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 6.2

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Chapter 1: Summary of Version 6.2 Updates

The updates listed below have been made to the Appendices Chapter Version 6.2 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 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).

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

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.** **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.**
82	Funding Delayed Beyond TPOC Start Date 1	8	1609	1616	Numeric Date	If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1 - "Timeliness" of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
83	Reserved for Future Use	20	1617	1636	Alpha-Numeric	Fill with spaces.
84	Claimant 1 Relationship	1	1637	1637	Alphabetic	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.**
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.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
87	Claimant 1 First Name	30	1687	1716	Alphabetic	Given/First name of Claimant 1. May only contain letters and spaces. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
88	Claimant 1 Middle Initial	1	1717	1717	Alphabetic	First letter of Claimant 1's middle name. **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
89	Claimant 1 Entity/Organization Name	71	1647	1717	Alpha-Numeric	Name of Claimant 1 Entity/Organization. Redefines Fields 86-88 (is made up of the same bytes, is in the same location as Fields 86-88). Use either Field 89 or Fields 86-88 depending on the Relationship code submitted. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**
90	Claimant 1 Mailing Address Line 1	50	1718	1767	Alpha-Numeric	First line of the mailing address for the claimant named above. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. **If supplied, must contain at least 2 alphanumeric characters.** **If Claimant 1 Relationship (Field 84) is equal to a space, must contain all spaces.** **Optional.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
91	Claimant 1 Mailing Address Line 2	50	1768	1817	Alpha-Numeric	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 his/her attorney if available. **Optional.**
100	C1 Representative Last Name	40	1895	1934	Alphabetic	Surname of C1 representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **If C1 Representative Indicator (Field 99) is equal to a space, must contain all spaces.**
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 Table A-4 for supplementary information and specific reporting instructions for certain fields on the Claim Input File Auxiliary Record Layout in addition to the individual field descriptions on the Claim Input File Auxiliary Record Layout in Table A-5.

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

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

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

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Must be "NGCE." **Required.**
2	DCN	15	5	19	Alpha-Numeric	Document Control Number (DCN) assigned by the Section 111 RRE. Must match the DCN on the corresponding Claim Input File Detail Record (Record Identifier NGCD). **Required.**
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 his/her attorney if available. **Optional.**
23	C2 Representative Last Name	40	369	408	Alphabetic	Surname of C2 representative. Embedded hyphens (dashes), apostrophes and spaces accepted. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
24	C2 Representative First Name	30	409	438	Alphabetic	Given or first name of C2 representative. May only contain letters and spaces. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**
25	C2 Representative Firm Name	70	439	508	Alpha-Numeric	Representative's firm name. **If C2 Representative Indicator (Field 22) is equal to a space, must contain all spaces.** **Optional.**

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
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**.
41	Claimant 3 Entity/Organization Name	71	704	774	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
42	Claimant 3 Mailing Address Line 1	50	775	824	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
43	Claimant 3 Mailing Address Line 2	50	825	874	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.
44	Claimant 3 City	30	875	904	Alpha-Numeric	**See Claimant 2 Information section for individual field specifications**.

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
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.**
69	Claimant 4 Middle Initial	1	1357	1357	Alphabetic	**See Claimant 2 Information section above for individual field specifications.**
70	Claimant 4 Entity/Organization Name	71	1287	1357	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**
71	Claimant 4 Mailing Address Line 1	50	1358	1407	Alpha-Numeric	**See Claimant 2 Information section above for individual field specifications.**

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
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.**
83	C4 Representative Firm Name	70	1605	1674	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**
84	C4 Representative TIN	9	1675	1683	Alpha-Numeric	**See corresponding Claimant 2 Attorney/Representative Information section for individual field specifications.**

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
93	TPOC Date 2	8	1840	1847	Numeric Date	Date of second (additional) Total Payment Obligation to the Claimant (TPOC) without regard to ongoing responsibility for medicals (ORM). See Field 80 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional TPOC** settlement, judgment, award or other payment. Must be non-zero if a non-zero value is submitted in TPOC Amount 2. Must be greater than the CMS Date of Incident (Field 12 of the Claim Input File Detail Record) and less than or equal to the file submission date. Must be all zeroes if TPOC Amount 2 is all zeroes.
94	TPOC Amount 2	11	1848	1858	Numeric	Second (additional) Total Payment Obligation to the Claimant (TPOC) amount: Dollar amount of the total payment obligation to the claimant for a settlement, judgment, award, or other payment in addition to/apart from the information which must be reported with respect to responsibility for ORM. See Field 81 on the Claim Input Detail Record for format requirements. Use this field only to report on an **additional** TPOC settlement, judgment, award or other payment. *Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Must be non-zero if a non-zero value is submitted in TPOC Date 2. Must be all zeroes if TPOC Date 2 is all zeroes.
95	Funding Delayed Beyond TPOC Start Date 2	8	1859	1866	Numeric Date	If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 "Timeliness" of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
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.
98	Funding Delayed Beyond TPOC Start Date 3	8	1886	1893	Numeric Date	If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 "Timeliness" of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
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.
101	Funding Delayed Beyond TPOC Start Date 4	8	1913	1920	Numeric Date	If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 "Timeliness" of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.

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

Field No.	Name	Len	Start Pos.	End Pos.	Type	Description
104	Funding Delayed Beyond TPOC Start Date 5	8	1940	1947	Numeric Date	If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see the NGHP User Guide Policy Guidance Chapter (Section 6.5.1 “Timeliness” of reporting). Format: CCYYMMDD Fill with all zeroes if not applicable.
105	Reserved for Future Use	273	1948	2220	Alpha-Numeric	Fill with spaces.

Claim Input File Trailer Record

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

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

Appendix B TIN Reference File Layout

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

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

TIN Reference File Header Record

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

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

TIN Reference File Detail Record

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

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

Fields 28-37:

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

Fields 38-47:

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

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

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
8	Submitted Injured Party Middle Init	1	112	112	Alphabetic	As supplied by RRE on input record.
9	Submitted Injured Party Gender	1	113	113	Numeric	As supplied by RRE on input record.
10	Submitted Injured Party DOB	8	114	121	Numeric Date	As supplied by RRE on input record.
11	Submitted Plan TIN	9	122	130	Numeric	As supplied by RRE on input record.
12	Submitted Plan Office Code/Site ID	9	131	139	Alpha-Numeric	As supplied by RRE on input record.
13	Submitted Policy Number	30	140	169	Alpha-Numeric	As supplied by RRE on input record.
14	Submitted Claim Number	30	170	199	Alpha-Numeric	As supplied by RRE on input record.
15	Reserved for Future Use	20	200	219	Alpha-Numeric	Filled with spaces.
16	Applied Injured Party 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.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
20	Applied Injured Party Middle Initial	1	311	311	Alphabetic	Injured Party Middle Initial, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied.
21	Applied Injured Party Gender	1	312	312	Numeric	Sex of Injured Party, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. BCRC supplied. 1 – Male 2—Female
22	Applied Injured Party DOB	8	313	320	Numeric Date	Date of birth (DOB) of Injured Party, as stored on Medicare's files, if identified as a Medicare beneficiary based upon the information submitted. Format: CCYYMMDD BCRC supplied.
23	Applied MSP Effective Date	8	321	328	Numeric Date	Applied Medicare Secondary Payer (MSP) effective date. If injured party is identified as a Medicare beneficiary based upon the information submitted, and the submitted claim information reflects ORM, the start date of Medicare's secondary payment status for the incident, illness or injury. Will be the later of the beneficiary's Medicare coverage start date or the CMS Date of Incident (DOI). This is the effective date of the MSP occurrence posted to the internal Medicare systems which are used in Medicare claim payment determinations. Will contain all zeroes if not applicable. Format: CCYYMMDD BCRC supplied.
24	Applied MSP Termination Date	8	329	336	Numeric Date	Applied Medicare Secondary Payment (MSP) Termination Date. If injured party is a Medicare beneficiary based upon the information submitted, the date posted to internal Medicare systems for the termination of responsibility for ongoing medicals as reported by the RRE. Format: CCYYMMDD Will contain all zeroes if open-ended or not applicable. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
25	Applied MSP Type Indicator	1	337	337	Alphabetic	Applied Medicare Secondary Payer (MSP) Type. D = No-Fault E = Workers' Compensation L = Liability As supplied by RRE on input record.
26	Reserved for Future Use	20	338	357	Alpha-Numeric	Filled with spaces.
27	Applied Disposition Code	2	358	359	Alpha-Numeric	2-digit code indicating how the record was processed. **See the Response File Disposition Codes Table for values.** BCRC supplied.
28	Applied Error Code 1	5	360	364	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error. See the Error Code Resolution Tables for values. BCRC supplied.
29	Applied Error Code 2	5	365	369	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 2 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
30	Applied Error Code 3	5	370	374	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 3 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
31	Applied Error Code 4	5	375	379	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 4 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
32	Applied Error Code 5	5	380	384	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 5 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
33	Applied Error Code 6	5	385	389	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 6 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
34	Applied Error Code 7	5	390	394	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 7 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
35	Applied Error Code 8	5	395	399	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 8 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
36	Applied Error Code 9	5	400	404	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 9 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.
37	Applied Error Code 10	5	405	409	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted record. Provided only if disposition code denotes error and at least 10 errors were found. See the Error Code Resolution Tables for values. BCRC supplied.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
38	Applied Compliance Flag 1	2	410	411	Alpha-Numeric	Code indicating compliance issue found with record. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
39	Applied Compliance Flag 2	2	412	413	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 2 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
40	Applied Compliance Flag 3	2	414	415	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 3 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
41	Applied Compliance Flag 4	2	416	417	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 4 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
42	Applied Compliance Flag 5	2	418	419	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 5 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
43	Applied Compliance Flag 6	2	420	421	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 6 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.
44	Applied Compliance Flag 7	2	422	423	Alpha-Numeric	Code indicating compliance issue found with record. Populated if at least 7 issues were found. See Claim Response File Compliance Flag Code Table for values. BCRC supplied.

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

Claim Response File Trailer Record

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

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

Appendix D TIN Reference Response File Layout

TIN Reference Response File Header Record

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

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

TIN Reference Response File Detail Record

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
1	Record Identifier	4	1	4	Alphabetic	Contains value "NTRD"
2	Section 111 RRE ID	9	5	13	Numeric	BCRC assigned Section 111 Responsible Reporting Entity Identification Number (RRE ID). Padded with leading zeroes. As supplied by RRE input record.
3	Submitted TIN	9	14	22	Numeric	Tax identification number of the entity as provided on the input record.
4	Submitted Office Code/Site ID	9	23	31	Alpha-Numeric	Office Code/Site ID as provided on the input record.
5	Submitted TIN/Office Code Mailing Name	70	32	101	Alpha-Numeric	TIN/Office Code Mailing Name as provided on input record.
6	Submitted TIN/Office Code Mailing Address Line 1	50	102	151	Alpha-Numeric	TIN/Office Code Mailing Address Line 1 as provided on input record.
7	Submitted TIN/Office Code Mailing Address Line 2	50	152	201	Alpha-Numeric	TIN/Office Code Mailing Address Line 2 as provided on input record.
8	Submitted TIN/Office code City	30	202	231	Alpha-Numeric	TIN/Office Code City as provided on input record.
9	Submitted TIN/Office Code State	2	232	233	Alphabetic	TIN/Office Code State as provided on input record.
10	Submitted TIN/Office Code Zip	5	234	238	Numeric	TIN/Office Code Zip code as provided on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
11	Submitted TIN/Office Code Zip+4	4	239	242	Alpha-Numeric	TIN/Office Code Zip+4 as provided on input record.
12	Applied TIN/Office Code Mailing Address Line 1	50	243	292	Alpha-Numeric	TIN/Office Code Address line 1, after address validation completed, which will be used by Medicare for subsequent processing. TIN/Office Code Address Change Flag (Field 33) will equal Y if the applied address in Fields 12—17 is different from the submitted address (Fields 6—11) and N if it is the same as the submitted address. Will contain spaces if the TIN record was rejected. The field will also contain spaces if the submitted TIN/Office State code contained “FC” indicating a foreign RRE address was submitted.
13	Applied TIN/Office Code Mailing Address Line 2	50	293	342	Alpha-Numeric	TIN/Office Code Mailing Address Line 2 after address validation completed. See description for Field 12.
14	Applied TIN/Office Code City	30	343	372	Alpha-Numeric	TIN/Office Code City after address validation completed. See description for Field 12.
15	Applied TIN/Office Code State	2	373	374	Alphabetic	TIN/Office Code State after address validation completed. See description for Field 12.
16	Applied TIN/Office Code Zip	5	375	379	Alpha-Numeric	TIN/Office Code Zip after address validation completed. See description for Field 12.
17	Applied TIN/Office Code Zip+4	4	380	383	Alpha-Numeric	TIN/Office Code Zip+4 after address validation completed. See description for Field 12.
18	Submitted Foreign RRE Address Line 1	32	384	415	Alpha-Numeric	Foreign RRE Address Line 1 as provided on input record.
19	Submitted Foreign RRE Address Line 2	32	416	447	Alpha-Numeric	Foreign RRE Address Line 2 as provided on input record.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
20	Submitted Foreign RRE Address Line 3	32	448	479	Alpha-Numeric	Foreign RRE Address Line 3 as provided on input record.
21	Submitted Foreign RRE Address Line 4	32	480	511	Alpha-Numeric	Foreign RRE Address Line 4 as provided on input record.
22	TIN Disp Code	2	512	513	Alpha-Numeric	Code to indicate validation processing results of the submitted TIN Reference File Detail Record: “01” – TIN Record accepted “TN” – TIN Record rejected
23	TIN Error Code 1	4	514	517	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
24	TIN Error Code 2	4	518	521	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
25	TIN Error Code 3	4	522	525	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
26	TIN Error Code 4	4	526	529	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
27	TIN Error Code 5	4	530	533	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.
28	TIN Error Code 6	4	534	537	Alpha-Numeric	Code associated with an error found by the BCRC in the submitted TIN Reference record. Provided only if disposition code denotes error. See the TIN Reference Response File Error Code Resolution Table for values.

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

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
36	Submitted Recovery Agent Mailing Address Line 1	50	626	675	Alpha-Numeric	Recovery Agent Mailing Address Line 1 as provided on input record.
37	Submitted Recovery Agent Mailing Address Line 2	50	676	725	Alpha-Numeric	Recovery Agent Mailing Address Line 2 as provided on input record.
38	Submitted Recovery Agent City	30	726	755	Alpha-Numeric	Recovery Agent City as provided on input record.
39	Submitted Recovery Agent State	2	756	757	Alphabetic	Recovery Agent State as provided on input record.
40	Submitted Recovery Agent Zip	5	758	762	Numeric	Recovery Agent ZIP code as provided on input record.
41	Submitted Recovery Agent Zip+4	4	763	766	Alpha-Numeric	Recovery Agent ZIP+4 as provided on input record.
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.

Field	Name	Size	Start Pos.	End Pos.	Data Type	Description
46	Applied Recovery Agent Zip	5	899	903	Alpha-Numeric	Recovery Agent ZIP after address validation is completed. See description for Field 42.
47	Applied Recovery Agent Zip+4	4	904	907	Alpha-Numeric	Recovery Agent ZIP+4 after address validation is completed. See description for Field 42.
48	Reserved for Future Use	93	908	1000	Alpha-Numeric	Filled with spaces.

TIN Reference Response File Trailer Record

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

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

Appendix E HEW Query File Input and Response File Layouts

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

Note: These file layouts are for use with the HIPAA Eligibility Wrapper (HEW) software supplied by the BCRC to process the ASC X12 270/271. They reflect the flat file input and output for the current version of the HEW software.

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

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

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

HEW Query Input File Header Record – Version 4.0.0

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

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

HEW Query Input File Detail Record – Version 4.0.0

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

Field	Name	Size	Displacement	Data Type	Description
1	Medicare ID	12	1-12	Alpha-Numeric	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI). Optional.
2	Last Name	6	13-18	Alphabetic	First 6 characters of the surname of Individual/Injured Party. Should be submitted as the first 6 characters of the last name appear on the individual's Social Security or Medicare Insurance card. Embedded hyphens (dashes), apostrophes and spaces accepted. **Required.**
3	First Initial	1	19-19	Alphabetic	First Initial of Individual/Injured Party. Should be submitted as the first character of the first name appears on the individual's Social Security or Medicare Insurance card. **Required.**
4	DOB	8	20-27	Numeric Date	Individual's Date of Birth (CCYYMMDD). **Required.**
5	Sex Code	1	28-28	Numeric	Individual's Gender: 0 = Unknown* 1 = Male 2 = Female **Required.** *If a value of "0" is submitted, the BCRC will change it to "1" for matching purposes.
6	SSN	9	29-37	Numeric	Social Security Number of the Individual/Injured Party. **Required if Medicare ID not provided.** **If SSN is not provided, field must be zero filled.**
7	RRE DCN 1	30	38-67	Alpha-Numeric	Primary identifier assigned to record by RRE for tracking. Will be returned on the corresponding response record. Optional.

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

HEW Query Input File Trailer Record – Version 4.0.0

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

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

HEW Query Response File Record – Version 4.0.0

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

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

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

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

Appendix F: Disposition, Error and Compliance Flag Codes

Response File Disposition Codes

Table F-1: Response File Disposition Codes

Disposition Codes	Description
01	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 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. (Effective April 5, 2021)

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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
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)
CC14	Claim Input File Detail Record	Claimant 1 Entity / Organization Name (Field 89)	No, but if entered, it will be edited.	Name of Claimant 1 Entity/Organization. Redefines Fields 86-88 (is made up of the same bytes, is in the same location as Fields 86-88). Use either Field 89 or Fields 86-88 depending on the Relationship code submitted. Optional.	Field 89: • is not space-filled when Field 84 = a space; • is space-filled when Field 84 = “X,” “Y,” or “Z;” • contains an invalid character such as a parenthesis; or • is not at least 2 alphanumeric characters.

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CC23	Claim Input File Auxiliary Record	Claimant 2 Last Name (Field 9)	No, but if entered or Claimant 2 Relationship is not equal to a space, it will be edited.	Surname of Claimant 2. Embedded hyphens (dashes), apostrophes and spaces accepted. Optional.	Field 9: • is all spaces and Field 7 = “E,” “F,” or “O;” • position 121 is not an alphabetic character when Field 7 = “E,” “F,” or “O;” or • is not space-filled when Field 7 = a space
CC24	Claim Input File Auxiliary Record	Claimant 2 First Name (Field 10)	No, but if entered or Claimant 2 Relationship is not equal to a space, it will be edited.	Given/First name of Claimant 2. May only contain letters and spaces. Optional.	Field 10: • is all spaces and Field 7 = “E,” “F,” or “O;” • position 161 is not an alphabetic character when Field 7 = “E,” “F,” or “O;” or • is not space-filled when Field 7 = a space
CC25	Claim Input File Auxiliary Record	Claimant 2 Middle Initial (Field 11)	No	First letter of Claimant 2’s middle name. Optional.	Field 11: • is not a space when Field 7 = a space 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)
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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
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
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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
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
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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
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. (Effective April 5, 2021)
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"
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, &—‘ , @#;:

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
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. (Effective April 5, 2021)

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. (Effective April 5, 2021)
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

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. (Effective April 5, 2021)

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 19: • was space-filled; • did not exactly match a code on the list of valid ICD-9/ICD-10 diagnosis codes posted under the Reference Materials menu option on the Section 111 COBSW at 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. (Effective April 5, 2021)

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 ongoing responsibility for medicals (ORM). Date payment obligation was established. This is the date the obligation is signed if there is a written agreement unless court approval is required. If court approval is required it is the later of the date the obligation is signed or the date of court approval. If there is no written agreement it is the date the payment (or first payment if there will be multiple payments) is issued. Format: CCYYMMDD Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 80: • has non-numeric data or spaces; • has a future date; • date submitted is less than or equal to the submitted CMS Date of Incident (Field 12); • date submitted is greater than the file submission date; • is not all zeros when Field 81 is all zeros; or • is all zeros when Field 81 is not all zeroes.

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CJ04 (cont.)	Claim Input File Detail Record	TPOC Amount 1 (Field 81)	Yes, if ORM Indicator = N And TPOC Amount 1 is submitted	*Note: the last two positions reflect cents. For example, an amount of 10,000 dollars and no cents must be submitted as "00001000000."* Specify dollars and cents with implied decimal. No formatting (no $, .) For example, an amount of $20,500.55 should be coded as 00002050055. Not required for the initial report of a claim reflecting ongoing responsibility for medicals. If there is a TPOC amount/date reportable at the same time ORM termination is being reported, report the TPOC fields on the second (final) report for the ongoing responsibility for medicals. Fill with all zeroes if there is no TPOC to report. Required for all other claim reports. Use the TPOC fields on the Auxiliary Record to report additional, separate TPOCs as required.	Field 81: • has non-numeric data or spaces; • is not all zeros when Field 80 is all zeros; or • is all zeros when Field 80 has a non-zero value
CJ05	Claim Input File Detail Record	Funding Delayed Beyond TPOC Start Date 1 (Field 82)	No	If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1).	Field 82: • 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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

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. (Effective April 5, 2021)
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

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; 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. (Effective April 5, 2021)

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 67 is space-filled	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 65: • was not left-justified; • position 1256 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 64 = a space
CR03	Claim Input File Detail Record	Representative First Name (Field 66)	Yes, if Field 64 does not equal a space and Field 67 is space-filled	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 66: • was not left-justified; • position 1296 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 64 = a space
CR04	Claim Input File Detail Record	Representative Firm Name (Field 67)	Yes, if Field 64 does not equal a space and Fields 65 & 66 are space-filled	Representative's firm name.	Field 67: • was not space filled when Field 64 = a space; • is not space-filled, but positions 1326 and 1327 are not alphanumeric characters; • was not submitted when field 64 does not equal a space and field 64 and 66 were space-filled; or • If supplied, it is not at least 2 alphanumeric characters.

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CR09	Claim Input File Detail Record	Representative State (Field 72)	Yes, if Field 64 does not equal a space	US Postal abbreviation State Code for the representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 72: • is not space filled when Field 64 = a space; or • contains numeric data
CR10	Claim Input File Detail Record	Representative Mail Zip Code (Field 73)	Yes, if Field 64 does not equal a space	5-digit Zip Code for the representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 73: • is not space-filled or zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space
CR11	Claim Input File Detail Record	Representative Mail Zip+4 (Field 74)	No	4-digit Zip+4 Code for the representative. If not applicable or unknown, fill with zeroes (0000).	Field 74: • is not zero-filled when Field 72 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 64 = a space 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
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)
CR14	Claim Input File Detail Record	Representative Name/Firm Name (Field 65 & 66 / 67)	Yes, if Field 64 does not equal a space	See the description for the Representative Fields 65-67.	Field 64 does not equal a space, but data is not submitted in both Field 85 & 66 or is not submitted in Field 67. Error will no longer cause record rejection, but the error code will continue to appear on the response file. Correct and resubmit on your next quarterly file submission. (Effective April 5, 2021)

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 Represen-tative Indicator (Field 99) does not equal a space and Field 101 is all spaces	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 100: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 99 = a space
CR23	Claim Input File Detail Record	Claimant 1 Representative First Name (Field 101)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space and Field 101 is all spaces	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 101: • was not left-justified; • if submitted, does not contain at least 2 characters; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 99 = a space
CR24	Claim Input File Detail Record	Claimant 1 Representative Firm Name (Field 102)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space and Field 100 and Field 101 are all spaces	Representative's firm name.	Field 102: • was not space filled when Field 99 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 99 does not equal a space and field 100 and 101 were space-filled

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 Represen-tative Indicator (Field 99) does not equal a space	First line of the mailing address for the representative. Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 104: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;
CR27	Claim Input File Detail Record	Claimant 1 Representative Mailing Address 2 (Field 105)	No	Street number and street name should be placed on one address line field while other information such as suite number, attention to, etc. should be placed on the other. If no US address is available, fill with spaces and supply "FC" in the corresponding State Code.	Field 105: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • if submitted, does not contain at least two alphanumeric characters; or • contains special characters other than , &—' . @ # / : ;
CR28	Claim Input File Detail Record	Claimant 1 Representative Mailing City (Field 106)	Yes, if Claimant 1 Represen-tative Indicator (Field 99) does not equal a space	If no US address is available, fill with spaces and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 106: • is not space-filled when Field 107 = "FC;" • is not space filled when Field 99 = a space; • contains numeric data; or • contains special characters other than , &—' . @ # /; :

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 1109: • is not zero-filled when Field 107 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 99 = a space Error 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
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

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 Represen-tative Indicator (Field 22) does not equal a space and Field 25 is all spaces	Surname of representative. Embedded hyphens (dashes), apostrophes and spaces accepted. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 23: • was not left-justified; • has data, but position 369 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 22 = a space
CR43	Claim Input File Auxiliary Record	Claimant 2 Representative First Name (Field 24)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space and Field 25 is all spaces	Given or first name of representative. Either Representative Last Name *and* First Name – or – Representative Firm Name is required if Injured Party has a representative.	Field 24: • was not left-justified; • position 409 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 22 = a space
CR44	Claim Input File Auxiliary Record	Claimant 2 Representative Firm Name (Field 25)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space and Field 23 and Field 24 are all spaces.	Representative's firm name.	Field 25: • was not space filled when Field 22 = a space; • is not space-filled, but positions 439 and 440 are not alphanumeric characters; or • was not submitted when field 22 does not equal a space and field 23 and 24 were space-filled

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 Represen-tative Indicator (Field 22) does not equal a space	US Postal abbreviation State Code for the Claimant 2 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 30: • is not space filled when Field 22 = a space; or • contains numeric data
CR50	Claim Input File Auxiliary Record	Claimant 2 Representative Zip (Field 31)	Yes, if Claimant 2 Represen-tative Indicator (Field 22) does not equal a space	5-digit Zip Code for the Claimant 2 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 31: • is not space-filled or zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space
CR51	Claim Input File Auxiliary Record	Claimant 2 Representative Zip+4 (Field 32)	No	4-digit Zip+4 Code for the Claimant 2 representative. If not applicable or unknown, fill with zeroes (0000).	Field 32: • is not zero-filled when Field 30 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 22 = a space 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
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)
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 Represen-tative Indicator (Field 51) does not equal a space and Field 54 is all spaces	See Claimant 2 Information section above for field definition.	Field 52: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 51 = a space
CR63	Claim Input File Auxiliary Record	Claimant 3 Representative First Name (Field 53)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space and Field 54 is all spaces	See Claimant 2 Information section above for field definition.	Field 53: • was not left-justified; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 51 = a space
CR64	Claim Input File Auxiliary Record	Claimant 3 Representative Firm Name (Field 54)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space and Field 52 and Field 53 are all spaces.	See Claimant 2 Information section above for field definition.	Field 54: • was not space filled when Field 51 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 51 does not equal a space and field 52 and 53 were space-filled
CR65	Claim Input File Auxiliary Record	Claimant 3 Representative TIN (Field 55)	No	See Claimant 2 Information section above for field definition.	Field 55: • was not space-filled or zero-filled when Field 51 was a space; or • has data other than numbers or spaces; 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 Represen-tative Indicator (Field 51) does not equal a space	See Claimant 2 Information section above for field definition.	Field 56: • is not space-filled when Field 59 = “FC;” • is not space filled when Field 51 = a space; or • contains special characters other than , &—‘ . @ # / : ;

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. (Effective April 5, 2021)
CR72	Claim Input File Auxiliary Record	Claimant 3 Representative Phone (Field 62)	Yes, if Claimant 3 Represen-tative Indicator (Field 51) does not equal a space	Telephone number of the Claimant 3 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 62: • is not zero-filled when Field 59 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 51 = a space 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)
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. (Effective April 5, 2021)

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 Represent-ative Indicator (Field 51) does not equal a space	See the description for Claimant 3 Fields 52, 53 & 54.	Field 51 does not equal a space, but data is not submitted in both Field 52 & 53 or is not submitted in Field 54. 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)
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 Represen-tative Indicator (Field 80) does not equal a space and Field 83 is all spaces	See Claimant 2 Information section above for field definition.	Field 81: • was not left-justified; • position 1895 was not an alphabetic character; • was zero-filled; or • was not space filled when Field 80 = a space
CR83	Claim Input File Auxiliary Record	Claimant 4 Representative First Name (Field 82)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space and Field 83 is all spaces	See Claimant 2 Information section above for field definition.	Field 82: • was not left-justified; • position 1935 was not an alphabetic character; • contained data other than letters or spaces; or • was not space filled when Field 80 = a space

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 Represen-tative Indicator (Field 80) does not equal a space and Field 81 and Field 82 are all spaces.	See Claimant 2 Information section above for field definition.	Field 83: • was not space filled when Field 80 = a space; • is not space-filled, but positions 1965 and 1966 are not alphanumeric characters; or • was not submitted when field 80 does not equal a space and field 81 and 82 were space-filled
CR85	Claim Input File Auxiliary Record	Claimant 4 Representative TIN (Field 84)	No	See Claimant 2 Information section above for field definition.	Field 84: • has data other than numbers or spaces; or • was not space-filled or zero-filled when Field 80 was a space; 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 Represen-tative Indicator (Field 80) does not equal a space	See Claimant 2 Information section above for field definition.	Field 85: • is not space-filled when Field 59 = “FC;” • is not space filled when Field 51 = a space; or • contains special characters other than , &—‘ . @ # / : ;
CR87	Claim Input File Auxiliary Record	Claimant 4 Representative Mailing Address 2 (Field 86)	No	See Claimant 2 Information section above for field definition.	Field 86: • is not space-filled when Field 88 = “FC;” • is not space filled when Field 80 = a space; or • contains special characters other than , &—‘ . @ # / : ;
CR88	Claim Input File Auxiliary Record	Claimant 4 Representative City (Field 87)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	If no US address is available, fill with spaces and supply “FC” in the corresponding State Code. Required if Injured Party has a representative.	Field 87: • is not space-filled when Field 88 = “FC;” • is not space filled when Field 80 = a space; • contains numeric data; or • contains special characters other than , &—‘ . @ # /; :

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 Represen-tative Indicator (Field 80) does not equal a space	US Postal abbreviation State Code for the Claimant 4 representative. See http://www.usps.com If no US address is available, supply "FC." Guam, Puerto Rico, and the US Virgin Islands are considered to have US addresses. Required if Injured Party has a representative.	Field 88: • is not space filled when Field 80 = a space; or • contains numeric data
CR90	Claim Input File Auxiliary Record	Claimant 4 Representative Zip (Field 89)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	5-digit Zip Code for the Claimant 4 representative. If no US address is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 89: • is not space-filled or zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space
CR91	Claim Input File Auxiliary Record	Claimant 4 Representative Zip+4 (Field 90)	No	4-digit Zip+4 Code for the Claimant 4 representative. If not applicable or unknown, fill with zeroes (0000).	Field 90: • is not zero-filled when Field 88 = "FC;" • contains non-numeric data or spaces; or • is not space-filled or zero-filled when Field 80 = a space Error 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
CR92	Claim Input File Auxiliary Record	Claimant 4 Representative Phone (Field 91)	Yes, if Claimant 4 Represen-tative Indicator (Field 80) does not equal a space	Telephone number of the Claimant 4 representative. Format with 3-digit area code followed by 7-digit phone number with no dashes or other punctuation (e.g. 1112223333). If no US phone number is available, fill with zeroes and supply "FC" in the corresponding State Code. Required if Injured Party has a representative.	Field 91: • is not zero-filled when Field 88 = "FC;" • contains a non-numeric character; or • is not space-filled or zero-filled when Field 80 = a space 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)
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. (Effective April 5, 2021)
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. (Effective April 5, 2021)

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CS01	Claim Input File Detail Record	Self-Insured Indicator (Field 44)	Yes	Indication of whether the reportable event involves self-insurance as defined by CMS. Valid values: Y = Yes N = No Self-insurance is defined in "Attachment A – Definitions and Reporting Responsibilities" to the Supporting Statement for the FR PRA Notice (CMS-10265) for this mandatory reporting and is available in Appendix H. You must use this definition of self-insurance for purposes of this reporting. Used by CMS if Plan Insurance Type (Field 71) is E or L (Workers' Compensation or Liability). Since the self-insurance rules applicable to Liability and WC do not apply to No-Fault, if Plan Insurance Type is D (no-fault), field must contain a default value of N or space.	Field 44: • does not equal "Y" or N when Field 71 is "E" or "L;" • does not equal "N" or space when Field 71 is "D;" or • does not equal "Y," "N" or space
CS02	Claim Input File Detail Record	Self-Insured Type (Field 45)	Yes	Identifies whether the self-insured is an organization or individual. Valid values: I = Individual O = Other than Individual (e.g. business, corporation, organization, company, etc.) Space = Not Applicable	Field 45: • does not equal "I," or "O" when Field 44 = "Y;" • does not equal a space when Field 44 is "N" or a space; or • does not equal "I," "O," or space
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 funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter (Section 6.5.1).	Field 95: • 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 funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1).	• Field 98: • 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 funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter III (Section 6.5.1).	Field 101: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)

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

Error Code	Record	Field Name (Field No.)	Field Required	Record Layout Field Description	Possible Cause
CT33	Claim Input File Auxiliary Record	Funding Delayed Beyond TPOC Start Date 5 (Field 104)	No	If funding is determined after the settlement date (in TPOC Date field), provide actual or estimated date of funding determination. Also see "Timeliness" of reporting in the NGHP User Guide Policy Guidance Chapter (Section 6.5.1).	Field 104: • has non-numeric data or spaces; • was not submitted with all zeroes if not used); or • was not a valid date (formatted CCYYMMD)
[SP31	Claim Input File Auxiliary Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record.	Record submitted prior to effective date of Medicare entitlement. Injured Party matched to a Medicare beneficiary. No correction necessary by the RRE. Resubmit record in next quarterly file submission. **To be deleted April 5, 2021]**
SP47 SP48 SP49	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	No previously accepted record can be matched to the submitted delete. Delete failed.
SP50	Claim Input File Detail Record	Action Type (Field 3)	Yes	Please see Field 3 in the Claim Input File Detail Record	Transaction attempted to add/update/delete an ORM record locked by the BCRC. No changes are accepted via Section 111 reporting. Do NOT attempt to resubmit this record. See the NGHP User Guide Technical Information Chapter IV (Section 7.2).
TN99	Claim Input File Detail Record	TIN/Office Code (Field 52 & 53)	TIN (Field 52) is required	Please see Field 52 and Field 53 in the Claim Input File Detail Record	No matching, valid TIN Reference File Detail Record was found for the TIN/Office Code combination on the Claim Input File Detail Record. Review errors returned on the TIN Reference Response File. Resubmit corrected TIN Reference File record and/or Claim Input File record.

TIN Reference Response Error Code Resolution Table

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

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

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN05	TIN Reference File Detail Record	TIN/Office Code Mailing Address Line 2 (Field 7)	No	Invalid TIN/Office Code Mailing Address Line 2.	Field 7: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN06	TIN Reference File Detail Record	TIN/Office Code City (Field 8)	Yes	Invalid TIN/Office Code City.	Field 8: • is not space-filled when Field 9 = "FC;" or • contains characters other than alpha, numeric and special characters A-Z, 0-9, space, &, dash, @, #, /, comma, semicolon, colon, period, quote
TN07	TIN Reference File Detail Record	TIN/Office Code State (Field 9)	Yes	Invalid TIN/Office Code State.	Field 9: does not equal "FC" or a valid US postal state code
TN08	TIN Reference File Detail Record	TIN/Office Code Zip (Field 10)	Yes	Invalid TIN/Office Code Zip.	Field 10: • is not 5 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN09	TIN Reference File Detail Record	TIN/Office Code Zip+4 (Field 11)	Yes	Invalid TIN/Office Code Zip+4. TIN/Office Code Zip+4 must contain 4 numeric digits, all zeroes or all spaces. Must be equal to all spaces or all zeroes if TIN/Office Code State is equal to "FC."	Field 11: • is not 4 numeric digits when Field 9 does not equal "FC;" or • is not all zeros or all spaces when Field 9 = "FC"
TN10 – TN16	TIN Reference File Detail Record	N/A	N/A	N/A	N/A. These error codes are not currently used.
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. (Effective April 5, 2021)
TN31	TIN Reference Response File	Recovery Agent Address (Fields 16-22)	No	See TIN Reference File Detail Record description, fields 16–22.	Fields 16–22 are missing components needed to determine a unique match to the postal database
TN32	TIN Reference Response File	Recovery Agent Address (Fields 16-22)	No	See TIN Reference File Detail Record description, fields 16–22.	Fields 16–22 match an address to which mail is undeliverable, such as a vacant lot.
TN33	TIN Reference Response File	Recovery Agent Address (Fields 17-18)	Field 17 is required if Field 16 is used; Field 18 is optional.	See TIN Reference File Detail Record description, fields 17–18.	Fields 17 and 18 are missing an apartment number for an address that requires an apartment number.

Error Code	Record	Field Name (Field Number)	Field Required	Record Layout Field Description	Possible Cause
TN34	TIN Reference Response File	Recovery Agent Mailing Address (Field 17)	Yes, if Field 16 is used	Address line 1 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite or apartment number if possible.	Field 17: house number or box number supplied was not found on the street.
TN35	TIN Reference Response File	Recovery Agent Mailing Address (Field 17)	Yes, if Field 16 is used	Address line 1 to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US address. Limit field to no more than eight separate words in the first 40 characters for best results. This address line should be used for the primary street address information including suite or apartment number if possible.	Field 17: street name supplied was not found in the ZIP code.
TN36	TIN Reference Response File	Recovery Agent Zip (Field 21)	Yes, if Field 16 is used	5-digit ZIP code to be used on the Recovery Agent's copy of recovery-related correspondence reflected by the unique TIN and Office Code combination. If the RRE is not submitting Recovery Agent information, fill with spaces. Must be a US ZIP code.	Field 21: ZIP code supplied was not found in the postal database.

Appendix G MMSEA Section 111 Statutory Language

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

SECTION 111 – MEDICARE SECONDARY PAYOR

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

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

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

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

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

(B) ENFORCEMENT-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(E) ENFORCEMENT-

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

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

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

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

(ii) No fault insurance.

(iii) Workers' compensation laws or plans.

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

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

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

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

Appendix H MMSEA Section 111 Definitions and Reporting Responsibilities

Attachment A – Definitions and Reporting Responsibilities

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

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

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

DEFINITIONS AND REPORTING RESPONSIBILITIES

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

INSURER

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

THIRD PARTY ADMINISTRATOR (TPA)

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

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

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

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

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

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

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

INSURER

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

CLAIMANT:

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

APPLICABLE PLAN:

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

NO-FAULT INSURANCE:

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

LIABILITY SELF-INSURANCE:

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

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

WORKERS' COMPENSATION LAW OR PLAN

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

established by an employer that is funded by such employer directly or indirectly through an insurer to provide compensation to a worker of such employer for a work-related injury or illness.

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

Agents may submit reports on behalf of:

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

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

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

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

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

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

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

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

On add and update record submissions, ICD Diagnosis Codes submitted in Fields 18-36 must be valid, that is, the submitted ICD Diagnosis Code MUST:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ICD-10 Code	No Fault Excluded ICD-10 Description	ICD-9 Code	No Fault Excluded ICD-9 Description
E10.3552	Type 1 diabetes with stable prolif diabetic rtnop, left eye	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	362.02	Proliferative diabetic retinopathy
E10.3553	Type 1 diabetes with stable prolif diabetic rtnop, bilateral	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	362.02	Proliferative diabetic retinopathy
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	362.02	Proliferative diabetic retinopathy
E10.359	Type 1 diabetes w prolif diabetic rtnop w/o macular edema	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
E10.3591	Type 1 diab with prolif diab rtnop without mclr edema, r eye	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	362.02	Proliferative diabetic retinopathy
E10.3592	Type 1 diab with prolif diab rtnop without mclr edema, l eye	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	362.02	Proliferative diabetic retinopathy
E10.3593	Type 1 diab with prolif diab rtnop without macular edema, bi	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	362.02	Proliferative diabetic retinopathy
E10.3599	Type 1 diab with prolif diab rtnop without mclr edema, unsp	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	362.02	Proliferative diabetic retinopathy
E10.36	Type 1 diabetes mellitus with diabetic cataract	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
-	-	250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled
-	-	366.41	Diabetic cataract
E10.37	Type 1 diab with diabetic macular edema, resolved fol trtmt	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
E10.37X1	Type 1 diab with diab mclr edema, resolved fol trtmt, r eye	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
E10.37X2	Type 1 diab with diab mclr edema, resolved fol trtmt, l eye	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled
E10.37X3	Type 1 diab with diab macular edema, resolved fol trtmt, bi	250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled

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

ICD-10 Code	No Fault Excluded ICD-10 Description	ICD-9 Code	No Fault Excluded ICD-9 Description
E10.610	Type 1 diabetes mellitus w diabetic neuropathic arthropathy	250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled
-	-	713.5	Arthropathy associated with neurological disorders
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
-	-	716.80	Other specified arthropathy, site unspecified
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
E10.621	Type 1 diabetes mellitus with foot ulcer	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
E10.622	Type 1 diabetes mellitus with other skin ulcer	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
E10.628	Type 1 diabetes mellitus with other skin complications	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
E10.630	Type 1 diabetes mellitus with periodontal disease	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
-	-	523.8	Other specified periodontal diseases
E10.638	Type 1 diabetes mellitus with other oral complications	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	250. 31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
E10.65	Type 1 diabetes mellitus with hyperglycemia	250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled
-	-	250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled
-	-	250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled
-	-	250.33	Diabetes with other coma, type II or unspecified type, uncontrolled
-	-	250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled
-	-	250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled
-	-	250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled
-	-	250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix K Acronyms

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

Table K-1: Acronyms

Acronym	Description
ANSI	American National Standards Institute
ASCII	American Standard Code for Information Interchange
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits Program
COBA	Coordination of Benefits Agreement
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985
COBSW	COB Secure Website
CWF	Common Working File
DBA	Doing Business As…
DCN	Document Control Number
DDE	Direct Data Entry
DES	Data Encryption Standard
DOB	Date of Birth
DOI	Date of Incident
E02	COBA Drug Coverage Eligibility
EBCDIC	Extended Binary Coded Decimal Interchange Code
EDI Rep	Electronic Data Interchange Representative
EGHP	Employer Group Health Plan
EIN (FEIN)	Employer Identification Number (Federal EIN)
ESRD	End Stage Renal Disease
FSA	Flexible Spending Account
GHP	Group Health Plan
HEW	HIPAA Eligibility Wrapper Software
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HICN	Health Insurance Claim Number

Acronym	Description
HRA	Health Reimbursement Arrangement
HSA	Health Savings Account
HTTPS	Hypertext Transfer Protocol over Secure Socket Layer
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IACS UID	Individuals Authorized Access to CMS Computer Services User Identification Number
IRS	Internal Revenue Service
LGHPs	Large Group Health Plans
MBD	Medicare Beneficiary Database
MBI	Medicare Beneficiary Identifier
MMSEA	Medicare, Medicaid and SCHIP Extension Act of 2007
MSP	Medicare Secondary Payer
NAIC	National Association of Insurance Commissioners
NDM	Network Data Mover (now known as Connect:Direct)
NCPDP	National Council For Prescription Drug Programs
NGHP	Non Group Health Plan or Liability Insurance (including Self Insurance), No-Fault Insurance and Workers' Compensation
Non-MSP	Non Medicare Secondary Payer
ORM	Ongoing Responsibility for Medicals
PIN	Personal Identification Number
PRA	Paperwork Reduction Act
RDS	Retiree Drug Subsidy
RRE ID	Responsible Reporting Entity Identification Number or Section 111 Reporter ID
RREs	Responsible Reporting Entities
Rx BIN	Prescription Benefit Identification Number
Rx PCN	Prescription Processor Control Number
SCHIP	State Children's Health Insurance Program
SEE	Small Employer Exception
SFTP	Secure File Transfer Protocol
SNA	Systems Network Architecture
SSH	Secure Shell
SSN	Social Security Number
TCP/IP	Transmission Control Protocol/Internet Protocol (Internet Protocol Suite)
TIN	Tax Identification Number

Acronym	Description
TPA	Third Party Administrator
TPOC	Total Payment Obligation to Claimant
TrOOP	True Out of Pocket
TrOOP Rx BIN/Rx PCN	TrOOP specific drug payment codes
URL	Uniform Resource Locator (website address)
VAN	Value Added Network
VDEA	Voluntary Data Exchange Agreement
VDSA	Voluntary Data Sharing Agreement
VTAM	Virtual Telecommunications Access Method

Appendix L Alerts

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

Appendix M: Previous Version Changes

Version 6.0

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.