



**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 6.3

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Chapter 1: Summary of Version 6.3 Updates

The updates listed below have been made to the Appendices Chapter Version 6.3 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.

- Several Section 111 input record errors that would cause a record to reject will no longer cause the input records to be rejected. RREs, however, will continue to receive the errors on their response files, and they should correct and resubmit on their next quarterly file submission. The errors include: CC05, CC11, CC12, CC13, CC25, CC31, CC32, CC33, CC45, CC51, CC52, CC53, CC65, CC71, CC72, CC73, CI02, CI03, CI25, CP06, CP07, CP08, CP09, CP10, CP13 (new), CR11, CR12, CR13, CR14, CR31, CR32, CR33, CR 34, CR51, CR52, CR53, CR54, CR71, CR72, CR73, CR 74, CR91, CR92, CR93, CR94, and TN30 (Appendix F).
- A new edit has been added and applied to NGHP *Claim Input File Detail Record* files when users submit a no-fault insurance claim where the policy limit is less than \$1000.00. The input files will be accepted but a new CP13 error will be returned on the response files to notify users to confirm the dollar amount submitted. Direct Data Entry (DDE) submitters will see a message on the *Insurance Information* page but will be able to proceed with data entry without correcting (Appendix F).
- Claim Input File Detail Records, and Direct Data Entry (DDE) records, submitted prior to the effective date of the injured party's entitlement to Medicare will be rejected and returned with a Disposition Code '03' instead of an SP31 error.
- A clarification has been added to the *No-Fault Insurance Limit* field (61), and to the CP11 error code, to indicate that you cannot add zeros as valid values if the Plan Insurance Type is "D" (No-Fault Insurance) for MSP submissions (Appendix A, Appendix F).

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 CMS will continue to update and to implement the Section 111 requirements. New versions of the Section 111 User Guide will be issued, when necessary, to document revised requirements and add clarity. At times, certain information will be released in the form of an Alert document. 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 website (<https://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 email 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 email 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 Website (COBSW) at <https://www.cob.cms.hhs.gov/Section111/>.

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 <https://www.cob.cms.hhs.gov/Section111/>. 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

| Data Type | 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 “0000100000.” | 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 | <p>A through Z (all alpha) + 0 through 9 (all numeric) + special characters:</p> <p>Comma (,)</p> <p>Ampersand (&)</p> <p>Space ()</p> <p>Hyphen/Dash (-)</p> <p>Period (.)</p> <p>Single quote (‘)</p> <p>Colon (:)</p> <p>Semicolon (;)</p> <p>Number (#)</p> <p>Forward slash (/)</p> <p>At sign (@)</p> <p>Left justified</p> <p>Non-populated bytes padded with spaces</p> <p>Alphabetic characters sent in lower case will be converted and returned in upper case.</p> <p>Default to all spaces unless otherwise specified in the record layouts.</p> <p>Parentheses () are not accepted.</p> | <p>Text (8): “AB55823D”</p> <p>Text (8): “XX299Y”</p> <p>Text (18): “ADDRESS@DOMAIN.COM”</p> <p>Text (12): “ 800-555-1234”</p> <p>Text (12): “#34 “</p> |
| Alphanumeric Plus Parens | Same as above but including Parentheses () | “Department Name (DN)” |
| Numeric Date | <p>Zero through nine (0—9) formatted as CCYYMMDD. No slashes or hyphens.</p> <p>Default to zeroes unless otherwise specified in the file layouts (no spaces are permitted).</p> | <p>A date of March 25, 2011 would be formatted as “20110325”</p> <p>Open ended date: “00000000”</p> |
| 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: <ul style="list-style-type: none"> Indicate if the reportable event involves "self-insurance" as defined by CMS; and If yes, specific information regarding the self-insured individual or entity |

| Fields | Description | Specific Reporting Instructions |
|--------|--|--|
| 64-76 | Injured Party's Attorney or Other Representative Information | <p>Attorney/Representative information required only if injured party has a representative.</p> <p>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.</p> |
| 84-97 | Claimant Information | <p>These fields are Optional.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> |
| 99-111 | Claimant 1 Attorney/Other Representative Information | <p>These fields are Optional.</p> <p>This section is only to be used if the injured party is deceased and the claimant has representation.</p> <p>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.</p> <p>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.</p> |

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. |
| 4 | Injured Party Medicare ID | 12 | 21 | 32 | Alpha-Numeric | Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) 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 Medicare ID 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 Medicare ID not provided. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|---------------------------|------|------------|----------|---------------|--|
| 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. |
| 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 | <p>Date of Incident (DOI) as defined by CMS:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>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.</p> <p>Format: CCYYMMDD</p> <p>Required.</p> |

| 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 | <p>Date of Incident (DOI) <i>used by the insurance/workers' compensation industry</i>:</p> <p>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.</p> <p>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.</p> <p>Field must contain all zeroes or a valid date prior to or equal to the current BCRC processing date.</p> <p>Format: CCYYMMDD</p> <p>Optional.</p> |
| 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 | <p>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.</p> <p>Optional.</p> <p>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 https://www.cob.cms.hhs.gov/Section111/.</p> <p>See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. In this field only, an ICD-9 code must begin with the letter “E,” and an ICD-10 code must begin with “V,” “W,” “X,” or “Y.” Codes in this field must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I.</p> <p>Special default for liability reporting: If, and only if:</p> <ul style="list-style-type: none"> • 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. <p>If “NOINJ” is submitted in Field 15 then “NOINJ” must be submitted in Field 18.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------|------|------------|----------|---------------|---|
| 16 | State of Venue | 2 | 166 | 167 | Alphabetic | <p>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.</p> <p>See http://www.usps.com</p> <p>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.</p> <p>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.</p> <p>Required.</p> |
| 17 | ICD Indicator | 1 | 168 | 168 | Alpha-Numeric | <p>Code to reflect the type of ICD diagnosis codes submitted on the record.</p> <p>Valid values:</p> <ul style="list-style-type: none"> • "0" – ICD-10-CM diagnosis codes • "9" – ICD-9-CM diagnosis codes • Space – ICD-9-CM diagnosis codes <p>Required.</p> <p>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.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------------|------|------------|----------|---------------|--|
| 18 | ICD Diagnosis Code 1 | 7 | 169 | 175 | Alpha-Numeric | <p>ICD-9-CM/ICD-10-CM Diagnosis Code describing the alleged injury/illness.</p> <p>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 https://www.cob.cms.hhs.gov/Section111/.</p> <p>See the NGHP User Guide Technical Information Chapter (Section 6.2.5) for complete information. ICD-9 codes cannot begin with the letter “E” and cannot begin with the letter “V.” ICD-10 codes cannot begin with the letters “V,” “W,” “X,” or “Y.” Codes used here must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I.</p> <p>Special default for liability reporting: If, and only if:</p> <ul style="list-style-type: none"> • 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. <p>If “NOINJ” is submitted in Field 18 then all remaining ICD Diagnosis Codes 2-19 must be filled with spaces.</p> |
| 19 | ICD Diagnosis Code 2 | 7 | 176 | 182 | Alpha-Numeric | <p>See explanation for Field 18. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 18.</p> <p>Required when multiple body parts are affected.</p> <p>Provide if available/applicable.</p> |
| 20 | ICDDiagnosis Code 3 | 7 | 183 | 189 | Alpha-Numeric | <p>See explanation for Field 18 and 19.</p> <p>Required when 3 or more body parts are affected.</p> <p>Provide if available/applicable.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------|------|------------|----------|---------------|---|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-----------------------------|------|------------|----------|---------------|--|
| 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. |
| 44 | Self Insured Indicator | 1 | 750 | 750 | Alphabetic | <p>Indication of whether the reportable event involves self-insurance <u>as defined by CMS</u>.</p> <p>Valid values: Y = Yes N = No</p> <p>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.</p> <p>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.</p> <p>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.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------|------|------------|----------|---------------|---|
| 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 44) is Y. If the Self Insured Indicator is N or space, must equal space. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------|------|------------|----------|---------------|---|
| 50 | Reserved for Future Use | 20 | 962 | 981 | Alpha-Numeric | Fill with spaces. |
| 51 | Plan Insurance Type | 1 | 982 | 982 | Alphabetic | <p>Type of insurance coverage or line of business provided by the plan policy or self-insurance.</p> <p>Valid values: D = No-Fault E = Workers' Compensation L = Liability</p> <p>Required.</p> <p><i>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.</i></p> <p>"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."</p> |
| 52 | TIN | 9 | 983 | 991 | Numeric | <p>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.</p> <p>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.</p> <p>In the case of a foreign RRE without a valid IRS-assigned TIN, supply the pseudo-TIN created during Section 111 registration.</p> <p>Must have a corresponding entry with associated Office Code/Site ID on the TIN Reference File.</p> <p>Required.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|------------------------------|------|------------|----------|---------------------------|---|
| 53 | Office Code/Site ID | 9 | 992 | 1000 | Alpha-Numeric | <p>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.</p> <p>If only one address will be used per reported TIN, leave blank.</p> <p>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.</p> <p>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</p> <p>Optional.</p> |
| 54 | Policy Number | 30 | 1001 | 1030 | Alpha-Numeric Plus Parens | <p>The unique identifier for the policy under which the underlying claim was filed.</p> <p>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.</p> <p>Required.</p> <p>If multiple RREs are submitting claims under the same policy number, enter this number consistently and in the same format.</p> <p>While not required when the insurance type is self-insurance, if this number is available, please provide it on all new "add" records.</p> |
| 55 | Claim Number | 30 | 1031 | 1060 | Alpha-Numeric Plus Parens | <p>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.</p> <p>Required.</p> |
| 56 | Plan Contact Department Name | 70 | 1061 | 1130 | Alpha-Numeric Plus Parens | <p>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.</p> <p>Optional.</p> |

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

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|---|
| 61 | No-Fault Insurance Limit | 11 | 1216 | 1226 | Numeric | <p>Dollar amount of limit on no-fault insurance. (Note: This amount represents a combined total of Med-Pay and PIP.)</p> <p>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.</p> <p>Note: the last two positions reflect cents. For example, an amount of 500 dollars and no cents must be submitted as “00000050000,”</p> <p>Field may not be blank (all spaces). Must contain a valid numeric amount, all zeroes or all 9s as specified below.</p> <p>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. All zeroes is not a valid value if the Plan Insurance Type is D.</p> <p>If Plan Insurance Type (Field 51) is E (Workers’ Compensation) or L (Liability Insurance), must be filled with all zeroes.</p> |
| 62 | Exhaust Date for Dollar Limit for No-Fault Insurance | 8 | 1227 | 1234 | Numeric Date | <p>Date on which limit was reached or benefits exhausted for No-Fault Insurance Limit (Field 61).</p> <p>Format: CCYYMMDD</p> <p>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).</p> <p>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).</p> <p>If Plan Insurance Type (Field 51) is E (Workers’ Compensation) or L (Liability Insurance), must be filled with all zeroes.</p> |
| 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 | <p>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).</p> <p>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.</p> <p>Optional.</p> |
| 69 | Representative Mailing Address Line 1 | 50 | 1405 | 1454 | Alpha-Numeric | <p>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.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>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."</p> |
| 70 | Representative Mailing Address Line 2 | 50 | 1455 | 1504 | Alpha-Numeric | <p>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.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>Must be blank if Injured Party Representative Indicator (Field 64) is blank.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|------------------------------|------|------------|----------|---------------|---|
| 71 | Representative City | 30 | 1505 | 1534 | Alpha-Numeric | <p>Mailing address city for the representative named above.</p> <p>Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed.</p> <p>If no US address is available, fill with spaces and supply “FC” in the corresponding State Code.</p> <p>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.”</p> |
| 72 | Representative State | 2 | 1535 | 1536 | Alphabetic | <p>US Postal abbreviation State Code for the representative named above.</p> <p>See http://www.usps.com</p> <p>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.</p> <p>Required if Injured Party has a representative. Must be blank if Injured Party Representative Indicator (Field 64) is blank.</p> |
| 73 | Representative Mail Zip Code | 5 | 1537 | 1541 | Alpha-Numeric | <p>5-digit Zip Code for the representative named above.</p> <p>If no US address is available, fill with zeroes and supply “FC” in the corresponding State Code.</p> <p>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.”</p> |
| 74 | Representative Mail Zip+4 | 4 | 1542 | 1545 | Alpha-Numeric | <p>4-digit Zip+4 Code for the representative named above.</p> <p>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.”</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--------------------------------|------|------------|----------|---------------|---|
| 75 | Representative Phone | 10 | 1546 | 1555 | Alpha-Numeric | <p>Telephone number of the representative named above.</p> <p>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).</p> <p>If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code.</p> <p>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."</p> |
| 76 | Representative Phone Extension | 5 | 1556 | 1560 | Alpha-Numeric | <p>Telephone extension number of representative named above.</p> <p>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."</p> |
| 77 | Reserved for Future Use | 20 | 1561 | 1580 | Alpha-Numeric | Fill with spaces. |
| 78 | ORM Indicator | 1 | 1581 | 1581 | Alphabetic | <p>Indication of whether there is on-going responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals.</p> <p>Valid values: Y – Yes N – No</p> <p>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.</p> <p>Required.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------------|------|------------|----------|--------------|---|
| 79 | ORM Termination Date | 8 | 1582 | 1589 | Numeric Date | <p>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.</p> <p>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.</p> <p>Future dates are accepted but cannot exceed more than 75 years from the current date.</p> <p>When an ORM termination date is submitted, the ORM indicator in Field 78 must remain as "Y."</p> <p>Format: CCYYMMDD</p> <p>Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------|------|------------|----------|--------------|---|
| 80 | TPOC Date 1 | 8 | 1590 | 1597 | Numeric Date | <p>Date of associated Total Payment Obligation to the Claimant (TPOC) without regard to <u>ongoing</u> 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.</p> <p>Format: CCYYMMDD</p> <p>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.</p> <p>Required for all other claim reports.</p> <p>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.</p> <p>Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|--------------|--|
| 81 | TPOC Amount 1 | 11 | 1598 | 1608 | Numeric | <p>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 “0000100000.” Specify dollars and cents with implied decimal. No formatting (no \$, .) For example, an amount of \$20,500.55 should be coded as 00002050055.</p> <p>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.</p> |
| 82 | Funding Delayed Beyond TPOC Start Date 1 | 8 | 1609 | 1616 | Numeric Date | <p>If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination.</p> <p>Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1 - “Timeliness” of reporting).</p> <p>Format: CCYYMMDD</p> <p>Fill with all zeroes if not applicable.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------|------|------------|----------|---------------|--|
| 83 | Reserved for Future Use | 20 | 1617 | 1636 | Alpha-Numeric | Fill with spaces. |
| 84 | Claimant 1 Relationship | 1 | 1637 | 1637 | Alphabetic | <p>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").</p> <p>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)</p> <p>This section is only to be used if the injured party is deceased. Optional.</p> |
| 85 | Claimant 1 TIN | 9 | 1638 | 1646 | Alpha-Numeric | <p>Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1.</p> <p>May contain only spaces or numbers. Must not match other claimant(s) listed on the Auxiliary Record.</p> <p>If Claimant 1 Relationship (Field 84) is equal to a space, must contain all zeroes or all spaces. Optional.</p> |
| 86 | Claimant 1 Last Name | 40 | 1647 | 1686 | Alphabetic | <p>Surname of Claimant 1.</p> <p>Embedded hyphens (dashes), apostrophes and spaces accepted.</p> <p>If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces. Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------------------|------|------------|----------|---------------|--|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-----------------------------------|------|------------|----------|---------------|---|
| 91 | Claimant 1 Mailing Address Line 2 | 50 | 1768 | 1817 | Alpha-Numeric | <p>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.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If supplied, must contain at least 2 alphanumeric characters.</p> <p>If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |
| 92 | Claimant 1 City | 30 | 1818 | 1847 | Alpha-Numeric | <p>Mailing address city for the claimant named above.</p> <p>Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces.</p> <p>Optional.</p> |
| 93 | Claimant 1 State | 2 | 1848 | 1849 | Alphabetic | <p>US Postal abbreviation State Code for the claimant named above.</p> <p>See http://www.usps.com</p> <p>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.</p> <p>If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |
| 94 | Claimant 1 Zip | 5 | 1850 | 1854 | Alpha-Numeric | <p>5-digit Zip Code for the claimant named above.</p> <p>If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code.</p> <p>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.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------------------|------|------------|----------|---------------|---|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|---|
| 99 | Claimant 1 (C1) Representative Indicator | 1 | 1894 | 1894 | Alphabetic | <p>Code indicating the type of Attorney/Other Representative information provided for Claimant 1.</p> <p>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).</p> <p>If a value is submitted in this field, data must be supplied in Fields 100-111.</p> <p>If Claimant 1 has more than one representative, provide information for their attorney if available.</p> <p>Optional.</p> |
| 100 | C1 Representative Last Name | 40 | 1895 | 1934 | Alphabetic | <p>Surname of C1 representative.</p> <p>Embedded hyphens (dashes), apostrophes and spaces accepted.</p> <p>If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.</p> |
| 101 | C1 Representative First Name | 30 | 1935 | 1964 | Alphabetic | <p>Given or first name of C1 representative.</p> <p>May only contain letters and spaces.</p> <p>If supplied, must contain at least 2 characters and first character must be alphabetic.</p> <p>If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |
| 102 | C1 Representative Firm Name | 70 | 1965 | 2034 | Alpha-Numeric | <p>C1 Representative's firm name.</p> <p>If supplied, must contain at least 2 alphanumeric characters.</p> <p>If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------------------|------|------------|----------|---------------|---|
| 103 | C1 Representative TIN | 9 | 2035 | 2043 | Alpha-Numeric | <p>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).</p> <p>May contain only spaces or numbers. If no C1 Representative TIN is available, fill with spaces or all zeroes.</p> <p>If supplied, cannot = TIN (field 52).</p> <p>If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces or all zeroes.</p> <p>Optional.</p> |
| 104 | C1 Representative Mailing Address 1 | 50 | 2044 | 2093 | Alpha-Numeric | <p>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.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = "FC," must contain all spaces.</p> <p>Optional.</p> |
| 105 | C1 Representative Mailing Address 2 | 50 | 2094 | 2143 | Alpha-Numeric | <p>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.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If supplied, must contain at least 2 alphanumeric characters.</p> <p>If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--------------------------------|------|------------|----------|---------------|---|
| 106 | C1 Representative Mailing City | 30 | 2144 | 2173 | Alpha-Numeric | <p>Mailing address city for the C1 representative named above.</p> <p>Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed.</p> <p>If no US address is available, fill with spaces and supply “FC” in the corresponding State Code.</p> <p>If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = “FC,” must contain all spaces.</p> <p>Optional.</p> |
| 107 | C1 Representative State | 2 | 2174 | 2175 | Alphabetic | <p>US Postal abbreviation State Code for the C1 representative named above.</p> <p>See http://www.usps.com</p> <p>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.</p> <p>If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |
| 108 | C1 Representative Zip | 5 | 2176 | 2180 | Alpha-Numeric | <p>5-digit Zip Code for the C1 representative named above.</p> <p>If no US address is available, fill with zeroes and supply “FC” in the corresponding State Code.</p> <p>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.</p> <p>Optional.</p> |
| 109 | C1 Representative Zip+4 | 4 | 2181 | 2184 | Alpha-Numeric | <p>4-digit Zip+4 Code for the C1 representative named above.</p> <p>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.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-----------------------------------|------|------------|----------|---------------|---|
| 110 | C1 Representative Phone | 10 | 2185 | 2194 | Alpha-Numeric | <p>Telephone number of the C1 representative named above.</p> <p>Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333).</p> <p>If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code.</p> <p>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.</p> <p>Optional.</p> |
| 111 | C1 Representative Phone Extension | 5 | 2195 | 2199 | Alpha-Numeric | <p>Telephone extension number of the C1 representative named above.</p> <p>Fill with all spaces if unknown or not applicable. If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |
| 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 the following 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 | <p>These fields are Optional.</p> <p>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.</p> <p>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.</p> |
| 22-35 | Claimant 2 Attorney/Other Representative Information | <p>These fields are Optional.</p> <p>This section is only required if Claimant 2 has a representative.</p> <p>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.</p> <p>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.</p> |
| 36-50 | Claimant 3 Information | <p>These fields are Optional.</p> <p>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.</p> <p>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.</p> |

| Fields | Description | Specific Reporting Instructions |
|--------|--|--|
| 51-64 | Claimant 3 Attorney/Representative Information | <p>These fields are Optional.</p> <p>This section is only required if Claimant 3 has a representative.</p> <p>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.</p> <p>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.</p> |
| 65-79 | Claimant 4 Information | <p>These fields are Optional.</p> <p>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.</p> <p>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.</p> |
| 80-92 | Claimant 4 Attorney/Representative Information | <p>These fields are Optional.</p> <p>This section is only required if Claimant 4 has a representative.</p> <p>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.</p> <p>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.</p> |

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. |
| 3 | Injured Party Medicare ID | 12 | 20 | 31 | Alpha-Numeric | Must match the value in this field on the Claim Input File Detail Record. Required if SSN not provided. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--------------------------|------|------------|----------|---------------|--|
| 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 Medicare ID 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------------------|------|------------|----------|---------------|---|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-----------------------------------|------|------------|----------|---------------|--|
| 14 | Claimant 2 Mailing Address Line 2 | 50 | 242 | 291 | Alpha-Numeric | <p>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.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If supplied, must contain at least 2 alphanumeric characters.</p> <p>If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |
| 15 | Claimant 2 City | 30 | 292 | 321 | Alpha-Numeric | <p>Mailing address city for Claimant 2 named above.</p> <p>Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces.</p> <p>Optional.</p> |
| 16 | Claimant 2 State | 2 | 322 | 323 | Alphabetic | <p>US Postal abbreviation State Code for Claimant 2 named above.</p> <p>See http://www.usps.com</p> <p>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.</p> <p>If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------------------|------|------------|----------|---------------|--|
| 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. |
| 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 their 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 | <p>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).</p> <p>May contain only spaces and numbers. If no C2 Representative TIN is available, fill with spaces or all zeroes.</p> <p>If supplied, cannot = TIN (Field 72 of Claim Input file layout).</p> <p>If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces or all zeroes.</p> <p>Optional.</p> |
| 27 | C2 Representative Mailing Address Line 1 | 50 | 518 | 567 | Alpha-Numeric | <p>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.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces.</p> <p>Optional.</p> |
| 28 | C2 Representative Mailing Address Line 2 | 50 | 568 | 617 | Alpha-Numeric | <p>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.</p> <p>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.</p> <p>If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------|------|------------|----------|---------------|---|
| 29 | C2 Representative City | 30 | 618 | 647 | Alpha-Numeric | <p>Mailing address city for the C2 representative named above.</p> <p>Field may contain only alphabetic, Space, Comma, &—'. @ # / ; : characters. No numeric characters allowed.</p> <p>If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.</p> <p>If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces.</p> <p>Optional.</p> |
| 30 | C2 Representative State | 2 | 648 | 649 | Alphabetic | <p>US Postal abbreviation State Code for the C2 representative named above.</p> <p>See http://www.usps.com</p> <p>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.</p> <p>If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.</p> <p>Optional.</p> |
| 31 | C2 Representative Zip | 5 | 650 | 654 | Alpha-Numeric | <p>5-digit Zip Code for the C2 representative named above.</p> <p>If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code.</p> <p>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.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-----------------------------------|------|------------|----------|---------------|---|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|---|
| 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. |
| 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 |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|--|
| 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 |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|---|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|--------------|--|-------------|-------------------|-----------------|------------------|---|
| 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. |
| 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 | <p>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.</p> <p>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.</p> |
| 94 | TPOC Amount 2 | 11 | 1848 | 1858 | Numeric | <p>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.</p> <p>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.</p> <p><i>Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "0000100000."</i></p> <p>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.</p> |

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

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|--------------|--|
| 98 | Funding Delayed Beyond TPOC Start Date 3 | 8 | 1886 | 1893 | Numeric Date | <p>If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination.</p> <p>Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 “Timeliness” of reporting).</p> <p>Format: CCYYMMDD</p> <p>Fill with all zeroes if not applicable.</p> |
| 99 | TPOC Date 4 | 8 | 1894 | 1901 | Numeric Date | <p>Date of fourth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM).</p> <p>See Field 80 on the Claim Input Detail Record. Use this field only to report on an <i>additional</i> TPOC settlement, judgment, award or other payment.</p> <p>Must be non-zero if a non-zero value is submitted in TPOC Amount 4.</p> <p>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.</p> |
| 100 | TPOC Amount 4 | 11 | 1902 | 1912 | Numeric | <p>Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount</p> <p>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.</p> <p>Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as “0000100000.”</p> <p>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.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|--------------|---|
| 101 | Funding Delayed Beyond TPOC Start Date 4 | 8 | 1913 | 1920 | Numeric Date | <p>If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination.</p> <p>Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 “Timeliness” of reporting).</p> <p>Format: CCYYMMDD</p> <p>Fill with all zeroes if not applicable.</p> |
| 102 | TPOC Date 5 | 8 | 1921 | 1928 | Numeric Date | <p>Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM).</p> <p>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.</p> <p>Must be non-zero if a non-zero value is submitted in TPOC Amount 5.</p> <p>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.</p> <p>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.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|---|
| 103 | TPOC Amount 5 | 11 | 1929 | 1939 | Numeric | <p>Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount</p> <p>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.</p> <p>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.</p> <p>Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as “00001000000.”</p> <p>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.</p> |
| 104 | Funding Delayed Beyond TPOC Start Date 5 | 8 | 1940 | 1947 | Numeric Date | <p>If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination.</p> <p>Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 “Timeliness” of reporting).</p> <p>Format: CCYYMMDD</p> <p>Fill with all zeroes if not applicable.</p> |
| 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. Required. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|------------------------------|------|------------|----------|---------------|---|
| 4 | Office Code/Site ID | 9 | 23 | 31 | Alpha-Numeric | <p>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.</p> <p>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.</p> <p>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.</p> <p>Required if Office Code/Site ID is supplied in Field 53 of the Claim Input File Detail Record.</p> |
| 5 | TIN/Office Code Mailing Name | 70 | 32 | 101 | Alpha-Numeric | <p>Name associated with the RRE reflected by the unique TIN and Office Code combination. If the RRE is using a recovery agent, do not enter the recovery agent's name here.</p> <p>This name will be used to address recovery-related correspondence (including demand notifications, if applicable) associated with matching claim reports to the RRE.</p> <p>This field must contain at least two characters. Limit field to no more than eight separate words in the first 40 characters for best results.</p> <p>Required.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|---|
| 6 | TIN/Office Code Mailing Address Line 1 | 50 | 102 | 151 | Alpha-Numeric | <p>First line of the address associated with the unique TIN/Office Code combination reflected on this record.</p> <p>This mailing address should reflect where the RRE wishes to have all recovery-related correspondence directed for the TIN and Office Code combination. Note: If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE.</p> <p>Must be a US address.</p> <p>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.</p> <p>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).</p> <p>If TIN/Office Code State (Field 9) = "FC," this field must be spaces.</p> <p>Required.</p> |
| 7 | TIN/Office Code Mailing Address Line 2 | 50 | 152 | 201 | Alpha-Numeric | <p>Second line of the address associated with the unique TIN and Office Code combination reflected on this record.</p> <p>This mailing address should reflect where the RRE wishes to have all recovery related correspondence directed for the TIN and Office Code combination. Note: If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE.</p> <p>Must be a US address.</p> <p>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.</p> <p>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).</p> <p>If TIN/Office Code State (Field 9) = "FC," this field must be spaces.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-----------------------|------|------------|----------|---------------|---|
| 8 | TIN/Office Code City | 30 | 202 | 231 | Alpha-Numeric | <p>City of the address associated with the unique TIN and Office Code combination reflected on this record.</p> <p>This mailing address should reflect where the RRE wishes to have all recovery-related correspondence directed for the TIN and Office Code combination. Note: If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE.</p> <p>Must be a US city.</p> <p>Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed.</p> <p>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).</p> <p>If TIN/Office Code State (Field 9) = “FC,” this field must be spaces.</p> <p>Required.</p> |
| 9 | TIN/Office Code State | 2 | 232 | 233 | Alphabetic | <p>US Postal state abbreviation of the address associated with the unique TIN and Office Code combination reflected on this record.</p> <p>See http://www.usps.com</p> <p>The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses.</p> <p>This mailing address should reflect where the RRE wishes to have all recovery-related correspondence directed for the TIN and Office Code combination. Note: If recovery agent information is submitted in Fields 16-22, the recovery agent will receive a copy of all recovery-related correspondence that is sent to the RRE.</p> <p>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.</p> <p>Required.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------------------|------|------------|----------|---------------|---|
| 10 | TIN/Office Code Zip | 5 | 234 | 238 | Alpha-Numeric | 5-digit ZIP Code of the address associated with the unique TIN and 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. Required. |
| 11 | TIN/Office Code Zip+4 | 4 | 239 | 242 | Alpha-Numeric | 4-digit ZIP+4 code of the address associated with the unique TIN and Office Code combination reflected on this record. If not applicable fill with zeroes (0000) or spaces. If the RRE has registered as a foreign entity and no US address is available, fill with zeroes or spaces and supply "FC" in the TIN/Office Code State (Field 9). If TIN/Office Code State (Field 9) = "FC," this field can be filled with zeros or spaces. |
| 12 | Foreign RRE Address Line 1 | 32 | 243 | 274 | Alpha-Numeric | First line of mailing address of a foreign RRE. Use <i>only if</i> 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 <i>only if</i> 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|---------------------------------------|------|------------|----------|---------------|---|
| 16 | Recovery Agent Mailing Name | 70 | 371 | 440 | Alpha-Numeric | <p>Name to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces.</p> <p>If this field is used, it must contain at least two characters. Limit field to no more than eight separate words in the first 40 characters for best results.</p> <p>Optional.</p> |
| 17 | Recovery Agent Mailing Address Line 1 | 50 | 441 | 490 | Alpha-Numeric | <p>Address line 1 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces.</p> <p>Must be a US address.</p> <p>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.</p> <p>If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.</p> <p>Optional.</p> |
| 18 | Recovery Agent Mailing Address Line 2 | 50 | 491 | 540 | Alpha-Numeric | <p>Address line 2 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces.</p> <p>Must be a US address.</p> <p>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.</p> <p>Optional.</p> |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|------------------------------|------|------------|----------|---------------|---|
| 19 | Recovery Agent Mailing City | 30 | 541 | 570 | Alpha-Numeric | <p>City to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. Must be a US city.</p> <p>Field may contain only alphabetic, space, comma, &, '-'. @ # / ; : characters. No numeric characters allowed.</p> <p>If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.</p> <p>Optional.</p> |
| 20 | Recovery Agent Mailing State | 2 | 571 | 572 | Alphabetic | <p>US Postal state abbreviation to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces.</p> <p>See http://www.usps.com.</p> <p>The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses.</p> <p>If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.</p> <p>Optional.</p> |
| 21 | Recovery Agent Mailing Zip | 5 | 573 | 577 | Alpha-Numeric | <p>5-digit ZIP Code to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces.</p> <p>Must be a US ZIP Code.</p> <p>If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.</p> <p>Optional.</p> |
| 22 | Recovery Agent Mailing Zip+4 | 4 | 578 | 581 | Alpha-Numeric | <p>4-digit ZIP+4 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces.</p> <p>If not applicable fill with zeroes (0000).</p> |
| 23 | Reserved for Future Use | 1639 | 582 | 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 Medicare ID | 12 | 21 | 32 | Alpha-Numeric | Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) 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. |
| 8 | Submitted Injured Party Middle Init | 1 | 112 | 112 | Alphabetic | As supplied by RRE on input record. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--------------------------------------|------|------------|----------|---------------|--|
| 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 Medicare ID | 12 | 220 | 231 | Alpha-Numeric | Current Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|------------------------------|------|------------|----------|--------------|--|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------------------|------|------------|----------|---------------|--|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-----------------------|------|------------|----------|---------------|--|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|---------------------------|------|------------|----------|---------------|--|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|----------------------------|------|------------|----------|---------------|--|
| 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. |
| 10 | Submitted TIN/Office Code Zip | 5 | 234 | 238 | Numeric | TIN/Office Code Zip code as provided on input record. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--|------|------------|----------|---------------|--|
| 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. |
| 19 | Submitted Foreign RRE Address Line 2 | 32 | 416 | 447 | Alpha-Numeric | Foreign RRE Address Line 2 as provided on input record. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|--------------------------------------|------|------------|----------|---------------|--|
| 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. |
| 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. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|-------------------------------------|------|------------|----------|---------------|---|
| 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 | Recovery Agent Address Change Flag | 1 | 555 | 555 | Alpha-Numeric | Code indicating whether Recovery Agent Submitted Address (Fields 36-41) differs from the Recovery Agent Applied Address (Fields 42-47). Values: Y – address changed N – address did not change Space – record could not be validated |
| 35 | Submitted Recovery Agent Mailing Name | 70 | 556 | 625 | Alpha-Numeric | Recovery Agent Mailing Name as provided on input record. |
| 36 | Submitted Recovery Agent Mailing Address Line 1 | 50 | 626 | 675 | Alpha-Numeric | Recovery Agent Mailing Address Line 1 as provided on input record. |
| 37 | Submitted Recovery Agent Mailing Address Line 2 | 50 | 676 | 725 | Alpha-Numeric | Recovery Agent Mailing Address Line 2 as provided on input record. |
| 38 | Submitted Recovery Agent City | 30 | 726 | 755 | Alpha-Numeric | Recovery Agent City as provided on input record. |
| 39 | Submitted Recovery Agent State | 2 | 756 | 757 | Alphabetic | Recovery Agent State as provided on input record. |
| 40 | Submitted Recovery Agent Zip | 5 | 758 | 762 | Numeric | Recovery Agent ZIP code as provided on input record. |
| 41 | Submitted Recovery Agent Zip+4 | 4 | 763 | 766 | Alpha-Numeric | Recovery Agent ZIP+4 as provided on input record. |

| Field | Name | Size | Start Pos. | End Pos. | Data Type | Description |
|-------|---|------|------------|----------|---------------|---|
| 42 | Applied Recovery Agent Mailing Address Line 1 | 50 | 767 | 816 | Alpha-Numeric | Recovery Agent Address Line 1, after address validation is completed, will be used by Medicare for subsequent processing. Recovery Agent Address Change Flag (Field 34) will equal Y if the applied address in Fields 42–47 is different from the submitted address (Fields 36–41) and N if it is the same as the submitted address. Field 42 will contain spaces if the TIN record was rejected. |
| 43 | Applied Recovery Agent Mailing Address Line 2 | 50 | 817 | 866 | Alpha-Numeric | Recovery Agent Mailing Address Line 2 after address validation is completed. See description for Field 42. |
| 44 | Applied Recovery Agent City | 30 | 867 | 896 | Alpha-Numeric | Recovery Agent City after address validation is completed. See description for Field 42. |
| 45 | Applied Recovery Agent State | 2 | 897 | 898 | Alphabetic | Recovery Agent State after address validation is completed. See description for Field 42. |
| 46 | Applied Recovery Agent Zip | 5 | 899 | 903 | Alpha-Numeric | Recovery Agent ZIP after address validation is completed. See description for Field 42. |
| 47 | Applied Recovery Agent Zip+4 | 4 | 904 | 907 | Alpha-Numeric | Recovery Agent ZIP+4 after address validation is completed. See description for Field 42. |
| 48 | Reserved for Future Use | 93 | 908 | 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 version of the HEW software.

Mainframe and Windows PC/Server-based versions of the HEW software are available. You may download the latest Windows version of the HEW software after logging on to the Section 111 COBSW at <https://www.cob.cms.hhs.gov/Section111/>. You may request a copy of the mainframe version from your EDI Representative or by contacting the EDI Department at 646-458-6740.

Note: When using the HEW software, RREs should select the “COB” processing format for the Section 111 output file.

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 website:

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-User-Guide/NGHP-User-Guide.html>. 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 4.0.0

Table E-1: Section 111 HEW 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 4.0.0

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

| Field | Name | Size | Displacement | Data Type | Description |
|-------|---------------|------|--------------|---------------|---|
| 1 | Medicare ID | 12 | 1-12 | Alpha-Numeric | Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI). 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 Medicare ID not provided. If SSN is not provided, field must be zero filled. |
| 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. |

| Field | Name | Size | Displacement | Data Type | Description |
|-------|-----------|------|--------------|---------------|---|
| 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 4.0.0

Table E-3: Section 111 HEW 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 4.0.0

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

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

| Field | Name | Size | Displacement | Data Type | Description |
|-------|---------------|------|--------------|---------------|--|
| 1 | Medicare ID | 12 | 1-12 | Alpha-Numeric | Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI). 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 Medicare ID and an SSN were submitted on the input file CMS matches on the Medicare ID, 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 | <p>Claim Response File: Record accepted by the BCRC as an “Add,” “Delete” or “Update” record. RRE has indicated ongoing responsibility for medicals.</p> <p>TIN Reference Response File: TIN Record accepted.</p> <p>HEW Query Response File: For queries, the individual was identified as a Medicare beneficiary based upon the information submitted.</p> |
| 02 | <p>Claim Response File: Record accepted by the BCRC as an “Add,” “Delete” or “Update” record. RRE has indicated no ongoing responsibility for medicals.</p> |
| 03 | <p>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.</p> <p>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.</p> <p>For claims with no ongoing responsibility for medicals (no ORM), record does not need to be resubmitted unless subsequent TPOC Amounts must be reported.</p> <p>For claims with ongoing responsibility for medicals (ORM), RRE must continue to check the injured party’s Medicare status and report when the individual 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 Chapter IV regarding reporting termination of ORM is met.</p> |
| DP | <p>Claim Response and Query Response Files:</p> <p>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), return multiple records.</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p> |
| SP | <p>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.</p> |

| Disposition Codes | Description |
|-------------------|--|
| 50 | <p>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.</p> |
| 51 | <p>Individual was not identified as a Medicare Beneficiary.</p> <p>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.</p> <p>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 Chapter IV regarding reporting termination of ORM is met.</p> <p>HEW Query Response File: For queries, the individual was not identified as a Medicare beneficiary based upon the information submitted.</p> <p>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 Medicare ID (HICN or MBI) 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 Medicare ID or SSN and resubmit the record on the next file submission.</p> |
| TN | <p>TIN Reference File: Detail Record rejected due to errors. Only returned on TIN Reference Response File.</p> <p>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.</p> |

Claim Response File Compliance Flag Codes

Table F-2: Claim Response File Compliance Flag Codes

| Compliance Code | Description |
|------------------------|---|
| 01 | Most recent TPOC Date submitted on an add record is more than 135 days older than the File Receipt Date . |
| 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 dates. |
| 03 | ORM Termination Date on an add or update record is more than 135 days older than the File Receipt Date . |

Claim Response File Error Codes

Excel and text files containing the error codes, fields and corresponding descriptions are available at <https://www.cob.cms.hhs.gov/Section111/>. 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), Medicare ID (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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 Medicare ID (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: <ul style="list-style-type: none"> contains dashes, hyphens or special characters; or is not left-justified |
| CB06 | Claim Input File Detail Record | Injured Party Medicare ID (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 Medicare ID) 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> does not equal a space when Field 84 = a space; or was not submitted as a letter <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|---|--|---|--|
| 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: <ul style="list-style-type: none"> 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. |
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|---------------------------------------|--|--|--|
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> is not space-filled or zero-filled when Field 84 = a space; or is not zero-filled when Field 93 = "FC" <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |
| 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: <ul style="list-style-type: none"> is not zero-filled when Field 84 = a space; is not zero-filled when Field 93 = "FC;" or contains a non-numeric character <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |
| 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: <ul style="list-style-type: none"> is not space-filled when Field 84 = a space; or contains an invalid character such as a parenthesis <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. (Effective April 5, 2021)</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|--|--|--|
| 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: <ul style="list-style-type: none"> • 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. |
| 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. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--------------------------------------|---|---|---|
| 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: <ul style="list-style-type: none"> 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. |
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> is not a space when Field 7 = a space <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|---|--|--|--|--|
| 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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” |
| 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • has numeric data; • is not space-filled when Field 7 = a space; or • is space-filled when Field 7 does not equal a space |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|-------------------|-----------------------------------|-------------------------------|--|--|---|
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> is not space-filled or zero-filled when Field 7 = a space; or is not zero-filled when Field 16 = "FC" <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |
| 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: <ul style="list-style-type: none"> 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 <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|---|---|---|
| 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 |
| 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. | <ul style="list-style-type: none"> 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 |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|-------------------|-----------------------------------|---|---|--|--|
| 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: <ul style="list-style-type: none"> 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: <p>does not a space when Field 36 = a space</p> <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • is not space-filled or zero-filled when Field 36 = a space; or • is not zero-filled when Field 45 = "FC" <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| 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: <ul style="list-style-type: none"> • 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> • 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> • 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. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--------------------------------------|---|--|---|
| CC62 | Claim Input File Auxiliary Record | Claimant 4 TIN (Field 66) | No | See Claimant 2 Information section above for individual field description. | Field 66: <ul style="list-style-type: none"> 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 |
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> does not a space when Field 65 = a space <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|---|--|--|---|
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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" |
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> has numeric data; is not space-filled when Field 65 = a space; or is space-filled when Field 65 does not equal a space |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|-----------------------------|--|--|---|
| 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • is not space-filled or zero-filled when Field 65 = a space; or • is not zero-filled when Field 74 = "FC" <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |
| 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: <ul style="list-style-type: none"> • 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 <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|--|--|--|
| 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: <ul style="list-style-type: none"> • 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> • 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 | <p>Date of Incident (DOI) <i>as defined by CMS:</i></p> <p>For an automobile wreck or other accident, the date of incident is the date of the accident.</p> <p>For claims involving exposure (including, for example, occupational disease and any associated cumulative injury) the DOI is the <i>date of first exposure</i>.</p> <p>For claims involving ingestion (for example, a recalled drug), it is the <i>date of first ingestion</i>. For claims involving implants, it is the <i>date of the implant (or date of the first implant if there are multiple implants)</i>.</p> <p>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.</p> <p>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.</p> <p>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.</p> | <p>Field 12:</p> <ul style="list-style-type: none"> • 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 | <p>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 <i>last</i> exposure, ingestion, or implantation.</p> <p>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.</p> | <p>Field 13:</p> <ul style="list-style-type: none"> • 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 <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| 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 | <p>ICD-9-CM/ICD-10-CM External Cause of Injury Code “E Code” describing the alleged cause of injury/illness.</p> <p>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 https://www.cob.cms.hhs.gov/Section111/.</p> <p>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.</p> <p><i>Must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I.</i></p> <p>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.</p> | <p>Field 15:</p> <ul style="list-style-type: none"> included a decimal point; was not left-justified; or diagnosis code did not match a value on the list of valid ICD-9/ ICD-10 diagnosis codes <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| 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 | <p>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</p> <p>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."</p> <p>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.</p> <p>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.</p> | <p>Field 16:</p> <ul style="list-style-type: none"> • 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 or ICD-10-CM 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 Codes 2-19 must be filled with spaces. | Field 19: <ul style="list-style-type: none"> 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 https://www.cob.cms.hhs.gov/Section111/ (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. |
| 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. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|--|----------------|---|---|
| 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. |
| CI25 | Claim Input File Detail Record | Alleged Cause of Injury, Incident, or Illness (Field 15) | No | See explanation for Alleged Cause of Injury, Incident, or Illness (Field 15) | Field 15 was not a valid Alleged Cause of Injury, Incident, or Illness Diagnosis Code per the field requirements, or The 'NOINJ' value was incorrectly submitted. When submitting the 'NOINJ' value, it must be submitted in Field 15 and Field 18 (ICD Diagnosis Code 1) and all other ICD Diagnosis Code fields must be blank. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|--------------------------|----------------|--|--|
| CI31 | Claim Input File Detail Record | ICD Indicator (Field 17) | Yes | <p>Must be one of the following values:</p> <p>“0” – ICD-10-CM diagnosis codes</p> <p>“9” – ICD-9-CM diagnosis codes</p> <p>Space – ICD-9-CM diagnosis codes</p> <p>* 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.</p> | Field 17 did not equal “0,” “0” or Space. |
| CJ01 | Claim Input File Detail Record | ORM Indicator (Field 78) | Yes | <p>Indication of whether there is ongoing responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals. Valid values: Y – Yes, N – No.</p> <p>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.</p> | Field 78 contains a value other than a “Y” or “N.” |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|---------------------------------|----------------|--|--|
| CJ02 | Claim Input File Detail Record | ORM Termination Date (Field 79) | No | <p>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</p> <p>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 6.7 and 6.8) for information concerning exceptions regarding reporting ORM.</p> <p>When an ORM termination date is submitted, the ORM indicator in Field 78 must remain as "Y."</p> <p>Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established.</p> | <p>Field 79:</p> <ul style="list-style-type: none"> • has non-numeric data or spaces; • has a date that is more than 75 years from the current 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 | <p>Date of associated Total Payment Obligation to the Claimant (TPOC) without regard to <u>ongoing</u> responsibility for medicals (ORM).</p> <p>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.</p> <p>Format: CCYYMMDD</p> <p>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.</p> <p>Required for all other claim reports.</p> <p>Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.</p> | <p>Field 80:</p> <ul style="list-style-type: none"> • 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 | <p>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.</p> <p>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.)</p> | <p>Field 81:</p> <ul style="list-style-type: none"> • 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 | <i>Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."</i> 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: <ul style="list-style-type: none"> • 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 is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1). | Field 82: <ul style="list-style-type: none"> • 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 75 years from the current 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 or 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 <i>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.</i> "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 | <p>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.</p> <p>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.</p> <p>In the case of a foreign RRE without a valid IRS-assigned TIN, supply the pseudo-TIN created during Section 111 registration.</p> <p>Must have a corresponding entry with associated Office Code/Site ID on the TIN Reference File.</p> | <p>Field 52:</p> <ul style="list-style-type: none"> has non-numeric data. |
| CP03 | Claim Input File Detail Record | Office Code/Site ID (Field 53) | No | <p>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.</p> <p>If only one address will be used per reported TIN, leave blank.</p> <p>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.</p> | <p>Field 53:</p> <ul style="list-style-type: none"> 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 | <p>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.</p> | <p>Field 54:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> was not left-justified; or; was not space-filled if not used Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|---|----------------|--|--|
| 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> has non-numeric data; was space-filled; or did not contain 10 numbers Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> was not left-justified; contain parenthesis; position 1211 was a space, but other positions had data; or was not space-filled if not used Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|--|---|--|--|
| 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: <ul style="list-style-type: none"> has non-numeric data; was space-filled; was not filled all 9s when Field 51 = "D;" and Field 61 was not applicable; was zero-filled when Field 51 = "D;" 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: <ul style="list-style-type: none"> has non-numeric data; was space-filled; did not contain a valid date or all zeros; or was not zero-filled when Field 51 is "E" or "L" |
| CP13 | 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: Dollar amount of No-Fault Insurance Limit (Field 61) is less than \$1000.00. Error will not cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| 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 representative. | 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 65) | 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|-------------------|--------------------------------|--|---|--|---|
| 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> is not space-filled when Field 64 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|--|--|---|--|
| 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: <ul style="list-style-type: none"> • 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 Representative 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: <ul style="list-style-type: none"> • 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 Representative 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: <ul style="list-style-type: none"> • 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 |
| CR24 | Claim Input File Detail Record | Claimant 1 Representative Firm Name (Field 102) | Yes, if Claimant 1 Representative Indicator (Field 99) does not equal a space and Field 100 and Field 101 are all spaces | Representative’s firm name. | Field 102: <ul style="list-style-type: none"> • 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 |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|---|---|--|--|
| 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 , &—' . @ # / : ; |
| CR28 | Claim Input File Detail Record | Claimant 1 Representative Mailing City (Field 106) | Yes, if Claimant 1 Representative 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: <ul style="list-style-type: none"> 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 , &—' . @ # / : ; |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|---|---|---|--|
| CR29 | Claim Input File Detail Record | Claimant 1 Representative State (Field 107) | Yes, if Claimant 1 Representative 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| 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 Representative 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: <ul style="list-style-type: none"> • 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> • is not space-filled when Field 64 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|---|---|---|---|
| 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: <ul style="list-style-type: none"> has a value other than “A,” “G,” “P,” “O,” or space; or; Field 7 was space-filled. |
| CR42 | Claim Input File Auxiliary Record | Claimant 2 Representative Last Name (Field 23) | Yes, if Claimant 2 Representative 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 <i>and</i> First Name – or – Representative Firm Name is required if Injured Party has a representative. | Field 23: <ul style="list-style-type: none"> 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 Representative Indicator (Field 22) does not equal a space and Field 25 is all spaces | Given or first name of representative. Either Representative Last Name <i>and</i> First Name – or – Representative Firm Name is required if Injured Party has a representative. | Field 24: <ul style="list-style-type: none"> 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 Representative Indicator (Field 22) does not equal a space and Field 23 and Field 24 are all spaces. | Representative’s firm name. | Field 25: <ul style="list-style-type: none"> 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 |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|---|---|---|
| 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: <ul style="list-style-type: none"> 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. |
| CR46 | Claim Input File Auxiliary Record | Claimant 2 Representative Mailing Address 1 (Field 27) | Yes, if Claimant 2 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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 , &' . @ # / ; ; |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|---|---|---|
| CR49 | Claim Input File Auxiliary Record | Claimant 2 Representative State (Field 30) | Yes, if Claimant 2 Representative 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: <ul style="list-style-type: none"> is not space filled when Field 22 = a space; or contains numeric data |
| CR50 | Claim Input File Auxiliary Record | Claimant 2 Representative Zip (Field 31) | Yes, if Claimant 2 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|---|---|--|---|
| CR52 | Claim Input File Auxiliary Record | Claimant 2 Representative Phone (Field 33) | Yes, if Claimant 2 Representative 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> is not space-filled when Field 22 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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. <ul style="list-style-type: none"> Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> has a value other than "A," "G," "P," "O," or space; or; was populated, but Field 36 was space-filled. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|---|--|---|
| CR62 | Claim Input File Auxiliary Record | Claimant 3 Representative Last Name (Field 52) | Yes, if Claimant 3 Representative 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> was not space-filled or zero-filled when Field 51 was a space; or has data other than numbers or spaces; or equals the TIN supplied in Field 52 on the Claim Input File. |
| CR66 | Claim Input File Auxiliary Record | Claimant 3 Representative Mailing Address 1 (Field 56) | Yes, if Claimant 3 Representative Indicator (Field 51) does not equal a space | See Claimant 2 Information section above for field definition. | Field 56: <ul style="list-style-type: none"> 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 |
|------------|-----------------------------------|--|---|---|---|
| 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| CR72 | Claim Input File Auxiliary Record | Claimant 3 Representative Phone (Field 62) | Yes, if Claimant 3 Representative 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> is not space-filled when Field 51 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|---|--|--|---|
| CR74 | Claim Input File Auxiliary Record | Claimant 3 Representative Name / Firm Name (Fields 52, 53 & 54) | Yes, if Claimant 3 Representative 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. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> has a value other than "A," "G," "P," "O," or space; or; was populated, but Field 65 was space-filled. |
| CR82 | Claim Input File Auxiliary Record | Claimant 4 Representative Last Name (Field 81) | Yes, if Claimant 4 Representative 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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 |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|---|--|---|
| CR84 | Claim Input File Auxiliary Record | Claimant 4 Representative Firm Name (Field 83) | Yes, if Claimant 4 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> has data other than numbers or spaces; or was not space-filled or zero-filled when Field 80 was a space; or equals the TIN supplied in Field 52 on the Claim Input File. |
| CR86 | Claim Input File Auxiliary Record | Claimant 4 Representative Mailing Address 1 (Field 85) | Yes, if Claimant 4 Representative Indicator (Field 80) does not equal a space | See Claimant 2 Information section above for field definition. | Field 85: <ul style="list-style-type: none"> is not space-filled when Field 59 = "FC;" is not space filled when Field 51 = a space; or contains special characters other than , &—' . @ # / ; ; |
| 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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 , &—' . @ # / ; ; |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|---|--|---|
| CR89 | Claim Input File Auxiliary Record | Claimant 4 Representative State (Field 88) | Yes, if Claimant 4 Representative 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: <ul style="list-style-type: none"> 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 Representative 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <p>Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission.</p> |

| 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 Representative 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: <ul style="list-style-type: none"> 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 Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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: <ul style="list-style-type: none"> is not space-filled when Field 80 = a space Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| 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 will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |

| 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 | <p>Indication of whether the reportable event involves self-insurance <u>as defined by CMS</u>. Valid values: Y = Yes N = No</p> <p>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.</p> <p>Used by CMS if Plan Insurance Type (Field 51) 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.</p> | <p>Field 44:</p> <ul style="list-style-type: none"> • does not equal “Y” or N when Field 51 is “E” or “L;” • does not equal “N” or space when Field 51 is “D;” or • does not equal “Y,” “N” or space |
| CS02 | Claim Input File Detail Record | Self-Insured Type (Field 45) | Yes | <p>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</p> | <p>Field 45:</p> <ul style="list-style-type: none"> • 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 |
| 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. | <p>Field 46:</p> <ul style="list-style-type: none"> • 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 |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|--------------------------------|---|--|--|---|
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 |
| 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." |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|---|--|--|--|
| 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 |
| CT03 | Claim Input File Auxiliary Record | Funding Delayed Beyond TPOC Start Date 2 (Field 95) | No | If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see “Timeliness” of reporting in the NGHP User Guide Policy Guidance Chapter (Section 6.5.1). | Field 95: <ul style="list-style-type: none"> has non-numeric data or spaces; or was not submitted with all zeroes if not used); or was not a valid date (formatted CCYYMMDD) |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|---|--|--|--|
| 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: <ul style="list-style-type: none"> • 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 “0000100000.” 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: <ul style="list-style-type: none"> • 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 |
| CT13 | Claim Input File Auxiliary Record | Funding Delayed Beyond TPOC Start Date 3 (Field 98) | No | If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see “Timeliness” of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1). | Field 98: <ul style="list-style-type: none"> • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMDD) |

| Error Code | Record | Field Name (Field No.) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------------|--|--|---|--|
| 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: <ul style="list-style-type: none"> • 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 “0000100000.” | Field 100: <ul style="list-style-type: none"> • 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 | If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see “Timeliness” of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1). | Field 101: <ul style="list-style-type: none"> • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMDD) |

| 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 | <p>Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM).</p> <p>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.</p> <p>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.</p> <p>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.</p> | <p>Field 102:</p> <ul style="list-style-type: none"> 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 | <p>Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount</p> <p>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.</p> <p>Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as “0000100000.”</p> <p>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.</p> | <p>Field 103:</p> <ul style="list-style-type: none"> 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 is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see “Timeliness” of reporting in the NGHP User Guide Policy Guidance Chapter (Section 6.5.1). | Field 104: <ul style="list-style-type: none"> • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMDD) |
| 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 9999xxxx where "xxxx" 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. |
| 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: <ul style="list-style-type: none"> are not space-filled when Field 9 does not equal "FC;" or are not submitted when Field 9 = "FC" |

| Error Code | Record | Field Name (Field Number) | Field Required | Record Layout Field Description | Possible Cause |
|------------|----------------------------------|--|--------------------|--|--|
| 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 |
| TN24 | TIN Reference Response File | Recovery Agent Mailing Name (Field 16) | No | Name to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. If recovery agent name is entered, this field must contain at least two characters. Limit field to no more than eight separate words in the first 40 characters for best results. | Field 16: <ul style="list-style-type: none"> • does not contain at least 2 characters • one or both of the first 2 characters are blank • contains special characters other than space, comma, period, ampersand, dash, @, #, /, semicolon, colon, period, or single quote ('). |

| Error Code | Record | Field Name (Field Number) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------|--|--------------------------|--|---|
| TN25 | TIN Reference Response File | Recovery Agent Mailing Address Line 1 (Field 17) | Yes, if Field 16 is used | Address line 1 to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. 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 or apartment number if possible. | Field 17: <ul style="list-style-type: none"> contains characters other than alpha A-Z, numeric (0-9), space, or contains special characters other than space, comma, period, ampersand, dash, @, #, /, semicolon, colon, period, or single quote (') Recovery Agent Mailing Name is submitted and Recovery Agent Mailing Address 1 is missing Recovery Agent Mailing Address 1 is submitted and Recovery Agent Mailing Name is missing |
| TN26 | TIN Reference Response File | Recovery Agent Mailing Address Line 2 (Field 18) | No | Address line 2 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. 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. | Field 18: <ul style="list-style-type: none"> contains characters other than alphabetic, numeric, space, or special characters other than space, ampersand, dash, @, #, /, comma, semicolon, colon, period, or single quote (') Recovery Agent Mailing Address 2 is supplied and Recovery Agent Mailing Name is missing |
| TN27 | TIN Reference Response File | Recovery Agent City (Field 19) | Yes, if Field 16 is used | City to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN/Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US city. Field may contain only alphabetic, space, comma, &, '-'. @ # / ; : characters. No numeric characters allowed. | Field 19: <ul style="list-style-type: none"> contains characters other than alphabetic and special characters other than space, ampersand, dash, @, #, /, comma, semicolon, colon, period, or single quote (') Recovery Agent Mailing Name is submitted and Recovery Agent City is missing Recovery Agent City is submitted and Recovery Agent Mailing Name is missing |

| Error Code | Record | Field Name (Field Number) | Field Required | Record Layout Field Description | Possible Cause |
|------------|-----------------------------|---------------------------------------|---|---|---|
| TN28 | TIN Reference Response File | Recovery Agent State (Field 20) | Yes, if Field 16 is used | US Postal state abbreviation to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. 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. | Field 20: <ul style="list-style-type: none"> is not a valid US postal state code Recovery Agent Mailing Name is submitted and Recovery Agent State is missing Recovery Agent State is submitted and Recovery Agent Mailing Name is missing |
| TN29 | TIN Reference Response File | Recovery Agent Zip (Field 21) | Yes, if Field 16 is used | 5-digit ZIP Code to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US ZIP Code. | Field 21: <ul style="list-style-type: none"> does not contain 5 numeric digits Recovery Agent Mailing Name is submitted and Recovery Agent Zip is missing Recovery Agent Zip is submitted and Recovery Agent Mailing Name is missing |
| TN30 | TIN Reference Response File | Recovery Agent Zip+4 (Field 22) | No | 4-digit ZIP+4 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. If not applicable, fill with zeroes (0000). | Field 22 does not contain 4 numeric digits, all zeroes, or all spaces. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. |
| TN31 | TIN Reference Response File | Recovery Agent Address (Fields 16-22) | No | See TIN Reference File Detail Record description, fields 16–22. | Fields 16–22 are missing components needed to determine a unique match to the postal database |
| TN32 | TIN Reference Response File | Recovery Agent Address (Fields 16-22) | No | See TIN Reference File Detail Record description, fields 16–22. | Fields 16–22 match an address to which mail is undeliverable, such as a vacant lot. |
| TN33 | TIN Reference Response File | Recovery Agent Address (Fields 17-18) | Field 17 is required if Field 16 is used; Field 18 is optional. | See TIN Reference File Detail Record description, fields 17–18. | Fields 17 and 18 are missing an apartment number for an address that requires an apartment number. |

| Error Code | Record | Field Name (Field Number) | Field Required | Record Layout Field Description | Possible Cause |
|-------------------|-----------------------------|---|--------------------------|--|--|
| TN34 | TIN Reference Response File | Recovery Agent Mailing Address (Field 17) | Yes, if Field 16 is used | Address line 1 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. 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 or apartment number if possible. | Field 17: house number or box number supplied was not found on the street. |
| TN35 | TIN Reference Response File | Recovery Agent Mailing Address (Field 17) | Yes, if Field 16 is used | Address line 1 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. 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 or apartment number if possible. | Field 17: street name supplied was not found in the ZIP code. |
| TN36 | TIN Reference Response File | Recovery Agent Zip (Field 21) | Yes, if Field 16 is used | 5-digit ZIP code to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US ZIP code. | Field 21: ZIP code supplied was 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

1. 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.
- 2. 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.
- 3. 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-10 and ICD-9 Diagnosis Codes

This list contains ICD-10 and corresponding ICD-9 diagnosis codes that are not accepted by CMS for Section 111 reporting and are to be excluded from all claim report records.

None of these excluded 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” that is **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” that is **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 it 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,” “Y,” or “Z,” and it cannot be a code on this list.

All ICD-10 codes beginning with “Z” and all ICD-9 Diagnosis Codes beginning with the letter “V” are considered inadmissible for Section 111 reporting and should be excluded from diagnosis code fields 18-36.

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-10 or ICD-9 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-10/ICD-9 Codes list.

Excel and text files containing a list of Excluded ICD-10 and ICD-9 Diagnosis Codes may be downloaded from the Section 111 COBSW at <https://www.cob.cms.hhs.gov/Section111/> by clicking on the link found under the Reference Materials menu option of the Login page.

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

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|---|------------|---|
| D81.30 | Adenosine deaminase deficiency, unspecified | 277.2 | Other disorders of purine and pyrimidine metabolism |
| D81.31 | Severe combined immunodef due to adenosine deaminase deficiency | 277.2 | Other disorders of purine and pyrimidine metabolism |
| D81.32 | Adenosine deaminase 2 deficiency | 277.2 | Other disorders of purine and pyrimidine metabolism |
| D81.39 | Other adenosine deaminase deficiency | 277.2 | Other disorders of purine and pyrimidine metabolism |
| H81.4 | Vertigo of central origin | NA | NA |
| H81.41 | Vertigo of central origin, right ear | 386.2 | Vertigo of central origin |
| H81.42 | Vertigo of central origin, left ear | 386.2 | Vertigo of central origin |
| H81.43 | Vertigo of central origin, bilateral | 386.2 | Vertigo of central origin |
| H81.49 | Vertigo of central origin, unspecified ear | 386.2 | Vertigo of central origin |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|----------------------------------|
| Q66.0 | Congenital talipes equinovarus | 754.51 | Talipes equinovarus |
| Q66.00 | Congenital talipes equinovarus, unspecified foot | 754.51 | Talipes equinovarus |
| Q66.01 | Congenital talipes equinovarus, right foot | 754.51 | Talipes equinovarus |
| Q66.02 | Congenital talipes equinovarus, left foot | 754.51 | Talipes equinovarus |
| Q66.1 | Congenital talipes calcaneovarus | 754.59 | Other varus deformities of feet |
| Q66.10 | Congenital talipes calcaneovarus, unspecified foot | 754.59 | Other varus deformities of feet |
| Q66.11 | Congenital talipes calcaneovarus, right foot | 754.59 | Other varus deformities of feet |
| Q66.12 | Congenital talipes calcaneovarus, left foot | 754.59 | Other varus deformities of feet |
| Q66.2 | Congenital metatarsus (primus) varus | 754.52 | Metatarsus primus varus |
| - | - | 754.53 | Metatarsus varus |
| Q66.21 | Congenital metatarsus primus varus | 754.52 | Metatarsus primus varus |
| Q66.211 | Congenital metatarsus primus varus, right foot | 754.52 | Metatarsus primus varus |
| Q66.212 | Congenital metatarsus primus varus, left foot | 754.52 | Metatarsus primus varus |
| Q66.219 | Congenital metatarsus primus varus, unspecified foot | 754.52 | Metatarsus primus varus |
| Q66.22 | Congenital metatarsus adductus | 754.52 | Metatarsus primus varus |
| Q66.221 | Congenital metatarsus adductus, right foot | 754.52 | Metatarsus primus varus |
| Q66.222 | Congenital metatarsus adductus, left foot | 754.52 | Metatarsus primus varus |
| Q66.229 | Congenital metatarsus adductus, unspecified foot | 754.52 | Metatarsus primus varus |
| Q66.3 | Other congenital varus deformities of feet | 754.59 | Other varus deformities of feet |
| Q66.30 | Other congenital varus deformities of feet, unspecified foot | 754.59 | Other varus deformities of feet |
| Q66.31 | Other congenital varus deformities of feet, right foot | 754.59 | Other varus deformities of feet |
| Q66.32 | Other congenital varus deformities of feet, left foot | 754.59 | Other varus deformities of feet |
| Q66.4 | Congenital talipes calcaneovalgus | 754.62 | Talipes calcaneovalgus |
| Q66.40 | Congenital talipes calcaneovalgus, unspecified foot | 754.62 | Talipes calcaneovalgus |
| Q66.41 | Congenital talipes calcaneovalgus, right foot | 754.62 | Talipes calcaneovalgus |
| Q66.42 | Congenital talipes calcaneovalgus, left foot | 754.62 | Talipes calcaneovalgus |
| Q66.50 | Congenital pes planus, unspecified foot | 754.61 | Congenital pes planus |
| Q66.51 | Congenital pes planus, right foot | 754.61 | Congenital pes planus |
| Q66.52 | Congenital pes planus, left foot | 754.61 | Congenital pes planus |
| Q66.6 | Other congenital valgus deformities of feet | 754.69 | Other valgus deformities of feet |
| Q66.7 | Congenital pes cavus | 754.71 | Talipes cavus |
| Q66.70 | Congenital pes cavus, unspecified foot | 754.71 | Talipes cavus |
| Q66.71 | Congenital pes cavus, right foot | 754.71 | Talipes cavus |
| Q66.72 | Congenital pes cavus, left foot | 754.71 | Talipes cavus |
| Q66.80 | Congenital vertical talus deformity, unspecified foot | 754.61 | Congenital pes planus |
| Q66.81 | Congenital vertical talus deformity, right foot | 754.61 | Congenital pes planus |
| Q66.82 | Congenital vertical talus deformity, left foot | 754.61 | Congenital pes planus |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|--|
| Q66.89 | Other specified congenital deformities of feet | 754.61 | Congenital pes planus |
| Q66.9 | Congenital deformity of feet, unspecified | 754.79 | Other deformities of feet |
| Q66.90 | Congenital deformity of feet, unspecified, unspecified foot | 754.79 | Other deformities of feet |
| Q66.91 | Congenital deformity of feet, unspecified, right foot | 754.79 | Other deformities of feet |
| Q66.92 | Congenital deformity of feet, unspecified, left foot | 754.79 | Other deformities of feet |
| Q79.6 | Ehlers-Danlos syndrome | 756.83 | Ehlers-Danlos syndrome |
| Q79.60 | Ehlers-Danlos syndrome, unspecified | 756.83 | Ehlers-Danlos syndrome |
| Q79.61 | Classical Ehlers-Danlos syndrome | 756.83 | Ehlers-Danlos syndrome |
| Q79.62 | Hypermobile Ehlers-Danlos syndrome | 756.83 | Ehlers-Danlos syndrome |
| Q79.63 | Vascular Ehlers-Danlos syndrome | 756.83 | Ehlers-Danlos syndrome |
| Q79.69 | Other Ehlers-Danlos syndromes | 756.83 | Ehlers-Danlos syndrome |
| Q87.1 | Congenital malform syndromes predom assoc w short stature | 759.81 | Prader-Willi syndrome |
| Q87.11 | Prader-Willi syndrome | 759.81 | Prader-Willi syndrome |
| Q87.19 | Other congen malform synd predom assoc with short stature | 759.81 | Prader-Willi syndrome |
| R41.9 | Unsp symptoms and signs w cognitive functions and awareness | 780.99 | Other general symptoms |
| R44.8 | Oth symptoms and signs w general sensations and perceptions | 799.89 | Other ill-defined conditions |
| R44.9 | Unsp symptoms and signs w general sensations and perceptions | 799.89 | Other ill-defined conditions |
| R45.84 | Anhedonia | 780.99 | Other general symptoms |
| R46.0 | Very low level of personal hygiene | 799.89 | Other ill-defined conditions |
| R46.1 | Bizarre personal appearance | 799.89 | Other ill-defined conditions |
| R46.2 | Strange and inexplicable behavior | 799.89 | Other ill-defined conditions |
| R46.3 | Overactivity | 799.89 | Other ill-defined conditions |
| R46.4 | Slowness and poor responsiveness | 799.89 | Other ill-defined conditions |
| R46.5 | Suspiciousness and marked evasiveness | 799.89 | Other ill-defined conditions |
| R46.6 | Undue concern and preoccupation with stressful events | 799.89 | Other ill-defined conditions |
| R46.7 | Verbosity and circumstantial detail obscuring rsn for cntct | 799.89 | Other ill-defined conditions |
| R46.81 | Obsessive-compulsive behavior | 799.89 | Other ill-defined conditions |
| R46.89 | Other symptoms and signs involving appearance and behavior | 799.89 | Other ill-defined conditions |
| R68.19 | Other nonspecific symptoms peculiar to infancy | 799.89 | Other ill-defined conditions |
| R68.89 | Other general symptoms and signs | 780.99 | Other general symptoms |
| - | - | 796.4 | Other abnormal clinical findings |
| - | - | 796.9 | Other nonspecific abnormal findings |
| R69 | Illness, unspecified | 799.89 | Other ill-defined conditions |
| - | - | 799.9 | Other unknown and unspecified cause of morbidity and mortality |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|---|------------|---|
| R82.8 | Abnormal findings on cytolog and histolog exam of urine | 791.9 | Other nonspecific findings on examination of urine |
| R82.81 | Pyuria | 791.9 | Other nonspecific findings on examination of urine |
| R82.89 | Other abn findings on cytolog and histolog exam of urine | 791.9 | Other nonspecific findings on examination of urine |
| R99 | Ill-defined and unknown cause of mortality | 798.1 | Instantaneous death |
| - | - | 798.2 | Death occurring in less than 24 hours from onset of symptoms, not otherwise explained |
| - | - | 798.9 | Unattended death |
| - | - | 799.89 | Other ill-defined conditions |
| - | - | 799.9 | Other unknown and unspecified cause of morbidity and mortality |
| T07 | Unspecified multiple injuries | 91.98 | Other and unspecified superficial injuy or other multiple and unspecified sites without infection |
| - | - | 91.99 | Other and unspecified superficial injury of other multiple and unspecified sites infected |
| - | - | 959.8 | Other and unspecified injury to other specified sites, including multiple |
| T07XXXA | Unspecified multiple injuries, initial encounter | 959.8 | Other and unspecified injury to other specified sites, including multiple |
| T07XXXD | Unspecified multiple injuries, subsequent encounter | - | - |
| T07XXXS | Unspecified multiple injuries, sequela | 908.9 | Late effect of unspecified injury |
| T14.8 | Other injury of unspecified body region | 959.9 | Unspecified site injury |
| T14.8XXA | Other injury of unspecified body region, initial encounter | 959.9 | Unspecified site injury |
| T14.8XXD | Other injury of unspecified body region, subsequent encounter | NA | NA |
| T14.8XXS | Other injury of unspecified body region, sequela | 908.9 | Late effect of unspecified injury |
| T14.90 | Injury, unspecified | 959.9 | Unspecified site injury |
| T14.90XA | Injury, unspecified, initial encounter | 959.9 | Unspecified site injury |
| T14.90XD | Injury, unspecified, subsequent encounter | NA | NA |
| T14.90XS | Injury, unspecified, sequela | 908.9 | Late effect of unspecified injury |
| T14.91 | Suicide attempt | 959.9 | Unspecified site injury |
| T14.91XA | Suicide attempt, initial encounter | 959.9 | Unspecified site injury |
| T14.91XD | Suicide attempt, subsequent encounter | NA | NA |
| T14.91XS | Suicide attempt, sequela | 908.9 | Late effect of unspecified injury |
| T67.0XXA | Heatstroke and sunstroke, initial encounter | 992.0 | Heat stroke and sunstroke |
| T67.0XXD | Heatstroke and sunstroke, subsequent encounter | 992.0 | Heat stroke and sunstroke |
| T67.0XXS | Heatstroke and sunstroke, sequela | 992.0 | Heat stroke and sunstroke |
| - | - | 909.4 | Late effect of certain other external causes |
| T67.01XA | Heatstroke and sunstroke, initial encounter | 992.0 | Heat stroke and sunstroke |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|--|
| T67.01XD | Heatstroke and sunstroke, subsequent encounter | 992.0 | Heat stroke and sunstroke |
| T67.01XS | Heatstroke and sunstroke, sequela | 992.0 | Heat stroke and sunstroke |
| - | - | 909.4 | Late effect of certain other external causes |
| T67.02XA | Exertion heatstroke, initial encounter | 992.0 | Heat stroke and sunstroke |
| T67.02XD | Exertion heatstroke, subsequent encounter | 992.0 | Heat stroke and sunstroke |
| T67.02XS | Exertion heatstroke, sequela | 909.4 | Late effect of certain other external causes |
| T67.09XA | Other Heatstroke and sunstroke, initial encounter | 992.0 | Heat stroke and sunstroke |
| T67.09XD | Other Heatstroke and sunstroke, subsequent encounter | 992.0 | Heat stroke and sunstroke |
| T67.09XS | Other Heatstroke and sunstroke, sequela | 992.0 | Heat stroke and sunstroke |
| - | - | 909.4 | Late effect of certain other external causes |
| T88.7XXA | Unspecified adverse effect of drug or medicament, initial encounter | 999.9 | Other and unspecified complications of medical care, not elsewhere classified |
| T88.7XXD | Unspecified adverse effect of drug or medicament, subsequent encounter | - | - |
| T88.7XXS | Unspecified adverse effect of drug or medicament, sequela | 909.5 | Late effect of adverse effect of drug, medicinal or biological substance |
| T88.8XXA | Other specified complications of surgical and medical care, not elsewhere classified, initial encounter | 999.9 | Complic Med Care NEC/NOS (Other and unspecified complications of Medical Care, not elsewhere classified) |
| T88.8XXD | Other specified complications of surgical and medical care, not elsewhere classified, subsequent encounter | NA | NA |
| T88.8XXS | Other specified complications of surgical and medical care, not elsewhere classified, sequela | 909.3 | Late effect of complications of surgical and medical care |
| T88.9XXA | Complication of surgical and medical care, unspecified, initial encounter | 999.9 | Other and unspecified complications of medical care, not elsewhere classified |
| T88.9XXD | Complication of surgical and medical care, unspecified, subsequent encounter | NA | NA |
| T88.9XXS | Complication of surgical and medical care, unspecified, sequela | 909.3 | Late effect of complications of surgical and medical care |
| Y92.000 | Kitchen of unspecified non-institutional (private) residence as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.001 | Dining room of unspecified non-institutional (private) residence as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.002 | Bathroom of unspecified non-institutional (private) residence single-family (private) house as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.003 | Bedroom of unspecified non-institutional (private) residence as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.007 | Garden or yard of unspecified non-institutional (private) residence as the place of occurrence of the external cause | E849.0 | Home accidents |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|---|------------|----------------------------|
| Y92.008 | Other place in unspecified non-institutional (private) residence as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.009 | Unspecified place in unspecified non-institutional (private) residence as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.010 | Kitchen of single-family (private) house as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.011 | Dining room of single-family (private) house as the place of occurrence of the external cause | E849.0 | Home accidents |
| Y92.012 | Bathroom of single-family (private) house as place | E849.0 | Home accidents |
| Y92.013 | Bedroom of single-family (private) house as place | E849.0 | Home accidents |
| Y92.014 | Private driveway to single-family (private) house as place | E849.0 | Home accidents |
| Y92.015 | Private garage of single-family (private) house as place | E849.0 | Home accidents |
| Y92.016 | Swm-pool in snl-fmly (private) house or garden as place | E849.0 | Home accidents |
| Y92.017 | Garden or yard in single-family (private) house as place | E849.0 | Home accidents |
| Y92.018 | Oth place in single-family (private) house as place | E849.0 | Home accidents |
| Y92.019 | Unsp place in single-family (private) house as place | E849.0 | Home accidents |
| Y92.020 | Kitchen in mobile home as place | E849.0 | Home accidents |
| Y92.021 | Dining room in mobile home as place | E849.0 | Home accidents |
| Y92.022 | Bathroom in mobile home as place | E849.0 | Home accidents |
| Y92.023 | Bedroom in mobile home as place | E849.0 | Home accidents |
| Y92.024 | Driveway of mobile home as place | E849.0 | Home accidents |
| Y92.025 | Garage of mobile home as place | E849.0 | Home accidents |
| Y92.026 | Swimming-pool of mobile home as place | E849.0 | Home accidents |
| Y92.027 | Garden or yard of mobile home as place | E849.0 | Home accidents |
| Y92.028 | Oth place in mobile home as place | E849.0 | Home accidents |
| Y92.029 | Unsp place in mobile home as place | E849.0 | Home accidents |
| Y92.030 | Kitchen in apartment as place | E849.0 | Home accidents |
| Y92.031 | Bathroom in apartment as place | E849.0 | Home accidents |
| Y92.032 | Bedroom in apartment as place | E849.0 | Home accidents |
| Y92.038 | Oth place in apartment as place | E849.0 | Home accidents |
| Y92.039 | Unsp place in apartment as place | E849.0 | Home accidents |
| Y92.040 | Kitchen in boarding-house as place | E849.0 | Home accidents |
| Y92.041 | Bathroom in boarding-house as place | E849.0 | Home accidents |
| Y92.042 | Bedroom in boarding-house as place | E849.0 | Home accidents |
| Y92.043 | Driveway of boarding-house as place | E849.0 | Home accidents |
| Y92.044 | Garage of boarding-house as place | E849.0 | Home accidents |
| Y92.045 | Swimming-pool of boarding-house as place | E849.0 | Home accidents |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|--|
| Y92.046 | Garden or yard of boarding-house as place | E849.0 | Home accidents |
| Y92.048 | Oth place in boarding-house as place | E849.0 | Home accidents |
| Y92.049 | Unsp place in boarding-house as place | E849.0 | Home accidents |
| Y92.090 | Kitchen in oth non-institutional residence as place | E849.0 | Home accidents |
| Y92.091 | Bathroom in oth non-institutional residence as place | E849.0 | Home accidents |
| Y92.092 | Bedroom in oth non-institutional residence as place | E849.0 | Home accidents |
| Y92.093 | Driveway of non-institutional residence as place | E849.0 | Home accidents |
| Y92.094 | Garage of non-institutional residence as place | E849.0 | Home accidents |
| Y92.095 | Swimming-pool of non-institutional residence as place | E849.0 | Home accidents |
| Y92.096 | Garden or yard of non-institutional residence as place | E849.0 | Home accidents |
| Y92.098 | Oth place in oth non-institutional residence as place | E849.0 | Home accidents |
| Y92.099 | Unsp place in oth non-institutional residence as place | E849.0 | Home accidents |
| Y92.10 | Unsp residential institution as place | E849.0 | Home accidents |
| Y92.110 | Kitchen in children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.111 | Bathroom in children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.112 | Bedroom in children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.113 | Driveway of children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.114 | Garage of children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.115 | Swimming-pool of children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.116 | Garden or yard of children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.118 | Oth place in children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.119 | Unsp place in children's home and orphanage as place | E849.7 | Accidents occurring in residential institution |
| Y92.120 | Kitchen in nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.121 | Bathroom in nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.122 | Bedroom in nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.123 | Driveway of nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.124 | Garage of nursing home as place | E849.7 | Accidents occurring in residential institution |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|--|
| Y92.125 | Swimming-pool of nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.126 | Garden or yard of nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.128 | Oth place in nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.129 | Unsp place in nursing home as place | E849.7 | Accidents occurring in residential institution |
| Y92.130 | Kitchen on military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.131 | Mess hall on military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.133 | Barracks on military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.135 | Garage on military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.136 | Swimming-pool on military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.137 | Garden or yard on military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.138 | Oth place on military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.139 | Unsp place military base as place | E849.8 | Accidents occurring in other specified places |
| Y92.140 | Kitchen in prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.141 | Dining room in prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.142 | Bathroom in prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.143 | Cell of prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.146 | Swimming-pool of prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.147 | Courtyard of prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.148 | Oth place in prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.149 | Unsp place in prison as place | E849.7 | Accidents occurring in residential institution |
| Y92.150 | Kitchen in reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.151 | Dining room in reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.152 | Bathroom in reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.153 | Bedroom in reform school as place | E849.7 | Accidents occurring in residential institution |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|--|
| Y92.154 | Driveway of reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.155 | Garage of reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.156 | Swimming-pool of reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.157 | Garden or yard of reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.158 | Oth place in reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.159 | Unsp place in reform school as place | E849.7 | Accidents occurring in residential institution |
| Y92.160 | Kitchen in school dormitory as place | E849.7 | Accidents occurring in residential institution |
| Y92.161 | Dining room in school dormitory as place | E849.7 | Accidents occurring in residential institution |
| Y92.162 | Bathroom in school dormitory as place | E849.7 | Accidents occurring in residential institution |
| Y92.163 | Bedroom in school dormitory as place | E849.7 | Accidents occurring in residential institution |
| Y92.168 | Oth place in school dormitory as place | E849.7 | Accidents occurring in residential institution |
| Y92.169 | Unsp place in school dormitory as place | E849.7 | Accidents occurring in residential institution |
| Y92.190 | Kitchen in oth residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.191 | Dining room in oth residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.192 | Bathroom in oth residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.193 | Bedroom in oth residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.194 | Driveway of residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.195 | Garage of residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.196 | Pool of residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.197 | Garden or yard of residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.198 | Oth place in oth residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.199 | Unsp place in oth residential institution as place | E849.7 | Accidents occurring in residential institution |
| Y92.210 | Daycare center as place | E849.6 | Accidents occurring in public building |
| Y92.211 | Elementary school as place | E849.6 | Accidents occurring in public building |
| Y92.212 | Middle school as place | E849.6 | Accidents occurring in public building |
| Y92.213 | High school as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|---|
| Y92.214 | College as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.215 | Trade school as place | E849.6 | Accidents occurring in public building |
| Y92.218 | Oth school as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.219 | Unsp school as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.22 | Religious institution as place | E849.6 | Accidents occurring in public building |
| Y92.230 | Patient room in hospital as place | E849.7 | Accidents occurring in residential institution |
| Y92.231 | Patient bathroom in hospital as place | E849.7 | Accidents occurring in residential institution |
| Y92.232 | Corridor of hospital as place | E849.7 | Accidents occurring in residential institution |
| Y92.233 | Cafeteria of hospital as place | E849.7 | Accidents occurring in residential institution |
| Y92.234 | Operating room of hospital as place | E849.7 | Accidents occurring in residential institution |
| Y92.238 | Oth place in hospital as place | E849.7 | Accidents occurring in residential institution |
| Y92.239 | Unsp place in hospital as place | E849.7 | Accidents occurring in residential institution |
| Y92.240 | Courthouse as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.241 | Library as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.242 | Post office as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.243 | City hall as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.248 | Oth public administrative building as place | E849.6 | Accidents occurring in public building |
| Y92.250 | Art Gallery as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.251 | Museum as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.252 | Music hall as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.253 | Opera house as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.254 | Theater (live) as place | E849.6 | Accidents occurring in public building |
| Y92.258 | Oth cultural public building as place | E849.6 | Accidents occurring in public building |
| Y92.26 | Movie house or cinema as place | E849.6 | Accidents occurring in public building |
| Y92.29 | Oth public building as place | E849.6 | Accidents occurring in public building |
| Y92.310 | Basketball court as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.311 | Squash court as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.312 | Tennis court as place | E849.4 | Accidents occurring in place for recreation and sport |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|---|
| Y92.318 | Oth athletic court as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.320 | Baseball field as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.321 | Football field as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.322 | Soccer field as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.328 | Oth athletic field as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.330 | Ice skating rink (indoor) (outdoor) as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.331 | Roller skating rink as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.34 | Swimming pool (public) as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.39 | Oth sports and athletic area as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.410 | Unsp street and highway as place | E849.5 | Street and highway accidents |
| Y92.411 | Interstate highway as place | E849.5 | Street and highway accidents |
| Y92.412 | Parkway as the place of occurrence of the external cause | E849.5 | Street and highway accidents |
| Y92.413 | State road as the place of occurrence of the external cause | E849.5 | Street and highway accidents |
| Y92.414 | Local residential or business street as place | E849.5 | Street and highway accidents |
| Y92.415 | Exit ramp or entrance ramp of street or highway as place | E849.5 | Street and highway accidents |
| Y92.480 | Sidewalk as the place of occurrence of the external cause | E849.5 | Street and highway accidents |
| Y92.481 | Parking lot as the place of occurrence of the external cause | E849.5 | Street and highway accidents |
| Y92.482 | Bike path as the place of occurrence of the external cause | E849.5 | Street and highway accidents |
| Y92.488 | Oth paved roadways as place | E849.5 | Street and highway accidents |
| Y92.510 | Bank as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.511 | Restaurant or cafe as place | E849.6 | Accidents occurring in public building |
| Y92.512 | Supermarket, store or market as place | E849.6 | Accidents occurring in public building |
| Y92.513 | Shop (commercial) as place | E849.6 | Accidents occurring in public building |
| Y92.520 | Airport as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.521 | Bus station as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.522 | Railway station as place | E849.6 | Accidents occurring in public building |
| Y92.523 | Highway rest stop as place | E849.6 | Accidents occurring in public building |
| Y92.524 | Gas station as the place of occurrence of the external cause | E849.6 | Accidents occurring in public building |
| Y92.530 | Ambulatory surgery center as place | E849.6 | Accidents occurring in public building |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|-------------|--|------------|---|
| Y92.531 | Health care provider office as place | E849.6 | Accidents occurring in public building |
| Y92.532 | Urgent care center as place | E849.6 | Accidents occurring in public building |
| Y92.538 | Oth ambulatory health services establishments as place | E849.6 | Accidents occurring in public building |
| Y92.59 | Oth trade areas as place | E849.6 | Accidents occurring in public building |
| Y92.61 | Building under construction as place | E849.3 | Accidents occurring in industrial places and premises |
| Y92.62 | Dock or shipyard as place | E849.3 | Accidents occurring in industrial places and premises |
| Y92.63 | Factory as the place of occurrence of the external cause | E849.3 | Accidents occurring in industrial places and premises |
| Y92.64 | Mine or pit as the place of occurrence of the external cause | E849.2 | Mine and quarry accidents |
| Y92.65 | Oil rig as the place of occurrence of the external cause | E849.3 | Accidents occurring in industrial places and premises |
| Y92.69 | Oth industrial and construction area as place | E849.3 | Accidents occurring in industrial places and premises |
| Y92.71 | Barn as the place of occurrence of the external cause | E849.1 | Farm accidents |
| Y92.72 | Chicken coop as place | E849.1 | Farm accidents |
| Y92.73 | Farm field as the place of occurrence of the external cause | E849.1 | Farm accidents |
| Y92.74 | Orchard as the place of occurrence of the external cause | E849.1 | Farm accidents |
| Y92.79 | Oth farm location as place | E849.1 | Farm accidents |
| Y92.810 | Car as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.811 | Bus as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.812 | Truck as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.813 | Airplane as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.814 | Boat as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.815 | Train as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.816 | Subway car as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.818 | Oth transport vehicle as place | E849.8 | Accidents occurring in other specified places |
| Y92.820 | Desert as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.821 | Forest as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.828 | Oth wilderness area as place | E849.8 | Accidents occurring in other specified places |
| Y92.830 | Public park as the place of occurrence of the external cause | E849.4 | Accidents occurring in place for recreation and sport |

| ICD-10 Code | Excluded ICD-10 Description | ICD-9 Code | Excluded ICD-9 Description |
|--------------------|---|-------------------|---|
| Y92.831 | Amusement park as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.832 | Beach as the place of occurrence of the external cause | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.833 | Campsite as the place of occurrence of the external cause | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.834 | Zoological garden (Zoo) as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.838 | Oth recreation area as place | E849.4 | Accidents occurring in place for recreation and sport |
| Y92.84 | Military training ground as place | E849.8 | Accidents occurring in other specified places |
| Y92.85 | Railroad track as place | E849.8 | Accidents occurring in other specified places |
| Y92.86 | Slaughter house as place | E849.8 | Accidents occurring in other specified places |
| Y92.89 | Oth places as the place of occurrence of the external cause | E849.8 | Accidents occurring in other specified places |
| Y92.9 | Unspecified place or not applicable | E849.9 | Accidents occurring in unspecified places |

Appendix J: No-Fault Excluded ICD-10 and ICD-9 Diagnosis Codes

Table J-1: No Fault Excluded ICD-10 and ICD-9 Diagnosis Codes

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| D62 | Acute posthemorrhagic anemia | 285.1 | Acute posthemorrhagic anemia |
| D63.0 | Anemia in neoplastic disease | 285.22 | Anemia in neoplastic disease |
| D63.1 | Anemia in chronic kidney disease | 285.21 | Anemia in chronic kidney disease |
| D63.8 | Anemia in other chronic diseases classified elsewhere | 285.29 | Anemia of other chronic disease |
| D64.0 | Hereditary sideroblastic anemia | 285.0 | Sideroblastic anemia |
| D64.1 | Secondary sideroblastic anemia due to disease | 285.0 | Sideroblastic anemia |
| D64.2 | Secondary sideroblastic anemia due to drugs and toxins | 285.0 | Sideroblastic anemia |
| D64.3 | Other sideroblastic anemias | 285.0 | Sideroblastic anemia |
| D64.4 | Congenital dyserythropoietic anemia | 285.8 | Other specified anemias |
| D64.81 | Anemia due to antineoplastic chemotherapy | 285.3 | Antineoplastic chemotherapy induced anemia |
| D64.89 | Other specified anemias | 285.8 | Other specified anemias |
| D64.9 | Anemia, unspecified | 285.9 | Anemia, unspecified |
| E01.8 | Oth iodine-deficiency related thyroid disord and allied cond | 244.8 | Other specified acquired hypothyroidism |
| E02 | Subclinical iodine-deficiency hypothyroidism | 244.8 | Other specified acquired hypothyroidism |
| E03.2 | Hypothyroidism due to meds and oth exogenous substances | 244.2 | Iodine hypothyroidism |
| - | - | 244.3 | Other iatrogenic hypothyroidism |
| E03.3 | Postinfectious hypothyroidism | 244.8 | Other specified acquired hypothyroidism |
| E03.8 | Other specified hypothyroidism | 244.8 | Other specified acquired hypothyroidism |
| E03.9 | Hypothyroidism, unspecified | 244.9 | Unspecified acquired hypothyroidism |
| E10.10 | Type 1 diabetes mellitus with ketoacidosis without coma | 250.11 | Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.13 | Diabetes with ketoacidosis, type I [juvenile type], uncontrolled |
| E10.11 | Type 1 diabetes mellitus with ketoacidosis with coma | 250.31 | Diabetes with other coma, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.33 | Diabetes with other coma, type I [juvenile type], uncontrolled |
| E10.21 | Type 1 diabetes mellitus with diabetic nephropathy | 250.41 | Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.43 | Diabetes with renal manifestations, type I [juvenile type], uncontrolled |
| E10.22 | Type 1 diabetes mellitus w diabetic chronic kidney disease | 250.41 | Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.29 | Type 1 diabetes mellitus w oth diabetic kidney complication | 250.41 | Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.311 | Type 1 diabetes w unsp diabetic retinopathy w macular edema | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| - | - | 250.53 | Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled |
| - | - | 362.01 | Background diabetic retinopathy |
| E10.319 | Type 1 diabetes w unsp diabetic rtnop w/o macular edema | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.53 | Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled |
| E10.321 | Type 1 diab w mild nonprf diabetic rtnop w macular edema | NA | NA |
| E10.3211 | Type 1 diab with mild nonp rtnop with macular edema, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3212 | Type 1 diab with mild nonp rtnop with macular edema, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3213 | Type 1 diabetes with mild nonp rtnop with macular edema, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3219 | Type 1 diab with mild nonp rtnop with macular edema, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.329 | Type 1 diab w mild nonprf diabetic rtnop w/o macular edema | NA | NA |
| E10.3291 | Type 1 diab with mild nonp rtnop without mclr edema, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| E10.3292 | Type 1 diab with mild nonp rtnop without mclr edema, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| E10.3293 | Type 1 diab with mild nonp rtnop without macular edema, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| E10.3299 | Type 1 diab with mild nonp rtnop without macular edema, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| E10.331 | Type 1 diab w moderate nonprif diab rtnop w macular edema | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.3311 | Type 1 diab with mod nonp rtnop with macular edema, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3312 | Type 1 diab with mod nonp rtnop with macular edema, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3313 | Type 1 diab with moderate nonp rtnop with macular edema, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3319 | Type 1 diab with mod nonp rtnop with macular edema, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.339 | Type 1 diab w moderate nonprif diab rtnop w/o macular edema | NA | NA |
| E10.3391 | Type 1 diab with mod nonp rtnop without macular edema, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E10.3392 | Type 1 diab with mod nonp rtnop without macular edema, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E10.3393 | Type 1 diab with mod nonp rtnop without macular edema, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E10.3399 | Type 1 diab with mod nonp rtnop without macular edema, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|---|
| E10.341 | Type 1 diab w severe nonprif diabetic rtnop w macular edema | NA | NA |
| E10.3411 | Type 1 diab with severe nonp rtnop with macular edema, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3412 | Type 1 diab with severe nonp rtnop with macular edema, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3413 | Type 1 diab with severe nonp rtnop with macular edema, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3419 | Type 1 diab with severe nonp rtnop with macular edema, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.349 | Type 1 diab w severe nonprif diab rtnop w/o macular edema | NA | NA |
| E10.3491 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 363.06 | Severe nonproliferative diabetic retinopathy |
| E10.3492 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 363.06 | Severe nonproliferative diabetic retinopathy |
| E10.3493 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 363.06 | Severe nonproliferative diabetic retinopathy |
| E10.3499 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 363.06 | Severe nonproliferative diabetic retinopathy |
| E10.351 | Type 1 diabetes w prolif diabetic rtnop w macular edema | NA | NA |
| E10.3511 | Type 1 diab with prolif diab rtnop with macular edema, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| E10.3512 | Type 1 diab with prolif diab rtnop with macular edema, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3513 | Type 1 diab with prolif diab rtnop with macular edema, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.3519 | Type 1 diab with prolif diab rtnop with macular edema, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E10.352 | Type 1 diab with prolif diab rtnop with trctn dtch macula | NA | NA |
| E10.3521 | Type 1 diab w prolif diab rtnop w trctn dtch macula, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3522 | Type 1 diab w prolif diab rtnop w trctn dtch macula, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3523 | Type 1 diab w prolif diab rtnop with trctn dtch macula, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3529 | Type 1 diab w prolif diab rtnop with trctn dtch macula, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.353 | Type 1 diab with prolif diab rtnop with trctn dtch n-mcla | NA | NA |
| E10.3531 | Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3532 | Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3533 | Type 1 diab w prolif diab rtnop with trctn dtch n-mcla, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3539 | Type 1 diab w prolif diab rtnop with trctn dtch n-mcla, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.354 | Type 1 diabetes with prolif diabetic rtnop with comb detach | NA | NA |
| E10.3541 | Type 1 diab with prolif diab rtnop with comb detach, r eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3542 | Type 1 diab with prolif diab rtnop with comb detach, l eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3543 | Type 1 diab with prolif diabetic rtnop with comb detach, bi | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3549 | Type 1 diab with prolif diab rtnop with comb detach, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.355 | Type 1 diabetes with stable prolif diabetic retinopathy | NA | NA |
| E10.3551 | Type 1 diabetes with stable prolif diabetic rtnop, right eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| E10.3552 | Type 1 diabetes with stable proliferative diabetic retinopathy, left eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3553 | Type 1 diabetes with stable proliferative diabetic retinopathy, bilateral | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3559 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.359 | Type 1 diabetes with proliferative diabetic retinopathy without macular edema | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.3591 | Type 1 diabetes with proliferative diabetic retinopathy without macular edema, right eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3592 | Type 1 diabetes with proliferative diabetic retinopathy without macular edema, left eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3593 | Type 1 diabetes with proliferative diabetic retinopathy without macular edema, bilateral | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.3599 | Type 1 diabetes with proliferative diabetic retinopathy without macular edema, unspecified | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E10.36 | Type 1 diabetes mellitus with diabetic cataract | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.53 | Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled |
| - | - | 366.41 | Diabetic cataract |
| E10.37 | Type 1 diabetes with diabetic macular edema, resolved following treatment | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.37X1 | Type 1 diabetes with diabetic macular edema, resolved following treatment, right eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.37X2 | Type 1 diabetes with diabetic macular edema, resolved following treatment, left eye | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.37X3 | Type 1 diabetes with diabetic macular edema, resolved following treatment, bilateral | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| E10.37X9 | Type 1 diab with diab mclr edema, resolved fol trtmt, unsp | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.39 | Type 1 diabetes w oth diabetic ophthalmic complication | 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.53 | Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled |
| E10.40 | Type 1 diabetes mellitus with diabetic neuropathy, unsp | 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.63 | Diabetes with neurological manifestations, type I [juvenile type], uncontrolled |
| - | - | 357.2 | Polyneuropathy in diabetes |
| E10.41 | Type 1 diabetes mellitus with diabetic mononeuropathy | 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 355.9 | Mononeuritis of unspecified site |
| E10.42 | Type 1 diabetes mellitus with diabetic polyneuropathy | 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 357.2 | Polyneuropathy in diabetes |
| E10.43 | Type 1 diabetes w diabetic autonomic (poly)neuropathy | 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 536.3 | Gastroparesis |
| E10.44 | Type 1 diabetes mellitus with diabetic amyotrophy | 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 353.5 | Neuralgic amyotrophy |
| E10.49 | Type 1 diabetes w oth diabetic neurological complication | 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 349.89 | Other specified disorders of nervous system |
| E10.51 | Type 1 diabetes w diabetic peripheral angiopath w/o gangrene | 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.73 | Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled |
| - | - | 443.81 | Peripheral angiopathy in diseases classified elsewhere |
| E10.52 | Type 1 diabetes w diabetic peripheral angiopathy w gangrene | 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled |
| - | - | 443.81 | Peripheral angiopathy in diseases classified elsewhere |
| - | - | 785.4 | Gangrene |
| E10.59 | Type 1 diabetes mellitus with oth circulatory complications | 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| E10.610 | Type 1 diabetes mellitus w diabetic neuropathic arthropathy | 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 713.5 | Arthropathy associated with neurological disorders |
| E10.618 | Type 1 diabetes mellitus with other diabetic arthropathy | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 716.80 | Other specified arthropathy, site unspecified |
| E10.620 | Type 1 diabetes mellitus with diabetic dermatitis | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.621 | Type 1 diabetes mellitus with foot ulcer | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.622 | Type 1 diabetes mellitus with other skin ulcer | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.628 | Type 1 diabetes mellitus with other skin complications | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.630 | Type 1 diabetes mellitus with periodontal disease | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 523.8 | Other specified periodontal diseases |
| E10.638 | Type 1 diabetes mellitus with other oral complications | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.641 | Type 1 diabetes mellitus with hypoglycemia with coma | 250.31 | Diabetes with other coma, type I [juvenile type], not stated as uncontrolled |
| E10.649 | Type 1 diabetes mellitus with hypoglycemia without coma | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| E10.65 | Type 1 diabetes mellitus with hyperglycemia | 250.03 | Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled |
| - | - | 250.13 | Diabetes with ketoacidosis, type I [juvenile type], uncontrolled |
| - | - | 250.23 | Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled |
| - | - | 250.33 | Diabetes with other coma, type II or unspecified type, uncontrolled |
| - | - | 250.43 | Diabetes with renal manifestations, type I [juvenile type], uncontrolled |
| - | - | 250.53 | Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled |
| - | - | 250.63 | Diabetes with neurological manifestations, type I [juvenile type], uncontrolled |
| - | - | 250.73 | Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|---|
| - | - | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.83 | Diabetes with other specified manifestations, type I [juvenile type], uncontrolled |
| - | - | 250.93 | Diabetes with unspecified complication, type I [juvenile type], uncontrolled |
| E10.69 | Type 1 diabetes mellitus with other specified complication | 250.21 | Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.23 | Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled |
| - | - | 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.83 | Diabetes with other specified manifestations, type I [juvenile type], uncontrolled |
| E10.8 | Type 1 diabetes mellitus with unspecified complications | 250.91 | Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled |
| - | - | 250.93 | Diabetes with unspecified complication, type I [juvenile type], uncontrolled |
| E10.9 | Type 1 diabetes mellitus without complications | 250.01 | Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled |
| E11.00 | Type 2 diab w hyposm w/o nonket hyprgly-hypros coma (NKHHC) | 250.20 | Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.22 | Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled |
| E11.01 | Type 2 diabetes mellitus with hyperosmolarity with coma | 250.20 | Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.32 | Diabetes with other coma, type II or unspecified type, uncontrolled |
| E11.10 | Type 2 diabetes mellitus with ketoacidosis without coma | 250.10 | Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled |
| E11.11 | Type 2 diabetes mellitus with ketoacidosis with coma | 250.30 | Diabetes with other coma, type II or unspecified type, not stated as uncontrolled |
| E11.21 | Type 2 diabetes mellitus with diabetic nephropathy | 250.40 | Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.42 | Diabetes with renal manifestations, type II or unspecified type, uncontrolled |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 250.40 | Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.29 | Type 2 diabetes mellitus w oth diabetic kidney complication | 250.40 | Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.311 | Type 2 diabetes w unsp diabetic retinopathy w macular edema | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.52 | Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| E11.319 | Type 2 diabetes w unsp diabetic rtnop w/o macular edema | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.52 | Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled |
| E11.321 | Type 2 diab w mild nonprf diabetic rtnop w macular edema | NA | NA |
| E11.3211 | Type 2 diab with mild nonp rtnop with macular edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3212 | Type 2 diab with mild nonp rtnop with macular edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3213 | Type 2 diabetes with mild nonp rtnop with macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3219 | Type 2 diab with mild nonp rtnop with macular edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.329 | Type 2 diab w mild nonprf diabetic rtnop w/o macular edema | NA | NA |
| E11.3291 | Type 2 diab with mild nonp rtnop without mclr edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.04 | Mild nonproliferative diabetic retinopathy |
| E11.3292 | Type 2 diab with mild nonp rtnop without mclr edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.04 | Mild nonproliferative diabetic retinopathy |
| E11.3293 | Type 2 diab with mild nonp rtnop without macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.04 | Mild nonproliferative diabetic retinopathy |
| E11.3299 | Type 2 diab with mild nonp rtnop without macular edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.04 | Mild nonproliferative diabetic retinopathy |
| E11.331 | Type 2 diab w moderate nonprf diab rtnop w macular edema | NA | NA |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| E11.3311 | Type 2 diab with mod nonp rtnop with macular edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3312 | Type 2 diab with mod nonp rtnop with macular edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3313 | Type 2 diab with moderate nonp rtnop with macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3319 | Type 2 diab with mod nonp rtnop with macular edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.339 | Type 2 diab w moderate nonprf diab rtnop w/o macular edema | NA | NA |
| E11.3391 | Type 2 diab with mod nonp rtnop without macular edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E11.3392 | Type 2 diab with mod nonp rtnop without macular edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E11.3393 | Type 2 diab with mod nonp rtnop without macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E11.3399 | Type 2 diab with mod nonp rtnop without macular edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| -- | -- | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E11.341 | Type 2 diab w severe nonprf diabetic rtnop w macular edema | NA | NA |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| E11.3411 | Type 2 diab with severe nonp rtnop with macular edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3412 | Type 2 diab with severe nonp rtnop with macular edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3413 | Type 2 diab with severe nonp rtnop with macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3419 | Type 2 diab with severe nonp rtnop with macular edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.349 | Type 2 diab w severe nonprif diab rtnop w/o macular edema | NA | NA |
| E11.3491 | Type 2 diab with severe nonp rtnop without mclr edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E11.3492 | Type 2 diab with severe nonp rtnop without mclr edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E11.3493 | Type 2 diab with severe nonp rtnop without macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E11.3499 | Type 2 diab with severe nonp rtnop without mclr edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E11.351 | Type 2 diabetes w prolif diabetic rtnop w macular edema | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.3511 | Type 2 diab with prolif diab rtnop with macular edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3512 | Type 2 diab with prolif diab rtnop with macular edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3513 | Type 2 diab with proliferative diabetic retinopathy with macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3519 | Type 2 diab with proliferative diabetic retinopathy with macular edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E11.3521 | Type 2 diab w proliferative diabetic retinopathy w traction detachment macula, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3522 | Type 2 diab w proliferative diabetic retinopathy w traction detachment macula, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3523 | Type 2 diab w proliferative diabetic retinopathy with traction detachment macula, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3529 | Type 2 diab w proliferative diabetic retinopathy with traction detachment macula, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3531 | Type 2 diab w proliferative diabetic retinopathy w traction detachment macula, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3532 | Type 2 diab w proliferative diabetic retinopathy w traction detachment macula, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3533 | Type 2 diab w proliferative diabetic retinopathy with traction detachment macula, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| E11.3539 | Type 2 diab w prolif diab rtnop with trctn dtch n-mcla, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3541 | Type 2 diab with prolif diab rtnop with comb detach, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3542 | Type 2 diab with prolif diab rtnop with comb detach, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3543 | Type 2 diab with prolif diabetic rtnop with comb detach, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3549 | Type 2 diab with prolif diab rtnop with comb detach, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3551 | Type 2 diabetes with stable prolif diabetic rtnop, right eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3552 | Type 2 diabetes with stable prolif diabetic rtnop, left eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3553 | Type 2 diabetes with stable prolif diabetic rtnop, bilateral | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3559 | Type 2 diabetes with stable prolif diabetic rtnop, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| E11.359 | Type 2 diabetes w prolifer diabetic rtnop w/o macular edema | NA | NA |
| E11.3591 | Type 2 diab with prolifer diab rtnop without mclr edema, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3592 | Type 2 diab with prolifer diab rtnop without mclr edema, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3593 | Type 2 diab with prolifer diab rtnop without macular edema, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.3599 | Type 2 diab with prolifer diab rtnop without mclr edema, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E11.36 | Type 2 diabetes mellitus with diabetic cataract | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.52 | Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled |
| - | - | 366.41 | Diabetic cataract |
| E11.37X1 | Type 2 diab with diab mclr edema, resolved fol trtmt, r eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.37X2 | Type 2 diab with diab mclr edema, resolved fol trtmt, l eye | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.37X3 | Type 2 diab with diab macular edema, resolved fol trtmt, bi | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.37X9 | Type 2 diab with diab mclr edema, resolved fol trtmt, unsp | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.39 | Type 2 diabetes w oth diabetic ophthalmic complication | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.52 | Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy, unsp | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.62 | Diabetes with neurological manifestations, type II or unspecified type, uncontrol |
| - | - | 357.2 | Polyneuropathy in diabetes |
| E11.41 | Type 2 diabetes mellitus with diabetic mononeuropathy | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| - | - | 355.9 | Polyneuropathy in diabetes |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 357.2 | Polyneuropathy in diabetes |
| E11.43 | Type 2 diabetes w diabetic autonomic (poly)neuropathy | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 536.3 | Gastroparesis |
| E11.44 | Type 2 diabetes mellitus with diabetic amyotrophy | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 353.5 | Neuralgic amyotrophy |
| E11.49 | Type 2 diabetes w oth diabetic neurological complication | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 349.89 | Other specified disorders of nervous system |
| E11.51 | Type 2 diabetes w diabetic peripheral angiopath w/o gangrene | 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.72 | Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled |
| - | - | 443.81 | Peripheral angiopathy in diseases classified elsewhere |
| E11.52 | Type 2 diabetes w diabetic peripheral angiopathy w gangrene | 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled |
| - | - | 443.81 | Peripheral angiopathy in diseases classified elsewhere |
| - | - | 785.4 | Gangrene |
| E11.59 | Type 2 diabetes mellitus with oth circulatory complications | 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled |
| E11.610 | Type 2 diabetes mellitus w diabetic neuropathic arthropathy | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 713.5 | Arthropathy associated with neurological disorders |
| E11.618 | Type 2 diabetes mellitus with other diabetic arthropathy | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 716.80 | Other specified arthropathy, site unspecified |
| E11.620 | Type 2 diabetes mellitus with diabetic dermatitis | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.621 | Type 2 diabetes mellitus with foot ulcer | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| E11.622 | Type 2 diabetes mellitus with other skin ulcer | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.628 | Type 2 diabetes mellitus with other skin complications | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.630 | Type 2 diabetes mellitus with periodontal disease | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 523.8 | Other specified periodontal diseases |
| E11.638 | Type 2 diabetes mellitus with other oral complications | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.641 | Type 2 diabetes mellitus with hypoglycemia with coma | 250.30 | Diabetes with other coma, type II or unspecified type, not stated as uncontrolled |
| E11.649 | Type 2 diabetes mellitus with hypoglycemia without coma | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E11.65 | Type 2 diabetes mellitus with hyperglycemia | 250.02 | Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled |
| - | - | 250.12 | Diabetes with ketoacidosis, type II or unspecified type, uncontrolled |
| - | - | 250.22 | Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled |
| - | - | 250.32 | Diabetes with other coma, type II or unspecified type, uncontrolled |
| - | - | 250.42 | Diabetes with renal manifestations, type II or unspecified type, uncontrolled |
| - | - | 250.52 | Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled |
| - | - | 250.62 | Diabetes with neurological manifestations, type II or unspecified type, uncontrolled |
| - | - | 250.72 | Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.82 | Diabetes with other specified manifestations, type II or unspecified type, uncontrolled |
| - | - | 250.92 | Diabetes with unspecified complication, type II or unspecified type, uncontrolled |
| E11.69 | Type 2 diabetes mellitus with other specified complication | 250.12 | Diabetes with ketoacidosis, type II or unspecified type, uncontrolled |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.82 | Diabetes with other specified manifestations, type II or unspecified type, uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| E11.8 | Type 2 diabetes mellitus with unspecified complications | 250.90 | Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled |
| - | - | 250.92 | Diabetes with unspecified complication, type II or unspecified type, uncontrolled |
| E11.9 | Type 2 diabetes mellitus without complications | 250.00 | Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled |
| E13.00 | Oth diab w hyposm w/o nonket hyprgly-hypros coma (NKHHC) | 249.20 | Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified |
| - | - | 250.20 | Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled |
| E13.01 | Oth diabetes mellitus with hyperosmolarity with coma | 249.20 | Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified |
| - | - | 250.20 | Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled |
| E13.10 | Oth diabetes mellitus with ketoacidosis without coma | 249.10 | Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified |
| - | - | 250.10 | Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled |
| E13.11 | Oth diabetes mellitus with ketoacidosis with coma | 249.30 | Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified |
| - | - | 250.30 | Diabetes with other coma, type II or unspecified type, not stated as uncontrolled |
| E13.21 | Other specified diabetes mellitus with diabetic nephropathy | 249.40 | Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.40 | Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.22 | Oth diabetes mellitus with diabetic chronic kidney disease | 249.40 | Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.40 | Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.29 | Oth diabetes mellitus with oth diabetic kidney complication | 249.40 | Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.40 | Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.311 | Oth diabetes w unsp diabetic retinopathy w macular edema | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.01 | Background diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| E13.319 | Oth diabetes w unsp diabetic retinopathy w/o macular edema | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.01 | Background diabetic retinopathy |
| E13.321 | Oth diabetes w mild nonprf diabetic rtnop w macular edema | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.3211 | Oth diabetes with mild nonp rtnop with macular edema, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3212 | Oth diab with mild nonp rtnop with macular edema, left eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3213 | Oth diabetes with mild nonp rtnop with macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3219 | Oth diabetes with mild nonp rtnop with macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.329 | Oth diabetes w mild nonprf diabetic rtnop w/o macular edema | NA | NA |
| E13.3291 | Oth diab with mild nonp rtnop without macular edema, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| E13.3292 | Oth diab with mild nonp rtnop without macular edema, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| E13.3293 | Oth diabetes with mild nonp rtnop without macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| E13.3299 | Oth diab with mild nonp rtnop without macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.04 | Mild nonproliferative diabetic retinopathy |
| E13.331 | Oth diab w moderate nonprlf diabetic rtnop w macular edema | NA | NA |
| E13.3311 | Oth diab with moderate nonp rtnop with macular edema, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3312 | Oth diab with moderate nonp rtnop with macular edema, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3313 | Oth diabetes with moderate nonp rtnop with macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| - | - | 362.07 | Diabetic macular edema |
| E13.3319 | Oth diab with moderate nonp rtnop with macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.339 | Oth diab w moderate nonprf diabetic rtnop w/o macular edema | NA | NA |
| E13.3391 | Oth diab with mod nonp rtnop without macular edema, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E13.3392 | Oth diab with mod nonp rtnop without macular edema, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E13.3393 | Oth diab with moderate nonp rtnop without macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E13.3399 | Oth diab with mod nonp rtnop without macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.05 | Moderate nonproliferative diabetic retinopathy |
| E13.341 | Oth diabetes w severe nonprf diabetic rtnop w macular edema | NA | NA |
| E13.3411 | Oth diab with severe nonp rtnop with macular edema, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3412 | Oth diab with severe nonp rtnop with macular edema, left eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3413 | Oth diabetes with severe nonp rtnop with macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3419 | Oth diabetes with severe nonp rtnop with macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| - | - | - | - |
| E13.349 | Oth diab w severe nonprlf diabetic rtnop w/o macular edema | NA | NA |
| E13.3491 | Oth diab with severe nonp rtnop without macular edema, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E13.3492 | Oth diab with severe nonp rtnop without macular edema, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E13.3493 | Oth diab with severe nonp rtnop without macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E13.3499 | Oth diab with severe nonp rtnop without macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.06 | Severe nonproliferative diabetic retinopathy |
| E13.351 | Oth diabetes w prolif diabetic retinopathy w macular edema | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.3511 | Oth diab with prolif diab rtnop with macular edema, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3512 | Oth diab with prolif diab rtnop with macular edema, left eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3513 | Oth diab with prolif diabetic rtnop with macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3519 | Oth diab with prolif diabetic rtnop with macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| - | - | 362.07 | Diabetic macular edema |
| E13.3521 | Oth diab w prolif diab rtnop with trctn dtch macula, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3522 | Oth diab w prolif diab rtnop with trctn dtch macula, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3523 | Oth diab with prolif diab rtnop with trctn dtch macula, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3529 | Oth diab with prolif diab rtnop with trctn dtch macula, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3531 | Oth diab w prolif diab rtnop with trctn dtch n-mcla, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3532 | Oth diab w prolif diab rtnop with trctn dtch n-mcla, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3533 | Oth diab with prolif diab rtnop with trctn dtch n-mcla, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3539 | Oth diab with prolif diab rtnop with trctn dtch n-mcla, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3541 | Oth diab with prolif diabetic rtnop with comb detach, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3542 | Oth diab with prolif diab rtnop with comb detach, left eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3543 | Oth diabetes with prolif diabetic rtnop with comb detach, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3549 | Oth diab with prolif diabetic rtnop with comb detach, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 361.00 | Retinal detachment with retinal defect, unspecified |
| - | - | 361.81 | Traction detachment of retina |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3551 | Oth diabetes with stable prolif diabetic rtnop, right eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3552 | Oth diabetes with stable prolif diabetic rtnop, left eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3553 | Oth diabetes with stable prolif diabetic rtnop, bilateral | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3559 | Oth diabetes with stable prolif diabetic retinopathy, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.359 | Oth diabetes w prolif diabetic retinopathy w/o macular edema | NA | NA |
| E13.3591 | Oth diab with prolif diab rtnop without macular edema, r eye | | |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3592 | Oth diab with prolif diab rtnop without macular edema, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3593 | Oth diab with prolif diab rtnop without macular edema, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.3599 | Oth diab with prolif diab rtnop without macular edema, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 362.02 | Proliferative diabetic retinopathy |
| E13.36 | Other specified diabetes mellitus with diabetic cataract | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 366.41 | Diabetic cataract |
| E13.37X1 | Oth diab with diab macular edema, resolved fol trtmt, r eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.37X2 | Oth diab with diab macular edema, resolved fol trtmt, l eye | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.37X3 | Oth diab with diabetic macular edema, resolved fol trtmt, bi | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.37X9 | Oth diab with diab macular edema, resolved fol trtmt, unsp | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.39 | Oth diabetes mellitus w oth diabetic ophthalmic complication | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.40 | Oth diabetes mellitus with diabetic neuropathy, unspecified | 249.50 | Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|---|
| - | - | 250.50 | Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 249.60 | Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 357.2 | Polyneuropathy in diabetes |
| E13.41 | Oth diabetes mellitus with diabetic mononeuropathy | 249.60 | Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 355.9 | Mononeuritis of unspecified site |
| E13.42 | Oth diabetes mellitus with diabetic polyneuropathy | 249.60 | Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 357.2 | Polyneuropathy in diabetes |
| E13.43 | Oth diabetes mellitus w diabetic autonomic (poly)neuropathy | 249.60 | Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 536.3 | Gastroparesis |
| E13.44 | Other specified diabetes mellitus with diabetic amyotrophy | 249.60 | Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 253.5 | Diabetes insipidus |
| E13.49 | Oth diabetes w oth diabetic neurological complication | 249.60 | Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 349.89 | Other specified disorders of nervous system |
| E13.51 | Oth diabetes w diabetic peripheral angiopathy w/o gangrene | 249.70 | Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|---|
| - | - | 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled |
| - | - | 443.81 | Peripheral angiopathy in diseases classified elsewhere |
| E13.52 | Oth diabetes w diabetic peripheral angiopathy w gangrene | 249.70 | Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified |
| - | - | 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled |
| - | - | 443.81 | Peripheral angiopathy in diseases classified elsewhere |
| - | - | 785.4 | Gangrene |
| E13.59 | Oth diabetes mellitus with other circulatory complications | 249.70 | Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified |
| - | - | 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled |
| E13.610 | Oth diabetes mellitus with diabetic neuropathic arthropathy | 249.60 | Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.60 | Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 713.5 | Arthropathy associated with neurological disorders |
| E13.618 | Oth diabetes mellitus with other diabetic arthropathy | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 716.80 | Other specified arthropathy, site unspecified |
| E13.620 | Other specified diabetes mellitus with diabetic dermatitis | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.621 | Other specified diabetes mellitus with foot ulcer | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.622 | Other specified diabetes mellitus with other skin ulcer | 249.40 | Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| - | - | 250.40 | Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.628 | Oth diabetes mellitus with other skin complications | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.630 | Other specified diabetes mellitus with periodontal disease | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| - | - | 523.8 | Other specified periodontal diseases |
| E13.638 | Oth diabetes mellitus with other oral complications | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.641 | Oth diabetes mellitus with hypoglycemia with coma | 249.30 | Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified |
| - | - | 250.30 | Diabetes with other coma, type II or unspecified type, not stated as uncontrolled |
| E13.649 | Oth diabetes mellitus with hypoglycemia without coma | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.65 | Other specified diabetes mellitus with hyperglycemia | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.69 | Oth diabetes mellitus with other specified complication | 249.80 | Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified |
| - | - | 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled |
| E13.8 | Oth diabetes mellitus with unspecified complications | 249.90 | Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified |
| - | - | 250.90 | Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| E13.9 | Other specified diabetes mellitus without complications | 249.00 | Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified |
| - | - | 250.00 | Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled |
| E71.30 | Disorder of fatty-acid metabolism, unspecified | 272.8 | Other disorders of lipid metabolism |
| E75.21 | Fabry (-Anderson) disease | 272.7 | Lipidoses |
| E75.22 | Gaucher disease | 272.7 | Lipidoses |
| E75.240 | Niemann-Pick disease type A | 272.7 | Lipidoses |
| E75.241 | Niemann-Pick disease type B | 272.7 | Lipidoses |
| E75.242 | Niemann-Pick disease type C | 272.7 | Lipidoses |
| E75.243 | Niemann-Pick disease type D | 272.7 | Lipidoses |
| E75.248 | Other Niemann-Pick disease | 272.7 | Lipidoses |
| E75.249 | Niemann-Pick disease, unspecified | 272.7 | Lipidoses |
| E75.3 | Sphingolipidosis, unspecified | 272.7 | Lipidoses |
| E75.5 | Other lipid storage disorders | 272.8 | Other disorders of lipid metabolism |
| E75.6 | Lipid storage disorder, unspecified | 272.9 | Unspecified disorder of lipid metabolism |
| E77.0 | Defects in post-translational mod of lysosomal enzymes | 272.7 | Lipidoses |
| E77.1 | Defects in glycoprotein degradation | 271.8 | Other specified disorders of carbohydrate transport and metabolism |
| - | - | 272.7 | Lipidoses |
| E77.8 | Other disorders of glycoprotein metabolism | 272.7 | Lipidoses |
| E77.9 | Disorder of glycoprotein metabolism, unspecified | 272.7 | Lipidoses |
| E78.0 | Pure hypercholesterolemia | NA | NA |
| E78.1 | Pure hyperglyceridemia | 272.1 | Pure hyperglyceridemia |
| E78.2 | Mixed hyperlipidemia | 272.2 | Mixed hyperlipidemia |
| E78.3 | Hyperchylomicronemia | 272.3 | Hyperchylomicronemia |
| E78.4 | Other hyperlipidemia | 272.4 | Other and unspecified hyperlipidemia |
| E78.41 | Elevated Lipoprotein(a) | NA | NA |
| E78.49 | Other hyperlipidemia | NA | NA |
| E78.5 | Hyperlipidemia, unspecified | 272.4 | Other and unspecified hyperlipidemia |
| E78.6 | Lipoprotein deficiency | 272.5 | Lipoprotein deficiencies |
| E78.70 | Disorder of bile acid and cholesterol metabolism, unsp | 272.9 | Unspecified disorder of lipid metabolism |
| E78.79 | Other disorders of bile acid and cholesterol metabolism | 272.8 | Other disorders of lipid metabolism |
| E78.81 | Lipoid dermatoarthritis | 272.8 | Other disorders of lipid metabolism |
| E78.89 | Other lipoprotein metabolism disorders | 272.8 | Other disorders of lipid metabolism |
| E78.9 | Disorder of lipoprotein metabolism, unspecified | 272.9 | Unspecified disorder of lipid metabolism |
| E88.1 | Lipodystrophy, not elsewhere classified | 272.6 | Lipodystrophy |
| E88.2 | Lipomatosis, not elsewhere classified | 272.8 | Other disorders of lipid metabolism |
| E88.89 | Other specified metabolic disorders | 272.8 | Other disorders of lipid metabolism |
| - | - | 277.89 | Other specified disorders of metabolism |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| E89.0 | Postprocedural hypothyroidism | 244.0 | Postsurgical hypothyroidism |
| - | - | 244.1 | Other postablative hypothyroidism |
| F17.200 | Nicotine dependence, unspecified, uncomplicated | 305.1 | Tobacco use disorder |
| F17.201 | Nicotine dependence, unspecified, in remission | 305.1 | Tobacco use disorder |
| F17.203 | Nicotine dependence unspecified, with withdrawal | 305.1 | Tobacco use disorder |
| F17.208 | Nicotine dependence, unspecified, with other nicotine-induced disorders | 305.1 | Tobacco use disorder |
| F17.209 | Nicotine dependence, unspecified, with unspecified nicotine-induced disorders | 305.1 | Tobacco use disorder |
| F17.210 | Nicotine dependence, cigarettes, uncomplicated | 305.1 | Tobacco use disorder |
| F17.211 | Nicotine dependence, cigarettes, in remission | 305.1 | Tobacco use disorder |
| F17.213 | Nicotine dependence, cigarettes, with withdrawal | 305.1 | Tobacco use disorder |
| F17.218 | Nicotine dependence, cigarettes, with other disorders | 305.1 | Tobacco use disorder |
| F17.219 | Nicotine dependence, cigarettes, with unspecified disorders | 305.1 | Tobacco use disorder |
| F17.220 | Nicotine dependence, chewing tobacco, uncomplicated | 305.1 | Tobacco use disorder |
| F17.221 | Nicotine dependence, chewing tobacco, in remission | 305.1 | Tobacco use disorder |
| F17.223 | Nicotine dependence, chewing tobacco, with withdrawal | 305.1 | Tobacco use disorder |
| F17.228 | Nicotine dependence, chewing tobacco, with other disorders | 305.1 | Tobacco use disorder |
| F17.229 | Nicotine dependence, chewing tobacco, with unspecified disorders | 305.1 | Tobacco use disorder |
| F17.290 | Nicotine dependence, other tobacco product, uncomplicated | 305.1 | Tobacco use disorder |
| F17.291 | Nicotine dependence, other tobacco product, in remission | 305.1 | Tobacco use disorder |
| F17.293 | Nicotine dependence, other tobacco product, with withdrawal | 305.1 | Tobacco use disorder |
| F17.298 | Nicotine dependence, oth tobacco product, with other disorders | 305.1 | Tobacco use disorder |
| F17.299 | Nicotine dependence, oth tobacco product, with unspecified disorders | 305.1 | Tobacco use disorder |
| F34.1 | Dysthymic disorder | 300.4 | Dysthymic disorder |
| - | - | 301.12 | Chronic depressive personality disorder |
| F40.00 | Agoraphobia, unspecified | 300.22 | Agoraphobia without mention of panic attacks |
| F40.01 | Agoraphobia with panic disorder | 300.21 | Agoraphobia with panic disorder |
| F40.02 | Agoraphobia without panic disorder | 300.22 | Agoraphobia without mention of panic attacks |
| F40.10 | Social phobia, unspecified | 300.23 | Social phobia |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|---|
| F40.11 | Social phobia, generalized | 300.23 | Social phobia |
| F40.210 | Arachnophobia | 300.29 | Other isolated or specific phobias |
| F40.218 | Other animal type phobia | 300.29 | Other isolated or specific phobias |
| F40.220 | Fear of thunderstorms | 300.29 | Other isolated or specific phobias |
| F40.228 | Other natural environment type phobia | 300.29 | Other isolated or specific phobias |
| F40.230 | Fear of blood | 300.29 | Other isolated or specific phobias |
| F40.231 | Fear of injections and transfusions | 300.29 | Other isolated or specific phobias |
| F40.232 | Fear of other medical care | 300.29 | Other isolated or specific phobias |
| F40.233 | Fear of injury | 300.29 | Other isolated or specific phobias |
| F40.240 | Claustrophobia | 300.29 | Other isolated or specific phobias |
| F40.241 | Acrophobia | 300.29 | Other isolated or specific phobias |
| F40.242 | Fear of bridges | 300.29 | Other isolated or specific phobias |
| F40.243 | Fear of flying | 300.29 | Other isolated or specific phobias |
| F40.248 | Other situational type phobia | 300.29 | Other isolated or specific phobias |
| F40.290 | Androphobia | 300.29 | Other isolated or specific phobias |
| F40.291 | Gynephobia | 300.29 | Other isolated or specific phobias |
| F40.298 | Other specified phobia | 300.29 | Other isolated or specific phobias |
| F40.8 | Other phobic anxiety disorders | 300.29 | Other isolated or specific phobias |
| F40.9 | Phobic anxiety disorder, unspecified | 300.20 | Phobia, unspecified |
| F41.0 | Panic disorder [episodic paroxysmal anxiety] | 300.01 | Panic disorder without agoraphobia |
| F41.1 | Generalized anxiety disorder | 300.02 | Generalized anxiety disorder |
| F41.3 | Other mixed anxiety disorders | 300.09 | Other anxiety states |
| F41.8 | Other specified anxiety disorders | 300.09 | Other anxiety states |
| F41.9 | Anxiety disorder, unspecified | 300.00 | Anxiety state, unspecified |
| F42 | Obsessive-compulsive disorder | NA | NA |
| F44.0 | Dissociative amnesia | 300.12 | Dissociative amnesia |
| F44.1 | Dissociative fugue | 300.13 | Dissociative fugue |
| F44.2 | Dissociative stupor | 300.19 | Other and unspecified factitious illness |
| F44.4 | Conversion disorder with motor symptom or deficit | 300.11 | Conversion disorder |
| F44.5 | Conversion disorder with seizures or convulsions | 300.11 | Conversion disorder |
| F44.6 | Conversion disorder with sensory symptom or deficit | 300.11 | Conversion disorder |
| F44.7 | Conversion disorder with mixed symptom presentation | 300.11 | Conversion disorder |
| F44.81 | Dissociative identity disorder | 300.14 | Dissociative identity disorder |
| F44.89 | Other dissociative and conversion disorders | 298.2 | Reactive confusion |
| - | - | 300.16 | Factitious disorder with predominantly psychological signs and symptoms |
| F44.9 | Dissociative and conversion disorder, unspecified | - | - |
| - | - | 300.15 | Dissociative disorder or reaction, unspecified |
| F45.0 | Somatization disorder | 300.81 | Somatization disorder |
| F45.1 | Undifferentiated somatoform disorder | 300.82 | Undifferentiated somatoform disorder |
| F45.20 | Hypochondriacal disorder, unspecified | 300.7 | Hypochondriasis |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| F45.21 | Hypochondriasis | 300.7 | Hypochondriasis |
| F45.22 | Body dysmorphic disorder | 300.7 | Hypochondriasis |
| F45.29 | Other hypochondriacal disorders | 300.7 | Hypochondriasis |
| F45.8 | Other somatoform disorders | 300.89 | Other somatoform disorders |
| - | - | 306.0 | Musculoskeletal malfunction arising from mental factors |
| - | - | 306.1 | Respiratory malfunction arising from mental factors |
| - | - | 306.2 | Cardiovascular malfunction arising from mental factors |
| - | - | 306.3 | Skin disorder arising from mental factors |
| - | - | 306.4 | Gastrointestinal malfunction arising from mental factors |
| - | - | 306.50 | Psychogenic genitourinary malfunction, unspecified |
| - | - | 306.52 | Psychogenic dysmenorrhea |
| - | - | 306.53 | Psychogenic dysuria |
| - | - | 306.59 | Other genitourinary malfunction arising from mental factors |
| - | - | 306.7 | Disorder of organs of special sense arising from mental factors |
| - | - | 306.8 | Other specified psychophysiological malfunction |
| F45.9 | Somatoform disorder, unspecified | 300.82 | Undifferentiated somatoform disorder |
| - | - | 300.9 | Unspecified psychophysiological malfunction |
| F48.1 | Depersonalization-derealization syndrome | 300.6 | Depersonalization disorder |
| F48.8 | Other specified nonpsychotic mental disorders | 300.5 | Neurasthenia |
| - | - | 300.89 | Other somatoform disorders |
| F48.9 | Nonpsychotic mental disorder, unspecified | 300.9 | Unspecified nonpsychotic mental disorder |
| F68.11 | Factitious disorder w predom psych signs and symptoms | 300.16 | Factitious disorder with predominantly psychological signs and symptoms |
| F68.12 | Factitious disorder imposed on self, with predominantly physical signs and symptoms | 301.51 | Chronic factitious illness with physical symptoms |
| F68.13 | Factitious disorder with combined psychological and physical signs and symptoms | 300.16 | Factitious disorder with predominantly psychological signs and symptoms |
| - | - | 301.51 | Chronic factitious illness with physical symptoms |
| F68.8 | Other specified disorders of adult personality and behavior | 300.19 | Other and unspecified factitious illness |
| F99 | Mental disorder, not otherwise specified | 300.9 | Unspecified nonpsychotic mental disorder |
| G44.1 | Vascular headache, not elsewhere classified | 784.0 | Headache |
| I10 | Essential (primary) hypertension | 401.0 | Malignant essential hypertension |
| - | - | 401.1 | Benign essential hypertension |
| - | - | 401.9 | Unspecified essential hypertension |
| I12.0 | Hyp chr kidney disease w stage 5 chr kidney disease or ESRD | 403.01 | Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| - | - | 403.11 | Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease |
| - | - | 403.91 | Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease |
| I12.9 | Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny | 403.00 | Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified |
| - | - | 403.10 | Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified |
| - | - | 403.90 | Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 414.00 | Coronary atherosclerosis of unspecified type of vessel, native or graft |
| - | - | 414.02 | Cardiovascular disease, unspecified |
| I25.110 | Athscl heart disease of native cor art w unstable ang pctrs | 411.1 | Intermediate coronary syndrome |
| - | - | 414.01 | Coronary atherosclerosis of native coronary artery |
| I25.111 | Athscl heart disease of native cor art w ang pctrs w spasm | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.01 | Coronary atherosclerosis of native coronary artery |
| I25.118 | Athscl heart disease of native cor art w oth ang pctrs | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.01 | Coronary atherosclerosis of native coronary artery |
| I25.119 | Athscl heart disease of native cor art w unsp ang pctrs | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.01 | Coronary atherosclerosis of native coronary artery |
| I25.2 | Old myocardial infarction | 412 | Old myocardial infarction |
| I25.3 | Aneurysm of heart | 414.10 | Aneurysm of heart (wall) |
| - | - | 414.19 | Other aneurysm of heart |
| I25.41 | Coronary artery aneurysm | 414.11 | Aneurysm of coronary vessels |
| I25.42 | Coronary artery dissection | 414.12 | Dissection of coronary artery |
| I25.5 | Ischemic cardiomyopathy | 414.8 | Other specified forms of chronic ischemic heart disease |
| I25.6 | Silent myocardial ischemia | 414.8 | Other specified forms of chronic ischemic heart disease |
| I25.700 | Atherosclerosis of CABG, unsp, w unstable angina pectoris | 411.1 | Intermediate coronary syndrome |
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.701 | Athscl CABG, unsp, w angina pectoris w documented spasm | 413.9 | Other and unspecified angina pectoris |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|---|
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.708 | Atherosclerosis of CABG, unsp, w oth angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.709 | Atherosclerosis of CABG, unsp, w unsp angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.710 | Athscl autologous vein CABG w unstable angina pectoris | 411.1 | Intermediate coronary syndrome |
| - | - | 414.02 | Coronary atherosclerosis of autologous vein bypass graft |
| I25.711 | Athscl autologous vein CABG w ang pctrs w documented spasm | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.02 | Coronary atherosclerosis of autologous vein bypass graft |
| I25.718 | Athscl autologous vein CABG w oth angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.02 | Coronary atherosclerosis of autologous vein bypass graft |
| I25.719 | Athscl autologous vein CABG w unsp angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.02 | Coronary atherosclerosis of autologous vein bypass graft |
| I25.720 | Athscl autologous artery CABG w unstable angina pectoris | 411.1 | Intermediate coronary syndrome |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| I25.721 | Athscl autologous artery CABG w ang pctrs w documented spasm | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| I25.728 | Athscl autologous artery CABG w oth angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| I25.729 | Athscl autologous artery CABG w unsp angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| I25.730 | Athscl nonautologous biological CABG w unstable ang pctrs | 411.1 | Intermediate coronary syndrome |
| - | - | 414.03 | Coronary atherosclerosis of nonautologous biological bypass graft |
| I25.731 | Athscl nonaut biological CABG w ang pctrs w documented spasm | 413.9 | Other and unspecified angina pectoris |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|--|
| - | - | 414.03 | Coronary atherosclerosis of nonautologous biological bypass graft |
| I25.738 | Athscl nonautologous biological CABG w oth angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.03 | Coronary atherosclerosis of nonautologous biological bypass graft |
| I25.739 | Athscl nonautologous biological CABG w unsp angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.03 | Coronary atherosclerosis of nonautologous biological bypass graft |
| I25.750 | Athscl native cor art of txplt heart w unstable angina | 411.1 | Intermediate coronary syndrome |
| - | - | 414.06 | Coronary atherosclerosis of native coronary artery of transplanted heart |
| I25.751 | Athscl native cor art of txplt heart w ang pctr w spasm | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.06 | Coronary atherosclerosis of native coronary artery of transplanted heart |
| I25.758 | Athscl native cor art of transplanted heart w oth ang pctr | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.06 | Coronary atherosclerosis of native coronary artery of transplanted heart |
| I25.759 | Athscl native cor art of transplanted heart w unsp ang pctr | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.06 | Coronary atherosclerosis of native coronary artery of transplanted heart |
| I25.760 | Athscl bypass of cor art of txplt heart w unstable angina | 411.1 | Intermediate coronary syndrome |
| - | - | 414.07 | Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart |
| I25.761 | Athscl bypass of cor art of txplt heart w ang pctr w spasm | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.07 | Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart |
| I25.768 | Athscl bypass of cor art of txplt heart w oth ang pctr | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.07 | Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart |
| I25.769 | Athscl bypass of cor art of txplt heart w unsp ang pctr | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.07 | Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart |
| I25.790 | Atherosclerosis of CABG w unstable angina pectoris | 411.1 | Intermediate coronary syndrome |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|--|------------|--|
| I25.791 | Atherosclerosis of CABG w angina pectoris w documented spasm | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.798 | Atherosclerosis of CABG w oth angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.799 | Atherosclerosis of CABG w unsp angina pectoris | 413.9 | Other and unspecified angina pectoris |
| - | - | 414.04 | Coronary atherosclerosis of artery bypass graft |
| - | - | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.810 | Atherosclerosis of CABG w/o angina pectoris | 414.05 | Coronary atherosclerosis of unspecified bypass graft |
| I25.811 | Athscl native cor art of transplanted heart w/o ang pctrs | 414.06 | Coronary atherosclerosis of native coronary artery of transplanted heart |
| I25.812 | Athscl bypass of cor art of transplanted heart w/o ang pctrs | 414.07 | Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart |
| I25.82 | Chronic total occlusion of coronary artery | 414.2 | Chronic total occlusion of coronary artery |
| I25.83 | Coronary atherosclerosis due to lipid rich plaque | 414.3 | Coronary atherosclerosis due to lipid rich plaque |
| I25.84 | Coronary atherosclerosis due to calcified coronary lesion | 414.4 | Coronary atherosclerosis due to calcified coronary lesion |
| I25.89 | Other forms of chronic ischemic heart disease | 414.8 | Other specified forms of chronic ischemic heart disease |
| I25.9 | Chronic ischemic heart disease, unspecified | 414.8 | Other specified forms of chronic ischemic heart disease |
| - | - | 414.9 | Chronic ischemic heart disease, unspecified |
| I48.0 | Paroxysmal atrial fibrillation | 427.31 | Atrial fibrillation |
| I48.1 | Persistent atrial fibrillation | 427.31 | Atrial fibrillation |
| I48.11 | Longstanding persistent atrial fibrillation | 427.31 | Atrial fibrillation |
| I48.19 | Other persistent atrial fibrillation | 427.31 | Atrial fibrillation |
| I48.2 | Chronic atrial fibrillation | 427.31 | Atrial fibrillation |
| I48.20 | Chronic atrial fibrillation, unspecified | 427.31 | Atrial fibrillation |
| I48.21 | Permanent atrial fibrillation | 427.31 | Atrial fibrillation |
| I48.3 | Typical atrial flutter | 427.32 | Atrial flutter |
| I48.4 | Atypical atrial flutter | 427.32 | Atrial flutter |
| I48.91 | Unspecified atrial fibrillation | 427.31 | Atrial fibrillation |
| I48.92 | Unspecified atrial flutter | 427.32 | Atrial flutter |
| J18.8 | Other pneumonia, unspecified organism | 486 | Pneumonia, organism unspecified |
| J18.9 | Pneumonia, unspecified organism | 486 | Pneumonia, organism unspecified |
| J86.0 | Pyothorax with fistula | 510.0 | Empyema with fistula |
| - | - | 530.84 | Tracheoesophageal fistula |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|---|
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 530.81 | Esophageal reflux |
| K22.0 | Achalasia of cardia | 350.0 | Achalasia and cardiospasm |
| K22.10 | Ulcer of esophagus without bleeding | 350.20 | Ulcer of esophagus without bleeding |
| K22.11 | Ulcer of esophagus with bleeding | 350.21 | Ulcer of esophagus with bleeding |
| K22.2 | Esophageal obstruction | 350.3 | Stricture and stenosis of esophagus |
| K22.4 | Dyskinesia of esophagus | 350.5 | Dyskinesia of esophagus |
| K22.5 | Diverticulum of esophagus, acquired | 350.6 | Diverticulum of esophagus, acquired |
| K22.6 | Gastro-esophageal laceration-hemorrhage syndrome | 350.7 | Gastroesophageal laceration-hemorrhage syndrome |
| K22.70 | Barrett's esophagus without dysplasia | 530.85 | Barrett's esophagus |
| K22.710 | Barrett's esophagus with low grade dysplasia | 530.85 | Barrett's esophagus |
| K22.711 | Barrett's esophagus with high grade dysplasia | 530.85 | Barrett's esophagus |
| K22.719 | Barrett's esophagus with dysplasia, unspecified | 530.85 | Barrett's esophagus |
| K22.8 | Other specified diseases of esophagus | 530.82 | Esophageal hemorrhage |
| - | - | 530.83 | Esophageal leukoplakia |
| - | - | 530.89 | Other specified disorders of esophagus |
| K22.9 | Disease of esophagus, unspecified | 530.89 | Other specified disorders of esophagus |
| K23 | Disorders of esophagus in diseases classified elsewhere | 530.89 | Other specified disorders of esophagus |
| K94.30 | Esophagostomy complications, unspecified | 530.87 | Mechanical complication of esophagostomy |
| K94.31 | Esophagostomy hemorrhage | 530.87 | Mechanical complication of esophagostomy |
| K94.32 | Esophagostomy infection | 530.86 | Infection of esophagostomy |
| K94.33 | Esophagostomy malfunction | 530.87 | Mechanical complication of esophagostomy |
| K94.39 | Other complications of esophagostomy | 530.87 | Mechanical complication of esophagostomy |
| N13.9 | Obstructive and reflux uropathy, unspecified | 592.9 | Urinary calculus, unspecified |
| - | - | 593.73 | Other vesicoureteral reflux with reflux nephropathy NOS |
| - | - | 599.60 | Urinary obstruction, unspecified |
| - | - | 599.69 | Urinary obstruction, not elsewhere classified |
| N17.0 | Acute kidney failure with tubular necrosis | 584.5 | Acute kidney failure with lesion of tubular necrosis |
| N17.1 | Acute kidney failure with acute cortical necrosis | 583.6 | Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal cortical necrosis |
| - | - | 584.6 | Acute kidney failure with lesion of renal cortical necrosis |
| N17.2 | Acute kidney failure with medullary necrosis | 583.7 | Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal medullary necrosis |
| - | - | 584.7 | Acute kidney failure with lesion of renal medullary [papillary] necrosis |
| N17.8 | Other acute kidney failure | 584.8 | Acute kidney failure with other specified pathological lesion in kidney |
| N17.9 | Acute kidney failure, unspecified | 584.9 | Acute kidney failure, unspecified |
| N18.1 | Chronic kidney disease, stage 1 | 585.1 | Chronic kidney disease, Stage I |
| N18.2 | Chronic kidney disease, stage 2 (mild) | 585.2 | Chronic kidney disease, Stage II (mild) |

| ICD-10 Code | No Fault Excluded ICD-10 Description | ICD-9 Code | No Fault Excluded ICD-9 Description |
|-------------|---|------------|---|
| N18.3 | Chronic kidney disease, stage 3 (moderate) | 585.3 | Chronic kidney disease, Stage III (moderate) |
| N18.4 | Chronic kidney disease, stage 4 (severe) | 585.4 | Chronic kidney disease, Stage IV (severe) |
| N18.5 | Chronic kidney disease, stage 5 | 585.5 | Chronic kidney disease, Stage V |
| N18.6 | End stage renal disease | 585.6 | End stage renal disease |
| N18.9 | Chronic kidney disease, unspecified | 585.9 | Chronic kidney disease, unspecified |
| N36.0 | Urethral fistula | 599.1 | Urinary tract infection, site not specified |
| N36.1 | Urethral diverticulum | 599.2 | Urethral diverticulum |
| N36.2 | Urethral caruncle | 599.3 | Urethral caruncle |
| N36.41 | Hypermobility of urethra | 599.81 | Urethral hypermobility |
| N36.42 | Intrinsic sphincter deficiency (ISD) | 599.82 | Intrinsic (urethral) sphincter deficiency [ISD] |
| N36.43 | Combined hypermobility of urethra and intrns sphincter defic | 599.81 | Urethral hypermobility |
| - | - | 599.82 | Intrinsic (urethral) sphincter deficiency [ISD] |
| N36.5 | Urethral false passage | 599.4 | Urethral false passage |
| N36.8 | Other specified disorders of urethra | 599.5 | Prolapsed urethral mucosa |
| - | - | 599.83 | Urethral instability |
| - | - | 599.84 | Other specified disorders of urethra |
| N36.9 | Urethral disorder, unspecified | 599.9 | Unspecified disorder of urethra and urinary tract |
| N39.0 | Urinary tract infection, site not specified | NA | NA |
| N39.8 | Other specified disorders of urinary system | 599.89 | Other specified disorders of urinary tract |
| N39.9 | Disorder of urinary system, unspecified | 599.9 | Unspecified disorder of urethra and urinary tract |
| R31.0 | Gross hematuria | 599.71 | Gross hematuria |
| R31.1 | Benign essential microscopic hematuria | 599.72 | Microscopic hematuria |
| R31.2 | Other microscopic hematuria | 599.72 | Microscopic hematuria |
| R31.9 | Hematuria, unspecified | 599.70 | Hematuria, unspecified |
| R45.2 | Unhappiness | 300.9 | Unspecified nonpsychotic mental disorder |
| R45.5 | Hostility | 300.9 | Unspecified nonpsychotic mental disorder |
| R45.6 | Violent behavior | 300.9 | Unspecified nonpsychotic mental disorder |
| R51 | Headache | 784.0 | Headache |
| R51.0 | Headache with orthostatic component, not elsewhere classified | 784.0 | Headache |
| R51.9 | Headache, unspecified | 784.0 | Headache |

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 Website |
| 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 |
| 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 |

| Acronym | Description |
|----------------|---|
| HTTPS | Hypertext Transfer Protocol over Secure Socket Layer |
| ICD-9-CM | International Classification of Diseases, Ninth Revision, Clinical Modification |
| ICD-10-CM | International Classification of Diseases, Tenth 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 |
| MBI | Medicare Beneficiary Identifier |
| 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 |
| 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 |

| Acronym | Description |
|---------------------|--|
| TrOOP Rx BIN/Rx PCN | TrOOP specific drug payment codes |
| URL | Uniform Resource Locator (website 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 website: <https://go.cms.gov/mirnghp>. To view older Alerts, click on the **Archive** link on the left-hand side of the page or <https://go.cms.gov/MIRNGHPArchive>.

Appendix M: Previous Version Changes

Version 6.2

To address situations where Responsible Report Entities (RREs) can identify future ORM termination dates based on terms of the insurance contract, Responsible Reporting Entities (RREs) can now enter a future Ongoing Responsibility for Medicals (ORM) Termination Date (Field 79) up to 75 years from the current date (Appendix A and Appendix F).

Retraction

In Version 6.1, we announced that several input errors will become “soft” errors starting April 5, 2021. However, CP03 will not become a soft edit. The *Office Code/Site ID* (Field 53), which triggers CP03, is used to identify correspondence addresses, and if incorrect, could result in mail being sent to the wrong place. Therefore this error will continue to reject the record (Appendix F).

Version 6.1

Starting April 5, 2021, the following changes will become effective:

- Several Section 111 input record errors that would cause a record to reject will become “soft” errors; that is, they will no longer cause the input records to be rejected. RREs, however, will continue to receive the errors on their response files, and they should correct and resubmit on their next quarterly file submission. The errors include: CC05, CC11, CC12, CC13, CC25, CC31, CC32, CC33, CC45, CC51, CC52, CC53, CC65, CC71, CC72, CC73, CI02, CI03, CI25, CP03, CP06, CP07, CP08, CP09, CP10, CP13 (new), CR11, CR12, CR13, CR14, CR31, CR32, CR33, CR 34, CR51, CR52, CR53, CR54, CR71, CR72, CR73, CR 74, CR91, CR92, CR93, CR94, and TN30 (Appendix F).
- A new “soft” edit will be added and applied to NGHP *Claim Input File Detail Record* files when users submit a no-fault insurance claim where the policy limit is less than \$1000.00. The input files will be accepted but a new CP13 error will be returned on the response files. Direct Data Entry (DDE) submitters will see a message on the *Insurance Information* page but will be able to proceed with data entry without correcting (Appendix F).
- Claim Input File Detail Records, and Direct Data Entry (DDE) records, submitted prior to the effective date of the injured party’s entitlement to Medicare will be rejected and returned with a Disposition Code ‘03’ instead of an SP31 error.

Version 6.0

Chapter III

Additional information has been added regarding the computation of Total Payment Obligation to Claimant (TPOC) amounts, and the language around the reporting of indemnity-only settlements or payments by RREs has been clarified.

Chapter V

The no-fault excluded ICD-10 diagnosis codes have been updated for FY 2021.

Version 5.9

Chapters III, IV, and V

- A reminder has been added that while the threshold for physical trauma-based liability insurance settlements remains at \$750, this threshold does not apply to non-trauma liability reporting for alleged ingestion, implantation, or exposure cases. Any settlement, regardless of amount, should be reported for these types of cases.
- The limit dollar amount that triggers a threshold error has been adjusted from \$99,999,999 to \$99,999,999.99. This error occurs any time the No-Fault Insurance Limit amount or the cumulative value of all reported TPOCs (detailed and auxiliary records) exceed this limit. Additionally, the No-Fault Insurance Limit field number has been corrected under “Exceptions.”
- When considering the requirements for ORM, remember, per current policy, that the dollar limit for No-Fault Insurance Limits (Field 61) represents a combined total of Med-Pay and PIP.
- The CR02 claim response file error code field number has been corrected.
- Several no-fault excluded ICD-10 codes have been removed from the *Excluded ICD-10 and ICD-9 Diagnosis Codes* table.

Version 5.8

Chapter III

Policy language regarding MSP recovery efforts has been updated.

Chapters III & IV

As of January 1, 2020, the threshold for physical trauma-based liability insurance settlements will remain at \$750. CMS will maintain the \$750 threshold for no-fault insurance and workers' compensation settlements, where the no-fault insurer or workers' compensation entity does not otherwise have ongoing responsibility for medicals.

Version 5.7

Chapter V

The excluded and no-fault excluded ICD-10 diagnosis codes have been updated for FY 2020 (Appendix I and Appendix J).

Version 5.6

Chapter II

Clarification added regarding submission of multiple Claim Input Files (Section 4.2.2).

Chapter IV & V

The retention period for downloading response files has been updated from 180 days to 60 days (Sections 10.3 and 10.4).

RREs can download the latest PC/server version of the HIPAA Eligibility Wrapper (HEW) software from the Section 111 MRA application, which is compatible with Windows 10. (**Note:** RREs using the mainframe version of the HEW may continue to request a copy of the latest HEW version from their EDI Representative.) (Sections 8.2 and 8.4, Appendix E)

Because file types have been restricted for uploads, RREs using the HTTPS file transmission method can only upload files with the file extension of .txt. Any other file type will generate an Invalid File error message (Sections 9.3 and 10.4).

Version 5.5

Chapter III

Beginning January 1, 2019, the threshold for liability insurance settlements, judgments, awards, or other payments (“settlements”) will remain at \$750. CMS will maintain the \$750 threshold for no-fault insurance and workers’ compensation settlements, where the no-fault insurer or workers’ compensation entity does not otherwise have ongoing responsibility for medicals. (Section 6.4)

Chapter V

- If the Total Payment Obligation to Claimant (TPOC) is determined after the settlement date, Responsible Reporting Entities (RREs) are required to provide an actual or estimated date for the TPOC funding. To this end, the definitions for the Funding Delayed Beyond TPOC Start Date fields (and related error code descriptions) have been updated (Table A-3, fields 82, 95, 98, 101, and 104).
- To resolve discrepancies, the excluded ICD-9 and ICD-10 tables in the appendices have been updated to match the excluded lists that are available through the Section 111 MRA application (Appendix I and J).
- To reduce the number of version and revision history pages, this guide now includes only information from the last four releases.

Version 5.4

Chapters I, II, & IV

- To meet Section 111 requirements, a Paperwork Reduction Act (PRA) disclosure statement has been added to this guide.
- The contact protocol for the Section 111 data exchange escalation process has been updated (Section 8.2).

Chapters IV & V

- To ensure updates are applied to recovery cases appropriately, RREs are asked to submit the policy number uniformly with a consistent format. When sending updates, enter the policy number exactly as it was entered on the original submission, whether zeros or a full policy number (Appendix A, Claim Input File, Field 54).
- Placement of decimals for the ICD-10 Excluded “Y” diagnosis codes has been corrected (Appendix I).
- The excluded and no-fault excluded ICD-10 diagnosis codes have been updated for 2019 (Appendix I and J).

Version 5.3

Per CMS, the Termination of Ongoing Responsibility for Medicals (ORM) Reporting has been updated.

ICD-10 exclusions have been updated for 2018 (Appendix I and Appendix J).

As required by Section 501 of the Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act (MACRA) of 2015, CMS must discontinue all Social Security Number (SSN)-based Medicare identifiers and distribute a new 11-byte Medicare Beneficiary Identifier (MBI)-based card to each Medicare beneficiary by April 2019. CMS has exempted all Medicare Secondary Payer (MSP) processes from exclusive use of the MBI. Therefore, Non-Group Health Plan (NGHP) RREs are permitted to continue to report for Section 111 mandatory insurer reporting using: full SSN, Health Insurance Claim Number (HICN), or MBI. All fields formerly labeled as “HICN” have been relabeled as “Medicare ID” and can accept either a HICN or the new MBI.

Additional Notes:

Medicare Identifier on Section 111 Response Files

The most current Medicare ID (HICN or MBI) will be returned in the Section 111 response files in the “Medicare ID” field. Consequently, if an RRE submits information with a HICN and the Medicare beneficiary has received their MBI, the MBI will be returned. Otherwise, the most current HICN will be returned. RREs may submit subsequent Section 111 information for this Medicare beneficiary using either the HICN or MBI.

Medicare Identifier on Outgoing Correspondence

As part of the New Medicare Card Project changes, Benefits Coordination and Recovery Center (BCRC) and Commercial Repayment Center (CRC) issued correspondence will use the Medicare identifier that RREs most recently provided when creating or updating an Medicare Secondary Payer (MSP) record. Consequently, if the most recent information that was received used a HICN, all subsequent issued correspondence will be generated with the HICN as the Medicare ID. If the most recent information received used an MBI, all subsequent issued correspondence will be generated with the MBI as the Medicare ID.

Direct Data Entry (DDE) Users: Claim Searches

- Section 111 DDE users will be able to search for saved and submitted claims using the HICN or MBI.
- When searching for claims via the *Claim Listing* page, either the MBI or the HICN can be entered in the Medicare ID field. All claims that match for the Medicare beneficiary will display in the search results, regardless of Medicare identifier that was used to establish the claim.

Retiree Drug Subsidy (RDS) Unsolicited Response Files

- RDS Unsolicited Response Files will contain the HICN or MBI in the “Medicare ID” field, as sent by the RDS system.

General

- RREs will still be able to use a SSN to query via the Health Eligibility Wrapper (HEW) 270/271 query process. The most current Medicare identifier, either HICN or MBI will be returned in the “Medicare ID” field.

Other Changes

The contact protocol for the Section 111 data exchange escalation process has been updated (see Section 8.2).

Version 5.2

Chapters III, IV, V

For Section 111 reporting, the Centers for Medicare & Medicaid Services (CMS) has changed the minimum reportable Total Payment Obligation to the Claimant (TPOC) amounts for liability insurance (including self-insurance), no-fault insurance, and workers' compensation claims, as follows:

- Liability is changing from \$1000 to \$750 for TPOC Dates of 1/1/2017 and subsequent.
- No-Fault is changing from \$0 to \$750 for TPOC Dates of 10/1/2016 and subsequent.
- Workers' Compensation (WC) is changing from \$300 to \$750 for TPOC Dates of 10/1/2016 and subsequent.

TPOC amounts that exceed these thresholds must be reported. However, TPOC amounts less than the specified threshold may be reported and will be accepted. The logic for the CJ07 error has been changed such that a TPOC of any amount will be accepted for all types of TPOCs, including liability TPOCs. The CJ07 error will continue to be returned for a liability, workers' compensation, or no-fault claim report where the ORM Indicator is set to "N" and the cumulative TPOC amount is zero.

See Appendix F, Table F-4 for CJ07 changes to the "Possible Cause" field.