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 6.6

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Chapter 1: Summary of Version 6.6 Updates

The updates listed below have been made to the Appendices Chapter Version 6.6 of the NGHP User Guide. As indicated on prior Section 111 NGHP Town Hall teleconferences, the Centers for Medicare & Medicaid Services (CMS) continue to review reporting requirements and will post any applicable updates in the form of revisions to Alerts and the user guide as necessary.

To support the PAID Act, the Query Response File has been updated to include: Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates. The HIPAA Eligibility Wrapper Software (HEW) software has been modified to extract the additional fields from the response file (Appendix E and Appendix K).

The criteria for reporting NGHP TPOC settlements, judgments, awards, or other payments has been clarified including what to do if funding or disbursement of the TPOC does not occur until after the TPOC Date (Appendix A (Funding Delayed Beyond TPOC fields) and Appendix F (Table F-2)).

ICD-10 code G71.20, added in October, has been removed from the list for excluded ICD-10 diagnosis codes for No-Fault Plan Insurance Type D (Appendix J).

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

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

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

Appendix A: Claim Input File Layout

Claim Input File Header Record

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

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

Claim Input File Detail Record

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

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

Fields	Description	Specific Reporting Instructions
44 & 45	Self-Insured Information	This information is required to: • Indicate if the reportable event involves "self-insurance" as defined by CMS; and • If yes, specific information regarding the self-insured individual or entity

Fields	Description	Specific Reporting Instructions
64-76	Injured Party's Attorney or Other Representative Information	Attorney/Representative information required only if injured party has a representative. **If injured party does not have a representative (Injured Party Representative Indicator is a space), default each field in this section to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 64-76) with spaces if not supplying Representative Information.**
84-97	Claimant Information	These fields are **Optional**. This section is only to be used if the injured party is deceased. The claimant may be the beneficiary's estate, or other claimant in the case of wrongful death or survivor action. Additional claimants may be listed on the Auxiliary Record. **If not supplying Claimant 1 information (Claimant 1 Relationship is a space), default each field (Fields 84-97) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 84-97) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met This section is **not** used when the injured party/Medicare beneficiary is alive and an individual is pursuing a claim on behalf of the beneficiary. See the section for Injured Party's Attorney or Other Representative Information.
99-111	Claimant 1 Attorney/Other Representative Information	These fields are **Optional**. This section is only to be used if the injured party is deceased and the claimant has representation. **If not supplying Claimant 1 Representative information (C1 Representative Indicator is a space), default each field in this section (Fields 99-111) to its appropriate default value per the field type (zeroes or spaces) or fill the entire section (Fields 99-111) with spaces.** If supplying information in these fields, it will be edited for validity and completeness and errors will be returned if field requirements are not met.

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCD." **Required.**
2	DCN	15	5	19	Alpha-Numeric	Document Control Number; assigned by the Section 111 RRE. Each record within the file submitted shall have a unique DCN. The DCN only needs to be unique within the current file being submitted. DCN will be supplied back by BCRC on corresponding response file records for tracking purposes. **Required.**
3	Action Type	1	20	20	Numeric	Action to be performed. Valid values: 0 = Add 1 = Delete 2 = Update/Change **Note:** For changes/corrections to the initial reports of Total Payment Obligation to the Claimant (TPOC) amounts or to add additional TPOCs, report use "2." **Required.**
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	Date of Incident (DOI) **as defined by CMS:** • For an automobile wreck or other accident, the date of incident is the date of the accident. • For claims involving exposure (including, for example, occupational disease and any associated cumulative injury) the DOI is the **date of first exposure.** • For claims involving ingestion (for example, a recalled drug), it is the **date of first ingestion.** For claims involving implants, it is the **date of the implant (or date of the first implant if there are multiple implants).** • For claims involving cumulative injury, the DOI is the earlier of the date that treatment for any manifestation of the cumulative injury began, when such treatment preceded formal diagnosis; or the first date that formal diagnosis was made by any medical practitioner. **Note**: CMS's definition of DOI generally differs from the definition routinely used by the insurance/workers' compensation industry (Field 13) only for claims involving exposure, ingestion, or implants. Must be numeric and a valid date prior to or equal to the current BCRC processing date. Field cannot contain spaces, alpha characters or all zeroes. Format: CCYYMMDD **Required.**

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
15	Alleged Cause of Injury, Incident, or Illness	7	159	165	Alpha-Numeric	ICD-9-CM/ICD-10-CM (International Classification of Diseases, Ninth/Tenth Revision, Clinical Modification) External Cause of Injury Code describing the alleged cause of injury/illness.
						Optional.
						Left justify. Do not include decimal point. Must exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at https://www.cob.cms.hhs.gov/Section111/.
						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.
						Special default for liability reporting: If, and only if:
						• The ORM Indicator (Field 78) is N and the Plan Insurance Type (Field 51) is L;
						• Claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged;
						• There is no allegation of a situation involving medical care or a physical or mental injury;
						• The settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted.
						If "NOINJ" is submitted in Field 15 then "NOINJ" must be submitted in Field 18.

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
18	ICD Diagnosis Code 1	7	169	175	Alpha-Numeric	ICD-9-CM/ICD-10-CM Diagnosis Code describing the alleged injury/illness. **Required for add and update records (Action Type = 0 or 2).** Left justify. Do not include decimal point. Must exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at https://www.cob.cms.hhs.gov/Section111/. **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.** Special default for liability reporting: If, and only if: • ORM Indicator (Field 78) is N and the Plan Insurance Type (Field 51) is L; • Claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; • No allegation of a situation involving medical care or a physical or mental injury; • Settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 18 then all remaining ICD Diagnosis Codes 2-19 must be filled with spaces.
19	ICD Diagnosis Code 2	7	176	182	Alpha-Numeric	See explanation for Field 18. May include additional, valid ICD Diagnosis Code as specified in the requirements for Field 18. **Required when multiple body parts are affected.** Provide if available/applicable.
20	ICDDiagnosis Code 3	7	183	189	Alpha-Numeric	See explanation for Field 18 and 19. **Required when 3 or more body parts are affected.** Provide if available/applicable.

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	Indication of whether the reportable event involves self-insurance <u>as defined by CMS</u>. Valid values: Y = Yes N = No Self-insurance is defined in "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available in Appendix H. You **must** use this definition of self-insurance for purposes of this reporting. Used by CMS if Plan Insurance Type (Field 51) is E or L (Workers' Compensation or Liability). The self-insurance rules applicable to Liability and WC do not apply to No-Fault. **Required.** **If Plan Insurance Type is E or L, this field must equal Y or N.** **If Plan Insurance Type is D, this field must equal N or space.**

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

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

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

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

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

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

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

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
79	ORM Termination Date	8	1582	1589	Numeric Date	Date ongoing responsibility for medicals ended, where applicable. Only applies to records previously submitted (or submitted in this record where ongoing responsibility for medicals and termination of such responsibility are reported in this same submission) with ORM Indicator = Y.
						ORM Termination Date is not applicable if claimant retains the ability to submit/apply for payment for additional medicals related to the claim. See NGHP User Guide Technical Information Chapter IV (Sections 6.7 and 6.8) for information concerning exceptions regarding reporting ORM.
						Future dates are accepted but cannot exceed more than 75 years from the current date.
						When an ORM termination date is submitted, the ORM indicator in Field 78 **must remain as "Y."**
						Format: CCYYMMDD
						Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established.

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

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
82	Funding Delayed Beyond TPOC Start Date 1	8	1609	1616	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
83	Reserved for Future Use	20	1617	1636	Alpha-Numeric	Fill with spaces.
84	Claimant 1 Relationship	1	1637	1637	Alphabetic	Relationship of the claimant to the injured party/Medicare beneficiary. This field also indicates whether the claimant name refers to an individual or an entity/organization (e.g. "The Trust of John Doe" or "The Estate of John Doe"). Valid values: E = Estate, Individual Name Provided F = Family Member, Individual Name Provided O = Other, Individual Name Provided X = Estate, Entity Name Provided (e.g. "The Estate of John Doe") Y = Family, Entity Name Provided (e.g. "The Family of John Doe") Z = Other, Entity Name Provided (e.g. "The Trust of John Doe") Space = Claimant Information Not Supplied (Fields 84 – 98 must contain default values according to Data Type, or all spaces) This section is only to be used if the injured party is deceased. **Optional.**
85	Claimant 1 TIN	9	1638	1646	Alpha-Numeric	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1. May contain only spaces or numbers. Must not match other claimant(s) listed on the Auxiliary Record. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all zeroes or all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
86	Claimant 1 Last Name	40	1647	1686	Alphabetic	Surname of Claimant 1. Embedded hyphens (dashes), apostrophes and spaces accepted. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
87	Claimant 1 First Name	30	1687	1716	Alphabetic	Given/First name of Claimant 1. May only contain letters and spaces. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
88	Claimant 1 Middle Initial	1	1717	1717	Alphabetic	First letter of Claimant 1's middle name. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
89	Claimant 1 Entity/Organization Name	71	1647	1717	Alpha-Numeric	Name of Claimant 1 Entity/Organization. Redefines Fields 86-88 (is made up of the same bytes, is in the same location as Fields 86-88). Use either Field 89 or Fields 86-88 depending on the Relationship code submitted. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
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	Second line of the mailing address of the claimant named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
92	Claimant 1 City	30	1818	1847	Alpha-Numeric	Mailing address city for the claimant named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces.** **Optional.**
93	Claimant 1 State	2	1848	1849	Alphabetic	US Postal abbreviation State Code for the claimant named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
94	Claimant 1 Zip	5	1850	1854	Alpha-Numeric	5-digit Zip Code for the claimant named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If Claimant 1 Relationship (Field 84) is equal to a space or Claimant 1 State (Field 93) = "FC," must contain all spaces or all zeroes.** **Optional.**

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	Code indicating the type of Attorney/Other Representative information provided for Claimant 1.
						Valid values:
						A = Attorney
						G = Guardian/Conservator
						P = Power of Attorney
						O = Other
						Space = Claimant Representative Information Not Supplied. (Fields 99 – 111 must contain default values according to Data Type, or all spaces).
						If a value is submitted in this field, data must be supplied in Fields 100-111.
						If Claimant 1 has more than one representative, provide information for their attorney if available.
						Optional.
100	C1 Representative Last Name	40	1895	1934	Alphabetic	Surname of C1 representative.
						Embedded hyphens (dashes), apostrophes and spaces accepted.
						If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.
101	C1 Representative First Name	30	1935	1964	Alphabetic	Given or first name of C1 representative.
						May only contain letters and spaces.
						If supplied, must contain at least 2 characters and first character must be alphabetic.
						If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.
						Optional.
102	C1 Representative Firm Name	70	1965	2034	Alpha-Numeric	C1 Representative's firm name.
						If supplied, must contain at least 2 alphanumeric characters.
						If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.
						Optional.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
103	C1 Representative TIN	9	2035	2043	Alpha-Numeric	C1 Representative's Federal Tax Identification Number (TIN). If C1 representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the C1 representative's Social Security Number (SSN). May contain only spaces or numbers. If no C1 Representative TIN is available, fill with spaces or all zeroes. If supplied, cannot = TIN (field 52). **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces or all zeroes.** **Optional.**
104	C1 Representative Mailing Address 1	50	2044	2093	Alpha-Numeric	First line of the mailing address for the C1 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = "FC," must contain all spaces.** **Optional.**
105	C1 Representative Mailing Address 2	50	2094	2143	Alpha-Numeric	Second line of the mailing address of the C1 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
106	C1 Representative Mailing City	30	2144	2173	Alpha-Numeric	Mailing address city for the C1 representative named above. Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (field 107) = "FC," must contain all spaces.** **Optional.**
107	C1 Representative State	2	2174	2175	Alphabetic	US Postal abbreviation State Code for the C1 representative named above. See http://www.usps.com If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
108	C1 Representative Zip	5	2176	2180	Alpha-Numeric	5-digit Zip Code for the C1 representative named above. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 107) = "FC," must contain all spaces or all zeroes.** **Optional.**
109	C1 Representative Zip+4	4	2181	2184	Alpha-Numeric	4-digit Zip+4 Code for the C1 representative named above. If not applicable or unknown, fill with zeroes (0000). **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 107) = "FC," must contain all spaces or all zeroes.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
110	C1 Representative Phone	10	2185	2194	Alpha-Numeric	Telephone number of the C1 representative named above. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. **If C1 Representative Indicator (Field 99) is equal to a space or C1 Representative State (Field 127107 = "FC," must contain all spaces or all zeroes.** **Optional.**
111	C1 Representative Phone Extension	5	2195	2199	Alpha-Numeric	Telephone extension number of the C1 representative named above. Fill with all spaces if unknown or not applicable. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.** **Optional.**
112	Reserved for Future Use	21	2200	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Auxiliary Record

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

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

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

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCE." **Required.**
2	DCN	15	5	19	Alpha-Numeric	Document Control Number (DCN) assigned by the Section 111 RRE. Must match the DCN on the corresponding Claim Input File Detail Record (Record Identifier NGCD). **Required.**
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	Second line of the mailing address for Claimant 2 named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other.
						If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.
						If supplied, must contain at least 2 alphanumeric characters.
						If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.
						Optional.
15	Claimant 2 City	30	292	321	Alpha-Numeric	Mailing address city for Claimant 2 named above.
						Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed.
						If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.
						If Claimant 2 Relationship (Field 7) is equal to a space or Claimant 2 State (Field 16) = "FC," must contain all spaces.
						Optional.
16	Claimant 2 State	2	322	323	Alphabetic	US Postal abbreviation State Code for Claimant 2 named above.
						See http://www.usps.com
						If no US address is available, supply "FC." The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses.
						If Claimant 2 Relationship (Field 7) is equal to a space, must contain all spaces.
						Optional.

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	C2 Representative's Federal Tax Identification Number (TIN). If C2 representative is part of a firm, supply the firm's Employer Identification Number (EIN), otherwise supply the C2 representative's Social Security Number (SSN). May contain only spaces and numbers. If no C2 Representative TIN is available, fill with spaces or all zeroes. If supplied, cannot = TIN (Field 72 of Claim Input file layout). **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces or all zeroes.** **Optional.**
27	C2 Representative Mailing Address Line 1	50	518	567	Alpha-Numeric	First line of the mailing address for the C2 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If C2 Representative Indicator (Field 22) is equal to a space or C2 Representative State (Field 30) = "FC," must contain all spaces.** **Optional.**
28	C2 Representative Mailing Address Line 2	50	568	617	Alpha-Numeric	Second line of the mailing address of the C2 representative named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. If supplied, must contain at least 2 alphanumeric characters. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**

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

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
95	Funding Delayed Beyond TPOC Start Date 2	8	1859	1866	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
96	TPOC Date 3	8	1867	1874	Numeric Date	Date of third (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an *additional* TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 3. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 3 is all zeroes.
97	TPOC Amount 3	11	1875	1885	Numeric	Third (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. *Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Must be non-zero if a non-zero value is submitted in TPOC Date 3. Must be all zeroes if TPOC Date 3 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
98	Funding Delayed Beyond TPOC Start Date 3	8	1886	1893	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
99	TPOC Date 4	8	1894	1901	Numeric Date	Date of fourth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an *additional* TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 4. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 4 is all zeroes.
100	TPOC Amount 4	11	1902	1912	Numeric	Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount. See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Must be non-zero if a non-zero value is submitted in TPOC Date 4. Must be all zeroes if TPOC Date 4 is all zeroes.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
101	Funding Delayed Beyond TPOC Start Date 4	8	1913	1920	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
102	TPOC Date 5	8	1921	1928	Numeric Date	Date of fifth (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 5. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 5 is all zeroes. NOTE: If more than five TPOCs need to be reported for a single claim, then put the most recent TPOC Date in TPOC Date 5.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
103	TPOC Amount 5	11	1929	1939	Numeric	Fifth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Date 5. Must be all zeroes if TPOC Date 5 is all zeroes. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** NOTE: If more than five TPOCs need to be reported for a single claim, add the sixth and subsequent TPOC Amounts to the amount reported in TPOC Amount 5.
104	Funding Delayed Beyond TPOC Start Date 5	8	1940	1947	Numeric Date	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
105	Reserved for Future Use	273	1948	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Trailer Record

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

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

Appendix B: TIN Reference File Layout

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

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

TIN Reference File Header Record

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

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

TIN Reference File Detail Record

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

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
4	Office Code/Site ID	9	23	31	Alpha-Numeric	RRE-defined 9-digit number to uniquely identify variations in insurer addresses/claim offices/Plan Contact Addresses as reported in Field 53 of each Detail Claim Record. Used in conjunction with the TIN reported in Field 52 of the Detail Claim record to uniquely specify different addresses associated with one TIN. **If only one address will be used per reported TIN, leave blank. If not used, must be spaces. If used, must be a non-zero 9-digit number, right justified and padded on the left with zeroes. No letters or special characters are accepted.** Each TIN/Office Code combination reported in Fields 52 and 53 of the Detail Claim Records must have a corresponding record reported on the TIN Reference File. A record must be submitted on the TIN Reference File for each unique TIN/Office Code combination. **Required if Office Code/Site ID is supplied in Field 53 of the Claim Input File Detail Record.**
5	TIN/Office Code Mailing Name	70	32	101	Alpha-Numeric	Name associated with the RRE reflected by the unique TIN and Office Code combination. If the RRE is using a recovery agent, do not enter the recovery agent's name here. This name will be used to address recovery-related correspondence (including demand notifications, if applicable) associated with matching claim reports to the RRE. 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. **Required.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
6	TIN/Office Code Mailing Address Line 1	50	102	151	Alpha-Numeric	First line of the address associated with the unique TIN/Office Code combination reflected on this record.
						This mailing address should reflect where the RRE wishes to have all 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.
						Must be a US address.
						Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite and/or apartment number if possible.
						If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply "FC" in the TIN/Office Code State (Field 9).
						If TIN/Office Code State (Field 9) = "FC," this field must be spaces.
						Required.
7	TIN/Office Code Mailing Address Line 2	50	152	201	Alpha-Numeric	Second line of the address associated with the unique TIN and Office Code combination reflected on this record.
						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.
						Must be a US address.
						Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the secondary street address information such as "ATTN TO," internal mailstops, department name, etc.
						If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply "FC" in the TIN/Office Code State (Field 9).
						If TIN/Office Code State (Field 9) = "FC." this field must be spaces.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
8	TIN/Office Code City	30	202	231	Alpha-Numeric	City of the address associated with the unique TIN and Office Code combination reflected on this record.
						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.
						Must be a US city.
						Field may contain only alphabetic, Space, Comma, &—' . @ # / ; : characters. No numeric characters allowed.
						If the RRE has registered as a foreign entity and no US address is available, fill with spaces and supply "FC" in the TIN/Office Code State (Field 9).
						If TIN/Office Code State (Field 9) = "FC," this field must be spaces.
						Required.
9	TIN/Office Code State	2	232	233	Alphabetic	US Postal state abbreviation of the address associated with the unique TIN and Office Code combination reflected on this record.
						See http://www.usps.com
						The District of Columbia, American Samoa, Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses.
						This mailing address should reflect where the RRE wishes to have 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.
						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.
						Required.

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 *only if* RRE has no US address. **Required if TIN/Office Code State (Field 9) = "FC."**
13	Foreign RRE Address Line 2	32	275	306	Alpha-Numeric	Second line of mailing address of a foreign RRE. Use **only if** RRE has no US address. **Optional.**
14	Foreign RRE Address Line 3	32	307	338	Alpha-Numeric	Third line of mailing address of a foreign RRE. Use *only* **if** RRE has no US address. **Optional.**
15	Foreign RRE Address Line 4	32	339	370	Alpha-Numeric	Fourth line of mailing address of a foreign RRE. Use **only if** RRE has no US address. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
16	Recovery Agent Mailing Name	70	371	440	Alpha-Numeric	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 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. **Optional**.
17	Recovery Agent Mailing Address Line 1	50	441	490	Alpha-Numeric	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 and/or apartment number if possible. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional.**
18	Recovery Agent Mailing Address Line 2	50	491	540	Alpha-Numeric	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. **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
19	Recovery Agent Mailing City	30	541	570	Alpha-Numeric	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. Field may contain only alphabetic, space, comma, &, '-' . @ # / ; : characters. No numeric characters allowed. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional.**
20	Recovery Agent Mailing State	2	571	572	Alphabetic	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. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional**.
21	Recovery Agent Mailing Zip	5	573	577	Alpha-Numeric	5-digit ZIP Code to be used on the recovery agent's copy of recovery-related correspondence reflected by the unique TIN amd Office Code combination. If the RRE is not submitting recovery agent information, fill with spaces. Must be a US ZIP Code. **If Recovery Agent Mailing Name (Field 16) is submitted, this field is required.** **Optional.**
22	Recovery Agent Mailing Zip+4	4	578	581	Alpha-Numeric	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).
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

<u>**Fields 28-37:**</u>

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.

<u>**Fields 38-47:**</u>

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. 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 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 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 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 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 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 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 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 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 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. 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. 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. 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. 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. See the TIN Reference Response File Error Code Resolution Table for values.
28	TIN Error Code 6	4	534	537	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. 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. See the TIN Reference Response File Error Code Resolution Table for values.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
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. 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. 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. 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"
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.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
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.
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. See Appendix K for detailed steps on how to install and configure the HEW software.

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 5.0.0

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 5.0.0

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 5.0.0

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 5.0.0

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.

Field	Name	Size	Displacement	Data Type	Description
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.
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.

Field	Name	Size	Displacement	Data Type	Description
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	Most Recent Medicare Part A Effective Date	8	177-184	Numeric Date	Individual's most recent Medicare Part A effective date. Format CCYYMMDD
13	Most Recent Medicare Part A Termination Date	8	185-192	Numeric Date	Individual's most recent Medicare Part A termination date. Format CCYYMMDD
14	Most Recent Medicare Part B Effective Date	8	193-200	Numeric Date	Individual's most recent Medicare Part B effective date. Format CCYYMMDD
15	Most Recent Medicare Part B Termination Date	8	201-208	Numeric Date	Individual's most recent Medicare Part B termination date. Format CCYYMMDD
16	Most Recent Medicare Part C Plan Contract Number	5	209-213	Alpha-Numeric	Individual's most recent Medicare Part C plan contract number.
17	Most Recent Medicare Part C Plan Enrollment Date	8	214-221	Numeric Date	Individual's most recent Medicare Part C plan enrollment date. Format CCYYMMDD
18	Most Recent Medicare Part C Plan Termination Date	8	222-229	Numeric Date	Individual's most recent Medicare Part C plan termination date. Format CCYYMMDD
19	Most Recent Medicare Part C Plan Contract Name	50	230-279	Alpha-Numeric	Individual's most recent Medicare Part C plan contract name.
20	Most Recent Medicare Part C Plan PBP Number	3	280-282	Alpha-Numeric	Individual's most recent Medicare Part C plan benefit package number.
21	Most Recent Medicare Part C Plan Contract Address 1	55	283-337	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address 1.

Field	Name	Size	Displacement	Data Type	Description
22	Most Recent Medicare Part C Plan Contract Address 2	55	338-392	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address 2.
23	Most Recent Medicare Part C Plan Contract Address City	30	393-422	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address city.
24	Most Recent Medicare Part C Plan Contract Address State	2	423-424	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address state.
25	Most Recent Medicare Part C Plan Contract Address Zip	9	425-433	Alpha-Numeric	Individual's most recent Medicare Part C plan contract address ZIP.
26	Previous Medicare Part C Plan Contract Number	5	434-438	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
27	Previous Medicare Part C Plan Enrollment Date	8	439-446	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
28	Previous Medicare Part C Plan Termination Date	8	447-454	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
29	Previous Medicare Part C Plan Contract Name	50	455-504	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
30	Previous Medicare Part C Plan PBP Number	3	505-507	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
31	Previous Medicare Part C Plan Contract Address 1	55	508-562	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
32	Previous Medicare Part C Plan Contract Address 2	55	563-617	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.

Field	Name	Size	Displacement	Data Type	Description
33	Previous Medicare Part C Plan Contract Address City	30	618-647	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
34	Previous Medicare Part C Plan Contract Address State	2	648-649	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
35	Previous Medicare Part C Plan Contract Address Zip	9	650-658	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
36	Previous Medicare Part C Plan Contract Number	5	659-663	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
37	Previous Medicare Part C Plan Enrollment Date	8	664-671	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
38	Previous Medicare Part C Plan Termination Date	8	672-679	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
39	Previous Medicare Part C Plan Contract Name	50	680-729	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
40	Previous Medicare Part C Plan PBP Number	3	730-732	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
41	Previous Medicare Part C Plan Contract Address 1	55	733-787	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
42	Previous Medicare Part C Plan Contract Address 2	55	788-842	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
43	Previous Medicare Part C Plan Contract Address City	30	843-872	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.

Field	Name	Size	Displacement	Data Type	Description
44	Previous Medicare Part C Plan Contract Address State	2	873-874	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
45	Previous Medicare Part C Plan Contract Address Zip	9	875-883	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
46	Previous Medicare Part C Plan Contract Number	5	884-888	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
47	Previous Medicare Part C Plan Enrollment Date	8	889-896	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
48	Previous Medicare Part C Plan Termination Date	8	897-904	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
49	Previous Medicare Part C Plan Contract Name	50	905-954	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
50	Previous Medicare Part C Plan PBP Number	3	955-957	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
51	Previous Medicare Part C Plan Contract Address 1	55	958-1012	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
52	Previous Medicare Part C Plan Contract Address 2	55	1013-1067	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
53	Previous Medicare Part C Plan Contract Address City	30	1068-1097	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
54	Previous Medicare Part C Plan Contract Address State	2	1098-1099	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.

Field	Name	Size	Displacement	Data Type	Description
55	Previous Medicare Part C Plan Contract Address Zip	9	1100-1108	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
56	Previous Medicare Part C Plan Contract Number	5	1109-1113	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
57	Previous Medicare Part C Plan Enrollment Date	8	1114-1121	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
58	Previous Medicare Part C Plan Termination Date	8	1122-1129	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
59	Previous Medicare Part C Plan Contract Name	50	1130-1179	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
60	Previous Medicare Part C Plan PBP Number	3	1180-1182	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
61	Previous Medicare Part C Plan Contract Address 1	55	1183-1237	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
62	Previous Medicare Part C Plan Contract Address 2	55	1238-1292	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
63	Previous Medicare Part C Plan Contract Address City	30	1293-1322	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
64	Previous Medicare Part C Plan Contract Address State	2	1323-1324	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
65	Previous Medicare Part C Plan Contract Address Zip	9	1325-1333	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.

Field	Name	Size	Displacement	Data Type	Description
66	Previous Medicare Part C Plan Contract Number	5	1334-1338	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
67	Previous Medicare Part C Plan Enrollment Date	8	1339-1346	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
68	Previous Medicare Part C Plan Termination Date	8	1347-1354	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
69	Previous Medicare Part C Plan Contract Name	50	1355-1404	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
70	Previous Medicare Part C Plan PBP Number	3	1405-1407	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
71	Previous Medicare Part C Plan Contract Address 1	55	1408-1462	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
72	Previous Medicare Part C Plan Contract Address 2	55	1463-1517	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
73	Previous Medicare Part C Plan Contract Address City	30	1518-1547	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
74	Previous Medicare Part C Plan Contract Address State	2	1548-1549	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
75	Previous Medicare Part C Plan Contract Address Zip	9	1550-1558	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
76	Previous Medicare Part C Plan Contract Number	5	1559-1563	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.

Field	Name	Size	Displacement	Data Type	Description
77	Previous Medicare Part C Plan Enrollment Date	8	1564-1571	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
78	Previous Medicare Part C Plan Termination Date	8	1572-1579	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
79	Previous Medicare Part C Plan Contract Name	50	1580-1629	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
80	Previous Medicare Part C Plan PBP Number	3	1630-1632	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
81	Previous Medicare Part C Plan Contract Address 1	55	1633-1687	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
82	Previous Medicare Part C Plan Contract Address 2	55	1688-1742	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
83	Previous Medicare Part C Plan Contract Address City	30	1743-1772	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
84	Previous Medicare Part C Plan Contract Address State	2	1773-1774	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
85	Previous Medicare Part C Plan Contract Address Zip	9	1775-1783	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
86	Previous Medicare Part C Plan Contract Number	5	1784-1788	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
87	Previous Medicare Part C Plan Enrollment Date	8	1789-1796	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
88	Previous Medicare Part C Plan Termination Date	8	1797-1804	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
89	Previous Medicare Part C Plan Contract Name	50	1805-1854	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
90	Previous Medicare Part C Plan PBP Number	3	1855-1857	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
91	Previous Medicare Part C Plan Contract Address 1	55	1858-1912	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
92	Previous Medicare Part C Plan Contract Address 2	55	1913-1967	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
93	Previous Medicare Part C Plan Contract Address City	30	1968-1997	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
94	Previous Medicare Part C Plan Contract Address State	2	1998-1999	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
95	Previous Medicare Part C Plan Contract Address Zip	9	2000-2008	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
96	Previous Medicare Part C Plan Contract Number	5	2009-2013	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
97	Previous Medicare Part C Plan Enrollment Date	8	2014-2021	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
98	Previous Medicare Part C Plan Termination Date	8	2022-2029	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
99	Previous Medicare Part C Plan Contract Name	50	2030-2079	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
100	Previous Medicare Part C Plan PBP Number	3	2080-2082	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
101	Previous Medicare Part C Plan Contract Address 1	55	2083-2137	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
102	Previous Medicare Part C Plan Contract Address 2	55	2138-2192	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
103	Previous Medicare Part C Plan Contract Address City	30	2193-2222	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
104	Previous Medicare Part C Plan Contract Address State	2	2223-2224	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
105	Previous Medicare Part C Plan Contract Address Zip	9	2225-2233	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
106	Previous Medicare Part C Plan Contract Number	5	2234-2238	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
107	Previous Medicare Part C Plan Enrollment Date	8	2239-2246	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
108	Previous Medicare Part C Plan Termination Date	8	2247-2254	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
109	Previous Medicare Part C Plan Contract Name	50	2255-2304	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.

Field	Name	Size	Displacement	Data Type	Description
110	Previous Medicare Part C Plan PBP Number	3	2305-2307	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
111	Previous Medicare Part C Plan Contract Address 1	55	2308-2362	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
112	Previous Medicare Part C Plan Contract Address 2	55	2363-2417	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
113	Previous Medicare Part C Plan Contract Address City	30	2418-2447	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
114	Previous Medicare Part C Plan Contract Address State	2	2448-2449	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
115	Previous Medicare Part C Plan Contract Address Zip	9	2450-2458	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
116	Previous Medicare Part C Plan Contract Number	5	2459-2463	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
117	Previous Medicare Part C Plan Enrollment Date	8	2464-2471	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
118	Previous Medicare Part C Plan Termination Date	8	2472-2479	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
119	Previous Medicare Part C Plan Contract Name	50	2480-2529	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
120	Previous Medicare Part C Plan PBP Number	3	2530-2532	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.

Field	Name	Size	Displacement	Data Type	Description
121	Previous Medicare Part C Plan Contract Address 1	55	2533-2587	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.
122	Previous Medicare Part C Plan Contract Address 2	55	2588-2642	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
123	Previous Medicare Part C Plan Contract Address City	30	2643-2672	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
124	Previous Medicare Part C Plan Contract Address State	2	2673-2674	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
125	Previous Medicare Part C Plan Contract Address Zip	9	2675-2683	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
126	Previous Medicare Part C Plan Contract Number	5	2684-2688	Alpha-Numeric	Individual's previous Medicare Part C plan contract number.
127	Previous Medicare Part C Plan Enrollment Date	8	2689-2696	Numeric Date	Individual's previous Medicare Part C plan enrollment date. Format CCYYMMDD
128	Previous Medicare Part C Plan Termination Date	8	2697-2704	Numeric Date	Individual's previous Medicare Part C plan termination date. Format CCYYMMDD
129	Previous Medicare Part C Plan Contract Name	50	2705-2754	Alpha-Numeric	Individual's previous Medicare Part C plan contract name.
130	Previous Medicare Part C Plan PBP Number	3	2755-2757	Alpha-Numeric	Individual's previous Medicare Part C plan benefit package number.
131	Previous Medicare Part C Plan Contract Address 1	55	2758-2812	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 1.

Field	Name	Size	Displacement	Data Type	Description
132	Previous Medicare Part C Plan Contract Address 2	55	2813-2867	Alpha-Numeric	Individual's previous Medicare Part C plan contract address 2.
133	Previous Medicare Part C Plan Contract Address City	30	2868-2897	Alpha-Numeric	Individual's previous Medicare Part C plan contract address city.
134	Previous Medicare Part C Plan Contract Address State	2	2898-2899	Alpha-Numeric	Individual's previous Medicare Part C plan contract address state.
135	Previous Medicare Part C Plan Contract Address Zip	9	2900-2908	Alpha-Numeric	Individual's previous Medicare Part C plan contract address ZIP.
136	Most Recent Medicare Part D Plan Contract Number	5	2909-2913	Alpha-Numeric	Individual's most recent Medicare Part D contract number.
137	Most Recent Medicare Part D Plan Enrollment Date	8	2914-2921	Numeric Date	Individual's most recent Medicare Part D plan enrollment date. Format CCYYMMDD
138	Most Recent Medicare Part D Plan Termination Date	8	2922-2929	Numeric Date	Individual's most recent Medicare Part D plan termination date. Format CCYYMMDD
139	Most Recent Medicare Part D Plan Contract Name	50	2930-2979	Alpha-Numeric	Individual's most recent Medicare Part D plan contract name.
140	Most Recent Medicare Part D Plan PBP Number	3	2980-2982	Alpha-Numeric	Individual's most recent Medicare Part D plan benefit package number.
141	Most Recent Medicare Part D Plan Contract Address 1	55	2983-3037	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address 1.
142	Most Recent Medicare Part D Plan Contract Address 2	55	3038-3092	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address 2.

Field	Name	Size	Displacement	Data Type	Description
143	Most Recent Medicare Part D Plan Contract Address City	30	3093-3122	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address city.
144	Most Recent Medicare Part D Plan Contract Address State	2	3123-3124	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address state.
145	Most Recent Medicare Part D Plan Contract Address Zip	9	3125-3133	Alpha-Numeric	Individual's most recent Medicare Part D plan contract address ZIP.
146	Previous Medicare Part D Plan Contract Number	5	3134-3138	Alpha-Numeric	Individual's previous Medicare Part D contract number.
147	Previous Medicare Part D Plan Enrollment Date	8	3139-3146	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
148	Previous Medicare Part D Plan Termination Date	8	3147-3154	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
149	Previous Medicare Part D Plan Contract Name	50	3155-3204	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
150	Previous Medicare Part D Plan PBP Number	3	3205-3207	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
151	Previous Medicare Part D Plan Contract Address 1	55	3208-3262	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
152	Previous Medicare Part D Plan Contract Address 2	55	3263-3317	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
153	Previous Medicare Part D Plan Contract Address City	30	3318-3347	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.

Field	Name	Size	Displacement	Data Type	Description
154	Previous Medicare Part D Plan Contract Address State	2	3348-3349	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
155	Previous Medicare Part D Plan Contract Address Zip	9	3350-3358	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
156	Previous Medicare Part D Plan Contract Number	5	3359-3363	Alpha-Numeric	Individual's previous Medicare Part D contract number.
157	Previous Medicare Part D Plan Enrollment Date	8	3364-3371	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
158	Previous Medicare Part D Plan Termination Date	8	3372-3379	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
159	Previous Medicare Part D Plan Contract Name	50	3380-3429	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
160	Previous Medicare Part D Plan PBP Number	3	3430-3432	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
161	Previous Medicare Part D Plan Contract Address 1	55	3433-3487	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
162	Previous Medicare Part D Plan Contract Address 2	55	3488-3542	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
163	Previous Medicare Part D Plan Contract Address City	30	3543-3572	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
164	Previous Medicare Part D Plan Contract Address State	2	3573-3574	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.

Field	Name	Size	Displacement	Data Type	Description
165	Previous Medicare Part D Plan Contract Address Zip	9	3575-3583	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
166	Previous Medicare Part D Plan Contract Number	5	3584-3588	Alpha-Numeric	Individual's previous Medicare Part D contract number.
167	Previous Medicare Part D Plan Enrollment Date	8	3589-3596	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
168	Previous Medicare Part D Plan Termination Date	8	3597-3604	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
169	Previous Medicare Part D Plan Contract Name	50	3605-3654	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
170	Previous Medicare Part D Plan PBP Number	3	3655-3657	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
171	Previous Medicare Part D Plan Contract Address 1	55	3658-3712	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
172	Previous Medicare Part D Plan Contract Address 2	55	3713-3767	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
173	Previous Medicare Part D Plan Contract Address City	30	3768-3797	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
174	Previous Medicare Part D Plan Contract Address State	2	3798-3799	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
175	Previous Medicare Part D Plan Contract Address Zip	9	3800-3808	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.

Field	Name	Size	Displacement	Data Type	Description
176	Previous Medicare Part D Plan Contract Number	5	3809-3813	Alpha-Numeric	Individual's previous Medicare Part D contract number.
177	Previous Medicare Part D Plan Enrollment Date	8	3814-3821	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
178	Previous Medicare Part D Plan Termination Date	8	3822-3829	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
179	Previous Medicare Part D Plan Contract Name	50	3830-3879	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
180	Previous Medicare Part D Plan PBP Number	3	3880-3882	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
181	Previous Medicare Part D Plan Contract Address 1	55	3883-3937	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
182	Previous Medicare Part D Plan Contract Address 2	55	3938-3992	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
183	Previous Medicare Part D Plan Contract Address City	30	3993-4022	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
184	Previous Medicare Part D Plan Contract Address State	2	4023-4024	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
185	Previous Medicare Part D Plan Contract Address Zip	9	4025-4033	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
186	Previous Medicare Part D Plan Contract Number	5	4034-4038	Alpha-Numeric	Individual's previous Medicare Part D contract number.

Field	Name	Size	Displacement	Data Type	Description
187	Previous Medicare Part D Plan Enrollment Date	8	4039-4046	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
188	Previous Medicare Part D Plan Termination Date	8	4047-4054	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
189	Previous Medicare Part D Plan Contract Name	50	4055-4104	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
190	Previous Medicare Part D Plan PBP Number	3	4105-4107	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
191	Previous Medicare Part D Plan Contract Address 1	55	4108-4162	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
192	Previous Medicare Part D Plan Contract Address 2	55	4163-4217	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
193	Previous Medicare Part D Plan Contract Address City	30	4218-4247	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
194	Previous Medicare Part D Plan Contract Address State	2	4248-4249	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
195	Previous Medicare Part D Plan Contract Address Zip	9	4250-4258	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
196	Previous Medicare Part D Plan Contract Number	5	4259-4263	Alpha-Numeric	Individual's previous Medicare Part D contract number.
197	Previous Medicare Part D Plan Enrollment Date	8	4264-4271	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
198	Previous Medicare Part D Plan Termination Date	8	4272-4279	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
199	Previous Medicare Part D Plan Contract Name	50	4280-4329	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
200	Previous Medicare Part D Plan PBP Number	3	4330-4332	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
201	Previous Medicare Part D Plan Contract Address 1	55	4333-4387	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
202	Previous Medicare Part D Plan Contract Address 2	55	4388-4442	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
203	Previous Medicare Part D Plan Contract Address City	30	4443-4472	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
204	Previous Medicare Part D Plan Contract Address State	2	4473-4474	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
205	Previous Medicare Part D Plan Contract Address Zip	9	4475-4483	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
206	Previous Medicare Part D Plan Contract Number	5	4484-4488	Alpha-Numeric	Individual's previous Medicare Part D contract number.
207	Previous Medicare Part D Plan Enrollment Date	8	4489-4496	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
208	Previous Medicare Part D Plan Termination Date	8	4497-4504	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
209	Previous Medicare Part D Plan Contract Name	50	4505-4554	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
210	Previous Medicare Part D Plan PBP Number	3	4555-4557	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
211	Previous Medicare Part D Plan Contract Address 1	55	4558-4612	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
212	Previous Medicare Part D Plan Contract Address 2	55	4613-4667	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
213	Previous Medicare Part D Plan Contract Address City	30	4668-4697	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
214	Previous Medicare Part D Plan Contract Address State	2	4698-4699	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
215	Previous Medicare Part D Plan Contract Address Zip	9	4700-4708	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
216	Previous Medicare Part D Plan Contract Number	5	4709-4713	Alpha-Numeric	Individual's previous Medicare Part D contract number.
217	Previous Medicare Part D Plan Enrollment Date	8	4714-4721	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
218	Previous Medicare Part D Plan Termination Date	8	4722-4729	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
219	Previous Medicare Part D Plan Contract Name	50	4730-4779	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.

Field	Name	Size	Displacement	Data Type	Description
220	Previous Medicare Part D Plan PBP Number	3	4780-4782	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
221	Previous Medicare Part D Plan Contract Address 1	55	4783-4837	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
222	Previous Medicare Part D Plan Contract Address 2	55	4838-4892	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
223	Previous Medicare Part D Plan Contract Address City	30	4893-4922	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
224	Previous Medicare Part D Plan Contract Address State	2	4923-4924	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
225	Previous Medicare Part D Plan Contract Address Zip	9	4925-4933	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
226	Previous Medicare Part D Plan Contract Number	5	4934-4938	Alpha-Numeric	Individual's previous Medicare Part D contract number.
227	Previous Medicare Part D Plan Enrollment Date	8	4939-4946	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
228	Previous Medicare Part D Plan Termination Date	8	4947-4954	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
229	Previous Medicare Part D Plan Contract Name	50	4955-5004	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
230	Previous Medicare Part D Plan PBP Number	3	5005-5007	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.

Field	Name	Size	Displacement	Data Type	Description
231	Previous Medicare Part D Plan Contract Address 1	55	5008-5062	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
232	Previous Medicare Part D Plan Contract Address 2	55	5063-5117	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
233	Previous Medicare Part D Plan Contract Address City	30	5118-5147	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
234	Previous Medicare Part D Plan Contract Address State	2	5148-5149	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
235	Previous Medicare Part D Plan Contract Address Zip	9	5150-5158	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
236	Previous Medicare Part D Plan Contract Number	5	5159-5163	Alpha-Numeric	Individual's previous Medicare Part D contract number.
237	Previous Medicare Part D Plan Enrollment Date	8	5164-5171	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
238	Previous Medicare Part D Plan Termination Date	8	5172-5179	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
239	Previous Medicare Part D Plan Contract Name	50	5180-5229	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
240	Previous Medicare Part D Plan PBP Number	3	5230-5232	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
241	Previous Medicare Part D Plan Contract Address 1	55	5233-5287	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.

Field	Name	Size	Displacement	Data Type	Description
242	Previous Medicare Part D Plan Contract Address 2	55	5288-5342	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.
243	Previous Medicare Part D Plan Contract Address City	30	5343-5372	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
244	Previous Medicare Part D Plan Contract Address State	2	5373-5374	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
245	Previous Medicare Part D Plan Contract Address Zip	9	5375-5383	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.
246	Previous Medicare Part D Plan Contract Number	5	5384-5388	Alpha-Numeric	Individual's previous Medicare Part D contract number.
247	Previous Medicare Part D Plan Enrollment Date	8	5389-5396	Numeric Date	Individual's previous Medicare Part D plan enrollment date. Format CCYYMMDD
248	Previous Medicare Part D Plan Termination Date	8	5397-5404	Numeric Date	Individual's previous Medicare Part D plan termination date. Format CCYYMMDD
249	Previous Medicare Part D Plan Contract Name	50	5405-5454	Alpha-Numeric	Individual's previous Medicare Part D plan contract name.
250	Previous Medicare Part D Plan PBP Number	3	5455-5457	Alpha-Numeric	Individual's previous Medicare Part D plan benefit package number.
251	Previous Medicare Part D Plan Contract Address 1	55	5458-5512	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 1.
252	Previous Medicare Part D Plan Contract Address 2	55	5513-5567	Alpha-Numeric	Individual's previous Medicare Part D plan contract address 2.

Field	Name	Size	Displacement	Data Type	Description
253	Previous Medicare Part D Plan Contract Address City	30	5568-5597	Alpha-Numeric	Individual's previous Medicare Part D plan contract address city.
254	Previous Medicare Part D Plan Contract Address State	2	5698-5599	Alpha-Numeric	Individual's previous Medicare Part D plan contract address state.
255	Previous Medicare Part D Plan Contract Address Zip	9	5600-5608	Alpha-Numeric	Individual's previous Medicare Part D plan contract address ZIP.

Appendix F: Disposition, Error, and Compliance Flag Codes

Response File Disposition Codes

Table F-1: Response File Disposition Codes

Disposition Codes	Description
01	Claim Response File: Record accepted by the BCRC as an "Add," "Delete" or "Update" record. RRE has indicated ongoing responsibility for medicals.
	TIN Reference Response File: TIN Record accepted.
	HEW Query Response File: For queries, the individual was identified as a Medicare beneficiary based upon the information submitted.
02	Claim Response File: Record accepted by the BCRC as an "Add," "Delete" or "Update" record. RRE has indicated **no** ongoing responsibility for medicals.
03	Claim Response File: Record was found to be error-free and the injured party was matched to a Medicare beneficiary, but the period of time reflected on the claim report did not overlap the beneficiary's Medicare coverage dates.
	The injured party was identified as a Medicare beneficiary based upon the information submitted, but the beneficiary did not have Medicare coverage during the reported time period.
	For claims **with no** ongoing responsibility for medicals (no ORM), record does not need to be resubmitted unless subsequent TPOC Amounts must be reported.
	For claims **with** ongoing responsibility for medicals (ORM), RRE must continue to check the injured party's Medicare status and report when 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.
DP	Claim Response and Query Response Files:
	Multiple Medicare beneficiary records were identified based upon the data submitted. The DP (duplicate) disposition code will be returned if the the last 5 digits of the SSN submitted on the claim or query input files, when combined with matching criteria (first initial of the first name; the first six characters of the last name; date of birth; and gender), return multiple records.
	In instances where the RRE receives the DP code, they are instructed to take the following actions to remain in compliance with MMSEA Section 111 reporting requirements:
	1. Verify that the SSN, name, gender, and date of birth were entered accurately and re-submit.
	2. Enter the full 9-digit SSN (if available) and re-submit.
	If the system is still unable to locate a distinct match after re-submission, contact the BCRC at 1-855-798-2627. The RRE should provide the claim information to the customer service representative to file a self-report.
SP	Claim Response File: Record not accepted by the BCRC due to errors in the data reported. Record returned with at least one error code (specific edits and associated error codes are described below). **Record must be corrected and resubmitted on the next quarterly file submission, unless otherwise specified in the error description, or as instructed by your EDI Representative.**

Disposition Codes	Description
50	Claim Response File: Record still being processed by CMS. Internal CMS use only. **Record must be resubmitted on the next quarterly file submission.** This disposition code will be returned infrequently. RREs should expect to receive a very low volume of this disposition code. Records in the file that completed processing will be returned with an applicable disposition code.
51	Individual was not identified as a Medicare Beneficiary.
	Claim Response File: For claims **with no** ongoing responsibility for medicals (no ORM), record does not need to be resubmitted if all information submitted was correct.
	For claims **with** ongoing responsibility for medicals (ORM), RRE must continue to check the injured party's Medicare status and report when he or she becomes a Medicare beneficiary until the ongoing responsibility ends. Monitoring of such individuals may cease before they become a Medicare beneficiary if the ORM is not subject to reopening or otherwise subject to an additional request for payment or if the standard for ORM termination set forth in the "Special Exception" section of the NGHP User Guide Chapter IV regarding reporting termination of ORM is met.
	HEW Query Response File: For queries, the individual was **not** identified as a Medicare beneficiary based upon the information submitted.
	Note: This disposition code will be returned on the claim and query response files if the RRE submits the SSN (i.e., the last 5 digits or full 9 digits of the SSN) on the input record and the information is not matched to a Medicare beneficiary. RREs will also receive this disposition code if neither the 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.
TN	TIN Reference File: Detail Record rejected due to errors. Only returned on TIN Reference Response File.
	TIN Record returned with at least one TN edit (specific TIN Reference Response File error codes are described below). Record must be corrected and resubmitted on the next file submission or as directed by your EDI Representative.

Claim Response File Compliance Flag Codes

Table F-2: Claim Response File Compliance Flag Codes

Compliance Code	Description
01	Most recent TPOC Date (or Funding Delayed Beyond TPOC Start Date, where applicable) 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: • is space-filled; • is zero-filled; • contains parenthesis (); or • is not unique within the same Claim Input File submission
CB03	Claim Input File Detail Record	Action Type (Field 3)	Yes	Action to be performed. Valid values: 0 (zero) = Add; 1 = Delete; 2 = Update/Change **Note:** To change or correct TPOC information, use "2."	Field 3: • does not equal "0," "1," or "2"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CB04	Claim Input File Detail Record	Injured Party 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: • 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: • was space-filled • contains values other than a space, letter, hyphen or an apostrophe; or • Position (42) did not contain an alphabetic character
CB08	Claim Input File Detail Record	Injured Party First Name (Field 7)	Yes	First name of injured party. Submit it as it appears on the individual's Social Security or Medicare Insurance card. May only contain letters and spaces.	Field 7: • was space-filled; • contained non-alphabetic characters; or • Position (82) did not contain an alphabetic character
CB09	Claim Input File Detail Record	Injured Party Middle Init (Field 8)	No	First letter of Injured Party middle name. Name should be submitted as it appears on the individual's Social Security or Medicare Insurance card. Fill with space if unknown.	Field 8: • contained non-alphabetic characters; or • was not space-filled
CB10	Claim Input File Detail Record	Injured Party Gender (Field 9)	Yes	Sex of the injured party. Valid values: 0 (zero) = Unknown; 1 = Male; or 2 = Female.	Field 9: does not equal "0," "1," or "2"

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC02	Claim Input File Detail Record	Claimant 1 TIN (Field 85)	No, but if entered, it will be edited.	Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN) of Claimant 1. Optional.	Field 85: • has non-numeric data or something other than spaces; • matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; or • is not space-filled or zero-filled when Field 84 = a space.
CC03	Claim Input File Detail Record	Claimant 1 Last Name (Field 86)	No, but if entered or Claimant 1 Relationship is not equal to a space, it will be edited.	Surname of Claimant 1. Embedded hyphens (dashes), apostrophes and spaces accepted. Optional.	Field 86: • is all spaces and Field 84 = "E," "F," or "O;" • position 1647 is not an alphabetic character when Field 84 = "E," "F," or "O;" or • is not space-filled when Field 104 = a space
CC04	Claim Input File Detail Record	Claimant 1 First Name (Field 87)	No, but if entered or Claimant 1 Relationship is not equal to a space, it will be edited.	Given/First name of Claimant 1. May only contain letters and spaces. Optional.	Field 87: • is all spaces and Field 84 = "E," "F," or "O;" • position 1687 is not an alphabetic character when Field 84 = "E," "F," or "O;" or • is not space-filled when Field 104 = a space
CC05	Claim Input File Detail Record	Claimant 1 Middle Initial (Field 88)	No	First letter of Claimant 1's middle name. Optional.	Field 88: • does not equal a space when Field 84 = a space; or • was not submitted as a letter 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
CC06	Claim Input File Detail Record	Claimant 1 Mailing Address 1 (Field 90)	No, but if entered, it will be edited.	First line of the mailing address for the claimant 1. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. Optional.	Field 90: • is not space-filled when Field 84 = a space; • contains an invalid character such as a parenthesis; • is not space-filled when Field 93 = "FC;" or • is not at least 2 alphanumeric characters.
CC07	Claim Input File Detail Record	Claimant 1 Mailing Address 2 (Field 91)	No	Second line of the mailing address of the claimant 1. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. Optional	Field 91: • is not space-filled when Field 84 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 93 = "FC"
CC08	Claim Input File Detail Record	Claimant 1 City (Field 92)	No	Mailing address city for the claimant 1. Optional.	Field 92: • has numeric data; • is not space-filled when Field 84 = a space; • is space filled when Field 84 does not equal a space; • contains an invalid character such as a parenthesis; • is not space-filled when Field 93 = "FC;" or • contains data other than alphabetic, space comma, &—' , @#;:
CC09	Claim Input File Detail Record	Claimant 1 State (Field 93)	No	US Postal abbreviation State Code for the claimant 1. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Optional.	Field 93: • is submitted with numeric data; • is not space-filled when Field 84 = a space; or • is space-filled when Field 84 does not equal a space

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: • is not space-filled or zero-filled when Field 84 = a space; or • is not zero-filled when Field 93 = "FC"
CC11	Claim Input File Detail Record	Claimant 1 Zip+4 (Field 95)	No	4-digit Zip+4 Code for claimant 1. If not applicable or unknown, fill with zeroes (0000). Optional.	Field 95: • is not space-filled or zero-filled when Field 84 = a space; or • is not zero-filled when Field 93 = "FC" Error 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.
CC12	Claim Input File Detail Record	Claimant 1 Phone (Field 96)	No, but if entered, it will be edited.	Telephone number of claimant 1. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional.	Field 96: • is not zero-filled when Field 84 = a space; • is not zero-filled when Field 93 = "FC;" or • contains a non-numeric character 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.
CC13	Claim Input File Detail Record	Claimant 1 Phone Extension (Field 97)	No	Telephone extension number of the claimant 1. Fill with all spaces if unknown or not applicable. Optional.	Field 97: • is not space-filled when Field 84 = a space; or • contains an invalid character such as a parenthesis 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)

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: • 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: • 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: • is all spaces and Field 7 = "E," "F," or "O;" • position 121 is not an alphabetic character when Field 7 = "E," "F," or "O;" or • is not space-filled when Field 7 = a space
CC24	Claim Input File Auxiliary Record	Claimant 2 First Name (Field 10)	No, but if entered or Claimant 2 Relationship is not equal to a space, it will be edited.	Given/First name of Claimant 2. May only contain letters and spaces. Optional.	Field 10: • is all spaces and Field 7 = "E," "F," or "O;" • position 161 is not an alphabetic character when Field 7 = "E," "F," or "O;" or • is not space-filled when Field 7 = a space
CC25	Claim Input File Auxiliary Record	Claimant 2 Middle Initial (Field 11)	No	First letter of Claimant 2's middle name. Optional.	Field 11: • is not a space when Field 7 = a space 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
CC26	Claim Input File Auxiliary Record	Claimant 2 Mailing Address 1 (Field 13)	No, but if entered, it will be edited.	First line of the mailing address for Claimant 2 . Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 13: • is not space-filled when Field 7 = a space; • is space filled when Field 7 does not equal a space; • is not space-filled when Field 16 = "FC;" or • contains an invalid character such as a parenthesis
CC27	Claim Input File Auxiliary Record	Claimant 2 Mailing Address 2 (Field 14)	No	Second line of the mailing address for Claimant 2. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 14: • is not space-filled when Field 7 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 16 = "FC"
CC28	Claim Input File Auxiliary Record	Claimant 2 City (Field 15)	No	Mailing address city for Claimant 2. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Optional.	Field 15: • has numeric data; • is not space-filled when Field 7 = a space; • is space filled when Field 7 does not equal a space; • contains an invalid character such as a parenthesis; • is not space-filled when Field 16 = "FC" • contains data other than alphabetic, space comma, &—' , @#;:
CC29	Claim Input File Auxiliary Record	Claimant 2 State (Field 16)	No	US Postal abbreviation State Code for Claimant 2. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Optional.	Field 16: • has numeric data; • is not space-filled when Field 7 = a space; or • is space-filled when Field 7 does not equal a space

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: • is not space-filled or zero-filled when Field 7 = a space; • is not space-filled or zero-filled when Field 7 = a space; • is not zero-filled when Field 16 = "FC;" or • is space-filled when Field 7 does not equal a space
CC31	Claim Input File Auxiliary Record	Claimant 2 Zip+4 (Field 18)	No	4-digit Zip+4 Code for Claimant 2. If not applicable or unknown, fill with zeroes (0000). Optional.	Field 18: • is not space-filled or zero-filled when Field 7 = a space; or • is not zero-filled when Field 16 = "FC" Error 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.
CC32	Claim Input File Auxiliary Record	Claimant 2 Phone (Field 19)	No.	Telephone number of Claimant 2. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Optional..	Field 19: • is not space-filled or zero-filled when Field 7 = a space; • is space-filled when Field 7 does not equal a space; • is not zero-filled when Field 16 = "FC;" or • contains a non-numeric character 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
CC33	Claim Input File Auxiliary Record	Claimant 2 Phone Extension (Field 20)	No	Telephone extension number of Claimant 2. Fill with all spaces if unknown or not applicable. Optional.	Field 20: - is not space-filled when Field 7 = a space; - is not space-filled when Field 16 = "FC;" or - contains an invalid character such as a parenthesis 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: - is not space-filled when Field 7 = a space; - is space-filled when Field 7 is "X," "Y," or "Z;" or - contains an invalid character such as a parenthesis
CC41	Claim Input File Auxiliary Record	Claimant 3 Relationship (Field 36)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 36 does not equal "E," "F," "O," "X," "Y," "Z," or space.
CC42	Claim Input File Auxiliary Record	Claimant 3 TIN (Field 37)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 37: - has non-numeric data or something other than spaces; - matches the Claimant TIN submitted for another claimant listed on the Detail or Auxiliary Record; - is not space-filled or zero-filled when Field 36 = a space; or
CC43	Claim Input File Auxiliary Record	Claimant 3 Last Name (Field 38)	No, but if entered or Claimant 3 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	- Field 38: - is all spaces and Field 36 = "E," "F," or "O;" - position 704 is not an alphabetic character when Field 36 = "E," "F," or "O;" or - is not space-filled when Field 36 = a space

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: • position 161 is not an alphabetic character when Field 36 = "E," "F," or "O;" • is all spaces and Field 36 = "E," "F," or "O;" or • is not space-filled when Field 36 = a space
CC45	Claim Input File Auxiliary Record	Claimant 3 Middle Initial (Field 40)	No	See Claimant 2 Information section above for individual field description.	Field 40: does not a space when Field 36 = a space 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.
CC46	Claim Input File Auxiliary Record	Claimant 3 Mailing Address 1 (Field 42)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 42: • is not space-filled when Field 36 = a space; • is space filled when Field 36 does not equal a space; • is not space-filled when Field 45 = "FC;" or • contains an invalid character such as a parenthesis
CC47	Claim Input File Auxiliary Record	Claimant 3 Mailing Address 2 (Field 43)	No	See Claimant 2 Information section above for individual field description.	Field 43: • is not space-filled when Field 36 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 45 = "FC"

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC48	Claim Input File Auxiliary Record	Claimant 3 City (Field 44)	No	See Claimant 2 Information section above for individual field description.	Field 44: • has numeric data; • is not space-filled when Field 36 = a space; • is space filled when Field 36 does not equal a space; • is not space-filled when Field 45 = "FC;" • contains an invalid character such as a parenthesis; or • contains data other than alphabetic, space comma, &—' , @#;:
CC49	Claim Input File Auxiliary Record	Claimant 3 State (Field 45)	No	See Claimant 2 Information section above for individual field description.	Field 45: • has numeric data; • is not space-filled when Field 36 = a space; or • is space-filled when Field 36 does not equal a space
CC50	Claim Input File Auxiliary Record	Claimant 3 Zip (Field 46)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 46: • is not space-filled or zero-filled when Field 36 = a space; • is not space-filled or zero-filled when Field 36 = a space; • is not zero-filled when Field 45 = "FC;" or • is space-filled when Field 36 does not equal a space
CC51	Claim Input File Auxiliary Record	Claimant 3 Zip+4 (Field 47)	No	See Claimant 2 Information section above for individual field description.	Field 47: • is not space-filled or zero-filled when Field 36 = a space; or • is not zero-filled when Field 45 = "FC" Error 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
CC52	Claim Input File Auxiliary Record	Claimant 3 Phone (Field 48)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 48: • is not space-filled or zero-filled when Field 36 = a space; • is space-filled when Field 36 does not equal a space; • is not zero-filled when Field 45 = "FC;" or • contains a non-numeric character 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: • 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: • 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: • 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: • is all spaces and Field 65 = "E," "F," or "O;" • position 1287 is not an alphabetic character when Field 65 = "E," "F," or "O;" or • is not space-filled when Field 65 = a space
CC64	Claim Input File Auxiliary Record	Claimant 4 First Name (Field 68)	No, but if entered or Claimant 4 Relationship is not equal to a space, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 68: • is all spaces and Field 65 = "E," "F," or "O;" • position 161 is not an alphabetic character when Field 65 = "E," "F," or "O;" or • is not space-filled when Field 65 = a space
CC65	Claim Input File Auxiliary Record	Claimant 4 Middle Initial (Field 69)	No but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 69: • does not a space when Field 65 = a space 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
CC66	Claim Input File Auxiliary Record	Claimant 4 Mailing Address 1 (Field 71)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 71: • is not space-filled when Field 65 = a space; • is space filled when Field 65 does not equal a space; • is not space-filled when Field 74 = "FC;" or • contains an invalid character such as a parenthesis
CC67	Claim Input File Auxiliary Record	Claimant 4 Mailing Address 2 (Field 72)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 72: • is not space-filled when Field 65 = a space; • contains an invalid character such as a parenthesis; or • is not space-filled when Field 74 = "FC"
CC68	Claim Input File Auxiliary Record	Claimant 4 City (Field 73)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 73: • has numeric data; • is not space-filled when Field 65 = a space; • is space filled when Field 65 does not equal a space; • is not space-filled when Field 74 = "FC;" • contains an invalid character such as a parenthesis; or • contains data other than alphabetic, space comma, &—' , @#;:
CC69	Claim Input File Auxiliary Record	Claimant 4 State (Field 74)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 74: • has numeric data; • is not space-filled when Field 65 = a space; or • is space-filled when Field 65 does not equal a space

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: • is not space-filled or zero-filled when Field 65 = a space; • is not space-filled or zero-filled when Field 65 = a space; • is not zero-filled when Field 74 = "FC;" or • is space-filled when Field 65 does not equal a space
CC71	Claim Input File Auxiliary Record	Claimant 4 Zip+4 (Field 76)	No	See Claimant 2 Information section above for individual field description.	Field 76: • is not space-filled or zero-filled when Field 65 = a space; or • is not zero-filled when Field 74 = "FC" Error 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.
CC72	Claim Input File Auxiliary Record	Claimant 4 Phone (Field 77)	No, but if entered, it will be edited.	See Claimant 2 Information section above for individual field description.	Field 77: • is not space-filled or zero-filled when Field 65 = a space; • is space-filled when Field 65 does not equal a space; • is not zero-filled when Field 74 = "FC;" or • contains a non-numeric character 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
CC73	Claim Input File Auxiliary Record	Claimant 4 Phone Extension (Field 78)	No	See Claimant 2 Information section above for individual field description.	Field 78: • is not space-filled when Field 65 = a space; • is not space-filled when Field 74 = "FC;" or • contains an invalid character such as a parenthesis 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: • is not space-filled when Field 65 = a space; • is space-filled when Field 65 is "X," "Y," or "Z;" or • contains an invalid character such as a parenthesis

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI02	Claim Input File Detail Record	Industry Date of Incident (DOI) (Field 13)	No	For an automobile wreck or other accident, the date of incident is the date of the accident. For claims involving exposure, ingestion, or implantation, the date of incident is the date of *last* exposure, ingestion, or implantation. **Note:** The definition of DOI routinely used by the insurance/workers' compensation industry DOI generally differs from the definition which CMS must use (Field 12) only for claims involving exposure, ingestion, or implants.	Field 13: - contained non-numeric data; - was not a valid date formatted CCYYMMDD; or - was not prior to the BCRC processing date; or - was not all zeroes if not used Error 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
CI03	Claim Input File Detail Record	Alleged Cause of Injury, Incident, or Illness (Field 15)	No	ICD-9-CM/ICD-10-CM External Cause of Injury Code "E Code" describing the alleged cause of injury/illness. Left justify. Do not include decimal point. Must exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at https://www.cob.cms.hhs.gov/Section111/. See the NGHP User Guide Technical Information Chapter for complete information. ICD-9-CM diagnosis code must begin with the letter "E." ICD-10-CM diagnosis code must begin with the letter "V," "W," "X," or "Y." Cannot report ICD-10 "Z" codes. These are excluded from Section 111 claim reports. *Must NOT be on the list of Excluded ICD-9/ICD-10 Diagnosis Codes found in Appendix I.* Special default for liability reporting: If, and only if: 1) the ORM Indicator (Field 78) is N, the Plan Insurance Type (Field 51) is L; 2) claim for loss of consortium, an errors and omissions liability insurance claim, a directors and officers liability insurance claim, or a claim resulting from a wrongful action related to employment status action was/is alleged; 3) there is no allegation of a situation involving medical care or a physical or mental injury; 4) the settlement, judgment, award or other payment releases or has the effect of releasing medicals; then a value of "NOINJ" may be submitted. If "NOINJ" is submitted in Field 15 then "NOINJ" must be submitted in Field 18.	Field 15: • included a decimal point; • was not left-justified; or • diagnosis code did not match a value on the list of valid ICD-9/ ICD-10 diagnosis codes 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
CI04	Claim Input File Detail Record	State of Venue (Field 16)	Yes	US postal abbreviation corresponding to the US State (including Guam, Puerto Rico, Washington DC and the US Virgin Islands) whose state law controls resolution of the claim. See http://www.usps.com

If the applicable law that controls the resolution of the claim is federal law (such as the Federal Tort Claim Act or the Federal Employee Compensation Act), then submit "US." Otherwise if the applicable law is state law, supply the code for that state. Insert "FC" in the case where the state of venue is outside the United States.

If the state of venue is in dispute at the time an RRE reports acceptance of ongoing responsibility for medicals, the RRE should use its best judgment regarding the state of venue and submit updated information, if applicable, when the ongoing responsibility is terminated or further reporting is required because of a settlement, judgment, award or payment other than payment made under the ongoing responsibility for medicals. | Field 16:
• does not equal "US" or "FC;" or
• is not considered a valid US Postal state abbreviation |

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CI05	Claim Input File Detail Record Detail Record	ICD Diagnosis Code 1 (Field 18)	Yes, if Action Type (Field 3) = 0 (Add) or if Action Type (Field 3) = 2 (Update)	ICD-9-CM 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 18: • 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	Must be one of the following values: "0" – ICD-10-CM diagnosis codes "9" – ICD-9-CM diagnosis codes Space – ICD-9-CM diagnosis codes *** Note**: Claims submitted with a CMS DOI on or after October 1, 2015 that contain an ICD indicator of "9" or space will be rejected with a CI31 error.	Field 17 did not equal "0," "0" or Space.
CJ01	Claim Input File Detail Record	ORM Indicator (Field 78)	Yes	Indication of whether there is on-going responsibility for medicals (ORM). Fill with Y if there is ongoing responsibility for medicals. Valid values: Y – Yes, N – No. The Y value remains in this field even when an ORM Termination Date (Field 779) is submitted in this same record or a subsequent record.	Field 78 contains a value other than a "Y" or "N."

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	Date ongoing responsibility for medicals ended, where applicable. Only applies to records previously submitted (or submitted in this record where ongoing responsibility for medicals and termination of such responsibility are reported in this same submission) with ORM Indicator = Y. Format: CCYYMMDD ORM Termination Date is not applicable if claimant retains the ability to submit/apply for payment for additional medicals related to the claim. See the NGHP User Guide Technical Information Chapter IV (Sections 6.7and 6.8) for information concerning exceptions regarding reporting ORM. When an ORM termination date is submitted, the ORM indicator in Field 78 must remain as "Y." Fill with zeroes if ORM Indicator = "N" or if a date for the termination of ORM has not been established.	Field 79: • has non-numeric data or spaces; • has a date that is more than 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	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. Format: CCYYMMDD Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 80: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 81 is all zeros; or • is all zeros when Field 81 is not all zeroes.

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ04 (cont.)	Claim Input File Detail Record	TPOC Amount 1 (Field 81)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	*Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Specify dollars and cents with implied decimal. No formatting (no $, .) For example, an amount of $20,500.55 should be coded as 00002050055. Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 81: • has non-numeric data or spaces; • is not all zeros when Field 80 is all zeros; or • is all zeros when Field 80 has a non-zero value
CJ05	Claim Input File Detail Record	Funding Delayed Beyond TPOC Start Date 1 (Field 82)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 82: • has non-numeric data or spaces; • was not submitted with all zeroes if not used; or • was not a valid date (formatted CCYYMMD)
CJ06	Claim Input File Detail Record	ORM Termination Date (Field 79)	N/A	See Field 79 description in the Claim Input File Detail Record.	Submitted ORM Termination Date (Field 79) is more than 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 *Note: When selecting "no-fault" as the type of insurance, you must use the CMS definition of no-fault insurance found at 42 CFR § 411.50. This definition is different from the industry definition which is generally limited to certain automobile insurance.* "No fault insurance means insurance that pays for medical expenses for injuries sustained on the property or premises of the insured, or in the use, occupancy, or operation of an automobile, regardless of who may have been responsible for causing the accident. This insurance includes but is not limited to automobile, homeowners, and commercial plans. It is sometimes called "medical payments coverage," "personal injury protection," or "medical expense coverage." See 42 CFR § 411.50."	Field 51 does not equal: "D," "E," or "L"

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CP05	Claim Input File Detail Record	Claim Number (Field 55)	Yes	The unique claim identifier by which the primary plan identifies the claim. If liability self-insurance or workers' compensation self-insurance, fill with 0s if you do not have or maintain a claim number reference.	Field 55: • was space-filled; or • submitted data was not left-justified
CP06	Claim Input File Detail Record	Plan Contact Department Name (Field 56)	No	Name of department for the Plan Contact to which claim-related communication and correspondence should be sent. Note that this name is used for informal communications and not used for recovery demand notifications.	Field 56: • was not left-justified; or; • was not space-filled if not used 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: • 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: • 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: • 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: • 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: • 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: • has non-numeric data; • was space-filled; • did not contain a valid date or all zeros; or • was not zero-filed when Field 51 is "E" or "L"
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 represen-tative.	Code indicating the type of Attorney/Other Representative information provided. Valid values: A = Attorney G = Guardian/Conservator P = Power of Attorney O = Other Space = None (Fields 84 – 96 must contain default values according to Data Type or all spaces) If the injured party has more than one representative, provide the injured party's attorney information if available.	Field 64 does not equal "A," "G," "P," "O," or space
CR02	Claim Input File Detail Record	Representative Last Name (Field 65)	Yes, if Field 64 does not equal a space and Field 65 is space-filled	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 65: • was not left-justified; • position 1256 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 64 = a space
CR03	Claim Input File Detail Record	Representative First Name (Field 66)	Yes, if Field 64 does not equal a space and Field 66 is space-filled	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 66: • was not left-justified; • position 1296 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 64 = a space
CR04	Claim Input File Detail Record	Representative Firm Name (Field 67)	Yes, if Field 64 does not equal a space and Fields 65 & 66 are space-filled	Representative's firm name.	Field 67: • was not space filled when Field 64 = a space; • is not space-filled, but positions 1326 and 1327 are not alphanumeric characters; • was not submitted when field 64 does not equal a space and field 64 and 66 were space-filled; or • If supplied, it is not at least 2 alphanumeric characters.

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR09	Claim Input File Detail Record	Representative State (Field 72)	Yes, if Field 64 does not equal a space	US Postal abbreviation State Code for the representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 72: • is not space filled when Field 64 = a space; or • contains numeric data
CR10	Claim Input File Detail Record	Representative Mail Zip Code (Field 73)	Yes, if Field 64 does not equal a space	5-digit Zip Code for the representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 73: • is not space-filled or zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space
CR11	Claim Input File Detail Record	Representative Mail Zip+4 (Field 74)	No	4-digit Zip+4 Code for the representative. If not applicable or unknown, fill with zeroes (0000).	Field 74: • is not zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space 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
CR12	Claim Input File Detail Record	Representative Phone (Field 75)	Yes, if Field 64 does not equal a space	Telephone number of the representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 75: • is not zero-filled when Field 72 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 84 = a space 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: • 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 65 & 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: • 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: • 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: • 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: • 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: • 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: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;
CR27	Claim Input File Detail Record	Claimant 1 Representative Mailing Address 2 (Field 105)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 105: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;
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: • 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 Represen-tative Indicator (Field 99) does not equal a space	US Postal abbreviation State Code for the Claimant 1 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 107: - is not space filled when Field 99 = a space; or - contains numeric data
CR30	Claim Input File Detail Record	Claimant 1 Representative Zip (Field 108)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	5-digit Zip Code for the Claimant 1 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 108: - is not space-filled or zero-filled when Field 107 = "FC;" - contains non-numeric data or spaces; or - is not space-filled or zero-filled when Field 64 = a space
CR31	Claim Input File Detail Record	Claimant 1 Representative Zip+4 (Field 109)	No	4-digit Zip+4 Code for the Claimant 1 representative. If not applicable or unknown, fill with zeroes (0000).	Field 109: - is not zero-filled when Field 107 = "FC;" - contains non-numeric data or spaces; or - is not space-filled or zero-filled when Field 99 = a space Error 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
CR32	Claim Input File Detail Record	Claimant 1 Representative Phone (Field 110)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	Telephone number of the Claimant 1 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 110: • is not zero-filled when Field 127 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 99 = a space 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: 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: - 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 *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 23: - was not left-justified; - has data, but position 369 was not an alphabetic character; - was zero-filled; or - was not space filled when Field 22 = a space
CR43	Claim Input File Auxiliary Record	Claimant 2 Representative First Name (Field 24)	Yes, if Claimant 2 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 *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 24: - was not left-justified; - position 409 was not an alphabetic character; - contained data other than letters or spaces; or - was not space filled when Field 22 = a space
CR44	Claim Input File Auxiliary Record	Claimant 2 Representative Firm Name (Field 25)	Yes, if Claimant 2 Representative Indicator (Field 22) does not equal a space and Field 23 and Field 24 are all spaces.	Representative's firm name.	Field 25: - was not space filled when Field 22 = a space; - is not space-filled, but positions 439 and 440 are not alphanumeric characters; or - was not submitted when field 22 does not equal a space and field 23 and 24 were space-filled

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

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: • 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: • is not space-filled or zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space
CR51	Claim Input File Auxiliary Record	Claimant 2 Representative Zip+4 (Field 32)	No	4-digit Zip+4 Code for the Claimant 2 representative. If not applicable or unknown, fill with zeroes (0000).	Field 32: • is not zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space 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
CR52	Claim Input File Auxiliary Record	Claimant 2 Representative Phone (Field 33)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	Telephone number of the Claimant 2 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 33: • is not zero-filled when Field 30 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 22 = a space 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: 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. 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: • 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: • 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: • 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: • was not space filled when Field 51 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 51 does not equal a space and field 52 and 53 were space-filled
CR65	Claim Input File Auxiliary Record	Claimant 3 Representative TIN (Field 55)	No	See Claimant 2 Information section above for field definition.	Field 55: • was not space-filled or zero-filled when Field 51 was a space; or • has data other than numbers or spaces; 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: • 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: • is not space-filled when Field 59 = "FC;" • is not space filled when Field 51 = a space; or • contains special characters other than , &—' . @ # / : ;
CR68	Claim Input File Auxiliary Record	Claimant 3 Representative City (Field 58)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 58: • is not space-filled when Field 59 = "FC;" • contains special characters other than , &—' . @ # / : • is not space filled when Field 51 = a space; or • contains numeric data
CR69	Claim Input File Auxiliary Record	Claimant 3 Representative State (Field 59)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	US Postal abbreviation State Code for the Claimant 3 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 59: • is not space filled when Field 51 = a space; or • contains numeric data
CR70	Claim Input File Auxiliary Record	Claimant 3 Representative Zip (Field 60)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	5-digit Zip Code for the Claimant 3 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 60: • is not space-filled or zero-filled when Field 59 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 51 = a space.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR71	Claim Input File Auxiliary Record	Claimant 3 Representative Zip+4 (Field 61)	No	4-digit Zip+4 Code for the Claimant 3 representative. If not applicable or unknown, fill with zeroes (0000).	Field 61: • is not zero-filled when Field 59 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 51 = a space 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: • 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: • 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: • 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: • 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: • 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: • was not space filled when Field 80 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 80 does not equal a space and field 81 and 82 were space-filled
CR85	Claim Input File Auxiliary Record	Claimant 4 Representative TIN (Field 84)	No	See Claimant 2 Information section above for field definition.	Field 84: • has data other than numbers or spaces; or • was not space-filled or zero-filled when Field 80 was a space; 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: • 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: • 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: • 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: • 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: • is not space-filled or zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space
CR91	Claim Input File Auxiliary Record	Claimant 4 Representative Zip+4 (Field 90)	No	4-digit Zip+4 Code for the Claimant 4 representative. If not applicable or unknown, fill with zeroes (0000).	Field 90: • is not zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space Error 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
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: - 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: 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	Indication of whether the reportable event involves self-insurance as defined by CMS. Valid values: Y = Yes N = No Self-insurance is defined in "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available in Appendix H. You must use this definition of self-insurance for purposes of this reporting. Used by CMS if Plan Insurance Type (Field 51) is E or L (Workers' Compensation or Liability). Since the self-insurance rules applicable to Liability and WC do not apply to No-Fault, if Plan Insurance Type is D (no-fault), field must contain a default value of N or space.	Field 44: - does not equal "Y" or N when Field 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	Identifies whether the self-insured is an organization or individual. Valid values: I = Individual O = Other than Individual (e.g. business, corporation, organization, company, etc.) Space = Not Applicable	Field 45: - does not equal "I," or "O" when Field 44 = "Y;" - does not equal a space when Field 44 is "N" or a space; or - does not equal "I," "O," or space
CS03	Claim Input File Detail Record	Policyholder Last Name (Field 46)	Yes, if Self-Insured Type (Field 45) = "I"	Surname of policyholder or self-insured individual.	Field 46: - was not space-filled when Field 45 did not equal "I;" - Position (752) did not equal a letter when Field 45 has an "I;" - contained numeric data; or - contained data other than hyphens, apostrophes and spaces

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: • position (792) did not equal a letter when Field 45 was submitted as an "I;" • was not space-filled when Field 45 was "I;" or • contained data other than letters or spaces
CS05	Claim Input File Detail Record	DBA Name (Field 48)	Yes, if Self-Insured Type (Field 45) = "O" and Legal Name (Field 49) = spaces	"Doing Business As" Name of self-insured organization/business.	Field 48: • positions 822-823 were not submitted with data when Field 45 is "O" and Field 49 was space-filled; or • was not space-filled when Field 45 = "I" or a space
CS06	Claim Input File Detail Record	Legal Name (Field 49)	Yes, if Self-Insured Type (Field 45) = "O" and DBA Name (Field 48) = spaces	Legal Name of self-insured organization/business. DBA Name or Legal Name is required for Self-Insured Type = "O."	Field 49: • positions 892-893 were not submitted with data when Field 45 was "O" and Field 48 was space-filled; or • was not space-filled when Field 45 = "I" or a space
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: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 94 is all zeros; or • is all zeros when Field 94 is not all zeroes
CT02	Claim Input File Auxiliary Record	TPOC Amount 2 (Field 94)	Yes, if ORM Indicator = N and TPOC Date 2 is submitted	Second (additional) Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ORM. See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."**	Field 94: • has non-numeric data or spaces; • is not all zeros when Field 100 is all zeros; or • is all zeros when Field 100 has a non-zero value
CT03	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 2 (Field 95)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 95: • has non-numeric data or spaces; or • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)

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: - has non-numeric data or spaces; - has a future date; - date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); - date submitted is greater than the file submission date; - is not all zeros when Field 97 is all zeros; or - is all zeros when Field 97 is not all zeroes
CT12	Claim Input File Auxiliary Record	TPOC Amount 3 (Field 97)	Yes, if ORM Indicator = N and TPOC Date 3 is submitted	Third (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."** Must be non-zero if a non-zero value is submitted in TPOC Date 3. Must be all zeroes if TPOC Date 3 is all zeroes.	Field 97: - has non-numeric data or spaces; - is not all zeros when Field 96 is all zeros; or - is all zeros when Field 96 has a non-zero value
CT13	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 3 (Field 98)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 98: - has non-numeric data or spaces; - was not submitted with all zeroes if not used); or - was not a valid date (formatted CCYYMMD)

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: - has non-numeric data or spaces; - has a future date; - date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); - date submitted is greater than the file submission date; - is not all zeros when Field 100 is all zeros; or - is all zeros when Field 100 is not all zeroes
CT22	Claim Input File Auxiliary Record	TPOC Amount 4 (Field 100)	Yes, if ORM Indicator = N and TPOC Date 4 is submitted	Fourth (additional) Total Payment Obligation to the Claimant (TPOC) amount See Field 101 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. **Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."**	Field 100: - has non-numeric data or spaces; - is not all zeros when Field 99 is all zeros; or - is all zeros when Field 99 has a non-zero value
CT23	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 4 (Field 101)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1).	Field 101: - has non-numeric data or spaces; - was not submitted with all zeroes if not used); or - was not a valid date (formatted CCYYMMD)

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT33	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 5 (Field 104)	No	If the TPOC was funded or disbursed after the settlement date (in TPOC Date field), provide date when the TPOC was funded or disbursed. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1.2 - Timeliness of Reporting).	Field 104: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)
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).
SP55	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	MSP Effective Date is less than the earliest beneficiary Part A or Part B Entitlement Date. MSP can only occur after the beneficiary becomes entitled to Medicare Part A or Medicare Part B. An MSP Effective Date that is an invalid date will also cause an SP55 error. No correction necessary - resubmit records with this error on your next file submission.

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
TN99	Claim Input File Detail Record	TIN/Office Code (Field 52 & 53)	TIN (Field 52) is required	Please see Field 52 and Field 53 in the Claim Input File Detail Record	No matching, valid TIN Reference File Detail Record was found for the TIN/Office Code combination on the Claim Input File Detail Record. Review errors returned on the TIN Reference Response File. Resubmit corrected TIN Reference File record and/or Claim Input File record.

TIN Reference Response Error Code Resolution Table

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

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

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN05	TIN Reference File Detail Record	TIN/Office Code Mailing Address Line 2 (Field 7)	No	Invalid TIN/Office Code Mailing Address Line 2.	Field 7: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN06	TIN Reference File Detail Record	TIN/Office Code City (Field 8)	Yes	Invalid TIN/Office Code City.	Field 8: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN07	TIN Reference File Detail Record	TIN/Office Code State (Field 9)	Yes	Invalid TIN/Office Code State.	Field 9: does not equal "FC" or a valid US postal state code
TN08	TIN Reference File Detail Record	TIN/Office Code Zip (Field 10)	Yes	Invalid TIN/Office Code Zip.	Field 10: • is not 5 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN09	TIN Reference File Detail Record	TIN/Office Code Zip+4 (Field 11)	Yes	Invalid TIN/Office Code Zip+4. TIN/Office Code Zip+4 must contain 4 numeric digits, all zeroes or all spaces. Must be equal to all spaces or all zeroes if TIN/Office Code State is equal to "FC."	Field 11: • is not 4 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN10 – TN16	TIN Reference File Detail Record	N/A	N/A	N/A	N/A. These error codes are not currently used.
TN17	TIN Reference File Detail Record	Foreign RRE Address Line 1—4 (Fields 12, 13, 14, 15)	Yes	See the description for the TIN Reference File Detail Record (Fields 12-15).	Fields 12-15: • are not space-filled when Field 9 does not equal "FC;" or • are not submitted when Field 9 = "FC"

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: - 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: • contains characters other 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: • 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: • 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: • 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: • 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:

    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.

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

(E) 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.

(F) 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.

(G) 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).

(H) 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.

(I) 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.

    (J) 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.

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

    (L) 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 Diagnosis Codes

This list contains ICD-10 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." 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. Diagnosis codes that begin with "V," "W," "X," or "Y" can **only be used** in Field 15.

If an ICD-9 diagnosis code is submitted in the ICD Diagnosis Codes 1-19, it cannot start with the letter "E," and it cannot start with the letter "V." 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.

Note: To find out the corresponding ICD-9 code for any ICD-10 code, go online and select an ICD-10-to-ICD-9 conversion tool.

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 Diagnosis Codes

DX Code	Excluded ICD-10 Diagnosis Codes
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodef due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
H81.4	Vertigo of central origin
H81.41	Vertigo of central origin, right ear

DX Code	Excluded ICD-10 Diagnosis Codes
H81.42	Vertigo of central origin, left ear
H81.43	Vertigo of central origin, bilateral
H81.49	Vertigo of central origin, unspecified ear
Q66.0	Congenital talipes equinovarus
Q66.00	Congenital talipes equinovarus, unspecified foot
Q66.01	Congenital talipes equinovarus, right foot
Q66.02	Congenital talipes equinovarus, left foot
Q66.1	Congenital talipes calcaneovarus
Q66.10	Congenital talipes calcaneovarus, unspecified foot
Q66.11	Congenital talipes calcaneovarus, right foot
Q66.12	Congenital talipes calcaneovarus, left foot
Q66.2	Congenital metatarsus (primus) varus
Q66.21	Congenital metatarsus primus varus
Q66.211	Congenital metatarsus primus varus, right foot
Q66.212	Congenital metatarsus primus varus, left foot
Q66.219	Congenital metatarsus primus varus, unspecified foot
Q66.22	Congenital metatarsus adductus
Q66.221	Congenital metatarsus adductus, right foot
Q66.222	Congenital metatarsus adductus, left foot
Q66.229	Congenital metatarsus adductus, unspecified foot
Q66.3	Other congenital varus deformities of feet
Q66.30	Other congenital varus deformities of feet, unspecified foot
Q66.31	Other congenital varus deformities of feet, right foot
Q66.32	Other congenital varus deformities of feet, left foot
Q66.4	Congenital talipes calcaneovalgus
Q66.40	Congenital talipes calcaneovalgus, unspecified foot
Q66.41	Congenital talipes calcaneovalgus, right foot
Q66.42	Congenital talipes calcaneovalgus, left foot
Q66.50	Congenital pes planus, unspecified foot
Q66.51	Congenital pes planus, right foot
Q66.52	Congenital pes planus, left foot
Q66.6	Other congenital valgus deformities of feet
Q66.7	Congenital pes cavus
Q66.70	Congenital pes cavus, unspecified foot

DX Code	Excluded ICD-10 Diagnosis Codes
Q66.71	Congenital pes cavus, right foot
Q66.72	Congenital pes cavus, left foot
Q66.80	Congenital vertical talus deformity, unspecified foot
Q66.81	Congenital vertical talus deformity, right foot
Q66.82	Congenital vertical talus deformity, left foot
Q66.89	Other specified congenital deformities of feet
Q66.9	Congenital deformity of feet, unspecified
Q66.90	Congenital deformity of feet, unspecified, unspecified foot
Q66.91	Congenital deformity of feet, unspecified, right foot
Q66.92	Congenital deformity of feet, unspecified, left foot
Q79.6	Ehlers-Danlos syndrome
Q79.60	Ehlers-Danlos syndrome, unspecified
Q79.61	Classical Ehlers-Danlos syndrome
Q79.62	Hypermobile Ehlers-Danlos syndrome
Q79.63	Vascular Ehlers-Danlos syndrome
Q79.69	Other Ehlers-Danlos syndromes
Q87.1	Congenital malform syndromes predom assoc w short stature
Q87.11	Prader-Willi syndrome
Q87.19	Other congen malform synd predom assoc with short stature
R41.9	Unspecified symptoms and signs w cognitive functions and awareness
R44.8	Other symptoms and signs w general sensations and perceptions
R44.9	Unspecified symptoms and signs w general sensations and perceptions
R45.84	Anhedonia
R46.0	Very low level of personal hygiene
R46.1	Bizarre personal appearance
R46.2	Strange and inexplicable behavior
R46.3	Overactivity
R46.4	Slowness and poor responsiveness
R46.5	Suspiciousness and marked evasiveness
R46.6	Undue concern and preoccupation with stressful events
R46.7	Verbosity and circumstantial detail obscuring rsn for cntct
R46.81	Obsessive-compulsive behavior
R46.89	Other symptoms and signs involving appearance and behavior
R68.19	Other nonspecific symptoms peculiar to infancy

DX Code	Excluded ICD-10 Diagnosis Codes
R68.89	Other general symptoms and signs
R69	Illness, unspecified
R82.8	Abnormal findings on cytolog and histolog exam of urine
R82.81	Pyuria
R82.89	Other abn findings on cytolog and histolog exam of urine
R99	Ill-defined and unknown cause of mortality
T07	Unspecified multiple injuries
T07XXXA	Unspecified multiple injuries, initial encounter
T07XXXD	Unspecified multiple injuries, subsequent encounter
T07XXXS	Unspecified multiple injuries, sequela
T14.8	Other injury of unspecified body region
T14.8XXA	Other injury of unspecified body region, initial encounter
T14.8XXD	Other injury of unspecified body region, subsequent encounter
T14.8XXS	Other injury of unspecified body region, sequela
T14.90	Injury, unspecified
T14.90XA	Injury, unspecified, initial encounter
T14.90XD	Injury, unspecified, subsequent encounter
T14.90XS	Injury, unspecified, sequela
T14.91	Suicide attempt
T14.91XA	Suicide attempt, initial encounter
T14.91XD	Suicide attempt, subsequent encounter
T14.91XS	Suicide attempt, sequela
T67.0XXA	Heatstroke and sunstroke, initial encounter
T67.0XXD	Heatstroke and sunstroke, subsequent encounter
T67.0XXS	Heatstroke and sunstroke, sequela
T67.01XA	Heatstroke and sunstroke, initial encounter
T67.01XD	Heatstroke and sunstroke, subsequent encounter
T67.01XS	Heatstroke and sunstroke, sequela
T67.02XA	Exertion heatstroke, initial encounter
T67.02XD	Exertion heatstroke, subsequent encounter
T67.02XS	Exertion heatstroke, sequela
T67.09XA	Other Heatstroke and sunstroke, initial encounter
T67.09XD	Other Heatstroke and sunstroke, subsequent encounter
T67.09XS	Other Heatstroke and sunstroke, sequela

DX Code	Excluded ICD-10 Diagnosis Codes
T88.7XXA	Unspecified adverse effect of drug or medicament, initial encounter
T88.7XXD	Unspecified adverse effect of drug or medicament, subsequent encounter
T88.7XXS	Unspecified adverse effect of drug or medicament, sequela
T88.8XXA	Other specified complications of surgical and medical care, not elsewhere classified, initial encounter
T88.8XXD	Other specified complications of surgical and medical care, not elsewhere classified, subsequent encounter
T88.8XXS	Other specified complications of surgical and medical care, not elsewhere classified, sequela
T88.9XXA	Complication of surgical and medical care, unspecified, initial encounter
T88.9XXD	Complication of surgical and medical care, unspecified, subsequent encounter
T88.9XXS	Complication of surgical and medical care, unspecified, sequela
Y35.899A	Legal intervention involving other specified means, unspecified person injured, initial encounter
Y35.899D	Legal intervention involving other specified means, unspecified person injured, subsequent encounter
Y35.899S	Legal intervention involving other specified means, unspecified person injured, sequela
Y92.000	Kitchen of unspecified non-institutional (private) residence as the place of occurrence of the external cause
Y92.001	Dining room of unspecified non-institutional (private) residence as the place of occurrence of the external cause
Y92.002	Bathroom of unspecified non-institutional (private) residence single-family (private) house as the place of occurrence of the external cause
Y92.003	Bedroom of unspecified non-institutional (private) residence as the place of occurrence of the external cause
Y92.007	Garden or yard of unspecified non-institutional (private) residence as the place of occurrence of the external cause
Y92.008	Other place in unspecified non-institutional (private) residence as the place of occurrence of the external cause
Y92.009	Unspecified place in unspecified non-institutional (private) residence as the place of occurrence of the external cause
Y92.010	Kitchen of single-family (private) house as the place of occurrence of the external cause
Y92.011	Dining room of single-family (private) house as the place of occurrence of the external cause
Y92.012	Bathroom of single-family (private) house as place
Y92.013	Bedroom of single-family (private) house as place
Y92.014	Private driveway to single-family (private) house as place
Y92.015	Private garage of single-family (private) house as place
Y92.016	Swm-pool in sngl-fmly (private) house or garden as place
Y92.017	Garden or yard in single-family (private) house as place
Y92.018	Other place in single-family (private) house as place

DX Code	Excluded ICD-10 Diagnosis Codes
Y92.019	Unspecified place in single-family (private) house as place
Y92.020	Kitchen in mobile home as place
Y92.021	Dining room in mobile home as place
Y92.022	Bathroom in mobile home as place
Y92.023	Bedroom in mobile home as place
Y92.024	Driveway of mobile home as place
Y92.025	Garage of mobile home as place
Y92.026	Swimming-pool of mobile home as place
Y92.027	Garden or yard of mobile home as place
Y92.028	Other place in mobile home as place
Y92.029	Unspecified place in mobile home as place
Y92.030	Kitchen in apartment as place
Y92.031	Bathroom in apartment as place
Y92.032	Bedroom in apartment as place
Y92.038	Other place in apartment as place
Y92.039	Unspecified place in apartment as place
Y92.040	Kitchen in boarding-house as place
Y92.041	Bathroom in boarding-house as place
Y92.042	Bedroom in boarding-house as place
Y92.043	Driveway of boarding-house as place
Y92.044	Garage of boarding-house as place
Y92.045	Swimming-pool of boarding-house as place
Y92.046	Garden or yard of boarding-house as place
Y92.048	Other place in boarding-house as place
Y92.049	Unspecified place in boarding-house as place
Y92.090	Kitchen in other non-institutional residence as place
Y92.091	Bathroom in other non-institutional residence as place
Y92.092	Bedroom in other non-institutional residence as place
Y92.093	Driveway of non-institutional residence as place
Y92.094	Garage of non-institutional residence as place
Y92.095	Swimming-pool of non-institutional residence as place
Y92.096	Garden or yard of non-institutional residence as place
Y92.098	Other place in other non-institutional residence as place
Y92.099	Unspecified place in other non-institutional residence as place

DX Code	Excluded ICD-10 Diagnosis Codes
Y92.10	Unspecified residential institution as place
Y92.110	Kitchen in children's home and orphanage as place
Y92.111	Bathroom in children's home and orphanage as place
Y92.112	Bedroom in children's home and orphanage as place
Y92.113	Driveway of children's home and orphanage as place
Y92.114	Garage of children's home and orphanage as place
Y92.115	Swimming-pool of children's home and orphanage as place
Y92.116	Garden or yard of children's home and orphanage as place
Y92.118	Other place in children's home and orphanage as place
Y92.119	Unspecified place in children's home and orphanage as place
Y92.120	Kitchen in nursing home as place
Y92.121	Bathroom in nursing home as place
Y92.122	Bedroom in nursing home as place
Y92.123	Driveway of nursing home as place
Y92.124	Garage of nursing home as place
Y92.125	Swimming-pool of nursing home as place
Y92.126	Garden or yard of nursing home as place
Y92.128	Other place in nursing home as place
Y92.129	Unspecified place in nursing home as place
Y92.130	Kitchen on military base as place
Y92.131	Mess hall on military base as place
Y92.133	Barracks on military base as place
Y92.135	Garage on military base as place
Y92.136	Swimming-pool on military base as place
Y92.137	Garden or yard on military base as place
Y92.138	Other place on military base as place
Y92.139	Unspecified place military base as place
Y92.140	Kitchen in prison as place
Y92.141	Dining room in prison as place
Y92.142	Bathroom in prison as place
Y92.143	Cell of prison as place
Y92.146	Swimming-pool of prison as place
Y92.147	Courtyard of prison as place
Y92.148	Other place in prison as place

DX Code	Excluded ICD-10 Diagnosis Codes
Y92.149	Unspecified place in prison as place
Y92.150	Kitchen in reform school as place
Y92.151	Dining room in reform school as place
Y92.152	Bathroom in reform school as place
Y92.153	Bedroom in reform school as place
Y92.154	Driveway of reform school as place
Y92.155	Garage of reform school as place
Y92.156	Swimming-pool of reform school as place
Y92.157	Garden or yard of reform school as place
Y92.158	Other place in reform school as place
Y92.159	Unspecified place in reform school as place
Y92.160	Kitchen in school dormitory as place
Y92.161	Dining room in school dormitory as place
Y92.162	Bathroom in school dormitory as place
Y92.163	Bedroom in school dormitory as place
Y92.168	Other place in school dormitory as place
Y92.169	Unspecified place in school dormitory as place
Y92.190	Kitchen in other residential institution as place
Y92.191	Dining room in other residential institution as place
Y92.192	Bathroom in other residential institution as place
Y92.193	Bedroom in other residential institution as place
Y92.194	Driveway of residential institution as place
Y92.195	Garage of residential institution as place
Y92.196	Pool of residential institution as place
Y92.197	Garden or yard of residential institution as place
Y92.198	Other place in other residential institution as place
Y92.199	Unspecified place in other residential institution as place
Y92.210	Daycare center as place
Y92.211	Elementary school as place
Y92.212	Middle school as place
Y92.213	High school as the place of occurrence of the external cause
Y92.214	College as the place of occurrence of the external cause
Y92.215	Trade school as place
Y92.218	Other school as the place of occurrence of the external cause

DX Code	Excluded ICD-10 Diagnosis Codes
Y92.219	Unspecified school as the place of occurrence of the external cause
Y92.22	Religious institution as place
Y92.230	Patient room in hospital as place
Y92.231	Patient bathroom in hospital as place
Y92.232	Corridor of hospital as place
Y92.233	Cafeteria of hospital as place
Y92.234	Operating room of hospital as place
Y92.238	Other place in hospital as place
Y92.239	Unspecified place in hospital as place
Y92.240	Courthouse as the place of occurrence of the external cause
Y92.241	Library as the place of occurrence of the external cause
Y92.242	Post office as the place of occurrence of the external cause
Y92.243	City hall as the place of occurrence of the external cause
Y92.248	Other public administrative building as place
Y92.250	Art Gallery as the place of occurrence of the external cause
Y92.251	Museum as the place of occurrence of the external cause
Y92.252	Music hall as the place of occurrence of the external cause
Y92.253	Opera house as the place of occurrence of the external cause
Y92.254	Theater (live) as place
Y92.258	Other cultural public building as place
Y92.26	Movie house or cinema as place
Y92.29	Other public building as place
Y92.310	Basketball court as place
Y92.311	Squash court as place
Y92.312	Tennis court as place
Y92.318	Other athletic court as place
Y92.320	Baseball field as place
Y92.321	Football field as place
Y92.322	Soccer field as place
Y92.328	Other athletic field as place
Y92.330	Ice skating rink (indoor) (outdoor) as place
Y92.331	Roller skating rink as place
Y92.34	Swimming pool (public) as place
Y92.39	Other sports and athletic area as place

DX Code	Excluded ICD-10 Diagnosis Codes
Y92.410	Unspecified street and highway as place
Y92.411	Interstate highway as place
Y92.412	Parkway as the place of occurrence of the external cause
Y92.413	State road as the place of occurrence of the external cause
Y92.414	Local residential or business street as place
Y92.415	Exit ramp or entrance ramp of street or highway as place
Y92.480	Sidewalk as the place of occurrence of the external cause
Y92.481	Parking lot as the place of occurrence of the external cause
Y92.482	Bike path as the place of occurrence of the external cause
Y92.488	Other paved roadways as place
Y92.510	Bank as the place of occurrence of the external cause
Y92.511	Restaurant or cafe as place
Y92.512	Supermarket, store or market as place
Y92.513	Shop (commercial) as place
Y92.520	Airport as the place of occurrence of the external cause
Y92.521	Bus station as the place of occurrence of the external cause
Y92.522	Railway station as place
Y92.523	Highway rest stop as place
Y92.524	Gas station as the place of occurrence of the external cause
Y92.530	Ambulatory surgery center as place
Y92.531	Health care provider office as place
Y92.532	Urgent care center as place
Y92.538	Other ambulatory health services establishments as place
Y92.59	Other trade areas as place
Y92.61	Building under construction as place
Y92.62	Dock or shipyard as place
Y92.63	Factory as the place of occurrence of the external cause
Y92.64	Mine or pit as the place of occurrence of the external cause
Y92.65	Oil rig as the place of occurrence of the external cause
Y92.69	Other industrial and construction area as place
Y92.71	Barn as the place of occurrence of the external cause
Y92.72	Chicken coop as place
Y92.73	Farm field as the place of occurrence of the external cause
Y92.74	Orchard as the place of occurrence of the external cause

DX Code	Excluded ICD-10 Diagnosis Codes
Y92.79	Other farm location as place
Y92.810	Car as the place of occurrence of the external cause
Y92.811	Bus as the place of occurrence of the external cause
Y92.812	Truck as the place of occurrence of the external cause
Y92.813	Airplane as the place of occurrence of the external cause
Y92.814	Boat as the place of occurrence of the external cause
Y92.815	Train as the place of occurrence of the external cause
Y92.816	Subway car as the place of occurrence of the external cause
Y92.818	Other transport vehicle as place
Y92.820	Desert as the place of occurrence of the external cause
Y92.821	Forest as the place of occurrence of the external cause
Y92.828	Other wilderness area as place
Y92.830	Public park as the place of occurrence of the external cause
Y92.831	Amusement park as place
Y92.832	Beach as the place of occurrence of the external cause
Y92.833	Campsite as the place of occurrence of the external cause
Y92.834	Zoological garden (Zoo) as place
Y92.838	Other recreation area as place
Y92.84	Military training ground as place
Y92.85	Railroad track as place
Y92.86	Slaughter house as place
Y92.89	Other places as the place of occurrence of the external cause
Y92.9	Unspecified place or not applicable

Appendix J: No-Fault Excluded ICD-10 Codes

Table J-1: Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type D

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
A79.82	Anaplasmosis [A. phagocytophilum]
C56.3	Malignant neoplasm of bilateral ovaries
C79.63	Secondary malignant neoplasm of bilateral ovaries
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
D55.21	Anemia due to pyruvate kinase deficiency
D55.29	Anemia due to other disorders of glycolytic enzymes
D62	Acute posthemorrhagic anemia
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D64.9	Anemia, unspecified
D75.838	Other thrombocytosis
D75.839	Thrombocytosis, unspecified
D89.44	Hereditary alpha tryptasemia
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E71.30	Disorder of fatty-acid metabolism, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
E89.0	Postprocedural hypothyroidism
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.203	Nicotine dependence unspecified, with withdrawal
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other disorders
F17.219	Nicotine dependence, cigarettes, with unspecified disorders
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other disorders
F17.219	Nicotine dependence, cigarettes, with unspecified disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified disorders
F32.A	Depression, unspecified
F34.1	Dysthymic disorder
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F45.29	Other hypochondriacal disorders
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F48.1	Depersonalization-derealization syndrome
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F78.A1	SYNGAP1-related intellectual disability
F78.A9	Other genetic related intellectual disability
F99	Mental disorder, not otherwise specified
G04.82	Acute flaccid myelitis
G44.1	Vascular headache, not elsewhere classified
G92.00	Immune effor cell-associated neurotoxicity synd, grade unspecified
G92.01	Immune effector cell-associated neurotoxicity syndrome, grade 1
G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2
G92.03	Immune effector cell-associated neurotoxicity syndrome, grade 3
G92.04	Immune effector cell-associated neurotoxicity syndrome, grade 4
G92.05	Immune effector cell-associated neurotoxicity syndrome, grade 5
G92.8	Other toxic encephalopathy
G92.9	Unspecified toxic encephalopathy
I10	Essential (primary) hypertension
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2	Old myocardial infarction
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I5.A	Non-ischemic myocardial injury (non-traumatic)
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J86.0	Pyothorax with fistula
K21.9	Gastro-esophageal reflux disease without esophagitis
K22.0	Achalasia of cardia
K22.10	Ulcer of esophagus without bleeding
K22.11	Ulcer of esophagus with bleeding

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
K22.2	Esophageal obstruction
K22.4	Dyskinesia of esophagus
K22.5	Diverticulum of esophagus, acquired
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
K22.8	Other specified diseases of esophagus
K22.81	Esophageal polyp
K22.82	Esophagogastric junction polyp
K22.89	Other specified disease of esophagus
K22.9	Disease of esophagus, unspecified
K23	Disorders of esophagus in diseases classified elsewhere
K31.A0	Gastric intestinal metaplasia, unspecified
K31.A11	Gastric intestinal metaplasia without dysplasia, involving the antrum
K31.A12	Gastric intestinal metaplasia without dysplasia, involving the body (corpus)
K31.A13	Gastric intestinal metaplasia without dysplasia, involving the fundus
K31.A14	Gastric intestinal metaplasia without dysplasia, involving the cardia
K31.A15	Gastric intestinal metaplasia without dysplasia, involving multiple sites
K31.A19	Gastric intestinal metaplasia without dysplasia, unspecified site
K31.A21	Gastric intestinal metaplasia with low grade dysplasia
K31.A22	Gastric intestinal metaplasia with high grade dysplasia
K31.A29	Gastric intestinal metaplasia with dysplasia, unspecified
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy
L24.A0	Irritant contact dermatitis due to friction or contact with body fluids, unspecified
L24.A1	Irritant contact dermatitis due to saliva
L24.A2	Irritant contact dermatitis due to fecal, urinary or dual incontinence
L24.A9	Irritant contact dermatitis due friction or contact with other specified body fluids
L24.B0	Irritant contact dermatitis related to unspecified stoma or fistula

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
L24.B1	Irritant contact dermatitis related to digestive stoma or fistula
L24.B2	Irritant contact dermatitis related to respiratory stoma or fistula
L24.B3	Irritant contact dermatitis related to fecal or urinary stoma or fistula
M31.10	Thrombotic microangiopathy, unspecified
M31.11	Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]
M31.19	Other thrombotic microangiopathy
M35.00	Sjogren syndrome, unspecified
M35.01	Sjogren syndrome with keratoconjunctivitis
M35.02	Sjogren syndrome with lung involvement
M35.03	Sjogren syndrome with myopathy
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy
M35.05	Sjogren syndrome with inflammatory arthritis
M35.06	Sjogren syndrome with peripheral nervous system involvement
M35.07	Sjogren syndrome with central nervous system involvement
M35.08	Sjogren syndrome with gastrointestinal involvement
M35.09	Sjogren syndrome with other organ involvement
M35.0A	Sjogren syndrome with glomerular disease
M35.0B	Sjogren syndrome with vasculitis
M35.0C	Sjogren syndrome with dental involvement
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
M54.50	Low back pain, unspecified
M54.59	Other low back pain
N13.9	Obstructive and reflux uropathy, unspecified
N17.0	Acute kidney failure with tubular necrosis

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N36.0	Urethral fistula
N36.1	Urethral diverticulum
N36.1	Urethral caruncle
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.5	Urethral false passage
N36.8	Other specified disorders of urethra
N36.9	Urethral disorder, unspecified
N39.0	Urinary tract infection, site not specified
N39.8	Other specified disorders of urinary system
N39.9	Disorder of urinary system, unspecified
P00.82	Newborn affected by (positive) maternal group B streptococcus (GBS) colonization
P09.1	Abnormal findings on neonatal screening for inborn errors of metabolism
P09.2	Abnormal findings on neonatal screening for congenital endocrine disease
P09.3	Abnormal findings on neonatal screening for congenital hematologic disorders
P09.4	Abnormal findings on neonatal screening for cystic fibrosis
P09.5	Abnormal findings on neonatal screening for critical congenital heart disease
P09.6	Abnormal findings on neonatal screening for neonatal hearing loss
P09.8	Other abnormal findings on neonatal screening
P09.9	Abnormal findings on neonatal screening, unspecified
R05.8	Other specified cough
R05.9	Cough, unspecified

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.2	Other microscopic hematuria
R31.9	Hematuria, unspecified
R35.81	Nocturnal polyuria
R35.89	Other polyuria
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.88	Nonsuicidal self-harm
R51	Headache
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
R63.30	Feeding difficulties, unspecified
R63.31	Pediatric feeding disorder, acute
R63.32	Pediatric feeding disorder, chronic
R63.39	Other feeding difficulties
R79.83	Abnormal findings of blood amino-acid level
T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
T40.711D	Poisoning by cannabis, accidental (unintentional), subsequent encounter
T40.711S	Poisoning by cannabis, accidental (unintentional), sequela
T40.712A	Poisoning by cannabis, intentional self-harm, initial encounter
T40.712D	Poisoning by cannabis, intentional self-harm, subsequent encounter
T40.712S	Poisoning by cannabis, intentional self-harm, sequela
T40.713A	Poisoning by cannabis, assault, initial encounter
T40.713D	Poisoning by cannabis, assault, subsequent encounter
T40.713S	Poisoning by cannabis, assault, sequela
T40.714A	Poisoning by cannabis, undetermined, initial encounter
T40.714D	Poisoning by cannabis, undetermined, subsequent encounter
T40.714S	Poisoning by cannabis, undetermined, sequela
T40.715A	Adverse effect of cannabis, initial encounter
T40.715D	Adverse effect of cannabis, subsequent encounter
T40.715S	Adverse effect of cannabis, sequela
T40.716A	Underdosing of cannabis, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
T40.716D	Underdosing of cannabis, subsequent encounter
T40.716S	Underdosing of cannabis, sequela
T40.721A	Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
T40.721D	Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter
T40.721S	Poisoning by synthetic cannabinoids, accidental (unintentional), sequela
T40.722A	Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
T40.722D	Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter
T40.722S	Poisoning by synthetic cannabinoids, intentional self-harm, sequela
T40.723A	Poisoning by synthetic cannabinoids, assault, initial encounter
T40.723D	Poisoning by synthetic cannabinoids, assault, subsequent encounter
T40.723S	Poisoning by synthetic cannabinoids, assault, sequela
T40.724A	Poisoning by synthetic cannabinoids, undetermined, initial encounter
T40.724D	Poisoning by synthetic cannabinoids, undetermined, subsequent encounter
T40.724S	Poisoning by synthetic cannabinoids, undetermined, sequela
T40.725A	Adverse effect of synthetic cannabinoids, initial encounter
T40.725D	Adverse effect of synthetic cannabinoids, subsequent encounter
T40.725S	Adverse effect of synthetic cannabinoids, sequela
T40.726A	Underdosing of synthetic cannabinoids, initial encounter
T40.726D	Underdosing of synthetic cannabinoids, subsequent encounter
T40.726S	Underdosing of synthetic cannabinoids, sequela
T63.611A	Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), initial encounter
T63.611D	Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), subsequent encounter
T63.611S	Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), sequela
T63.612A	Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, initial encounter
T63.612D	Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, subsequent encounter
T63.612S	Toxic effect of contact with Portuguese Man-o-war, intentional self-harm, sequela
T63.613A	Toxic effect of contact with Portuguese Man-o-war, assault, initial encounter
T63.613D	Toxic effect of contact with Portuguese Man-o-war, assault, subsequent encounter
T63.613S	Toxic effect of contact with Portuguese Man-o-war, assault, sequela
T63.614A	Toxic effect of contact with Portuguese Man-o-war, undetermined, initial encounter
T63.614D	Toxic effect of contact with Portuguese Man-o-war, undetermined, subsequent encounter
T63.614S	Toxic effect of contact with Portuguese Man-o-war, undetermined, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
T80.82XA	Complication of immune effector cellular therapy, initial encounter
T80.82XD	Complication of immune effector cellular therapy, subsequent encounter
T80.82XS	Complication of immune effector cellular therapy, sequel
U09.9	Post COVID-19 condition, unspecified
V00.01XA	Pedestrian on foot injured in collision with roller-skater, initial encounter
V00.01XD	Pedestrian on foot injured in collision with roller-skater, subsequent encounter
V00.01XS	Pedestrian on foot injured in collision with roller-skater, sequela
V00.02XA	Pedestrian on foot injured in collision with skateboarder, initial encounter
V00.02XD	Pedestrian on foot injured in collision with skateboarder, subsequent encounter
V00.02XS	Pedestrian on foot injured in collision with skateboarder, sequela
V00.031A	Pedestrian on foot injured in collision with rider of standing electric scooter, initial encounter
V00.031D	Pedestrian on foot injured in collision with rider of standing electric scooter, subsequent encounter
V00.031S	Pedestrian on foot injured in collision with rider of standing electric scooter, sequela
V00.038A	Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, initial encounter
V00.038D	Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, subsequent encounter
V00.038S	Pedestrian on foot injured in collision with rider of other standing micro-mobility pedestrian conveyance, sequela
V00.09XA	Pedestrian on foot injured in collision with other pedestrian conveyance, initial encounter
V00.09XD	Pedestrian on foot injured in collision with other pedestrian conveyance, subsequent encounter
V00.09XS	Pedestrian on foot injured in collision with other pedestrian conveyance, sequela
V00.111A	Fall from in-line roller-skates, initial encounter
V00.111D	Fall from in-line roller-skates, subsequent encounter
V00.111S	Fall from in-line roller-skates, sequela
V00.112A	In-line roller-skater colliding with stationary object, initial encounter
V00.112D	In-line roller-skater colliding with stationary object, subsequent encounter
V00.112S	In-line roller-skater colliding with stationary object, sequela
V00.118A	Other in-line roller-skate accident, initial encounter
V00.118D	Other in-line roller-skate accident, subsequent encounter
V00.118S	Other in-line roller-skate accident, sequela
V00.121A	Fall from non-in-line roller-skates, initial encounter
V00.121D	Fall from non-in-line roller-skates, subsequent encounter
V00.121S	Fall from non-in-line roller-skates, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.122A	Non-in-line roller-skater colliding with stationary object, initial encounter
V00.122D	Non-in-line roller-skater colliding with stationary object, subsequent encounter
V00.122S	Non-in-line roller-skater colliding with stationary object, sequela
V00.128A	Other non-in-line roller-skating accident, initial encounter
V00.128D	Other non-in-line roller-skating accident, subsequent encounter
V00.128S	Other non-in-line roller-skating accident, sequela
V00.131A	Fall from skateboard, initial encounter
V00.131D	Fall from skateboard, subsequent encounter
V00.131S	Fall from skateboard, sequela
V00.132A	Skateboarder colliding with stationary object, initial encounter
V00.132D	Skateboarder colliding with stationary object, subsequent encounter
V00.132S	Skateboarder colliding with stationary object, sequela
V00.138A	Other skateboard accident, initial encounter
V00.138D	Other skateboard accident, subsequent encounter
V00.138S	Other skateboard accident, sequela
V00.141A	Fall from scooter (nonmotorized), initial encounter
V00.141D	Fall from scooter (nonmotorized), subsequent encounter
V00.141S	Fall from scooter (nonmotorized), sequela
V00.142A	Scooter (nonmotorized) colliding with stationary object, initial encounter
V00.142D	Scooter (nonmotorized) colliding with stationary object, subsequent encounter
V00.142S	Scooter (nonmotorized) colliding with stationary object, sequela
V00.148A	Other scooter (nonmotorized) accident, initial encounter
V00.148D	Other scooter (nonmotorized) accident, subsequent encounter
V00.148S	Other scooter (nonmotorized) accident, sequela
V00.151A	Fall from heelies, initial encounter
V00.151D	Fall from heelies, subsequent encounter
V00.151S	Fall from heelies, sequela
V00.152A	Heelies colliding with stationary object, initial encounter
V00.152D	Heelies colliding with stationary object, subsequent encounter
V00.152S	Heelies colliding with stationary object, sequela
V00.158A	Other heelies accident, initial encounter
V00.158D	Other heelies accident, subsequent encounter
V00.158S	Other heelies accident, sequela
V00.181A	Fall from other rolling-type pedestrian conveyance, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.181D	Fall from other rolling-type pedestrian conveyance, subsequent encounter
V00.181S	Fall from other rolling-type pedestrian conveyance, sequela
V00.182A	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, initial encounter
V00.182D	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, subsequent encounter
V00.182S	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, sequela
V00.188A	Other accident on other rolling-type pedestrian conveyance, initial encounter
V00.188D	Other accident on other rolling-type pedestrian conveyance, subsequent encounter
V00.188S	Other accident on other rolling-type pedestrian conveyance, sequela
V00.211A	Fall from ice-skates, initial encounter
V00.211D	Fall from ice-skates, subsequent encounter
V00.211S	Fall from ice-skates, sequela
V00.212A	Ice-skater colliding with stationary object, initial encounter
V00.212D	Ice-skater colliding with stationary object, subsequent encounter
V00.212S	Ice-skater colliding with stationary object, sequela
V00.218A	Other ice-skates accident, initial encounter
V00.218D	Other ice-skates accident, subsequent encounter
V00.218S	Other ice-skates accident, sequela
V00.221A	Fall from sled, initial encounter
V00.221D	Fall from sled, subsequent encounter
V00.221S	Fall from sled, sequela
V00.222A	Sledder colliding with stationary object, initial encounter
V00.222D	Sledder colliding with stationary object, subsequent encounter
V00.222S	Sledder colliding with stationary object, sequela
V00.228A	Other sled accident, initial encounter
V00.228D	Other sled accident, subsequent encounter
V00.228S	Other sled accident, sequela
V00.281A	Fall from other gliding-type pedestrian conveyance, initial encounter
V00.281D	Fall from other gliding-type pedestrian conveyance, subsequent encounter
V00.281S	Fall from other gliding-type pedestrian conveyance, sequela
V00.282A	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, initial encounter
V00.282D	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.282S	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, sequela
V00.288A	Other accident on other gliding-type pedestrian conveyance, initial encounter
V00.288D	Other accident on other gliding-type pedestrian conveyance, subsequent encounter
V00.288S	Other accident on other gliding-type pedestrian conveyance, sequela
V00.311A	Fall from snowboard, initial encounter
V00.311D	Fall from snowboard, subsequent encounter
V00.311S	Fall from snowboard, sequela
V00.312A	Snowboarder colliding with stationary object, initial encounter
V00.312D	Snowboarder colliding with stationary object, subsequent encounter
V00.312S	Snowboarder colliding with stationary object, sequela
V00.318A	Other snowboard accident, initial encounter
V00.318D	Other snowboard accident, subsequent encounter
V00.318S	Other snowboard accident, sequela
V00.321A	Fall from snow-skis, initial encounter
V00.321D	Fall from snow-skis, subsequent encounter
V00.321S	Fall from snow-skis, sequela
V00.322A	Snow-skier colliding with stationary object, initial encounter
V00.322D	Snow-skier colliding with stationary object, subsequent encounter
V00.322S	Snow-skier colliding with stationary object, sequela
V00.328A	Other snow-ski accident, initial encounter
V00.328D	Other snow-ski accident, subsequent encounter
V00.328S	Other snow-ski accident, sequela
V00.381A	Fall from other flat-bottomed pedestrian conveyance, initial encounter
V00.381D	Fall from other flat-bottomed pedestrian conveyance, subsequent encounter
V00.381S	Fall from other flat-bottomed pedestrian conveyance, sequela
V00.382A	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, initial encounter
V00.382D	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, subsequent encounter
V00.382S	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, sequela
V00.388A	Other accident on other flat-bottomed pedestrian conveyance, initial encounter
V00.388D	Other accident on other flat-bottomed pedestrian conveyance, subsequent encounter
V00.388S	Other accident on other flat-bottomed pedestrian conveyance, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.811A	Fall from moving wheelchair (powered), initial encounter
V00.811D	Fall from moving wheelchair (powered), subsequent encounter
V00.811S	Fall from moving wheelchair (powered), sequela
V00.812A	Wheelchair (powered) colliding with stationary object, initial encounter
V00.812D	Wheelchair (powered) colliding with stationary object, subsequent encounter
V00.812S	Wheelchair (powered) colliding with stationary object, sequela
V00.818A	Other accident with wheelchair (powered), initial encounter
V00.818D	Other accident with wheelchair (powered), subsequent encounter
V00.818S	Other accident with wheelchair (powered), sequela
V00.821A	Fall from baby stroller, initial encounter
V00.821D	Fall from baby stroller, subsequent encounter
V00.821S	Fall from baby stroller, sequela
V00.822A	Baby stroller colliding with stationary object, initial encounter
V00.822D	Baby stroller colliding with stationary object, subsequent encounter
V00.822S	Baby stroller colliding with stationary object, sequela
V00.828A	Other accident with baby stroller, initial encounter
V00.828D	Other accident with baby stroller, subsequent encounter
V00.828S	Other accident with baby stroller, sequela
V00.831A	Fall from motorized mobility scooter, initial encounter
V00.831D	Fall from motorized mobility scooter, subsequent encounter
V00.831S	Fall from motorized mobility scooter, sequela
V00.832A	Motorized mobility scooter colliding with stationary object, initial encounter
V00.832D	Motorized mobility scooter colliding with stationary object, subsequent encounter
V00.832S	Motorized mobility scooter colliding with stationary object, sequela
V00.838A	Other accident with motorized mobility scooter, initial encounter
V00.838D	Other accident with motorized mobility scooter, subsequent encounter
V00.838S	Other accident with motorized mobility scooter, sequela
V00.841A	Fall from standing electric scooter, initial encounter
V00.841D	Fall from standing electric scooter, subsequent encounter
V00.841S	Fall from standing electric scooter, sequela
V00.842A	Pedestrian on standing electric scooter colliding with stationary object, initial encounter
V00.842D	Pedestrian on standing electric scooter colliding with stationary object, subsequent encounter
V00.842S	Pedestrian on standing electric scooter colliding with stationary object, sequel
V00.848A	Other accident with standing micro-mobility pedestrian conveyance, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V00.848D	Other accident with standing micro-mobility pedestrian conveyance, subsequent encounter
V00.848S	Other accident with standing micro-mobility pedestrian conveyance, sequela
V00.891A	Fall from other pedestrian conveyance, initial encounter
V00.891D	Fall from other pedestrian conveyance, subsequent encounter
V00.891S	Fall from other pedestrian conveyance, sequela
V00.892A	Pedestrian on other pedestrian conveyance colliding with stationary object, initial encounter
V00.892D	Pedestrian on other pedestrian conveyance colliding with stationary object, subsequent encounter
V00.892S	Pedestrian on other pedestrian conveyance colliding with stationary object, sequela
V00.898A	Other accident on other pedestrian conveyance, initial encounter
V00.898D	Other accident on other pedestrian conveyance, subsequent encounter
V00.898S	Other accident on other pedestrian conveyance, sequela
V01.00XA	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.00XD	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.00XS	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, sequela
V01.01XA	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.01XD	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.01XS	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, sequela
V01.02XA	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.02XD	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.02XS	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, sequela
V01.031A	Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.031D	Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.031S	Pedestrian on standing electric scooter injured in collision with pedal cycle in nontraffic accident, sequela
V01.038A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.038D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.038S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in nontraffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V01.09XA	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.09XD	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.09XS	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, sequela
V01.10XA	Pedestrian on foot injured in collision with pedal cycle in traffic accident, initial encounter
V01.10XD	Pedestrian on foot injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.10XS	Pedestrian on foot injured in collision with pedal cycle in traffic accident, sequela
V01.11XA	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, initial encounter
V01.11XD	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.11XS	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, sequela
V01.12XA	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, initial encounter
V01.12XD	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.12XS	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, sequela
V01.131A	Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, initial encounter
V01.131D	Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.131S	Pedestrian on standing electric scooter injured in collision with pedal cycle in traffic accident, sequela
V01.138A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, initial encounter
V01.138D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.138S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle in traffic accident, sequela
V01.19XA	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, initial encounter
V01.19XD	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.19XS	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, sequela
V01.90XA	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V01.90XD	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.90XS	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.91XA	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.91XD	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.91XS	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.92XA	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.92XD	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.92XS	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.931A	Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.931D	Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.931S	Pedestrian on standing electric scooter injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.938A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.938D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.938S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.99XA	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.99XD	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.99XS	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V06.00XA	Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.00XD	Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.00XS	Pedestrian on foot injured in collision with other nonmotor vehicle in nontraffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V06.01XA	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.01XD	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.01XS	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.02XA	Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.02XD	Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.02XS	Pedestrian on skateboard injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.031A	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.031D	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.031S	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.038A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.038D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.038S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.09XA	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V06.09XD	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V06.09XS	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V06.10XA	Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.10XD	Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.10XS	Pedestrian on foot injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.11XA	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.11XD	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.11XS	Pedestrian on roller-skates injured in collision with other nonmotor vehicle in traffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V06.12XA	Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.12XD	Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.12XS	Pedestrian on skateboard injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.131A	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.131D	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.131S	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.138A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.138D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.138S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.19XA	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V06.19XD	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V06.19XS	Pedestrian with other conveyance injured in collision with other nonmotor vehicle in traffic accident, sequela
V06.90XA	Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.90XD	Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.90XS	Pedestrian on foot injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.91XA	Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.91XD	Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.91XS	Pedestrian on roller-skates injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.92XA	Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.92XD	Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V06.92XS	Pedestrian on skateboard injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.931A	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.931D	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.931S	Pedestrian on standing electric scooter injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.938A	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.938D	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.938S	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V06.99XA	Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, initial encounter
V06.99XD	Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, subsequent encounter
V06.99XS	Pedestrian with other conveyance injured in collision with other nonmotor vehicle, unspecified whether traffic or nontraffic accident, sequela
V09.1XXA	Pedestrian injured in unspecified nontraffic accident, initial encounter
V09.1XXD	Pedestrian injured in unspecified nontraffic accident, subsequent encounter
V09.1XXS	Pedestrian injured in unspecified nontraffic accident, sequela
V10.0XXA	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter
V10.0XXD	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
V10.0XXS	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela
V10.1XXA	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, initial encounter
V10.1XXD	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
V10.1XXS	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, sequela
V10.2XXA	Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, initial encounter
V10.2XXD	Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
V10.2XXS	Unspecified pedal cyclist injured in collision with pedestrian or animal in nontraffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V10.3XXA	Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal, initial encounter
V10.3XXD	Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal, subsequent encounter
V10.3XXS	Person boarding or alighting a pedal cycle injured in collision with pedestrian or animal, sequela
V10.4XXA	Pedal cycle driver injured in collision with pedestrian or animal in traffic accident, initial encounter
V10.4XXD	Pedal cycle driver injured in collision with pedestrian or animal in traffic accident, subsequent encounter
V10.4XXS	Pedal cycle driver injured in collision with pedestrian or animal in traffic accident, sequela
V10.5XXA	Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident, initial encounter
V10.5XXD	Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident, subsequent encounter
V10.5XXS	Pedal cycle passenger injured in collision with pedestrian or animal in traffic accident, sequela
V10.9XXA	Unspecified pedal cyclist injured in collision with pedestrian or animal in traffic accident, initial encounter
V10.9XXD	Unspecified pedal cyclist injured in collision with pedestrian or animal in traffic accident, subsequent encounter
V10.9XXS	Unspecified pedal cyclist injured in collision with pedestrian or animal in traffic accident, sequela
V11.0XXA	Pedal cycle driver injured in collision with other pedal cycle in nontraffic accident, initial encounter
V11.0XXD	Pedal cycle driver injured in collision with other pedal cycle in nontraffic accident, subsequent encounter
V11.0XXS	Pedal cycle driver injured in collision with other pedal cycle in nontraffic accident, sequela
V11.1XXA	Pedal cycle passenger injured in collision with other pedal cycle in nontraffic accident, initial encounter
V11.1XXD	Pedal cycle passenger injured in collision with other pedal cycle in nontraffic accident, subsequent encounter
V11.1XXS	Pedal cycle passenger injured in collision with other pedal cycle in nontraffic accident, sequela
V11.2XXA	Unspecified pedal cyclist injured in collision with other pedal cycle in nontraffic accident, initial encounter
V11.2XXD	Unspecified pedal cyclist injured in collision with other pedal cycle in nontraffic accident, subsequent encounter
V11.2XXS	Unspecified pedal cyclist injured in collision with other pedal cycle in nontraffic accident, sequela
V11.3XXA	Person boarding or alighting a pedal cycle injured in collision with other pedal cycle, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V11.3XXD	Person boarding or alighting a pedal cycle injured in collision with other pedal cycle, subsequent encounter
V11.3XXS	Person boarding or alighting a pedal cycle injured in collision with other pedal cycle, sequela
V11.4XXA	Pedal cycle driver injured in collision with other pedal cycle in traffic accident, initial encounter
V11.4XXD	Pedal cycle driver injured in collision with other pedal cycle in traffic accident, subsequent encounter
V11.4XXS	Pedal cycle driver injured in collision with other pedal cycle in traffic accident, sequela
V11.5XXA	Pedal cycle passenger injured in collision with other pedal cycle in traffic accident, initial encounter
V11.5XXD	Pedal cycle passenger injured in collision with other pedal cycle in traffic accident, subsequent encounter
V11.5XXS	Pedal cycle passenger injured in collision with other pedal cycle in traffic accident, sequela
V11.9XXA	Unspecified pedal cyclist injured in collision with other pedal cycle in traffic accident, initial encounter
V11.9XXD	Unspecified pedal cyclist injured in collision with other pedal cycle in traffic accident, subsequent encounter
V11.9XXS	Unspecified pedal cyclist injured in collision with other pedal cycle in traffic accident, sequela
V12.0XXA	Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V12.0XXD	Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V12.0XXS	Pedal cycle driver injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V12.1XXA	Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V12.1XXD	Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V12.1XXS	Pedal cycle passenger injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V12.2XXA	Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V12.2XXD	Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V12.2XXS	Unspecified pedal cyclist injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V16.0XXA	Pedal cycle driver injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V16.0XXD	Pedal cycle driver injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V16.0XXS	Pedal cycle driver injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.1XXA	Pedal cycle passenger injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V16.1XXD	Pedal cycle passenger injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V16.1XXS	Pedal cycle passenger injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.2XXA	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V16.2XXD	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V16.2XXS	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.3XXA	Person boarding or alighting a pedal cycle injured in collision with other nonmotor vehicle in nontraffic accident, initial encounter
V16.3XXD	Person boarding or alighting a pedal cycle injured in collision with other nonmotor vehicle in nontraffic accident, subsequent encounter
V16.3XXS	Person boarding or alighting a pedal cycle injured in collision with other nonmotor vehicle in nontraffic accident, sequela
V16.4XXA	Pedal cycle driver injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V16.4XXD	Pedal cycle driver injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V16.4XXS	Pedal cycle driver injured in collision with other nonmotor vehicle in traffic accident, sequela
V16.5XXA	Pedal cycle passenger injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V16.5XXD	Pedal cycle passenger injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V16.5XXS	Pedal cycle passenger injured in collision with other nonmotor vehicle in traffic accident, sequela
V16.9XXA	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in traffic accident, initial encounter
V16.9XXD	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in traffic accident, subsequent encounter
V16.9XXS	Unspecified pedal cyclist injured in collision with other nonmotor vehicle in traffic accident, sequela
V17.0XXA	Pedal cycle driver injured in collision with fixed or stationary object in nontraffic accident, initial encounter
V17.0XXD	Pedal cycle driver injured in collision with fixed or stationary object in nontraffic accident, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V17.0XXS	Pedal cycle driver injured in collision with fixed or stationary object in nontraffic accident, sequela
V17.1XXA	Pedal cycle passenger injured in collision with fixed or stationary object in nontraffic accident, initial encounter
V17.1XXD	Pedal cycle passenger injured in collision with fixed or stationary object in nontraffic accident, subsequent encounter
V17.1XXS	Pedal cycle passenger injured in collision with fixed or stationary object in nontraffic accident, sequela
V17.2XXA	Unspecified pedal cyclist injured in collision with fixed or stationary object in nontraffic accident, initial encounter
V17.2XXD	Unspecified pedal cyclist injured in collision with fixed or stationary object in nontraffic accident, subsequent encounter
V17.2XXS	Unspecified pedal cyclist injured in collision with fixed or stationary object in nontraffic accident, sequela
V17.3XXA	Person boarding or alighting a pedal cycle injured in collision with fixed or stationary object, initial encounter
V17.3XXD	Person boarding or alighting a pedal cycle injured in collision with fixed or stationary object, subsequent encounter
V17.3XXS	Person boarding or alighting a pedal cycle injured in collision with fixed or stationary object, sequela
V17.4XXA	Pedal cycle driver injured in collision with fixed or stationary object in traffic accident, initial encounter
V17.4XXD	Pedal cycle driver injured in collision with fixed or stationary object in traffic accident, subsequent encounter
V17.4XXS	Pedal cycle driver injured in collision with fixed or stationary object in traffic accident, sequela
V17.5XXA	Pedal cycle passenger injured in collision with fixed or stationary object in traffic accident, initial encounter
V17.5XXD	Pedal cycle passenger injured in collision with fixed or stationary object in traffic accident, subsequent encounter
V17.5XXS	Pedal cycle passenger injured in collision with fixed or stationary object in traffic accident, sequela
V17.9XXA	Unspecified pedal cyclist injured in collision with fixed or stationary object in traffic accident, initial encounter
V17.9XXD	Unspecified pedal cyclist injured in collision with fixed or stationary object in traffic accident, subsequent encounter
V17.9XXS	Unspecified pedal cyclist injured in collision with fixed or stationary object in traffic accident, sequela
V18.0XXA	Pedal cycle driver injured in noncollision transport accident in nontraffic accident, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V18.0XXD	Pedal cycle driver injured in noncollision transport accident in nontraffic accident, subsequent encounter
V18.0XXS	Pedal cycle driver injured in noncollision transport accident in nontraffic accident, sequela
V18.1XXA	Pedal cycle passenger injured in noncollision transport accident in nontraffic accident, initial encounter
V18.1XXD	Pedal cycle passenger injured in noncollision transport accident in nontraffic accident, subsequent encounter
V18.1XXS	Pedal cycle passenger injured in noncollision transport accident in nontraffic accident, sequela
V18.2XXA	Unspecified pedal cyclist injured in noncollision transport accident in nontraffic accident, initial encounter
V18.2XXD	Unspecified pedal cyclist injured in noncollision transport accident in nontraffic accident, subsequent encounter
V18.2XXS	Unspecified pedal cyclist injured in noncollision transport accident in nontraffic accident, sequela
V18.3XXA	Person boarding or alighting a pedal cycle injured in noncollision transport accident, initial encounter
V18.3XXD	Person boarding or alighting a pedal cycle injured in noncollision transport accident, subsequent encounter
V18.3XXS	Person boarding or alighting a pedal cycle injured in noncollision transport accident, sequela
V18.4XXA	Pedal cycle driver injured in noncollision transport accident in traffic accident, initial encounter
V18.4XXD	Pedal cycle driver injured in noncollision transport accident in traffic accident, subsequent encounter
V18.4XXS	Pedal cycle driver injured in noncollision transport accident in traffic accident, sequela
V18.5XXA	Pedal cycle passenger injured in noncollision transport accident in traffic accident, initial encounter
V18.5XXD	Pedal cycle passenger injured in noncollision transport accident in traffic accident, subsequent encounter
V18.5XXS	Pedal cycle passenger injured in noncollision transport accident in traffic accident, sequela
V18.9XXA	Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, initial encounter
V18.9XXD	Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, subsequent encounter
V18.9XXS	Unspecified pedal cyclist injured in noncollision transport accident in traffic accident, sequela
V19.00XA	Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter
V19.00XD	Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter
V19.00XS	Pedal cycle driver injured in collision with unspecified motor vehicles in nontraffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V19.09XA	Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, initial encounter
V19.09XD	Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, subsequent encounter
V19.09XS	Pedal cycle driver injured in collision with other motor vehicles in nontraffic accident, sequela
V19.10XA	Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter
V19.10XD	Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter
V19.10XS	Pedal cycle passenger injured in collision with unspecified motor vehicles in nontraffic accident, sequela
V19.19XA	Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, initial encounter
V19.19XD	Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, subsequent encounter
V19.19XS	Pedal cycle passenger injured in collision with other motor vehicles in nontraffic accident, sequela
V19.20XA	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, initial encounter
V19.20XD	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, subsequent encounter
V19.20XS	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in nontraffic accident, sequela
V19.29XA	Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, initial encounter
V19.29XD	Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, subsequent encounter
V19.29XS	Unspecified pedal cyclist injured in collision with other motor vehicles in nontraffic accident, sequela
V19.40XA	Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter
V19.40XD	Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter
V19.40XS	Pedal cycle driver injured in collision with unspecified motor vehicles in traffic accident, sequela
V19.49XA	Pedal cycle driver injured in collision with other motor vehicles in traffic accident, initial encounter
V19.49XD	Pedal cycle driver injured in collision with other motor vehicles in traffic accident, subsequent encounter
V19.49XS	Pedal cycle driver injured in collision with other motor vehicles in traffic accident, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V19.50XA	Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, initial encounter
V19.50XD	Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter
V19.50XS	Pedal cycle passenger injured in collision with unspecified motor vehicles in traffic accident, sequela
V19.59XA	Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, initial encounter
V19.59XD	Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, subsequent encounter
V19.59XS	Pedal cycle passenger injured in collision with other motor vehicles in traffic accident, sequela
V19.60XA	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, initial encounter
V19.60XD	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter
V19.60XS	Unspecified pedal cyclist injured in collision with unspecified motor vehicles in traffic accident, sequela
V19.69XA	Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, initial encounter
V19.69XD	Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, subsequent encounter
V19.69XS	Unspecified pedal cyclist injured in collision with other motor vehicles in traffic accident, sequela
V19.9XXA	Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, initial encounter
V19.9XXD	Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, subsequent encounter
V19.9XXS	Pedal cyclist (driver) (passenger) injured in unspecified traffic accident, sequela
V80.710A	Animal-rider injured in collision with other animal being ridden, initial encounter
V80.710D	Animal-rider injured in collision with other animal being ridden, subsequent encounter
V80.710S	Animal-rider injured in collision with other animal being ridden, sequela
V80.790A	Animal-rider injured in collision with other nonmotor vehicles, initial encounter
V80.790D	Animal-rider injured in collision with other nonmotor vehicles, subsequent encounter
V80.790S	Animal-rider injured in collision with other nonmotor vehicles, sequela
V80.81XA	Animal-rider injured in collision with fixed or stationary object, initial encounter
V80.81XD	Animal-rider injured in collision with fixed or stationary object, subsequent encounter
V80.81XS	Animal-rider injured in collision with fixed or stationary object, sequela
V89.1XXA	Person injured in unspecified nonmotor-vehicle accident, nontraffic, initial encounter
V89.1XXD	Person injured in unspecified nonmotor-vehicle accident, nontraffic, subsequent encounter
V89.1XXS	Person injured in unspecified nonmotor-vehicle accident, nontraffic, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
V89.3XXA	Person injured in unspecified nonmotor-vehicle accident, traffic, initial encounter
V89.3XXD	Person injured in unspecified nonmotor-vehicle accident, traffic, subsequent encounter
V89.3XXS	Person injured in unspecified nonmotor-vehicle accident, traffic, sequela
W00.0XXA	Fall on same level due to ice and snow, initial encounter
W00.0XXD	Fall on same level due to ice and snow, subsequent encounter
W00.0XXS	Fall on same level due to ice and snow, sequela
W00.1XXA	Fall from stairs and steps due to ice and snow, initial encounter
W00.1XXD	Fall from stairs and steps due to ice and snow, subsequent encounter
W00.1XXS	Fall from stairs and steps due to ice and snow, sequela
W00.2XXA	Other fall from one level to another due to ice and snow, initial encounter
W00.2XXD	Other fall from one level to another due to ice and snow, subsequent encounter
W00.2XXS	Other fall from one level to another due to ice and snow, sequela
W00.9XXA	Unspecified fall due to ice and snow, initial encounter
W00.9XXD	Unspecified fall due to ice and snow, subsequent encounter
W00.9XXS	Unspecified fall due to ice and snow, sequela
W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter
W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter
W01.0XXS	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, sequela
W01.10XA	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, initial encounter
W01.10XD	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, subsequent encounter
W01.10XS	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, sequela
W01.110A	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, initial encounter
W01.110D	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, subsequent encounter
W01.110S	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, sequela
W01.111A	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, initial encounter
W01.111D	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W01.111S	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, sequela
W01.118A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, initial encounter
W01.118D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, subsequent encounter
W01.118S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, sequela
W01.119A	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, initial encounter
W01.119D	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, subsequent encounter
W01.119S	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, sequela
W01.190A	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter
W01.190D	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, subsequent encounter
W01.190S	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, sequela
W01.198A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter
W01.198D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, subsequent encounter
W01.198S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, sequela
W03.XXXA	Other fall on same level due to collision with another person, initial encounter
W03.XXXD	Other fall on same level due to collision with another person, subsequent encounter
W03.XXXS	Other fall on same level due to collision with another person, sequela
W04.XXXA	Fall while being carried or supported by other persons, initial encounter
W04.XXXD	Fall while being carried or supported by other persons, subsequent encounter
W04.XXXS	Fall while being carried or supported by other persons, sequela
W05.0XXA	Fall from non-moving wheelchair, initial encounter
W05.0XXD	Fall from non-moving wheelchair, subsequent encounter
W05.0XXS	Fall from non-moving wheelchair, sequela
W05.1XXA	Fall from non-moving nonmotorized scooter, initial encounter
W05.1XXD	Fall from non-moving nonmotorized scooter, subsequent encounter
W05.1XXS	Fall from non-moving nonmotorized scooter, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W06.XXXA	Fall from bed, initial encounter
W06.XXXD	Fall from bed, subsequent encounter
W06.XXXS	Fall from bed, sequela
W07.XXXA	Fall from chair, initial encounter
W07.XXXD	Fall from chair, subsequent encounter
W07.XXXS	Fall from chair, sequela
W08.XXXA	Fall from other furniture, initial encounter
W08.XXXD	Fall from other furniture, subsequent encounter
W08.XXXS	Fall from other furniture, sequela
W09.0XXA	Fall on or from playground slide, initial encounter
W09.0XXD	Fall on or from playground slide, subsequent encounter
W09.0XXS	Fall on or from playground slide, sequela
W09.1XXA	Fall from playground swing, initial encounter
W09.1XXD	Fall from playground swing, subsequent encounter
W09.1XXS	Fall from playground swing, sequela
W09.2XXA	Fall on or from jungle gym, initial encounter
W09.2XXD	Fall on or from jungle gym, subsequent encounter
W09.2XXS	Fall on or from jungle gym, sequela
W09.8XXA	Fall on or from other playground equipment, initial encounter
W09.8XXD	Fall on or from other playground equipment, subsequent encounter
W09.8XXS	Fall on or from other playground equipment, sequela
W10.0XXA	Fall (on)(from) escalator, initial encounter
W10.0XXD	Fall (on)(from) escalator, subsequent encounter
W10.0XXS	Fall (on)(from) escalator, sequela
W10.1XXA	Fall (on)(from) sidewalk curb, initial encounter
W10.1XXD	Fall (on)(from) sidewalk curb, subsequent encounter
W10.1XXS	Fall (on)(from) sidewalk curb, sequela
W10.2XXA	Fall (on)(from) incline, initial encounter
W10.2XXD	Fall (on)(from) incline, subsequent encounter
W10.2XXS	Fall (on)(from) incline, sequela
W10.8XXA	Fall (on) (from) other stairs and steps, initial encounter
W10.8XXD	Fall (on) (from) other stairs and steps, subsequent encounter
W10.8XXS	Fall (on) (from) other stairs and steps, sequela
W10.9XXA	Fall (on) (from) unspecified stairs and steps, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W10.9XXD	Fall (on) (from) unspecified stairs and steps, subsequent encounter
W10.9XXS	Fall (on) (from) unspecified stairs and steps, sequela
W11.XXXA	Fall on and from ladder, initial encounter
W11.XXXD	Fall on and from ladder, subsequent encounter
W11.XXXS	Fall on and from ladder, sequela
W12.XXXA	Fall on and from scaffolding, initial encounter
W12.XXXD	Fall on and from scaffolding, subsequent encounter
W12.XXXS	Fall on and from scaffolding, sequela
W13.0XXA	Fall from, out of or through balcony, initial encounter
W13.0XXD	Fall from, out of or through balcony, subsequent encounter
W13.0XXS	Fall from, out of or through balcony, sequela
W13.1XXA	Fall from, out of or through bridge, initial encounter
W13.1XXD	Fall from, out of or through bridge, subsequent encounter
W13.1XXS	Fall from, out of or through bridge, sequela
W13.2XXA	Fall from, out of or through roof, initial encounter
W13.2XXD	Fall from, out of or through roof, subsequent encounter
W13.2XXS	Fall from, out of or through roof, sequela
W13.3XXA	Fall through floor, initial encounter
W13.3XXD	Fall through floor, subsequent encounter
W13.3XXS	Fall through floor, sequela
W13.4XXA	Fall from, out of or through window, initial encounter
W13.4XXD	Fall from, out of or through window, subsequent encounter
W13.4XXS	Fall from, out of or through window, sequela
W13.8XXA	Fall from, out of or through other building or structure, initial encounter
W13.8XXD	Fall from, out of or through other building or structure, subsequent encounter
W13.8XXS	Fall from, out of or through other building or structure, sequela
W13.9XXA	Fall from, out of or through building, not otherwise specified, initial encounter
W13.9XXD	Fall from, out of or through building, not otherwise specified, subsequent encounter
W13.9XXS	Fall from, out of or through building, not otherwise specified, sequela
W14.XXXA	Fall from tree, initial encounter
W14.XXXD	Fall from tree, subsequent encounter
W14.XXXS	Fall from tree, sequela
W15.XXXA	Fall from cliff, initial encounter
W15.XXXD	Fall from cliff, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W15.XXXS	Fall from cliff, sequela
W16.011A	Fall into swimming pool striking water surface causing drowning and submersion, initial encounter
W16.011D	Fall into swimming pool striking water surface causing drowning and submersion, subsequent encounter
W16.011S	Fall into swimming pool striking water surface causing drowning and submersion, sequela
W16.012A	Fall into swimming pool striking water surface causing other injury, initial encounter
W16.012D	Fall into swimming pool striking water surface causing other injury, subsequent encounter
W16.012S	Fall into swimming pool striking water surface causing other injury, sequela
W16.021A	Fall into swimming pool striking bottom causing drowning and submersion, initial encounter
W16.021D	Fall into swimming pool striking bottom causing drowning and submersion, subsequent encounter
W16.021S	Fall into swimming pool striking bottom causing drowning and submersion, sequela
W16.022A	Fall into swimming pool striking bottom causing other injury, initial encounter
W16.022D	Fall into swimming pool striking bottom causing other injury, subsequent encounter
W16.022S	Fall into swimming pool striking bottom causing other injury, sequela
W16.031A	Fall into swimming pool striking wall causing drowning and submersion, initial encounter
W16.031D	Fall into swimming pool striking wall causing drowning and submersion, subsequent encounter
W16.031S	Fall into swimming pool striking wall causing drowning and submersion, sequela
W16.032A	Fall into swimming pool striking wall causing other injury, initial encounter
W16.032D	Fall into swimming pool striking wall causing other injury, subsequent encounter
W16.032S	Fall into swimming pool striking wall causing other injury, sequela
W16.111A	Fall into natural body of water striking water surface causing drowning and submersion, initial encounter
W16.111D	Fall into natural body of water striking water surface causing drowning and submersion, subsequent encounter
W16.111S	Fall into natural body of water striking water surface causing drowning and submersion, sequela
W16.112A	Fall into natural body of water striking water surface causing other injury, initial encounter
W16.112D	Fall into natural body of water striking water surface causing other injury, subsequent encounter
W16.112S	Fall into natural body of water striking water surface causing other injury, sequela
W16.121A	Fall into natural body of water striking bottom causing drowning and submersion, initial encounter
W16.121D	Fall into natural body of water striking bottom causing drowning and submersion, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.121S	Fall into natural body of water striking bottom causing drowning and submersion, sequela
W16.122A	Fall into natural body of water striking bottom causing other injury, initial encounter
W16.122D	Fall into natural body of water striking bottom causing other injury, subsequent encounter
W16.122S	Fall into natural body of water striking bottom causing other injury, sequela
W16.131A	Fall into natural body of water striking side causing drowning and submersion, initial encounter
W16.131D	Fall into natural body of water striking side causing drowning and submersion, subsequent encounter
W16.131S	Fall into natural body of water striking side causing drowning and submersion, sequela
W16.132A	Fall into natural body of water striking side causing other injury, initial encounter
W16.132D	Fall into natural body of water striking side causing other injury, subsequent encounter
W16.132S	Fall into natural body of water striking side causing other injury, sequela
W16.211A	Fall in (into) filled bathtub causing drowning and submersion, initial encounter
W16.211D	Fall in (into) filled bathtub causing drowning and submersion, subsequent encounter
W16.211S	Fall in (into) filled bathtub causing drowning and submersion, sequela
W16.212A	Fall in (into) filled bathtub causing other injury, initial encounter
W16.212D	Fall in (into) filled bathtub causing other injury, subsequent encounter
W16.212S	Fall in (into) filled bathtub causing other injury, sequela
W16.221A	Fall in (into) bucket of water causing drowning and submersion, initial encounter
W16.221D	Fall in (into) bucket of water causing drowning and submersion, subsequent encounter
W16.221S	Fall in (into) bucket of water causing drowning and submersion, sequela
W16.222A	Fall in (into) bucket of water causing other injury, initial encounter
W16.222D	Fall in (into) bucket of water causing other injury, subsequent encounter
W16.222S	Fall in (into) bucket of water causing other injury, sequela
W16.311A	Fall into other water striking water surface causing drowning and submersion, initial encounter
W16.311D	Fall into other water striking water surface causing drowning and submersion, subsequent encounter
W16.311S	Fall into other water striking water surface causing drowning and submersion, sequela
W16.312A	Fall into other water striking water surface causing other injury, initial encounter
W16.312D	Fall into other water striking water surface causing other injury, subsequent encounter
W16.312S	Fall into other water striking water surface causing other injury, sequela
W16.321A	Fall into other water striking bottom causing drowning and submersion, initial encounter
W16.321D	Fall into other water striking bottom causing drowning and submersion, subsequent encounter
W16.321S	Fall into other water striking bottom causing drowning and submersion, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.322A	Fall into other water striking bottom causing other injury, initial encounter
W16.322D	Fall into other water striking bottom causing other injury, subsequent encounter
W16.322S	Fall into other water striking bottom causing other injury, sequela
W16.331A	Fall into other water striking wall causing drowning and submersion, initial encounter
W16.331D	Fall into other water striking wall causing drowning and submersion, subsequent encounter
W16.331S	Fall into other water striking wall causing drowning and submersion, sequela
W16.332A	Fall into other water striking wall causing other injury, initial encounter
W16.332D	Fall into other water striking wall causing other injury, subsequent encounter
W16.332S	Fall into other water striking wall causing other injury, sequela
W16.41XA	Fall into unspecified water causing drowning and submersion, initial encounter
W16.41XD	Fall into unspecified water causing drowning and submersion, subsequent encounter
W16.41XS	Fall into unspecified water causing drowning and submersion, sequela
W16.42XA	Fall into unspecified water causing other injury, initial encounter
W16.42XD	Fall into unspecified water causing other injury, subsequent encounter
W16.42XS	Fall into unspecified water causing other injury, sequela
W16.511A	Jumping or diving into swimming pool striking water surface causing drowning and submersion, initial encounter
W16.511D	Jumping or diving into swimming pool striking water surface causing drowning and submersion, subsequent encounter
W16.511S	Jumping or diving into swimming pool striking water surface causing drowning and submersion, sequela
W16.512A	Jumping or diving into swimming pool striking water surface causing other injury, initial encounter
W16.512D	Jumping or diving into swimming pool striking water surface causing other injury, subsequent encounter
W16.512S	Jumping or diving into swimming pool striking water surface causing other injury, sequela
W16.521A	Jumping or diving into swimming pool striking bottom causing drowning and submersion, initial encounter
W16.521D	Jumping or diving into swimming pool striking bottom causing drowning and submersion, subsequent encounter
W16.521S	Jumping or diving into swimming pool striking bottom causing drowning and submersion, sequela
W16.522A	Jumping or diving into swimming pool striking bottom causing other injury, initial encounter
W16.522D	Jumping or diving into swimming pool striking bottom causing other injury, subsequent encounter
W16.522S	Jumping or diving into swimming pool striking bottom causing other injury, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.531A	Jumping or diving into swimming pool striking wall causing drowning and submersion, initial encounter
W16.531D	Jumping or diving into swimming pool striking wall causing drowning and submersion, subsequent encounter
W16.531S	Jumping or diving into swimming pool striking wall causing drowning and submersion, sequela
W16.532A	Jumping or diving into swimming pool striking wall causing other injury, initial encounter
W16.532D	Jumping or diving into swimming pool striking wall causing other injury, subsequent encounter
W16.532S	Jumping or diving into swimming pool striking wall causing other injury, sequela
W16.611A	Jumping or diving into natural body of water striking water surface causing drowning and submersion, initial encounter
W16.611D	Jumping or diving into natural body of water striking water surface causing drowning and submersion, subsequent encounter
W16.611S	Jumping or diving into natural body of water striking water surface causing drowning and submersion, sequela
W16.612A	Jumping or diving into natural body of water striking water surface causing other injury, initial encounter
W16.612D	Jumping or diving into natural body of water striking water surface causing other injury, subsequent encounter
W16.612S	Jumping or diving into natural body of water striking water surface causing other injury, sequela
W16.621A	Jumping or diving into natural body of water striking bottom causing drowning and submersion, initial encounter
W16.621D	Jumping or diving into natural body of water striking bottom causing drowning and submersion, subsequent encounter
W16.621S	Jumping or diving into natural body of water striking bottom causing drowning and submersion, sequela
W16.622A	Jumping or diving into natural body of water striking bottom causing other injury, initial encounter
W16.622D	Jumping or diving into natural body of water striking bottom causing other injury, subsequent encounter
W16.622S	Jumping or diving into natural body of water striking bottom causing other injury, sequela
W16.711A	Jumping or diving from boat striking water surface causing drowning and submersion, initial encounter
W16.711D	Jumping or diving from boat striking water surface causing drowning and submersion, subsequent encounter
W16.711S	Jumping or diving from boat striking water surface causing drowning and submersion, sequela
W16.712A	Jumping or diving from boat striking water surface causing other injury, initial encounter
W16.712D	Jumping or diving from boat striking water surface causing other injury, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.712S	Jumping or diving from boat striking water surface causing other injury, sequela
W16.721A	Jumping or diving from boat striking bottom causing drowning and submersion, initial encounter
W16.721D	Jumping or diving from boat striking bottom causing drowning and submersion, subsequent encounter
W16.721S	Jumping or diving from boat striking bottom causing drowning and submersion, sequela
W16.722A	Jumping or diving from boat striking bottom causing other injury, initial encounter
W16.722D	Jumping or diving from boat striking bottom causing other injury, subsequent encounter
W16.722S	Jumping or diving from boat striking bottom causing other injury, sequela
W16.811A	Jumping or diving into other water striking water surface causing drowning and submersion, initial encounter
W16.811D	Jumping or diving into other water striking water surface causing drowning and submersion, subsequent encounter
W16.811S	Jumping or diving into other water striking water surface causing drowning and submersion, sequela
W16.812A	Jumping or diving into other water striking water surface causing other injury, initial encounter
W16.812D	Jumping or diving into other water striking water surface causing other injury, subsequent encounter
W16.812S	Jumping or diving into other water striking water surface causing other injury, sequela
W16.821A	Jumping or diving into other water striking bottom causing drowning and submersion, initial encounter
W16.821D	Jumping or diving into other water striking bottom causing drowning and submersion, subsequent encounter
W16.821S	Jumping or diving into other water striking bottom causing drowning and submersion, sequela
W16.822A	Jumping or diving into other water striking bottom causing other injury, initial encounter
W16.822D	Jumping or diving into other water striking bottom causing other injury, subsequent encounter
W16.822S	Jumping or diving into other water striking bottom causing other injury, sequela
W16.831A	Jumping or diving into other water striking wall causing drowning and submersion, initial encounter
W16.831D	Jumping or diving into other water striking wall causing drowning and submersion, subsequent encounter
W16.831S	Jumping or diving into other water striking wall causing drowning and submersion, sequela
W16.832A	Jumping or diving into other water striking wall causing other injury, initial encounter
W16.832D	Jumping or diving into other water striking wall causing other injury, subsequent encounter
W16.832S	Jumping or diving into other water striking wall causing other injury, sequela
W16.91XA	Jumping or diving into unspecified water causing drowning and submersion, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W16.91XD	Jumping or diving into unspecified water causing drowning and submersion, subsequent encounter
W16.91XS	Jumping or diving into unspecified water causing drowning and submersion, sequela
W16.92XA	Jumping or diving into unspecified water causing other injury, initial encounter
W16.92XD	Jumping or diving into unspecified water causing other injury, subsequent encounter
W16.92XS	Jumping or diving into unspecified water causing other injury, sequela
W17.0XXA	Fall into well, initial encounter
W17.0XXD	Fall into well, subsequent encounter
W17.0XXS	Fall into well, sequela
W17.1XXA	Fall into storm drain or manhole, initial encounter
W17.1XXD	Fall into storm drain or manhole, subsequent encounter
W17.1XXS	Fall into storm drain or manhole, sequela
W17.2XXA	Fall into hole, initial encounter
W17.2XXD	Fall into hole, subsequent encounter
W17.2XXS	Fall into hole, sequela
W17.3XXA	Fall into empty swimming pool, initial encounter
W17.3XXD	Fall into empty swimming pool, subsequent encounter
W17.3XXS	Fall into empty swimming pool, sequela
W17.4XXA	Fall from dock, initial encounter
W17.4XXD	Fall from dock, subsequent encounter
W17.4XXS	Fall from dock, sequela
W17.81XA	Fall down embankment (hill), initial encounter
W17.81XD	Fall down embankment (hill), subsequent encounter
W17.81XS	Fall down embankment (hill), sequela
W17.82XA	Fall from (out of) grocery cart, initial encounter
W17.82XD	Fall from (out of) grocery cart, subsequent encounter
W17.82XS	Fall from (out of) grocery cart, sequela
W17.89XA	Other fall from one level to another, initial encounter
W17.89XD	Other fall from one level to another, subsequent encounter
W17.89XS	Other fall from one level to another, sequela
W18.00XA	Striking against unspecified object with subsequent fall, initial encounter
W18.00XD	Striking against unspecified object with subsequent fall, subsequent encounter
W18.00XS	Striking against unspecified object with subsequent fall, sequela
W18.01XA	Striking against sports equipment with subsequent fall, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W18.01XD	Striking against sports equipment with subsequent fall, subsequent encounter
W18.01XS	Striking against sports equipment with subsequent fall, sequela
W18.02XA	Striking against glass with subsequent fall, initial encounter
W18.02XD	Striking against glass with subsequent fall, subsequent encounter
W18.02XS	Striking against glass with subsequent fall, sequela
W18.09XA	Striking against other object with subsequent fall, initial encounter
W18.09XD	Striking against other object with subsequent fall, subsequent encounter
W18.09XS	Striking against other object with subsequent fall, sequela
W18.11XA	Fall from or off toilet without subsequent striking against object, initial encounter
W18.11XD	Fall from or off toilet without subsequent striking against object, subsequent encounter
W18.11XS	Fall from or off toilet without subsequent striking against object, sequela
W18.12XA	Fall from or off toilet with subsequent striking against object, initial encounter
W18.12XD	Fall from or off toilet with subsequent striking against object, subsequent encounter
W18.12XS	Fall from or off toilet with subsequent striking against object, sequela
W18.2XXA	Fall in (into) shower or empty bathtub, initial encounter
W18.2XXD	Fall in (into) shower or empty bathtub, subsequent encounter
W18.2XXS	Fall in (into) shower or empty bathtub, sequela
W18.30XA	Fall on same level, unspecified, initial encounter
W18.30XD	Fall on same level, unspecified, subsequent encounter
W18.30XS	Fall on same level, unspecified, sequela
W18.31XA	Fall on same level due to stepping on an object, initial encounter
W18.31XD	Fall on same level due to stepping on an object, subsequent encounter
W18.31XS	Fall on same level due to stepping on an object, sequela
W18.39XA	Other fall on same level, initial encounter
W18.39XD	Other fall on same level, subsequent encounter
W18.39XS	Other fall on same level, sequela
W18.40XA	Slipping, tripping and stumbling without falling, unspecified, initial encounter
W18.40XD	Slipping, tripping and stumbling without falling, unspecified, subsequent encounter
W18.40XS	Slipping, tripping and stumbling without falling, unspecified, sequela
W18.41XA	Slipping, tripping and stumbling without falling due to stepping on object, initial encounter
W18.41XD	Slipping, tripping and stumbling without falling due to stepping on object, subsequent encounter
W18.41XS	Slipping, tripping and stumbling without falling due to stepping on object, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W18.42XA	Slipping, tripping and stumbling without falling due to stepping into hole or opening, initial encounter
W18.42XD	Slipping, tripping and stumbling without falling due to stepping into hole or opening, subsequent encounter
W18.42XS	Slipping, tripping and stumbling without falling due to stepping into hole or opening, sequela
W18.43XA	Slipping, tripping and stumbling without falling due to stepping from one level to another, initial encounter
W18.43XD	Slipping, tripping and stumbling without falling due to stepping from one level to another, subsequent encounter
W18.43XS	Slipping, tripping and stumbling without falling due to stepping from one level to another, sequela
W18.49XA	Other slipping, tripping and stumbling without falling, initial encounter
W18.49XD	Other slipping, tripping and stumbling without falling, subsequent encounter
W18.49XS	Other slipping, tripping and stumbling without falling, sequela
W19.XXXA	Unspecified fall, initial encounter
W19.XXXD	Unspecified fall, subsequent encounter
W19.XXXS	Unspecified fall, sequela
W20.0XXA	Struck by falling object in cave-in, initial encounter
W20.0XXD	Struck by falling object in cave-in, subsequent encounter
W20.0XXS	Struck by falling object in cave-in, sequela
W20.1XXA	Struck by object due to collapse of building, initial encounter
W20.1XXD	Struck by object due to collapse of building, subsequent encounter
W20.1XXS	Struck by object due to collapse of building, sequela
W20.8XXA	Other cause of strike by thrown, projected or falling object, initial encounter
W20.8XXD	Other cause of strike by thrown, projected or falling object, subsequent encounter
W20.8XXS	Other cause of strike by thrown, projected or falling object, sequela
W21.00XA	Struck by hit or thrown ball, unspecified type, initial encounter
W21.00XD	Struck by hit or thrown ball, unspecified type, subsequent encounter
W21.00XS	Struck by hit or thrown ball, unspecified type, sequela
W21.01XA	Struck by football, initial encounter
W21.01XD	Struck by football, subsequent encounter
W21.01XS	Struck by football, sequela
W21.02XA	Struck by soccer ball, initial encounter
W21.02XD	Struck by soccer ball, subsequent encounter
W21.02XS	Struck by soccer ball, sequela
W21.03XA	Struck by baseball, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W21.03XD	Struck by baseball, subsequent encounter
W21.03XS	Struck by baseball, sequela
W21.04XA	Struck by golf ball, initial encounter
W21.04XD	Struck by golf ball, subsequent encounter
W21.04XS	Struck by golf ball, sequela
W21.05XA	Struck by basketball, initial encounter
W21.05XD	Struck by basketball, subsequent encounter
W21.05XS	Struck by basketball, sequela
W21.06XA	Struck by volleyball, initial encounter
W21.06XD	Struck by volleyball, subsequent encounter
W21.06XS	Struck by volleyball, sequela
W21.07XA	Struck by softball, initial encounter
W21.07XD	Struck by softball, subsequent encounter
W21.07XS	Struck by softball, sequela
W21.09XA	Struck by other hit or thrown ball, initial encounter
W21.09XD	Struck by other hit or thrown ball, subsequent encounter
W21.09XS	Struck by other hit or thrown ball, sequela
W21.11XA	Struck by baseball bat, initial encounter
W21.11XD	Struck by baseball bat, subsequent encounter
W21.11XS	Struck by baseball bat, sequela
W21.12XA	Struck by tennis racquet, initial encounter
W21.12XD	Struck by tennis racquet, subsequent encounter
W21.12XS	Struck by tennis racquet, sequela
W21.13XA	Struck by golf club, initial encounter
W21.13XD	Struck by golf club, subsequent encounter
W21.13XS	Struck by golf club, sequela
W21.19XA	Struck by other bat, racquet or club, initial encounter
W21.19XD	Struck by other bat, racquet or club, subsequent encounter
W21.19XS	Struck by other bat, racquet or club, sequela
W21.210A	Struck by ice hockey stick, initial encounter
W21.210D	Struck by ice hockey stick, subsequent encounter
W21.210S	Struck by ice hockey stick, sequela
W21.211A	Struck by field hockey stick, initial encounter
W21.211D	Struck by field hockey stick, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W21.211S	Struck by field hockey stick, sequela
W21.220A	Struck by ice hockey puck, initial encounter
W21.220D	Struck by ice hockey puck, subsequent encounter
W21.220S	Struck by ice hockey puck, sequela
W21.221A	Struck by field hockey puck, initial encounter
W21.221D	Struck by field hockey puck, subsequent encounter
W21.221S	Struck by field hockey puck, sequela
W21.31XA	Struck by shoe cleats, initial encounter
W21.31XD	Struck by shoe cleats, subsequent encounter
W21.31XS	Struck by shoe cleats, sequela
W21.32XA	Struck by skate blades, initial encounter
W21.32XD	Struck by skate blades, subsequent encounter
W21.32XS	Struck by skate blades, sequela
W21.39XA	Struck by other sports foot wear, initial encounter
W21.39XD	Struck by other sports foot wear, subsequent encounter
W21.39XS	Struck by other sports foot wear, sequela
W21.4XXA	Striking against diving board, initial encounter
W21.4XXD	Striking against diving board, subsequent encounter
W21.4XXS	Striking against diving board, sequela
W21.81XA	Striking against or struck by football helmet, initial encounter
W21.81XD	Striking against or struck by football helmet, subsequent encounter
W21.81XS	Striking against or struck by football helmet, sequela
W21.89XA	Striking against or struck by other sports equipment, initial encounter
W21.89XD	Striking against or struck by other sports equipment, subsequent encounter
W21.89XS	Striking against or struck by other sports equipment, sequela
W21.9XXA	Striking against or struck by unspecified sports equipment, initial encounter
W21.9XXD	Striking against or struck by unspecified sports equipment, subsequent encounter
W21.9XXS	Striking against or struck by unspecified sports equipment, sequela
W22.01XA	Walked into wall, initial encounter
W22.01XD	Walked into wall, subsequent encounter
W22.01XS	Walked into wall, sequela
W22.02XA	Walked into lamppost, initial encounter
W22.02XD	Walked into lamppost, subsequent encounter
W22.02XS	Walked into lamppost, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W22.03XA	Walked into furniture, initial encounter
W22.03XD	Walked into furniture, subsequent encounter
W22.03XS	Walked into furniture, sequela
W22.041A	Striking against wall of swimming pool causing drowning and submersion, initial encounter
W22.041D	Striking against wall of swimming pool causing drowning and submersion, subsequent encounter
W22.041S	Striking against wall of swimming pool causing drowning and submersion, sequela
W22.042A	Striking against wall of swimming pool causing other injury, initial encounter
W22.042D	Striking against wall of swimming pool causing other injury, subsequent encounter
W22.042S	Striking against wall of swimming pool causing other injury, sequela
W22.09XA	Striking against other stationary object, initial encounter
W22.09XD	Striking against other stationary object, subsequent encounter
W22.09XS	Striking against other stationary object, sequela
W26.1XXA	Contact with sword or dagger, initial encounter
W26.1XXD	Contact with sword or dagger, subsequent encounter
W26.1XXS	Contact with sword or dagger, sequela
W27.3XXA	Contact with needle (sewing), initial encounter
W27.3XXD	Contact with needle (sewing), subsequent encounter
W27.3XXS	Contact with needle (sewing), sequela
W27.4XXA	Contact with kitchen utensil, initial encounter
W27.4XXD	Contact with kitchen utensil, subsequent encounter
W27.4XXS	Contact with kitchen utensil, sequela
W27.5XXA	Contact with paper-cutter, initial encounter
W27.5XXD	Contact with paper-cutter, subsequent encounter
W27.5XXS	Contact with paper-cutter, sequela
W27.8XXA	Contact with other nonpowered hand tool, initial encounter
W27.8XXD	Contact with other nonpowered hand tool, subsequent encounter
W27.8XXS	Contact with other nonpowered hand tool, sequela
W28.XXXA	Contact with powered lawn mower, initial encounter
W28.XXXD	Contact with powered lawn mower, subsequent encounter
W28.XXXS	Contact with powered lawn mower, sequela
W29.0XXA	Contact with powered kitchen appliance, initial encounter
W29.0XXD	Contact with powered kitchen appliance, subsequent encounter
W29.0XXS	Contact with powered kitchen appliance, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W29.1XXA	Contact with electric knife, initial encounter
W29.1XXD	Contact with electric knife, subsequent encounter
W29.1XXS	Contact with electric knife, sequela
W29.2XXA	Contact with other powered household machinery, initial encounter
W29.2XXD	Contact with other powered household machinery, subsequent encounter
W29.2XXS	Contact with other powered household machinery, sequela
W29.3XXA	Contact with powered garden and outdoor hand tools and machinery, initial encounter
W29.3XXD	Contact with powered garden and outdoor hand tools and machinery, subsequent encounter
W29.3XXS	Contact with powered garden and outdoor hand tools and machinery, sequela
W29.4XXA	Contact with nail gun, initial encounter
W29.4XXD	Contact with nail gun, subsequent encounter
W29.4XXS	Contact with nail gun, sequela
W29.8XXA	Contact with other powered hand tools and household machinery, initial encounter
W29.8XXD	Contact with other powered hand tools and household machinery, subsequent encounter
W29.8XXS	Contact with other powered hand tools and household machinery, sequela
W30.0XXA	Contact with combine harvester, initial encounter
W30.0XXD	Contact with combine harvester, subsequent encounter
W30.0XXS	Contact with combine harvester, sequela
W30.1XXA	Contact with power take-off devices (PTO), initial encounter
W30.1XXD	Contact with power take-off devices (PTO), subsequent encounter
W30.1XXS	Contact with power take-off devices (PTO), sequela
W30.2XXA	Contact with hay derrick, initial encounter
W30.2XXD	Contact with hay derrick, subsequent encounter
W30.2XXS	Contact with hay derrick, sequela
W30.3XXA	Contact with grain storage elevator, initial encounter
W30.3XXD	Contact with grain storage elevator, subsequent encounter
W30.3XXS	Contact with grain storage elevator, sequela
W31.0XXA	Contact with mining and earth-drilling machinery, initial encounter
W31.0XXD	Contact with mining and earth-drilling machinery, subsequent encounter
W31.0XXS	Contact with mining and earth-drilling machinery, sequela
W31.1XXA	Contact with metalworking machines, initial encounter
W31.1XXD	Contact with metalworking machines, subsequent encounter
W31.1XXS	Contact with metalworking machines, sequela
W31.2XXA	Contact with powered woodworking and forming machines, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W31.2XXD	Contact with powered woodworking and forming machines, subsequent encounter
W31.2XXS	Contact with powered woodworking and forming machines, sequela
W32.0XXA	Accidental handgun discharge, initial encounter
W32.0XXD	Accidental handgun discharge, subsequent encounter
W32.0XXS	Accidental handgun discharge, sequela
W32.1XXA	Accidental handgun malfunction, initial encounter
W32.1XXD	Accidental handgun malfunction, subsequent encounter
W32.1XXS	Accidental handgun malfunction, sequela
W33.00XA	Accidental discharge of unspecified larger firearm, initial encounter
W33.00XD	Accidental discharge of unspecified larger firearm, subsequent encounter
W33.00XS	Accidental discharge of unspecified larger firearm, sequela
W33.01XA	Accidental discharge of shotgun, initial encounter
W33.01XD	Accidental discharge of shotgun, subsequent encounter
W33.01XS	Accidental discharge of shotgun, sequela
W33.02XA	Accidental discharge of hunting rifle, initial encounter
W33.02XD	Accidental discharge of hunting rifle, subsequent encounter
W33.02XS	Accidental discharge of hunting rifle, sequela
W33.03XA	Accidental discharge of machine gun, initial encounter
W33.03XD	Accidental discharge of machine gun, subsequent encounter
W33.03XS	Accidental discharge of machine gun, sequela
W33.09XA	Accidental discharge of other larger firearm, initial encounter
W33.09XD	Accidental discharge of other larger firearm, subsequent encounter
W33.09XS	Accidental discharge of other larger firearm, sequela
W33.10XA	Accidental malfunction of unspecified larger firearm, initial encounter
W33.10XD	Accidental malfunction of unspecified larger firearm, subsequent encounter
W33.10XS	Accidental malfunction of unspecified larger firearm, sequela
W33.11XA	Accidental malfunction of shotgun, initial encounter
W33.11XD	Accidental malfunction of shotgun, subsequent encounter
W33.11XS	Accidental malfunction of shotgun, sequela
W33.12XA	Accidental malfunction of hunting rifle, initial encounter
W33.12XD	Accidental malfunction of hunting rifle, subsequent encounter
W33.12XS	Accidental malfunction of hunting rifle, sequela
W33.13XA	Accidental malfunction of machine gun, initial encounter
W33.13XD	Accidental malfunction of machine gun, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W33.13XS	Accidental malfunction of machine gun, sequela
W33.19XA	Accidental malfunction of other larger firearm, initial encounter
W33.19XD	Accidental malfunction of other larger firearm, subsequent encounter
W33.19XS	Accidental malfunction of other larger firearm, sequela
W34.00XA	Accidental discharge from unspecified firearms or gun, initial encounter
W34.00XD	Accidental discharge from unspecified firearms or gun, subsequent encounter
W34.00XS	Accidental discharge from unspecified firearms or gun, sequela
W34.010A	Accidental discharge of airgun, initial encounter
W34.010D	Accidental discharge of airgun, subsequent encounter
W34.010S	Accidental discharge of airgun, sequela
W34.011A	Accidental discharge of paintball gun, initial encounter
W34.011D	Accidental discharge of paintball gun, subsequent encounter
W34.011S	Accidental discharge of paintball gun, sequela
W34.018A	Accidental discharge of other gas, air or spring-operated gun, initial encounter
W34.018D	Accidental discharge of other gas, air or spring-operated gun, subsequent encounter
W34.018S	Accidental discharge of other gas, air or spring-operated gun, sequela
W34.09XA	Accidental discharge from other specified firearms, initial encounter
W34.09XD	Accidental discharge from other specified firearms, subsequent encounter
W34.09XS	Accidental discharge from other specified firearms, sequela
W34.10XA	Accidental malfunction from unspecified firearms or gun, initial encounter
W34.10XD	Accidental malfunction from unspecified firearms or gun, subsequent encounter
W34.10XS	Accidental malfunction from unspecified firearms or gun, sequela
W34.110A	Accidental malfunction of airgun, initial encounter
W34.110D	Accidental malfunction of airgun, subsequent encounter
W34.110S	Accidental malfunction of airgun, sequela
W34.111A	Accidental malfunction of paintball gun, initial encounter
W34.111D	Accidental malfunction of paintball gun, subsequent encounter
W34.111S	Accidental malfunction of paintball gun, sequela
W34.118A	Accidental malfunction of other gas, air or spring-operated gun, initial encounter
W34.118D	Accidental malfunction of other gas, air or spring-operated gun, subsequent encounter
W34.118S	Accidental malfunction of other gas, air or spring-operated gun, sequela
W34.19XA	Accidental malfunction from other specified firearms, initial encounter
W34.19XD	Accidental malfunction from other specified firearms, subsequent encounter
W34.19XS	Accidental malfunction from other specified firearms, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W35.XXXA	Explosion and rupture of boiler, initial encounter
W35.XXXD	Explosion and rupture of boiler, subsequent encounter
W35.XXXS	Explosion and rupture of boiler, sequela
W36.1XXA	Explosion and rupture of aerosol can, initial encounter
W36.1XXD	Explosion and rupture of aerosol can, subsequent encounter
W36.1XXS	Explosion and rupture of aerosol can, sequela
W36.2XXA	Explosion and rupture of air tank, initial encounter
W36.2XXD	Explosion and rupture of air tank, subsequent encounter
W36.2XXS	Explosion and rupture of air tank, sequela
W36.3XXA	Explosion and rupture of pressurized-gas tank, initial encounter
W36.3XXD	Explosion and rupture of pressurized-gas tank, subsequent encounter
W36.3XXS	Explosion and rupture of pressurized-gas tank, sequela
W36.8XXA	Explosion and rupture of other gas cylinder, initial encounter
W36.8XXD	Explosion and rupture of other gas cylinder, subsequent encounter
W36.8XXS	Explosion and rupture of other gas cylinder, sequela
W36.9XXA	Explosion and rupture of unspecified gas cylinder, initial encounter
W36.9XXD	Explosion and rupture of unspecified gas cylinder, subsequent encounter
W36.9XXS	Explosion and rupture of unspecified gas cylinder, sequela
W37.0XXA	Explosion of bicycle tire, initial encounter
W37.0XXD	Explosion of bicycle tire, subsequent encounter
W37.0XXS	Explosion of bicycle tire, sequela
W37.8XXA	Explosion and rupture of other pressurized tire, pipe or hose, initial encounter
W37.8XXD	Explosion and rupture of other pressurized tire, pipe or hose, subsequent encounter
W37.8XXS	Explosion and rupture of other pressurized tire, pipe or hose, sequela
W38.XXXA	Explosion and rupture of other specified pressurized devices, initial encounter
W38.XXXD	Explosion and rupture of other specified pressurized devices, subsequent encounter
W38.XXXS	Explosion and rupture of other specified pressurized devices, sequela
W39.XXXA	Discharge of firework, initial encounter
W39.XXXD	Discharge of firework, subsequent encounter
W39.XXXS	Discharge of firework, sequela
W40.0XXA	Explosion of blasting material, initial encounter
W40.0XXD	Explosion of blasting material, subsequent encounter
W40.0XXS	Explosion of blasting material, sequela
W40.1XXA	Explosion of explosive gases, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W40.1XXD	Explosion of explosive gases, subsequent encounter
W40.1XXS	Explosion of explosive gases, sequela
W40.8XXA	Explosion of other specified explosive materials, initial encounter
W40.8XXD	Explosion of other specified explosive materials, subsequent encounter
W40.8XXS	Explosion of other specified explosive materials, sequela
W40.9XXA	Explosion of unspecified explosive materials, initial encounter
W40.9XXD	Explosion of unspecified explosive materials, subsequent encounter
W40.9XXS	Explosion of unspecified explosive materials, sequela
W42.0XXA	Exposure to supersonic waves, initial encounter
W42.0XXD	Exposure to supersonic waves, subsequent encounter
W42.0XXS	Exposure to supersonic waves, sequela
W42.9XXA	Exposure to other noise, initial encounter
W42.9XXD	Exposure to other noise, subsequent encounter
W42.9XXS	Exposure to other noise, sequela
W45.0XXA	Nail entering through skin, initial encounter
W45.0XXD	Nail entering through skin, subsequent encounter
W45.0XXS	Nail entering through skin, sequela
W45.1XXA	Paper entering through skin, initial encounter
W45.1XXD	Paper entering through skin, subsequent encounter
W45.1XXS	Paper entering through skin, sequela
W45.2XXA	Lid of can entering through skin, initial encounter
W45.2XXD	Lid of can entering through skin, subsequent encounter
W45.2XXS	Lid of can entering through skin, sequela
W45.8XXA	Other foreign body or object entering through skin, initial encounter
W45.8XXD	Other foreign body or object entering through skin, subsequent encounter
W45.8XXS	Other foreign body or object entering through skin, sequela
W46.0XXA	Contact with hypodermic needle, initial encounter
W46.0XXD	Contact with hypodermic needle, subsequent encounter
W46.0XXS	Contact with hypodermic needle, sequela
W46.1XXA	Contact with contaminated hypodermic needle, initial encounter
W46.1XXD	Contact with contaminated hypodermic needle, subsequent encounter
W46.1XXS	Contact with contaminated hypodermic needle, sequela
W49.01XA	Hair causing external constriction, initial encounter
W49.01XD	Hair causing external constriction, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W49.01XS	Hair causing external constriction, sequela
W49.02XA	String or thread causing external constriction, initial encounter
W49.02XD	String or thread causing external constriction, subsequent encounter
W49.02XS	String or thread causing external constriction, sequela
W49.03XA	Rubber band causing external constriction, initial encounter
W49.03XD	Rubber band causing external constriction, subsequent encounter
W49.03XS	Rubber band causing external constriction, sequela
W49.04XA	Ring or other jewelry causing external constriction, initial encounter
W49.04XD	Ring or other jewelry causing external constriction, subsequent encounter
W49.04XS	Ring or other jewelry causing external constriction, sequela
W49.09XA	Other specified item causing external constriction, initial encounter
W49.09XD	Other specified item causing external constriction, subsequent encounter
W49.09XS	Other specified item causing external constriction, sequela
W49.9XXA	Exposure to other inanimate mechanical forces, initial encounter
W49.9XXD	Exposure to other inanimate mechanical forces, subsequent encounter
W49.9XXS	Exposure to other inanimate mechanical forces, sequela
W50.0XXA	Accidental hit or strike by another person, initial encounter
W50.0XXD	Accidental hit or strike by another person, subsequent encounter
W50.0XXS	Accidental hit or strike by another person, sequela
W50.1XXA	Accidental kick by another person, initial encounter
W50.1XXD	Accidental kick by another person, subsequent encounter
W50.1XXS	Accidental kick by another person, sequela
W50.2XXA	Accidental twist by another person, initial encounter
W50.2XXD	Accidental twist by another person, subsequent encounter
W50.2XXS	Accidental twist by another person, sequela
W50.3XXA	Accidental bite by another person, initial encounter
W50.3XXD	Accidental bite by another person, subsequent encounter
W50.3XXS	Accidental bite by another person, sequela
W50.4XXA	Accidental scratch by another person, initial encounter
W50.4XXD	Accidental scratch by another person, subsequent encounter
W50.4XXS	Accidental scratch by another person, sequela
W51.XXXA	Accidental striking against or bumped into by another person, initial encounter
W51.XXXD	Accidental striking against or bumped into by another person, subsequent encounter
W51.XXXS	Accidental striking against or bumped into by another person, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W52.XXXA	Crushed, pushed or stepped on by crowd or human stampede, initial encounter
W52.XXXD	Crushed, pushed or stepped on by crowd or human stampede, subsequent encounter
W52.XXXS	Crushed, pushed or stepped on by crowd or human stampede, sequela
W53.01XA	Bitten by mouse, initial encounter
W53.01XD	Bitten by mouse, subsequent encounter
W53.01XS	Bitten by mouse, sequela
W53.09XA	Other contact with mouse, initial encounter
W53.09XD	Other contact with mouse, subsequent encounter
W53.09XS	Other contact with mouse, sequela
W53.11XA	Bitten by rat, initial encounter
W53.11XD	Bitten by rat, subsequent encounter
W53.11XS	Bitten by rat, sequela
W53.19XA	Other contact with rat, initial encounter
W53.19XD	Other contact with rat, subsequent encounter
W53.19XS	Other contact with rat, sequela
W53.21XA	Bitten by squirrel, initial encounter
W53.21XD	Bitten by squirrel, subsequent encounter
W53.21XS	Bitten by squirrel, sequela
W53.29XA	Other contact with squirrel, initial encounter
W53.29XD	Other contact with squirrel, subsequent encounter
W53.29XS	Other contact with squirrel, sequela
W53.81XA	Bitten by other rodent, initial encounter
W53.81XD	Bitten by other rodent, subsequent encounter
W53.81XS	Bitten by other rodent, sequela
W53.89XA	Other contact with other rodent, initial encounter
W53.89XD	Other contact with other rodent, subsequent encounter
W53.89XS	Other contact with other rodent, sequela
W54.0XXA	Bitten by dog, initial encounter
W54.0XXD	Bitten by dog, subsequent encounter
W54.0XXS	Bitten by dog, sequela
W55.01XA	Bitten by cat, initial encounter
W55.01XD	Bitten by cat, subsequent encounter
W55.01XS	Bitten by cat, sequela
W55.03XA	Scratched by cat, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W55.03XD	Scratched by cat, subsequent encounter
W55.03XS	Scratched by cat, sequela
W55.11XA	Bitten by horse, initial encounter
W55.11XD	Bitten by horse, subsequent encounter
W55.11XS	Bitten by horse, sequela
W55.21XA	Bitten by cow, initial encounter
W55.21XD	Bitten by cow, subsequent encounter
W55.21XS	Bitten by cow, sequela
W55.31XA	Bitten by other hoof stock, initial encounter
W55.31XD	Bitten by other hoof stock, subsequent encounter
W55.31XS	Bitten by other hoof stock, sequela
W55.41XA	Bitten by pig, initial encounter
W55.41XD	Bitten by pig, subsequent encounter
W55.41XS	Bitten by pig, sequela
W55.51XA	Bitten by raccoon, initial encounter
W55.51XD	Bitten by raccoon, subsequent encounter
W55.51XS	Bitten by raccoon, sequela
W55.81XA	Bitten by other mammals, initial encounter
W55.81XD	Bitten by other mammals, subsequent encounter
W55.81XS	Bitten by other mammals, sequela
W56.01XA	Bitten by dolphin, initial encounter
W56.01XD	Bitten by dolphin, subsequent encounter
W56.01XS	Bitten by dolphin, sequela
W56.11XA	Bitten by sea lion, initial encounter
W56.11XD	Bitten by sea lion, subsequent encounter
W56.11XS	Bitten by sea lion, sequela
W56.21XA	Bitten by orca, initial encounter
W56.21XD	Bitten by orca, subsequent encounter
W56.21XS	Bitten by orca, sequela
W56.31XA	Bitten by other marine mammals, initial encounter
W56.31XD	Bitten by other marine mammals, subsequent encounter
W56.31XS	Bitten by other marine mammals, sequela
W56.41XA	Bitten by shark, initial encounter
W56.41XD	Bitten by shark, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W56.41XS	Bitten by shark, sequela
W56.51XA	Bitten by other fish, initial encounter
W56.51XD	Bitten by other fish, subsequent encounter
W56.51XS	Bitten by other fish, sequela
W56.81XA	Bitten by other nonvenomous marine animals, initial encounter
W56.81XD	Bitten by other nonvenomous marine animals, subsequent encounter
W56.81XS	Bitten by other nonvenomous marine animals, sequela
W57.XXXA	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, initial encounter
W57.XXXD	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, subsequent encounter
W57.XXXS	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, sequela
W58.01XA	Bitten by alligator, initial encounter
W58.01XD	Bitten by alligator, subsequent encounter
W58.01XS	Bitten by alligator, sequela
W58.11XA	Bitten by crocodile, initial encounter
W58.11XD	Bitten by crocodile, subsequent encounter
W58.11XS	Bitten by crocodile, sequela
W58.12XA	Struck by crocodile, initial encounter
W58.12XD	Struck by crocodile, subsequent encounter
W58.12XS	Struck by crocodile, sequela
W59.01XA	Bitten by nonvenomous lizards, initial encounter
W59.01XD	Bitten by nonvenomous lizards, subsequent encounter
W59.01XS	Bitten by nonvenomous lizards, sequela
W59.02XA	Struck by nonvenomous lizards, initial encounter
W59.02XD	Struck by nonvenomous lizards, subsequent encounter
W59.02XS	Struck by nonvenomous lizards, sequela
W59.09XA	Other contact with nonvenomous lizards, initial encounter
W59.09XD	Other contact with nonvenomous lizards, subsequent encounter
W59.09XS	Other contact with nonvenomous lizards, sequela
W59.11XA	Bitten by nonvenomous snake, initial encounter
W59.11XD	Bitten by nonvenomous snake, subsequent encounter
W59.11XS	Bitten by nonvenomous snake, sequela
W59.21XA	Bitten by turtle, initial encounter
W59.21XD	Bitten by turtle, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W59.21XS	Bitten by turtle, sequela
W59.81XA	Bitten by other nonvenomous reptiles, initial encounter
W59.81XD	Bitten by other nonvenomous reptiles, subsequent encounter
W59.81XS	Bitten by other nonvenomous reptiles, sequela
W61.01XA	Bitten by parrot, initial encounter
W61.01XD	Bitten by parrot, subsequent encounter
W61.01XS	Bitten by parrot, sequela
W61.11XA	Bitten by macaw, initial encounter
W61.11XD	Bitten by macaw, subsequent encounter
W61.11XS	Bitten by macaw, sequela
W61.21XA	Bitten by other psittacines, initial encounter
W61.21XD	Bitten by other psittacines, subsequent encounter
W61.21XS	Bitten by other psittacines, sequela
W61.51XA	Bitten by goose, initial encounter
W61.51XD	Bitten by goose, subsequent encounter
W61.51XS	Bitten by goose, sequela
W61.61XA	Bitten by duck, initial encounter
W61.61XD	Bitten by duck, subsequent encounter
W61.61XS	Bitten by duck, sequela
W61.91XA	Bitten by other birds, initial encounter
W61.91XD	Bitten by other birds, subsequent encounter
W61.91XS	Bitten by other birds, sequela
W64.XXXA	Exposure to other animate mechanical forces, initial encounter
W64.XXXD	Exposure to other animate mechanical forces, subsequent encounter
W64.XXXS	Exposure to other animate mechanical forces, sequela
W65.XXXA	Accidental drowning and submersion while in bath-tub, initial encounter
W65.XXXD	Accidental drowning and submersion while in bath-tub, subsequent encounter
W65.XXXS	Accidental drowning and submersion while in bath-tub, sequela
W67.XXXA	Accidental drowning and submersion while in swimming-pool, initial encounter
W67.XXXD	Accidental drowning and submersion while in swimming-pool, subsequent encounter
W67.XXXS	Accidental drowning and submersion while in swimming-pool, sequela
W69.XXXA	Accidental drowning and submersion while in natural water, initial encounter
W69.XXXD	Accidental drowning and submersion while in natural water, subsequent encounter
W69.XXXS	Accidental drowning and submersion while in natural water, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W73.XXXA	Other specified cause of accidental non-transport drowning and submersion, initial encounter
W73.XXXD	Other specified cause of accidental non-transport drowning and submersion, subsequent encounter
W73.XXXS	Other specified cause of accidental non-transport drowning and submersion, sequela
W74.XXXA	Unspecified cause of accidental drowning and submersion, initial encounter
W74.XXXD	Unspecified cause of accidental drowning and submersion, subsequent encounter
W74.XXXS	Unspecified cause of accidental drowning and submersion, sequela
W88.0XXA	Exposure to X-rays, initial encounter
W88.0XXD	Exposure to X-rays, subsequent encounter
W88.0XXS	Exposure to X-rays, sequela
W88.1XXA	Exposure to radioactive isotopes, initial encounter
W88.1XXD	Exposure to radioactive isotopes, subsequent encounter
W88.1XXS	Exposure to radioactive isotopes, sequela
W88.8XXA	Exposure to other ionizing radiation, initial encounter
W88.8XXD	Exposure to other ionizing radiation, subsequent encounter
W88.8XXS	Exposure to other ionizing radiation, sequela
W89.0XXA	Exposure to welding light (arc), initial encounter
W89.0XXD	Exposure to welding light (arc), subsequent encounter
W89.0XXS	Exposure to welding light (arc), sequela
W89.1XXA	Exposure to tanning bed, initial encounter
W89.1XXD	Exposure to tanning bed, subsequent encounter
W89.1XXS	Exposure to tanning bed, sequela
W89.8XXA	Exposure to other man-made visible and ultraviolet light, initial encounter
W89.8XXD	Exposure to other man-made visible and ultraviolet light, subsequent encounter
W89.8XXS	Exposure to other man-made visible and ultraviolet light, sequela
W89.9XXA	Exposure to unspecified man-made visible and ultraviolet light, initial encounter
W89.9XXD	Exposure to unspecified man-made visible and ultraviolet light, subsequent encounter
W89.9XXS	Exposure to unspecified man-made visible and ultraviolet light, sequela
W90.0XXA	Exposure to radiofrequency, initial encounter
W90.0XXD	Exposure to radiofrequency, subsequent encounter
W90.0XXS	Exposure to radiofrequency, sequela
W90.1XXA	Exposure to infrared radiation, initial encounter
W90.1XXD	Exposure to infrared radiation, subsequent encounter
W90.1XXS	Exposure to infrared radiation, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W90.2XXA	Exposure to laser radiation, initial encounter
W90.2XXD	Exposure to laser radiation, subsequent encounter
W90.2XXS	Exposure to laser radiation, sequela
W90.8XXA	Exposure to other nonionizing radiation, initial encounter
W90.8XXD	Exposure to other nonionizing radiation, subsequent encounter
W90.8XXS	Exposure to other nonionizing radiation, sequela
W93.2XXA	Prolonged exposure in deep freeze unit or refrigerator, initial encounter
W93.2XXD	Prolonged exposure in deep freeze unit or refrigerator, subsequent encounter
W93.2XXS	Prolonged exposure in deep freeze unit or refrigerator, sequela
W93.8XXA	Exposure to other excessive cold of man-made origin, initial encounter
W93.8XXD	Exposure to other excessive cold of man-made origin, subsequent encounter
W93.8XXS	Exposure to other excessive cold of man-made origin, sequela
W94.0XXA	Exposure to prolonged high air pressure, initial encounter
W94.0XXD	Exposure to prolonged high air pressure, subsequent encounter
W94.0XXS	Exposure to prolonged high air pressure, sequela
W94.11XA	Exposure to residence or prolonged visit at high altitude, initial encounter
W94.11XD	Exposure to residence or prolonged visit at high altitude, subsequent encounter
W94.11XS	Exposure to residence or prolonged visit at high altitude, sequela
W94.12XA	Exposure to other prolonged low air pressure, initial encounter
W94.12XD	Exposure to other prolonged low air pressure, subsequent encounter
W94.12XS	Exposure to other prolonged low air pressure, sequela
W94.21XA	Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, initial encounter
W94.21XD	Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, subsequent encounter
W94.21XS	Exposure to reduction in atmospheric pressure while surfacing from deep-water diving, sequela
W94.22XA	Exposure to reduction in atmospheric pressure while surfacing from underground, initial encounter
W94.22XD	Exposure to reduction in atmospheric pressure while surfacing from underground, subsequent encounter
W94.22XS	Exposure to reduction in atmospheric pressure while surfacing from underground, sequela
W94.23XA	Exposure to sudden change in air pressure in aircraft during ascent, initial encounter
W94.23XD	Exposure to sudden change in air pressure in aircraft during ascent, subsequent encounter
W94.23XS	Exposure to sudden change in air pressure in aircraft during ascent, sequela
W94.29XA	Exposure to other rapid changes in air pressure during ascent, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
W94.29XD	Exposure to other rapid changes in air pressure during ascent, subsequent encounter
W94.29XS	Exposure to other rapid changes in air pressure during ascent, sequela
W94.31XA	Exposure to sudden change in air pressure in aircraft during ascent or descent, initial encounter
W94.31XD	Exposure to sudden change in air pressure in aircraft during ascent or descent, subsequent encounter
W94.31XS	Exposure to sudden change in air pressure in aircraft during ascent or descent, sequela
W94.32XA	Exposure to high air pressure from rapid descent in water, initial encounter
W94.32XD	Exposure to high air pressure from rapid descent in water, subsequent encounter
W94.32XS	Exposure to high air pressure from rapid descent in water, sequela
W94.39XA	Exposure to other rapid changes in air pressure during descent, initial encounter
W94.39XD	Exposure to other rapid changes in air pressure during descent, subsequent encounter
W94.39XS	Exposure to other rapid changes in air pressure during descent, sequela
X08.00XA	Exposure to bed fire due to unspecified burning material, initial encounter
X08.00XD	Exposure to bed fire due to unspecified burning material, subsequent encounter
X08.00XS	Exposure to bed fire due to unspecified burning material, sequela
X08.01XA	Exposure to bed fire due to burning cigarette, initial encounter
X08.01XD	Exposure to bed fire due to burning cigarette, subsequent encounter
X08.01XS	Exposure to bed fire due to burning cigarette, sequela
X08.11XA	Exposure to sofa fire due to burning cigarette, initial encounter
X08.11XD	Exposure to sofa fire due to burning cigarette, subsequent encounter
X08.11XS	Exposure to sofa fire due to burning cigarette, sequela
X08.21XA	Exposure to other furniture fire due to burning cigarette, initial encounter
X08.21XD	Exposure to other furniture fire due to burning cigarette, subsequent encounter
X08.21XS	Exposure to other furniture fire due to burning cigarette, sequela
X15.0XXA	Contact with hot stove (kitchen), initial encounter
X15.0XXD	Contact with hot stove (kitchen), subsequent encounter
X15.0XXS	Contact with hot stove (kitchen), sequela
X15.1XXA	Contact with hot toaster, initial encounter
X15.1XXD	Contact with hot toaster, subsequent encounter
X15.1XXS	Contact with hot toaster, sequela
X71.0XXA	Intentional self-harm by drowning and submersion while in bathtub, initial encounter
X71.0XXD	Intentional self-harm by drowning and submersion while in bathtub, subsequent encounter
X71.0XXS	Intentional self-harm by drowning and submersion while in bathtub, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X71.1XXA	Intentional self-harm by drowning and submersion while in swimming pool, initial encounter
X71.1XXD	Intentional self-harm by drowning and submersion while in swimming pool, subsequent encounter
X71.1XXS	Intentional self-harm by drowning and submersion while in swimming pool, sequela
X71.2XXA	Intentional self-harm by drowning and submersion after jump into swimming pool, initial encounter
X71.2XXD	Intentional self-harm by drowning and submersion after jump into swimming pool, subsequent encounter
X71.2XXS	Intentional self-harm by drowning and submersion after jump into swimming pool, sequela
X71.3XXA	Intentional self-harm by drowning and submersion in natural water, initial encounter
X71.3XXD	Intentional self-harm by drowning and submersion in natural water, subsequent encounter
X71.3XXS	Intentional self-harm by drowning and submersion in natural water, sequela
X71.8XXA	Other intentional self-harm by drowning and submersion, initial encounter
X71.8XXD	Other intentional self-harm by drowning and submersion, subsequent encounter
X71.8XXS	Other intentional self-harm by drowning and submersion, sequela
X71.9XXA	Intentional self-harm by drowning and submersion, unspecified, initial encounter
X71.9XXD	Intentional self-harm by drowning and submersion, unspecified, subsequent encounter
X71.9XXS	Intentional self-harm by drowning and submersion, unspecified, sequela
X72.XXXA	Intentional self-harm by handgun discharge, initial encounter
X72.XXXD	Intentional self-harm by handgun discharge, subsequent encounter
X72.XXXS	Intentional self-harm by handgun discharge, sequela
X73.0XXA	Intentional self-harm by shotgun discharge, initial encounter
X73.0XXD	Intentional self-harm by shotgun discharge, subsequent encounter
X73.0XXS	Intentional self-harm by shotgun discharge, sequela
X73.1XXA	Intentional self-harm by hunting rifle discharge, initial encounter
X73.1XXD	Intentional self-harm by hunting rifle discharge, subsequent encounter
X73.1XXS	Intentional self-harm by hunting rifle discharge, sequela
X73.2XXA	Intentional self-harm by machine gun discharge, initial encounter
X73.2XXD	Intentional self-harm by machine gun discharge, subsequent encounter
X73.2XXS	Intentional self-harm by machine gun discharge, sequela
X73.8XXA	Intentional self-harm by other larger firearm discharge, initial encounter
X73.8XXD	Intentional self-harm by other larger firearm discharge, subsequent encounter
X73.8XXS	Intentional self-harm by other larger firearm discharge, sequela
X73.9XXA	Intentional self-harm by unspecified larger firearm discharge, initial encounter
X73.9XXD	Intentional self-harm by unspecified larger firearm discharge, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X73.9XXS	Intentional self-harm by unspecified larger firearm discharge, sequela
X74.01XA	Intentional self-harm by airgun, initial encounter
X74.01XD	Intentional self-harm by airgun, subsequent encounter
X74.01XS	Intentional self-harm by airgun, sequela
X74.02XA	Intentional self-harm by paintball gun, initial encounter
X74.02XD	Intentional self-harm by paintball gun, subsequent encounter
X74.02XS	Intentional self-harm by paintball gun, sequela
X74.09XA	Intentional self-harm by other gas, air or spring-operated gun, initial encounter
X74.09XD	Intentional self-harm by other gas, air or spring-operated gun, subsequent encounter
X74.09XS	Intentional self-harm by other gas, air or spring-operated gun, sequela
X74.8XXA	Intentional self-harm by other firearm discharge, initial encounter
X74.8XXD	Intentional self-harm by other firearm discharge, subsequent encounter
X74.8XXS	Intentional self-harm by other firearm discharge, sequela
X74.9XXA	Intentional self-harm by unspecified firearm discharge, initial encounter
X74.9XXD	Intentional self-harm by unspecified firearm discharge, subsequent encounter
X74.9XXS	Intentional self-harm by unspecified firearm discharge, sequela
X75.XXXA	Intentional self-harm by explosive material, initial encounter
X75.XXXD	Intentional self-harm by explosive material, subsequent encounter
X75.XXXS	Intentional self-harm by explosive material, sequela
X76.XXXA	Intentional self-harm by smoke, fire and flames, initial encounter
X76.XXXD	Intentional self-harm by smoke, fire and flames, subsequent encounter
X76.XXXS	Intentional self-harm by smoke, fire and flames, sequela
X77.0XXA	Intentional self-harm by steam or hot vapors, initial encounter
X77.0XXD	Intentional self-harm by steam or hot vapors, subsequent encounter
X77.0XXS	Intentional self-harm by steam or hot vapors, sequela
X77.1XXA	Intentional self-harm by hot tap water, initial encounter
X77.1XXD	Intentional self-harm by hot tap water, subsequent encounter
X77.1XXS	Intentional self-harm by hot tap water, sequela
X77.2XXA	Intentional self-harm by other hot fluids, initial encounter
X77.2XXD	Intentional self-harm by other hot fluids, subsequent encounter
X77.2XXS	Intentional self-harm by other hot fluids, sequela
X77.3XXA	Intentional self-harm by hot household appliances, initial encounter
X77.3XXD	Intentional self-harm by hot household appliances, subsequent encounter
X77.3XXS	Intentional self-harm by hot household appliances, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X77.8XXA	Intentional self-harm by other hot objects, initial encounter
X77.8XXD	Intentional self-harm by other hot objects, subsequent encounter
X77.8XXS	Intentional self-harm by other hot objects, sequela
X77.9XXA	Intentional self-harm by unspecified hot objects, initial encounter
X77.9XXD	Intentional self-harm by unspecified hot objects, subsequent encounter
X77.9XXS	Intentional self-harm by unspecified hot objects, sequela
X78.0XXA	Intentional self-harm by sharp glass, initial encounter
X78.0XXD	Intentional self-harm by sharp glass, subsequent encounter
X78.0XXS	Intentional self-harm by sharp glass, sequela
X78.1XXA	Intentional self-harm by knife, initial encounter
X78.1XXD	Intentional self-harm by knife, subsequent encounter
X78.1XXS	Intentional self-harm by knife, sequela
X78.2XXA	Intentional self-harm by sword or dagger, initial encounter
X78.2XXD	Intentional self-harm by sword or dagger, subsequent encounter
X78.2XXS	Intentional self-harm by sword or dagger, sequela
X78.8XXA	Intentional self-harm by other sharp object, initial encounter
X78.8XXD	Intentional self-harm by other sharp object, subsequent encounter
X78.8XXS	Intentional self-harm by other sharp object, sequela
X78.9XXA	Intentional self-harm by unspecified sharp object, initial encounter
X78.9XXD	Intentional self-harm by unspecified sharp object, subsequent encounter
X78.9XXS	Intentional self-harm by unspecified sharp object, sequela
X79.XXXA	Intentional self-harm by blunt object, initial encounter
X79.XXXD	Intentional self-harm by blunt object, subsequent encounter
X79.XXXS	Intentional self-harm by blunt object, sequela
X80.XXXA	Intentional self-harm by jumping from a high place, initial encounter
X80.XXXD	Intentional self-harm by jumping from a high place, subsequent encounter
X80.XXXS	Intentional self-harm by jumping from a high place, sequela
X81.0XXA	Intentional self-harm by jumping or lying in front of motor vehicle, initial encounter
X81.0XXD	Intentional self-harm by jumping or lying in front of motor vehicle, subsequent encounter
X81.0XXS	Intentional self-harm by jumping or lying in front of motor vehicle, sequela
X81.1XXA	Intentional self-harm by jumping or lying in front of (subway) train, initial encounter
X81.1XXD	Intentional self-harm by jumping or lying in front of (subway) train, subsequent encounter
X81.1XXS	Intentional self-harm by jumping or lying in front of (subway) train, sequela
X81.8XXA	Intentional self-harm by jumping or lying in front of other moving object, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X81.8XXD	Intentional self-harm by jumping or lying in front of other moving object, subsequent encounter
X81.8XXS	Intentional self-harm by jumping or lying in front of other moving object, sequela
X83.1XXA	Intentional self-harm by electrocution, initial encounter
X83.1XXD	Intentional self-harm by electrocution, subsequent encounter
X83.1XXS	Intentional self-harm by electrocution, sequela
X83.2XXA	Intentional self-harm by exposure to extremes of cold, initial encounter
X83.2XXD	Intentional self-harm by exposure to extremes of cold, subsequent encounter
X83.2XXS	Intentional self-harm by exposure to extremes of cold, sequela
X83.8XXA	Intentional self-harm by other specified means, initial encounter
X83.8XXD	Intentional self-harm by other specified means, subsequent encounter
X83.8XXS	Intentional self-harm by other specified means, sequela
X92.0XXA	Assault by drowning and submersion while in bathtub, initial encounter
X92.0XXD	Assault by drowning and submersion while in bathtub, subsequent encounter
X92.0XXS	Assault by drowning and submersion while in bathtub, sequela
X92.1XXA	Assault by drowning and submersion while in swimming pool, initial encounter
X92.1XXD	Assault by drowning and submersion while in swimming pool, subsequent encounter
X92.1XXS	Assault by drowning and submersion while in swimming pool, sequela
X92.2XXA	Assault by drowning and submersion after push into swimming pool, initial encounter
X92.2XXD	Assault by drowning and submersion after push into swimming pool, subsequent encounter
X92.2XXS	Assault by drowning and submersion after push into swimming pool, sequela
X92.3XXA	Assault by drowning and submersion in natural water, initial encounter
X92.3XXD	Assault by drowning and submersion in natural water, subsequent encounter
X92.3XXS	Assault by drowning and submersion in natural water, sequela
X92.8XXA	Other assault by drowning and submersion, initial encounter
X92.8XXD	Other assault by drowning and submersion, subsequent encounter
X92.8XXS	Other assault by drowning and submersion, sequela
X92.9XXA	Assault by drowning and submersion, unspecified, initial encounter
X92.9XXD	Assault by drowning and submersion, unspecified, subsequent encounter
X92.9XXS	Assault by drowning and submersion, unspecified, sequela
X93.XXXA	Assault by handgun discharge, initial encounter
X93.XXXD	Assault by handgun discharge, subsequent encounter
X93.XXXS	Assault by handgun discharge, sequela
X94.0XXA	Assault by shotgun, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X94.0XXD	Assault by shotgun, subsequent encounter
X94.0XXS	Assault by shotgun, sequela
X94.1XXA	Assault by hunting rifle, initial encounter
X94.1XXD	Assault by hunting rifle, subsequent encounter
X94.1XXS	Assault by hunting rifle, sequela
X94.2XXA	Assault by machine gun, initial encounter
X94.2XXD	Assault by machine gun, subsequent encounter
X94.2XXS	Assault by machine gun, sequela
X94.8XXA	Assault by other larger firearm discharge, initial encounter
X94.8XXD	Assault by other larger firearm discharge, subsequent encounter
X94.8XXS	Assault by other larger firearm discharge, sequela
X94.9XXA	Assault by unspecified larger firearm discharge, initial encounter
X94.9XXD	Assault by unspecified larger firearm discharge, subsequent encounter
X94.9XXS	Assault by unspecified larger firearm discharge, sequela
X95.01XA	Assault by airgun discharge, initial encounter
X95.01XD	Assault by airgun discharge, subsequent encounter
X95.01XS	Assault by airgun discharge, sequela
X95.02XA	Assault by paintball gun discharge, initial encounter
X95.02XD	Assault by paintball gun discharge, subsequent encounter
X95.02XS	Assault by paintball gun discharge, sequela
X95.09XA	Assault by other gas, air or spring-operated gun, initial encounter
X95.09XD	Assault by other gas, air or spring-operated gun, subsequent encounter
X95.09XS	Assault by other gas, air or spring-operated gun, sequela
X95.8XXA	Assault by other firearm discharge, initial encounter
X95.8XXD	Assault by other firearm discharge, subsequent encounter
X95.8XXS	Assault by other firearm discharge, sequela
X95.9XXA	Assault by unspecified firearm discharge, initial encounter
X95.9XXD	Assault by unspecified firearm discharge, subsequent encounter
X95.9XXS	Assault by unspecified firearm discharge, sequela
X96.0XXA	Assault by antipersonnel bomb, initial encounter
X96.0XXD	Assault by antipersonnel bomb, subsequent encounter
X96.0XXS	Assault by antipersonnel bomb, sequela
X96.1XXA	Assault by gasoline bomb, initial encounter
X96.1XXD	Assault by gasoline bomb, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X96.1XXS	Assault by gasoline bomb, sequela
X96.2XXA	Assault by letter bomb, initial encounter
X96.2XXD	Assault by letter bomb, subsequent encounter
X96.2XXS	Assault by letter bomb, sequela
X96.3XXA	Assault by fertilizer bomb, initial encounter
X96.3XXD	Assault by fertilizer bomb, subsequent encounter
X96.3XXS	Assault by fertilizer bomb, sequela
X96.4XXA	Assault by pipe bomb, initial encounter
X96.4XXD	Assault by pipe bomb, subsequent encounter
X96.4XXS	Assault by pipe bomb, sequela
X96.8XXA	Assault by other specified explosive, initial encounter
X96.8XXD	Assault by other specified explosive, subsequent encounter
X96.8XXS	Assault by other specified explosive, sequela
X96.9XXA	Assault by unspecified explosive, initial encounter
X96.9XXD	Assault by unspecified explosive, subsequent encounter
X96.9XXS	Assault by unspecified explosive, sequela
X97.XXXA	Assault by smoke, fire and flames, initial encounter
X97.XXXD	Assault by smoke, fire and flames, subsequent encounter
X97.XXXS	Assault by smoke, fire and flames, sequela
X98.0XXA	Assault by steam or hot vapors, initial encounter
X98.0XXD	Assault by steam or hot vapors, subsequent encounter
X98.0XXS	Assault by steam or hot vapors, sequela
X98.1XXA	Assault by hot tap water, initial encounter
X98.1XXD	Assault by hot tap water, subsequent encounter
X98.1XXS	Assault by hot tap water, sequela
X98.2XXA	Assault by hot fluids, initial encounter
X98.2XXD	Assault by hot fluids, subsequent encounter
X98.2XXS	Assault by hot fluids, sequela
X98.3XXA	Assault by hot household appliances, initial encounter
X98.3XXD	Assault by hot household appliances, subsequent encounter
X98.3XXS	Assault by hot household appliances, sequela
X98.8XXA	Assault by other hot objects, initial encounter
X98.8XXD	Assault by other hot objects, subsequent encounter
X98.8XXS	Assault by other hot objects, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
X98.9XXA	Assault by unspecified hot objects, initial encounter
X98.9XXD	Assault by unspecified hot objects, subsequent encounter
X98.9XXS	Assault by unspecified hot objects, sequela
X99.0XXA	Assault by sharp glass, initial encounter
X99.0XXD	Assault by sharp glass, subsequent encounter
X99.0XXS	Assault by sharp glass, sequela
X99.1XXA	Assault by knife, initial encounter
X99.1XXD	Assault by knife, subsequent encounter
X99.1XXS	Assault by knife, sequela
X99.2XXA	Assault by sword or dagger, initial encounter
X99.2XXD	Assault by sword or dagger, subsequent encounter
X99.2XXS	Assault by sword or dagger, sequela
X99.8XXA	Assault by other sharp object, initial encounter
X99.8XXD	Assault by other sharp object, subsequent encounter
X99.8XXS	Assault by other sharp object, sequela
X99.9XXA	Assault by unspecified sharp object, initial encounter
X99.9XXD	Assault by unspecified sharp object, subsequent encounter
X99.9XXS	Assault by unspecified sharp object, sequela
Y00.XXXA	Assault by blunt object, initial encounter
Y00.XXXD	Assault by blunt object, subsequent encounter
Y00.XXXS	Assault by blunt object, sequela
Y01.XXXA	Assault by pushing from high place, initial encounter
Y01.XXXD	Assault by pushing from high place, subsequent encounter
Y01.XXXS	Assault by pushing from high place, sequela
Y04.0XXA	Assault by unarmed brawl or fight, initial encounter
Y04.0XXD	Assault by unarmed brawl or fight, subsequent encounter
Y04.0XXS	Assault by unarmed brawl or fight, sequela
Y04.1XXA	Assault by human bite, initial encounter
Y04.1XXD	Assault by human bite, subsequent encounter
Y04.1XXS	Assault by human bite, sequela
Y07.01	Husband, perpetrator of maltreatment and neglect
Y07.02	Wife, perpetrator of maltreatment and neglect
Y07.03	Male partner, perpetrator of maltreatment and neglect
Y07.04	Female partner, perpetrator of maltreatment and neglect

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y07.11	Biological father, perpetrator of maltreatment and neglect
Y07.12	Biological mother, perpetrator of maltreatment and neglect
Y07.13	Adoptive father, perpetrator of maltreatment and neglect
Y07.14	Adoptive mother, perpetrator of maltreatment and neglect
Y07.410	Brother, perpetrator of maltreatment and neglect
Y07.411	Sister, perpetrator of maltreatment and neglect
Y07.420	Foster father, perpetrator of maltreatment and neglect
Y07.421	Foster mother, perpetrator of maltreatment and neglect
Y07.430	Stepfather, perpetrator of maltreatment and neglect
Y07.432	Male friend of parent (co-residing in household), perpetrator of maltreatment and neglect
Y07.433	Stepmother, perpetrator of maltreatment and neglect
Y07.434	Female friend of parent (co-residing in household), perpetrator of maltreatment and neglect
Y07.435	Stepbrother, perpetrator or maltreatment and neglect
Y07.436	Stepsister, perpetrator of maltreatment and neglect
Y07.490	Male cousin, perpetrator of maltreatment and neglect
Y07.491	Female cousin, perpetrator of maltreatment and neglect
Y07.499	Other family member, perpetrator of maltreatment and neglect
Y07.50	Unspecified non-family member, perpetrator of maltreatment and neglect
Y07.510	At-home childcare provider, perpetrator of maltreatment and neglect
Y07.511	Daycare center childcare provider, perpetrator of maltreatment and neglect
Y07.512	At-home adultcare provider, perpetrator of maltreatment and neglect
Y07.513	Adultcare center provider, perpetrator of maltreatment and neglect
Y07.519	Unspecified daycare provider, perpetrator of maltreatment and neglect
Y07.521	Mental health provider, perpetrator of maltreatment and neglect
Y07.528	Other therapist or healthcare provider, perpetrator of maltreatment and neglect
Y07.529	Unspecified healthcare provider, perpetrator of maltreatment and neglect
Y07.53	Teacher or instructor, perpetrator of maltreatment and neglect
Y07.59	Other non-family member, perpetrator of maltreatment and neglect
Y07.6	Multiple perpetrators of maltreatment and neglect
Y07.9	Unspecified perpetrator of maltreatment and neglect
Y08.01XA	Assault by strike by hockey stick, initial encounter
Y08.01XD	Assault by strike by hockey stick, subsequent encounter
Y08.01XS	Assault by strike by hockey stick, sequela
Y08.02XA	Assault by strike by baseball bat, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y08.02XD	Assault by strike by baseball bat, subsequent encounter
Y08.02XS	Assault by strike by baseball bat, sequela
Y08.09XA	Assault by strike by other specified type of sport equipment, initial encounter
Y08.09XD	Assault by strike by other specified type of sport equipment, subsequent encounter
Y08.09XS	Assault by strike by other specified type of sport equipment, sequela
Y08.89XA	Assault by other specified means, initial encounter
Y08.89XD	Assault by other specified means, subsequent encounter
Y08.89XS	Assault by other specified means, sequela
Y09	Assault by unspecified means
Y21.0XXA	Drowning and submersion while in bathtub, undetermined intent, initial encounter
Y21.0XXD	Drowning and submersion while in bathtub, undetermined intent, subsequent encounter
Y21.0XXS	Drowning and submersion while in bathtub, undetermined intent, sequela
Y21.1XXA	Drowning and submersion after fall into bathtub, undetermined intent, initial encounter
Y21.1XXD	Drowning and submersion after fall into bathtub, undetermined intent, subsequent encounter
Y21.1XXS	Drowning and submersion after fall into bathtub, undetermined intent, sequela
Y21.2XXA	Drowning and submersion while in swimming pool, undetermined intent, initial encounter
Y21.2XXD	Drowning and submersion while in swimming pool, undetermined intent, subsequent encounter
Y21.2XXS	Drowning and submersion while in swimming pool, undetermined intent, sequela
Y21.3XXA	Drowning and submersion after fall into swimming pool, undetermined intent, initial encounter
Y21.3XXD	Drowning and submersion after fall into swimming pool, undetermined intent, subsequent encounter
Y21.3XXS	Drowning and submersion after fall into swimming pool, undetermined intent, sequela
Y21.4XXA	Drowning and submersion in natural water, undetermined intent, initial encounter
Y21.4XXD	Drowning and submersion in natural water, undetermined intent, subsequent encounter
Y21.4XXS	Drowning and submersion in natural water, undetermined intent, sequela
Y21.8XXA	Other drowning and submersion, undetermined intent, initial encounter
Y21.8XXD	Other drowning and submersion, undetermined intent, subsequent encounter
Y21.8XXS	Other drowning and submersion, undetermined intent, sequela
Y21.9XXA	Unspecified drowning and submersion, undetermined intent, initial encounter
Y21.9XXD	Unspecified drowning and submersion, undetermined intent, subsequent encounter
Y21.9XXS	Unspecified drowning and submersion, undetermined intent, sequela
Y22.XXXA	Handgun discharge, undetermined intent, initial encounter
Y22.XXXD	Handgun discharge, undetermined intent, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y22.XXXS	Handgun discharge, undetermined intent, sequela
Y23.0XXA	Shotgun discharge, undetermined intent, initial encounter
Y23.0XXD	Shotgun discharge, undetermined intent, subsequent encounter
Y23.0XXS	Shotgun discharge, undetermined intent, sequela
Y23.1XXA	Hunting rifle discharge, undetermined intent, initial encounter
Y23.1XXD	Hunting rifle discharge, undetermined intent, subsequent encounter
Y23.1XXS	Hunting rifle discharge, undetermined intent, sequela
Y23.2XXA	Military firearm discharge, undetermined intent, initial encounter
Y23.2XXD	Military firearm discharge, undetermined intent, subsequent encounter
Y23.2XXS	Military firearm discharge, undetermined intent, sequela
Y23.3XXA	Machine gun discharge, undetermined intent, initial encounter
Y23.3XXD	Machine gun discharge, undetermined intent, subsequent encounter
Y23.3XXS	Machine gun discharge, undetermined intent, sequela
Y23.8XXA	Other larger firearm discharge, undetermined intent, initial encounter
Y23.8XXD	Other larger firearm discharge, undetermined intent, subsequent encounter
Y23.8XXS	Other larger firearm discharge, undetermined intent, sequela
Y23.9XXA	Unspecified larger firearm discharge, undetermined intent, initial encounter
Y23.9XXD	Unspecified larger firearm discharge, undetermined intent, subsequent encounter
Y23.9XXS	Unspecified larger firearm discharge, undetermined intent, sequela
Y24.0XXA	Airgun discharge, undetermined intent, initial encounter
Y24.0XXD	Airgun discharge, undetermined intent, subsequent encounter
Y24.0XXS	Airgun discharge, undetermined intent, sequela
Y24.8XXA	Other firearm discharge, undetermined intent, initial encounter
Y24.8XXD	Other firearm discharge, undetermined intent, subsequent encounter
Y24.8XXS	Other firearm discharge, undetermined intent, sequela
Y24.9XXA	Unspecified firearm discharge, undetermined intent, initial encounter
Y24.9XXD	Unspecified firearm discharge, undetermined intent, subsequent encounter
Y24.9XXS	Unspecified firearm discharge, undetermined intent, sequela
Y25.XXXA	Contact with explosive material, undetermined intent, initial encounter
Y25.XXXD	Contact with explosive material, undetermined intent, subsequent encounter
Y25.XXXS	Contact with explosive material, undetermined intent, sequela
Y27.1XXA	Contact with hot tap water, undetermined intent, initial encounter
Y27.1XXD	Contact with hot tap water, undetermined intent, subsequent encounter
Y27.1XXS	Contact with hot tap water, undetermined intent, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y27.2XXA	Contact with hot fluids, undetermined intent, initial encounter
Y27.2XXD	Contact with hot fluids, undetermined intent, subsequent encounter
Y27.2XXS	Contact with hot fluids, undetermined intent, sequela
Y27.3XXA	Contact with hot household appliance, undetermined intent, initial encounter
Y27.3XXD	Contact with hot household appliance, undetermined intent, subsequent encounter
Y27.3XXS	Contact with hot household appliance, undetermined intent, sequela
Y28.1XXA	Contact with knife, undetermined intent, initial encounter
Y28.1XXD	Contact with knife, undetermined intent, subsequent encounter
Y28.1XXS	Contact with knife, undetermined intent, sequela
Y28.2XXA	Contact with sword or dagger, undetermined intent, initial encounter
Y28.2XXD	Contact with sword or dagger, undetermined intent, subsequent encounter
Y28.2XXS	Contact with sword or dagger, undetermined intent, sequela
Y30.XXXA	Falling, jumping or pushed from a high place, undetermined intent, initial encounter
Y30.XXXD	Falling, jumping or pushed from a high place, undetermined intent, subsequent encounter
Y30.XXXS	Falling, jumping or pushed from a high place, undetermined intent, sequela
Y33.XXXA	Other specified events, undetermined intent, initial encounter
Y33.XXXD	Other specified events, undetermined intent, subsequent encounter
Y33.XXXS	Other specified events, undetermined intent, sequela
Y35.001A	Legal intervention involving unspecified firearm discharge, law enforcement official injured, initial encounter
Y35.001D	Legal intervention involving unspecified firearm discharge, law enforcement official injured, subsequent encounter
Y35.001S	Legal intervention involving unspecified firearm discharge, law enforcement official injured, sequela
Y35.002A	Legal intervention involving unspecified firearm discharge, bystander injured, initial encounter
Y35.002D	Legal intervention involving unspecified firearm discharge, bystander injured, subsequent encounter
Y35.002S	Legal intervention involving unspecified firearm discharge, bystander injured, sequela
Y35.003A	Legal intervention involving unspecified firearm discharge, suspect injured, initial encounter
Y35.003D	Legal intervention involving unspecified firearm discharge, suspect injured, subsequent encounter
Y35.003S	Legal intervention involving unspecified firearm discharge, suspect injured, sequela
Y35.009A	Legal intervention involving unspecified firearm discharge, unspecified person injured, initial encounter
Y35.009D	Legal intervention involving unspecified firearm discharge, unspecified person injured, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.009S	Legal intervention involving unspecified firearm discharge, unspecified person injured, sequela
Y35.011A	Legal intervention involving injury by machine gun, law enforcement official injured, initial encounter
Y35.011D	Legal intervention involving injury by machine gun, law enforcement official injured, subsequent encounter
Y35.011S	Legal intervention involving injury by machine gun, law enforcement official injured, sequela
Y35.012A	Legal intervention involving injury by machine gun, bystander injured, initial encounter
Y35.012D	Legal intervention involving injury by machine gun, bystander injured, subsequent encounter
Y35.012S	Legal intervention involving injury by machine gun, bystander injured, sequela
Y35.013A	Legal intervention involving injury by machine gun, suspect injured, initial encounter
Y35.013D	Legal intervention involving injury by machine gun, suspect injured, subsequent encounter
Y35.013S	Legal intervention involving injury by machine gun, suspect injured, sequela
Y35.019A	Legal intervention involving injury by machine gun, unspecified person injured, initial encounter
Y35.019D	Legal intervention involving injury by machine gun, unspecified person injured, subsequent encounter
Y35.019S	Legal intervention involving injury by machine gun, unspecified person injured, sequela
Y35.021A	Legal intervention involving injury by handgun, law enforcement official injured, initial encounter
Y35.021D	Legal intervention involving injury by handgun, law enforcement official injured, subsequent encounter
Y35.021S	Legal intervention involving injury by handgun, law enforcement official injured, sequela
Y35.022A	Legal intervention involving injury by handgun, bystander injured, initial encounter
Y35.022D	Legal intervention involving injury by handgun, bystander injured, subsequent encounter
Y35.022S	Legal intervention involving injury by handgun, bystander injured, sequela
Y35.023A	Legal intervention involving injury by handgun, suspect injured, initial encounter
Y35.023D	Legal intervention involving injury by handgun, suspect injured, subsequent encounter
Y35.023S	Legal intervention involving injury by handgun, suspect injured, sequela
Y35.029A	Legal intervention involving injury by handgun, unspecified person injured, initial encounter
Y35.029D	Legal intervention involving injury by handgun, unspecified person injured, subsequent encounter
Y35.029S	Legal intervention involving injury by handgun, unspecified person injured, sequela
Y35.031A	Legal intervention involving injury by rifle pellet, law enforcement official injured, initial encounter
Y35.031D	Legal intervention involving injury by rifle pellet, law enforcement official injured, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.031S	Legal intervention involving injury by rifle pellet, law enforcement official injured, sequela
Y35.032A	Legal intervention involving injury by rifle pellet, bystander injured, initial encounter
Y35.032D	Legal intervention involving injury by rifle pellet, bystander injured, subsequent encounter
Y35.032S	Legal intervention involving injury by rifle pellet, bystander injured, sequela
Y35.033A	Legal intervention involving injury by rifle pellet, suspect injured, initial encounter
Y35.033D	Legal intervention involving injury by rifle pellet, suspect injured, subsequent encounter
Y35.033S	Legal intervention involving injury by rifle pellet, suspect injured, sequela
Y35.039A	Legal intervention involving injury by rifle pellet, unspecified person injured, initial encounter
Y35.039D	Legal intervention involving injury by rifle pellet, unspecified person injured, subsequent encounter
Y35.039S	Legal intervention involving injury by rifle pellet, unspecified person injured, sequela
Y35.041A	Legal intervention involving injury by rubber bullet, law enforcement official injured, initial encounter
Y35.041D	Legal intervention involving injury by rubber bullet, law enforcement official injured, subsequent encounter
Y35.041S	Legal intervention involving injury by rubber bullet, law enforcement official injured, sequela
Y35.042A	Legal intervention involving injury by rubber bullet, bystander injured, initial encounter
Y35.042D	Legal intervention involving injury by rubber bullet, bystander injured, subsequent encounter
Y35.042S	Legal intervention involving injury by rubber bullet, bystander injured, sequela
Y35.043A	Legal intervention involving injury by rubber bullet, suspect injured, initial encounter
Y35.043D	Legal intervention involving injury by rubber bullet, suspect injured, subsequent encounter
Y35.043S	Legal intervention involving injury by rubber bullet, suspect injured, sequela
Y35.049A	Legal intervention involving injury by rubber bullet, unspecified person injured, initial encounter
Y35.049D	Legal intervention involving injury by rubber bullet, unspecified person injured, subsequent encounter
Y35.049S	Legal intervention involving injury by rubber bullet, unspecified person injured, sequela
Y35.091A	Legal intervention involving other firearm discharge, law enforcement official injured, initial encounter
Y35.091D	Legal intervention involving other firearm discharge, law enforcement official injured, subsequent encounter
Y35.091S	Legal intervention involving other firearm discharge, law enforcement official injured, sequela
Y35.092A	Legal intervention involving other firearm discharge, bystander injured, initial encounter
Y35.092D	Legal intervention involving other firearm discharge, bystander injured, subsequent encounter
Y35.092S	Legal intervention involving other firearm discharge, bystander injured, sequela
Y35.093A	Legal intervention involving other firearm discharge, suspect injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.093D	Legal intervention involving other firearm discharge, suspect injured, subsequent encounter
Y35.093S	Legal intervention involving other firearm discharge, suspect injured, sequela
Y35.099A	Legal intervention involving other firearm discharge, unspecified person injured, initial encounter
Y35.099D	Legal intervention involving other firearm discharge, unspecified person injured, subsequent encounter
Y35.099S	Legal intervention involving other firearm discharge, unspecified person injured, sequela
Y35.101A	Legal intervention involving unspecified explosives, law enforcement official injured, initial encounter
Y35.101D	Legal intervention involving unspecified explosives, law enforcement official injured, subsequent encounter
Y35.101S	Legal intervention involving unspecified explosives, law enforcement official injured, sequela
Y35.102A	Legal intervention involving unspecified explosives, bystander injured, initial encounter
Y35.102D	Legal intervention involving unspecified explosives, bystander injured, subsequent encounter
Y35.102S	Legal intervention involving unspecified explosives, bystander injured, sequela
Y35.103A	Legal intervention involving unspecified explosives, suspect injured, initial encounter
Y35.103D	Legal intervention involving unspecified explosives, suspect injured, subsequent encounter
Y35.103S	Legal intervention involving unspecified explosives, suspect injured, sequela
Y35.109A	Legal intervention involving unspecified explosives, unspecified person injured, initial encounter
Y35.109D	Legal intervention involving unspecified explosives, unspecified person injured, subsequent encounter
Y35.109S	Legal intervention involving unspecified explosives, unspecified person injured, sequela
Y35.111A	Legal intervention involving injury by dynamite, law enforcement official injured, initial encounter
Y35.111D	Legal intervention involving injury by dynamite, law enforcement official injured, subsequent encounter
Y35.111S	Legal intervention involving injury by dynamite, law enforcement official injured, sequela
Y35.112A	Legal intervention involving injury by dynamite, bystander injured, initial encounter
Y35.112D	Legal intervention involving injury by dynamite, bystander injured, subsequent encounter
Y35.112S	Legal intervention involving injury by dynamite, bystander injured, sequela
Y35.113A	Legal intervention involving injury by dynamite, suspect injured, initial encounter
Y35.113D	Legal intervention involving injury by dynamite, suspect injured, subsequent encounter
Y35.113S	Legal intervention involving injury by dynamite, suspect injured, sequela
Y35.119A	Legal intervention involving injury by dynamite, unspecified person injured, initial encounter
Y35.119D	Legal intervention involving injury by dynamite, unspecified person injured, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.119S	Legal intervention involving injury by dynamite, unspecified person injured, sequela encounter
Y35.121A	Legal intervention involving injury by explosive shell, law enforcement official injured, initial encounter
Y35.121D	Legal intervention involving injury by explosive shell, law enforcement official injured, subsequent encounter
Y35.121S	Legal intervention involving injury by explosive shell, law enforcement official injured, sequela
Y35.123A	Legal intervention involving injury by explosive shell, suspect injured, initial encounter
Y35.123D	Legal intervention involving injury by explosive shell, suspect injured, subsequent encounter
Y35.123S	Legal intervention involving injury by explosive shell, suspect injured, sequela
Y35.129A	Legal intervention involving injury by explosive shell, unspecified person injured, initial encounter
Y35.129D	Legal intervention involving injury by explosive shell, unspecified person injured, subsequent encounter
Y35.129S	Legal intervention involving injury by explosive shell, unspecified person injured, sequela
Y35.191A	Legal intervention involving other explosives, law enforcement official injured, initial encounter
Y35.191D	Legal intervention involving other explosives, law enforcement official injured, subsequent encounter
Y35.191S	Legal intervention involving other explosives, law enforcement official injured, sequela
Y35.192A	Legal intervention involving other explosives, bystander injured, initial encounter
Y35.192D	Legal intervention involving other explosives, bystander injured, subsequent encounter
Y35.192S	Legal intervention involving other explosives, bystander injured, sequela
Y35.193A	Legal intervention involving other explosives, suspect injured, initial encounter
Y35.193D	Legal intervention involving other explosives, suspect injured, subsequent encounter
Y35.193S	Legal intervention involving other explosives, suspect injured, sequela
Y35.199A	Legal intervention involving other explosives, unspecified person injured, initial encounter
Y35.199D	Legal intervention involving other explosives, unspecified person injured, subsequent encounter
Y35.199S	Legal intervention involving other explosives, unspecified person injured, sequela
Y35.211A	Legal intervention involving injury by tear gas, law enforcement official injured, initial encounter
Y35.211D	Legal intervention involving injury by tear gas, law enforcement official injured, subsequent encounter
Y35.211S	Legal intervention involving injury by tear gas, law enforcement official injured, sequela
Y35.212A	Legal intervention involving injury by tear gas, bystander injured, initial encounter
Y35.212D	Legal intervention involving injury by tear gas, bystander injured, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.212S	Legal intervention involving injury by tear gas, bystander injured, sequela
Y35.213A	Legal intervention involving injury by tear gas, suspect injured, initial encounter
Y35.213D	Legal intervention involving injury by tear gas, suspect injured, subsequent encounter
Y35.213S	Legal intervention involving injury by tear gas, suspect injured, sequela
Y35.219A	Legal intervention involving injury by tear gas, unspecified person injured, initial encounter
Y35.219D	Legal intervention involving injury by tear gas, unspecified person injured, subsequent encounter
Y35.219S	Legal intervention involving injury by tear gas, unspecified person injured, sequela
Y35.311A	Legal intervention involving baton, law enforcement official injured, initial encounter
Y35.311D	Legal intervention involving baton, law enforcement official injured, subsequent encounter
Y35.311S	Legal intervention involving baton, law enforcement official injured, sequela
Y35.312A	Legal intervention involving baton, bystander injured, initial encounter
Y35.312D	Legal intervention involving baton, bystander injured, subsequent encounter
Y35.312S	Legal intervention involving baton, bystander injured, sequela
Y35.313A	Legal intervention involving baton, suspect injured, initial encounter
Y35.313D	Legal intervention involving baton, suspect injured, subsequent encounter
Y35.313S	Legal intervention involving baton, suspect injured, sequela
Y35.319A	Legal intervention involving baton, unspecified person injured, initial encounter
Y35.319D	Legal intervention involving baton, unspecified person injured, subsequent encounter
Y35.319S	Legal intervention involving baton, unspecified person injured, sequela
Y35.411A	Legal intervention involving bayonet, law enforcement official injured, initial encounter
Y35.411D	Legal intervention involving bayonet, law enforcement official injured, subsequent encounter
Y35.411S	Legal intervention involving bayonet, law enforcement official injured, sequela
Y35.412A	Legal intervention involving bayonet, bystander injured, initial encounter
Y35.412D	Legal intervention involving bayonet, bystander injured, subsequent encounter
Y35.412S	Legal intervention involving bayonet, bystander injured, sequela
Y35.413A	Legal intervention involving bayonet, suspect injured, initial encounter
Y35.413D	Legal intervention involving bayonet, suspect injured, subsequent encounter
Y35.413S	Legal intervention involving bayonet, suspect injured, sequela
Y35.419A	Legal intervention involving bayonet, unspecified person injured, initial encounter
Y35.419D	Legal intervention involving bayonet, unspecified person injured, subsequent encounter
Y35.419S	Legal intervention involving bayonet, unspecified person injured, sequela
Y35.811A	Legal intervention involving manhandling, law enforcement official injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.811D	Legal intervention involving manhandling, law enforcement official injured, subsequent encounter
Y35.811S	Legal intervention involving manhandling, law enforcement official injured, sequela
Y35.812A	Legal intervention involving manhandling, bystander injured, initial encounter
Y35.812D	Legal intervention involving manhandling, bystander injured, subsequent encounter
Y35.812S	Legal intervention involving manhandling, bystander injured, sequela
Y35.813A	Legal intervention involving manhandling, suspect injured, initial encounter
Y35.813D	Legal intervention involving manhandling, suspect injured, subsequent encounter
Y35.813S	Legal intervention involving manhandling, suspect injured, sequela
Y35.819A	Legal intervention involving manhandling, unspecified person injured, initial encounter
Y35.819D	Legal intervention involving manhandling, unspecified person injured, subsequent encounter
Y35.819S	Legal intervention involving manhandling, unspecified person injured, sequela
Y35.831A	Legal intervention involving a conducted energy device, law enforcement official injured, initial encounter
Y35.831D	Legal intervention involving a conducted energy device, law enforcement official injured, subsequent encounter
Y35.831S	Legal intervention involving a conducted energy device, law enforcement official injured, sequela
Y35.832A	Legal intervention involving a conducted energy device, bystander injured, initial encounter
Y35.832D	Legal intervention involving a conducted energy device, bystander injured, subsequent encounter
Y35.832S	Legal intervention involving a conducted energy device, bystander injured, sequela
Y35.833A	Legal intervention involving a conducted energy device, suspect injured, initial encounter
Y35.833D	Legal intervention involving a conducted energy device, suspect injured, subsequent encounter
Y35.833S	Legal intervention involving a conducted energy device, suspect injured, sequela
Y35.839A	Legal intervention involving a conducted energy device, unspecified person injured, initial encounter
Y35.839D	Legal intervention involving a conducted energy device, unspecified person injured, subsequent encounter
Y35.839S	Legal intervention involving a conducted energy device, unspecified person injured, sequela
Y35.891A	Legal intervention involving other specified means, law enforcement official injured, initial encounter
Y35.891D	Legal intervention involving other specified means, law enforcement official injured, subsequent encounter
Y35.891S	Legal intervention involving other specified means, law enforcement official injured, sequela
Y35.892A	Legal intervention involving other specified means, bystander injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y35.892D	Legal intervention involving other specified means, bystander injured, subsequent encounter
Y35.892S	Legal intervention involving other specified means, bystander injured, sequela
Y35.893A	Legal intervention involving other specified means, suspect injured, initial encounter
Y35.893D	Legal intervention involving other specified means, suspect injured, subsequent encounter
Y35.893S	Legal intervention involving other specified means, suspect injured, sequela
Y35.91XA	Legal intervention, means unspecified, law enforcement official injured, initial encounter
Y35.91XD	Legal intervention, means unspecified, law enforcement official injured, subsequent encounter
Y35.91XS	Legal intervention, means unspecified, law enforcement official injured, sequela
Y35.92XA	Legal intervention, means unspecified, bystander injured, initial encounter
Y35.92XD	Legal intervention, means unspecified, bystander injured, subsequent encounter
Y35.92XS	Legal intervention, means unspecified, bystander injured, sequela
Y35.93XA	Legal intervention, means unspecified, suspect injured, initial encounter
Y35.93XD	Legal intervention, means unspecified, suspect injured, subsequent encounter
Y35.93XS	Legal intervention, means unspecified, suspect injured, sequela
Y35.99XA	Legal intervention, means unspecified, unspecified person injured, initial encounter
Y35.99XD	Legal intervention, means unspecified, unspecified person injured, subsequent encounter
Y35.99XS	Legal intervention, means unspecified, unspecified person injured, sequela
Y36.000A	War operations involving explosion of unspecified marine weapon, military personnel, initial encounter
Y36.000D	War operations involving explosion of unspecified marine weapon, military personnel, subsequent encounter
Y36.000S	War operations involving explosion of unspecified marine weapon, military personnel, sequela
Y36.001A	War operations involving explosion of unspecified marine weapon, civilian, initial encounter
Y36.001D	War operations involving explosion of unspecified marine weapon, civilian, subsequent encounter
Y36.001S	War operations involving explosion of unspecified marine weapon, civilian, sequela
Y36.010A	War operations involving explosion of depth-charge, military personnel, initial encounter
Y36.010D	War operations involving explosion of depth-charge, military personnel, subsequent encounter
Y36.010S	War operations involving explosion of depth-charge, military personnel, sequela
Y36.011A	War operations involving explosion of depth-charge, civilian, initial encounter
Y36.011D	War operations involving explosion of depth-charge, civilian, subsequent encounter
Y36.011S	War operations involving explosion of depth-charge, civilian, sequela
Y36.020A	War operations involving explosion of marine mine, military personnel, initial encounter
Y36.020D	War operations involving explosion of marine mine, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.020S	War operations involving explosion of marine mine, military personnel, sequela
Y36.021A	War operations involving explosion of marine mine, civilian, initial encounter
Y36.021D	War operations involving explosion of marine mine, civilian, subsequent encounter
Y36.021S	War operations involving explosion of marine mine, civilian, sequela
Y36.030A	War operations involving explosion of sea-based artillery shell, military personnel, initial encounter
Y36.030D	War operations involving explosion of sea-based artillery shell, military personnel, subsequent encounter
Y36.030S	War operations involving explosion of sea-based artillery shell, military personnel, sequela
Y36.031A	War operations involving explosion of sea-based artillery shell, civilian, initial encounter
Y36.031D	War operations involving explosion of sea-based artillery shell, civilian, subsequent encounter
Y36.031S	War operations involving explosion of sea-based artillery shell, civilian, sequela
Y36.040A	War operations involving explosion of torpedo, military personnel, initial encounter
Y36.040D	War operations involving explosion of torpedo, military personnel, subsequent encounter
Y36.040S	War operations involving explosion of torpedo, military personnel, sequela
Y36.041A	War operations involving explosion of torpedo, civilian, initial encounter
Y36.041D	War operations involving explosion of torpedo, civilian, subsequent encounter
Y36.041S	War operations involving explosion of torpedo, civilian, sequela
Y36.050A	War operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter
Y36.050D	War operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y36.050S	War operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y36.051A	War operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y36.051D	War operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y36.051S	War operations involving accidental detonation of onboard marine weapons, civilian, sequela
Y36.090A	War operations involving explosion of other marine weapons, military personnel, initial encounter
Y36.090D	War operations involving explosion of other marine weapons, military personnel, subsequent encounter
Y36.090S	War operations involving explosion of other marine weapons, military personnel, sequela
Y36.091A	War operations involving explosion of other marine weapons, civilian, initial encounter
Y36.091D	War operations involving explosion of other marine weapons, civilian, subsequent encounter
Y36.091S	War operations involving explosion of other marine weapons, civilian, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.100A	War operations involving unspecified destruction of aircraft, military personnel, initial encounter
Y36.100D	War operations involving unspecified destruction of aircraft, military personnel, subsequent encounter
Y36.100S	War operations involving unspecified destruction of aircraft, military personnel, sequela
Y36.101A	War operations involving unspecified destruction of aircraft, civilian, initial encounter
Y36.101D	War operations involving unspecified destruction of aircraft, civilian, subsequent encounter
Y36.101S	War operations involving unspecified destruction of aircraft, civilian, sequela
Y36.110A	War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, initial encounter
Y36.110D	War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, subsequent encounter
Y36.110S	War operations involving destruction of aircraft due to enemy fire or explosives, military personnel, sequela
Y36.111A	War operations involving destruction of aircraft due to enemy fire or explosives, civilian, initial encounter
Y36.111D	War operations involving destruction of aircraft due to enemy fire or explosives, civilian, subsequent encounter
Y36.111S	War operations involving destruction of aircraft due to enemy fire or explosives, civilian, sequela
Y36.120A	War operations involving destruction of aircraft due to collision with other aircraft, military personnel, initial encounter
Y36.120D	War operations involving destruction of aircraft due to collision with other aircraft, military personnel, subsequent encounter
Y36.120S	War operations involving destruction of aircraft due to collision with other aircraft, military personnel, sequela
Y36.121A	War operations involving destruction of aircraft due to collision with other aircraft, civilian, initial encounter
Y36.121D	War operations involving destruction of aircraft due to collision with other aircraft, civilian, subsequent encounter
Y36.121S	War operations involving destruction of aircraft due to collision with other aircraft, civilian, sequela
Y36.130A	War operations involving destruction of aircraft due to onboard fire, military personnel, initial encounter
Y36.130D	War operations involving destruction of aircraft due to onboard fire, military personnel, subsequent encounter
Y36.130S	War operations involving destruction of aircraft due to onboard fire, military personnel, sequela
Y36.131A	War operations involving destruction of aircraft due to onboard fire, civilian, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.131D	War operations involving destruction of aircraft due to onboard fire, civilian, subsequent encounter
Y36.131S	War operations involving destruction of aircraft due to onboard fire, civilian, sequela
Y36.140A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y36.140D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y36.140S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y36.141A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y36.141D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y36.141S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y36.190A	War operations involving other destruction of aircraft, military personnel, initial encounter
Y36.190D	War operations involving other destruction of aircraft, military personnel, subsequent encounter
Y36.190S	War operations involving other destruction of aircraft, military personnel, sequela
Y36.191A	War operations involving other destruction of aircraft, civilian, initial encounter
Y36.191D	War operations involving other destruction of aircraft, civilian, subsequent encounter
Y36.191S	War operations involving other destruction of aircraft, civilian, sequela
Y36.200A	War operations involving unspecified explosion and fragments, military personnel, initial encounter
Y36.200D	War operations involving unspecified explosion and fragments, military personnel, subsequent encounter
Y36.200S	War operations involving unspecified explosion and fragments, military personnel, sequela
Y36.201A	War operations involving unspecified explosion and fragments, civilian, initial encounter
Y36.201D	War operations involving unspecified explosion and fragments, civilian, subsequent encounter
Y36.201S	War operations involving unspecified explosion and fragments, civilian, sequela
Y36.210A	War operations involving explosion of aerial bomb, military personnel, initial encounter
Y36.210D	War operations involving explosion of aerial bomb, military personnel, subsequent encounter
Y36.210S	War operations involving explosion of aerial bomb, military personnel, sequela
Y36.211A	War operations involving explosion of aerial bomb, civilian, initial encounter
Y36.211D	War operations involving explosion of aerial bomb, civilian, subsequent encounter
Y36.211S	War operations involving explosion of aerial bomb, civilian, sequela
Y36.220A	War operations involving explosion of guided missile, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.220D	War operations involving explosion of guided missile, military personnel, subsequent encounter
Y36.220S	War operations involving explosion of guided missile, military personnel, sequela
Y36.221A	War operations involving explosion of guided missile, civilian, initial encounter
Y36.221D	War operations involving explosion of guided missile, civilian, subsequent encounter
Y36.221S	War operations involving explosion of guided missile, civilian, sequela
Y36.230A	War operations involving explosion of improvised explosive device [IED], military personnel, initial encounter
Y36.230D	War operations involving explosion of improvised explosive device [IED], military personnel, subsequent encounter
Y36.230S	War operations involving explosion of improvised explosive device [IED], military personnel, sequela
Y36.231A	War operations involving explosion of improvised explosive device [IED], civilian, initial encounter
Y36.231D	War operations involving explosion of improvised explosive device [IED], civilian, subsequent encounter
Y36.231S	War operations involving explosion of improvised explosive device [IED], civilian, sequela
Y36.240A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y36.240D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y36.240S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y36.241A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y36.241D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y36.241S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Y36.250A	War operations involving fragments from munitions, military personnel, initial encounter
Y36.250D	War operations involving fragments from munitions, military personnel, subsequent encounter
Y36.250S	War operations involving fragments from munitions, military personnel, sequela
Y36.251A	War operations involving fragments from munitions, civilian, initial encounter
Y36.251D	War operations involving fragments from munitions, civilian, subsequent encounter
Y36.251S	War operations involving fragments from munitions, civilian, sequela
Y36.260A	War operations involving fragments of improvised explosive device [IED], military personnel, initial encounter
Y36.260D	War operations involving fragments of improvised explosive device [IED], military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.260S	War operations involving fragments of improvised explosive device [IED], military personnel, sequela
Y36.261A	War operations involving fragments of improvised explosive device [IED], civilian, initial encounter
Y36.261D	War operations involving fragments of improvised explosive device [IED], civilian, subsequent encounter
Y36.261S	War operations involving fragments of improvised explosive device [IED], civilian, sequela
Y36.270A	War operations involving fragments from weapons, military personnel, initial encounter
Y36.270D	War operations involving fragments from weapons, military personnel, subsequent encounter
Y36.270S	War operations involving fragments from weapons, military personnel, sequela
Y36.271A	War operations involving fragments from weapons, civilian, initial encounter
Y36.271D	War operations involving fragments from weapons, civilian, subsequent encounter
Y36.271S	War operations involving fragments from weapons, civilian, sequela
Y36.290A	War operations involving other explosions and fragments, military personnel, initial encounter
Y36.290D	War operations involving other explosions and fragments, military personnel, subsequent encounter
Y36.290S	War operations involving other explosions and fragments, military personnel, sequela
Y36.291A	War operations involving other explosions and fragments, civilian, initial encounter
Y36.291D	War operations involving other explosions and fragments, civilian, subsequent encounter
Y36.291S	War operations involving other explosions and fragments, civilian, sequela
Y36.300A	War operations involving unspecified fire, conflagration and hot substance, military personnel, initial encounter
Y36.300D	War operations involving unspecified fire, conflagration and hot substance, military personnel, subsequent encounter
Y36.300S	War operations involving unspecified fire, conflagration and hot substance, military personnel, sequela
Y36.301A	War operations involving unspecified fire, conflagration and hot substance, civilian, initial encounter
Y36.301D	War operations involving unspecified fire, conflagration and hot substance, civilian, subsequent encounter
Y36.301S	War operations involving unspecified fire, conflagration and hot substance, civilian, sequela
Y36.310A	War operations involving gasoline bomb, military personnel, initial encounter
Y36.310D	War operations involving gasoline bomb, military personnel, subsequent encounter
Y36.310S	War operations involving gasoline bomb, military personnel, sequela
Y36.311A	War operations involving gasoline bomb, civilian, initial encounter
Y36.311D	War operations involving gasoline bomb, civilian, subsequent encounter
Y36.311S	War operations involving gasoline bomb, civilian, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.320A	War operations involving incendiary bullet, military personnel, initial encounter
Y36.320D	War operations involving incendiary bullet, military personnel, subsequent encounter
Y36.320S	War operations involving incendiary bullet, military personnel, sequela
Y36.321A	War operations involving incendiary bullet, civilian, initial encounter
Y36.321D	War operations involving incendiary bullet, civilian, subsequent encounter
Y36.321S	War operations involving incendiary bullet, civilian, sequela
Y36.330A	War operations involving flamethrower, military personnel, initial encounter
Y36.330D	War operations involving flamethrower, military personnel, subsequent encounter
Y36.330S	War operations involving flamethrower, military personnel, sequela
Y36.331A	War operations involving flamethrower, civilian, initial encounter
Y36.331D	War operations involving flamethrower, civilian, subsequent encounter
Y36.331S	War operations involving flamethrower, civilian, sequela
Y36.390A	War operations involving other fires, conflagrations and hot substances, military personnel, initial encounter
Y36.390D	War operations involving other fires, conflagrations and hot substances, military personnel, subsequent encounter
Y36.390S	War operations involving other fires, conflagrations and hot substances, military personnel, sequela
Y36.391A	War operations involving other fires, conflagrations and hot substances, civilian, initial encounter
Y36.391D	War operations involving other fires, conflagrations and hot substances, civilian, subsequent encounter
Y36.391S	War operations involving other fires, conflagrations and hot substances, civilian, sequela
Y36.410A	War operations involving rubber bullets, military personnel, initial encounter
Y36.410D	War operations involving rubber bullets, military personnel, subsequent encounter
Y36.410S	War operations involving rubber bullets, military personnel, sequela
Y36.411A	War operations involving rubber bullets, civilian, initial encounter
Y36.411D	War operations involving rubber bullets, civilian, subsequent encounter
Y36.411S	War operations involving rubber bullets, civilian, sequela
Y36.420A	War operations involving firearms pellets, military personnel, initial encounter
Y36.420D	War operations involving firearms pellets, military personnel, subsequent encounter
Y36.420S	War operations involving firearms pellets, military personnel, sequela
Y36.421A	War operations involving firearms pellets, civilian, initial encounter
Y36.421D	War operations involving firearms pellets, civilian, subsequent encounter
Y36.421S	War operations involving firearms pellets, civilian, sequela
Y36.430A	War operations involving other firearms discharge, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.430D	War operations involving other firearms discharge, military personnel, subsequent encounter
Y36.430S	War operations involving other firearms discharge, military personnel, sequela
Y36.431A	War operations involving other firearms discharge, civilian, initial encounter
Y36.431D	War operations involving other firearms discharge, civilian, subsequent encounter
Y36.431S	War operations involving other firearms discharge, civilian, sequela
Y36.440A	War operations involving unarmed hand to hand combat, military personnel, initial encounter
Y36.440D	War operations involving unarmed hand to hand combat, military personnel, subsequent encounter
Y36.440S	War operations involving unarmed hand to hand combat, military personnel, sequela
Y36.441A	War operations involving unarmed hand to hand combat, civilian, initial encounter
Y36.441D	War operations involving unarmed hand to hand combat, civilian, subsequent encounter
Y36.441S	War operations involving unarmed hand to hand combat, civilian, sequela
Y36.450A	War operations involving combat using blunt or piercing object, military personnel, initial encounter
Y36.450D	War operations involving combat using blunt or piercing object, military personnel, subsequent encounter
Y36.450S	War operations involving combat using blunt or piercing object, military personnel, sequela
Y36.451A	War operations involving combat using blunt or piercing object, civilian, initial encounter
Y36.451D	War operations involving combat using blunt or piercing object, civilian, subsequent encounter
Y36.451S	War operations involving combat using blunt or piercing object, civilian, sequela
Y36.460A	War operations involving intentional restriction of air and airway, military personnel, initial encounter
Y36.460D	War operations involving intentional restriction of air and airway, military personnel, subsequent encounter
Y36.460S	War operations involving intentional restriction of air and airway, military personnel, sequela
Y36.461A	War operations involving intentional restriction of air and airway, civilian, initial encounter
Y36.461D	War operations involving intentional restriction of air and airway, civilian, subsequent encounter
Y36.461S	War operations involving intentional restriction of air and airway, civilian, sequela
Y36.470A	War operations involving unintentional restriction of air and airway, military personnel, initial encounter
Y36.470D	War operations involving unintentional restriction of air and airway, military personnel, subsequent encounter
Y36.470S	War operations involving unintentional restriction of air and airway, military personnel, sequela
Y36.471A	War operations involving unintentional restriction of air and airway, civilian, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.471D	War operations involving unintentional restriction of air and airway, civilian, subsequent encounter
Y36.471S	War operations involving unintentional restriction of air and airway, civilian, sequela
Y36.490A	War operations involving other forms of conventional warfare, military personnel, initial encounter
Y36.490D	War operations involving other forms of conventional warfare, military personnel, subsequent encounter
Y36.490S	War operations involving other forms of conventional warfare, military personnel, sequela
Y36.491A	War operations involving other forms of conventional warfare, civilian, initial encounter
Y36.491D	War operations involving other forms of conventional warfare, civilian, subsequent encounter
Y36.491S	War operations involving other forms of conventional warfare, civilian, sequela
Y36.500A	War operations involving unspecified effect of nuclear weapon, military personnel, initial encounter
Y36.500D	War operations involving unspecified effect of nuclear weapon, military personnel, subsequent encounter
Y36.500S	War operations involving unspecified effect of nuclear weapon, military personnel, sequela
Y36.501A	War operations involving unspecified effect of nuclear weapon, civilian, initial encounter
Y36.501D	War operations involving unspecified effect of nuclear weapon, civilian, subsequent encounter
Y36.501S	War operations involving unspecified effect of nuclear weapon, civilian, sequela
Y36.510A	War operations involving direct blast effect of nuclear weapon, military personnel, initial encounter
Y36.510D	War operations involving direct blast effect of nuclear weapon, military personnel, subsequent encounter
Y36.510S	War operations involving direct blast effect of nuclear weapon, military personnel, sequela
Y36.511A	War operations involving direct blast effect of nuclear weapon, civilian, initial encounter
Y36.511D	War operations involving direct blast effect of nuclear weapon, civilian, subsequent encounter
Y36.511S	War operations involving direct blast effect of nuclear weapon, civilian, sequela
Y36.520A	War operations involving indirect blast effect of nuclear weapon, military personnel, initial encounter
Y36.520D	War operations involving indirect blast effect of nuclear weapon, military personnel, subsequent encounter
Y36.520S	War operations involving indirect blast effect of nuclear weapon, military personnel, sequela
Y36.521A	War operations involving indirect blast effect of nuclear weapon, civilian, initial encounter
Y36.521D	War operations involving indirect blast effect of nuclear weapon, civilian, subsequent encounter
Y36.521S	War operations involving indirect blast effect of nuclear weapon, civilian, sequela
Y36.530A	War operations involving thermal radiation effect of nuclear weapon, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.530D	War operations involving thermal radiation effect of nuclear weapon, military personnel, subsequent encounter
Y36.530S	War operations involving thermal radiation effect of nuclear weapon, military personnel, sequela
Y36.531A	War operations involving thermal radiation effect of nuclear weapon, civilian, initial encounter
Y36.531D	War operations involving thermal radiation effect of nuclear weapon, civilian, subsequent encounter
Y36.531S	War operations involving thermal radiation effect of nuclear weapon, civilian, sequela
Y36.540A	War operation involving nuclear radiation effects of nuclear weapon, military personnel, initial encounter
Y36.540D	War operation involving nuclear radiation effects of nuclear weapon, military personnel, subsequent encounter
Y36.540S	War operation involving nuclear radiation effects of nuclear weapon, military personnel, sequela
Y36.541A	War operation involving nuclear radiation effects of nuclear weapon, civilian, initial encounter
Y36.541D	War operation involving nuclear radiation effects of nuclear weapon, civilian, subsequent encounter
Y36.541S	War operation involving nuclear radiation effects of nuclear weapon, civilian, sequela
Y36.590A	War operation involving other effects of nuclear weapons, military personnel, initial encounter
Y36.590D	War operation involving other effects of nuclear weapons, military personnel, subsequent encounter
Y36.590S	War operation involving other effects of nuclear weapons, military personnel, sequela
Y36.591A	War operation involving other effects of nuclear weapons, civilian, initial encounter
Y36.591D	War operation involving other effects of nuclear weapons, civilian, subsequent encounter
Y36.591S	War operation involving other effects of nuclear weapons, civilian, sequela
Y36.6X0A	War operations involving biological weapons, military personnel, initial encounter
Y36.6X0D	War operations involving biological weapons, military personnel, subsequent encounter
Y36.6X0S	War operations involving biological weapons, military personnel, sequela
Y36.6X1A	War operations involving biological weapons, civilian, initial encounter
Y36.6X1D	War operations involving biological weapons, civilian, subsequent encounter
Y36.6X1S	War operations involving biological weapons, civilian, sequela
Y36.7X0A	War operations involving chemical weapons and other forms of unconventional warfare, military personnel, initial encounter
Y36.7X0D	War operations involving chemical weapons and other forms of unconventional warfare, military personnel, subsequent encounter
Y36.7X0S	War operations involving chemical weapons and other forms of unconventional warfare, military personnel, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.7X1A	War operations involving chemical weapons and other forms of unconventional warfare, civilian, initial encounter
Y36.7X1D	War operations involving chemical weapons and other forms of unconventional warfare, civilian, subsequent encounter
Y36.7X1S	War operations involving chemical weapons and other forms of unconventional warfare, civilian, sequela
Y36.810A	Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, initial encounter
Y36.810D	Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, subsequent encounter
Y36.810S	Explosion of mine placed during war operations but exploding after cessation of hostilities, military personnel, sequela
Y36.811A	Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, initial encounter
Y36.811D	Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, subsequent encounter
Y36.811S	Explosion of mine placed during war operations but exploding after cessation of hostilities, civilian, sequela
Y36.820A	Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, initial encounter
Y36.820D	Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, subsequent encounter
Y36.820S	Explosion of bomb placed during war operations but exploding after cessation of hostilities, military personnel, sequela
Y36.821A	Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, initial encounter
Y36.821D	Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, subsequent encounter
Y36.821S	Explosion of bomb placed during war operations but exploding after cessation of hostilities, civilian, sequela
Y36.880A	Other war operations occurring after cessation of hostilities, military personnel, initial encounter
Y36.880D	Other war operations occurring after cessation of hostilities, military personnel, subsequent encounter
Y36.880S	Other war operations occurring after cessation of hostilities, military personnel, sequela
Y36.881A	Other war operations occurring after cessation of hostilities, civilian, initial encounter
Y36.881D	Other war operations occurring after cessation of hostilities, civilian, subsequent encounter
Y36.881S	Other war operations occurring after cessation of hostilities, civilian, sequela
Y36.890A	Unspecified war operations occurring after cessation of hostilities, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y36.890D	Unspecified war operations occurring after cessation of hostilities, military personnel, subsequent encounter
Y36.890S	Unspecified war operations occurring after cessation of hostilities, military personnel, sequela
Y36.891A	Unspecified war operations occurring after cessation of hostilities, civilian, initial encounter
Y36.891D	Unspecified war operations occurring after cessation of hostilities, civilian, subsequent encounter
Y36.891S	Unspecified war operations occurring after cessation of hostilities, civilian, sequela
Y36.90XA	War operations, unspecified, initial encounter
Y36.90XD	War operations, unspecified, subsequent encounter
Y36.90XS	War operations, unspecified, sequela
Y36.91XA	War operations involving unspecified weapon of mass destruction [WMD], initial encounter
Y36.91XD	War operations involving unspecified weapon of mass destruction [WMD], subsequent encounter
Y36.91XS	War operations involving unspecified weapon of mass destruction [WMD], sequela
Y36.92XA	War operations involving friendly fire, initial encounter
Y36.92XD	War operations involving friendly fire, subsequent encounter
Y36.92XS	War operations involving friendly fire, sequela
Y37.000A	Military operations involving explosion of unspecified marine weapon, military personnel, initial encounter
Y37.000D	Military operations involving explosion of unspecified marine weapon, military personnel, subsequent encounter
Y37.000S	Military operations involving explosion of unspecified marine weapon, military personnel, sequela
Y37.001A	Military operations involving explosion of unspecified marine weapon, civilian, initial encounter
Y37.001D	Military operations involving explosion of unspecified marine weapon, civilian, subsequent encounter
Y37.001S	Military operations involving explosion of unspecified marine weapon, civilian, sequela
Y37.010A	Military operations involving explosion of depth-charge, military personnel, initial encounter
Y37.010D	Military operations involving explosion of depth-charge, military personnel, subsequent encounter
Y37.010S	Military operations involving explosion of depth-charge, military personnel, sequela
Y37.011A	Military operations involving explosion of depth-charge, civilian, initial encounter
Y37.011D	Military operations involving explosion of depth-charge, civilian, subsequent encounter
Y37.011S	Military operations involving explosion of depth-charge, civilian, sequela
Y37.020A	Military operations involving explosion of marine mine, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.020D	Military operations involving explosion of marine mine, military personnel, subsequent encounter
Y37.020S	Military operations involving explosion of marine mine, military personnel, sequela
Y37.021A	Military operations involving explosion of marine mine, civilian, initial encounter
Y37.021D	Military operations involving explosion of marine mine, civilian, subsequent encounter
Y37.021S	Military operations involving explosion of marine mine, civilian, sequela
Y37.030A	Military operations involving explosion of sea-based artillery shell, military personnel, initial encounter
Y37.030D	Military operations involving explosion of sea-based artillery shell, military personnel, subsequent encounter
Y37.030S	Military operations involving explosion of sea-based artillery shell, military personnel, sequela
Y37.031A	Military operations involving explosion of sea-based artillery shell, civilian, initial encounter
Y37.031D	Military operations involving explosion of sea-based artillery shell, civilian, subsequent encounter
Y37.031S	Military operations involving explosion of sea-based artillery shell, civilian, sequela
Y37.040A	Military operations involving explosion of torpedo, military personnel, initial encounter
Y37.040D	Military operations involving explosion of torpedo, military personnel, subsequent encounter
Y37.040S	Military operations involving explosion of torpedo, military personnel, sequela
Y37.041A	Military operations involving explosion of torpedo, civilian, initial encounter
Y37.041D	Military operations involving explosion of torpedo, civilian, subsequent encounter
Y37.041S	Military operations involving explosion of torpedo, civilian, sequela
Y37.050A	Military operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter
Y37.050D	Military operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y37.050S	Military operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y37.051A	Military operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y37.051D	Military operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y37.051S	Military operations involving accidental detonation of onboard marine weapons, civilian, sequela
Y37.090A	Military operations involving explosion of other marine weapons, military personnel, initial encounter
Y37.090D	Military operations involving explosion of other marine weapons, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.090S	Military operations involving explosion of other marine weapons, military personnel, sequela
Y37.091A	Military operations involving explosion of other marine weapons, civilian, initial encounter
Y37.091D	Military operations involving explosion of other marine weapons, civilian, subsequent encounter
Y37.091S	Military operations involving explosion of other marine weapons, civilian, sequela
Y37.100A	Military operations involving unspecified destruction of aircraft, military personnel, initial encounter
Y37.100D	Military operations involving unspecified destruction of aircraft, military personnel, subsequent encounter
Y37.100S	Military operations involving unspecified destruction of aircraft, military personnel, sequela
Y37.101A	Military operations involving unspecified destruction of aircraft, civilian, initial encounter
Y37.101D	Military operations involving unspecified destruction of aircraft, civilian, subsequent encounter
Y37.101S	Military operations involving unspecified destruction of aircraft, civilian, sequela
Y37.110A	Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, initial encounter
Y37.110D	Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, subsequent encounter
Y37.110S	Military operations involving destruction of aircraft due to enemy fire or explosives, military personnel, sequela
Y37.111A	Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, initial encounter
Y37.111D	Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, subsequent encounter
Y37.111S	Military operations involving destruction of aircraft due to enemy fire or explosives, civilian, sequela
Y37.120A	Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, initial encounter
Y37.120D	Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, subsequent encounter
Y37.120S	Military operations involving destruction of aircraft due to collision with other aircraft, military personnel, sequela
Y37.121A	Military operations involving destruction of aircraft due to collision with other aircraft, civilian, initial encounter
Y37.121D	Military operations involving destruction of aircraft due to collision with other aircraft, civilian, subsequent encounter
Y37.121S	Military operations involving destruction of aircraft due to collision with other aircraft, civilian, sequela
Y37.130A	Military operations involving destruction of aircraft due to onboard fire, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.130D	Military operations involving destruction of aircraft due to onboard fire, military personnel, subsequent encounter
Y37.130S	Military operations involving destruction of aircraft due to onboard fire, military personnel, sequela
Y37.131A	Military operations involving destruction of aircraft due to onboard fire, civilian, initial encounter
Y37.131D	Military operations involving destruction of aircraft due to onboard fire, civilian, subsequent encounter
Y37.131S	Military operations involving destruction of aircraft due to onboard fire, civilian, sequela
Y37.140A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y37.140D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y37.140S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y37.141A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y37.141D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y37.141S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y37.190A	Military operations involving other destruction of aircraft, military personnel, initial encounter
Y37.190D	Military operations involving other destruction of aircraft, military personnel, subsequent encounter
Y37.190S	Military operations involving other destruction of aircraft, military personnel, sequela
Y37.191A	Military operations involving other destruction of aircraft, civilian, initial encounter
Y37.191D	Military operations involving other destruction of aircraft, civilian, subsequent encounter
Y37.191S	Military operations involving other destruction of aircraft, civilian, sequela
Y37.200A	Military operations involving unspecified explosion and fragments, military personnel, initial encounter
Y37.200D	Military operations involving unspecified explosion and fragments, military personnel, subsequent encounter
Y37.200S	Military operations involving unspecified explosion and fragments, military personnel, sequela
Y37.201A	Military operations involving unspecified explosion and fragments, civilian, initial encounter
Y37.201D	Military operations involving unspecified explosion and fragments, civilian, subsequent encounter
Y37.201S	Military operations involving unspecified explosion and fragments, civilian, sequela
Y37.210A	Military operations involving explosion of aerial bomb, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.210D	Military operations involving explosion of aerial bomb, military personnel, subsequent encounter
Y37.210S	Military operations involving explosion of aerial bomb, military personnel, sequela
Y37.211A	Military operations involving explosion of aerial bomb, civilian, initial encounter
Y37.211D	Military operations involving explosion of aerial bomb, civilian, subsequent encounter
Y37.211S	Military operations involving explosion of aerial bomb, civilian, sequela
Y37.220A	Military operations involving explosion of guided missile, military personnel, initial encounter
Y37.220D	Military operations involving explosion of guided missile, military personnel, subsequent encounter
Y37.220S	Military operations involving explosion of guided missile, military personnel, sequela
Y37.221A	Military operations involving explosion of guided missile, civilian, initial encounter
Y37.221D	Military operations involving explosion of guided missile, civilian, subsequent encounter
Y37.221S	Military operations involving explosion of guided missile, civilian, sequela
Y37.230A	Military operations involving explosion of improvised explosive device [IED], military personnel, initial encounter
Y37.230D	Military operations involving explosion of improvised explosive device [IED], military personnel, subsequent encounter
Y37.230S	Military operations involving explosion of improvised explosive device [IED], military personnel, sequela
Y37.231A	Military operations involving explosion of improvised explosive device [IED], civilian, initial encounter
Y37.231D	Military operations involving explosion of improvised explosive device [IED], civilian, subsequent encounter
Y37.231S	Military operations involving explosion of improvised explosive device [IED], civilian, sequela
Y37.240A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y37.240D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y37.240S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y37.241A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y37.241D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y37.241S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Y37.250A	Military operations involving fragments from munitions, military personnel, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.250D	Military operations involving fragments from munitions, military personnel, subsequent encounter
Y37.250S	Military operations involving fragments from munitions, military personnel, sequela
Y37.251A	Military operations involving fragments from munitions, civilian, initial encounter
Y37.251D	Military operations involving fragments from munitions, civilian, subsequent encounter
Y37.251S	Military operations involving fragments from munitions, civilian, sequela
Y37.260A	Military operations involving fragments of improvised explosive device [IED], military personnel, initial encounter
Y37.260D	Military operations involving fragments of improvised explosive device [IED], military personnel, subsequent encounter
Y37.260S	Military operations involving fragments of improvised explosive device [IED], military personnel, sequela
Y37.261A	Military operations involving fragments of improvised explosive device [IED], civilian, initial encounter
Y37.261D	Military operations involving fragments of improvised explosive device [IED], civilian, subsequent encounter
Y37.261S	Military operations involving fragments of improvised explosive device [IED], civilian, sequela
Y37.270A	Military operations involving fragments from weapons, military personnel, initial encounter
Y37.270D	Military operations involving fragments from weapons, military personnel, subsequent encounter
Y37.270S	Military operations involving fragments from weapons, military personnel, sequela
Y37.271A	Military operations involving fragments from weapons, civilian, initial encounter
Y37.271D	Military operations involving fragments from weapons, civilian, subsequent encounter
Y37.271S	Military operations involving fragments from weapons, civilian, sequela
Y37.290A	Military operations involving other explosions and fragments, military personnel, initial encounter
Y37.290D	Military operations involving other explosions and fragments, military personnel, subsequent encounter
Y37.290S	Military operations involving other explosions and fragments, military personnel, sequela
Y37.291A	Military operations involving other explosions and fragments, civilian, initial encounter
Y37.291D	Military operations involving other explosions and fragments, civilian, subsequent encounter
Y37.291S	Military operations involving other explosions and fragments, civilian, sequela
Y37.300A	Military operations involving unspecified fire, conflagration and hot substance, military personnel, initial encounter
Y37.300D	Military operations involving unspecified fire, conflagration and hot substance, military personnel, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.300S	Military operations involving unspecified fire, conflagration and hot substance, military personnel, sequela
Y37.301A	Military operations involving unspecified fire, conflagration and hot substance, civilian, initial encounter
Y37.301D	Military operations involving unspecified fire, conflagration and hot substance, civilian, subsequent encounter
Y37.301S	Military operations involving unspecified fire, conflagration and hot substance, civilian, sequela
Y37.310A	Military operations involving gasoline bomb, military personnel, initial encounter
Y37.310D	Military operations involving gasoline bomb, military personnel, subsequent encounter
Y37.310S	Military operations involving gasoline bomb, military personnel, sequela
Y37.311A	Military operations involving gasoline bomb, civilian, initial encounter
Y37.311D	Military operations involving gasoline bomb, civilian, subsequent encounter
Y37.311S	Military operations involving gasoline bomb, civilian, sequela
Y37.320A	Military operations involving incendiary bullet, military personnel, initial encounter
Y37.320D	Military operations involving incendiary bullet, military personnel, subsequent encounter
Y37.320S	Military operations involving incendiary bullet, military personnel, sequela
Y37.321A	Military operations involving incendiary bullet, civilian, initial encounter
Y37.321D	Military operations involving incendiary bullet, civilian, subsequent encounter
Y37.321S	Military operations involving incendiary bullet, civilian, sequela
Y37.330A	Military operations involving flamethrower, military personnel, initial encounter
Y37.330D	Military operations involving flamethrower, military personnel, subsequent encounter
Y37.330S	Military operations involving flamethrower, military personnel, sequela
Y37.331A	Military operations involving flamethrower, civilian, initial encounter
Y37.331D	Military operations involving flamethrower, civilian, subsequent encounter
Y37.331S	Military operations involving flamethrower, civilian, sequela
Y37.390A	Military operations involving other fires, conflagrations and hot substances, military personnel, initial encounter
Y37.390D	Military operations involving other fires, conflagrations and hot substances, military personnel, subsequent encounter
Y37.390S	Military operations involving other fires, conflagrations and hot substances, military personnel, sequela
Y37.391A	Military operations involving other fires, conflagrations and hot substances, civilian, initial encounter
Y37.391D	Military operations involving other fires, conflagrations and hot substances, civilian, subsequent encounter
Y37.391S	Military operations involving other fires, conflagrations and hot substances, civilian, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.410A	Military operations involving rubber bullets, military personnel, initial encounter
Y37.410D	Military operations involving rubber bullets, military personnel, subsequent encounter
Y37.410S	Military operations involving rubber bullets, military personnel, sequela
Y37.411A	Military operations involving rubber bullets, civilian, initial encounter
Y37.411D	Military operations involving rubber bullets, civilian, subsequent encounter
Y37.411S	Military operations involving rubber bullets, civilian, sequela
Y37.420A	Military operations involving firearms pellets, military personnel, initial encounter
Y37.420D	Military operations involving firearms pellets, military personnel, subsequent encounter
Y37.420S	Military operations involving firearms pellets, military personnel, sequela
Y37.421A	Military operations involving firearms pellets, civilian, initial encounter
Y37.421D	Military operations involving firearms pellets, civilian, subsequent encounter
Y37.421S	Military operations involving firearms pellets, civilian, sequela
Y37.430A	Military operations involving other firearms discharge, military personnel, initial encounter
Y37.430D	Military operations involving other firearms discharge, military personnel, subsequent encounter
Y37.430S	Military operations involving other firearms discharge, military personnel, sequela
Y37.431A	Military operations involving other firearms discharge, civilian, initial encounter
Y37.431D	Military operations involving other firearms discharge, civilian, subsequent encounter
Y37.431S	Military operations involving other firearms discharge, civilian, sequela
Y37.440A	Military operations involving unarmed hand to hand combat, military personnel, initial encounter
Y37.440D	Military operations involving unarmed hand to hand combat, military personnel, subsequent encounter
Y37.440S	Military operations involving unarmed hand to hand combat, military personnel, sequela
Y37.441A	Military operations involving unarmed hand to hand combat, civilian, initial encounter
Y37.441D	Military operations involving unarmed hand to hand combat, civilian, subsequent encounter
Y37.441S	Military operations involving unarmed hand to hand combat, civilian, sequela
Y37.450A	Military operations involving combat using blunt or piercing object, military personnel, initial encounter
Y37.450D	Military operations involving combat using blunt or piercing object, military personnel, subsequent encounter
Y37.450S	Military operations involving combat using blunt or piercing object, military personnel, sequela
Y37.451A	Military operations involving combat using blunt or piercing object, civilian, initial encounter
Y37.451D	Military operations involving combat using blunt or piercing object, civilian, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.451S	Military operations involving combat using blunt or piercing object, civilian, sequela
Y37.460A	Military operations involving intentional restriction of air and airway, military personnel, initial encounter
Y37.460D	Military operations involving intentional restriction of air and airway, military personnel, subsequent encounter
Y37.460S	Military operations involving intentional restriction of air and airway, military personnel, sequela
Y37.461A	Military operations involving intentional restriction of air and airway, civilian, initial encounter
Y37.461D	Military operations involving intentional restriction of air and airway, civilian, subsequent encounter
Y37.461S	Military operations involving intentional restriction of air and airway, civilian, sequela
Y37.470A	Military operations involving unintentional restriction of air and airway, military personnel, initial encounter
Y37.470D	Military operations involving unintentional restriction of air and airway, military personnel, subsequent encounter
Y37.470S	Military operations involving unintentional restriction of air and airway, military personnel, sequela
Y37.471A	Military operations involving unintentional restriction of air and airway, civilian, initial encounter
Y37.471D	Military operations involving unintentional restriction of air and airway, civilian, subsequent encounter
Y37.471S	Military operations involving unintentional restriction of air and airway, civilian, sequela
Y37.490A	Military operations involving other forms of conventional warfare, military personnel, initial encounter
Y37.490D	Military operations involving other forms of conventional warfare, military personnel, subsequent encounter
Y37.490S	Military operations involving other forms of conventional warfare, military personnel, sequela
Y37.491A	Military operations involving other forms of conventional warfare, civilian, initial encounter
Y37.491D	Military operations involving other forms of conventional warfare, civilian, subsequent encounter
Y37.491S	Military operations involving other forms of conventional warfare, civilian, sequela
Y37.500A	Military operations involving unspecified effect of nuclear weapon, military personnel, initial encounter
Y37.500D	Military operations involving unspecified effect of nuclear weapon, military personnel, subsequent encounter
Y37.500S	Military operations involving unspecified effect of nuclear weapon, military personnel, sequela
Y37.501A	Military operations involving unspecified effect of nuclear weapon, civilian, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.501D	Military operations involving unspecified effect of nuclear weapon, civilian, subsequent encounter
Y37.501S	Military operations involving unspecified effect of nuclear weapon, civilian, sequela
Y37.510A	Military operations involving direct blast effect of nuclear weapon, military personnel, initial encounter
Y37.510D	Military operations involving direct blast effect of nuclear weapon, military personnel, subsequent encounter
Y37.510S	Military operations involving direct blast effect of nuclear weapon, military personnel, sequela
Y37.511A	Military operations involving direct blast effect of nuclear weapon, civilian, initial encounter
Y37.511D	Military operations involving direct blast effect of nuclear weapon, civilian, subsequent encounter
Y37.511S	Military operations involving direct blast effect of nuclear weapon, civilian, sequela
Y37.520A	Military operations involving indirect blast effect of nuclear weapon, military personnel, initial encounter
Y37.520D	Military operations involving indirect blast effect of nuclear weapon, military personnel, subsequent encounter
Y37.520S	Military operations involving indirect blast effect of nuclear weapon, military personnel, sequela
Y37.521A	Military operations involving indirect blast effect of nuclear weapon, civilian, initial encounter
Y37.521D	Military operations involving indirect blast effect of nuclear weapon, civilian, subsequent encounter
Y37.521S	Military operations involving indirect blast effect of nuclear weapon, civilian, sequela
Y37.530A	Military operations involving thermal radiation effect of nuclear weapon, military personnel, initial encounter
Y37.530D	Military operations involving thermal radiation effect of nuclear weapon, military personnel, subsequent encounter
Y37.530S	Military operations involving thermal radiation effect of nuclear weapon, military personnel, sequela
Y37.531A	Military operations involving thermal radiation effect of nuclear weapon, civilian, initial encounter
Y37.531D	Military operations involving thermal radiation effect of nuclear weapon, civilian, subsequent encounter
Y37.531S	Military operations involving thermal radiation effect of nuclear weapon, civilian, sequela
Y37.540A	Military operation involving nuclear radiation effects of nuclear weapon, military personnel, initial encounter
Y37.540D	Military operation involving nuclear radiation effects of nuclear weapon, military personnel, subsequent encounter
Y37.540S	Military operation involving nuclear radiation effects of nuclear weapon, military personnel, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.541A	Military operation involving nuclear radiation effects of nuclear weapon, civilian, initial encounter
Y37.541D	Military operation involving nuclear radiation effects of nuclear weapon, civilian, subsequent encounter
Y37.541S	Military operation involving nuclear radiation effects of nuclear weapon, civilian, sequela
Y37.590A	Military operation involving other effects of nuclear weapons, military personnel, initial encounter
Y37.590D	Military operation involving other effects of nuclear weapons, military personnel, subsequent encounter
Y37.590S	Military operation involving other effects of nuclear weapons, military personnel, sequela
Y37.591A	Military operation involving other effects of nuclear weapons, civilian, initial encounter
Y37.591D	Military operation involving other effects of nuclear weapons, civilian, subsequent encounter
Y37.591S	Military operation involving other effects of nuclear weapons, civilian, sequela
Y37.6X0A	Military operations involving biological weapons, military personnel, initial encounter
Y37.6X0D	Military operations involving biological weapons, military personnel, subsequent encounter
Y37.6X0S	Military operations involving biological weapons, military personnel, sequela
Y37.6X1A	Military operations involving biological weapons, civilian, initial encounter
Y37.6X1D	Military operations involving biological weapons, civilian, subsequent encounter
Y37.6X1S	Military operations involving biological weapons, civilian, sequela
Y37.7X0A	Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, initial encounter
Y37.7X0D	Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, subsequent encounter
Y37.7X0S	Military operations involving chemical weapons and other forms of unconventional warfare, military personnel, sequela
Y37.7X1A	Military operations involving chemical weapons and other forms of unconventional warfare, civilian, initial encounter
Y37.7X1D	Military operations involving chemical weapons and other forms of unconventional warfare, civilian, subsequent encounter
Y37.7X1S	Military operations involving chemical weapons and other forms of unconventional warfare, civilian, sequela
Y37.90XA	Military operations, unspecified, initial encounter
Y37.90XD	Military operations, unspecified, subsequent encounter
Y37.90XS	Military operations, unspecified, sequela
Y37.91XA	Military operations involving unspecified weapon of mass destruction [WMD], initial encounter
Y37.91XD	Military operations involving unspecified weapon of mass destruction [WMD], subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y37.91XS	Military operations involving unspecified weapon of mass destruction [WMD], sequela
Y37.92XA	Military operations involving friendly fire, initial encounter
Y37.92XD	Military operations involving friendly fire, subsequent encounter
Y37.92XS	Military operations involving friendly fire, sequela
Y38.0X1A	Terrorism involving explosion of marine weapons, public safety official injured, initial encounter
Y38.0X1D	Terrorism involving explosion of marine weapons, public safety official injured, subsequent encounter
Y38.0X1S	Terrorism involving explosion of marine weapons, public safety official injured, sequela
Y38.0X2A	Terrorism involving explosion of marine weapons, civilian injured, initial encounter
Y38.0X2D	Terrorism involving explosion of marine weapons, civilian injured, subsequent encounter
Y38.0X2S	Terrorism involving explosion of marine weapons, civilian injured, sequela
Y38.0X3A	Terrorism involving explosion of marine weapons, terrorist injured, initial encounter
Y38.0X3D	Terrorism involving explosion of marine weapons, terrorist injured, subsequent encounter
Y38.0X3S	Terrorism involving explosion of marine weapons, terrorist injured, sequela
Y38.1X1A	Terrorism involving destruction of aircraft, public safety official injured, initial encounter
Y38.1X1D	Terrorism involving destruction of aircraft, public safety official injured, subsequent encounter
Y38.1X1S	Terrorism involving destruction of aircraft, public safety official injured, sequela
Y38.1X2A	Terrorism involving destruction of aircraft, civilian injured, initial encounter
Y38.1X2D	Terrorism involving destruction of aircraft, civilian injured, subsequent encounter
Y38.1X2S	Terrorism involving destruction of aircraft, civilian injured, sequela
Y38.1X3A	Terrorism involving destruction of aircraft, terrorist injured, initial encounter
Y38.1X3D	Terrorism involving destruction of aircraft, terrorist injured, subsequent encounter
Y38.1X3S	Terrorism involving destruction of aircraft, terrorist injured, sequela
Y38.2X1A	Terrorism involving other explosions and fragments, public safety official injured, initial encounter
Y38.2X1D	Terrorism involving other explosions and fragments, public safety official injured, subsequent encounter
Y38.2X1S	Terrorism involving other explosions and fragments, public safety official injured, sequela
Y38.2X2A	Terrorism involving other explosions and fragments, civilian injured, initial encounter
Y38.2X2D	Terrorism involving other explosions and fragments, civilian injured, subsequent encounter
Y38.2X2S	Terrorism involving other explosions and fragments, civilian injured, sequela
Y38.2X3A	Terrorism involving other explosions and fragments, terrorist injured, initial encounter
Y38.2X3D	Terrorism involving other explosions and fragments, terrorist injured, subsequent encounter
Y38.2X3S	Terrorism involving other explosions and fragments, terrorist injured, sequela

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y38.3X1A	Terrorism involving fires, conflagration and hot substances, public safety official injured, initial encounter
Y38.3X1D	Terrorism involving fires, conflagration and hot substances, public safety official injured, subsequent encounter
Y38.3X1S	Terrorism involving fires, conflagration and hot substances, public safety official injured, sequela
Y38.3X2A	Terrorism involving fires, conflagration and hot substances, civilian injured, initial encounter
Y38.3X2D	Terrorism involving fires, conflagration and hot substances, civilian injured, subsequent encounter
Y38.3X2S	Terrorism involving fires, conflagration and hot substances, civilian injured, sequela
Y38.3X3A	Terrorism involving fires, conflagration and hot substances, terrorist injured, initial encounter
Y38.3X3D	Terrorism involving fires, conflagration and hot substances, terrorist injured, subsequent encounter
Y38.3X3S	Terrorism involving fires, conflagration and hot substances, terrorist injured, sequela
Y38.4X1A	Terrorism involving firearms, public safety official injured, initial encounter
Y38.4X1D	Terrorism involving firearms, public safety official injured, subsequent encounter
Y38.4X1S	Terrorism involving firearms, public safety official injured, sequela
Y38.4X2A	Terrorism involving firearms, civilian injured, initial encounter
Y38.4X2D	Terrorism involving firearms, civilian injured, subsequent encounter
Y38.4X2S	Terrorism involving firearms, civilian injured, sequela
Y38.4X3A	Terrorism involving firearms, terrorist injured, initial encounter
Y38.4X3D	Terrorism involving firearms, terrorist injured, subsequent encounter
Y38.4X3S	Terrorism involving firearms, terrorist injured, sequela
Y38.5X1A	Terrorism involving nuclear weapons, public safety official injured, initial encounter
Y38.5X1D	Terrorism involving nuclear weapons, public safety official injured, subsequent encounter
Y38.5X1S	Terrorism involving nuclear weapons, public safety official injured, sequela
Y38.5X2A	Terrorism involving nuclear weapons, civilian injured, initial encounter
Y38.5X2D	Terrorism involving nuclear weapons, civilian injured, subsequent encounter
Y38.5X2S	Terrorism involving nuclear weapons, civilian injured, sequela
Y38.5X3A	Terrorism involving nuclear weapons, terrorist injured, initial encounter
Y38.5X3D	Terrorism involving nuclear weapons, terrorist injured, subsequent encounter
Y38.5X3S	Terrorism involving nuclear weapons, terrorist injured, sequela
Y38.6X1A	Terrorism involving biological weapons, public safety official injured, initial encounter
Y38.6X1D	Terrorism involving biological weapons, public safety official injured, subsequent encounter
Y38.6X1S	Terrorism involving biological weapons, public safety official injured, sequela
Y38.6X2A	Terrorism involving biological weapons, civilian injured, initial encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y38.6X2D	Terrorism involving biological weapons, civilian injured, subsequent encounter
Y38.6X2S	Terrorism involving biological weapons, civilian injured, sequela
Y38.6X3A	Terrorism involving biological weapons, terrorist injured, initial encounter
Y38.6X3D	Terrorism involving biological weapons, terrorist injured, subsequent encounter
Y38.6X3S	Terrorism involving biological weapons, terrorist injured, sequela
Y38.7X1A	Terrorism involving chemical weapons, public safety official injured, initial encounter
Y38.7X1D	Terrorism involving chemical weapons, public safety official injured, subsequent encounter
Y38.7X1S	Terrorism involving chemical weapons, public safety official injured, sequela
Y38.7X2A	Terrorism involving chemical weapons, civilian injured, initial encounter
Y38.7X2D	Terrorism involving chemical weapons, civilian injured, subsequent encounter
Y38.7X2S	Terrorism involving chemical weapons, civilian injured, sequela
Y38.7X3A	Terrorism involving chemical weapons, terrorist injured, initial encounter
Y38.7X3D	Terrorism involving chemical weapons, terrorist injured, subsequent encounter
Y38.7X3S	Terrorism involving chemical weapons, terrorist injured, sequela
Y38.80XA	Terrorism involving unspecified means, initial encounter
Y38.80XD	Terrorism involving unspecified means, subsequent encounter
Y38.80XS	Terrorism involving unspecified means, sequela
Y38.811A	Terrorism involving suicide bomber, public safety official injured, initial encounter
Y38.811D	Terrorism involving suicide bomber, public safety official injured, subsequent encounter
Y38.811S	Terrorism involving suicide bomber, public safety official injured, sequela
Y38.812A	Terrorism involving suicide bomber, civilian injured, initial encounter
Y38.812D	Terrorism involving suicide bomber, civilian injured, subsequent encounter
Y38.812S	Terrorism involving suicide bomber, civilian injured, sequela
Y38.891A	Terrorism involving other means, public safety official injured, initial encounter
Y38.891D	Terrorism involving other means, public safety official injured, subsequent encounter
Y38.891S	Terrorism involving other means, public safety official injured, sequela
Y38.892A	Terrorism involving other means, civilian injured, initial encounter
Y38.892D	Terrorism involving other means, civilian injured, subsequent encounter
Y38.892S	Terrorism involving other means, civilian injured, sequela
Y38.893A	Terrorism involving other means, terrorist injured, initial encounter
Y38.893D	Terrorism involving other means, terrorist injured, subsequent encounter
Y38.893S	Terrorism involving other means, terrorist injured, sequela
Y38.9X1A	Terrorism, secondary effects, public safety official injured, initial encounter
Y38.9X1D	Terrorism, secondary effects, public safety official injured, subsequent encounter

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y38.9X1S	Terrorism, secondary effects, public safety official injured, sequela
Y38.9X2A	Terrorism, secondary effects, civilian injured, initial encounter
Y38.9X2D	Terrorism, secondary effects, civilian injured, subsequent encounter
Y38.9X2S	Terrorism, secondary effects, civilian injured, sequela
Y62.0	Failure of sterile precautions during surgical operation
Y62.1	Failure of sterile precautions during infusion or transfusion
Y62.2	Failure of sterile precautions during kidney dialysis and other perfusion
Y62.3	Failure of sterile precautions during injection or immunization
Y62.4	Failure of sterile precautions during endoscopic examination
Y62.5	Failure of sterile precautions during heart catheterization
Y62.6	Failure of sterile precautions during aspiration, puncture and other catheterization
Y62.8	Failure of sterile precautions during other surgical and medical care
Y62.9	Failure of sterile precautions during unspecified surgical and medical care
Y63.0	Excessive amount of blood or other fluid given during transfusion or infusion
Y63.1	Incorrect dilution of fluid used during infusion
Y63.2	Overdose of radiation given during therapy
Y63.3	Inadvertent exposure of patient to radiation during medical care
Y63.4	Failure in dosage in electroshock or insulin-shock therapy
Y63.5	Inappropriate temperature in local application and packing
Y63.6	Underdosing and nonadministration of necessary drug, medicament or biological substance
Y63.8	Failure in dosage during other surgical and medical care
Y63.9	Failure in dosage during unspecified surgical and medical care
Y64.0	Contaminated medical or biological substance, transfused or infused
Y64.1	Contaminated medical or biological substance, injected or used for immunization
Y64.8	Contaminated medical or biological substance administered by other means
Y64.9	Contaminated medical or biological substance administered by unspecified means
Y65.0	Mismatched blood in transfusion
Y65.1	Wrong fluid used in infusion
Y65.2	Failure in suture or ligature during surgical operation
Y65.3	Endotracheal tube wrongly placed during anesthetic procedure
Y65.4	Failure to introduce or to remove other tube or instrument
Y65.51	Performance of wrong procedure (operation) on correct patient
Y65.52	Performance of procedure (operation) on patient not scheduled for surgery
Y65.53	Performance of correct procedure (operation) on wrong side or body part

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y65.8	Other specified misadventures during surgical and medical care
Y66	Nonadministration of surgical and medical care
Y69	Unspecified misadventure during surgical and medical care
Y70.0	Diagnostic and monitoring anesthesiology devices associated with adverse incidents
Y70.1	Therapeutic (nonsurgical) and rehabilitative anesthesiology devices associated with adverse incidents
Y70.2	Prosthetic and other implants, materials and accessory anesthesiology devices associated with adverse incidents
Y70.3	Surgical instruments, materials and anesthesiology devices (including sutures) associated with adverse incidents
Y70.8	Miscellaneous anesthesiology devices associated with adverse incidents, not elsewhere classified
Y71.0	Diagnostic and monitoring cardiovascular devices associated with adverse incidents
Y71.1	Therapeutic (nonsurgical) and rehabilitative cardiovascular devices associated with adverse incidents
Y71.2	Prosthetic and other implants, materials and accessory cardiovascular devices associated with adverse incidents
Y71.3	Surgical instruments, materials and cardiovascular devices (including sutures) associated with adverse incidents
Y71.8	Miscellaneous cardiovascular devices associated with adverse incidents, not elsewhere classified
Y72.0	Diagnostic and monitoring otorhinolaryngological devices associated with adverse incidents
Y72.1	Therapeutic (nonsurgical) and rehabilitative otorhinolaryngological devices associated with adverse incidents
Y72.2	Prosthetic and other implants, materials and accessory otorhinolaryngological devices associated with adverse incidents
Y72.3	Surgical instruments, materials and otorhinolaryngological devices (including sutures) associated with adverse incidents
Y72.8	Miscellaneous otorhinolaryngological devices associated with adverse incidents, not elsewhere classified
Y73.0	Diagnostic and monitoring gastroenterology and urology devices associated with adverse incidents
Y73.1	Therapeutic (nonsurgical) and rehabilitative gastroenterology and urology devices associated with adverse incidents
Y73.2	Prosthetic and other implants, materials and accessory gastroenterology and urology devices associated with adverse incidents
Y73.3	Surgical instruments, materials and gastroenterology and urology devices (including sutures) associated with adverse incidents
Y73.8	Miscellaneous gastroenterology and urology devices associated with adverse incidents, not elsewhere classified

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y74.0	Diagnostic and monitoring general hospital and personal-use devices associated with adverse incidents
Y74.1	Therapeutic (nonsurgical) and rehabilitative general hospital and personal-use devices associated with adverse incidents
Y74.2	Prosthetic and other implants, materials and accessory general hospital and personal-use devices associated with adverse incidents
Y74.3	Surgical instruments, materials and general hospital and personal-use devices (including sutures) associated with adverse incidents
Y74.8	Miscellaneous general hospital and personal-use devices associated with adverse incidents, not elsewhere classified
Y75.0	Diagnostic and monitoring neurological devices associated with adverse incidents
Y75.1	Therapeutic (nonsurgical) and rehabilitative neurological devices associated with adverse incidents
Y75.2	Prosthetic and other implants, materials and neurological devices associated with adverse incidents
Y75.3	Surgical instruments, materials and neurological devices (including sutures) associated with adverse incidents
Y75.8	Miscellaneous neurological devices associated with adverse incidents, not elsewhere classified
Y76.0	Diagnostic and monitoring obstetric and gynecological devices associated with adverse incidents
Y76.1	Therapeutic (nonsurgical) and rehabilitative obstetric and gynecological devices associated with adverse incidents
Y76.2	Prosthetic and other implants, materials and accessory obstetric and gynecological devices associated with adverse incidents
Y76.3	Surgical instruments, materials and obstetric and gynecological devices (including sutures) associated with adverse incidents
Y76.8	Miscellaneous obstetric and gynecological devices associated with adverse incidents, not elsewhere classified
Y77.0	Diagnostic and monitoring ophthalmic devices associated with adverse incidents
Y77.1	Therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents
Y77.11	Contact lens associated with adverse incidents
Y77.19	Other therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents
Y77.2	Prosthetic and other implants, materials and accessory ophthalmic devices associated with adverse incidents
Y77.3	Surgical instruments, materials and ophthalmic devices (including sutures) associated with adverse incidents
Y77.8	Miscellaneous ophthalmic devices associated with adverse incidents, not elsewhere classified
Y78.0	Diagnostic and monitoring radiological devices associated with adverse incidents

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y78.1	Therapeutic (nonsurgical) and rehabilitative radiological devices associated with adverse incidents
Y78.2	Prosthetic and other implants, materials and accessory radiological devices associated with adverse incidents
Y78.3	Surgical instruments, materials and radiological devices (including sutures) associated with adverse incidents
Y78.8	Miscellaneous radiological devices associated with adverse incidents, not elsewhere classified
Y79.0	Diagnostic and monitoring orthopedic devices associated with adverse incidents
Y79.1	Therapeutic (nonsurgical) and rehabilitative orthopedic devices associated with adverse incidents
Y79.2	Prosthetic and other implants, materials and accessory orthopedic devices associated with adverse incidents
Y79.3	Surgical instruments, materials and orthopedic devices (including sutures) associated with adverse incidents
Y79.8	Miscellaneous orthopedic devices associated with adverse incidents, not elsewhere classified
Y80.0	Diagnostic and monitoring physical medicine devices associated with adverse incidents
Y80.1	Therapeutic (nonsurgical) and rehabilitative physical medicine devices associated with adverse incidents
Y80.2	Prosthetic and other implants, materials and accessory physical medicine devices associated with adverse incidents
Y80.3	Surgical instruments, materials and physical medicine devices (including sutures) associated with adverse incidents
Y80.8	Miscellaneous physical medicine devices associated with adverse incidents, not elsewhere classified
Y81.0	Diagnostic and monitoring general- and plastic-surgery devices associated with adverse incidents
Y81.1	Therapeutic (nonsurgical) and rehabilitative general- and plastic-surgery devices associated with adverse incidents
Y81.2	Prosthetic and other implants, materials and accessory general- and plastic-surgery devices associated with adverse incidents
Y81.3	Surgical instruments, materials and general- and plastic-surgery devices (including sutures) associated with adverse incidents
Y81.8	Miscellaneous general- and plastic-surgery devices associated with adverse incidents, not elsewhere classified
Y82.8	Other medical devices associated with adverse incidents
Y82.9	Unspecified medical devices associated with adverse incidents
Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y83.1	Surgical operation with implant of artificial internal device as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.2	Surgical operation with anastomosis, bypass or graft as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.3	Surgical operation with formation of external stoma as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.4	Other reconstructive surgery as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.5	Amputation of limb(s) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.6	Removal of other organ (partial) (total) as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.8	Other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y83.9	Surgical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.0	Cardiac catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.1	Kidney dialysis as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.3	Shock therapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.4	Aspiration of fluid as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.5	Insertion of gastric or duodenal sound as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.6	Urinary catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.7	Blood-sampling as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.8	Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.9	Medical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y93.01	Activity, walking, marching and hiking
Y93.02	Activity, running
Y93.11	Activity, swimming
Y93.12	Activity, springboard and platform diving

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.13	Activity, water polo
Y93.14	Activity, water aerobics and water exercise
Y93.15	Activity, underwater diving and snorkeling
Y93.16	Activity, rowing, canoeing, kayaking, rafting and tubing
Y93.17	Activity, water skiing and wake boarding
Y93.18	Activity, surfing, windsurfing and boogie boarding
Y93.19	Activity, other involving water and watercraft
Y93.21	Activity, ice skating
Y93.22	Activity, ice hockey
Y93.23	Activity, snow (alpine) (downhill) skiing, snowboarding, sledding, tobogganing and snow tubing
Y93.24	Activity, cross country skiing
Y93.29	Activity, other involving ice and snow
Y93.31	Activity, mountain climbing, rock climbing and wall climbing
Y93.32	Activity, rappelling
Y93.33	Activity, BASE jumping
Y93.34	Activity, bungee jumping
Y93.35	Activity, hang gliding
Y93.39	Activity, other involving climbing, rappelling and jumping off
Y93.41	Activity, dancing
Y93.42	Activity, yoga
Y93.43	Activity, gymnastics
Y93.44	Activity, trampolining
Y93.45	Activity, cheerleading
Y93.49	Activity, other involving dancing and other rhythmic movements
Y93.51	Activity, roller skating (inline) and skateboarding
Y93.52	Activity, horseback riding
Y93.53	Activity, golf
Y93.54	Activity, bowling
Y93.55	Activity, bike riding
Y93.56	Activity, jumping rope
Y93.57	Activity, non-running track and field events
Y93.59	Activity, other involving other sports and athletics played individually
Y93.61	Activity, american tackle football

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.62	Activity, american flag or touch football
Y93.63	Activity, rugby
Y93.64	Activity, baseball
Y93.65	Activity, lacrosse and field hockey
Y93.66	Activity, soccer
Y93.67	Activity, basketball
Y93.68	Activity, volleyball (beach) (court)
Y93.69	Activity, other involving other sports and athletics played as a team or group
Y93.6A	Activity, physical games generally associated with school recess, summer camp and children
Y93.71	Activity, boxing
Y93.72	Activity, wrestling
Y93.73	Activity, racquet and hand sports
Y93.74	Activity, frisbee
Y93.75	Activity, martial arts
Y93.79	Activity, other specified sports and athletics
Y93.81	Activity, refereeing a sports activity
Y93.82	Activity, spectator at an event
Y93.83	Activity, rough housing and horseplay
Y93.84	Activity, sleeping
Y93.85	Activity, choking game
Y93.89	Activity, other specified
Y93.9	Activity, unspecified
Y93.A1	Activity, exercise machines primarily for cardiorespiratory conditioning
Y93.A2	Activity, calisthenics
Y93.A3	Activity, aerobic and step exercise
Y93.A4	Activity, circuit training
Y93.A5	Activity, obstacle course
Y93.A6	Activity, grass drills
Y93.A9	Activity, other involving cardiorespiratory exercise
Y93.B1	Activity, exercise machines primarily for muscle strengthening
Y93.B2	Activity, push-ups, pull-ups, sit-ups
Y93.B3	Activity, free weights
Y93.B4	Activity, pilates
Y93.B9	Activity, other involving muscle strengthening exercises

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.C1	Activity, computer keyboarding
Y93.C2	Activity, hand held interactive electronic device
Y93.C9	Activity, other involving computer technology and electronic devices
Y93.D1	Activity, knitting and crocheting
Y93.D2	Activity, sewing
Y93.D3	Activity, furniture building and finishing
Y93.D9	Activity, other involving arts and handcrafts
Y93.E1	Activity, personal bathing and showering
Y93.E2	Activity, laundry
Y93.E3	Activity, vacuuming
Y93.E4	Activity, ironing
Y93.E5	Activity, floor mopping and cleaning
Y93.E6	Activity, residential relocation
Y93.E8	Activity, other personal hygiene
Y93.E9	Activity, other interior property and clothing maintenance
Y93.F1	Activity, caregiving, bathing
Y93.F2	Activity, caregiving, lifting
Y93.F9	Activity, other caregiving
Y93.G1	Activity, food preparation and clean up
Y93.G2	Activity, grilling and smoking food
Y93.G3	Activity, cooking and baking
Y93.G9	Activity, other involving cooking and grilling
Y93.H1	Activity, digging, shoveling and raking
Y93.H2	Activity, gardening and landscaping
Y93.H3	Activity, building and construction
Y93.H9	Activity, other involving exterior property and land maintenance, building and construction
Y93.I1	Activity, roller coaster riding
Y93.I9	Activity, other involving external motion
Y93.J1	Activity, piano playing
Y93.J2	Activity, drum and other percussion instrument playing
Y93.J3	Activity, string instrument playing
Y93.J4	Activity, winds and brass instrument playing
Y93.K1	Activity, walking an animal
Y93.K2	Activity, milking an animal

DX Code	Excluded ICD-10 Diagnosis Codes for No-Fault Plan Insurance Type Only (Plan Insurance Type = "D")
Y93.K3	Activity, grooming and shearing an animal
Y93.K9	Activity, other involving animal care
Y95	Nosocomial condition
Y99.0	Civilian activity done for income or pay
Y99.1	Military activity
Y99.2	Volunteer activity
Y99.8	Other external cause status
Y99.9	Unspecified external cause status

Appendix K: HEW Installation and Configuration

About the Latest HEW Software

As of December 2021, the latest release of HEW version 5.0.0 is available to download. This HEW version should be used for unwrapping production 271 files, and you should discontinue use of the previous versions of the HEW software.

As part of the PAID Act, the HEW application was modified to accept new information in an NGHP 271 X12 file, which then converts and includes the new data it in the fixed-length S111 Query Response flat file.

Changes for Version 5.0.0

- Prior versions of HEW only had one input/output directory for all the format types. In this release, the directories have been created separately (Figure K-8) so you can configure and the query file paths individually.

- The log file used to be overwritten every time HEW was run. With this version, the log file is never overwritten. New entries are appended to the end of the file.

- This version (not previous versions) can now be automated (see Command Line Process for details).

Installation

The following describes the steps for installing and configurating the latest HEW software on the Windows platform. For a detailed description of the HEW software see NGHP Chapter IV.

1. To download the program, log in to the Section 111 application at
   https://www.cob.cms.hhs.gov/Section111/

2. Select the **HEW Software Download** from the *Reference Materials* menu to download the .exe file to your desktop.

3. Click the HEW .exe file to begin the automatic installer, following the screen prompts (Figure K-1).

   Note: It is important to select the correct install option (Figure K-2). If in doubt, select *Everyone*.

4. Click **Next** to confirm the installation (Figure K-3).

5. Click **Close** to exit (Figure K-4).

   An icon for the HEW application is installed on your desktop and in the Windows menu (Figure K-5).

Figure K-1: Welcome to HEW Setup Wizard
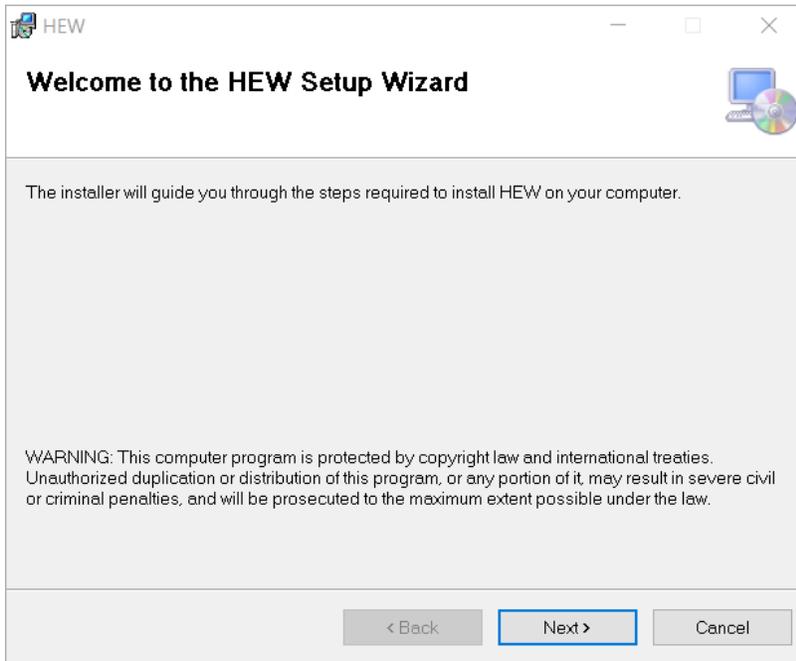
Figure K-2: Select Installation Folder
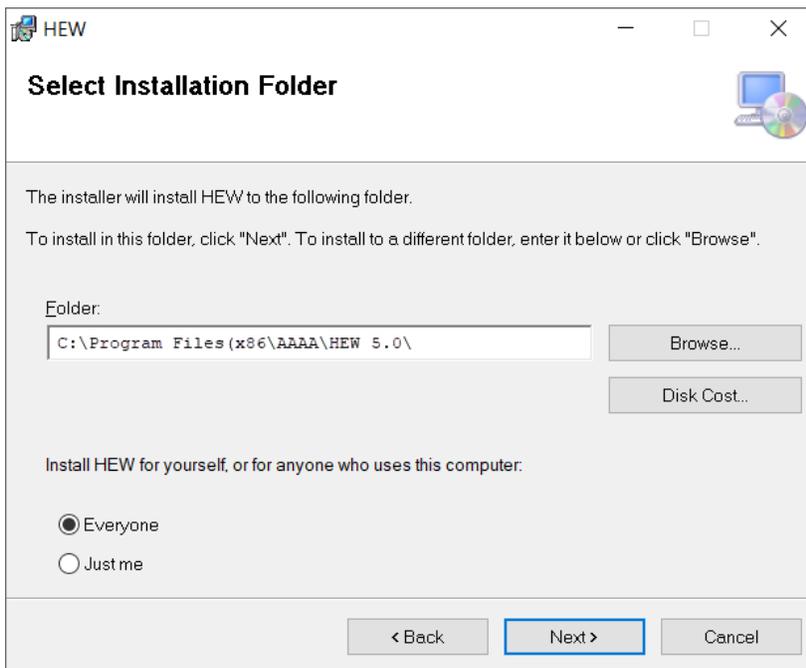
Figure K-3: Confirm Installation
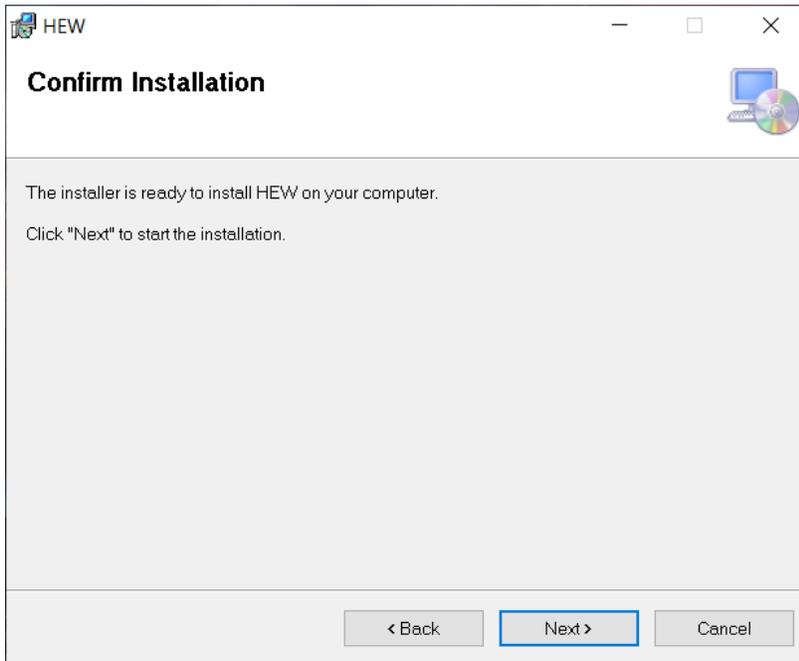
Figure K-4: Installation Complete
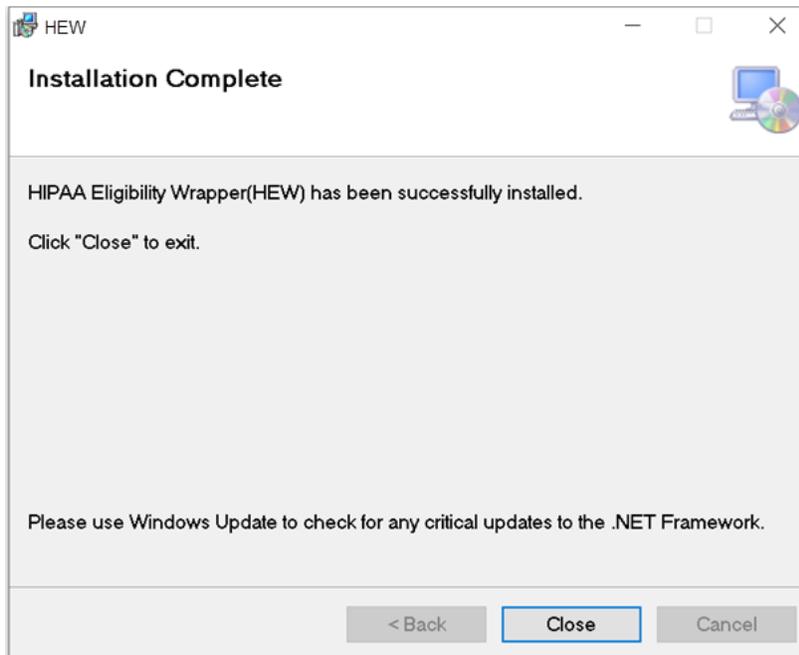
Figure K-5: Desktop Icons (Old and New)

Settings

Once you launch HEW, you can then specify your application settings. To open the *Settings* menu:

1. Click the HEW application icon to launch the program.

2. Click the **Settings** icon or select *Settings* from the *File* menu.

   The *HEW Settings* menu appears (Figure K-8).

Figure K-6: Menus and Icons
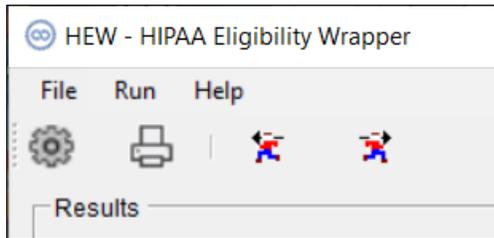
Table K-1: Menus and Icons

Item	Description
Menus	Options include:
File	Settings, Print, and Exit
Run	271 Inbound and 270 Outbound
Help	Contents (Help) and About (Version, Copyright, and Warning)
Icons	Functions:
Settings	Opens the *Settings* menu
Print	Prints results shown in *Results* panel
Run 271 Inbound	Runs the 271 Inbound query
Run 270 Outbound	Runs the 270 Outbound query

Figure K-7: File Settings
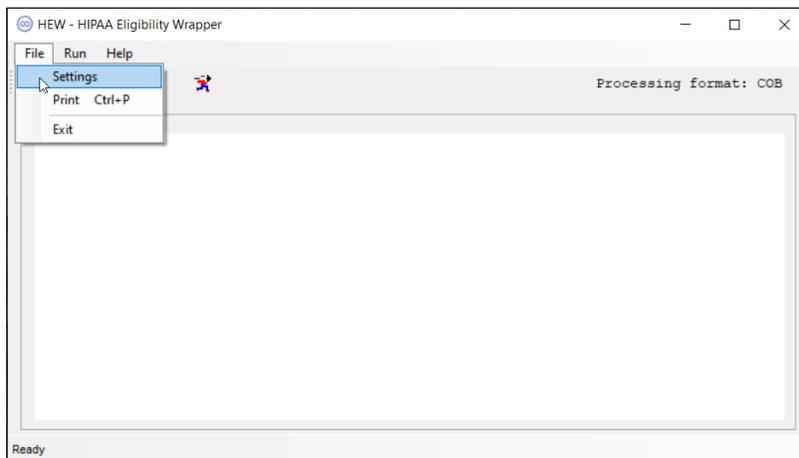
Figure K-8: HEW Settings
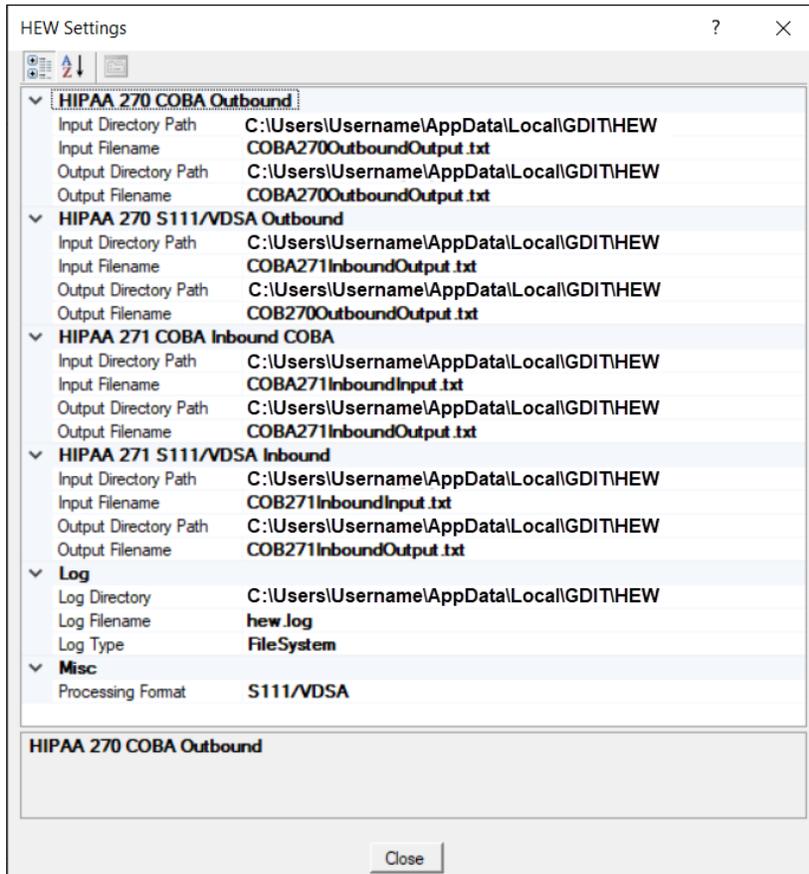
Changing Settings

From the *Settings* menu, you can change the defaults for the input and output directory paths, log type, and processing format.

- To change the destination of a selected directory, click an **Input Directory Path, Output Directory Path,** or **Log Directory** and then click the three-dot menu icon (…) to select a different folder location (Figure K-9).

- To change the processing format (i.e., S111/VDSA or COBA), double-click **Processing Format** under **Misc**. and select a different format from the drop-down menu (Figure K-10).

- To change the log type (Event Viewer, File System, or Both), double-click **Log Type** and select a different log type from the drop-down menu (Figure K-11).

Notes:

The directories can be located anywhere and mapped to any drive. However, if you plan to use the command line mode and you specify a network location, make sure the drive is mapped or available **before** executing the application.

If you select the log type *Event Viewer* or *Both* option, you will be prompted to verify that you would like to create a new Event Viewer source. Click **Yes** and follow the remaining screen prompts.

Figure K-9: Changing Directory Path
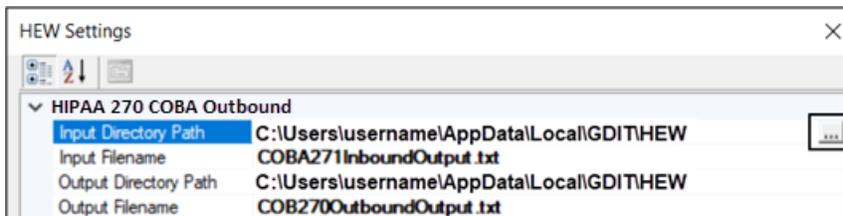
Figure K-10: Changing Processing Format
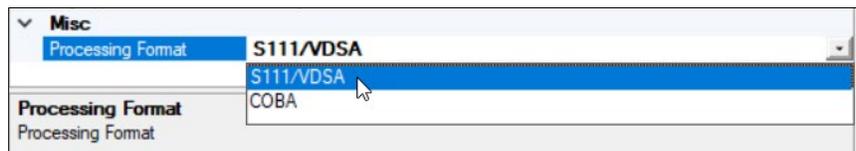
Figure K-11: Changing Log Type
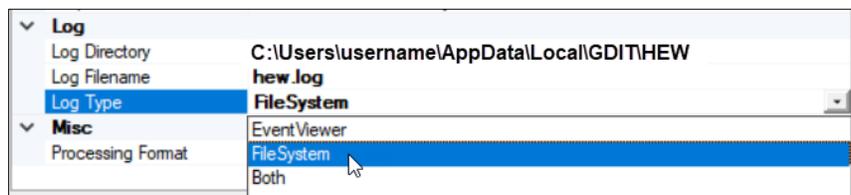
Running Reports

Once you have mapped your drives, and have configured your settings (or have accepted the defaults), you can run your queries any time. Clicking the **Run 271 Inbound** button, for example, will display the input file results and location corresponding to the settings specified in the *Settings* menu. To cancel the processing, click **Stop**.

Pre-Processing Input Files

For Inbound files, the input files are pre-processed to ensure the file is properly formatted (i.e., each line is exactly 80 characters). If errors are detected, processing stops and the issues found are listed (Figure K-13).

For files that complete processing successfully, the last line of the results includes the command line argument options that can be used to automate the process just completed (Figure K-14).

Figure K-12: In Process Inbound 271 S111/VDSA Query (Example)
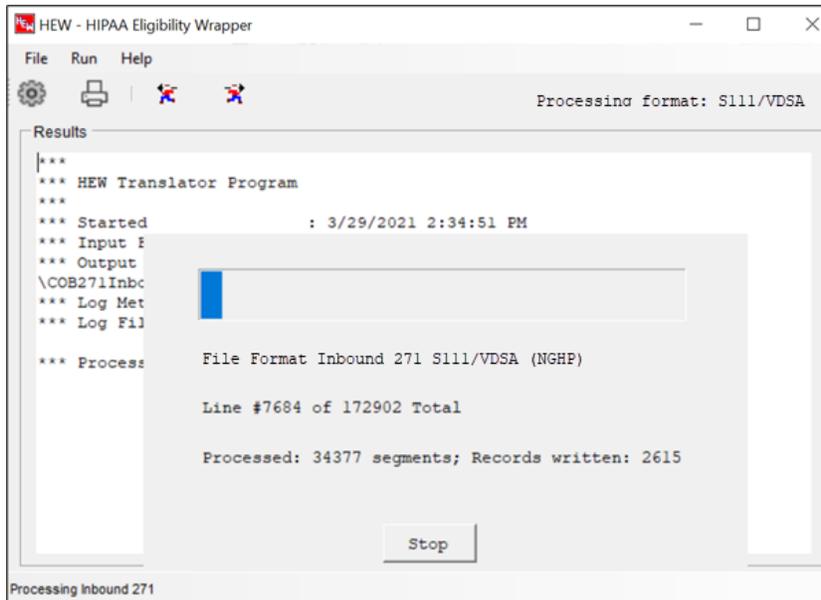
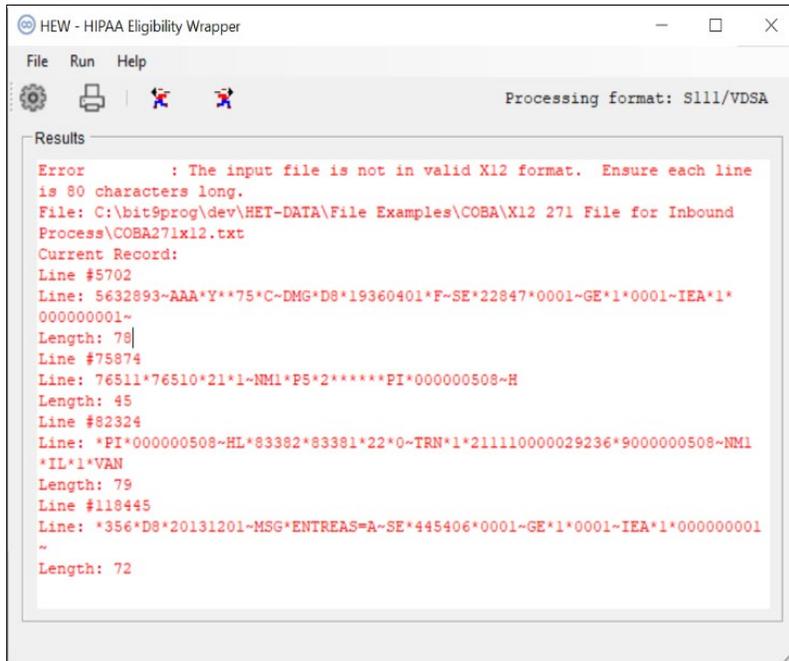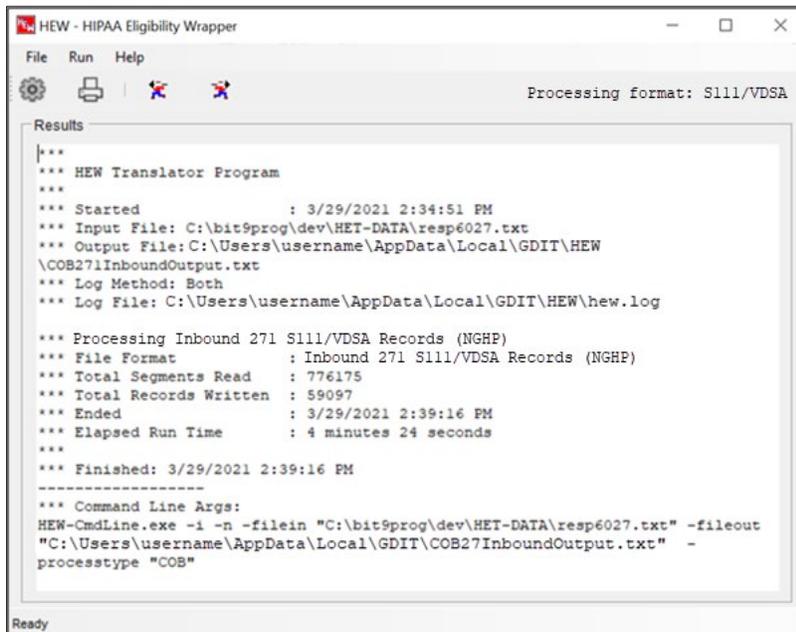**Figure K-13: Pre-Processing Errors (Example)**

Figure K-14: Completed Inbound 271 S111/VDSA Query (Example)

Error Files

In addition to pre-processing inbound files to check formats, if other errors occur during processing, an error file is created. The name of the file is the same as the input with the extension of .ERR and is stored in a sub-directory of the input file location and is named ERRORS. The format of the file is JavaScript Object Notation (JSON) and contains 4 fields per error record.

- FIELD 1: "ErrId" - Unique numeric identifier (sequential) for each error record
- FIELD 2: "Segment" - The complete record segment in which the error occurred
- FIELD 3: "ErrSegment" - The part of the Segment in FIELD 2 that caused the error
- FIELD 4: "ErrMsg" - The error message that was generated during processing

If errors occur, the processing will continue but will not output a results file. Instead, the errors will be displayed in the results screen in red text (Figure K-16) and logged in the error file.

Figure K-15: Error File (Example)

```
{
  "$schema": "json-schemaErrors.json#",
  "InputFilename": "NGHP271x12.txt",
  "allerrors": [
    {
      "ErrId": 1,
      "Segment": "HL*70129**20*1~N031",
      "ErrSegment": "N031",
      "ErrMsg": "Incorrect/Unknown Segment"
    },
    {
      "ErrId": 2,
      "Segment":
"HL*132183*132182*22*0~TRN*1*211120000159380*9000030783~NM1*IL*1*GIERCE*K~REF
*IG*448986892~REF*NQ*250011171926302~AAA*Y**75*C~DMG*D8*1952032079*21*1",
      "ErrSegment": "DMG*D8*1952032079*21",
      "ErrMsg": "DMG03 - GenderCode must be 1 character. 21"
    }
  ]
}
```

Figure K-16: Results File with Processing Errors (Example)
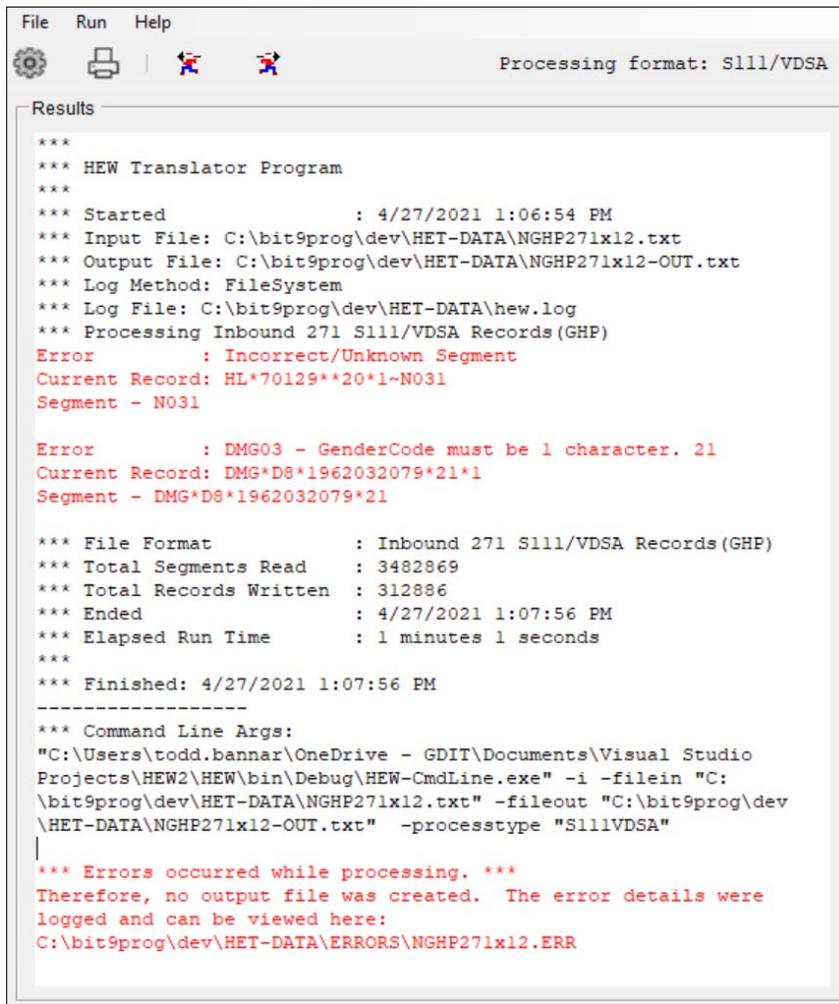
```
File   Run   Help

⚙   🖨   |   ⚡   ⚡                    Processing format: Slll/VDSA

┌─Results─────────────────────────────────────────────────┐
│                                                          │
│  ***                                                     │
│  *** HEW Translator Program                              │
│  ***                                                     │
│  *** Started              : 4/27/2021 1:06:54 PM         │
│  *** Input File: C:\bit9prog\dev\HET-DATA\NGHP271x12.txt │
│  *** Output File: C:\bit9prog\dev\HET-DATA\NGHP271x12-OUT.txt │
│  *** Log Method: FileSystem                              │
│  *** Log File: C:\bit9prog\dev\HET-DATA\hew.log          │
│  *** Processing Inbound 271 Slll/VDSA Records(GHP)       │
│  Error       : Incorrect/Unknown Segment                 │
│  Current Record: HL*70129**20*1~N031                     │
│  Segment - N031                                          │
│                                                          │
│  Error         : DMG03 - GenderCode must be 1 character. 21 │
│  Current Record: DMG*D8*1962032079*21*1                  │
│  Segment - DMG*D8*1962032079*21                          │
│                                                          │
│  *** File Format          : Inbound 271 Slll/VDSA Records(GHP) │
│  *** Total Segments Read   : 3482869                     │
│  *** Total Records Written  : 312886                     │
│  *** Ended                : 4/27/2021 1:07:56 PM         │
│  *** Elapsed Run Time      : 1 minutes 1 seconds         │
│  ***                                                     │
│  *** Finished: 4/27/2021 1:07:56 PM                      │
│  -------------------                                     │
│  *** Command Line Args:                                  │
│  "C:\Users\todd.bannar\OneDrive - GDIT\Documents\Visual Studio │
│  Projects\HEW2\HEW\bin\Debug\HEW-CmdLine.exe" -i -filein "C: │
│  \bit9prog\dev\HET-DATA\NGHP271x12.txt" -fileout "C:\bit9prog\dev │
│  \HET-DATA\NGHP271x12-OUT.txt"  -processtype "Slll VDSA" │
│  |                                                       │
│                                                          │
│  *** Errors occurred while processing. ***               │
│  Therefore, no output file was created.  The error details were │
│  logged and can be viewed here:                          │
│  C:\bit9prog\dev\HET-DATA\ERRORS\NGHP271x12.ERR          │
│                                                          │
└──────────────────────────────────────────────────────────┘
```
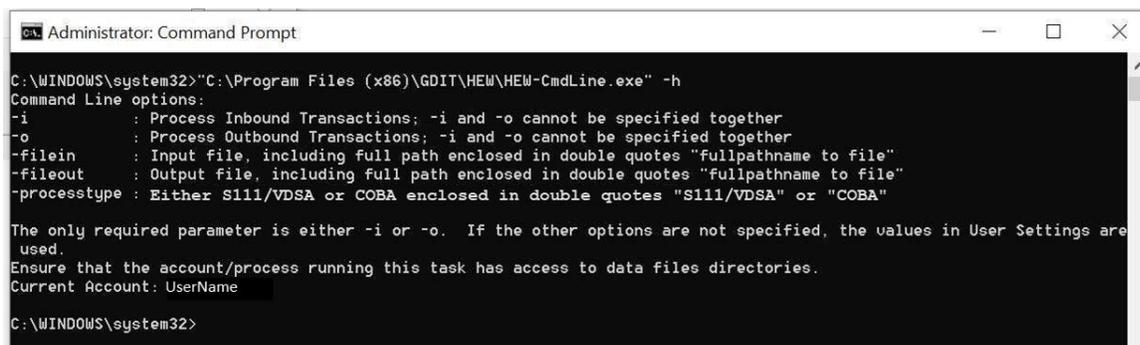
Command Line Process

To launch HEW from a command line interface, open a command prompt and enter
HEW-CmdLine.exe. Then enter "-h" to view the command line argument options.

Figure K-17: Command Line Mode and Options

```
Administrator: Command Prompt                                    —   □   ×

C:\WINDOWS\system32>"C:\Program Files (x86)\GDIT\HEW\HEW-CmdLine.exe" -h
Command Line options:
-i           : Process Inbound Transactions; -i and -o cannot be specified together
-o           : Process Outbound Transactions; -i and -o cannot be specified together
-filein      : Input file, including full path enclosed in double quotes "fullpathname to file"
-fileout     : Output file, including full path enclosed in double quotes "fullpathname to file"
-processtype : Either S111/VDSA or COBA enclosed in double quotes "S111/VDSA" or "COBA"

The only required parameter is either -i or -o.  If the other options are not specified, the values in User Settings are
 used.
Ensure that the account/process running this task has access to data files directories.
Current Account: UserName

C:\WINDOWS\system32>
```

About Process Automation

For version 5.0.0, but not previous ones, the Command Line process can be automated by using the Windows(10) Task Scheduler. Keep the following points in mind when attempting to automate:

- By default, the data and error files are stored in the user's APPDATA directory: C:\Users\username\AppData\Local\GDIT\HEW

- If the default file to process in the configuration file does not contain a path, then it looks in the default data directory listed above.

- Regardless of where you install the software, make sure that you are pointing to the HEW-CmdLine.exe file.

The user or process running the Command Line process must have **full rights** to the directories listed above. If the process runs from the application or user interface but not the command line, try running the Command Line process with administrative privileges. Right-click the Command Line file and select Run as administrator. If an error does occur while running it via the command line, any errors should be written to the log file located in the default directory listed above (Figure K-14). If the log file does not contain any errors, but the file was not processed, it may mean the account from which you are running the command line does not have read/write permission to that directory. You can always open a command prompt with administrative rights, navigate to the directory and type in: hew.exe -on at the command prompt to see if there are any messages.

Command Line Examples:

Inbound 271 S111/VDSA

HEW-CmdLine.exe -i -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COB271InboundOutput.txt" -processtype "S111/VDSA"

Inbound 271 COBA

HEW-CmdLine.exe -i -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COBA271InboundOutput.txt" -processtype "COBA"

Outbound 270 S111/VDSA

HEW-CmdLine.exe -o -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COB270OutboundOutput.txt" -processtype "S111/VDSA"

Outbound 270 COBA

HEW-CmdLine.exe -o -filein "C:\bit9prog\dev\HET-DATA\Test.txt" -fileout "C:\Users\username\AppData\Local\GDIT\HEW\COBA270OutboundOutput.txt" -processtype "COBA"

Appendix L: 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 L-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
PBP	Plan Benefit Package
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

Acronym	Description
TrOOP	True Out of Pocket
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 M: 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 N: Previous Version Changes

Version 6.5

Chapter II:

In 2020, the Provide Accurate Information Directly Act (PAID Act) was passed to help Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) better coordinate benefits by providing additional beneficiary enrollment information. To support this Act, Direct Data Entry (DDE) reporters can now use the Beneficiary Lookup function on the Section 111 Coordination of Benefits Secure Website (COBSW).

The following will become effective as of December 11, 2021:

To support the PAID Act, RREs will receive Part C (Medicare Advantage Plan) and Part D (Medicare prescription drug coverage) enrollment information for the past 3 years, as well as the most recent Part A and Part B entitlement dates, on the Query Response File (Chapter 3).

Chapter III:

Requirements around reporting when the CMS date of incident (DOI) is prior to December 5, 1980, have been clarified (Section 6.5.1).

Chapter IV:

CMS now accepts records with MSP dates up to 3 months in the future; these records will no longer be held and submitted when the beneficiary's eligibility comes into effect (Chapter 7).

Because the TN30 error no longer causes input records to be rejected, descriptions of the TIN Reference Response File process have been updated (Section 6.3.3).

In 2020, the Provide Accurate Information Directly Act (PAID Act) was passed to help Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) better coordinate benefits by providing additional beneficiary enrollment information. To support the PAID Act, the beneficiary lookup function has been extended to DDE reporters (Chapter 3, Sections 8.5 and 10.5).

Chapter V:

CMS now accepts records with MSP dates up to 3 months in the future; these records will no longer be held and submitted when the beneficiary's eligibility comes into effect (Appendix C).

The ICD-10 diagnosis codes for Excluded All Types and No-Fault Plan Insurance Type D have been updated for FY 2022 (Appendix I & J).

Because several input errors no longer cause the input records to be rejected, the descriptions for Applied Error Codes and TIN Error Codes have been updated (Appendix C & D).

In 2020, the Provide Accurate Information Directly Act (PAID Act) was passed to help Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) better coordinate benefits by providing additional beneficiary enrollment information. With this Act, RREs will receive Part C (Medicare Advantage Plan) and Part D (Medicare prescription drug coverage) enrollment information for the past 3 years. For this release, the HEW Translation table (Table K-1) has

been updated for clarification (Appendix K), and the HEW Query Input file layout has been corrected (Appendix E).

Version 6.4

Chapter III:

Additional guidance has been provided regarding termination of ongoing responsibilities for medical (ORM) (Section 6.3.2).

Chapter IV:

The Event Table, which helps RREs and their agents determine when, and how, to send records on the Claim Input File, has been updated to cover situations where ongoing responsibility for medicals (ORM) ends for one injury due to Total Payment Obligation to Claimant (TPOC), but then continues for another injury (Section 6.6.4).

The CMS electronic file transfer (EFT) file-naming conventions for inbound and outbound files have been updated (Section 10.2).

Chapter V

The SP55 error code (MSP Effective Date is invalid or less than the earliest beneficiary Part A or Part B Entitlement Date) has been added (see Claim Response File Error Code Resolution Table).

Chapters II and V:

The following updates will become effective December 11, 2021:

In 2020, the Provide Accurate Information Directly Act (PAID Act) was passed to help Non-Group Health Plan (NGHP) Responsible Reporting Entities (RREs) better coordinate benefits by providing additional beneficiary enrollment information. With this Act, RREs will receive Part C (Medicare Advantage Plan) and Part D (Medicare prescription drug coverage) enrollment information for the past 3 years.

To support the PAID Act, the Query Response File will be updated to include: Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates. The HIPAA Eligibility Wrapper Software (HEW) software will also be modified to extract the additional fields from the response file. Finally, process steps for installing and configuring the HEW software will be provided (see HEW Query Response File Record – Version 4.0.0 and Appendix K).

Version 6.3

Chapter III

- To align with the terms and conditions regarding the acceptance of Ongoing Responsibility for Medicals (ORM) as described in Section 6.4, the language around periodic payments or one-time settlements to compensate for lost wages has been clarified (Section 6.5.1).

Chapters IV & V

- 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).

- 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).

- 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.

Chapter V

- 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).

Version 6.2

To address situations where Responsible Report Entities (RREs) can identify future ORM termination dates based on terms of the insurance contact, 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 and10.4).

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 and10.4).

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 responsibly 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 beneficiry 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 Commerical 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 Entery (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.