic	First letter of Claimant 2's middle name. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
12	Claimant 2 Entity/Organization Name	71	121	191	Alpha-Numeric	Name of Claimant 2 Entity/Organization. Redefines Fields 9-11 (is made up of the same bytes, is in the same location as Fields 9-11). Use either Field 12 or Fields 9-11 depending on the Relationship code submitted. If supplied, must contain at least 2 alphanumeric characters. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
13	Claimant 2 Mailing Address Line 1	50	192	241	Alpha-Numeric	First line of the mailing address for Claimant 2 named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
14	Claimant 2 Mailing Address Line 2	50	242	291	Alpha-Numeric	Second line of the mailing address for Claimant 2 named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
15	Claimant 2 City	30	292	321	Alpha-Numeric	Mailing address city for Claimant 2 named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces.** **Optional.**
16	Claimant 2 State	2	322	323	Alphabetic	US Postal abbreviation State Code for Claimant 2 named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
17	Claimant 2 Zip	5	324	328	Alpha-Numeric	5-digit Zip Code for Claimant 2 named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
18	Claimant 2 Zip+4	4	329	332	Alpha-Numeric	4-digit Zip+4 Code for Claimant 2 named above. If not applicable or unknown, fill with zeroes (0000). **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces or all zeroes.** **Optional.**
19	Claimant 2 Phone	10	333	342	Alpha-Numeric	Telephone number of Claimant 2 named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces or all zeroes.** **Optional.**
20	Claimant 2 Phone Extension	5	343	347	Alpha-Numeric	Telephone extension number of Claimant 2 named above. Fill with all spaces if unknown or not applicable. **If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.** **Optional.**
21	Reserved for Future Use	20	348	367	Alpha-Numeric	Fill with spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
22	Claimant 2 (C2) Representative Indicator	1	368	368	Alphabetic	Code indicating the type of Attorney/Other Representative information provided for Claimant 2 (C2). Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = Claimant Information Not Supplied (Fields 22—35 must contain default values according to Data Type, or all spaces). If a value is submitted in this field, data must be supplied in Fields 23-35. If Claimant 2 has more than one representative, provide information for his/her attorney if available. **Optional.**
23	C2 Representative Last Name	40	369	408	Alphabetic	Surname of C2 representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
24	C2 Representative First Name	30	409	438	Alphabetic	Given or first name of C2 representative. May only contain letters and spaces. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
25	C2 Representative Firm Name	70	439	508	Alpha-Numeric	Representative's firm name. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
26	C2 Representative TIN	9	509	517	Alpha-Numeric	C2 Representative's Federal Tax Identification Number (TIN). If C2 representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the C2 representative's Social Security Number (SSN). May contain only spaces and numbers. If no C2 Representative TIN is available, fill with spaces or all zeroes. If supplied, cannot = TIN (Field 72 of Claim Input file layout). **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces or all zeroes.** **Optional.**
27	C2 Representative Mailing Address Line 1	50	518	567	Alpha-Numeric	First line of the mailing address for the C2 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
28	C2 Representative Mailing Address Line 2	50	568	617	Alpha-Numeric	Second line of the mailing address of the C2 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
29	C2 Representative City	30	618	647	Alpha-Numeric	Mailing address city for the C2 representative named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = “FC,” must contain all spaces.** **Optional.**
30	C2 Representative State	2	648	649	Alphabetic	US Postal abbreviation State Code for the C2 representative named above. See http://www.usps.com If no US address is available supply “FC.” The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
31	C2 Representative Zip	5	650	654	Alpha-Numeric	5-digit Zip Code for the C2 representative named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces or all zeroes.** **Optional.**
32	C2 Representative Zip+4	4	655	658	Alpha-Numeric	4-digit Zip+4 Code for the C2 representative named above. If not applicable or unknown, fill with zeroes (0000). **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces or all zeroes.** **Optional.**
33	C2 Representative Phone	10	659	668	Alpha-Numeric	Telephone number of the C2 representative named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
34	C2 Representative Phone Extension	5	669	673	Alpha-Numeric	Telephone extension number of the C2 representative named above. Fill with all spaces if unknown or not applicable. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
35	Reserved for Future Use	20	674	693	Alpha-Numeric	Fill with spaces.
36	Claimant 3 Relationship	1	694	694	Alphabetic	**See Claimant 2 Information section for individual field specifications**.
37	Claimant 3 TIN	9	695	703	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
38	Claimant 3 Last Name	40	704	743	Alphabetic	**See Claimant 2 Information section for individual field specifications**.
39	Claimant 3 First Name	30	744	773	Alphabetic	**See Claimant 2 Information section for individual field specifications**.
40	Claimant 3 Middle Initial	1	774	774	Alphabetic	**See Claimant 2 Information section for individual field specifications**.
41	Claimant 3 Entity/Organization Name	71	704	774	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
42	Claimant 3 Mailing Address Line 1	50	775	824	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
43	Claimant 3 Mailing Address Line 2	50	825	874	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
44	Claimant 3 City	30	875	904	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
45	Claimant 3 State	2	905	906	Alphabetic	**See Claimant 2 Information section for individual field specifications**.
46	Claimant 3 Zip	5	907	911	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
47	Claimant 3 Zip+4	4	912	915	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
48	Claimant 3 Phone	10	916	925	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
49	Claimant 3 Phone Extension	5	926	930	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
50	Reserved for Future Use	20	931	950	Alpha-Numeric	Fill with spaces.
51	Claimant 3 (C3) Representative Indicator	1	951	951	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
52	C3 Representative Last Name	40	952	991	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**.
53	C3 Representative First Name	30	992	1021	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
54	C3 Representative Firm Name	70	1022	1091	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
55	C3 Representative TIN	9	1092	1100	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
56	C3 Representative Mailing Address Line 1	50	1101	1150	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
57	C3 Representative Mailing Address Line 2	50	1151	1200	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
58	C3 Representative City	30	1201	1230	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
59	C3 Representative State	2	1231	1232	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
60	C3 Representative Zip	5	1233	1237	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
61	C3 Representative Zip+4	4	1238	1241	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
62	C3 Representative Phone	10	1242	1251	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
63	C3 Representative Phone Extension	5	1252	1256	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications**
64	Reserved for Future Use	20	1257	1276	Alpha-Numeric	Fill with spaces.
65	Claimant 4 Relationship	1	1277	1277	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
66	Claimant 4 TIN	9	1278	1286	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
67	Claimant 4 Last Name	40	1287	1326	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
68	Claimant 4 First Name	30	1327	1356	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
69	Claimant 4 Middle Initial	1	1357	1357	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
70	Claimant 4 Entity/Organization Name	71	1287	1357	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
71	Claimant 4 Mailing Address Line 1	50	1358	1407	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
72	Claimant 4 Mailing Address Line 2	50	1408	1457	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
73	Claimant 4 City	30	1458	1487	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
74	Claimant 4 State	2	1488	1489	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
75	Claimant 4 Zip	5	1490	1494	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
76	Claimant 4 Zip+4	4	1495	1498	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
77	Claimant 4 Phone	10	1499	1508	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
78	Claimant 4 Phone Extension	5	1509	1513	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
79	Reserved for Future Use	20	1514	1533	Alpha-Numeric	Fill with spaces.
80	Claimant 4 (C4) Representative Indicator	1	1534	1534	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
81	C4 Representative Last Name	40	1535	1574	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
82	C4 Representative First Name	30	1575	1604	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
83	C4 Representative Firm Name	70	1605	1674	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
84	C4 Representative TIN	9	1675	1683	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
85	C4 Representative Mailing Address Line 1	50	1684	1733	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
86	C4 Representative Mailing Address Line 2	50	1734	1783	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
87	C4 Representative City	30	1784	1813	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
88	C4 Representative State	2	1814	1815	Alphabetic	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
89	C4 Representative Zip	5	1816	1820	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
90	C4 Representative Zip+4	4	1821	1824	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
91	C4 Representative Phone	10	1825	1834	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
92	C4 Representative Phone Extension	5	1835	1839	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
93	TPOC Date 2	8	1840	1847	Numeric Date	Date of second (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional TPOC** settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 2. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 2 is all zeroes.
94	TPOC Amount 2	11	1848	1858	Numeric	Second (additional) Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ORM. See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. *Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Must be non-zero if a non-zero value is submitted in TPOC Date 2. Must be all zeroes if TPOC Date 2 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
95	Funding Delayed Beyond TPOC Start Date 2	8	1859	1866	Numeric Date	If funding for the TPOC Amount 2 is delayed, provide actual or estimated date of funding. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 "Timeliness" of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
96	TPOC Date 3	8	1867	1874	Numeric Date	Date of third (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an *additional* TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 3. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 3 is all zeroes.
97	TPOC Amount 3	11	1875	1885	Numeric	Third (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. *Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Must be non-zero if a non-zero value is submitted in TPOC Date 3. Must be all zeroes if TPOC Date 3 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
98	Funding Delayed Beyond TPOC Start Date 3	8	1886	1893	Numeric Date	If funding for the TPOC Amount 3 is delayed, provide actual or estimated date of funding. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 "Timeliness" of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
99	TPOC Date 4	8	1894	1901	Numeric Date	Date of fourth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an *additional* TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 4. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 4 is all zeroes.
100	TPOC Amount 4	11	1902	1912	Numeric	Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Must be non-zero if a non-zero value is submitted in TPOC Date 4. Must be all zeroes if TPOC Date 4 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
101	Funding Delayed Beyond TPOC Start Date 4	8	1913	1920	Numeric Date	If funding for the TPOC Amount 4 is delayed, provide actual or estimated date of funding. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 “Timeliness” of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
102	TPOC Date 5	8	1921	1928	Numeric Date	Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 5. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 5 is all zeroes. NOTE: If more than five TPOCs need to be reported for a single claim, then put the most recent TPOC Date in TPOC Date 5.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
103	TPOC Amount 5	11	1929	1939	Numeric	Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Date 5. Must be all zeroes if TPOC Date 5 is all zeroes. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** NOTE: If more than five TPOCs need to be reported for a single claim, add the sixth and subsequent TPOC Amounts to the amount reported in TPOC Amount 5.
104	Funding Delayed Beyond TPOC Start Date 5	8	1940	1947	Numeric Date	If funding for the TPOC Amount 5 is delayed, provide actual or estimated date of funding. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 "Timeliness" of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
105	Reserved for Future Use	273	1948	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Trailer Record

Table A-6: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Input File Trailer Record – 2220 bytes

Field No.	Name	Len	Start Pos.	End Pos.	Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCT" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. Must match RRE ID supplied on corresponding file header record. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPCLM" Must be = Section 111 Reporting File Type (Field 3) of Claim Input File Header Record. **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding header record. Format: CCYYMMDD **Required.**
5	File Record Count	7	29	35	Numeric	Number of Detail and Auxiliary records contained within file (do not include header or trailer records in the count.) Right justify and pad with leading zeroes. A record count of 215 should be submitted as "0000215." Must match total number of detail records in the file. **Required.**
6	Reserved for Future Use	2185	36	2220	Alpha-Numeric	Fill with spaces.

Appendix B TIN Reference File Layout

MMSEA Section 111 Mandatory Reporting—Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation

TIN Reference File Layout—to be submitted with the Claim Input File

TIN Reference File Header Record

Table B-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference File Header Record – 2220 bytes

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGTH" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPTIN" **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding trailer record. Format: CCYYMMDD **Required.**
5	Reserved for Future Use	2192	29	2220	Alpha-Numeric	Fill with spaces.

TIN Reference File Detail Record

Table B-2: MMSEA Section 111 Liability Insurance (Including Self-Insurance) No-Fault Insurance, Workers' Compensation TIN Reference File Detail Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGTD" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. **Required.**
3	TIN	9	14	22	Numeric	RRE's TIN. Federal Tax Identification Number of the insurer, applicable plan (s), workers' compensation law/plan (s), or self-insured entities reported in Field 52 of each Detail Claim Record. Used in conjunction with the Office Code/Site ID reported in Field 53 of the Detail Claim Record. Also known as the Employer Identification Number (EIN). Each TIN/Office Code combination reported in Fields 52 and 53 of the Detail Claim Records must have a corresponding record reported on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination. If RRE ID is associated with a foreign entity with no TIN, fill with a pseudo-TIN formatted as 9999xxxxx where 'xxxxx' is an RRE-assigned number. If the RRE will be submitting TPA information via the TIN Reference File, enter the RRE's TIN. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
4	Office Code/Site ID	9	23	31	Alpha-Numeric	RRE-defined 9-digit number to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses as reported in Field 53 of each Detail Claim Record. Used in conjunction with the TIN reported in Field 52 of the Detail Claim record to uniquely specify different addresses associated with one TIN. **If only one address will be used per reported TIN, leave blank. If not used, must be spaces. If used, must be a non-zero 9-digit number, right justified and padded on the left with zeroes. No letters or special characters are accepted.** Each TIN/Office Code combination reported in Fields 52 and 53 of the Detail Claim Records must have a corresponding record reported on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination. **Required if Office Code/Site ID is supplied in Field 53 of the Claim Input File Detail Record.**
5	TIN/Office Code Mailing Name	70	32	101	Alpha-Numeric	Name associated with the RRE reflected by the unique TIN/Office Code combination. This name should reflect what should be used to address correspondence to the RRE related to the associated claim reports if necessary. This is the name used for recovery demand notifications, if applicable. The first two characters of this field must be non-blank (filled with characters other than spaces). Limit field to no more than eight separate words in the first 40 characters for best results. If the RRE will be submitting TPA information via the TIN Reference File, submit the RRE's name. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
6	TIN/Office Code Mailing Address Line 1	50	102	151	Alpha-Numeric	First line of the address associated with the unique TIN/Office Code combination reflected on this record. This mailing address should reflect where the RRE wishes to have all correspondence (including correspondence associated with recoveries, if applicable) directed for the TIN/Office Code combination. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite and/or apartment number if possible. If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply “FC” in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = “FC,” this field must be spaces. If the RRE will be submitting TPA information via the TIN Reference File, submit the first line of the TPA’s address. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
7	TIN/Office Code Mailing Address Line 2	50	152	201	Alpha-Numeric	Second line of the address associated with the unique TIN/Office Code combination reflected on this record. This mailing address should reflect where the RRE wishes to have the recoveries and other associated correspondence directed for the TIN/Office Code combination. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the secondary street address information such as “ATTN TO,” internal mailstops, department name, etc. If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply “FC” in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = “FC.” this field must be spaces. If the RRE will be submitting TPA information via the TIN Reference File, submit the TPA’s name in Field 7 prefaced by “C/O” or “ATTN.”
8	TIN/Office Code City	30	202	231	Alpha-Numeric	City of the address associated with the unique TIN/Office Code combination reflected on this record. This mailing address should reflect where the RRE wishes to have the recoveries and other associated correspondence directed for the TIN/Office Code combination. Must be a US city. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply “FC” in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = “FC,” this field must be spaces. If the RRE will be submitting TPA information via the TIN Reference File, submit the TPA’s City. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
9	TIN/Office Code State	2	232	233	Alphabetic	US Postal state abbreviation of the address associated with the unique TIN/Office Code combination reflected on this record. See http://www.usps.com The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. This mailing address should reflect where the RRE wishes to have the recoveries and other associated correspondence directed for the TIN/Office Code combination. If the RRE has registered as a foreign entity and no US address is available, supply "FC" and place the correct international mailing address in Fields 12-15. If the RRE will be submitting TPA information via the TIN Reference File, submit the TPA's State. **Required**.
10	TIN/Office Code Zip	5	234	238	Alpha-Numeric	5-digit Zip Code of the address associated with the unique TIN/Office Code combination reflected on this record. Must be a US Zip Code. If the RRE has registered as a foreign entity and no US address is available, fill with zeroes (or all spaces) and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC," this field must be spaces. If the RRE will be submitting TPA information via the TIN Reference File, submit the TPA's zip. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
11	TIN/Office Code Zip+4	4	239	242	Alpha-Numeric	4-digit Zip+4 code of the address associated with the unique TIN/Office Code combination reflected on this record. If not applicable fill with zeroes (0000). If the RRE has registered as a foreign entity and no US address is available, fill with zeroes and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC," this field must be spaces. If the RRE will be submitting TPA information via the TIN Reference File, submit the TPA's zip+4.
12	Foreign RRE Address Line 1	32	243	274	Alpha-Numeric	First line of mailing address of a foreign RRE. Use *only if* RRE has no US address. **Required if TIN/Office Code State (Field 9) = "FC."**
13	Foreign RRE Address Line 2	32	275	306	Alpha-Numeric	Second line of mailing address of a foreign RRE. Use **only if** RRE has no US address. **Optional.**
14	Foreign RRE Address Line 3	32	307	338	Alpha-Numeric	Third line of mailing address of a foreign RRE. Use *only* **if** RRE has no US address. **Optional.**
15	Foreign RRE Address Line 4	32	339	370	Alpha-Numeric	Fourth line of mailing address of a foreign RRE. Use **only if** RRE has no US address. **Optional.**
16	Reserved for Future Use	1850	371	2220	Alpha-Numeric	Fill with spaces.

TIN Reference File Trailer Record

Table B-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference File Trailer Record – 2220 bytes

Field	Name	Size	Start Pos.	End Pos.	Date Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGTT" **Required.**
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Pad with leading zeroes. Must match the RRE ID supplied on the corresponding header record. **Required.**
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Must be "NGHPTIN" **Required.**
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the BCRC. Must match the date on the corresponding header record. Format: CCYYMMDD **Required.**
5	File Record Count	7	29	35	Numeric	Number of records contained within this TIN Reference File (do not include header or trailer records in count.) Right justify and pad with leading zeroes. A record count of 5 should be submitted as "0000005." **Required.**
6	Reserved for Future Use	2185	36	2220	Alpha-Numeric	Fill with spaces.

Appendix C Claim Response File Layout

Claim Response File Header Record

Table C-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Response File Header Record – 460 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alpha-Numeric	Contains value of "NGRH" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Padded with leading zeroes. As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value of "NGHPRSP" BCRC supplied.
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	Reserved for Future Use	432	29	460	Alpha-Numeric	Contains all spaces.

Claim Response File Detail Record

Fields 28-37:

Error Code fields indicate an error was found on the submitted claim record. The submitted claim record was **rejected and not processed**. The RRE must correct these errors and resubmit the record on the next quarterly file submission.

Fields 38-47:

Compliance Flag fields provide information on issues related to reporting requirement compliance. **Records will not be rejected for these issues.** The disposition code in Field 27 will indicate how the record was processed by the BCRC. The RRE must review and correct compliance issues as applicable and resubmit the record as an update transaction on the next quarterly file submission.

Table C-2: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Response File Detail Record – 460 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value of "NGRD" BCRC supplied.
2	Submitted DCN	15	5	19	Alpha-Numeric	Document Control Number (DCN) submitted by RRE on input record. Used for matching input records with response records. As supplied by RRE on input record.
3	Submitted Action Type	1	20	20	Numeric	Action to be performed. As supplied by RRE on input record.
4	Injured Party HICN	12	21	32	Alpha-Numeric	Health Insurance Claim Number (HICN) of Injured Party. As supplied by RRE on input record.
5	Submitted Injured Party SSN	9	33	41	Alpha-Numeric	Social Security Number of Injured Party. If supplied by RRE on input record, the value will be returned as entered (i.e., either the last 5-digits of the SSN or full 9-digit SSN).
6	Submitted Injured Party Last Name	40	42	81	Alphabetic	As supplied by RRE on input record.
7	Submitted Injured Party First Name	30	82	111	Alphabetic	As supplied by RRE on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
8	Submitted Injured Party Middle Init	1	112	112	Alphabetic	As supplied by RRE on input record.
9	Submitted Injured Party Gender	1	113	113	Numeric	As supplied by RRE on input record.
10	Submitted Injured Party DOB	8	114	121	Numeric Date	As supplied by RRE on input record.
11	Submitted Plan TIN	9	122	130	Numeric	As supplied by RRE on input record.
12	Submitted Plan Office Code/Site ID	9	131	139	Alpha-Numeric	As supplied by RRE on input record.
13	Submitted Policy Number	30	140	169	Alpha-Numeric	As supplied by RRE on input record.
14	Submitted Claim Number	30	170	199	Alpha-Numeric	As supplied by RRE on input record.
15	Reserved for Future Use	20	200	219	Alpha-Numeric	Filled with spaces.
16	Applied Injured Party HICN	12	220	231	Alpha-Numeric	Current Medicare Health Insurance Claim Number (HICN) of Injured Party if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
17	Reserved for Future Use	9	232	240	Alpha-Numeric	Filled with spaces.
18	Applied Injured Party Last Name	40	241	280	Alphabetic	Injured Party Last Name, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
19	Applied Injured Party First Name	30	281	310	Alphabetic	Injured Party First Name, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
20	Applied Injured Party Middle Initial	1	311	311	Alphabetic	Injured Party Middle Initial, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
21	Applied Injured Party Gender	1	312	312	Numeric	Sex of Injured Party, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied. 1 – Male 2—Female
22	Applied Injured Party DOB	8	313	320	Numeric Date	Date of birth (DOB) of Injured Party, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. Format: CCYYMMDD BCRC supplied.
23	Applied MSP Effective Date	8	321	328	Numeric Date	Applied Medicare Secondary Payer (MSP) effective date. If injured party is identified as a Medicare beneficiary based upon the information submitted, and the submitted claim information reflects ORM, the start date of Medicare's secondary payment status for the incident, illness or injury. Will be the later of the beneficiary's Medicare coverage start date or the CMS Date of Incident (DOI). This is the effective date of the MSP occurrence posted to the internal Medicare systems which are used in Medicare claim payment determinations. Will contain all zeroes if not applicable. Format: CCYYMMDD BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
24	Applied MSP Termination Date	8	329	336	Numeric Date	Applied Medicare Secondary Payment (MSP) Termination Date. If injured party is a Medicare beneficiary based upon the information submitted, the date posted to internal Medicare systems for the termination of responsibility for ongoing medicals as reported by the RRE. Format: CCYYMMDD Will contain all zeroes if open-ended or not applicable. BCRC supplied.
25	Applied MSP Type Indicator	1	337	337	Alphabetic	Applied Medicare Secondary Payer (MSP) Type. D = No-Fault E = Workers' Compensation L = Liability As supplied by RRE on input record.
26	Reserved for Future Use	20	338	357	Alpha-Numeric	Filled with spaces.
27	Applied Disposition Code	2	358	359	Alpha-Numeric	2-digit code indicating how the record was processed. **See the Response File Disposition Codes Table for values.** BCRC supplied.
28	Applied Error Code 1	5	360	364	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error. See the Error Code Resolution Tables for values. BCRC supplied.
29	Applied Error Code 2	5	365	369	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 2 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
30	Applied Error Code 3	5	370	374	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 3 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
31	Applied Error Code 4	5	375	379	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 4 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
32	Applied Error Code 5	5	380	384	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 5 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
33	Applied Error Code 6	5	385	389	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 6 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
34	Applied Error Code 7	5	390	394	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 7 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
35	Applied Error Code 8	5	395	399	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 8 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
36	Applied Error Code 9	5	400	404	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 9 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
37	Applied Error Code 10	5	405	409	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 10 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
38	Applied Compliance Flag 1	2	410	411	Alpha-Numeric	Code indicating compliance issue found with record. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
39	Applied Compliance Flag 2	2	412	413	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 2 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
40	Applied Compliance Flag 3	2	414	415	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 3 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
41	Applied Compliance Flag 4	2	416	417	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 4 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
42	Applied Compliance Flag 5	2	418	419	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 5 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
43	Applied Compliance Flag 6	2	420	421	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 6 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
44	Applied Compliance Flag 7	2	422	423	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 7 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
45	Applied Compliance Flag 8	2	424	425	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 8 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
46	Applied Compliance Flag 9	2	426	427	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 9 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
47	Applied Compliance Flag 10	2	428	429	Alpha-Numeric	Code indicating compliance issue found with record. Populated if 10 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
48	Reserved for Future Use	31	430	460	Alpha-Numeric	Filled with spaces.

Claim Response File Trailer Record

Table C-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation Claim Response File Trailer Record – 460 bytes

Field No.	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value of "NGRT" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Padded with leading zeroes. As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value of "NGHPRSP" BCRC supplied.
4	File Submission Date	8	21	28	Numeric Date	Date file was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	File Record Count	7	29	35	Numeric	Number of detail response records contained within file (does not include header or trailer records). BCRC supplied.
6	Reserved for Future Use	425	36	460	Alpha-Numeric	Filled with spaces.

Appendix D TIN Reference Response File Layout

TIN Reference Response File Header Record

Table D-1: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference Response File Header Record – 1000 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value "NTRH" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 RRE ID. As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value "NGHTNRP" BCRC supplied.
4	File Date	8	21	28	Numeric Date	Date TIN Reference Response File was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	Reserved for Future Use	972	29	1000	Alpha-Numeric	Contains all spaces.

TIN Reference Response File Detail Record

Table D-2: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference Response File Detail Record – 1000 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value "NTRD"
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Padded with leading zeroes. As supplied by RRE input record.
3	Submitted TIN	9	14	22	Numeric	Tax identification number of the entity as provided on the input record.
4	Submitted Office Code/Site ID	9	23	31	Alpha-Numeric	Office Code/Site ID as provided on the input record.
5	Submitted TIN/Office Code Mailing Name	70	32	101	Alpha-Numeric	TIN/Office Code Mailing Name as provided on input record.
6	Submitted TIN/Office Code Mailing Address Line 1	50	102	151	Alpha-Numeric	TIN/Office Code Mailing Address Line 1 as provided on input record.
7	Submitted TIN/Office Code Mailing Address Line 2	50	152	201	Alpha-Numeric	TIN/Office Code Mailing Address Line 2 as provided on input record.
8	Submitted TIN/Office code City	30	202	231	Alpha-Numeric	TIN/Office Code City as provided on input record.
9	Submitted TIN/Office Code State	2	232	233	Alphabetic	TIN/Office Code State as provided on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
10	Submitted TIN/Office Code Zip	5	234	238	Numeric	TIN/Office Code Zip code as provided on input record.
11	Submitted TIN/Office Code Zip+4	4	239	242	Alpha-Numeric	TIN/Office Code Zip+4 as provided on input record.
12	Applied TIN/Office Code Mailing Address Line 1	50	243	292	Alpha-Numeric	TIN/Office Code Address line 1, after address validation completed, which will be used by Medicare for subsequent processing. TIN/Office Code Address Change Flag (Field 33) will equal Y if the applied address in Fields 12—17 is different from the submitted address (Fields 6—11) and N if it is the same as the submitted address. Will contain spaces if the TIN record was rejected. The field will also contain spaces if the submitted TIN/Office State code contained “FC” indicating a foreign RRE address was submitted.
13	Applied TIN/Office Code Mailing Address Line 2	50	293	342	Alpha-Numeric	TIN/Office Code Mailing Address Line 2 after address validation completed. See description for Field 12.
14	Applied TIN/Office Code City	30	343	372	Alpha-Numeric	TIN/Office Code City after address validation completed. See description for Field 12.
15	Applied TIN/Office Code State	2	373	374	Alphabetic	TIN/Office Code State after address validation completed. See description for Field 12.
16	Applied TIN/Office Code Zip	5	375	379	Alpha-Numeric	TIN/Office Code Zip after address validation completed. See description for Field 12.
17	Applied TIN/Office Code Zip+4	4	380	383	Alpha-Numeric	TIN/Office Code Zip+4 after address validation completed. See description for Field 12.
18	Submitted Foreign RRE Address Line 1	32	384	415	Alpha-Numeric	Foreign RRE Address Line 1 as provided on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
19	Submitted Foreign RRE Address Line 2	32	416	447	Alpha-Numeric	Foreign RRE Address Line 2 as provided on input record.
20	Submitted Foreign RRE Address Line 3	32	448	479	Alpha-Numeric	Foreign RRE Address Line 3 as provided on input record.
21	Submitted Foreign RRE Address Line 4	32	480	511	Alpha-Numeric	Foreign RRE Address Line 4 as provided on input record.
22	TIN Disp Code	2	512	513	Alpha-Numeric	Code to indicate validation processing results of the submitted TIN Reference File Detail Record: “01” – TIN Record accepted “TN” – TIN Record rejected
23	TIN Error Code 1	4	514	517	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
24	TIN Error Code 2	4	518	521	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
25	TIN Error Code 3	4	522	525	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
26	TIN Error Code 4	4	526	529	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
27	TIN Error Code 5	4	530	533	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
28	TIN Error Code 6	4	534	537	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
29	TIN Error Code 7	4	538	541	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
30	TIN Error Code 8	4	542	545	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
31	TIN Error Code 9	4	546	549	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
32	TIN Error Code 10	4	550	553	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
33	TIN/Office Code Address Change Flag	1	554	554	Alpha-Numeric	Code indicating whether Submitted Address (Fields 6—11) differs from the Applied Address (Fields 12—17). Values: Y – address changed N – address did not change Space – record could not be validated or Submitted TIN/Office Code State (Field 9) = “FC”

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
34	Reserved for Future Use	446	555	1000	Alpha-Numeric	Filled with spaces.

TIN Reference Response File Trailer Record

Table D-3: MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, Workers' Compensation TIN Reference Response File Trailer Record – 1000 bytes

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value "NTRT" BCRC supplied.
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). As supplied by RRE input record.
3	Section 111 Reporting File Type	7	14	20	Alphabetic	Contains value "NGHTNRP" BCRC supplied.
4	File Date	8	21	28	Numeric Date	Date file was transmitted to the RRE. Format: CCYYMMDD BCRC supplied.
5	File Record Count	7	29	35	Numeric	Number of TIN Reference Response File Detail Records contained within file (does not include header or trailer records). BCRC supplied.
6	Reserved for Future Use	965	36	1000	Alpha-Numeric	Filled with spaces.

Appendix E HEW Query File Input and Response File Layouts

Section 111 Query Input File (ANSI X12 270/271 Entitlement Query HEW Flat File Input/Output Format)

Note: These file layouts are for use with the HIPAA Eligibility Wrapper (HEW) software supplied by the BCRC to process the ASC X12 270/271. They reflect the flat file input and output for the current (January 2012 Version 3.0.0) of the HEW software. RREs using the HEW software must use Version 3.0.0 effective January 1, 2012.

Mainframe and Windows PC/Server-based versions of the HEW software are available. You may download the Windows version of the HEW software after logging on to the Section 111 COBSW at http://www.section111.cms.hhs.gov . You may request a copy of both the mainframe and Windows versions from your EDI Representative or by contacting the EDI Department at 646-458-6740.

If you choose to use your own ANSI X12 translator to create the ANSI X12 270 files for the Section 111 Query Input File and process the X12 271 response, please refer to the following link found on the NGHP page of the CMS web site: http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Downloads/New-Downloads/NGHPInterfaceSpec50.pdf . Download the companion document for the X12 270/271 mapping required for Section 111 ("270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide for NGHP Entities") or contact your EDI Representative for a copy.

HEW Query Input File Header Record – Version 3.0.0

Table E-1: Section 111 HEW Version 3.0.0 Query Input File Header Record—200 Bytes

Field	Name	Size	Displacement	Data Type	Description
1	Header Indicator	2	1-2	Alpha-Numeric	Must be: "H0" **Required.**
2	RRE ID	9	3-11	Numeric	"000010001," "000010002," etc. RRE ID number assigned by BCRC. Pad with leading zeroes. **Required.**
3	File Type	4	12-15	Alphabetic	"NGHQ" – NGHP Query. **Required.**
4	Cycle Date	8	16-23	Numeric Date	File date (CCYYMMDD). **Required.**
5	Filler	177	24-200	Alpha-Numeric	Unused Field. Fill with spaces.

HEW Query Input File Detail Record – Version 3.0.0

Table E-2: Section 111 HEW Version 3.0.0 Query Input File Detail Record—200 Bytes

Field	Name	Size	Displacement	Data Type	Description
1	HIC Number	12	1-12	Alpha-Numeric	Medicare Health Insurance Claim Number. Optional.
2	Last Name	6	13-18	Alphabetic	First 6 characters of the surname of Individual/Injured Party. Should be submitted as the first 6 characters of the last name appear on the individual's Social Security or Medicare Insurance card. Embedded hyphens (dashes), apostrophes and spaces accepted. **Required.**
3	First Initial	1	19-19	Alphabetic	First Initial of Individual/Injured Party. Should be submitted as the first character of the first name appears on the individual's Social Security or Medicare Insurance card. **Required.**
4	DOB	8	20-27	Numeric Date	Individual's Date of Birth (CCYYMMDD). **Required.**
5	Sex Code	1	28-28	Numeric	Individual's Gender: 0 = Unknown* 1 = Male 2 = Female **Required.** *****If a value of "0" is submitted, the BCRC will change it to "1" for matching purposes.
6	SSN	9	29-37	Numeric	Social Security Number of the Individual/Injured Party. **Required if HICN not provided.** **If SSN is not provided, field must be zero filled.**

Field	Name	Size	Displacement	Data Type	Description
7	RRE DCN 1	30	38-67	Alpha-Numeric	Primary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record. Optional.
8	RRE DCN 2	30	68-97	Alpha-Numeric	Secondary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record. Optional.
9	Filler	103	98-200	Alpha-Numeric	Unused. Fill with spaces.

HEW Query Input File Trailer Record – Version 3.0.0

Table E-3: Section 111 HEW Version 3.0.0 Query Input File Trailer Record—200 Bytes

Field	Name	Size	Displacement	Data Type	Description
1	Trailer Indicator	2	1-2	Alpha-Numeric	Must be: "T0" **Required.**
2	RRE ID	9	3-11	Numeric	"000010001," "000010002," etc. RRE ID number assigned by BCRC. Pad with leading zeroes. Must match RRE ID supplied on header record. **Required.**
3	File Type	4	12-15	Alphabetic	Must be "NGHQ" – NGHP Query. **Required.**
4	Cycle Date	8	16-23	Numeric Date	File date (CCYYMMDD). **Required.**
5	Record Count	9	24-32	Numeric	Number of individual query records in this file. Do not include the Header and Trailer Records in the Record Count. Right justify and pad with leading zeroes. A record count of 215 should be formatted as "000000215." **Required.**
6	Filler	168	33-200	Alpha-Numeric	Unused Field. Fill with spaces.

HEW Query Response File Record – Version 3.0.0

Note: The Query Response File does not have a header or trailer record.

Table E-4: Section 111 HEW Version 3.0.0 Query Response File Record—300 Bytes

Field	Name	Size	Displacement	Data Type	Description
1	HIC Number (HICN)	12	1-12	Alpha-Numeric	Medicare Health Insurance Claim Number. Medicare's unique identifier associated with the individual. Filled with spaces if the individual is not identified as a Medicare beneficiary based upon the information submitted. BCRC supplied. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
2	Last Name	6	13-18	Alphabetic	Surname of Individual/Injured Party. Updated with Medicare information if the individual is identified as a Medicare beneficiary based upon the information submitted. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
3	First Initial	1	19-19	Alphabetic	First Initial of Individual/Injured Party. **Updated with Medicare information** if the individual is identified as a Medicare beneficiary based upon the information submitted. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
4	DOB	8	20-27	Numeric Date	Individual's Date of Birth (CCYYMMDD). **Updated with Medicare information** if the individual is identified as a Medicare beneficiary based upon the information submitted. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.

Field	Name	Size	Displacement	Data Type	Description
5	Sex Code	1	28-28	Numeric	Covered Individual's Gender: 1 = Male* 2 = Female **Updated with Medicare information** if the individual is identified as a Medicare beneficiary based upon the information submitted. *If "0" was submitted on the input record then the BCRC will change this value to "1" prior to matching. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
6	SSN	9	29-37	Alpha-Numeric	Social Security Number of the individual **as submitted by the RRE** on the input record. Note: If both a HICN and an SSN were submitted on the input file CMS matches on the HICN, and takes no action to validate or match on the SSN. If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned.
7	Filler	62	38-99	Alpha-Numeric	Future Use
8	Disposition Code	2	100-101	Numeric	01 = Individual was identified as a Medicare beneficiary based upon the information submitted. 51 = Individual was not identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
9	CMS Document Control Number	15	102-116	Alpha-Numeric	Unique ID assigned to response record for tracking by the BCRC. BCRC supplied.
10	RRE DCN 1	30	117-146	Alpha-Numeric	Primary identifier assigned to record by RRE for tracking as submitted on the input record.
11	RRE DCN 2	30	147-176	Alpha-Numeric	Secondary identifier assigned to record by RRE for tracking as submitted on the input record.
12	Filler	124	177-300	Alpha-Numeric	Future Use

Appendix F Disposition, Error and Compliance Flag Codes

Response File Disposition Codes

Table F-1: Response File Disposition Codes

Disposition Codes	Description
01	Claim Response File: Record accepted by the BCRC as an "Add," "Delete" or "Update" record. RRE has indicated ongoing responsibility for medicals. TIN Reference Response File: TIN Record accepted. HEW Query Response File: For queries, the individual was identified as a Medicare beneficiary based upon the information submitted.
02	Claim Response File: Record accepted by the BCRC as an "Add," "Delete" or "Update" record. RRE has indicated **no** ongoing responsibility for medicals.
03	Claim Response File: Record was found to be error-free and the injured party was matched to a Medicare beneficiary, but the period of time reflected on the claim report did not overlap the beneficiary's Medicare coverage dates. The injured party was identified as a Medicare beneficiary based upon the information submitted, but the beneficiary did not have Medicare coverage during the reported time period. For claims **with no** ongoing responsibility for medicals (no ORM), record does not need to be resubmitted unless subsequent TPOC Amounts must be reported. For claims **with** ongoing responsibility for medicals (ORM), RRE must continue to check the injured party's Medicare status and report when he or she becomes a Medicare beneficiary until the ongoing responsibility ends. Monitoring of such individuals may cease before they become a Medicare beneficiary if the standard for ORM termination set forth in the "Special Exception" Section of the NGHP User Guide Appendices Chapter regarding reporting termination of ORM is met.
DP	Claim Response and Query Response Files: Multiple Medicare beneficiary records were identified based upon the data submitted. The DP (duplicate) disposition code will be returned if the the last 5 digits of the SSN submitted on the claim or query input files, when combined with matching criteria (first initial of the first name; the first six characters of the last name; date of birth; and gender), returns multiple records. In instances where the RRE receives the DP code, they are instructed to take the following actions to remain in compliance with MMSEA Section 111 reporting requirements: 1. Verify that the SSN, name, gender, and date of birth were entered accurately and re-submit. 2. Enter the full 9-digit SSN (if available) and re-submit. If the system is still unable to locate a distinct match after re-submission, contact the BCRC at 1-855-798-2627. The RRE should provide the claim information to the customer service representative to file a self-report.

Disposition Codes	Description
SP	Claim Response File: Record not accepted by the BCRC due to errors in the data reported. Record returned with at least one error code (specific edits and associated error codes are described below). **Record must be corrected and resubmitted on the next quarterly file submission, unless otherwise specified in the error description, or as instructed by your EDI Representative.**
50	Claim Response File: Record still being processed by CMS. Internal CMS use only. **Record must be resubmitted on the next quarterly file submission.** This disposition code will be returned infrequently. RREs should expect to receive a very low volume of this disposition code. Records in the file that completed processing will be returned with an applicable disposition code.
51	Individual was not identified as a Medicare Beneficiary. Claim Response File: For claims **with no** ongoing responsibility for medicals (no ORM), record does not need to be resubmitted if all information submitted was correct. For claims **with** ongoing responsibility for medicals (ORM), RRE must continue to check the injured party's Medicare status and report when he or she becomes a Medicare beneficiary until the ongoing responsibility ends. Monitoring of such individuals may cease before they become a Medicare beneficiary if the ORM is not subject to reopening or otherwise subject to an additional request for payment or if the standard for ORM termination set forth in the "Special Exception" Section of the NGHP User Guide Appendices Chapter regarding reporting termination of ORM is met. HEW Query Response File: For queries, the individual was **not** identified as a Medicare beneficiary based upon the information submitted. **Note:** This disposition code will be returned on the claim and query response files if the RRE submits the SSN (i.e., the last 5 digits or full 9 digits of the SSN) on the input record and the information is not matched to a Medicare beneficiary. RREs will also receive this disposition code if neither the HICN nor SSN is submitted on the input record or if the SSN entered is not 5 or 9 digits. In this case, the RRE must obtain a valid HICN or SSN and resubmit the record on the next file submission.
TN	TIN Reference File: Detail Record rejected due to errors. Only returned on TIN Reference Response File. TIN Record returned with at least one TN edit (specific TIN Reference Response File error codes are described below). Record must be corrected and resubmitted on the next file submission or as directed by your EDI Representative.

Claim Response File Compliance Flag Codes

Table F-2: Claim Response File Compliance Flag Codes

Compliance Code	Description
01	Late Submission of TPOC. Record was not reported timely. Most recent TPOC Date submitted on an add record is more than 135 days older than the start date of the current file submission period.
02	Warning. As of October 1, 2015, ICD-10-CM diagnosis codes are required on all claim reports with a CMS DOI of October 1, 2015 and subsequent.
03	Late Submission of ORM Termination Date. Record was not reported timely. ORM Termination Date on an add or update record is more than 135 days older than the start date of the current file submission period.

Claim Response File Error Codes

Excel and text files containing the error codes, fields and corresponding descriptions are available at http://www.section111.cms.hhs.gov. After accepting the Login Warning, the Section 111 COBSW Login page will display. Click on the Reference Materials menu option to view the reference files available for download including the error table below.

Error Code Descriptions

In general, when you receive an error related to a Claim Input File Detail Record and/or a TIN Reference File Detail Record, the corrected record(s) needs to be resubmitted on your next Quarterly Claim Input File submission. If TIN Reference File records are not corrected, subsequently processed Claim Input File Detail Records with matching RRE TIN/Office Code will reject. Any Claim Input File Detail Record that rejects for TIN-related errors must be resubmitted with the corrected TIN Reference File Detail Record in order for it to correctly process.

Error codes are prefaced with two letters followed by two numbers. Error codes that begin with a "C" indicate that the error occurred in the Claim Input File. Error codes that begin with a "T" indicate that the error occurred in the TIN Reference File. See the table below:

Table F-3: Error Codes Descriptions

Error Codes beginning with	Relate to
CB	Claim Beneficiary Information
CC	Claim Claimant Information
CI	Claim Injury Information
CJ	Claim Ongoing Responsibility for Medicals (ORM) or Total Payment Obligation to Claimant (TPOC) Information
CP	Claim Plan Information
CR	Claim Representative Information
CS	Claim Self-Insurance Information
CT	Claim Auxiliary TPOC Information
SP	Errors returned by CWF
TN	TIN Reference File Errors

Error Code Resolution Tables

The Error Code Resolution Tables (Claim Response and TIN Reference Response) provide information on the error codes that you may receive on your Section 111 response file(s). Each table identifies the record and field that caused the error, identifies whether or not the field is required, provides the record layout field descriptions and provides some possible causes of the error.

NOTE: If you receive an error code that is not listed in this table, or you are not able to use this table to resolve your error, contact your EDI Representative for additional assistance.

Claim Response File Error Code Resolution Table

Table F-4: Claim Response File Error Code Resolution Table

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CB01	Claim Input File Detail Record	Record Identifier (Field 1)	Yes	Must be “NGCD.”	Field 1 does not equal “NGCD.”
CB01	Claim Input File Auxiliary Record	Record Identifier (Field 1)	Yes	Must be “NGCE.”	Field 1 does not equal “NGCE.” Field 1 on preceding record does not equal “NGCD”
CB01	Claim Input File Auxiliary Record	DCN (Field 2), HICN (Field 3), SSN (Field 4), Injured Party Last Name (Field 5), and/or Injured Party First Name (Field 6)	Yes	Must match the values submitted in the corresponding field names on the preceding Claim Input File Detail Record.	The values in Field 2, 3, 4, 5, and/or 6 on the Claim Input File Auxiliary Record do not match the values submitted in the corresponding fields on the preceding Claim Input File Detail Record
CB02	Claim Input File Detail Record	DCN (Field 2)	Yes	Document Control Number (DCN) assigned by the Section 111 RRE. Each record within the file submitted shall have a unique DCN. The DCN only needs to be unique within the current file being submitted.	Field 2: • is space-filled; • is zero-filled; • contains parenthesis (); or • is not unique within the same Claim Input File submission
CB03	Claim Input File Detail Record	Action Type (Field 3)	Yes	Action to be performed. Valid values: 0 (zero) = Add; 1 = Delete; 2 = Update/Change **Note:** To change or correct TPOC information, use “2.”	Field 3: • does not equal “0,” “1,” or “2”

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CB04	Claim Input File Detail Record	Injured Party HICN (Field 4)	Yes, if Injured Party SSN (Field 5) is not submitted.	Health Insurance Claim Number of the Injured Party. Fill with spaces if unknown and SSN provided. Do not include dashes. May only contain digits 0 through 9, spaces, and/or letters. No special characters.	Field 4: • contains dashes, hyphens or special characters; or • is not left-justified
CB06	Claim Input File Detail Record	Injured Party HICN (Field 4) and Injured Party SSN (Field 5)	Yes, either Field 4 or Field 5 must be submitted	See record layout field descriptions for Field 4 (Injured Party HICN) and Field 5 (Injured Party SSN).	Field 4 and Field 5 were either zero-filled or space-filled
CB07	Claim Input File Detail Record	Injured Party Last Name (Field 6)	Yes	Surname of the injured party. Submit it as it appears on the individual's Social Security or Medicare Insurance card. First position must be an alphabetic character. Other positions may contain a letter, hyphen, apostrophe or space.	Field 6: • was space-filled • contains values other than a space, letter, hyphen or an apostrophe; or • Position (42) did not contain an alphabetic character
CB08	Claim Input File Detail Record	Injured Party First Name (Field 7)	Yes	First name of injured party. Submit it as it appears on the individual's Social Security or Medicare Insurance card. May only contain letters and spaces.	Field 7: • was space-filled; • contained non-alphabetic characters; or • Position (82) did not contain an alphabetic character
CB09	Claim Input File Detail Record	Injured Party Middle Init (Field 8)	No	First letter of Injured Party middle name. Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. Fill with space if unknown.	Field 8: • contained non-alphabetic characters; or • was not space-filled
CB10	Claim Input File Detail Record	Injured Party Gender (Field 9)	Yes	Sex of the injured party. Valid values: 0 (zero) = Unknown; 1 = Male; or 2 = Female.	Field 9: does not equal "0," "1," or "2"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CB11	Claim Input File Detail Record	Injured Party DOB (Field 10)	Yes	Date of Birth of Injured Party. Must be numeric and contain a valid date prior to the current date. Field cannot contain spaces, alpha characters or all zeroes.	Field 10: • contained non-numeric data; • was zero-filled; • was not a valid date (formatted CCYYMMDD); or • was not prior to the current date
CC01	Claim Input File Detail Record	Claimant 1 Relationship (Field 84)	No, but if entered, it will be edited.	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. “The Trust of John Doe” or “The Estate of John Doe”). Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g. "The Estate of John Doe") Y = Family, Entity Name Provided (e.g. "The Family of John Doe") Z = Other, Entity Name Provided (e.g. "The Trust of John Doe") Space = Claimant Information Not Supplied. (Fields 104 – 118 must contain default values according to Data Type, or all spaces)	Field 84 does not equal “E,” “F,” “O,” “X,” “Y,” “Z,” or space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC02	Claim Input File Detail Record	Claimant 1 TIN (Field 85)	No, but if entered, it will be edited.	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1. Optional.	Field 85: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; or • is not space-filled or zero-filled when Field 84 = a space.
CC03	Claim Input File Detail Record	Claimant 1 Last Name (Field 86)	No, but if entered or Claimant 1 Relationship is not equal to a space, it will be edited.	Surname of Claimant 1. Embedded hyphens (dashes), apostrophes and spaces accepted. Optional.	Field 86: • is all spaces and Field 84 = “E,” “F,” or “O;” • position 1647 is not an alphabetic character when Field 84 = “E,” “F,” or “O;” or • is not space-filled when Field 104 = a space
CC04	Claim Input File Detail Record	Claimant 1 First Name (Field 87)	No, but if entered or Claimant 1 Relationship is not equal to a space, it will be edited.	Given/First name of Claimant 1. May only contain letters and spaces. Optional.	Field 87: • is all spaces and Field 84 = “E,” “F,” or “O;” • position 1687 is not an alphabetic character when Field 84 = “E,” “F,” or “O;” or • is not space-filled when Field 104 = a space
CC05	Claim Input File Detail Record	Claimant 1 Middle Initial (Field 88)	No	First letter of Claimant 1’s middle name. Optional.	Field 88: • does not equal a space when Field 84 = a space; or • was not submitted as a letter
CC06	Claim Input File Detail Record	Claimant 1 Mailing Address 1 (Field 90)	No, but if entered, it will be edited.	First line of the mailing address for the claimant 1. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. Optional.	Field 90: • is not space-filled when Field 84 = a space; • contains an invalid character such as a parenthesis; • is not space-filled when Field 93 = “FC;” or • is not at least 2 alphanumeric characters.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC07	Claim Input File Detail Record	Claimant 1 Mailing Address 2 (Field 91)	No	Second line of the mailing address of the claimant 1. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. Optional	Field 91: • is not space-filled when Field 84 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 93 = "FC"
CC08	Claim Input File Detail Record	Claimant 1 City (Field 92)	No	Mailing address city for the claimant 1. Optional.	Field 92: • has numeric data; • is not space-filled when Field 84 = a space; • is space filled when Field 84 does not equal a space; • contains an invalid character such as a parenthesis; • is not space-filled when Field 93 = "FC;" or • contains data other than alphabetic, space comma, &—‘ , @#;:
CC09	Claim Input File Detail Record	Claimant 1 State (Field 93)	No	US Postal abbreviation State Code for the claimant 1. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Optional.	Field 93: • is submitted with numeric data; • is not space-filled when Field 84 = a space; or • is space-filled when Field 84 does not equal a space
CC10	Claim Input File Detail Record	Claimant 1 Zip (Field 94)	No, but if entered, it will be edited.	5-digit Zip Code for the claimant 1. Optional.	Field 94: • is not space-filled or zero-filled when Field 84 = a space; or • is not zero-filled when Field 93 = "FC"
CC11	Claim Input File Detail Record	Claimant 1 Zip+4 (Field 95)	No	4-digit Zip+4 Code for claimant 1. If not applicable or unknown, fill with zeroes (0000). Optional.	Field 95: • is not space-filled or zero-filled when Field 84 = a space; or • is not zero-filled when Field 93 = "FC"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC12	Claim Input File Detail Record	Claimant 1 Phone (Field 96)	No, but if entered, it will be edited.	Telephone number of claimant 1. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional.	Field 96: • is not zero-filled when Field 84 = a space; • is not zero-filled when Field 93 = "FC;" or • contains a non-numeric character
CC13	Claim Input File Detail Record	Claimant 1 Phone Extension (Field 97)	No	Telephone extension number of the claimant 1. Fill with all spaces if unknown or not applicable. Optional.	Field 97: • is not space-filled when Field 84 = a space; or • contains an invalid character such as a parenthesis
CC14	Claim Input File Detail Record	Claimant 1 Entity / Organization Name (Field 89)	No, but if entered, it will be edited.	Name of Claimant 1 Entity/Organization. Redefines Fields 86-88 (is made up of the same bytes, is in the same location as Fields 86-88). Use either Field 89 or Fields 86-88 depending on the Relationship code submitted. Optional.	Field 89: • is not space-filled when Field 84 = a space; • is space-filled when Field 84 = "X," "Y," or "Z;" • contains an invalid character such as a parenthesis; or • is not at least 2 alphanumeric characters.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC21	Claim Input File Auxiliary Record	Claimant 2 Relationship (Field 7)	No, but if entered, it will be edited.	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. “The Trust of John Doe” or “The Estate of John Doe”) Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g. "The Estate of John Doe") Y = Family, Entity Name Provided (e.g. "The Family of John Doe") Z = Other, Entity Name Provided (e.g. "The Trust of John Doe") Space = Claimant Information Not Supplied. (Fields 7 – 21 must contain default values according to Data Type, or all spaces) Optional.	Field 7 does not equal “E,” “F,” “O,” “X,” “Y,” “Z,” or space.
CC22	Claim Input File Auxiliary Record	Claimant 2 TIN (Field 8)	No	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 2. Optional.	Field 8: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; or • is not space-filled or zero-filled when Field 7 = a space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC23	Claim Input File Auxiliary Record	Claimant 2 Last Name (Field 9)	No, but if entered or Claimant 2 Relationship is not equal to a space, it will be edited.	Surname of Claimant 2. Embedded hyphens (dashes), apostrophes and spaces accepted. Optional.	Field 9: • is all spaces and Field 7 = "E," "F," or "O;" • position 121 is not an alphabetic character when Field 7 = "E," "F," or "O;" or • is not space-filled when Field 7 = a space
CC24	Claim Input File Auxiliary Record	Claimant 2 First Name (Field 10)	No, but if entered or Claimant 2 Relationship is not equal to a space, it will be edited.	Given/First name of Claimant 2. May only contain letters and spaces. Optional.	Field 10: • is all spaces and Field 7 = "E," "F," or "O;" • position 161 is not an alphabetic character when Field 7 = "E," "F," or "O;" or • is not space-filled when Field 7 = a space
CC25	Claim Input File Auxiliary Record	Claimant 2 Middle Initial (Field 11)	No	First letter of Claimant 2's middle name. Optional.	Field 11: • is not a space when Field 7 = a space
CC26	Claim Input File Auxiliary Record	Claimant 2 Mailing Address 1 (Field 13)	No, but if entered, it will be edited.	First line of the mailing address for Claimant 2 . Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 13: • is not space-filled when Field 7 = a space; • is space filled when Field 7 does not equal a space; • is not space-filled when Field 16 = "FC;" or • contains an invalid character such as a parenthesis
CC27	Claim Input File Auxiliary Record	Claimant 2 Mailing Address 2 (Field 14)	No	Second line of the mailing address for Claimant 2. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 14: • is not space-filled when Field 7 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 16 = "FC"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC28	Claim Input File Auxiliary Record	Claimant 2 City (Field 15)	No	Mailing address city for Claimant 2. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 15: • has numeric data; • is not space-filled when Field 7 = a space; • is space filled when Field 7 does not equal a space; • contains an invalid character such as a parenthesis; • is not space-filled when Field 16 = "FC" • contains data other than alphabetic, space comma, &—' , @#;:
CC29	Claim Input File Auxiliary Record	Claimant 2 State (Field 16)	No	US Postal abbreviation State Code for Claimant 2. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Optional.	Field 16: • has numeric data; • is not space-filled when Field 7 = a space; or • is space-filled when Field 7 does not equal a space
CC30	Claim Input File Auxiliary Record	Claimant 2 Zip (Field 17)	No, but if entered, it will be edited.	5-digit Zip Code for Claimant 2. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional.	Field 17: • is not space-filled or zero-filled when Field 7 = a space; • is not space-filled or zero-filled when Field 7 = a space; • is not zero-filled when Field 16 = "FC;" or • is space-filled when Field 7 does not equal a space
CC31	Claim Input File Auxiliary Record	Claimant 2 Zip+4 (Field 18)	No	4-digit Zip+4 Code for Claimant 2. If not applicable or unknown, fill with zeroes (0000). Optional.	Field 18: • is not space-filled or zero-filled when Field 7 = a space; or • is not zero-filled when Field 16 = "FC"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC32	Claim Input File Auxiliary Record	Claimant 2 Phone (Field 19)	No.	Telephone number of Claimant 2. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional..	Field 19: • is not space-filled or zero-filled when Field 7 = a space; • is space-filled when Field 7 does not equal a space; • is not zero-filled when Field 16 = "FC;" or • contains a non-numeric character
CC33	Claim Input File Auxiliary Record	Claimant 2 Phone Extension (Field 20)	No	Telephone extension number of Claimant 2. Fill with all spaces if unknown or not applicable. Optional.	Field 20: • is not space-filled when Field 7 = a space; • is not space-filled when Field 16 = "FC;" or • contains an invalid character such as a parenthesis
CC34	Claim Input File Auxiliary Record	Claimant 2 Entity / Organization Name (Field 12)	No, but if entered, it will be edited.	Name of Claimant 2 Entity/Organization. Redefines Fields 9-11 (is made up of the same bytes, is in the same location as Fields 9-11). Use either Field 12 or Fields 9-11 depending on the Relationship code submitted. Optional..	Field 12: • is not space-filled when Field 7 = a space; • is space-filled when Field 7 is "X," "Y," or "Z;" or • contains an invalid character such as a parenthesis
CC41	Claim Input File Auxiliary Record	Claimant 3 Relationship (Field 36)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 36 does not equal "E," "F," "O," "X," "Y," "Z," or space.
CC42	Claim Input File Auxiliary Record	Claimant 3 TIN (Field 37)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 37: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; • is not space-filled or zero-filled when Field 36 = a space; or

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC43	Claim Input File Auxiliary Record	Claimant 3 Last Name (Field 38)	No, but if entered or Claimant 3 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	• Field 38: • is all spaces and Field 36 = “E,” “F,” or “O;” • position 704 is not an alphabetic character when Field 36 = “E,” “F,” or “O;” or • is not space-filled when Field 36 = a space
CC44	Claim Input File Auxiliary Record	Claimant 3 First Name (Field 39)	No, but if entered or Claimant 3 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 39: • position 161 is not an alphabetic character when Field 36 = “E,” “F,” or “O;” • is all spaces and Field 36 = “E,” “F,” or “O;” or • is not space-filled when Field 36 = a space
CC45	Claim Input File Auxiliary Record	Claimant 3 Middle Initial (Field 40)	No	See Claimant 2 Information section above for individual field description.	Field 40: does not a space when Field 36 = a space
CC46	Claim Input File Auxiliary Record	Claimant 3 Mailing Address 1 (Field 42)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 42: • is not space-filled when Field 36 = a space; • is space filled when Field 36 does not equal a space; • is not space-filled when Field 45 = “FC;” or • contains an invalid character such as a parenthesis
CC47	Claim Input File Auxiliary Record	Claimant 3 Mailing Address 2 (Field 43)	No	See Claimant 2 Information section above for individual field description.	Field 43: • is not space-filled when Field 36 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 45 = “FC”

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC48	Claim Input File Auxiliary Record	Claimant 3 City (Field 44)	No	See Claimant 2 Information section above for individual field description.	Field 44: • has numeric data; • is not space-filled when Field 36 = a space; • is space filled when Field 36 does not equal a space; • is not space-filled when Field 45 = "FC;" • contains an invalid character such as a parenthesis; or • contains data other than alphabetic, space comma, &—' , @#;:
CC49	Claim Input File Auxiliary Record	Claimant 3 State (Field 45)	No	See Claimant 2 Information section above for individual field description.	Field 45: • has numeric data; • is not space-filled when Field 36 = a space; or • is space-filled when Field 36 does not equal a space
CC50	Claim Input File Auxiliary Record	Claimant 3 Zip (Field 46)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 46: • is not space-filled or zero-filled when Field 36 = a space; • is not space-filled or zero-filled when Field 36 = a space; • is not zero-filled when Field 45 = "FC;" or • is space-filled when Field 36 does not equal a space
CC51	Claim Input File Auxiliary Record	Claimant 3 Zip+4 (Field 47)	No	See Claimant 2 Information section above for individual field description.	Field 47: • is not space-filled or zero-filled when Field 36 = a space; or • is not zero-filled when Field 45 = "FC"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC52	Claim Input File Auxiliary Record	Claimant 3 Phone (Field 48)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 48: • is not space-filled or zero-filled when Field 36 = a space; • is space-filled when Field 36 does not equal a space; • is not zero-filled when Field 45 = "FC;" or • contains a non-numeric character
CC53	Claim Input File Auxiliary Record	Claimant 3 Phone Extension (Field 49)	No	See Claimant 2 Information section above for individual field description.	Field 49: • is not space-filled when Field 36 = a space; • is not space-filled when Field 45 = "FC;" or • contains an invalid character such as a parenthesis.
CC54	Claim Input File Auxiliary Record	Claimant 3 Entity / Organization Name (Field 41)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 41: • is not space-filled when Field 36 = a space; • is space-filled when Field 36 is "X," "Y," or "Z;" or • contains an invalid character such as a parenthesis
CC61	Claim Input File Auxiliary Record	Claimant 4 Relationship (Field 65)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 65 does not equal "E," "F," "O," "X," "Y," "Z," or space.
CC62	Claim Input File Auxiliary Record	Claimant 4 TIN (Field 66)	No	See Claimant 2 Information section above for individual field description.	Field 66: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; • is not space-filled or zero-filled when Field 65 = a space; or

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC63	Claim Input File Auxiliary Record	Claimant 4 Last Name (Field 67)	No, but if entered or Claimant 4 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 67: • is all spaces and Field 65 = “E,” “F,” or “O;” • position 1287 is not an alphabetic character when Field 65 = “E,” “F,” or “O;” or • is not space-filled when Field 65 = a space
CC64	Claim Input File Auxiliary Record	Claimant 4 First Name (Field 68)	No, but if entered or Claimant 4 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 68: • is all spaces and Field 65 = “E,” “F,” or “O;” • position 161 is not an alphabetic character when Field 65 = “E,” “F,” or “O;” or • is not space-filled when Field 65 = a space
CC65	Claim Input File Auxiliary Record	Claimant 4 Middle Initial (Field 69)	No but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 69: • does not a space when Field 65 = a space
CC66	Claim Input File Auxiliary Record	Claimant 4 Mailing Address 1 (Field 71)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 71: • is not space-filled when Field 65 = a space; • is space filled when Field 65 does not equal a space; • is not space-filled when Field 74 = “FC;” or • contains an invalid character such as a parenthesis.
CC67	Claim Input File Auxiliary Record	Claimant 4 Mailing Address 2 (Field 72)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 72: • is not space-filled when Field 65 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 74 = “FC”

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC68	Claim Input File Auxiliary Record	Claimant 4 City (Field 73)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 73: • has numeric data; • is not space-filled when Field 65 = a space; • is space filled when Field 65 does not equal a space; • is not space-filled when Field 74 = "FC;" • contains an invalid character such as a parenthesis; or • contains data other than alphabetic, space comma, &—‘ , @#;:
CC69	Claim Input File Auxiliary Record	Claimant 4 State (Field 74)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 74: • has numeric data; • is not space-filled when Field 65 = a space; or • is space-filled when Field 65 does not equal a space
CC70	Claim Input File Auxiliary Record	Claimant 4 Zip (Field 75)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 75: • is not space-filled or zero-filled when Field 65 = a space; • is not space-filled or zero-filled when Field 65 = a space; • is not zero-filled when Field 74 = "FC;" or • is space-filled when Field 65 does not equal a space
CC71	Claim Input File Auxiliary Record	Claimant 4 Zip+4 (Field 76)	No	See Claimant 2 Information section above for individual field description.	Field 76: • is not space-filled or zero-filled when Field 65 = a space; or • is not zero-filled when Field 74 = "FC"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC72	Claim Input File Auxiliary Record	Claimant 4 Phone (Field 77)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 77: • is not space-filled or zero-filled when Field 65 = a space; • is space-filled when Field 65 does not equal a space; • is not zero-filled when Field 74 = “FC;” or • contains a non-numeric character
CC73	Claim Input File Auxiliary Record	Claimant 4 Phone Extension (Field 78)	No	See Claimant 2 Information section above for individual field description.	Field 78: • is not space-filled when Field 65 = a space; • is not space-filled when Field 74 = “FC;” or • contains an invalid character such as a parenthesis
CC74	Claim Input File Auxiliary Record	Claimant 4 Entity / Organization Name (Field 70)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 70: • is not space-filled when Field 65 = a space; • is space-filled when Field 65 is “X,” “Y,” or “Z;” or • contains an invalid character such as a parenthesis.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI01	Claim Input File Detail Record	CMS Date of Incident (DOI):DOI as defined by CMS (Field 12)	Yes	Date of Incident (DOI*) as defined by CMS*: For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure (including, for example, occupational disease and any associated cumulative injury) the DOI is the *date of first exposure*. For claims involving ingestion (for example, a recalled drug), it is the *date of first ingestion*. For claims involving implants, it is the *date of the implant (or date of the first implant if there are multiple implants)*. For claims involving cumulative injury, the DOI is the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis; or the first date that formal diagnosis was made by any medical practitioner. **Note:** CMS's definition of DOI generally differs from the definition routinely used by the insurance/workers' compensation industry (Field 13) only for claims involving exposure, ingestion, or implants. Must be numeric and a valid date prior to or equal to the current BCRC processing date. Field cannot contain spaces, alpha characters or all zeroes.	Field 12: • contained non-numeric data; • was zero-filled; • was not a valid date formatted CCYYMMDD; or • was not prior to the current date;

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI02	Claim Input File Detail Record	Industry Date of Incident (DOI) (Field 13)	No	For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure, ingestion, or implantation, the date of incident is the date of *last* exposure, ingestion, or implantation. **Note:** The definition of DOI routinely used by the insurance/workers' compensation industry DOI generally differs from the definition which CMS must use (Field 12) only for claims involving exposure, ingestion, or implants.	Field 13: • contained non-numeric data; • was not a valid date formatted CCYYMMDD; or • was not prior to the BCRC processing date; or • was not all zeroes if not used

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI03	Claim Input File Detail Record	Alleged Cause of Injury, Incident, or Illness (Field 15)	No	ICD-9-CM/ICD-10-CM (International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification) External Cause of Injury Code "E Code" describing the alleged cause of injury/illness. Left justify. Do not include decimal point. Must exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at http://www.section111.cms.hhs.gov. See the NGHP User Guide Technical Information Chapter for complete information. ICD-9-CM diagnosis code must begin with the letter "E." ICD-10-CM diagnosis code must begin with the letter "V," "W," "X," or "Y." Cannot report ICD-10 "Z" codes. These are excluded from Section 111 claim reports. *Must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I.* Special default for liability reporting: If, and only if: 1) the ORM Indicator (Field 78) is N, the Plan Insurance Type (Field 51) is L; 2) claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; 3) there is no allegation of a situation involving medical care or a physical or mental injury; 4) the settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 15 then "NOINJ" must be submitted in Field 18.	Field 15: • included a decimal point; • was not left-justified; or • did not match a value on the list of valid ICD-9/ ICD-10 diagnosis codes

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI04	Claim Input File Detail Record	State of Venue (Field 16)	Yes	US postal abbreviation corresponding to the US State (including Guam, Puerto Rico, Washington DC and the US Virgin Islands) whose state law controls resolution of the claim. See http://www.usps.com If the applicable law that controls the resolution of the claim is federal law (such as the Federal Tort Claim Act or the Federal Employee Compensation Act), then submit "US." Otherwise if the applicable law is state law, supply the code for that state. Insert "FC" in the case where the state of venue is outside the United States. If the state of venue is in dispute at the time an RRE reports acceptance of ongoing responsibility for medicals, the RRE should use its best judgment regarding the state of venue and submit updated information, if applicable, when the ongoing responsibility is terminated or further reporting is required because of a settlement, judgment, award or payment other than payment made under the ongoing responsibility for medicals.	Field 16: • does not equal "US" or "FC;" or • is not considered a valid US Postal state abbreviation

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI05	Claim Input File Detail Record Detail Record	ICD Diagnosis Code 1 (Field 18)	Yes, if Action Type (Field 3) = 0 (Add) or if Action Type (Field 3) = 2 (Update)	ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) Diagnosis Code describing the alleged injury/illness. Special default for liability reporting: If, and only if: 1) the ORM Indicator (Field 78) is N, the Plan Insurance Type (Field 51) is L; 2) claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; 3) there is no allegation of a situation involving medical care or a physical or mental injury; 4) the settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 18 then all remaining ICD Diagnosis Code 2-19 must be filled with spaces.	Field 19: • was space-filled; • did not exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at http://www.section111.cms.hhs.gov.(See the NGHP User Guide Technical Information Chapter for complete information.); • ICD-9 began with the letter "V" or "E;" • ICD-10 began with the letter "V," "W," "X," "Y," or "Z"; • was not left-justified; • included a decimal point; or • was on the list of excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I
CI06	Claim Input File Detail Record	ICD Diagnosis Code 2 (Field 19)	No, unless multiple body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 18.	See explanation for Error CI05.
CI07	Claim Input File Detail Record	ICD Diagnosis Code 3 (Field 20)	No, unless 3 or more body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI08	Claim Input File Detail Record	ICD Diagnosis Code 4 (Field 21)	No, unless 4 or more body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI09	Claim Input File Detail Record	ICD Diagnosis Code 5 (Field 22)	No, unless 5 or more body parts are affected	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI10	Claim Input File Detail Record	ICD Diagnosis Code 6 (Field 23)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI11	Claim Input File Detail Record	ICD Diagnosis Code 7 (Field 24)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI12	Claim Input File Detail Record	ICD Diagnosis Code 8 (Field 25)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI13	Claim Input File Detail Record	ICD Diagnosis Code 9 (Field 26)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI14	Claim Input File Detail Record	ICD Diagnosis Code 10 (Field 27)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	See explanation for Error CI05.
CI15	Claim Input File Detail Record	ICD Diagnosis Code 11 (Field 28)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 28 was not a valid ICD Diagnosis Code per the field requirements.
CI16	Claim Input File Detail Record	ICD Diagnosis Code 12 (Field 29)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 29 was not a valid ICD Diagnosis Code per the field requirements.
CI17	Claim Input File Detail Record	ICD Diagnosis Code 13 (Field 30)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 30 was not a valid ICD Diagnosis Code per the field requirements.
CI18	Claim Input File Detail Record	ICD Diagnosis Code 14 (Field 31)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 31 was not a valid ICD Diagnosis Code per the field requirements.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI19	Claim Input File Detail Record	ICD Diagnosis Code 15 (Field 32)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 32 was not a valid ICD Diagnosis Code per the field requirements.
CI20	Claim Input File Detail Record	ICD Diagnosis Code 16 (Field 33)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 33 was not a valid ICD Diagnosis Code per the field requirements.
CI21	Claim Input File Detail Record	ICD Diagnosis Code 17 (Field 34)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 34 was not a valid ICD Diagnosis Code per the field requirements.
CI22	Claim Input File Detail Record	ICD Diagnosis Code 18 (Field 35)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 35 was not a valid ICD Diagnosis Code per the field requirements.
CI23	Claim Input File Detail Record	ICD Diagnosis Code 19 (Field 36)	No	See explanation for ICD Diagnosis Code 1 (Field 18). Provide if available/applicable.	Field 36 was not a valid ICD Diagnosis Code per the field requirements.
CI31	Claim Input File Detail Record	ICD Indicator (Field 17)	Yes	Must be one of the following values: “0” – ICD-10-CM diagnosis codes “9” – ICD-9-CM diagnosis codes Space – ICD-9-CM diagnosis codes *** Note**: Claims submitted with a CMS DOI on or after October 1, 2015 that contain an ICD indicator of “9” or space will be rejected with a CI31 error.	Field 17 did not equal “0,” “0” or Space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ01	Claim Input File Detail Record	ORM Indicator (Field 78)	Yes	Indication of whether there is on-going responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals. Valid values: Y – Yes, N – No. The Y value remains in this field even when an ORM Termination Date (Field 779) is submitted in this same record or a subsequent record.	Field 78 contains a value other than a "Y" or "N."
CJ02	Claim Input File Detail Record	ORM Termination Date (Field 79)	No	Date ongoing responsibility for medicals ended, where applicable. Only applies to records previously submitted (or submitted in this record where ongoing responsibility for medicals and termination of such responsibility are reported in this same submission) with ORM Indicator = Y. Format: CCYYMMDD ORM Termination Date is not applicable if claimant retains the ability to submit/apply for payment for additional medicals related to the claim. See the NGHP User Guide Technical Information Chapter IV (Sections 6.7and 6.8) for information concerning exceptions regarding reporting ORM. When an ORM termination date is submitted, the ORM indicator in Field 78 must remain as "Y." Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established.	Field 79: • has non-numeric data or spaces; • has a date that is more than 6 months greater than the file submission date; or • is not zero-filled when Field 78 is N

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ03	Claim Input File Detail Record	TPOC Date 1 (Field 80)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	Date of associated Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). Date payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required it is the later of the date the obligation is signed or the date of court approval. If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. Format: CCYYMMDD Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 80: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 81 is all zeros; or • is all zeros when Field 81 is not all zeroes.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ04	Claim Input File Detail Record	TPOC Amount 1 (Field 81)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant. If there is a structured settlement, the amount is the total payout amount. If a settlement provides for the purchase of an annuity, it is the total payout from the annuity. For annuities, base the total amount upon the time period used in calculating the purchase price of the annuity or the minimum payout amount (if there is a minimum payout), whichever calculation results in the larger amount. When this record includes information reflecting ongoing responsibility for medicals (either current or terminated), fill with zeroes unless there is a TPOC date/amount for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ongoing medicals. (cont.)	Field 81: • has non-numeric data or spaces; • is not all zeros when Field 80 is all zeros; or • is all zeros when Field 80 has a non-zero value

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ04 (cont.)	Claim Input File Detail Record	TPOC Amount 1 (Field 81)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	*Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Specify dollars and cents with implied decimal. No formatting (no $, .) For example, an amount of $20,500.55 should be coded as 00002050055. Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 81: • has non-numeric data or spaces; • is not all zeros when Field 80 is all zeros; or is all zeros when Field 80 has a non-zero value
CJ05	Claim Input File Detail Record	Funding Delayed Beyond TPOC Start Date 1 (Field 82)	No	If funding for the TPOC Amount 1 is delayed, provide actual or estimated date of funding. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1).	Field 82: • has non-numeric data or spaces; • was not submitted with all zeroes if not used; or • was not a valid date (formatted CCYYMMD)
CJ06	Claim Input File Detail Record	ORM Termination Date (Field 79)	N/A	See Field 79 description in the Claim Input File Detail Record.	Submitted ORM Termination Date (Field 79) is more than 6 months greater than the file submission date.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ07	Claim Input File Detail Record	TPOC Threshold	N/A	N/A	**Add Record:** ORM Indicator = "N" and the cumulative total of all submitted TPOC Amounts is less than or equal to the mandatory reporting threshold. Note: Records submitted with neither ORM nor TPOC information will be rejected with this error. **Update Record:** ORM Indicator = "N" and the cumulative total of all submitted TPOC Amounts is zero.
CP01	Claim Input File Detail Record	Plan Insurance Type (Field 51)	Yes	Type of insurance coverage or line of business provided by the plan policy or self-insurance. Valid values: D=No-Fault E=Workers' Compensation L = Liability *Note: When selecting "no-fault" as the type of insurance, you must use the CMS definition of no-fault insurance found at 42 CFR 411.50. This definition is different from the industry definition which is generally limited to certain automobile insurance.* "No fault insurance means insurance that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy, or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes but is not limited to automobile, homeowners, and commercial plans. It is sometimes called "medical payments coverage," "personal injury protection," or "medical expense coverage." See 42 CFR 411.50."	Field 51 does not equal: "D," "E," or "L"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CP02	Claim Input File Detail Record	TIN (Field 52)	Yes	Federal Tax Identification Number of the "applicable plan" used by the RRE, whether liability insurance (including self-insurance), no-fault insurance or a workers' compensation law or plan. Must contain a valid 9-digit IRS-assigned Federal Tax Identification Number or foreign RRE pseudo-TIN. Must be numeric. Include leading zeroes. Do not include hyphens. In the case of a foreign RRE without a valid IRS-assigned TIN, supply the pseudo-TIN created during Section 111 registration. Must have a corresponding entry with associated Office Code/Site ID on the TIN Reference File.	Field 52: • has non-numeric data.
CP03	Claim Input File Detail Record	Office Code/Site ID (Field 53)	No	RRE-defined 9-digit number to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses under the same TIN. Defined by RRE. Used to uniquely specify different addresses associated with one TIN. If only one address will be used per reported TIN, leave blank. Must have a corresponding entry with associated TIN on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination.	Field 53: • has letters or special characters; • was not space-filled if not used; or • was not right-justified and padded on the left with zeroes
CP04	Claim Input File Detail Record	Policy Number (Field 54)	Yes	The unique identifier for the policy under which the underlying claim was filed. RRE defined. If liability self-insurance or workers' compensation self-insurance, fill with 0s if you do not have or maintain a specific number reference.	Field 54: • was space-filled; or • positions 1001-1003 were not submitted with data

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CP05	Claim Input File Detail Record	Claim Number (Field 55)	Yes	The unique claim identifier by which the primary plan identifies the claim. If liability self-insurance or workers' compensation self-insurance, fill with 0s if you do not have or maintain a claim number reference.	Field 55: • was space-filled; or • submitted data was not left-justified
CP06	Claim Input File Detail Record	Plan Contact Department Name (Field 56)	No	Name of department for the Plan Contact to which claim-related communication and correspondence should be sent. Note that this name is used for informal communications and not used for recovery demand notifications.	Field 56: • was not left-justified; or; • was not space-filled if not used
CP07	Claim Input File Detail Record	Plan Contact Last Name (Field 57)	No	Surname of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications.	Field 57: • position 1131 was not an alphabetic character when the rest of the field had data; • was zero-filled; or • contained data other than a letter, hyphen, apostrophe or space
CP08	Claim Input File Detail Record	Plan Contact First Name (Field 58)	No	Given or first name of individual that should be contacted at the Plan for claim-related communication and correspondence. Note that this name is used for informal communications and not used for recovery demand notifications.	Field 58: • position 1171 was not an alphabetic character when the remainder of the field had data; • was zero-filled; or • contained data other than letters or spaces
CP09	Claim Input File Detail Record	Plan Contact Phone (Field 59)	No	Telephone number of individual that should be contacted at the Plan for claim-related communication. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g., 1112223333).	Field 59: • has non-numeric data; • was space-filled; or • did not contain 10 numbers

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CP10	Claim Input File Detail Record	Plan Contact Phone Extension (Field 60)	No	Telephone extension number of individual that should be contacted at the Plan for claim-related communication.	Field 60: • was not left-justified; • contain parenthesis; • position 1211 was a space, but other positions had data; or • was not space-filled if not used
CP11	Claim Input File Detail Record	No-Fault Insurance Limit (Field 61)	Yes if Plan Insurance Type (Field 51) = D	Dollar amount of limit on no-fault insurance. Specify dollars and cents with implied decimal. No formatting (no $ or , or .) For example, a limit of $10,500.00 should be coded as 00001050000. Note: the last two positions reflect cents. For example, an amount of 500 dollars and no cents must be submitted as "00000050000,"	Field 61: • has non-numeric data; • was space-filled; • was not filled all 9s when Field 51 = "D" and Field 61 was not applicable; or • was not zero-filled when Field 51 = "E" or "L"
CP12	Claim Input File Detail Record	Exhaust Date for No-Fault Insurance Limit (Field 62)	Yes, if Plan Insurance Type (Field 51) = D and the Exhaust Date for No-Fault Insurance Limit has been reached	Date on which limit was reached or benefits exhausted for No-Fault Insurance Limit (Field 61). Format: CCYYMMDD If Plan Insurance Type (Field 51) is D (No-Fault Insurance) and the limit has not yet been reached, fill with all zeroes. Otherwise, specify the date the limit was reached and the same date in the ORM Termination Date (Field 79).	Field 62: • has non-numeric data; • was space-filled; • did not contain a valid date or all zeros; or • was not zero-filed when Field 51 is "E" or "L"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR01	Claim Input File Detail Record	Injured Party Representative Indicator (Field 64)	Yes, if the Injured Party has a represen-tative.	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 84 – 96 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available.	Field 64 does not equal "A," "G," "P," "O," or space
CR02	Claim Input File Detail Record	Representative Last Name (Field 85)	Yes, if Field 64 does not equal a space and Field 67 is space-filled	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 65: • was not left-justified; • position 1256 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 64 = a space
CR03	Claim Input File Detail Record	Representative First Name (Field 66)	Yes, if Field 64 does not equal a space and Field 67 is space-filled	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 66: • was not left-justified; • position 1296 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 64 = a space
CR04	Claim Input File Detail Record	Representative Firm Name (Field 67)	Yes, if Field 64 does not equal a space and Fields 65 & 66 are space-filled	Representative's firm name.	Field 67: • was not space filled when Field 64 = a space; • is not space-filled, but positions 1326 and 1327 are not alphanumeric characters; • was not submitted when field 64 does not equal a space and field 64 and 66 were space-filled; or • If supplied, it is not at least 2 alphanumeric characters.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR05	Claim Input File Detail Record	Representative TIN (Field 68)	No	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). If no Representative TIN is available, fill with spaces or all zeroes.	Field 68: • has data other than numbers or spaces; or • was not space-filled or zero-filled when Field 64 was a space
CR06	Claim Input File Detail Record	Representative Mailing Address Line 1 (Field 69)	Yes, if Field 64 does not equal a space	First line of the mailing address for the representative. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 69: • is not space-filled when Field 72 = "FC;" • is not space filled when Field 64 = a space; or • contains special characters other than , &—' . @ # / : ;
CR07	Claim Input File Detail Record	Representative Mailing Address Line 2 (Field 70)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 70: • is not space-filled when Field 72 = "FC;" • is not space filled when Field 64 = a space; or • contains special characters other than , &—' . @ # / : ;
CR08	Claim Input File Detail Record	Representative City (Field 71)	Yes, if Field 64 does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 71: • is not space-filled when Field 72 = "FC;" • is not space filled when Field 64 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /;:

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR09	Claim Input File Detail Record	Representative State (Field 72)	Yes, if Field 64 does not equal a space	US Postal abbreviation State Code for the representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 72: • is not space filled when Field 64 = a space; or • contains numeric data
CR10	Claim Input File Detail Record	Representative Mail Zip Code (Field 73)	Yes, if Field 64 does not equal a space	5-digit Zip Code for the representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 73: • is not space-filled or zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space
CR11	Claim Input File Detail Record	Representative Mail Zip+4 (Field 74)	No	4-digit Zip+4 Code for the representative. If not applicable or unknown, fill with zeroes (0000).	Field 74: • is not zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space
CR12	Claim Input File Detail Record	Representative Phone (Field 75)	Yes, if Field 64 does not equal a space	Telephone number of the representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 75: • is not zero-filled when Field 72 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 84 = a space
CR13	Claim Input File Detail Record	Representative Phone Extension (Field 76)	No	Telephone extension number of representative. Fill with all spaces if unknown or not applicable.	Field 76: • is not space-filled when Field 64 = a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR14	Claim Input File Detail Record	Representative Name/Firm Name (Field 65 & 66 / 67)	Yes, if Field 64 does not equal a space	See the description for the Representative Fields 65-67.	Field 64 does not equal a space, but data is not submitted in both Field 85 & 66 or is not submitted in Field 67.
CR21	Claim Input File Detail Record	Claimant 1 Representative Indicator (Field 99)	Yes, if the claimant is not the injured party.	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 64 – 76 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available.	Field 99: • does not equal "A," "G," "P," "O," or space; or; • was populated, but Field 84 was space-filled.
CR22	Claim Input File Detail Record	Claimant 1 Representative Last Name (Field 100)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space and Field 101 is all spaces	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 100: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 99 = a space
CR23	Claim Input File Detail Record	Claimant 1 Representative First Name (Field 101)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space and Field 101 is all spaces	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 101: • was not left-justified; • if submitted, does not contain at least 2 characters; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 99 = a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR24	Claim Input File Detail Record	Claimant 1 Representative Firm Name (Field 102)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space and Field 100 and Field 101 are all spaces	Representative's firm name.	Field 102: • was not space filled when Field 99 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 99 does not equal a space and field 100 and 101 were space-filled
CR25	Claim Input File Detail Record	Claimant 1 Representative TIN (Field 103)	No	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). If no Representative TIN is available, fill with spaces or all zeroes.	Field 103: • has data other than numbers or spaces; • was not space-filled or zero-filled when Field 99 was a space; or • equals the TIN supplied in Field 52 on the Claim Input File.
CR26	Claim Input File Detail Record	Claimant 1 Representative Mailing Address 1 (Field 104)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	First line of the mailing address for the representative. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 104: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;
CR27	Claim Input File Detail Record	Claimant 1 Representative Mailing Address 2 (Field 105)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 105: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR28	Claim Input File Detail Record	Claimant 1 Representative Mailing City (Field 106)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 106: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /; :
CR29	Claim Input File Detail Record	Claimant 1 Representative State (Field 107)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	US Postal abbreviation State Code for the Claimant 1 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 107: • is not space filled when Field 99 = a space; or • contains numeric data
CR30	Claim Input File Detail Record	Claimant 1 Representative Zip (Field 108)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	5-digit Zip Code for the Claimant 1 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 108: • is not space-filled or zero-filled when Field 107 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space
CR31	Claim Input File Detail Record	Claimant 1 Representative Zip+4 (Field 109)	No	4-digit Zip+4 Code for the Claimant 1 representative. If not applicable or unknown, fill with zeroes (0000).	Field 1109: • is not zero-filled when Field 107 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 99 = a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR32	Claim Input File Detail Record	Claimant 1 Representative Phone (Field 110)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	Telephone number of the Claimant 1 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 110: • is not zero-filled when Field 127 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 99 = a space
CR33	Claim Input File Detail Record	Claimant 1 Representative Phone Extension (Field 111)	No	Telephone extension number of the Claimant 1 representative. Fill with all spaces if unknown or not applicable.	Field 111: is not space-filled when Field 64 = a space
CR34	Claim Input File Detail Record	Claimant 1 Representative Name / Firm Name (Field 100 & 101 / Field 102)	Yes	See description for Field 100, 101, & 102.	Field 99 does not equal a space, but data is not submitted in both Field 100 & 101 or is not submitted in Field 102.
CR41	Claim Input File Auxiliary Record	Claimant 2 Representative Indicator (Field 22)	Yes, if the claimant is not the injured party.	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 64 – 76 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available.	Field 22: • has a value other than "A," "G," "P," "O," or space; or; • Field 7 was space-filled.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR42	Claim Input File Auxiliary Record	Claimant 2 Representative Last Name (Field 23)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space and Field 25 is all spaces	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 23: • was not left-justified; • has data, but position 369 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 22 = a space
CR43	Claim Input File Auxiliary Record	Claimant 2 Representative First Name (Field 24)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space and Field 25 is all spaces	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 24: • was not left-justified; • position 409 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 22 = a space
CR44	Claim Input File Auxiliary Record	Claimant 2 Representative Firm Name (Field 25)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space and Field 23 and Field 24 are all spaces.	Representative's firm name.	Field 25: • was not space filled when Field 22 = a space; • is not space-filled, but positions 439 and 440 are not alphanumeric characters; or • was not submitted when field 22 does not equal a space and field 23 and 24 were space-filled
CR45	Claim Input File Auxiliary Record	Claimant 2 Representative TIN (Field 26)	No	Representative's Federal Tax Identification Number (TIN). If representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the representative's Social Security Number (SSN). If no Representative TIN is available, fill with spaces or all zeroes.	Field 26: • has data other than numbers or spaces; • was not space-filled or zero-filled when Field 22 was a space; or • equals the TIN submitted in Field 52 of Claim Input file layout.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR46	Claim Input File Auxiliary Record	Claimant 2 Representative Mailing Address 1 (Field 27)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	First line of the mailing address for the Claimant 2 representative. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 27: • is not space-filled when Field 30 = "FC;" • is not space filled when Field 22 = a space; or • contains special characters other than , &—' . @ # / : ;
CR47	Claim Input File Auxiliary Record	Claimant 2 Representative Mailing Address 2 (Field 28)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 28: • is not space-filled when Field 30 = "FC;" • is not space filled when Field 22 = a space; or • contains special characters other than , &—' . @ # / : ;
CR48	Claim Input File Auxiliary Record	Claimant 2 Representative City (Field 29)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	• Field 29: • is not space-filled when Field 30 = "FC;" • is not space filled when Field 22 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /; :
CR49	Claim Input File Auxiliary Record	Claimant 2 Representative State (Field 30)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	US Postal abbreviation State Code for the Claimant 2 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 30: • is not space filled when Field 22 = a space; or • contains numeric data

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR50	Claim Input File Auxiliary Record	Claimant 2 Representative Zip (Field 31)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	5-digit Zip Code for the Claimant 2 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 31: • is not space-filled or zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space
CR51	Claim Input File Auxiliary Record	Claimant 2 Representative Zip+4 (Field 32)	No	4-digit Zip+4 Code for the Claimant 2 representative. If not applicable or unknown, fill with zeroes (0000).	Field 32: • is not zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space
CR52	Claim Input File Auxiliary Record	Claimant 2 Representative Phone (Field 33)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	Telephone number of the Claimant 2 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 33: • is not zero-filled when Field 30 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 22 = a space
CR53	Claim Input File Auxiliary Record	Claimant 2 Representative Phone Extension (Field 34)	No	Telephone extension number of the Claimant 2 representative. Fill with all spaces if unknown or not applicable.	Field 34: is not space-filled when Field 22 = a space
CR54	Claim Input File Auxiliary Record	Claimant 2 Representative Name / Firm Name (Field 23,24 & Field 25)	Yes	See the description for the Claimant 2 Representative Fields 23-25.	Field 22 does not equal a space, but data is not submitted in both Field 23 & 24 or is not submitted in Field 25.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR61	Claim Input File Auxiliary Record	Claimant 3 Representative Indicator (Field 51)	Yes, if the claimant is not the injured party.	See Claimant 2 Information section above for field definition.	Field 51: • has a value other than "A," "G," "P," "O," or space; or; • was populated, but Field 36 was space-filled.
CR62	Claim Input File Auxiliary Record	Claimant 3 Representative Last Name (Field 52)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space and Field 54 is all spaces	See Claimant 2 Information section above for field definition.	Field 52: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 51 = a space
CR63	Claim Input File Auxiliary Record	Claimant 3 Representative First Name (Field 53)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space and Field 54 is all spaces	See Claimant 2 Information section above for field definition.	Field 53: • was not left-justified; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 51 = a space
CR64	Claim Input File Auxiliary Record	Claimant 3 Representative Firm Name (Field 54)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space and Field 52 and Field 53 are all spaces.	See Claimant 2 Information section above for field definition.	Field 54: • was not space filled when Field 51 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 51 does not equal a space and field 52 and 53 were space-filled
CR65	Claim Input File Auxiliary Record	Claimant 3 Representative TIN (Field 55)	No	See Claimant 2 Information section above for field definition.	Field 55: • was not space-filled or zero-filled when Field 51 was a space; or • has data other than numbers or spaces.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR66	Claim Input File Auxiliary Record	Claimant 3 Representative Mailing Address 1 (Field 56)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	See Claimant 2 Information section above for field definition.	Field 56: • is not space-filled when Field 59 = "FC;" • is not space filled when Field 51 = a space; or • contains special characters other than , &—' . @ # / : ;
CR67	Claim Input File Auxiliary Record	Claimant 3 Representative Mailing Address 2 (Field 57)	No	See Claimant 2 Information section above for field definition.	Field 57: • is not space-filled when Field 59 = "FC;" • is not space filled when Field 51 = a space; or • contains special characters other than , &—' . @ # / : ;
CR68	Claim Input File Auxiliary Record	Claimant 3 Representative City (Field 58)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 58: • is not space-filled when Field 59 = "FC;" • contains special characters other than , &—' . @ # / : • is not space filled when Field 51 = a space; or • contains numeric data
CR69	Claim Input File Auxiliary Record	Claimant 3 Representative State (Field 59)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	US Postal abbreviation State Code for the Claimant 3 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 59: • is not space filled when Field 51 = a space; or • contains numeric data
CR70	Claim Input File Auxiliary Record	Claimant 3 Representative Zip (Field 60)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	5-digit Zip Code for the Claimant 3 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 60: • is not space-filled or zero-filled when Field 59 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 51 = a space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR71	Claim Input File Auxiliary Record	Claimant 3 Representative Zip+4 (Field 61)	No	4-digit Zip+4 Code for the Claimant 3 representative. If not applicable or unknown, fill with zeroes (0000).	Field 61: • is not zero-filled when Field 59 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 51 = a space
CR72	Claim Input File Auxiliary Record	Claimant 3 Representative Phone (Field 62)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	Telephone number of the Claimant 3 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 62: • is not zero-filled when Field 59 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 51 = a space
CR73	Claim Input File Auxiliary Record	Claimant 3 Representative Phone Extension (Field 63)	No	Telephone extension number of the Claimant 3 representative. Fill with all spaces if unknown or not applicable.	Field 63: • is not space-filled when Field 51 = a space
CR74	Claim Input File Auxiliary Record	Claimant 3 Representative Name / Firm Name (Fields 52, 53 & 54)	Yes, if Claimant 3 Represent-ative Indicator (Field 51) does not equal a space	See the description for Claimant 3 Fields 52, 53 & 54.	Field 51 does not equal a space, but data is not submitted in both Field 52 & 53 or is not submitted in Field 54.
CR81	Claim Input File Auxiliary Record	Claimant 4 Representative Indicator (Field 80)	Yes, if the claimant is not the injured party.	See Claimant 2 Information section above for field definition.	Field 80: • has a value other than "A," "G," "P," "O," or space; or; • was populated, but Field 65 was space-filled.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR82	Claim Input File Auxiliary Record	Claimant 4 Representative Last Name (Field 81)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space and Field 83 is all spaces	See Claimant 2 Information section above for field definition.	Field 81: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 80 = a space
CR83	Claim Input File Auxiliary Record	Claimant 4 Representative First Name (Field 82)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space and Field 83 is all spaces	See Claimant 2 Information section above for field definition.	Field 82: • was not left-justified; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 80 = a space
CR84	Claim Input File Auxiliary Record	Claimant 4 Representative Firm Name (Field 83)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space and Field 81 and Field 82 are all spaces.	See Claimant 2 Information section above for field definition.	Field 83: • was not space filled when Field 80 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 80 does not equal a space and field 81 and 82 were space-filled
CR85	Claim Input File Auxiliary Record	Claimant 4 Representative TIN (Field 84)	No	See Claimant 2 Information section above for field definition.	Field 84: • has data other than numbers or spaces; or • was not space-filled or zero-filled when Field 80 was a space
CR86	Claim Input File Auxiliary Record	Claimant 4 Representative Mailing Address 1 (Field 85)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	See Claimant 2 Information section above for field definition.	Field 85: • is not space-filled when Field 59 = “FC;” • is not space filled when Field 51 = a space; or • contains special characters other than , &—‘ . @ # / : ;

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR87	Claim Input File Auxiliary Record	Claimant 4 Representative Mailing Address 2 (Field 86)	No	See Claimant 2 Information section above for field definition.	Field 86: • is not space-filled when Field 88 = "FC;" • is not space filled when Field 80 = a space; or • contains special characters other than , &—' . @ # / : ;
CR88	Claim Input File Auxiliary Record	Claimant 4 Representative City (Field 87)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 87: • is not space-filled when Field 88 = "FC;" • is not space filled when Field 80 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /; :
CR89	Claim Input File Auxiliary Record	Claimant 4 Representative State (Field 88)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	US Postal abbreviation State Code for the Claimant 4 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 88: • is not space filled when Field 80 = a space; or • contains numeric data
CR90	Claim Input File Auxiliary Record	Claimant 4 Representative Zip (Field 89)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	5-digit Zip Code for the Claimant 4 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 89: • is not space-filled or zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space
CR91	Claim Input File Auxiliary Record	Claimant 4 Representative Zip+4 (Field 90)	No	4-digit Zip+4 Code for the Claimant 4 representative. If not applicable or unknown, fill with zeroes (0000).	Field 90: • is not zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR92	Claim Input File Auxiliary Record	Claimant 4 Representative Phone (Field 91)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	Telephone number of the Claimant 4 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 91: • is not zero-filled when Field 88 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 80 = a space
CR93	Claim Input File Auxiliary Record	Claimant 4 Representative Phone Extension (Field 92)	No	Telephone extension number of the Claimant 4 representative. Fill with all spaces if unknown or not applicable.	Field 92: is not space-filled when Field 80 = a space
CR94	Claim Input File Auxiliary Record	Claimant 4 Representative Name / Firm Name (Field 81, 82 & 83)	Yes	See Field 81, 82, & 83 of the Claim Input File Auxiliary Record.	Field 80 does not equal a space, but data is not submitted in both Field 81 & 82 or is not submitted in Field 83.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CS01	Claim Input File Detail Record	Self-Insured Indicator (Field 44)	Yes	Indication of whether the reportable event involves self-insurance as defined by CMS. Valid values: Y = Yes N = No Self-insurance is defined in "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available in Appendix H. You must use this definition of self-insurance for purposes of this reporting. Used by CMS if Plan Insurance Type (Field 71) is E or L (Workers' Compensation or Liability). Since the self-insurance rules applicable to Liability and WC do not apply to No-Fault, if Plan Insurance Type is D (no-fault), field must contain a default value of N or space.	Field 44: • does not equal "Y" or N when Field 71 is "E" or "L;" • does not equal "N" or space when Field 71 is "D;" or • does not equal "Y," "N" or space
CS02	Claim Input File Detail Record	Self-Insured Type (Field 45)	Yes	Identifies whether the self-insured is an organization or individual. Valid values: I = Individual O = Other than Individual (e.g. business, corporation, organization, company, etc.) Space = Not Applicable	Field 45: • does not equal "I," or "O" when Field 44 = "Y;" • does not equal a space when Field 44 is "N" or a space; or • does not equal "I," "O," or space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CS03	Claim Input File Detail Record	Policyholder Last Name (Field 46)	Yes, if Self-Insured Type (Field 45) = "I"	Surname of policyholder or self-insured individual.	Field 46: • was not space-filled when Field 45 did not equal "I;" • Position (752) did not equal a letter when Field 45 has an "I;" • contained numeric data; or • contained data other than hyphens, apostrophes and spaces
CS04	Claim Input File Detail Record	Policyholder First Name (Field 47)	Yes, if Self-Insured Type (Field 45) = "I"	Given/First name of policyholder or self-insured individual.	Field 47: • position (792) did not equal a letter when Field 45 was submitted as an "I;" • was not space-filled when Field 45 was "I;" or • contained data other than letters or spaces
CS05	Claim Input File Detail Record	DBA Name (Field 48)	Yes, if Self-Insured Type (Field 45) = "O" and Legal Name (Field 49) = spaces	"Doing Business As" Name of self-insured organization/business.	Field 48: • positions 822-823 were not submitted with data when Field 45 is "O" and Field 49 was space-filled; or • was not space-filled when Field 45 = "I" or a space
CS06	Claim Input File Detail Record	Legal Name (Field 49)	Yes, if Self-Insured Type (Field 45) = "O" and DBA Name (Field 48) = spaces	Legal Name of self-insured organization/business. DBA Name or Legal Name is required for Self-Insured Type = "O."	Field 49: • positions 892-893 were not submitted with data when Field 45 was "O" and Field 48 was space-filled; or • was not space-filled when Field 45 = "I" or a space

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CS07	Claim Input File Detail Record	DBA Name (Field 48) / Legal Name (Field 49)	Yes, either Field 48 or Field 49 must be submitted if the Self-Insured Type (Field 45) = "O"	See Field 48 and Field 49 of the Claim Input File Detail Record.	Field 48 and Field 49 were space-filled when Field 45 = "O."
CT01	Claim Input File Auxiliary Record	TPOC Date 2 (Field 93)	Yes, if ORM Indicator = N and TPOC Amount 2 is submitted	Date of second (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional TPOC** settlement, judgment, award or other payment.	Field 93: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 94 is all zeros; or • is all zeros when Field 94 is not all zeroes
CT02	Claim Input File Auxiliary Record	TPOC Amount 2 (Field 94)	Yes, if ORM Indicator = N and TPOC Date 2 is submitted	Second (additional) Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ORM. See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."**	Field 94: • has non-numeric data or spaces; • is not all zeros when Field 100 is all zeros; or • is all zeros when Field 100 has a non-zero value

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT03	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 2 (Field 95)	No	If funding for the TPOC Amount 2 is delayed, provide actual or estimated date of funding. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter (Section 6.5.1).	Field 95: • has non-numeric data or spaces; or • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)
CT11	Claim Input File Auxiliary Record	TPOC Date 3 (Field 96)	Yes, if ORM Indicator = N and TPOC Amount 3 is submitted	Date of third (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment.	Field 96: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 97 is all zeros; or • is all zeros when Field 97 is not all zeroes
CT12	Claim Input File Auxiliary Record	TPOC Amount 3 (Field 97)	Yes, if ORM Indicator = N and TPOC Date 3 is submitted	Third (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Must be non-zero if a non-zero value is submitted in TPOC Date 3. Must be all zeroes if TPOC Date 3 is all zeroes.	Field 97: • has non-numeric data or spaces; • is not all zeros when Field 96 is all zeros; or • is all zeros when Field 96 has a non-zero value

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT13	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 3 (Field 98)	No	If funding for the TPOC Amount 3 is delayed, provide actual or estimated date of funding. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1).	• Field 98: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)
CT21	Claim Input File Auxiliary Record	TPOC Date 4 (Field 99)	Yes, if ORM Indicator = N and TPOC Amount 4 is submitted	Date of fourth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment.	Field 99: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 100 is all zeros; or • is all zeros when Field 100 is not all zeroes
CT22	Claim Input File Auxiliary Record	TPOC Amount 4 (Field 100)	Yes, if ORM Indicator = N and TPOC Date 4 is submitted	Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."**	Field 100: • has non-numeric data or spaces; • is not all zeros when Field 99 is all zeros; or • is all zeros when Field 99 has a non-zero value
CT23	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 4 (Field 101)	No	Date of second (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional TPOC** settlement, judgment, award or other payment.	Field 101: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT31	Claim Input File Auxiliary Record	TPOC Date 5 (Field 102)	Yes, if ORM Indicator = N and TPOC Amount 5 is submitted	Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 100 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 5. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record). Must be all zeroes if TPOC Amount 5 is all zeroes. NOTE: If more than five TPOCs need to be reported for a single claim, then put the most recent TPOC Date in TPOC Date 5.	Field 102: • has non-numeric data or spaces; • is not all zeros when Field 103 is all zeros; or • is all zeros when Field 103 has a non-zero value
CT32	Claim Input File Auxiliary Record	TPOC Amount 5 (Field 103)	Yes, if ORM Indicator = N and TPOC Date 5 is submitted	Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** NOTE: If more than five TPOCs need to be reported for a single claim, add the sixth and subsequent TPOC Amounts to the amount reported in TPOC Amount 5.	Field 103: • has non-numeric data or spaces; • is not all zeros when Field 102 is all zeros; or • is all zeros when Field 102 has a non-zero value

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT33	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 5 (Field 104)	No	If funding for the TPOC Amount 5 is delayed, provide actual or estimated date of funding. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter (Section 6.5.1).	Field 104: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)
SP31	Claim Input File Auxiliary Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record.	Record submitted prior to effective date of Medicare entitlement. Injured Party matched to a Medicare beneficiary. No correction necessary by the RRE. Resubmit record in next quarterly file submission.
SP47 SP48 SP49	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	No previously accepted record can be matched to the submitted delete. Delete failed.
SP50	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	Transaction attempted to add/update/delete an ORM record locked by the BCRC. No changes are accepted via Section 111 reporting. Do NOT attempt to resubmit this record. See the NGHP User Guide Technical Information Chapter IV (Section 7.2).
TN99	Claim Input File Detail Record	TIN/Office Code (Field 52 & 53)	TIN (Field 52) is required	Please see Field 52 and Field 53 in the Claim Input File Detail Record	No matching, valid TIN Reference File Detail Record was found for the TIN/Office Code combination on the Claim Input File Detail Record. Review errors returned on the TIN Reference Response File. Resubmit corrected TIN Reference File record and/or Claim Input File record.

TIN Reference Response Error Code Resolution Table

Table F-5: TIN Reference Response Error Code Resolution Table

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN01	TIN Reference File Detail Record	TIN (Field 3)	Yes	Invalid RRE TIN. TIN cannot be validated by the BCRC. If RRE ID is associated with a foreign entity with no TIN, must be formatted as 9999xxxxx where "xxxxx" is an RRE-defined number. If you believe the TIN to be valid, contact your EDI Representative to supply supporting evidence. Your EDI Representative will update the system to mark the TIN as valid and then you may resend the record.	Field 3: • has non-numeric data or spaces; • was not submitted with 9 digits; or • TIN was not a valid, IRS-assigned TIN
TN02	TIN Reference File Detail Record	Office Code/Site ID (Field 4)	No	Invalid Office Code/Site ID. Must be equal to spaces or must be a 9-digit numeric code.	Field 4: • was not submitted with 9 digits; or • was not submitted with all spaces (if not used)
TN03	TIN Reference File Detail Record	TIN/Office Code Mailing Name (Field 5)	Yes	Invalid TIN/Office Code Name Cannot contain only the following word(s): SUPPLEMENTAL, SUPPLEMENT, INSURER, MISCELLANEOUS, CMS, ATTORNEY, UNKNOWN, NONE, N/A, UN, MISC, NA, NO, BC, BX, BS, BCBX, BLUE CROSS, BLUE SHEILD, or MEDICARE. Special characters other than , &,—' . @ # / : ; are not allowed.	Field 5: • has all spaces; • was only submitted with one character; • positions 70 & 71 were submitted as spaces; or • has the names or special characters listed in the description for this error
TN04	TIN Reference File Detail Record	TIN/Office Code Mailing Address Line 1 (Field 6)	Yes	Invalid TIN/Office Code Mailing Address Line 1.	Field 6: • is not space-filled when Field 9 = "FC;" • is space-filled when Field 92 does not equal "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN05	TIN Reference File Detail Record	TIN/Office Code Mailing Address Line 2 (Field 7)	No	Invalid TIN/Office Code Mailing Address Line 2.	Field 7: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN06	TIN Reference File Detail Record	TIN/Office Code City (Field 8)	Yes	Invalid TIN/Office Code City.	Field 8: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN07	TIN Reference File Detail Record	TIN/Office Code State (Field 9)	Yes	Invalid TIN/Office Code State.	Field 9: does not equal "FC" or a valid US postal state code
TN08	TIN Reference File Detail Record	TIN/Office Code Zip (Field 10)	Yes	Invalid TIN/Office Code Zip.	Field 10: • is not 5 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN09	TIN Reference File Detail Record	TIN/Office Code Zip+4 (Field 11)	Yes	Invalid TIN/Office Code Zip+4. TIN/Office Code Zip+4 must contain 4 numeric digits, all zeroes or all spaces. Must be equal to all spaces or all zeroes if TIN/Office Code State is equal to "FC."	Field 11: • is not 4 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN10 – TN16	TIN Reference File Detail Record	N/A	N/A	N/A	N/A. These error codes are not currently used.

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN17	TIN Reference File Detail Record	Foreign RRE Address Line 1—4 (Fields 12, 13, 14, 15)	Yes	See the description for the TIN Reference File Detail Record (Fields 12-15).	Fields 12-15: • are not space-filled when Field 9 does not equal "FC;" or • are not submitted when Field 9 = "FC"
TN18	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: address was insufficient to determine a match to the postal database.
TN19	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: address matches an undeliverable address
TN20	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: apartment number was not found in the postal database or was not supplied for an address that requires apartment number
TN21	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: house or box number was not found on the street
TN22	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: street name not found in the postal database for the submitted ZIP code
TN23	TIN Reference File Detail Record	(Fields 6–11)	Yes, as applicable	See the description for the TIN Reference File Detail Record (Fields 6-11).	Fields 6-11: zip code not found in the postal database

Appendix G MMSEA Section 111 Statutory Language

The Medicare Secondary Payor Mandatory Reporting Provisions
Of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007
(See 42 U.S.C. 1395y(b)(7)&(b)(8))

SECTION 111 – MEDICARE SECONDARY PAYOR

(a) In General—Section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) is amended by adding at the end the following new paragraphs:

(7) REQUIRED SUBMISSION OF INFORMATION BY GROUP HEALTH PLANS-

(A) REQUIREMENT- On and after the first day of the first calendar quarter beginning after the date that is 1 year after the date of the enactment of this paragraph, an entity serving as an insurer or third party administrator for a group health plan, as defined in paragraph (1)(A)(v), and, in the case of a group health plan that is self-insured and self-administered, a plan administrator or fiduciary, shall--

(i) secure from the plan sponsor and plan participants such information as the Secretary shall specify for the purpose of identifying situations where the group health plan is or has been a primary plan to the program under this title; and

(ii) submit such information to the Secretary in a form and manner (including frequency) specified by the Secretary.

(B) ENFORCEMENT-

(i) IN GENERAL- An entity, a plan administrator, or a fiduciary described in subparagraph (A) that fails to comply with the requirements under such subparagraph shall be subject to a civil money penalty of $1,000 for each day of noncompliance for each individual for which the information under such subparagraph should have been submitted. The provisions of subsections (e) and (k) of section 1128A shall apply to a civil money penalty under the previous sentence in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a). A civil money penalty under this clause shall be in addition to any other penalties prescribed by law and in addition to any Medicare secondary payer claim under this title with respect to an individual.

(ii) DEPOSIT OF AMOUNTS COLLECTED- Any amounts collected pursuant to clause (i) shall be deposited in the Federal Hospital Insurance Trust Fund under section 1817.

(C) SHARING OF INFORMATION- Notwithstanding any other provision of law, under terms and conditions established by the Secretary, the Secretary--

(i) shall share information on entitlement under Part A and enrollment under Part B under this title with entities, plan administrators, and fiduciaries described in subparagraph (A);

(ii) may share the entitlement and enrollment information described in clause (i) with entities and persons not described in such clause; and

(iii) may share information collected under this paragraph as necessary for purposes of the proper coordination of benefits.

(D) IMPLEMENTATION- Notwithstanding any other provision of law, the Secretary may implement this paragraph by program instruction or otherwise.

(8) REQUIRED SUBMISSION OF INFORMATION BY OR ON BEHALF OF LIABILITY INSURANCE (INCLUDING SELF-INSURANCE), NO FAULT INSURANCE, AND WORKERS' COMPENSATION LAWS AND PLANS-

(A) REQUIREMENT- On and after the first day of the first calendar quarter beginning after the date that is 18 months after the date of the enactment of this paragraph, an applicable plan shall--

(i) determine whether a claimant (including an individual whose claim is unresolved) is entitled to benefits under the program under this title on any basis; and

(ii) if the claimant is determined to be so entitled, submit the information described in subparagraph (B) with respect to the claimant to the Secretary in a form and manner (including frequency) specified by the Secretary.

(B) REQUIRED INFORMATION- The information described in this subparagraph is--

(i) the identity of the claimant for which the determination under subparagraph (A) was made; and

(ii) such other information as the Secretary shall specify in order to enable the Secretary to make an appropriate determination concerning coordination of benefits, including any applicable recovery claim.

(C) TIMING- Information shall be submitted under subparagraph (A)(ii) within a time specified by the Secretary after the claim is resolved through a settlement, judgment, award, or other payment (regardless of whether or not there is a determination or admission of liability).

(D) CLAIMANT- For purposes of subparagraph (A), the term 'claimant' includes--

(i) an individual filing a claim directly against the applicable plan; and

(ii) an individual filing a claim against an individual or entity insured or covered by the applicable plan.

(E) ENFORCEMENT-

(i) IN GENERAL- An applicable plan that fails to comply with the requirements under subparagraph (A) with respect to any claimant shall be subject to a civil money penalty of $1,000 for each day of noncompliance with respect to each claimant. The provisions of subsections (e) and (k) of section 1128A shall apply to a civil money penalty under the previous sentence in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a). A civil money penalty under this clause shall be in addition to any other penalties prescribed by law and in addition to any Medicare secondary payer claim under this title with respect to an individual.

(ii) DEPOSIT OF AMOUNTS COLLECTED- Any amounts collected pursuant to clause (i) shall be deposited in the Federal Hospital Insurance Trust Fund.

(F) APPLICABLE PLAN- In this paragraph, the term `applicable plan' means the following laws, plans, or other arrangements, including the fiduciary or administrator for such law, plan, or arrangement:

(i) Liability insurance (including self-insurance).

(ii) No fault insurance.

(iii) Workers' compensation laws or plans.

(G) SHARING OF INFORMATION- The Secretary may share information collected under this paragraph as necessary for purposes of the proper coordination of benefits.

(H) IMPLEMENTATION- Notwithstanding any other provision of law, the Secretary may implement this paragraph by program instruction or otherwise.

(b) Rule of Construction- Nothing in the amendments made by this section shall be construed to limit the authority of the Secretary of Health and Human Services to collect information to carry out Medicare secondary payer provisions under title XVIII of the Social Security Act, including under parts C and D of such title.

(c) Implementation- For purposes of implementing paragraphs (7) and (8) of section 1862(b) of the Social Security Act, as added by subsection (a), to ensure appropriate payments under title XVIII of such Act, the Secretary of Health and Human Services shall provide for the transfer, from the Federal Hospital Insurance Trust Fund established under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund established under section 1841 of such Act (42 U.S.C. 1395t), in such proportions as the Secretary determines appropriate, of $35,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for the period of fiscal years 2008, 2009, and 2010.

Appendix H MMSEA Section 111 Definitions and Reporting Responsibilities

Attachment A – Definitions and Reporting Responsibilities

(Attachment A to the Supporting Statement for the MMSEA Section 111 Paperwork Reduction Act (PRA) Federal Register (FR) Notice published February 13, 2009.)

SUPPORTING DOCUMENT FOR PRA PACKAGE FOR MEDICARE SECONDARY PAYER REPORTING RESPONSIBILITIES FOR SECTION 111 OF THE MEDICARE, MEDICAID, AND SCHIP EXTENSION ACT OF 2007

Note: The second paragraph under Liability Self-Insurance was revised subsequent to the initial publication of this Attachment on August 1, 2008.

DEFINITIONS AND REPORTING RESPONSIBILITIES

GROUP HEALTH PLAN (GHP) ARRANGEMENTS (42 U.S.C. 1395y(b)(7)) --

INSURER

For purposes of the reporting requirements at 42 U.S.C.1395y(b)(7), an insurer is an entity that, in return for the receipt of a premium, assumes the obligation to pay claims described in the insurance contract and assumes the financial risk associated with such payments. In instances where an insurer does not process GHP claims but has a third party administrator (TPA) that does, the TPA has the responsibility for the reporting requirements at 42 U.S.C. 1395y(b)(7).

THIRD PARTY ADMINISTRATOR (TPA)

For purposes of the reporting requirements at 42 U.S.C.1395y(b)(7), a TPA is an entity that pays and/or adjudicates claims and may perform other administrative services on behalf of GHPs (as defined at 42 U.S.C. 1395y(b)(1)(A)(v)), the plan sponsor(s) or the plan insurer. A TPA may perform these services for, amongst other entities, self-insured employers, unions, associations, and insurers/underwriters of such GHPs. If a GHP is self-funded and self-administered for certain purposes but also has a TPA as defined in this paragraph, the TPA has the responsibility for the reporting requirements at 42 U.S.C. 1395y(b)(7).

USE OF AGENTS FOR PURPOSES OF THE REPORTING REQUIREMENTS AT 42 U.S.C. 1395y(b)(7):

For purposes of the reporting requirements at 42 U.S.C. 1395y(b)(7), agents may submit reports on behalf of :

- Insurers for GHPs
- TPAs for GHPs
- Employers with self-insured and self-administered GHPs

Accountability for submitting the reports in the manner and form stipulated by the Secretary and the accuracy of the submitted information continues to rest with each of the above-named entities.

The CMS will provide information on the format and method of identifying agents for reporting purposes.

LIABILITY INSURANCE (INCLUDING SELF-INSURANCE), NO-FAULT INSURANCE, AND WORKERS' COMPENSATION (42 U.S.C. 1395y(b)(8))

INSURER

For purposes of the reporting requirements for 42 U.S.C. 1395y(b)(8), a liability insurer (except for self-insurance) or a no-fault insurer is an entity that, in return for the receipt of a premium, assumes the obligation to pay claims described in the insurance contract and assumes the financial risk associated with such payments. The insurer may or may not assume responsibility for claims processing; however, the insurer has the responsibility for the reporting requirements at 42 U.S.C. 1395y(b)(8) regardless of whether it uses another entity for claim processing.

CLAIMANT:

For purposes of the reporting requirements at 42 U.S.C. 1395y(b)(8), "claimant" includes: 1) an individual filing a claim directly against the applicable plan, 2) an individual filing a claim against an individual or entity insured or covered by the applicable plan, or 3) an individual whose illness, injury, incident, or accident is/was at issue in "1)" or "2)."

APPLICABLE PLAN:

For purposes of the reporting requirements at 42 U.S.C. 1395y(b)(8), the "applicable plan" as defined in subsection (8)((F) has the responsibility for the reporting requirements at 42 U.S.C. 1395y(b)(8). For workers' compensation information this would be the Federal agency, the State agency, or self-insured employer or the employer's insurer.

NO-FAULT INSURANCE:

Trade associations for liability insurance, no-fault insurance and workers' compensation have indicated that the industry's definition of no-fault insurance is narrower than CMS's definition. For purposes of the reporting requirements at 42 U.S.C. 1395y(b)(8), the definition of no-fault insurance found at 42 C.F.R. 411.50 is controlling.

LIABILITY SELF-INSURANCE:

42 U.S.C. 1395y(b)(2)(A) provides that an entity that engages in a business, trade or profession shall be deemed to have a self-insured plan if it carries its own risk (whether by a failure to obtain insurance, or otherwise) in whole or in part. Self-insurance or deemed self-insurance can be demonstrated by a settlement, judgment, award, or other payment to satisfy an alleged claim (including any deductible or co-pay on a liability insurance, no-fault insurance, or workers' compensation law or plan) for a business, trade or profession. See also 42 C.F.R. 411.50.

Where an entity engages in a business, trade, or profession, deductible amounts are self-insurance for MSP purposes. **However**, where the self-insurance in question is a deductible, and the insurer is responsible for Section 111 reporting with respect to the policy, it is responsible for reporting both the deductible and any amount in excess of the deductible.

WORKERS' COMPENSATION LAW OR PLAN

For purposes of the reporting requirements at 42 U.S.C. 1395y(b)(8), a workers' compensation law or plan means a law or program administered by a State (defined to include commonwealths, territories and possessions of the United States) or the United States to provide compensation to workers for work-related injuries and/or illnesses. The term includes a similar compensation plan established by an employer that is funded by such employer directly or indirectly through an

insurer to provide compensation to a worker of such employer for a work-related injury or illness.

USE OF AGENTS FOR PURPOSES OF THE REPORTING REQUIREMENTS AT 42 U.S.C. 1395y(b)(8):

Agents may submit reports on behalf of:

- Insurers for no-fault or liability insurance
- Self-insured entities for liability insurance
- Workers' compensation laws or plans

Accountability for submitting the reports in the manner and form stipulated by the Secretary and the accuracy of the submitted information continues to rest with each of the above-named entities.

TPAs of any type (including TPAs as defined for purposes of the reporting requirements at 42 U.S.C. 1395y(b)(7) for GHP arrangements) have no reporting responsibilities for purposes of the reporting requirements at 42 U.S.C. 1395y(b)(8) for liability insurance (including self-insurance), no-fault insurance, or workers' compensation. Where an entity reports on behalf of another entity required to report under 42 U.S.C. 1395y(b)(8), it is doing so as an agent of the second entity.

CMS will provide information on the format and method of identifying agents for reporting purposes.

Appendix I Excluded ICD-9 and ICD-10 Diagnosis Codes

This list contains ICD-9 and ICD-10 diagnosis codes that are considered invalid by CMS for Section 111 reporting and are to be excluded from all claim report records.

None of these codes may be submitted in Field 15 Alleged Cause of Injury, Incident, or Illness or the ICD Diagnosis Code 1-19 (Fields 18-36) on the Claim Input File Detail Record. If an ICD-9 diagnosis code is submitted in Field 15, it must be a code starting with the letter "E" **not** on this list. If an ICD-10 diagnosis code is submitted in Field 15, it must be a code starting with the letter "V," "W," "X," or "Y" **not** on this list. If an ICD-9 diagnosis code is submitted in the ICD Diagnosis Codes 1-19, it cannot start with the letter 'E', cannot start with the letter "V," and cannot be a code on this list. If an ICD-10 diagnosis code is submitted in the ICD Diagnosis Codes 1-19, it cannot start with the letter "V," "W," "X," or "Y" and cannot be a code on this list.

All ICD-9 Diagnosis Codes beginning with the letter 'V' are considered invalid for Section 111 reporting and should be excluded.

As of January 1, 2011, on add and update record submissions, ICD Diagnosis Codes submitted in Fields 18-36 must be valid, that is, the submitted ICD Diagnosis Code MUST:

- Exactly match an ICD-9 or ICD-10 diagnosis code that CMS has deemed to be valid;
- Be left justified and any remaining unused bytes filled with spaces to the right;
- Include any leading and trailing zeros only if they appear that way on the list of valid ICD diagnosis codes;
- Not include a decimal; and Cannot be one of the diagnosis codes found on the Excluded ICD-9/ICD-10 Codes list.

Excel and text files containing a list of Excluded ICD-9 and ICD-10 Diagnosis Codes may be downloaded from the Section 111 COBSW at http://www.section111.cms.hhs.gov by clicking on the link found under the Reference Materials menu option of the Login page.

Table I-1: Excluded ICD-9 and ICD-10 Diagnosis Codes

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
780.99 Other general symptoms	**R41.9** Unspecified symptoms and signs involving cognitive functions and awareness **R45.84** Anhedonia **R68.89** Other general symptoms and signs
796.4 Other abnormal clinical findings	**R68.89** Other general symptoms and signs
796.9 Other nonspecific abnormal findings	**R68.89** Other general symptoms and signs
798.1 Instantaneous death	**R99** Ill-defined and unknown cause of mortality
798.2 Death occurring in less than 24 hours from onset of symptoms, not otherwise explained	**R99** Ill-defined and unknown cause of mortality

Excluded ICD-9-CM Diagnosis Code & Description		Corresponding Excluded ICD-10-CM Diagnosis Code & Description	
798.9	Unattended death	**R99**	Ill-defined and unknown cause of mortality
799.89	Other ill-defined conditions	**R44.8**	Other symptoms and signs involving general sensations and perceptions
		R44.9	Unspecified symptoms and signs involving general sensations and perceptions
		R46.0	Very low level of personal hygiene
		R46.1	Bizarre personal appearance
		R46.2	Strange and inexplicable behavior
		R46.3	Overactivity
		R46.4	Slowness and poor responsiveness
		R46.5	Suspiciousness and marked evasiveness
		R46.6	Undue concern and preoccupation with stressful events
		R46.7	Verbosity and circumstantial detail obscuring reason for contact
		R46.81	Obsessive-compulsive behavior
		R46.89	Other symptoms and signs involving appearance and behavior
		R68.19	Other nonspecific symptoms peculiar to infancy
		R69	Illness, unspecified
799.9	Other unknown and unspecified cause of morbidity and mortality	**R69**	Illness, unspecified
		R99	Ill-defined and unknown cause of mortality
959.8	Other specified sites, including multiple injury	**T07**	Unspecified multiple injuries
959.9	Unspecified site injury	**T14.8**	Other injury of unspecified body region
		T14.90	Injury, unspecified
		T14.91	Suicide attempt

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.0 Home accidents	**Y92.000** Kitchen of unspecified non-institutional (private) residence as the place of occurrence of the external cause **Y92.001** Dining room of unspecified non-institutional (private) residence as the place of occurrence of the external cause **Y92.002** Bathroom of unspecified non-institutional private) residence single-family (private) house as the place of occurrence of the external cause **Y92.003** Bedroom of unspecified non-institutional (private) residence as the place of occurrence of the external cause **Y92.007** Garden or yard of unspecified non-institutional (private) residence as the place of occurrence of the external cause **Y92.008** Other place in unspecified non-institutional (private) residence as the place of occurrence of the external cause **Y92.009** Unspecified place in unspecified non-institutional (private) residence as the place of occurrence of the external cause **Y92.010** Kitchen of single-family (private) house as the place of occurrence of the external cause **Y92.011** Dining room of single-family (private) house as the place of occurrence of the external cause **Y92.012** Bathroom of single-family (private) house as the place of occurrence of the external cause **Y92.013** Bedroom of single-family (private) house as the place of occurrence of the external cause **Y92.014** Private driveway to single-family (private) house as the place of occurrence of the external cause **Y92.015** Private garage of single-family (private) house as the place of occurrence of the external cause **Y92.016** Swimming-pool in single-family (private) house or garden as the place of occurrence of the external cause **Y92.017** Garden or yard in single-family (private) house as the place of occurrence of the external cause **Y92.018** Other place in single-family (private) house as the place of occurrence of the external cause **Y92.019** Unspecified place in single-family (private) house as the place of occurrence of the external cause **Y92.020** Kitchen in mobile home as the place of occurrence of the external cause **Y92.021** Dining room in mobile home as the place of occurrence of the external cause **Y92.022** Bathroom in mobile home as the place of occurrence of the external cause **Y92.023** Bedroom in mobile home as the place of occurrence of the external cause **Y92.024** Driveway of mobile home as the place of occurrence of the external cause **Y92.025** Garage of mobile home as the place of occurrence of the external cause **Y92.026** Swimming-pool of mobile home as the place of occurrence of the external cause **Y92.027** Garden or yard of mobile home as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.0 Home accidents (continued from previous page)	**Y92.028** Other place in mobile home as the place of occurrence of the external cause **Y92.029** Unspecified place in mobile home as the place of occurrence of the external cause **Y92.030** Kitchen in apartment as the place of occurrence of the external cause **Y92.031** Bathroom in apartment as the place of occurrence of the external cause **Y92.032** Bedroom in apartment as the place of occurrence of the external cause **Y92.038** Other place in apartment as the place of occurrence of the external cause **Y92.039** Unspecified place in apartment as the place of occurrence of the external cause **Y92.040** Kitchen in boarding-house as the place of occurrence of the external cause **Y92.041** Bathroom in boarding-house as the place of occurrence of the external cause **Y92.042** Bedroom in boarding-house as the place of occurrence of the external cause **Y92.043** Driveway of boarding-house as the place of occurrence of the external cause **Y92.044** Garage of boarding-house as the place of occurrence of the external cause **Y92.045** Swimming-pool of boarding-house as the place of occurrence of the external cause **Y92.046** Garden or yard of boarding-house as the place of occurrence of the external cause **Y92.048** Other place in boarding-house as the place of occurrence of the external cause **Y92.049** Unspecified place in boarding-house as the place of occurrence of the external cause **Y92.090** Kitchen in other non-institutional residence as the place of occurrence of the external cause **Y92.091** Bathroom in other non-institutional residence as the place of occurrence of the external cause **Y92.092** Bedroom in other non-institutional residence as the place of occurrence of the external cause **Y92.093** Driveway of other non-institutional residence as the place of occurrence of the external cause **Y92.094** Garage of other non-institutional residence as the place of occurrence of the external cause **Y92.095** Swimming-pool of other non-institutional residence as the place of occurrence of the external cause **Y92.096** Garden or yard of other non-institutional residence as the place of occurrence of the external cause **Y92.098** Other place in other non-institutional residence as the place of occurrence of the external cause **Y92.099** Unspecified place in other non-institutional residence as the place of occurrence of the external cause **Y92.10** Unspecified residential institution as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.1 Farm accidents	**Y92.71** Barn as the place of occurrence of the external cause **Y92.72** Chicken coop as the place of occurrence of the external cause **Y92.73** Farm field as the place of occurrence of the external cause **Y92.74** Orchard as the place of occurrence of the external cause **Y92.79** Other farm location as the place of occurrence of the external cause
E849.2 Mine and quarry accidents	**Y92.64** Mine or pit as the place of occurrence of the external cause
E849.3 Accidents occurring in industrial places and premises	**Y92.61** Building [any] under construction as the place of occurrence of the external cause **Y92.62** Dock or shipyard as the place of occurrence of the external cause **Y92.63** Factory as the place of occurrence of the external cause **Y92.65** Oil rig as the place of occurrence of the external cause **Y92.69** Other specified industrial and construction area as the place of occurrence of the external cause
E849.4 Accidents occurring in place for recreation and sport	**Y92.310** Basketball court as the place of occurrence of the external cause **Y92.311** Squash court as the place of occurrence of the external cause **Y92.312** Tennis court as the place of occurrence of the external cause **Y92.318** Other athletic court as the place of occurrence of the external cause **Y92.320** Baseball field as the place of occurrence of the external cause **Y92.321** Football field as the place of occurrence of the external cause **Y92.322** Soccer field as the place of occurrence of the external cause **Y92.328** Other athletic field as the place of occurrence of the external cause **Y92.330** Ice skating rink (indoor) (outdoor) as the place of occurrence of the external cause **Y92.331** Roller skating rink as the place of occurrence of the external cause **Y92.34** Swimming pool (public) as the place of occurrence of the external cause **Y92.39** Other specified sports and athletic area as the place of occurrence of the external cause **Y92.830** Public park as the place of occurrence of the external cause **Y92.831** Amusement park as the place of occurrence of the external cause **Y92.832** Beach as the place of occurrence of the external cause **Y92.833** Campsite as the place of occurrence of the external cause **Y92.834** Zoological garden (Zoo) as the place of occurrence of the external cause **Y92.838** Other recreation area as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.5 Street and highway accidents	**Y92.410** Unspecified street and highway as the place of occurrence of the external cause **Y92.411** Interstate highway as the place of occurrence of the external cause **Y92.412** Parkway as the place of occurrence of the external cause **Y92.413** State road as the place of occurrence of the external cause **Y92.414** Local residential or business street as the place of occurrence of the external cause **Y92.415** Exit ramp or entrance ramp of street or highway as the place of occurrence of the external cause **Y92.480** Sidewalk as the place of occurrence of the external cause **Y92.481** Parking lot as the place of occurrence of the external cause **Y92.482** Bike path as the place of occurrence of the external cause **Y92.488** Other paved roadways as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.6 Accidents occurring in public building	**Y92.210** Daycare center as the place of occurrence of the external cause **Y92.211** Elementary school as the place of occurrence of the external cause **Y92.212** Middle school as the place of occurrence of the external cause **Y92.213** High school as the place of occurrence of the external cause **Y92.214** College as the place of occurrence of the external cause **Y92.215** Trade school as the place of occurrence of the external cause **Y92.218** Other school as the place of occurrence of the external cause **Y92.219** Unspecified school as the place of occurrence of the external cause **Y92.22** Religious institution as the place of occurrence of the external cause **Y92.240** Courthouse as the place of occurrence of the external cause **Y92.241** Library as the place of occurrence of the external cause **Y92.242** Post office as the place of occurrence of the external cause **Y92.243** City hall as the place of occurrence of the external cause **Y92.248** Other public administrative building as the place of occurrence of the external cause **Y92.250** Art Gallery as the place of occurrence of the external cause **Y92.251** Museum as the place of occurrence of the external cause **Y92.252** Music hall as the place of occurrence of the external cause **Y92.253** Opera house as the place of occurrence of the external cause **Y92.254** Theater (live) as the place of occurrence of the external cause **Y92.258** Other cultural public building as the place of occurrence of the external cause **Y92.26** Movie house or cinema as the place of occurrence of the external cause **Y92.29** Other specified public building as the place of occurrence of the external cause **Y92.510** Bank as the place of occurrence of the external cause **Y92.511** Restaurant or café as the place of occurrence of the external cause **Y92.512** Supermarket, store or market as the place of occurrence of the external cause **Y92.513** Shop (commercial) as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.6 Accidents occurring in public building (continued from previous page)	**Y92.520** Airport as the place of occurrence of the external cause **Y92.521** Bus station as the place of occurrence of the external cause **Y92.522** Railway station as the place of occurrence of the external cause **Y92.523** Highway rest stop as the place of occurrence of the external cause **Y92.524** Gas station as the place of occurrence of the external cause **Y92.530** Ambulatory surgery center as the place of occurrence of the external cause **Y92.531** Health care provider office as the place of occurrence of the external cause **Y92.532** Urgent care center as the place of occurrence of the external cause **Y92.538** Other ambulatory health services establishments as the place of occurrence of the external cause **Y92.59** Other trade areas as the place of occurrence of the external cause
E849.7 Accidents occurring in residential institution	**Y92.110** Kitchen in children's home and orphanage as the place of occurrence of the external cause **Y92.111** Bathroom in children's home and orphanage as the place of occurrence of the external cause **Y92.112** Bedroom in children's home and orphanage as the place of occurrence of the external cause **Y92.113** Driveway of children's home and orphanage as the place of occurrence of the external cause **Y92.114** Garage of children's home and orphanage as the place of occurrence of the external cause **Y92.115** Swimming-pool of children's home and orphanage as the place of occurrence of the external cause **Y92.116** Garden or yard of children's home and orphanage as the place of occurrence of the external cause **Y92.118** Other place in children's home and orphanage as the place of occurrence of the external cause **Y92.119** Unspecified place in children's home and orphanage as the place of occurrence of the external cause **Y92.120** Kitchen in nursing home as the place of occurrence of the external cause **Y92.121** Bathroom in nursing home as the place of occurrence of the external cause **Y92.122** Bedroom in nursing home as the place of occurrence of the external cause **Y92.123** Driveway of nursing home as the place of occurrence of the external cause **Y92.124** Garage of nursing home as the place of occurrence of the external cause **Y92.125** Swimming-pool of nursing home as the place of occurrence of the external cause **Y92.126** Garden or yard of nursing home as the place of occurrence of the external cause **Y92.128** Other place in nursing home as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.7 Accidents occurring in residential institution (continued from previous page)	**Y92.129** Unspecified place in nursing home as the place of occurrence of the external cause **Y92.140** Kitchen in prison as the place of occurrence of the external cause **Y92.141** Dining room in prison as the place of occurrence of the external cause **Y92.142** Bathroom in prison as the place of occurrence of the external cause **Y92.143** Cell of prison as the place of occurrence of the external cause **Y92.146** Swimming-pool of prison as the place of occurrence of the external cause **Y92.147** Courtyard of prison as the place of occurrence of the external cause **Y92.148** Other place in prison as the place of occurrence of the external cause **Y92.149** Unspecified place in prison as the place of occurrence of the external cause **Y92.150** Kitchen in reform school as the place of occurrence of the external cause **Y92.151** Dining room in reform school as the place of occurrence of the external cause **Y92.152** Bathroom in reform school as the place of occurrence of the external cause **Y92.153** Bedroom in reform school as the place of occurrence of the external cause **Y92.154** Driveway of reform school as the place of occurrence of the external cause **Y92.155** Garage of reform school as the place of occurrence of the external cause **Y92.156** Swimming-pool of reform school as the place of occurrence of the external cause **Y92.157** Garden or yard of reform school as the place of occurrence of the external cause **Y92.158** Other place in reform school as the place of occurrence of the external cause **Y92.159** Unspecified place in reform school as the place of occurrence of the external cause **Y92.160** Kitchen in school dormitory as the place of occurrence of the external cause **Y92.161** Dining room in school dormitory as the place of occurrence of the external cause **Y92.162** Bathroom in school dormitory as the place of occurrence of the external cause **Y92.163** Bedroom in school dormitory as the place of occurrence of the external cause **Y92.168** Other place in school dormitory as the place of occurrence of the external cause **Y92.169** Unspecified place in school dormitory as the place of occurrence of the external cause **Y92.190** Kitchen in other specified residential institution as the place of occurrence of the external cause **Y92.191** Dining room in other specified residential institution as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.7 Accidents occurring in residential institution (continued from previous page)	**Y92.192** Bathroom in other specified residential institution as the place of occurrence of the external cause **Y92.193** Bedroom in other specified residential institution as the place of occurrence of the external cause **Y92.194** Driveway of other specified residential institution as the place of occurrence of the external cause **Y92.195** Garage of other specified residential institution as the place of occurrence of the external cause **Y92.196** Pool of other specified residential institution as the place of occurrence of the external cause **Y92.197** Garden or yard of other specified residential institution as the place of occurrence of the external cause **Y92.198** Other place in other specified residential institution as the place of occurrence of the external cause **Y92.199** Unspecified place in other specified residential institution as the place of occurrence of the external cause **Y92.230** Patient room in hospital as the place of occurrence of the external cause **Y92.231** Patient bathroom in hospital as the place of occurrence of the external cause **Y92.232** Corridor of hospital as the place of occurrence of the external cause **Y92.233** Cafeteria of hospital as the place of occurrence of the external cause **Y92.234** Operating room of hospital as the place of occurrence of the external cause **Y92.238** Other place in hospital as the place of occurrence of the external cause **Y92.239** Unspecified place in hospital as the place of occurrence of the external cause
E849.8 Accidents occurring in other specified places	**Y92.130** Kitchen on military base as the place of occurrence of the external cause **Y92.131** Mess hall on military base as the place of occurrence of the external cause **Y92.133** Barracks on military base as the place of occurrence of the external cause **Y92.135** Garage on military base as the place of occurrence of the external cause **Y92.136** Swimming-pool on military base as the place of occurrence of the external cause **Y92.137** Garden or yard on military base as the place of occurrence of the external cause **Y92.138** Other place on military base as the place of occurrence of the external cause **Y92.139** Unspecified place military base as the place of occurrence of the external cause **Y92.810** Car as the place of occurrence of the external cause **Y92.811** Bus as the place of occurrence of the external cause **Y92.812** Truck as the place of occurrence of the external cause **Y92.813** Airplane as the place of occurrence of the external cause **Y92.814** Boat as the place of occurrence of the external cause **Y92.815** Train as the place of occurrence of the external cause

Excluded ICD-9-CM Diagnosis Code & Description	Corresponding Excluded ICD-10-CM Diagnosis Code & Description
E849.8 Accidents occurring in other specified places (continued from previous page)	**Y92.816** Subway car as the place of occurrence of the external cause **Y92.818** Other transport vehicle as the place of occurrence of the external cause **Y92.820** Desert as the place of occurrence of the external cause **Y92.821** Forest as the place of occurrence of the external cause **Y92.828** Other wilderness area as the place of occurrence of the external cause **Y92.84** Military training ground as the place of occurrence of the external cause **Y92.85** Railroad track as the place of occurrence of the external cause **Y92.86** Slaughter house as the place of occurrence of the external cause **Y92.89** Other specified places as the place of occurrence of the external cause
E849.9 Accidents occurring in unspecified places	**Y92.9** Unspecified place or not applicable

Appendix J No-Fault Excluded Diagnosis Codes

Table J-1: No-Fault Excluded Diagnosis Codes

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
244.0 Postsurgical hypothyroidism	E89.0 Postprocedural hypothyroidism
244.1 Other postablative hypothyroidism	E89.0 Postprocedural hypothyroidism
244.2 Iodine hypothyroidism	E03.2 Hypothyroidism due to medicaments and other exogenous substances
244.3 Other iatrogenic hypothyroidism	E03.2 Hypothyroidism due to medicaments and other exogenous substances
244.8 Other specified acquired hypothyroidism	E01.8 Other iodine-deficiency related thyroid disorders and allied conditions E02 Subclinical iodine-deficiency hypothyroidism E03.3 Postinfectious hypothyroidism E03.8 Other specified hypothyroidism
244.9 Unspecified acquired hypothyroidism	E03.9 Hypothyroidism, unspecified
250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	E11.9 Type 2 diabetes mellitus without complications E13.9 Other specified diabetes mellitus without complications
250.01 Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	E10.9 Type 1 diabetes mellitus without complications
250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	E11.65 Type 2 diabetes mellitus with hyperglycemia
250.03 Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	E10.65 Type 1 diabetes mellitus with hyperglycemia
250.10 Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	E13.10 Other specified diabetes mellitus with ketoacidosis without coma
250.11 Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	E10.10 Type 1 diabetes mellitus with ketoacidosis without coma

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.12 Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	Cluster 250.22 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.69 Type 2 diabetes mellitus with other specified complication** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.13 Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	Cluster 250.13 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.10 Type 1 diabetes mellitus with ketoacidosis without coma** **E10.65 Type 1 diabetes mellitus with hyperglyce**mia
250.20 Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma E13.00 Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) E13.01 Other specified diabetes mellitus with hyperosmolarity with coma
250.21 Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	E10.69 Type 1 diabetes mellitus with other specified complication
250.22 Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	Cluster 250.22 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)** **E11.65 Type 2 diabetes mellitus with hyperglycemia**

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.23 Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	Cluster 250.23 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.69 Type 1 diabetes mellitus with other specified complication** **E10.65 Type 1 diabetes mellitus with hyperglycemia**
250.30 Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	E11.641 Type 2 diabetes mellitus with hypoglycemia with coma E13.11 Other specified diabetes mellitus with ketoacidosis with coma E13.641 Other specified diabetes mellitus with hypoglycemia with coma
250.31 Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	E10.11 Type 1 diabetes mellitus with ketoacidosis with coma E10.641 Type 1 diabetes mellitus with hypoglycemia with coma
250.32 Diabetes with other coma, type II or unspecified type, uncontrolled	Cluster 250.32 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.33 Diabetes with other coma, type II or unspecified type, uncontrolled	Cluster 250.33 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.11 Type 1 diabetes mellitus with ketoacidosis with coma** **E10.65 Type 1 diabetes mellitus with hyperglycemia**

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	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 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
250.41 Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	E10.21 Type 1 diabetes mellitus with diabetic nephropathy E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease E10.29 Type 1 diabetes mellitus with other diabetic kidney complication
250.42 Diabetes with renal manifestations, type II or unspecified type, uncontrolled	Cluster 250.42 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.21 Type 2 diabetes mellitus with diabetic nephropathy** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.43 Diabetes with renal manifestations, type I [juvenile type], uncontrolled	Cluster 250.43 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.21 Type 1 diabetes mellitus with diabetic nephropathy** **E10.65 Type 1 diabetes mellitus with hyperglycemia**

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.50 Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	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 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

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.50 (Continued)	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
250.51 Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	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

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.52 Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	Cluster 250.52 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **One of:** **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** **E11.36 Type 2 diabetes mellitus with diabetic cataract** **E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication** **With this code:** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.53 Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	Cluster 250.53 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **One of:** **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** **E10.36 Type 1 diabetes mellitus with diabetic cataract** **E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication** **With this code:** **E10.65 Type 1 diabetes mellitus with hyperglycemia**

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	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 E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy E13.40 Other specified diabetes mellitus with diabetic neuropathy, unspecified E13.41 Other specified diabetes mellitus with diabetic mononeuropathy E13.42 Other specified diabetes mellitus with diabetic polyneuropathy E13.43 Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy E13.44 Other specified diabetes mellitus with diabetic amyotrophy E13.49 Other specified diabetes mellitus with other diabetic neurological complication E13.610 Other specified diabetes mellitus with diabetic neuropathic arthropathy
250.61 Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	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 E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.62 Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	Cluster 250.62 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.63 Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	Cluster 250.63 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified** **E10.65 Type 1 diabetes mellitus with hyperglycemia**
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	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 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
250.71 Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	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

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.72 Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	Cluster 250.72 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.73 Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	Cluster 250.73 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene** **E10.65 Type 1 diabetes mellitus with hyperglycemia**

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.80 Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E11.618 Type 2 diabetes mellitus with other diabetic arthropathy E11.620 Type 2 diabetes mellitus with diabetic dermatitis E11.621 Type 2 diabetes mellitus with foot ulcer E11.622 Type 2 diabetes mellitus with other skin ulcer E11.628 Type 2 diabetes mellitus with other skin complications E11.630 Type 2 diabetes mellitus with periodontal disease E11.638 Type 2 diabetes mellitus with other oral complications E11.649 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 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 E13.649 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

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.81 Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	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 E10.649 Type 1 diabetes mellitus with hypoglycemia without coma E10.65 Type 1 diabetes mellitus with hyperglycemia E10.69 Type 1 diabetes mellitus with other specified complication
250.82 Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	Cluster 250.82 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.69 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.83 Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	Cluster 250.83 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.69 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene** **E10.65 Type 1 diabetes mellitus with hyperglycemia**
250.90 Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	E11.8 Type 2 diabetes mellitus with unspecified complications E13.8 Other specified diabetes mellitus with unspecified complications
250.91 Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	E10.8 Type 1 diabetes mellitus with unspecified complications

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
250.92 Diabetes with unspecified complication, type II or unspecified type, uncontrolled	Cluster 250.92 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E11.8 Type 2 diabetes mellitus with unspecified complications** **E11.65 Type 2 diabetes mellitus with hyperglycemia**
250.93 Diabetes with unspecified complication, type I [juvenile type], uncontrolled	Cluster 250.93 **All codes in a cluster are required for an equivalent, correctly coded translation. It may be necessary to preserve the translation as a unit, depending on the context and use of the code being translated.** **Cluster Definition** **E10.8 Type 1 diabetes mellitus with unspecified complications** **E10.65 Type 1 diabetes mellitus with hyperglycemia**
272.0 Pure hypercholesterolemia	E78.0 Pure hypercholesterolemia
272.1 Pure hyperglyceridemia	E78.1 Pure hyperglyceridemia
272.2 Mixed hyperlipidemia	E78.2 Mixed hyperlipidemia
272.3 Hyperchylomicronemia	E78.3 Hyperchylomicronemia
272.4 Other and unspecified hyperlipidemia	E78.4 Other hyperlipidemia E78.5 Hyperlipidemia, unspecified
272.5 Lipoprotein deficiencies	E78.6 Lipoprotein deficiency
272.6 Lipodystrophy	E88.1 Lipodystrophy, not elsewhere classified

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
272.7 Lipidoses	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 Niemann-Pick disease, 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
272.8 Other disorders of lipoid metabolism	E71.30 Disorder of fatty-acid metabolism, unspecified E75.5 Other lipid storage disorders E78.79 Other disorders of bile acid and cholesterol metabolism E78.81 Lipoid dermatoarthritis E78.89 Other lipoprotein metabolism disorders E88.2 Lipomatosis, not elsewhere classified E88.89 Other specified metabolic disorders
272.9 Unspecified disorder of lipoid metabolism	E75.6 Lipid storage disorder, unspecified E78.70 Disorder of bile acid and cholesterol metabolism, unspecified E78.9 Disorder of lipoprotein metabolism, unspecified
285.0 Sideroblastic anemia	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
285.1 Acute posthemorrhagic anemia	D62 Acute posthemorrhagic anemia
285.21 Anemia in chronic kidney disease	D63.1 Anemia in chronic kidney disease
285.22 Anemia in neoplastic disease	D63.0 Anemia in neoplastic disease
285.29 Anemia of other chronic disease	D63.8 Anemia in other chronic diseases classified elsewhere

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
285.3 Antineoplastic chemotherapy induced anemia	D64.81 Anemia due to antineoplastic chemotherapy
285.8 Other specified anemias	D64.4 Congenital dyserythropoietic anemia D64.89 Other specified anemias
285.9 Anemia, unspecified	D64.9 Anemia, unspecified
300.00 Anxiety state, unspecified	F41.9 Anxiety disorder, unspecified
300.01 Panic disorder without agoraphobia	F41.0 Panic disorder [episodic paroxysmal anxiety] without agoraphobia
300.02 Generalized anxiety disorder	F41.1 Generalized anxiety disorder
300.09 Other anxiety states	F41.3 Other mixed anxiety disorders F41.8 Other specified anxiety disorders
300.10 Hysteria, unspecified	F44.9 Dissociative and conversion disorder, unspecified
300.11 Conversion disorder	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
300.12 Dissociative amnesia	F44.0 Dissociative amnesia
300.13 Dissociative fugue	F44.1 Dissociative fugue
300.14 Dissociative identity disorder	F44.81 Dissociative identity disorder
300.15 Dissociative disorder or reaction, unspecified	F44.9 Dissociative and conversion disorder, unspecified
300.16 Factitious disorder with predominantly psychological signs and symptoms	F44.89 Other dissociative and conversion disorders F68.11 Factitious disorder with predominantly psychological signs and symptoms F68.13 Factitious disorder with combined psychological and physical signs and symptoms
300.19 Other and unspecified factitious illness	F44.2 Dissociative stupor F68.8 Other specified disorders of adult personality and behavior
300.20 Phobia, unspecified	F40.9 Phobic anxiety disorder, unspecified
300.21 Agoraphobia with panic disorder	F40.01 Agoraphobia with panic disorder
300.22 Agoraphobia without mention of panic attacks	F40.00 Agoraphobia, unspecified F40.02 Agoraphobia without panic disorder

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
300.23 Social phobia	F40.10 Social phobia, unspecified F40.11 Social phobia, generalized
300.29 Other isolated or specific phobias	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
300.3 Obsessive-compulsive disorders	F42 Obsessive-compulsive disorder
300.4 Dysthymic disorder	F34.1 Dysthymic disorder
300.5 Neurasthenia	F48.8 Other specified nonpsychotic mental disorders
300.6 Depersonalization disorder	F48.1 Depersonalization-derealization syndrome
300.7 Hypochondriasis	F45.20 Hypochondriacal disorder, unspecified F45.21 Hypochondriasis F45.22 Body dysmorphic disorder F45.29 Other hypochondriacal disorders
300.81 Somatization disorder	F45.0 Somatization disorder
300.82 Undifferentiated somatoform disorder	F45.1 Undifferentiated somatoform disorder F45.9 Somatoform disorder, unspecified
300.89 Other somatoform disorders	F45.8 Other somatoform disorders F48.8 Other specified nonpsychotic mental disorders

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
300.9 Unspecified nonpsychotic mental disorder	F48.9 Nonpsychotic mental disorder, unspecified F99 Mental disorder, not otherwise specified R45.2 Unhappiness R45.5 Hostility R45.6 Violent behavior
305.1 Tobacco use disorder	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
401.9 Unspecified essential hypertension	I10 Essential (primary) hypertension
403.00 Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
403.01 Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
403.10 Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
403.11 Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
403.90 Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
403.91 Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
414.00 Coronary atherosclerosis of unspecified type of vessel, native or graft	I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
414.01 Coronary atherosclerosis of native coronary artery	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
414.02 Coronary atherosclerosis of autologous vein bypass graft	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
414.03 Coronary atherosclerosis of nonautologous biological bypass graft	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

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
414.04 Coronary atherosclerosis of artery bypass graft	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 I25.790 Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris I25.791 Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm I25.798 Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris I25.799 Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
414.05 Coronary atherosclerosis of unspecified bypass graft	I25.700 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris I25.701 Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm I25.708 Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris I25.709 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris I25.790 Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris I25.791 Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm I25.798 Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris I25.799 Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris I25.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
414.06 Coronary atherosclerosis of native coronary artery of transplanted heart	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 I25.811 Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
414.07 Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart	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 I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
414.10 Aneurysm of heart (wall)	I25.3 Aneurysm of heart
414.11 Aneurysm of coronary vessels	I25.41 Coronary artery aneurysm
414.12 Dissection of coronary artery	I25.42 Coronary artery dissection
414.19 Other aneurysm of heart	I25.3 Aneurysm of heart
414.2 Chronic total occlusion of coronary artery	I25.82 Chronic total occlusion of coronary artery
414.3 Coronary atherosclerosis due to lipid rich plaque	I25.83 Coronary atherosclerosis due to lipid rich plaque
414.4 Coronary atherosclerosis due to calcified coronary lesion	I25.84 Coronary atherosclerosis due to calcified coronary lesion
414.8 Other specified forms of chronic ischemic heart disease	I25.5 Ischemic cardiomyopathy I25.6 Silent myocardial ischemia I25.89 Other forms of chronic ischemic heart disease I25.9 Chronic ischemic heart disease, unspecified
414.9 Chronic ischemic heart disease, unspecified	I25.9 Chronic ischemic heart disease, unspecified

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
427.31 Atrial fibrillation	I48.0 Paroxysmal atrial fibrillation I48.2 Chronic atrial fibrillation I48.91 Unspecified atrial fibrillation
427.32 Atrial flutter	I48.1 Persistent atrial fibrillation I48.3 Typical atrial flutter I48.4 Atypical atrial flutter I48.92 Unspecified atrial flutter
486 Pneumonia, organism unspecified	J18.8 Other pneumonia, unspecified organism J18.9 Pneumonia, unspecified organism
530.81 Esophageal reflux	K21.9 Gastro-esophageal reflux disease without esophagitis
530.82 Esophageal hemorrhage	K22.8 Other specified diseases of esophagus
530.83 Esophageal leukoplakia	K22.8 Other specified diseases of esophagus
530.84 Tracheoesophageal fistula	J86.0 Pyothorax with fistula
530.85 Barrett's esophagus	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
530.86 Infection of esophagostomy	K94.32 Esophagostomy infection
530.87 Mechanical complication of esophagostomy	K94.30 Esophagostomy complications, unspecified K94.31 Esophagostomy hemorrhage K94.33 Esophagostomy malfunction K94.39 Other complications of esophagostomy
530.89 Other specified disorders of esophagus	K22.8 Other specified diseases of esophagus K23 Disorders of esophagus in diseases classified elsewhere
584.5 Acute kidney failure with lesion of tubular necrosis	N17.0 Acute kidney failure with tubular necrosis
584.6 Acute kidney failure with lesion of renal cortical necrosis	N17.1 Acute kidney failure with acute cortical necrosis
584.7 Acute kidney failure with lesion of renal medullary [papillary] necrosis	N17.2 Acute kidney failure with medullary necrosis
584.8 Acute kidney failure with other specified pathological lesion in kidney	N17.8 Other acute kidney failure
584.9 Acute kidney failure, unspecified	N17.9 Acute kidney failure, unspecified

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
585.1 Chronic kidney disease, Stage I	N18.1 Chronic kidney disease, stage 1
585.2 Chronic kidney disease, Stage II (mild)	N18.2 Chronic kidney disease, stage 2 (mild)
585.3 Chronic kidney disease, Stage III (moderate)	N18.3 Chronic kidney disease, stage 3 (moderate)
585.4 Chronic kidney disease, Stage IV (severe)	N18.4 Chronic kidney disease, stage 4 (severe)
585.5 Chronic kidney disease, Stage V	N18.5 Chronic kidney disease, stage 5
585.6 End stage renal disease	N18.6 End stage renal disease
585.9 Chronic kidney disease, unspecified	N18.9 Chronic kidney disease, unspecified
599.0 Urinary tract infection, site not specified	N39.0 Urinary tract infection, site not specified
599.1 Urinary tract infection, site not specified	N36.0 Urethral fistula
599.2 Urethral diverticulum	N36.1 Urethral diverticulum
599.3 Urethral caruncle	N36.2 Urethral caruncle
599.4 Urethral false passage	N36.5 Urethral false passage
599.5 Prolapsed urethral mucosa	N36.8 Other specified disorders of urethra
599.60 Urinary obstruction, unspecified	N13.9 Obstructive and reflux uropathy, unspecified
599.69 Urinary obstruction, not elsewhere classified	N13.9 Obstructive and reflux uropathy, unspecified
599.70 Hematuria, unspecified	R31.9 Hematuria, unspecified
599.71 Gross hematuria	R31.0 Gross hematuria
599.72 Microscopic hematuria	R31.1 Benign essential microscopic hematuria R31.2 Other microscopic hematuria
599.81 Urethral hypermobility	N36.41 Hypermobility of urethra N36.43 Combined hypermobility of urethra and intrinsic sphincter deficiency
599.82 Intrinsic (urethral) sphincter deficiency [ISD]	N36.42 Intrinsic sphincter deficiency (ISD) N36.43 Combined hypermobility of urethra and intrinsic sphincter deficiency
599.83 Urethral instability	N36.8 Other specified disorders of urethra
599.84 Other specified disorders of urethra	N36.8 Other specified disorders of urethra
599.89 Other specified disorders of urinary tract	N39.8 Other specified disorders of urinary system
599.9 Unspecified disorder of urethra and urinary tract	N36.9 Urethral disorder, unspecified N39.9 Disorder of urinary system, unspecified

Excluded ICD-9 No-Fault Diagnosis Codes	Corresponding Excluded ICD-10 No Fault Diagnosis Codes
784.0 Headache	G44.1 Vascular headache, not elsewhere classified R51 Headache
799.9 Other unknown and unspecified cause of morbidity and mortality	R69 Illness, unspecified. R99 Ill-defined and unknown cause of mortality

Appendix K Acronyms

The following table contains a list of acronyms related to Section 111 GHP and Non-GHP (Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation) reporting.

Table K-1: Acronyms

Acronym	Description
ANSI	American National Standards Institute
ASCII	American Standard Code for Information Interchange
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits Program
COBA	Coordination of Benefits Agreement
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985
COBSW	COB Secure Web site
CWF	Common Working File
DBA	Doing Business As…
DCN	Document Control Number
DDE	Direct Data Entry
DES	Data Encryption Standard
DOB	Date of Birth
DOI	Date of Incident
E02	COBA Drug Coverage Eligibility
EBCDIC	Extended Binary Coded Decimal Interchange Code
EDI Rep	Electronic Data Interchange Representative
EGHP	Employer Group Health Plan
EIN (FEIN)	Employer Identification Number (Federal EIN)
ESRD	End Stage Renal Disease
FSA	Flexible Spending Account
GHP	Group Health Plan

Acronym	Description
HEW	HIPAA Eligibility Wrapper Software
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HICN	Health Insurance Claim Number
HRA	Health Reimbursement Arrangement
HSA	Health Savings Account
HTTPS	Hypertext Transfer Protocol over Secure Socket Layer
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
IACS UID	Individuals Authorized Access to CMS Computer Services User Identification Number
IRS	Internal Revenue Service
LGHPs	Large Group Health Plans
MBD	Medicare Beneficiary Database
MMSEA	Medicare, Medicaid and SCHIP Extension Act of 2007
MSP	Medicare Secondary Payer
NAIC	National Association of Insurance Commissioners
NDM	Network Data Mover (now known as Connect:Direct)
NCPDP	National Council For Prescription Drug Programs
NGHP	Non Group Health Plan or Liability Insurance (including Self Insurance), No-Fault Insurance and Workers' Compensation
Non-MSP	Non Medicare Secondary Payer
ORM	Ongoing Responsibility for Medicals
PIN	Personal Identification Number
PRA	Paperwork Reduction Act
RDS	Retiree Drug Subsidy
RRE ID	Responsible Reporting Entity Identification Number or Section 111 Reporter ID
RREs	Responsible Reporting Entities
Rx BIN	Prescription Benefit Identification Number
Rx PCN	Prescription Processor Control Number
SCHIP	State Children's Health Insurance Program

Acronym	Description
SEE	Small Employer Exception
SFTP	Secure File Transfer Protocol
SNA	Systems Network Architecture
SSH	Secure Shell
SSN	Social Security Number
TCP/IP	Transmission Control Protocol/Internet Protocol (Internet Protocol Suite)
TIN	Tax Identification Number
TPA	Third Party Administrator
TPOC	Total Payment Obligation to Claimant
TrOOP	True Out of Pocket
TrOOP Rx BIN/Rx PCN	TrOOP specific drug payment codes
URL	Uniform Resource Locator (Web site address)
VAN	Value Added Network
VDEA	Voluntary Data Exchange Agreement
VDSA	Voluntary Data Sharing Agreement
VTAM	Virtual Telecommunications Access Method

Appendix L Alerts

Recent Alerts related to Non-GHP (Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation) Section 111 reporting are posted on, and may be downloaded from, the Section 111 web site: http://go.cms.gov/mirnghp. To view older Alerts, click on the **Archive** link on the left-hand side of the page or http://go.cms.gov/MIRNGHPArchive.

Appendix M Previous Version Changes

Version 4.5

Chapter III

RREs generally are not required to report liability insurance (including self-insurance) or no-fault insurance settlements, judgments, awards or other payments where the date of incident (DOI) as defined by CMS was prior to December 5, 1980.

For this release, new policy language was added to the following document: "Liability Insurance (Including Self-Insurance): Exposure, Ingestion, and Implantation Issues and December 5, 1980." (Section6.5)

- Any operative amended complaint (or comparable supplemental pleading) must occur prior to the date of settlement, judgment, award, or other payment and must not have the effect of improperly shifting the burden to Medicare by amending the prior complaint(s) to remove any claim for medical damages, care, items and/or services, etc.
- Where a complaint is amended by Court Order and that Order limits Medicare's recovery claim based on the criteria contained in this alert, CMS will defer to the Order. CMS will not defer to Orders that contradict governing MSP policy, law, or regulation.

Version 4.4

Chapters III & IV

As of January 1, 2015, a new lower limit threshold of $1,000 is being implemented for TPOC liability reporting. This threshold was previously $300. Claim reports with no ongoing responsibility for medicals (ORM) and a cumulative TPOC amount less than or equal to $1,000 will now reject with the CJ07 error if the most recent TPOC date is on or after October 1, 2014. See Section 6.4

Chapters I, II, IV and V

The Strengthening Medicare and Repaying Taxpayers (SMART) Act of 2011 requires, among other things, that the Centers for Medicare & Medicaid Services (CMS) discontinue required collection of a nine-digit Social Security Number (SSN) in lieu of a Health Insurance Claim Number (HICN) in the Section 111 Medicare, Medicaid and SCHIP Extension Act (MMSEA) reporting process. When the HICN is not available, Responsible Reporting Entities (RREs) can now submit records using either the last 5 digits or the full 9 digits of the SSN. The following updates were made in accordance with the reporting option changes:

- RREs will be able to submit the last 5 digits of the SSN on the NGHP claim and query input files (with four leading spaces preceding the partial 5-digit SSN) in the SSN field.
- RREs using Direct Data Entry (DDE) will be able to submit the last 5 digits of the SSN (without leading spaces).

Chapter V

- Disposition Code DP (duplicate) has been added to the Response File Disposition Codes table (see Table F-1).
- Disposition Code 51 has been updated (see Table F-1).

- Error Code CB05 has been removed from the Claim Response File Error Code Resolution Table.
- The beneficiary matching logic has been changed. First, an exact match on the HICN or SSN entered (either the last 5 digits or full 9 digits) must be found. Then, at least three of the four remaining data elements (listed below) must be exactly matched to the individual:
  - First initial of the first name
  - First six characters of the last name
  - Date of Birth (DOB)
  - Gender
- Updated Table B-2 (Fields 3 and 4) and Table F-4 (Error Code TN99) with the appropriate field number references for the TIN and Office Code/Site ID.
- With the lastest updates to Disposition Code 51, the following statement from Table C-2 (fields 16, 18, 19, 20, 21 and 22): "If supplied on the input record and no beneficiary match is found, the value as supplied on the input will be returned" has been removed.

Version 4.3

The following updates were made for this release:

- 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.

The following updates were made to Chapter IV for this release:

- The chapter now reflects the delay of ICD-10 diagnosis code implementation from October 2014 to 2015 (see Section 6.2.5).
- When the ICD-10 diagnosis codes are implemented, RREs will not be allowed to report ICD-10 "Z" codes. These are now excluded from Section 111 claim reports (see Section 6.2.5.1).

- Two threshold errors for the Claim Input File were implemented in July 2011. These errors are related to the dollar values reported for both the cumulative TPOC amounts and the No-Fault Insurance Limit (see Section 7.3.2).

  Before, the Claim Input File would allow TPOC amounts up to $999,999,999.99, but this was considered unlikely. Now, a TPOC amount or No-Fault Insurance Limit greater than 100 million triggers errors, save for one exception: The No-Fault Insurance Limit field (Field 81) will still accept all “9s” as a default value.

The following updates were made to Chapter V for this release:

- Missing excluded no-fault ICD-10 codes were added to Appendix J (E13.341 to E13.39).
- This chapter now reflects the delay of ICD-10 diagnosis code implementation from October 2014 to 2015 (Table A-3 and Table F-2).
- For ICD-10 changes, field numbering and layout discrepancies were corrected in Table A-2 (Claim Input File Supplementary Information).
- When the ICD-10 diagnosis codes are implemented, RREs will not be allowed to report ICD-10 “Z” codes. These are now excluded from Section 111 claim reports (Table F-4).
- Appendix L (Alerts) has been updated to remove the alerts table and replace it with links to the Section 111 web site, which posts all recent alerts and stores all archived alerts.
- Updated CS field error codes (CS01 to CS07) in Table F-4 (Claim Response File Error Code Resolution Table) to accommodate ICD-10 revisions (Table F-4).

Version 4.2

For Chapters III & IV, the following changes were made:

For liability insurance (including self-insurance) claim TPOC reporting, if the most recent TPOC Date on the claim report is on or after 10/1/2014, RREs must report the liability insurance (including self-insurance) claim if the cumulative TPOC amount exceeds $1000. This used to be $300. There are no changes to the lower limit on TPOC reporting so liability insurance (including self-insurance) claim reports with a cumulative TPOC amount less than $300 will still reject with the CJ07 error.

Version 4.1

Certain codes are not valid for No-Fault insurance types (Plan Insurance Type is “D” in field 51), because they are not related to the accident, and may result in inappropriately denied claims (Section 6.2.5). See Appendix J for a list of these codes.

Version 4.0

Beginning October 1, 2014, CMS will adopt the International Classification of Diseases, Tenth Revision, Clinical Modification (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 Section 111 reporting. In general, RREs will be required to submit ICD-10-CM diagnosis codes on claim reports with a CMS Date of Incident (DOI) on or after April 1, 2015. The basic modifications are as follows:

- Certain “Reserved for Future Use” (filler) fields on the Claim Input File Detail Record have been utilized to accommodate the reporting requirements for ICD-10-CM. Field numbering has been adjusted to accommodate the newly defined fields.
- A new ICD Indicator field has been added. It has replaced Field 18 (Reserved for Future Use) in the record layout. This field is a one character code that indicates whether the submitted diagnosis codes are all ICD-9-CM or all ICD-10-CM. It will be entered in position 168 on the Claim Input File Detail Record. A value of a space or a ‘9’ will indicate that the submitted diagnosis codes are *all* ICD-9-CM diagnosis codes. A value of ‘0’ (zero) will indicate that the submitted diagnosis codes are *all* ICD-10-CM diagnosis codes.
- Each current 5-byte diagnosis code field, including the Alleged Cause of Injury, Incident or Illness has been expanded to 7-bytes by combining the 5-bytes of the ICD-9-CM diagnosis code field with the 2-bytes of filler that follows each of these fields in the record. ICD diagnosis codes will continue to be reported in the same starting position, but the ending position will be increased by 2-bytes.
- These newly expanded diagnosis code fields have been renamed from ‘ICD-9-CM Diagnosis Code’ to ‘ICD Diagnosis Code’
- Positions 159-408 on the Claim Input File Detail Record have been redefined to manage these reporting requirements, in test as of October 1, 2013 and, in production as of October 1, 2014. Beginning in Position 409, the record layout has not changed except the remaining fields have been renumbered consecutively.
- As a result of the re-design of the Medicare and Coordination of Benefits pages on the CMS.gov web site, all outdated hyperlinks have been replaced in this document.
- The definition for Disposition Code 50 has been clarified. RREs should note that they should only expect to receive a very low volume of this disposition code.
- Users no longer need to register for computer based training (CBT). CBTs can be accessed directly from the CMS web site.